



"Reyada"

Quality Assessment Framework for Social Care Services

Second Edition



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Preface

In February 2018, the late Sheikh Khalifa bin Zayed issued Law No. (12) of 2018 on the establishment of the Department of Community Development, to declare the Department as the regulator of the social sector in the Emirate of Abu Dhabi. With the joint efforts of various public and private institutions, the Department of Community Development (DCD) started to take shape as an organization to uphold the Emirati values of sustainable growth and social development, as envisioned by our founding father, Sheikh Zayed, may God have mercy on his soul.

Under the guidance and leadership of His Highness Sheikh Mohammed bin Zayed Al Nahyan, President of the UAE and Ruler of Abu Dhabi and following the Abu Dhabi Economic Vision 2030 to ensure balanced social development, the Department of Community Development aims to promote and invest in the talents and assets of our communities to help them develop, grow, and thrive.

Going by this legal mandate, DCD has focused within its organizational vision on the importance of providing and guaranteeing a dignified life for all residents in the Emirate, especially the vulnerable groups. With that, DCD worked to develop a regulatory framework for the entire Social Sector with the aim of contributing to DCD's overarching vision and refining the quality of Social Care Services provided to Beneficiaries in the Emirate.

Quality is an integral component of the regulatory framework and is considered as an enabling tool to implement the underpinnings of the larger regulatory framework and activate the process of materializing six major outcomes which are:



Protecting the well-being of citizens and the best interests of beneficiaries.



Ensuring compliance with set social care standards and adopting a transparent model for assessing the quality-of-service provision.



Adopting international standards and aligning with leading global practices.



Supporting and promoting the provision of high-quality Social Care Services in the Emirate.



Ensuring that Social Care Professionals have the required qualifications and skills.



Encouraging on-going innovation and development in the field of social care.

To achieve the desired outcomes and ensure the quality of the provided services, the DCD developed this manual to be a quality reference for social care providers in the Emirate alongside the other DCD regulatory standards.

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SECTION A

About this Standard



1. Overview of the Department of Community Development

The Department of Community Development (DCD) was established in 2018 to cultivate, coordinate and regulate the social sector in Abu Dhabi and to play a central role in facilitating, organizing, and coordinating the contributions of individuals, governmental entities, NGOs, and private corporations.

Guided by its vision to enrich the community of Abu Dhabi and the UAE and to provide a dignified life for all, the Department is responsible for policymaking and for developing, organizing, and reinforcing social programs. It also coordinates with the concerned parties to monitor, track, and address social trends in the emirate.

The Department's organizational role includes creating the legal framework for establishing places of worship, community associations, clubs, and sports establishments, along with setting the standards for licensing, inspection, and auditing of these entities. The Department also recommends action that needs to be taken to support various categories of people in need to the Executive Council.

In addition to its organizational role, the DCD works to support and stimulate investments and innovations in the social sector, by developing policies and spreading awareness about social involvement and contribution.

The Department's mandate also extends to developing the policies needed to increase participation in sports activities, support local athletes and promote their talents locally and internationally.

The Department of Community Development works alongside the Executive Council to support the vulnerable groups in the Emirate, by creating the necessary frameworks and mechanisms to ensure they are provided with the right kind of support. Furthermore, the Department helps develop the policies and standards for fostering children in the Emirate and sets the conditions governing all involved parties.

The Department's mandate also includes any other specialties and missions assigned by the executive council to be a part of its mandate.

As the custodian of Abu Dhabi's social sector agenda, it 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.



> **Vision**

Dignified life for all



> **Mission**

To promote a sustainable society and economy that is transparent and responsive to the needs of Abu Dhabi's diverse and growing community, through the active participation of all local agencies.



> **Values**

Respect, credibility, empathy, responsibility, passion for giving, and kindness.

> **Themes:**



Financially stable
individuals



Resilient and caring
families



Inclusive, active, and
cohesive society

11. Role of the Department of Community Development (DCD) in Social Care

Law (12) of 2018 establishes DCD as the regulator of the Social Sector in Abu Dhabi with the following functions:

“Monitoring and supervising the social care sector in accordance with the relevant legislation, agreements and treaties in force locally and internationally in the sector and in coordination with the relevant authorities in the country and abroad.” Article 4, Clause 5; and: “Governing all aspects of the social sector through policy development, standards, regulations, decisions, operational and executive announcements.” Article 4, Clause 6.

To achieve the above, the Department of Community Development (DCD) has established the Quality Assessment Framework - Reyada to ensure and enhance high quality social service provision and practice in social care facilities within the Emirate of Abu Dhabi.

12. Introduction to Quality Assessment Framework

The objective of Reyada is to improve the quality of social services and standardize the principles of delivering high-quality social services in the Emirate of Abu Dhabi. This is achieved by promoting a culture of quality and accountability through systematic assessments. The structured assessment serves as a robust check, ensuring that services align with evidence-based standards, identifying areas for improvement, and facilitating continual enhancements.

The Quality Assessment Framework - Reyada is a quality assessment and development system for the social care sector and represents a landmark initiative for social care services in Abu Dhabi. For the first time, it brings together a shared framework that will define the sector, enhance policy coherence, support coordination, and aid service connectivity.

Reyada framework will ensure and enhance high-quality social service provision and practice in Abu Dhabi. This comprehensive framework sets out the context and structures, domains, criteria, outputs, and evidence required to embed and enhance a quality assurance system for social care services. This commitment to excellence is a collaborative effort involving all stakeholders responsible for policymaking, service provision, and practice across the social services infrastructure.

Reyada framework will provide assurance and accountability for all stakeholders and service beneficiaries involved in the social services ecosystem.

