



# Child Protection Policy

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Applies To:	<p>DoH licensed Healthcare professionals, and associated personnel, including but not limited to:</p> <ul style="list-style-type: none"> <li>- Hospitals and clinics</li> <li>- Healthcare professionals (doctors, nurses, therapists, etc.)</li> <li>- Social workers and child protection officers within healthcare facilities</li> <li>- Administrative and support staff</li> <li>- Volunteers and trainees</li> <li>- Emergency response teams</li> <li>- Partner organizations involved in child healthcare</li> <li>- Policymakers and administrators in the health sector</li> </ul>
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## 1. Policy Purpose and Brief

The Child Protection Policy & Procedure for healthcare providers in Abu Dhabi establishes a comprehensive approach to ensuring a safe, secure, and supportive environment for all children receiving care. It is aligned with the provisions of Wadeema's Law<sup>1</sup> and mandates that healthcare facilities implement robust internal protocols to embed child protection into routine operations. These protocols foster a culture of accountability, vigilance, and responsibility among all staff members.

A standardized reporting framework is mandated to ensure timely and effective responses to suspected cases of abuse or neglect. Healthcare professionals are required to follow designated procedures for identifying, documenting, and reporting such cases. This facilitates seamless collaboration between healthcare entities, law enforcement, child protection authorities, and social services.

To ensure professional readiness, ongoing training and development programs are provided to equip healthcare staff with the knowledge, skills, and ethical awareness necessary to recognize and appropriately respond to child protection concerns. These programs emphasize compliance with national legal obligations and international child safeguarding standards.

Strict confidentiality protocols are enforced to protect sensitive information. While maintaining privacy, the policy permits the appropriate exchange of information between authorized agencies to support coordinated and effective interventions.

While Wadeema's Law offers a solid legal foundation for child protection, continuous review and improvement of its practical implementation are essential. Areas such as inter-agency coordination, compliance monitoring, and data governance require periodic evaluation to identify and address potential gaps. Reinforcing these critical components ensures that the healthcare system upholds its commitment to the rights, safety, and well-being of all children in Abu Dhabi.

## 2. Definitions and Abbreviations

No.	Term / Abbreviation	Definition
2.1	Child	Child is legally defined as any individual under the age of 18 years. <sup>1</sup>
2.2	Child Protection Committee (CPC)	A Child Protection Committee in a health care facility is a team that ensures the safety and well-being of children by developing policies, identifying and addressing cases of abuse or neglect, training staff, and coordinating with relevant authorities and services.
2.3	Child Protection Unit (CPU)	The CPU is a specialized unit, usually within health services, tasked with handling cases of child abuse and neglect. The units are responsible for investigating cases of abuse, providing necessary interventions, and ensuring the welfare and safety of the child involved.
2.4	Child Protection Specialist (CPS)	A CPS is a trained professional who works within the CPU or similar agencies. They have expertise in assessing and managing child protection cases and work collaboratively with other professionals to ensure that child is safeguarded.

2.5	Healthcare Facility	An establishment at which healthcare services are provided falls within a category named by DoH under the Healthcare Facility Definition
2.6	Health care provider	Any individual or a legal entity that has the ultimate responsibility for the management of a healthcare facility.
2.7	Law Enforcement	Law enforcement in child protection refers to the official authorities, such as the police and prosecution, mandated to enforce child protection laws by investigating allegations of abuse, neglect, exploitation, or violence against children, and ensuring that perpetrators are held accountable in line with national legislation and international child rights standards.
2.8	Child Abuse	Child abuse in this context refers to any action or lack thereof that results in harm, potential harm, or threat of harm to a child. This includes physical, emotional, and sexual abuse, as well as neglect and exploitation, as addressed in Wadima's Law.
2.9	Child Protection	Child protection involves safeguarding children from abuse, neglect, exploitation, and violence. This includes implementing policies, procedures, and practices that ensure the safety and well-being of children, aligned with the frameworks set forth by Wadima's Law and relevant local regulations.
2.10	Safeguarding	Safeguarding children in healthcare facilities means protecting them from harm, abuse, and neglect while ensuring their safety, well-being, and rights through proper policies, trained staff, and secure environments.
2.11	Temporary Employees	This category includes all individuals engaged by the organization on a non-permanent basis, such as fixed-term staff, locum, agency or casual workers, volunteers, and trainees. All temporary employees are fully subject to this Child Protection Policy, including mandatory reporting obligations, safeguarding standards, screening, training, and codes of conduct, in the same manner as permanent employees.
2.12	DoH	Department of Health
2.13	ECA	Early childhood Authority
2.14	FCA	Family care Authority

