

Child protection policy

The organisation: Fundació Privada per a la Recerca i Docència Sant Joan de Déu (FSJD)

The goal of the FSJD is to help **improve the health and wellbeing of individuals** by fostering, offering support and coordinating the research conducted at the Sant Joan de Déu institutions in keeping with its values: hospitality, respect, quality, responsibility and spirituality.

The aim of the FSJD is to work in cooperation with the hospitals and institutions of Sant Joan de Déu in order to broaden scientific knowledge and improve healthcare for individuals facing health problems. It also seeks to integrate this aim within the sphere of care, giving due attention to individuals who are unwell and their relatives. It views research as a participatory, interdisciplinary process where engagement between professionals and society brings about enriching initiatives that provide a suitable answer to people's needs.

The function of the FSJD falls within the activities of the Hospitaller Order of Saint John of God. Under the perspective of hospitality and with an all-encompassing approach, it strives to welcome, care for and assist individuals, particularly those who are most vulnerable or face difficulties with social integration or health. The research conducted by the Foundation covers various fields of knowledge, primarily in the areas of **maternal and children's health and mental health**, although there are also groups researching other branches, including research on socially vulnerable populations.

The foundations of our policy

- The vision, mission and values of the institution
- The United Nations Convention on the Rights of the Child (1989)
- The European Charter for Children in Hospital (1986)
- The EACH standards (Promoting Children's Rights and Welfare in Healthcare)
- The child protection standards as defined by the Keeping Children Safe coalition (an international network of organisations working to protect children from all forms of violence globally)

The foundations of child protection

The FSJD gives priority to the best interests of the child as a core component to take into consideration. Every child has the right to protection, to develop to their fullest potential, to receive a quality education, to take part in society and not be subject to discrimination. We all bear responsibility for protecting children from all forms of abuse, neglect, violence and discrimination. The central focus of this policy is formed by the internal mechanisms needed to prevent and respond to child maltreatment within the FSJD and by the projects it takes part in

and/or coordinates.

Introduction to the problem

Any child could be the potential victim of abuse. We consider abuse to refer to any form of physical, emotional and sexual maltreatment, as well as negligent treatment. Consequently, it is vital for all individuals associated with our organisation to be aware of and understand the role they must fulfil and the responsibilities they need to take on in the protection of children.

Any definition of "child abuse" calls for a definition of the concept of "child". According to the Convention on the Rights of the Child "a child means every human being below the age of 18 years unless, under the law applicable to the child, majority is attained earlier".

As an organisation it is essential for us to adopt a common definition of the term "child maltreatment" and to be familiar with the circumstances in which we can apply our policies and procedures to respond to it.

It is also important to commit to engaging in awareness-raising activities, while conducting prevention and advocacy work with families and communities, with the support of national authorities so as to promote the protection of the rights of the child.

The goals of the child protection policy

Our child protection policy has the following goals:

- To prevent cases of child maltreatment and reduce the number of incidents (child-child, adult-child) within the FSJD and in the projects it takes part in and/or coordinates.
- To ensure children are aware of their rights and their active role in child protection.
- To train the team of professionals to develop the skills needed to detect child abuse and to be familiar with the protocols and procedures associated with this detection.
- To motivate the team of professionals working directly with children to apply the necessary skills to help with their development and protection.
- To ensure that the team of professionals has the working conditions needed to contribute to the development and protection of every child.
- To set up fair, secure and transparent [communication and reporting channels](#) within all programmes which assure the rights of interested parties to be heard (children, families and professionals).

What is child maltreatment? Definitions and terminology

Definitions of the four main categories of maltreatment

PHYSICAL ABUSE

This refers to the actual or potential physical harm caused by an action carried out under the control of one of the parents, of a responsible or trusted person, or an authority figure. Physical abuse may include actions such as hitting, beating, shaking, throwing, poisoning, burning, scalding, drowning and suffocating. It can also mean intentionally harming the health of the child or adolescent or causing adverse symptoms (referred to as factitious disorder imposed on another), regardless of motivation. These incidents may occur only once or be repeated several times.