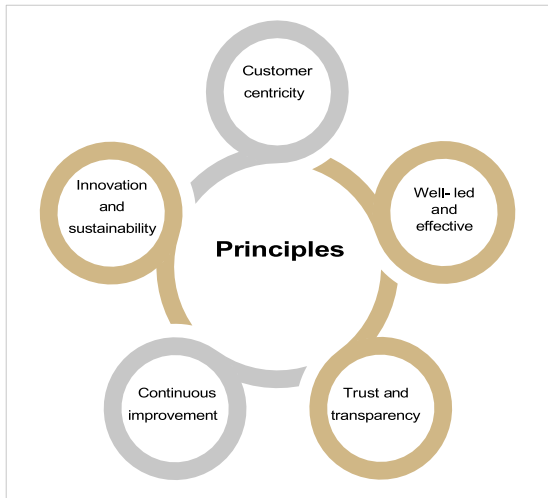
2. Purpose

The purpose of the Quality Assessment Framework- Reyada is to ensure and enhance high-quality social service provision and practice in Abu Dhabi.

3. Principles

The design of the Quality Assessment Framework - Reyada is anchored in a set of core principles that guide its development and implementation. These principles serve as the foundational values shaping Reyada framework's structure and operation, ensuring a robust and purposeful framework. The key guiding principles include:

- Customer centricity
- Well led and effective governance
- Trust and transparency
- Continuous improvements
- Innovation and sustainability



4. Objectives

The aim of Reyada framework is to standardize these principles underpinning high quality social service by providing:

- Clearer information and definition of the work.
- Stronger platform for determining evidence of impact and assessment.
- Enhanced culture of accountability, transparency, and resource effectiveness.
- Improved quality of service provision and outcomes for service beneficiaries.
- Strengthened connectivity between policy, service provision and practice.
- More coherent and coordinated approach to structure the social sector.
- Pathways for continuous improvement and a commitment to excellence.
- Strategic and sustained development of the social sector ecosystem.

5. Scope

Reyada framework applies to all social service facilities from Private, Government and Third sector entities or institutions providing social care services in the Emirate of Abu Dhabi.

Social Care services provide a spectrum of integrated and multi-disciplinary services which provide care, social support, protection, and empowerment of individuals or families/ custodians to promote social well-being and inclusion through an independent, active, and well-led life. Social Care Facilities include the following types of services provision:

1. Day-care and Therapy

This type represents Social Care Services offered in facilities where individuals spend a specific number of hours in a day to receive temporary care, counselling, a particular kind of therapy, or any other social work-related services. This type of service provision requires a physical space to provide the service. This type of service provision offers:

1. Social work services including, but are not limited to, child and family welfare services, child protection, addiction rehabilitation, case management, employment placement for people with disability and other vulnerable groups¹, sheltered workshops services for people experiencing disadvantage or disability.
2. Day-care and personal assistive care.
3. Counselling, psychological, and educational support.
4. Special education services
5. Rehabilitation of People of Determination.
6. Early educational and rehabilitative services.
7. Educational psychological assessment.
8. Psychological and behavioral therapy.
9. Social, psychological, and family counselling.

2. Supported Accommodation:

Temporary or permanent residential care and support for non-medical purposes, for example shelters for the abused and distressed, orphanages, homes for the Elderly, and homes for the People of Determination (PoD).

3. Community-based Services:

Provision of social care and support outside the social care facility and inside the natural environment of the beneficiaries, such as at home, school, or other community settings. For example, such services would include community-based social rehabilitation, respite care for families and caregivers, assisted living services, and home-based therapy.

4. Digital & Teleservices:

Provision of social care services digitally via telephone, video, or audio conferencing, for example providing remote support, consultation, and teletherapy.

6. Development of Quality Assessment Framework

The development and implementation of a Quality Standard Framework for the social care sector is a critical requirement for the Emirate of Abu Dhabi. Recognizing the substantial relevance and importance of quality standards across the sector, the DCD initiated the development of the Quality Assessment Framework - Reyada with the goal of supporting the achievement of a world-class social services ecosystem in the Emirate of Abu Dhabi.

Reyada was developed through comprehensive process and collaborative effort led by the DCD. This involved a review of national and international quality frameworks and input from international experts in the areas of quality assessment and social care policy and provision. It also involved an assessment of the implementation readiness of the social care sector in Abu Dhabi, in addition to alignment with related initiatives being progressed in the DCD.

In developing Reyada framework, the aim was to ensure that the framework was informed by best practice models yet was fitting to the culture and context of the social care ecosystem in Abu Dhabi.

7. Assessments & Continual Improvement

Reyada framework, being a mandated quality standard for social care service providers to engage with on an ongoing basis, the Department of Community Development shall conduct assessments to measure the performance of social service providers that is initially focusing on providing support through identified gaps as findings. Monitoring for continual improvements shall be made through follow-up assessments based on implemented corrective actions. The DCD quality monitoring department shall conduct the assessments through an authorized third-party and partner, which is working closely with the DCD to ensure the provision of first-in-class quality assurance services.

8. Support and Development

The Department of Community Development will be closely following up with the implementation progress of the Reyada Standard and ensuring there are effective channels for receiving feedback and providing support for the social service providers. The DCD will work closely with the implementation partner who will be conducting regular reviewing and

development of the Quality Assessment Framework. Such reviews aim at sharpening the framework and its scoring and assessment methodologies to ensure that it embodies the most effective and practical approach to implementing, measuring, and assessing high quality social services in the Emirate.

9. Domains of the Standard



10. Guidance to the Standard Requirements

- a. Each domain starts with an introduction detailing the importance of its presence in the framework with certain key characteristics.
- b. Following the introduction, each domain has sub-domains that are identified with the first level decimal. Each sub-domain includes a number of criteria that represent a group of requirements.
- c. Each criterion is followed by guidance which acts as an explanation of the requirements to facilitate better understanding of the expected regulatory requirements.
- d. Further to the requirements and following the guidance is Required Evidence statements that serve as the evidence of compliance demonstration to stated requirements for each criterion under all domains.
 - Identified as Core or Non-core; where Core Evidence (requirement) has double the weight compared to non-core evidence due to having higher level of significance for compliance with the requirements.
 - Core Evidence in this Standard is in red colour font.