## 3. Policy Content

### 3.1. Purpose

The purpose of this Child Protection Policy is to reinforce the importance of establishing and adhering to robust guidelines and procedures to protect children from abuse, neglect, and exploitation within healthcare settings. It ensures that healthcare professionals are equipped to recognize, prevent, and respond to child abuse while fostering a child-safe environment consistent with international best practices and UAE law, including but not limited to Wadeema's law.

### 3.2. Policy Statement

This policy adopts a zero-tolerance approach to child abuse and neglect. It ensures every child receiving healthcare is protected, their rights respected, and their welfare prioritized. It complies with Wadeema's Law and relevant international child protection standards.

- 3.2.1. All children have the right to a safe, secure, and abuse-free healthcare environment.
- 3.2.2. Healthcare professionals and the temporary employee must adhere to ethical guidelines and Professional code of conduct and child protection standards<sup>2,3</sup>.
- 3.2.3. Child protection policies and protocols must be integrated into healthcare service delivery.
- 3.2.4. Prompt reporting and intervention are mandatory for suspected or confirmed child abuse cases.
- 3.2.5. Collaboration with law enforcement, Family care Authority, child protection units in the Ministry of Interiors and social services is essential.
- 3.2.6. Suspected child abuse and neglect must be reported by the facility's designated representative following UAE federal law.<sup>1</sup>
- 3.2.7. Healthcare professionals must refer suspected cases as per the WHO guideline for maltreatment signs to the closest CPU: Sheikh Khalifa Medical City, Sheikh Shakhbout Medical City, Tawam Hospital, or Al Dhafra Hospitals. Upon referral to the Child Protection Unit, the designated coordinator must notify the relevant authorities, including the Family Care Authority and the Child Protection Center at Abu Dhabi Police.
- 3.2.8. Cases must be documented and submitted through the online safety concerns portal for timely intervention. (See Appendix 1)
- 3.2.9. Healthcare professionals must follow the reporting procedure outlined in Process Pathway<sup>5</sup> when child abuse or neglect is suspected.

### 3.3. Recognizing and Responding to Child Abuse

- 3.3.1. **Recognizing Abuse:** Signs of abuse may include physical injuries, unexplained bruises, fractures, malnutrition, behavioral changes, developmental delays, and reluctance to be examined.
- 3.3.2. **Responding to Abuse:**
  - 3.3.2.1. Observe and document any physical, emotional, or behavioral indicators.
  - 3.3.2.2. Ensure the child's immediate safety until a more experienced professional, such as the Child Protection Officer, arrives.

**3.3.2.3.** Comply with all mandatory reporting requirements as per national regulations.

**3.3.2.4.** Provide immediate medical and psychological assistance as needed.

**3.3.2.5.** Refer the case to the nearest Child Protection Unit: SKMC, SSMC (Abu Dhabi), Tawam Hospital (Al Ain), or Al Dhafra Hospitals (Al Dhafra).

### **3.3.3. Safety and Care System:**

**3.3.3.1.** Healthcare providers are obligated to ensure the safety and wellbeing of children in all cases involving suspected or reported abuse and neglect. This must be achieved through a comprehensive, multidisciplinary system of care that aligns with UAE national legislation and international conventions, including:

- Federal Law No. 3 of 2016 (Wadeema's Law): Also known as the Child Rights Law, this legislation safeguards children's rights in the UAE, ensuring their protection from abuse, neglect, and exploitation. It obliges all individuals and institutions, including healthcare providers, to report suspected or confirmed child harm to the competent authorities.
- Federal Decree No. 20 of 2009: This law criminalizes all forms of human trafficking, including the exploitation of children for labour, begging, or sexual purposes. It emphasizes prevention, protection of victims, and strict penalties for offenders.
- United Nations Convention on the Rights of the Child (ratified in 1997): An international treaty affirming children's rights to survival, protection, development, and participation. By ratifying the Convention, the UAE commits to align its national laws and practices with global child rights standards.