SEXUAL ABUSE

This is the result of sexual activity with a child or adolescent who, owing to their age or level of development, is incapable of giving consent, or in which the person committing it uses their superiority (this may include adults or other children or adolescents). This superiority may take various forms, such as force, but it can also involve seduction or deceit, or use of their position of responsibility, trust or authority over the child or adolescent. In addition, the child or adolescent may be unaware of what is happening. The acts may include physical contact with or without penetration, as well as contact-free acts, such as children or adolescents watching pornographic material, participating in the production of such material or being encouraged to engage in inappropriate sexual conduct.

NEGLECT AND NEGLIGENT TREATMENT

These terms refer to carelessness or omission by the person responsible for the care of a child or adolescent when it comes to their health, education, emotional development, nutrition, housing, clothing and safe living conditions. Negligent treatment also refers to absence of proper supervision and protection from all types of harm.

Instances of neglect do and could cause harm to the health or the physical, mental, spiritual, moral or social development of children in the short, medium and long term.

EMOTIONAL ABUSE

This refers to harmful and inappropriate emotional treatment continuously meted out to a child or adolescent that negatively impacts their self-perception and development. This type of maltreatment can occur by conveying feelings of contempt and lack of love, by making the child or adolescent feel incapable, as if they exist solely to meet the needs of another individual, or by placing inappropriate expectations on them. Acts of emotional abuse include restrictions on movement, threats, intimidation, discrimination, baseless blame, corruption, ridicule, degradation, intimidation, humiliation (for example, by asking them embarrassing questions or

forcing them to expose themselves), and other non-physical forms of hostile treatment or rejection. This is deemed the most common type of maltreatment because to some extent all forms of maltreatment include emotional abuse.

Specific considerations

ABUSE BETWEEN CHILDREN

Accusations or suspicions about the abuse of one child or adolescent by another must be dealt with using the utmost sensitivity, but always adhering to child protection procedures. All work with young people who have committed any type of abuse calls for an effective approach that ensures the protection of everyone affected and, at the same time, helps the abusing party to overcome the challenge posed by changing their conduct.

Every approach calls for:

- Acknowledgement that there is a huge difference between an adult and a child who has abused another child.
- Consideration of the fact that when a child or adolescent commits any type of abuse, it is necessary to assess what may have motivated it, as it may be discovered that the abusing party has also personally suffered some form of abuse.
- Consideration of the fact that during childhood one may not be fully aware of why one's actions are viewed as abusive or of what the consequences of those actions could be.
- Taking into account the vital consideration that all decisions made should ensure the best interests of the child or adolescent, both for the victim and the individual who has committed the abuse.

BREACH OF CHILDREN'S PRIVACY

Protecting children's privacy means safeguarding all private information when it comes to taking photographs, writing texts, recording videos, and so on, regardless of the purpose.

Any information about their history, health condition and family circumstances must be carefully safeguarded by the hospital. This information must be handled in a confidential, discreet manner in accordance with applicable data protection legislation.

It is necessary to point out that professionals may only gain access to information about the child or adolescent which they need in order to carry out the task assigned. For instance, a healthcare professional not responsible for the care of a child or adolescent shall not have access to said individual's medical records; also, no one is permitted to disclose this information to anyone not involved in their care, regardless of whether or not they are professionals.

Moreover, in the specific case of preparing and distributing advertising material, all contributing individuals involved in disseminating information about children or adolescents must act in accordance with the following guidelines, whereby it is necessary to:

- Ask for permission from the child or adolescent, and from their legal guardian (or at least from the adult responsible for them) for their appearance in the advertising material.
- Not explicitly ask them to do or say anything that may make them feel like they are being portrayed as "objects of pity" (for example, speaking about their past or asking for hand-

outs).

- Be careful when using names, especially if they relate to sensitive information about them (for instance, their family background, health condition or negative behaviour).
- Always protect the identity of the children to ensure that their circumstances cannot lead to stigma.
- Adhere to these guidelines, as this guarantees respect for the privacy of children and also prevents and raises awareness of what may be deemed a breach of privacy. In keeping with these guidelines, professionals working directly with children or adolescents have the right and the duty to protect them from any attempt to breach their privacy, whether or not it is intentional.