Domain

Each Domain has an introduction detailing the importance of its existence in the framework with certain key characteristics to further explain such importance.

Sub Domain

Each Domain contains sub domains that are identified with the first level decimal.

Criterion

Each Sub domain incorporates a few criteria each representing a group of requirements under this sub domain.

Each criterion is followed by guidance which acts as explanation of the evidence (requirement) to facilitate better understanding of the expected regulatory requirements.

Required Evidence

Required Evidence serves as the evidence of compliance demonstration to stated requirements for each criterion under all domains.

A Core Evidence has double the weight of non-core evidence due to higher level of significance for compliance with the requirements.

11. Domain Specific Requirements

Listed below are the requirements under each domain that are applicable to all service delivery modes and all service providers.

SECTION B

Domain 1: Leadership & Governance



Leadership and Governance is a fundamental pillar within the standard as it serves as the guiding force behind the ethical and effective delivery of social care services. This domain encapsulates the essence of responsible stewardship, visionary leadership, and the commitment to upholding the highest standards of care. Within this domain, social care organizations recognize that the quality and impact of their services are intricately woven into the fabric of their leadership and governance structures.

Leadership, in the context of social care, transcends mere management; it represents the embodiment of compassionate, ethical, and forward-thinking guidance. Effective leadership ensures that the organization's mission and values are not mere words on paper but are lived and practiced by everyone involved in providing care. It champions the rights, dignity, and well-being of those under its care, fostering a culture of respect, empathy, and excellence.

Governance, on the other hand, establishes the framework for accountability, transparency, and prudent decision-making. It is the system of checks and balances that safeguards the organization's integrity, ensuring compliance with ethical principles and regulatory standards. It is the cornerstone of responsible resource management, guaranteeing that financial and operational resources are used wisely and in the best interests of the beneficiaries.

Within the "Leadership and Governance" domain, social care organizations commit to the highest standards of leadership and governance, setting the stage for delivering services that are not only effective but also ethically sound. By delving into the key characteristics of this domain, it unveils the critical elements that shape the essence of exemplary leadership and governance in the social care context.

Key Characteristics of Leadership and Governance

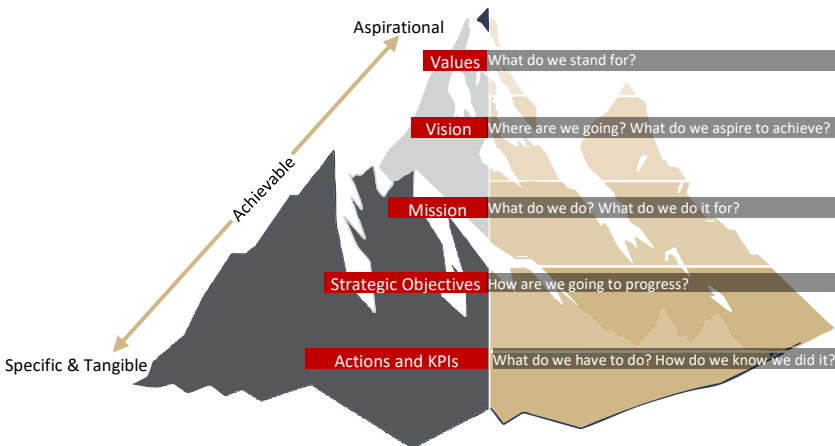


1.1 Establishing beneficiary-centered strategic direction

1.1.1 Criterion

The leadership and management develop beneficiary-centered strategic direction, values, vision, and mission that are well communicated to the organization's stakeholders.

Guidance to Criterion:



1. The leadership and management of the organization set its strategic direction and define its vision, mission, values and objectives, ensuring they are aligned with the core principles of exemplary social care, such as person-centered care, observance of beneficiaries' dignity and respect and the promotion of their independence and empowerment.

Strategy development and planning activities should maintain an alignment with the broader objectives and vision of the Department of Community Development and the wider social sector in Abu Dhabi.

2. Arrangements are made to engage the organization's key stakeholders, such as its staff, beneficiaries and their families, partners, suppliers, regulators, and, where possible, the wider community, in developing its strategy and in its regular reviews. This development and review exercise should involve a comprehensive assessment of the beneficiaries' needs and expectations, as well as the expectations of the other relevant stakeholders.
3. The organization maintains documentation of its Strategic Plan, including the values, vision, mission, and objectives, in a way that is easily accessible to all staff. It also ensures the regular communication of its Strategic Plan to all relevant stakeholders.
The leadership consistently demonstrates a strong commitment to the organization's values and vision in their daily interactions with the staff and beneficiaries.
4. The organization defines its values, which govern its efforts to deliver its mission. Values which emphasize good notions such as respect, kindness, compassion, dignity, equality, safety, and well-being are recommended.
The chosen values are aligned with the organization's vision, mission, and objectives, where staff members strive to embody them during care provision.

Required Evidence:

1. Records of strategic planning meetings to draft and review the organization's vision, mission, values, and objectives, while ensuring their alignment with those of the DCD and the social sector.
2. Records of participation of the organization's relevant stakeholders (beneficiaries, their families, staff, partners, suppliers, regulators, community) in developing or reviewing its strategy.
3. Documentation and communication of the organization's strategy, including its values, vision, mission, and objectives, to its relevant stakeholders.
4. Documentation of the organization's defined values and their alignment with its vision, mission and objectives.

1.1.2 Criterion

Staff's awareness and orientation with the organization's Strategic Plan and its alignment with their roles.

Guidance to Criterion:

1. The organization provides training and awareness activities to ensure its staff understands the different components of its strategy and how they are related to their own roles.

It also explains the organizational values to all its stakeholders through various means, such as mission statements, policy documents, and orientation materials."