### **3.4. Child Safeguarding Policy:**

**3.4.1.** Develop a clearly written internal policy regarding child safeguarding and protection to be disseminated and available within the healthcare facility

**3.4.2.** Include actions for suspected or discovered abuse/neglect.

**3.4.3.** Provide guidance for managers, employees, and healthcare professionals.

### **3.5. Child Protection Procedures:**

**3.5.1.** Establish comprehensive procedures that empower staff to identify, respond to, and manage suspected or reported cases of child abuse or neglect.

**3.5.2.** Clearly define roles and responsibilities of all personnel involved in child protection, ensuring 24/7 coverage and accountability.

### **3.6. Staff Protection:**

**3.6.1.** Guarantee legal and procedural protection for staff members who report suspected child abuse or neglect.

**3.6.2.** In accordance with the Wadeema's Law, reporting is mandatory for physicians, social workers, and other professionals responsible for the care and protection of children.

**3.6.3.** The identity of the individual reporting the incident shall not be disclosed without their explicit consent.

**3.6.4.** It is strictly prohibited to disclose the identities of all parties involved in the incident, including the child, alleged perpetrator, and witnesses, except as required by law.

**3.6.5.** Healthcare professionals with a personal or professional relationship (e.g., relative, friend, neighbor, or colleague) to any party in a child protection case must declare the conflict of interest and withdraw from the case.

**3.7. Staff Training and Awareness:**

**3.7.1.** Ensure all clinical and non-clinical staff are fully informed about the facility's child protection policies and procedures.

**3.7.2.** Provide ongoing training on the Child Safeguarding Policy for managers, frontline employees, and healthcare professionals.

**3.8. Informing Children and Families:**

**3.8.1.** Deliver education to children and families on their rights and personal safety, using age-appropriate, culturally sensitive, and accessible formats.

**3.8.2.** Adapt educational materials to reflect variations in age, developmental stage, and educational level.

**3.9. Child protection committee:**

**3.9.1.** Establish a multidisciplinary Child Protection Committee within the healthcare facility responsible for overseeing child protection cases and coordinating with external child protection authorities as required.

**3.10. Child Protection Specialist (CPS):**

**3.10.1.** Appoint a qualified Child Protection Specialist (CPS) who is professionally trained and embedded within the Child Protection Unit (CPU) of the health care facility.

**3.10.2.** The CPS shall report directly to their Child Protection Committee and act as the liaison with relevant external child protection authorities.

**3.11. Internal Reporting and Documentation:**

**3.11.1.** Implement standardized internal reporting mechanisms and documentation processes for all suspected or observed cases of child abuse or neglect.

**3.11.2.** Ensure that all necessary documentation and procedures are easily accessible to authorized staff.

**3.11.3.** Maintain and annually update a competency matrix for all healthcare professionals engaged in child protection efforts.

**3.12. Avoid Unnecessary Contact:**

**3.12.1.** Limit physical interaction with children suspected of being abused to essential clinical procedures only.

**3.12.2.** Any physical contact must be supported by informed consent, have a clear therapeutic purpose, and be authorized by the child's legal guardian.

**3.13. Communicating with FCA and Abu Dhabi Police**

**3.13.1.** Follow established pathways (as outlined in Circular (63) 2025 <sup>4</sup>) for timely and appropriate reporting and referral to external agencies responsible for child protection.