Approach from the organisation

1. Awareness-raising and prevention

- In order to prevent child abuse we need to form and maintain an environment that encourages the key values embodied by our organisation. There is a broad range of measures that may help to achieve this: the primary focus is on selecting the right staff and people's development. It is also vital to listen carefully to children, to take their views seriously, to encourage them to take part in discussions about child protection, to listen to them and to give them the chance to establish trust-based relationships.
- In the selection, recruitment and oversight procedures the utmost standards will be applied. Candidates for any position – whether as a volunteer or worker – must provide a police clearance certificate for sexual offences.
- It is important to provide specific information about child abuse during the introduction of professionals and volunteers to our organisation which raises awareness of the problem and helps identify whether the abuse has taken place in a context outside the FSJD or if it may have been perpetrated by any professional/volunteer towards a child.
- All contracts and codes of conduct signed by professionals and representatives of the organisation, and indeed by volunteers, also incorporate the child protection policy.

2. Detection

2.1. Suspected child abuse outside the organisation

FACTORS AND SIGNS

It is first necessary to distinguish between a sign of maltreatment and a risk factor for maltreatment: the former is an indicator that maltreatment may be happening and, therefore, it should be investigated and relevant protection measures adopted; whereas, risk factors are circumstances that predispose someone to suffer maltreatment, but their simple presence does not mean that maltreatment is taking place. When the balance between risk factors and

protective factors (one example of a protective factor may be a strong family/social network) is disturbed, the risk of maltreatment becomes greater.

A number of examples of risk factors include:

- With regard to the child or adolescent: ADHD, infant colic, prematurity, etc.
- With regard to the family/carers: substance abuse, serious illness, etc.
- With regard to their environment: financial problems, contentious family separation, etc.

Certain specific signs of maltreatment (although they may vary depending on the specific form of maltreatment) include:

- Certain injuries with no explanatory mechanism/pathology (physical abuse)
- The child or adolescent revealing their situation (any form of maltreatment)
- Anyone having witnessed the situation (any form of maltreatment)
- Repeated school truancy or unjustified lack of medical supervision (neglect)

In spite of the signs mentioned above, it is necessary to consider that it is more common to not see such apparent signs of maltreatment; rather, most signs are unspecific (such as, poorer school achievement or big changes in behaviour, changes in sleep or eating patterns, etc.). Although it is important to be aware that these may alert us to the existence of a maltreatment situation, they may also be warning us that the child or adolescent is experiencing a different situation that is causing distress. In any event, when these indicators do arise it is essential to assess the circumstance and consider what the cause may be so it can be dealt with.

COMPREHENSIVE AND INTERDISCIPLINARY APPROACH

Most child maltreatment situations take place within an environment of trust for the child or adolescent as they are often in the care of relatives or other familiar persons. Abuse outside the organisation can also take place when perpetrated by strangers, as is the case with sexual assault. When faced with a suspected case of maltreatment, any professional who becomes aware of such a situation must not fail to act.

25 years ago, the first ever interdisciplinary unit – the functional unit for addressing child abuse (UFAM) – within the public healthcare sphere in Spain was set up at Sant Joan de Déu Hospital specifically to provide care to children or adolescents who are victims of child sexual abuse. In Catalonia the Catalan Ministry of Health updated the protocol for action in the face of suspected maltreatment in 2019. Accordingly, a network of specialist health units (EFEs – functional teams of experts in child maltreatment and sexual abuse) was set up to address serious situations of maltreatment and sexual abuse. The UFAM has joined this new network, re-shaping its operations and broadening its functions because the new unit – called EFE-ESTIM – also deals with all forms of child maltreatment that arrive at our institution.

EFE-ESTIM continues to serve as an interdisciplinary unit. It is composed of an administrative professional, two social work professionals, two paediatrics professionals, three psychology professionals and one psychiatry professional. In addition, this team benefits from the input of experts from other spheres who provide them with support (emergency services, diagnostic imaging, traumatology, gynaecology, surgery, neurology, neurosurgery, gastroenterology, etc.).

Accordingly, upon becoming aware of a suspected situation of maltreatment or sexual abuse that arrives at the hospital, the professional who detects it must refer the child or adolescent to EFE-ESTIM or contact the team.