2. The organization uses various methods to seek feedback from its staff on its Strategic Plan, assessing and promoting their understanding and commitment to it.
3. Upon joining, new staff receive an orientation covering all important and required organizational knowledge, such as the organization's vision, mission, values, code of ethical conduct, strategic objectives, organizational structure, and human resources policies and procedures.

The onboarding orientation also includes welcoming processes as well as communication of accessibility adjustments and inclusive behaviours adopted to ensure the inclusivity of the workplace. Refreshers of such orientation sessions are provided as and when needed to ensure staff's awareness of the organization's important expectations".

Required Evidence:

1. Training and awareness activities for staff and management covering the components of the organization's Strategic Plan.
2. Feedback from staff to gauge their understanding of the organization's strategy and the alignment with their individual roles and objectives.
3. Records of orientation given to new staff covering all the organizational knowledge needed and the staff's duties.

1.2 Governance structures and compliance with regulations

1.2.1 Criterion

The management ensures the organization has effective organizational structure, policies, and processes.

Guidance to Criterion:

1. The organization designs and communicates an effective organizational structure that demonstrates its hierarchy and supports the accomplishment of its mission and strategic objectives. This structure should outline the main roles within the organization along with their corresponding reporting lines.
2. Developing and maintaining process maps (flow charts) for all of the organization's critical services. Mapping of processes should cover all services classified as critical for the organization, whether operational or administrative.
Each mapped process should indicate the process inputs, outputs, steps, responsibility, and timeframe for each step.
3. Developing and maintaining Standard Operating Procedures (SOPs) for all of the organization's critical processes to ensure consistency and efficiency among practitioners and service providers.
Each SOP should provide detailed information for each step of the procedure, including, but not limited to, the inputs, outputs, ownership, stakeholders, timeframe, templates and forms used, governing legislations, regulations, and bylaws, and KPIs with targets.
4. The organization's critical processes should be reviewed and updated periodically to ensure they are streamlined, introduce enhancements, reflect best practices, and promote customer satisfaction.

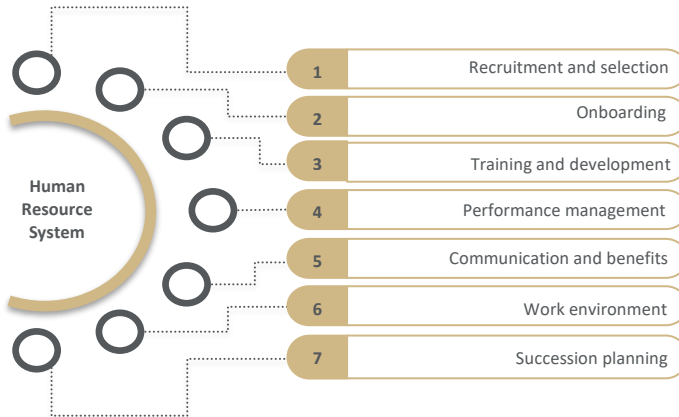
Required Evidence:

1. Documented and communicated organizational structure that outlines roles and reporting lines within the organization and its different facilities.
2. Processes flow charts for the organization's critical services.
3. Standard Operating Procedures for the organization's critical services, ensuring consistency and efficiency.
4. Specific process improvements or enhancements resulting from updating and streamlining of processes.

1.2.2 Criterion

Human resources system of policies, guidelines, and clear roles and responsibilities that are well communicated.

Guidance to Criterion:



1. The leadership and management understand the value generated from attracting and retaining qualified human resources to achieve its mission.
The organization establishes a comprehensive human resources management system that is compliant with the relevant legislations and regulations in the Emirate. The system consists of policies and guidelines to govern the organization's processes for talent acquisition and recruitment, promotion and rewards, disciplinary and grievance, and training and development.
2. The organization annually plans its manpower requirements, which is an important input to its annual financial planning and budgeting. It takes into consideration the human resources requirements for all the facilities under its governance. Manpower planning takes into consideration the organization's mandate, regulatory and licensing requirements, customers' needs, market trends, and best practices to determine the level of staffing and skill mix required to provide its services and meet the needs of the beneficiaries it serves.
3. Develop and document detailed and comprehensive job descriptions for all positions within the organization, aligning them with the organization's mission and objectives.
Each job description should outline the relevant roles, responsibilities, and duties, as well as work experience, academic and technical qualifications, skills, and any other relevant expectations for each position.
Effectively communicate job descriptions to the relevant staff members to ensure their understanding of them through orientation, training, and written materials."

Required Evidence:

1. "Human resources system of policies and guidelines, including:
 - Talent acquisition and retention.
 - Promotion and rewards.
 - Disciplinary and grievance.
 - Training and development.
2. Manpower planning indicating human resources' requirements at the organization's (and facility's) level.
3. Job descriptions for all positions within the organization, indicating key roles and responsibilities, required qualifications, experience, and skills, are communicated to relevant staff.

1.2.3 Criterion

Qualified human resources that possess the necessary competencies and experience to effectively perform their roles.

Guidance to Criterion:

1. The organization establishes a robust recruitment and selection process that ensures candidates for leadership and managerial roles meet the required qualifications and experience.
It recruits qualified and competent professionals whose qualifications and credentials records are maintained, including their equivalency, attestations, certifications, experience letters, and resumes.
The organization carries out background checks prior to the recruitment of staff who will be dealing with vulnerable individuals, such as children and PoD, to ensure their long-term safety.
2. Develop and implement a supervised training program dedicated for new joining staff who deal with beneficiaries as part of their daily jobs. The program should cover role-specific duties, skills, and on-the-job training relevant to each role providing sufficient confidence in their readiness for practice and the provision of services.
3. Ensure staff rotations are designed to always have staff with the right mix of skills, competencies, qualifications, and experience present at all times to meet the needs of beneficiaries in Supported Accommodation facilities.
4. The organization must strive to recruit certified and qualified professionals as required by the regulatory body and support them to maintain their certification.
The organization should maintain and update records of the valid professional licenses of its social care and healthcare professionals and be ready to present them when required by the regulatory body.
5. The leadership and management set and implement accountability measures, such as annual performance appraisals for all staff, including administrative, managerial, and technical personnel (therapists).
Regular performance reviews are conducted to ensure that staff possess the necessary experience and competence in their respective roles and to identify areas for improvement. The performance appraisal criteria encompass set objectives on staff's competence, contribution to continuous improvement, continuous professional development outcomes, and any other necessary performance indicators.
6. The leadership and management ensure that staff who do not meet satisfactory job performance have intervention and training plans to help promote their performance and ensure they meet the set objectives and standards for their roles.