## 4. Policy Roles and Responsibilities

Stakeholder name	Stakeholder Key Role
4.1. DoH	<p>4.1.1. Inform Healthcare Providers: Ensure healthcare professionals are updated on reporting mechanisms as needed</p> <p>4.1.2. Training &amp; Collaboration: Conduct training sessions for healthcare providers in partnership with relevant stakeholders. Conduct joint training with healthcare facilities and key stakeholders on reporting procedures such as those related to child protection guidelines to ensure consistent implementation across the sector.</p> <p>4.1.3. Policy Updates: Review and revise the child protection policy every three years or as necessary.</p> <p>4.1.4. Support System: offer additional support to healthcare facilities when they encounter challenges in the process of child abuse cases.</p> <p>4.1.5. Stakeholder Collaboration</p> <ul style="list-style-type: none"> <li>- Build partnerships with relevant agencies like law enforcement and social services.</li> <li>- Engage with FCA and parents to support child safety.</li> </ul>
4.2. Healthcare facilities	<p>4.2.1. Management and Oversight</p> <p>Child Protection Committee:</p> <ul style="list-style-type: none"> <li>- Provides oversight and support for child protection cases.</li> <li>- Ensures compliance with child protection legislation and guidelines.</li> <li>- Appoints the Child Protection Officer.</li> <li>- Provides oversight and support for child protection initiatives and training.</li> <li>- Organize regular training sessions for all staff.</li> <li>- Keep training materials current and accessible.</li> </ul> <p>Child Protection Officer:</p> <ul style="list-style-type: none"> <li>- Acts as the primary coordinator for child protection matters</li> <li>- Oversee the implementation of child protection policies and procedures.</li> <li>- Coordinates with external child protection agencies as needed.</li> <li>- Appointed by the Healthcare Provider “Child Protection Committee” and required to meet defined qualifications and training standards in child protection.</li> </ul> <p>Facility Managers:</p> <ul style="list-style-type: none"> <li>- Conduct regular reviews and updates of the child protection process of the Healthcare facilities to ensure alignment with the child protection policy. <ul style="list-style-type: none"> <li>o Incorporate and implement all updates and guidance issued by the Department of Health (DoH) pertaining to child protection.</li> </ul> </li> <li>- Ensure awareness and training of staff in child protection policies.</li> <li>- Support staff regarding concerns related to reporting and managing child protection cases.</li> </ul> <p>Legal and Compliance Teams:</p> <ul style="list-style-type: none"> <li>- Offer guidance on legal aspects of child protection when feasible.</li> <li>- Ensure adherence to UAE child protection laws, local and international agreements.</li> <li>- Protect the identity and interests of reporting staff.</li> </ul> <hr/> <p>4.2.2. Operational Roles</p> <p>Healthcare Professionals:</p> <ul style="list-style-type: none"> <li>- Successfully complete the DoH and ECA child protection training.</li> <li>- Adhere to established child protection policies and procedures.</li> <li>- Report suspicions or evidence of abuse to the Child Protection Officer.</li> <li>- Maintain informed consent and seek guardians' permission for necessary physical contact with minors.</li> </ul>

	<p>All Staff (Clinical and Non-clinical):</p> <ul style="list-style-type: none"> <li>- Stay informed about child protection policies and engage in training.</li> <li>- Report suspicious circumstances or allegations related to child protection as per pathway.</li> <li>- Follow and maintain documentation processes in abuse or neglect cases.</li> </ul> <hr/> <p>4.2.3. Main Requirements</p> <p>Training and Competence Development</p> <ul style="list-style-type: none"> <li>- Develop mandatory ongoing training for all healthcare staff to handle child protection concerns.</li> <li>- Create specialized training for personnel in frequent contact with children.</li> <li>- Designate team leaders within each unit to conduct training sessions for the remaining team members.</li> </ul> <p>Establishment of Reporting Protocols</p> <ul style="list-style-type: none"> <li>- Implement clear, confidential reporting procedures accessible to all staff.</li> <li>- Integrate reporting protocols with legal and regulatory frameworks.</li> <li>- Report on the cases of the Child Protection Unit (CPU).</li> </ul> <p>Resource Allocation</p> <ul style="list-style-type: none"> <li>- Ensure resources are available, including facility, personnel and technology, to support policy implementation.</li> </ul> <p>Monitoring and Evaluation</p> <ul style="list-style-type: none"> <li>- Establish a monitoring framework with regular audits and outcome measures.</li> <li>- Conduct periodic reviews to ensure policy adjustments and continuous improvement.</li> </ul>
4.3. FCA	<ul style="list-style-type: none"> <li>- Acts as the primary point of contact for both the child and the family.</li> <li>- Receives notifications of child protection concerns through multiple channels (such as the Safety Concern Portal, FCA hotline, or rerouted calls from other entities).</li> <li>- Carries out comprehensive case management, including family and child assessments, case conferences, development of intervention plans, and making referrals to relevant agencies when required.</li> <li>- Refers children and families affected by maltreatment to appropriate health and social service providers for treatment and ongoing support.</li> <li>- Provides psychosocial assistance, including referrals to specialized therapeutic services, to both children and families when necessary.</li> <li>- Ensures children are placed in safe alternative care arrangements (e.g., with relatives or in shelters) if remaining at home is no longer safe.</li> <li>- Assesses eligibility for independent living arrangements, ensuring the child can be accompanied by a non-abusive parent when possible.</li> <li>- Develops, details, and implements shelter care plans tailored to each child.</li> <li>- Secures safe and long-term placement solutions for children in need.</li> <li>- Evaluates the readiness of children to transition out of shelter care.</li> <li>- Operates the FCA Child Center, serving as a specialized hub for forensic interviewing and providing a wide range of dedicated services to abused children and their families.</li> <li>- Refers cases that meet the criteria for criminal investigation and prosecution to the Criminal Investigation Department (CID) and Abu Dhabi Judicial Department (ADJD).</li> </ul>