A specific protocol has been put in place setting out what action professionals should take. In every case it is necessary to assess whether any urgent medical action is required (sometimes

prior to referral to EFE-ESTIM) and priority should be lent to assessing the safety and protection of the child or adolescent in their environment. In instances where the protection is not assured, the situation must be brought to the attention of the Child Protection Services (DGAIA-Directorate General for Child and Adolescent Care, "Infància Respon" child helpline: 116111).

Within EFE-ESTIM, each case is assessed on an individual, interdisciplinary basis to provide assistance for diagnosis and treatment, if required by the child or adolescent, but subject to a criterion of minimal intervention necessary to avoid resultant victimisation.

In spite of all the above, before detecting maltreatment, paediatrics professionals should aim to promote the prevention of maltreatment; therefore, it is essential to identify risk factors in order to create settings for reflection and discussion among professionals (which may include professionals from EFE-ESTIM, along with other professionals from areas of the institution, such as nursing or spiritual care, among others). It is also important to engage with the family to draw up a plan of action to deal with the risk factors and thereby minimise potential situations of child sexual abuse or maltreatment.

2.2. Suspected internal child abuse

When we receive an accusation via our mechanisms or reporting channels, we investigate. If an accusation is verified, we act. If an allegation is of a legal nature, we immediately refer cases to the relevant authorities. The protection of the children and young people in our care is fundamental to everything we do.

If internal abuse by employees is detected, the figure for referral shall be the FSJD Supervisory Body.

Confidentiality is of utmost importance in cases of abuse. All information must be handled in a confidential manner. The child or any person reporting a case of child abuse must be informed that information will only be shared with those who have authority to access it, i.e., the child protection team and other parties involved.

If there is a risk to the safety of the child or adolescent and/or the informer or complainant, measures must be taken immediately. Based on the findings, a plan of action must be agreed on and a decision reached about who should implement it.

All employees or volunteers are required to immediately report any information they have about a potential case of abuse to a member of the child protection team. Any adult who withholds information or covers up for any type of abuse will be deemed as complicit.

The fundamental principle is to support and protect all children and professionals or other adults who report cases of abuse and, of course, to give the accused the chance to defend themselves.

3. Response

3.1. Detection of outside abuse

When abuse outside our institution is detected or suspected, the authorities must be notified: the Child Protection Services (DGAIA) and the prosecutor's office (since the incident constitutes a crime).

Nevertheless, it is necessary to consider that not all situations are the same. While in some

instances the report must be made immediately (for instance, when a child or adolescent is unprotected), at other times it is important to assess each case specifically. Furthermore, it is vital to explain this to the parents or guardians, even if the suspicions fall on them, informing them of the legal obligations incumbent on the professionals in these circumstances. What is more, if the child or adolescent does not need to be hospitalised for medical reasons, they may only be discharged if the parents or guardians will protect them in the face of the situation identified.

Aside from contacting the authorities, upon detecting or suspecting a case of abuse the duty of the FSJD professionals shall be to undertake a correct differential diagnosis (to rule out conditions that may simulate signs of abuse), diagnose the after-effects/consequences that the abuse may have caused and apply the relevant treatment.

3.2. Detection of internal abuse

The applicable collective bargaining agreement and the Workers' Statute incorporate a section setting out the disciplinary regime with the legally established options to reprimand, impose a penalty on or dismiss an employee in relation to the offence committed.

Provided a breach is verified, offences committed under the assumptions laid down in this document could be classified as either serious or very serious offences. The penalties for a serious offence may involve suspension of employment and loss of salary for between 5 and 15 days, while the penalties for a very serious offence may involve suspension of employment and loss of salary for between 16 and 30 days, or even dismissal.

A disciplinary proceeding will be initiated in order to impose penalties for a very serious offence. This is a protective measure for the employee as it requires the management of the institution to review in detail whether the action may be categorised as very serious. The process begins by a statement of objections being notified to the employee, setting out the facts and granting 5 business days to respond in writing. Once the pleadings are received, the Supervisory Body will assess them and, if applicable, impose the relevant penalty.

It may be the case that one or more of the actions investigated and deemed as subject to a penalty leads to criminal or civil liability on the part of the worker. In this circumstance, the management will carry out all the relevant legal or administrative actions.

The care that must be provided to children, adolescents and their families – regardless of whether the abuse takes place internally or outside our institution – shall be the same (informing the relevant authorities and engaging in the diagnostic and therapeutic process).