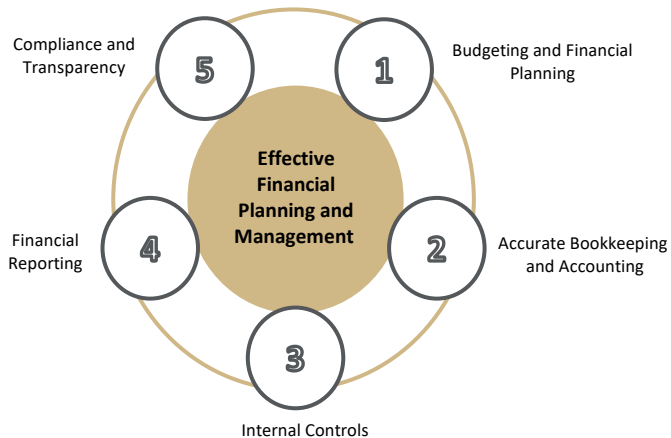
Required Evidence:

1. Maintained verified qualifications for staff, including attestation and equivalency, as well as experience letters and resumes.
2. Records of training program for new staff focused on role-specific duties and skills emphasizing supervised on-the-job training.
3. Staff rotations ensuring the effective continuation of care in facilities providing Supported Accommodation.
4. Listing and records of updated professional licenses for social care and healthcare professionals.
5. Performance appraisal records for staff and management, incorporating objectives for continuous improvement and continuous professional development.
6. Implemented action plans and corrective measures to address staff's unsatisfactory performance.

1.2.4 Criterion

Effective financial planning and management through monitoring of financial objectives and key performance indicators.

Guidance to Criterion:



1. The organization develops an annual operational plan that translates its strategic objectives into actionable activities. The plan should reflect defined operational objectives that are aligned with its strategic objectives and reflect the organization's day-to-day activities.

Each operational objective should have a corresponding SMART key performance indicator (KPI) that is specific, measurable, achievable, relevant, and time bound. The ownership and responsibility for each KPI, method, frequency, unit of measurement, and target should be defined and documented.

2. The leadership and management establish financial objectives that are aligned with and support its strategic and operational objectives.

Annual financial planning and budgeting of the organization's activities, incorporating all the resources, including human, information technology, assets, and logistics required to deliver the organization's mission and objectives.

3. The leadership and management establish follow-up activities such as regular meetings and reporting to stay informed about the organization's financial status and budget spending, addressing any concerns and implementing improvements.

Required Evidence:

1. Annual operational plan that ensures the translation of the organization's strategic objectives into actionable activities, indicating roles and responsibilities, allocated resources, and measurable key performance indicators.
2. Financial planning indicating identification and allocation of resources (budgeting).
3. Periodic financial reporting to the leadership and management, adopting reporting best practices.

1.3 Regulatory and compliance

1.3.1 Criterion

The leadership and management ensure the organization's compliance with applicable laws and regulations.

Guidance to Criterion:

1. The management ensures that it identifies, updates, and documents all relevant laws, regulations, and bylaws that govern the organization's activities and communicates them to the relevant staff to ensure their compliance.
2. The management ensures that it develops, updates, identifies, and documents all the relevant compliance policies, frameworks, and standards relevant to the organization's internal and external activities.
Listing and records of such compliance tools are communicated and demonstrated to the relevant staff to ensure their awareness and adherence to them, ultimately promoting beneficiaries' safety and regulatory compliance.
3. The organization implements a quality management system, including planning and conducting of regular risk assessments and internal audits to identify gaps in regulatory compliance and conformance to policies and quality standards.
4. The organization addresses and responds to its internal and external audit activities, which identify gaps in compliance or conformance.
Implementation of corrections and corrective actions to ensure closure of the identified non-compliance or non-conformance. Lessons learned should be documented and shared with the relevant parties to ensure future compliance.
5. The organization ensures its timely submission of all reporting requirements to the relevant governmental oversight and regulatory bodies.
Maintain records related to compliance and conformance efforts, including policies, standards, procedures, audit reports, and any relevant communications with regulatory bodies.
6. The leadership and management ensure the provision of continuous awareness and training activities to promote staff's knowledge and understanding of all relevant legislations, regulations, and quality requirements.
Such activities should be provided for all staff on a regular basis, at least once a year, or as needed, such as when a new requirement is issued or an existing one is updated.

Required Evidence:

1. Maintained and shared list of all the relevant compliance laws and regulations with the concerned staff.
2. Maintained and shared list of all the compliance frameworks, policies, and standards with the concerned staff.
3. Internal audit reports on regulatory compliance, policies, and conformance to quality standards, demonstrating any identified non-compliance or non-conformance.
4. Records of corrective actions taken to address the identified non-compliance.
5. Records of submission of requirements to oversight and regulatory bodies including the following, as applicable:
 - Department of Community Development
 - Department of Municipalities and Transport
 - Abu Dhabi Civil Defence
 - Monitoring and Control Centre (MCC)
6. Records of staff attendance of specialized awareness sessions and training on legislative, regulatory, and quality requirements.

1.4 Collaborative relationships and stakeholders' management

1.4.1 Criterion

The management establishes effective stakeholders' consultation and engagement policies and processes.