## 5. Policy Scope of Implementation

**5.1** This policy applies to all healthcare facilities under the DoH and encompasses all personnel, including clinical, non-clinical, temporary, and contracted staff interacting with children. It ensures the integration of child protection responsibilities across all healthcare settings and supports coordinated, interdisciplinary collaboration to promote comprehensive safeguarding.

## 6. Enforcement and Compliance

**6.1.** DoH may impose sanctions in relation to any breach of requirements under this Policy in accordance with the Disciplinary regulation of the Healthcare Sector.

## 7. Monitoring and Evaluation (Key success factors)

### 7.1. Incident Reporting Efficiency

**7.1.1.** Definition: Evaluates the effectiveness and timeliness of identifying, reporting, and resolving child protection cases within healthcare facilities.

**7.1.2.** Indicator: Number of reported child protection incidents that are successfully resolved within the defined reporting timeline

**7.1.3.** Measure: Monitor incident resolution rates monthly to assess responsiveness and identify recurring trends or delays.

**7.1.4.** Target Score: At least 90% of reported incidents must be addressed and resolved within the specified timeframe.

**7.1.5.** High-Level Monitoring Tool: Implement an automated incident management and tracking system that enables real-time reporting and monitoring of resolution progress.

**7.1.6.** Responsible Entity: [To be designated based on internal governance structure, e.g., Child Protection Officer or Risk & Quality Department]

### 7.2. Policy Compliance

**7.2.1.** Definition: Measures of the degree of adherence to child protection policies and UAE national regulations across the facilities.

**7.2.2.** Indicator: Percentage of successful compliance checks during scheduled internal or external audits.

**7.2.3.** Measure: Conduct bi-annual audits to review policy implementation, procedural effectiveness, and identify areas for corrective action.

**7.2.4.** Target Score: Achieve a compliance rate of 90% or above in all conducted audits.

**7.2.5.** High-Level Monitoring Tool: Use a centralized digital compliance dashboard to monitor adherence, highlight policy deviations, and support decision-making.

**7.2.6. Responsible Entity:** [To be designated based on internal governance structure, e.g., Compliance Unit or Child Protection Committee]

### **7.3. Training Completion Rate**

**7.3.1. Definition:** Assesses the extent to which healthcare professionals and support staff have completed mandatory training on child protection protocols.

**7.3.2. Indicator:** Percentage of staff members who have successfully completed required child protection training programs.

**7.3.3. Measure:** Monitor training completion on a quarterly basis to ensure staff remain updated on policies and practices.

**7.3.4. Target Score:** A minimum of 85% of all staff (clinical and non-clinical) in contact with children should complete training annually.

**7.3.5. High-Level Monitoring Tool:** Utilize an integrated Learning Management System (LMS) in the healthcare facilities to track training status, generate compliance reports, and issue automated reminders.

**7.3.6. Responsible Entity:** [To be designated based on internal governance structure, e.g., Human Resources or Learning & Development Department]

### **7.4. Timely Response to Child Protection Concerns**

**7.4.1. Definition:** Measures the timeliness of initiating action within 24 hours from the identification of a child protection concern in healthcare facilities.

**7.4.2. Indicator:** Percentage of child protection concerns where action was taken within 24 hours of initial identification.

**7.4.3. Measure:** Review incident reports and case files to assess the time interval between concern identification and the first recorded intervention or referral.

**7.4.4. Target Score:** At least 95% of cases should have documented action initiated within 24 hours.

**7.4.5. High-Level Monitoring Tool:** Use the Children Safety Concern Portal integrated with timestamps and automated alerts to track and report timeliness of response.

**7.4.6. Responsible Entity:** To be designated within the internal governance structure — e.g., Child Protection Officer or Risk & Quality Department.