Guidance to Criterion:

1. The organization establishes a means to identify, document, and update its relevant and key stakeholders in the social care context. An organization's stakeholder is any person or entity that affects or is affected by the organization's activities or services. Stakeholders of social care organizations include their staff (human resources), beneficiaries and their families (service users), partners (private, government, NGO), suppliers, advocates (from community members, groups, or organizations), and all relevant regulatory and oversight bodies and authorities.
2. The leadership and management guide the development of a stakeholders' consultation policy, indicating the organization's commitment to consulting and engaging its relevant stakeholders on critical matters while emphasizing transparency and inclusivity.
The policy outlines its purpose, scope, roles and responsibilities, engagement methods and tools, data-sharing and confidentiality, review and continuous improvement, and any other relevant details.
It also needs to maintain transparency regarding who is being consulted and what is being discussed. In addition to observing inclusivity, by ensuring a fair representation of each stakeholder group for each consultation activity.
3. The leadership and management establish a robust system or mechanism for managing integrated stakeholders' feedback, including regular feedback-seeking, recording, analyzing, monitoring, and reporting on feedback.
They ensure that periodic review of the existing feedback system is taking place, where enhancements to the feedback collection tools, methods, analysis, and reporting are introduced to achieve better results in stakeholders' feedback management.
4. The leadership promotes a culture of open communication, encouraging and valuing constructive feedback and suggestions from its stakeholders.
The organization establishes formal communication channels for providing feedback to its different stakeholders, such as emails, meetings, social media channels, and other dedicated means, including smart applications, daily notes, and periodic events.
5. The leadership and management ensure there is regular and documented communication and activities dedicated to providing feedback and updates to beneficiaries or their representatives, as applicable, regarding the services they receive, and any related challenges, concerns, or achievements.

6. The leadership and management ensure there is regular and documented communication, with activities dedicated to providing feedback and updates to staff, partners, and other relevant stakeholders related to service provision.
7. The organization uses a diverse range of formal communication tools and channels to seek and collect informative feedback and information about its stakeholders. These channels and tools must be accessible to people with special needs and abilities to ensure that all stakeholders can voice their needs and concerns. Examples of the channels include but are not limited to suggestions and complaints boxes, email, meetings, surveys (online or offline), interviews (telephonic, in-person, or remote), focus groups, forums, dedicated smart applications, website, and social media platforms.

Required Evidence:

1. Identifying and listing of the organization's relevant stakeholders including its beneficiaries, staff, partners, suppliers, regulators, and advocating community groups and members.
2. Policy for stakeholders' consultation on key matters, including purpose, scope, roles and responsibilities, engagement methods and tools, emphasizing transparency and inclusivity.
3. Established mechanism for stakeholders' feedback management, including consistent and periodic feedback collection, analysis, monitoring, and reporting.
4. Established formal communication channels for giving feedback to the beneficiaries, staff, partners, and other relevant stakeholders.
5. Records of regular service-related feedback regarding beneficiaries' progress or concerns given to them or their representatives.
6. Records of regular service-related feedback regarding challenges and achievements given to staff, partners, or other relevant stakeholders.
7. Established formal communication channels for seeking stakeholders' feedback, including beneficiaries (or their representatives), staff, partners, and other relevant stakeholders as applicable to the services.

1.4.2 Criterion

The organization has a systematic approach to gathering stakeholders' feedback and suggestions to improve its services.

Guidance to Criterion:

1. The management regularly reviews the effectiveness of the stakeholders' consultation and engagement system, including the policy, process, channels, and tools, and makes the necessary changes to improve their engagement rates and results. The review considers the stakeholders' evolving needs and lessons learned. The leadership and management encourage the active participation of key stakeholders in giving feedback. They also encourage staff, irrespective of their role or level within the organization, to provide their feedback and suggestions.
2. The leadership and management develop action plans or initiatives to address the gaps, improve the organization's services, and increase customer satisfaction based on the feedback received from its stakeholders.
3. The organization ensures it maintains and communicates the results and outcomes of its stakeholders' consultation and engagement activities with the concerned stakeholders, indicating that their input is valued, appreciated, and taken into consideration.
4. The organization maintains documented information on the templates and forms used in its stakeholders' engagement activities, as well as retaining records of the actual feedback and consultation they provided.

Required Evidence:

1. Demonstrated update to the methods and tools used for stakeholders' consultation based on monitoring and evaluation.
2. Actions and corrective action plans in response to stakeholders' feedback.
3. Records of communication and appreciation of stakeholders' feedback and consultation outcomes with the concerned stakeholders.
4. Records of the engagement of different and relevant stakeholders in the activities of services evaluation and development.

1.5 Establishing a culture of quality and continuous improvement

1.5.1 Criterion

The leadership and management adopt and promote quality measures that drive continuous improvement in service provision.

Guidance to Criterion:



1. The leadership adopts the quality standards mandated by the oversight and regulatory bodies and acts as a role model for their staff and management, leading and supporting their efforts to conform to these standards.
It directs the organization and execution of quality awareness workshops to build staff competence and ensure they understand their roles and can meet the requirements.
2. The organization strives to improve the quality of its services and promote its customers' confidence and satisfaction. It sets evidence-based quality targets for which it can introduce major improvement initiatives or implement minor and multiple enhancements to drive such targets.
The leadership adopts a culture of continuous improvement through encouraging their staff and management to identify and report areas for improvement.
3. The leadership and management demonstrate their commitment to promoting quality and continuous improvement by actively supporting and participating in quality improvement initiatives.
They assess the available resources to identify and bridge any gaps and support the efforts of their staff and management aimed at achieving continuous improvement.
4. The organization organizes and facilitates the provision of awareness, training, and development opportunities to its staff and management enhancing their respective skills, technical knowledge, and competence, as well as implementing any other measures necessary for driving quality and continuous improvement.