These simplified, easily measurable indicators will help healthcare facilities in Abu Dhabi consistently monitor and evaluate the effectiveness of their Child Protection Policy, leading to continuous improvement in child safety practices.

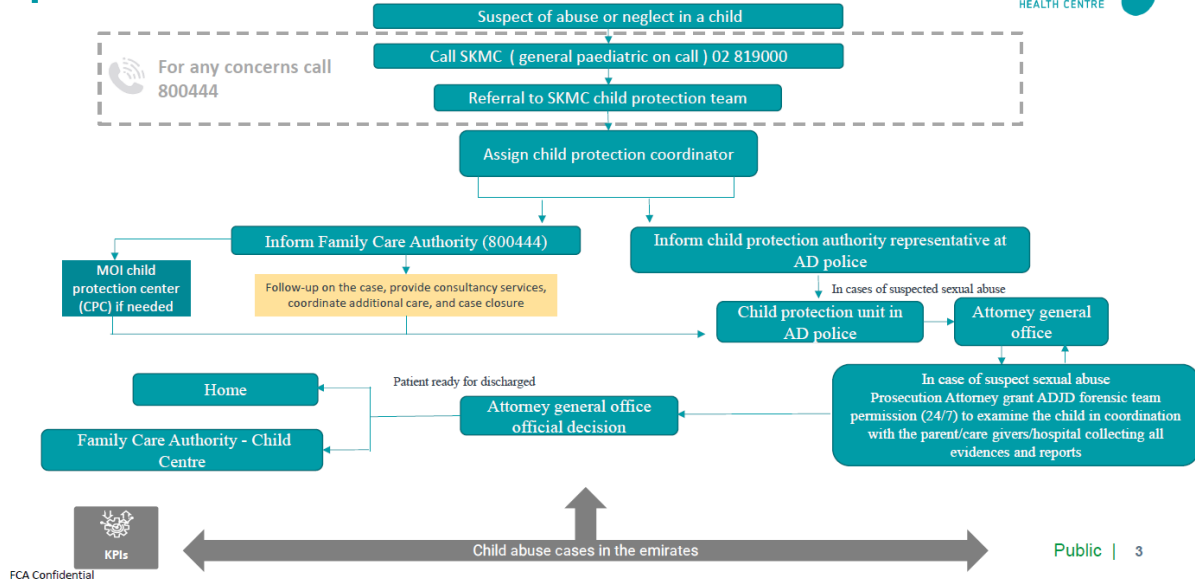
## 8.Relevant Reference Documents

No.	Reference Date	Reference Name	Relation Explanation / Coding / Publication Links
1	2016	Wadeema's Law	<a href="https://uaelegislation.gov.ae/en/legislations/1176/download">https://uaelegislation.gov.ae/en/legislations/1176/download</a>
2	2026	Federal Government's Code of Ethics and Professional Conduct	<a href="https://www.fahr.gov.ae/en/legislations-guides/systems/code-of-ethics-and-professional-conduct-document-in-federal-government/">https://www.fahr.gov.ae/en/legislations-guides/systems/code-of-ethics-and-professional-conduct-document-in-federal-government/</a>
3	2017	Healthcare Professionals Manual	<a href="https://www.doh.gov.ae/en/resources/policies">https://www.doh.gov.ae/en/resources/policies</a>
4	2025	Circular (63) 2025	<a href="https://www.doh.gov.ae/en/resources/Circulars">https://www.doh.gov.ae/en/resources/Circulars</a>
5	1990	Convention on the Rights of the Child	<a href="https://www.unicef.org/child-rights-convention">https://www.unicef.org/child-rights-convention</a>

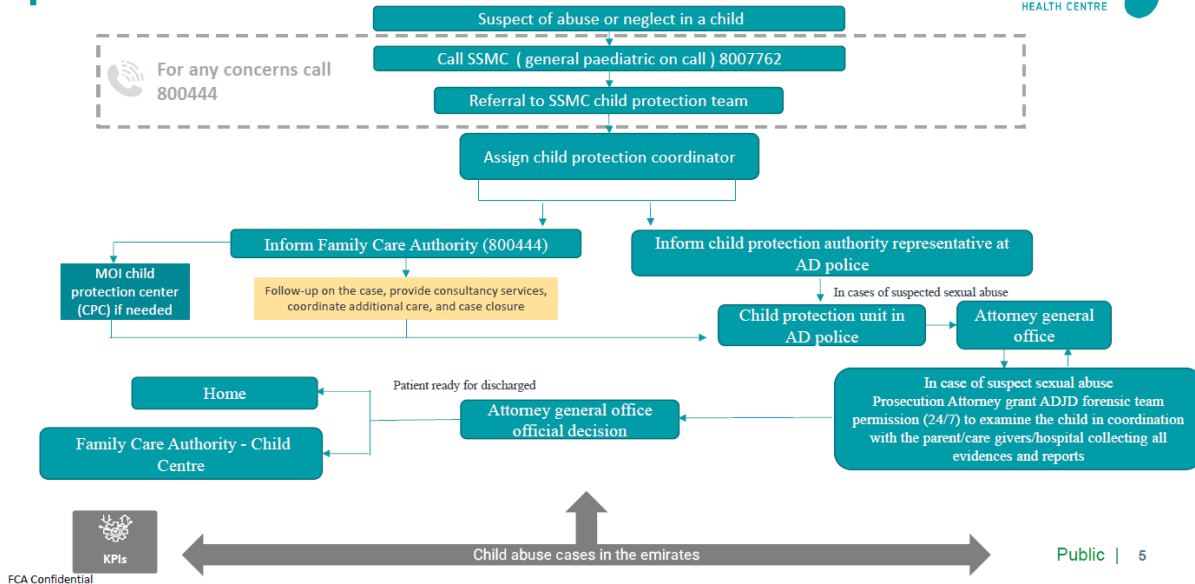
## Appendix 1

### Process Pathway: Case Report Process for All Units

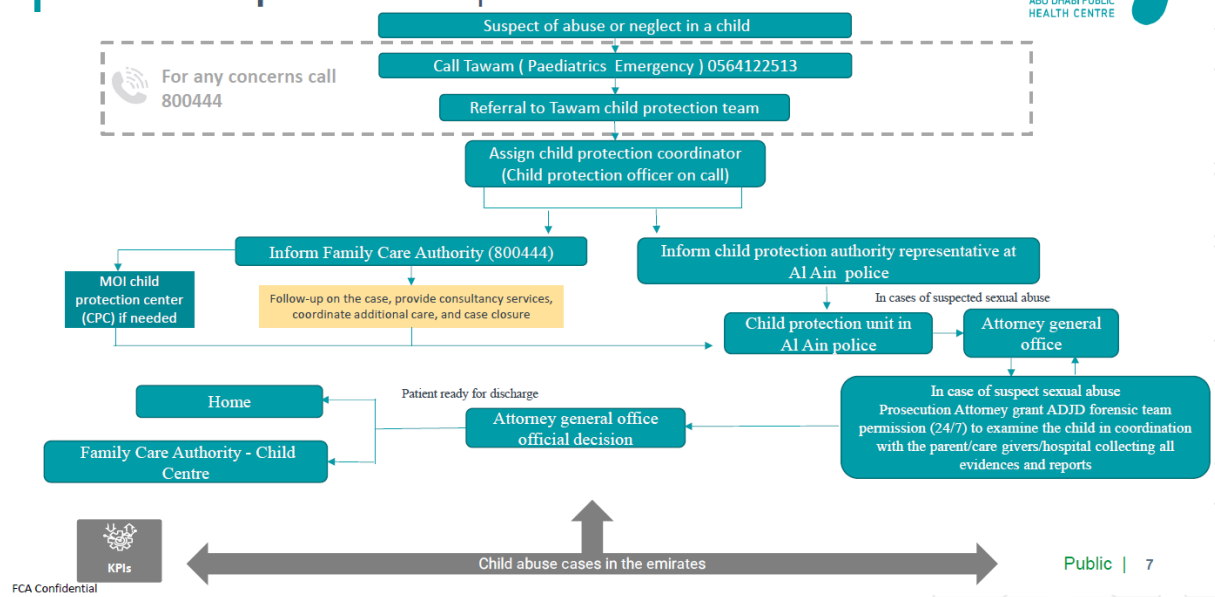
#### Sheikh Khalifa Medical City (SKMC) Case Report process



#### Sheikh Shakhbout Medical City (SSMC) Case Report process



## Tawam Hospital Case Report Process



## Al Dhafra Hospitals (ADH) Case Report process