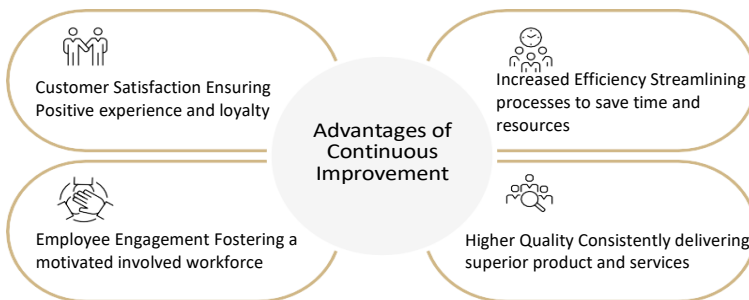
Required Evidence:

1. Monitoring and evaluation activities to assess services' quality.
2. Records showing quality improvement initiatives to promote quality of services and customer satisfaction with set targets and outcomes.
3. Evidence of the leadership and management commitment to continuous improvement initiatives, including identification and provision of the required resources.
4. Records of staff awareness, training, and knowledge transfer activities to promote service quality and continuous improvement.

1.5.2 Criterion

Leadership and management encourage continuous improvement and innovations and make good use of lessons learned.

Guidance to Criterion:



1. The organization values and encourages staff's ongoing feedback on the availability of resources needed to support and drive continuous improvement. It establishes a system whereby staff's and management's efforts in driving continuous improvement are acknowledged, celebrated, and rewarded.
2. The organization embeds the utilization of lessons learned and stakeholders' insights into its ongoing strategic planning and continuous improvement activities. It dedicates specific KPIs and initiatives to monitor and implement innovative and insightful ideas proposed by its stakeholders, as well as to make the best use of lessons learned.

Required Evidence:

1. Recognition and rewarding of staff and management related to their contributions to continuous improvement.
2. Demonstration of the integration of stakeholders' insights and lessons learned into the organization's strategic planning and continuous improvement initiatives.

SECTION C

Domain 2: Safety



The **safety** of social care beneficiaries is of paramount importance to ensure that the individuals receiving social care are safeguarded against all forms of harm so that they can live their lives with dignity and respect.

There are many reasons why the safety of social care beneficiaries is so important. Social care beneficiaries are often dependent on others for their care and support, which means that they are more vulnerable to abuse and neglect by those who are entrusted with their care. Also, social care beneficiaries may have difficulty communicating or reporting abuse or neglect, which may be due to their age, disability, or other circumstances, as a result they may be less likely to receive the help they need. Furthermore, abuse, neglect, and exploitation can have serious impact on social care beneficiaries as it can lead to physical and emotional harm, as well as to social isolation or financial hardship, whose remedial interventions incur high cost on their families and the state. There are many ways to enhance the safety measures in place for social care beneficiaries. These include:

Awareness on harm or abuse

Raising awareness of harm, abuse, neglect, and exploitation. It is important for everyone to be aware of the signs and symptoms of any form of harm or abuse, so that it can be reported accordingly.

Safety as Fundamental right

The safety of social care beneficiaries is a fundamental human right; therefore, it is essential that all necessary measures are taken to safeguard them from all forms of harm or abuse.

Safeguarding Procedures

Social care providers should have robust safeguarding procedures in place to protect social care beneficiaries. These procedures should include clear reporting procedures, as well as regular staff awareness and audits.

Identify and report

Social care professionals should be trained in how to identify and report any form of harm or abuse. They should also be trained in how to create a safe, supportive, and inclusive environment for social care beneficiaries.

2.1 Safeguarding beneficiaries from harm, abuse, neglect, and exploitation

2.1.1 Criterion

Safeguarding measures for protecting the beneficiaries from all forms of harm, abuse, neglect, and exploitation are in place.

Guidance to Criterion:



1. The organization shows compliance by adopting any safeguarding laws and policies issued by its regulatory or oversight bodies. It uses these laws and policies to develop its internal safeguarding measures, which must be zero-tolerant to all forms of abuse, neglect, or exploitation, and holds its staff accountable for adhering to them. The policy or measures should indicate its purpose, scope, beneficiaries, their rights stipulated in legislations, listing of those laws and policies, stakeholders involved, and responsibilities of the different parties, recording and reporting abuse, investigation, terms of reference, and any other relevant information.

The organization must have documented safeguarding measures targeting each beneficiary group it serves, focusing on the vulnerable ones such as children, people of determination, the elderly, women, addicts, and recovered addicts, etc.

2. Surveillance cameras are installed and adequately distributed to monitor the facility's internal and external spaces, particularly where beneficiaries are staying or receiving care. Recordings are retained for the period stipulated by the guidelines issued by the local authorities.

The organization retains its certificate of compliance awarded by the Monitoring and Control Centre (MCC), which shows that the organization has met the requirements set by the competent authority.

3. The organization goes into a contract with a third-party company to oversee the maintenance of the CCTV cameras and ensure that it shares regular activity reports for the cameras.
4. The organization develops a policy for monitoring CCTV cameras and tapes, covering, among others, its purpose, scope and coverage, regulatory compliance, access and control (authorizations), recording and storage, retrieval and review, maintenance and quality control, and training and awareness.

Required Evidence:

1. Documented safeguarding measures or policies covering each beneficiary group served by the organization.
2. Adequate CCTV surveillance cameras covering all areas dedicated to care provision, in compliance with the competent authority's guidelines.
3. A contract for CCTV cameras maintenance along with periodic activity reports.
4. A policy for monitoring CCTV cameras and tapes.

2.1.2 Criterion

Staff, technical and administrative, understand and implement the existing safeguarding measures which are further developed through continuous monitoring and evaluation.

Guidance to Criterion:

1. The organization prepares a set of training and awareness materials to educate staff, beneficiaries, and their families on how to protect vulnerable people against all forms of harm, abuse, and exploitation. It consults and incorporates the best practices followed in the field and applicable laws and regulations.
The training material should cover methods for reporting abuse in compliance with legislative requirements and references to those legislations, which aim to empower beneficiaries and enable them to voice their concerns.
2. The organization ensures that its staff and management are aware and well-trained in maintaining and promoting beneficiaries' safety, rights, and safeguarding measures. These training and awareness activities should cover the different vulnerable beneficiary groups served by the organization, taking into consideration the unique characteristics of each group.
The training must emphasize practical ways for detecting early signs of harm, abuse, negligence, and exploitation, in addition to foreseeing, preventing, and managing beneficiaries' challenging behaviors. To this end, staff should have access to relevant resources, support, and supervision to ensure they can address any

safeguarding-relevant issue.

3. The organization takes all possible measures to prevent all forms of harm, abuse, neglect, and exploitation from being inflicted on its beneficiaries, who are susceptible to such harm. It communicates such measures to its beneficiaries (especially children, PoD, and the elderly), their families, and other relevant stakeholders to ensure their awareness of them.

HSE staff conduct regular checks and examinations to ensure those safety measures are being followed and implemented, and that the physical environment is safe and free from any potential hazards.

Staff overseeing beneficiaries' care should thoroughly examine their physical, emotional, and psychological state to detect any signs of potential abuse or harm inflicted by individuals from family, staff, fellow beneficiaries, peers, or strangers, whether inside or outside the facility. This examination also aims at detecting any omission or negligence in care provision.

The leadership and management ensure the execution of continuous monitoring and checks to confirm that the safeguarding measures in place are effectively followed and implemented. These monitoring activities are consistently and regularly reported, evaluated, and improved.

Required Evidence:

1. Safeguarding training and awareness material covering each beneficiary group served by the organization, with a focus on abuse prevention and detection.
2. Records of staff attendance of specialized training on beneficiaries' safeguarding and abuse detection and prevention.
3. Regular monitoring and reporting of the effective implementation of the safeguarding measures.

2.2 Managing risks to beneficiaries and promoting their safety

2.2.1 Criterion

Safety measures related to the use of equipment are in place to always guarantee beneficiaries' safety in all spaces.

Guidance to Criterion:

1. The organization maintains a comprehensive list of its equipment, which is used within the social care facility, along with the scheduled maintenance and calibration records for each, as applicable.
It conducts periodic inspections and assessments to ensure that all equipment are in good working condition and poses no potential hazards to users. It reports the results along with the actions taken to mitigate the identified risks to management.
2. The organization goes into contract with a third party company to oversee the periodic maintenance of the equipment as required.
3. The organization maintains and communicates safe operation manuals and training material for the equipment used in care, with the staff and individuals entrusted with its operation or use.
4. The organization provides the required training and certification for staff responsible for operating its equipment, as mandated by the Health, Safety, and Environment (HSE) standards.
It restricts the use of equipment to its trained or certified staff, where applicable, ensuring their own safety and that of the beneficiaries.

Required Evidence:

1. Listing of all equipment used in care provision, their scheduled periodic maintenance, calibration, and working condition.
2. Maintenance contract for the equipment that requires maintenance.
3. Communication of safe operation manuals or training material to the staff responsible for their operation.
4. Records of staff attendance of specialized training or certification on the safe operation of equipment.

2.3 Protecting beneficiaries' safety, rights, privacy, and data confidentiality

2.3.1 Criterion

The organization promotes the beneficiaries' safety and holds itself and its staff accountable. The beneficiaries understand and give their informed consent to the proposed care options.

Guidance to Criterion:

1. The leadership and management always promote the beneficiaries' safety, mandating it as part of the staff's responsibilities and holding them accountable for upholding it.
They ensure that beneficiaries' safety is embedded throughout the entire cycle of care provision and process of manpower selection and recruitment, training, and performance appraisal. The leadership and management promote beneficiaries' safety through accommodating any requests from staff that support and empower them to safeguard their beneficiaries.
2. To ensure staff's commitment to safeguarding their beneficiaries, objectives for their safety and protection are incorporated into staff's job descriptions and annual performance appraisals. Evaluation of staff's performance must consider how seriously and effectively they address their beneficiaries' safety and how often they are involved in incidents or near-misses that occur.
3. The management effectively communicates to the customers the available and suitable services and care options for them and their families. They provide all the relevant information about their services including customer privacy and data confidentiality and obtain their agreement to the terms and conditions.
A documented service contract that outlines the rights and responsibilities of the organization and its beneficiaries must be discussed and signed by both parties. It may also include eligibility and admission criteria, assessments and tools, services provided, staff and facility credentials, informed consent and acknowledgements, and any other relevant information as stipulated in applicable laws and regulations".

Required Evidence:

1. Beneficiaries' safety is a core organizational value emphasized in the ethical code of conduct and policies.
2. Incorporation of beneficiaries' safety into the job descriptions and performance appraisals of staff and management.
3. A service contract and other general informed consent signed by the beneficiary or on their behalf indicating services terms and conditions and beneficiaries' rights and duties.

2.3.2 Criterion

The organization has measures in place to protect the privacy and data confidentiality of its beneficiaries.

Guidance to Criterion:

1. The organization has a policy in place to protect the privacy and data confidentiality of its beneficiaries, outlining how beneficiary records and consent forms will be handled, stored, and accessed. The policy includes the following, among others:
 - Beneficiary information, which is considered confidential.
 - Accessibility/authorization matrix indicating the individuals who can access the beneficiary's records (medical, social, financial, ...etc.).
 - Any provisions stipulating the sharing of beneficiaries' records or information with other authorities.
 - Beneficiaries' awareness and informed consent to the privacy and data confidentiality policy.
 - Staff signing of a non-disclosure agreement on protecting beneficiaries' privacy and data confidentiality.
2. Awareness-raising activities to educate and train staff on the importance of beneficiaries' privacy and data confidentiality, emphasizing the potential legal, reputational, and ethical consequences of its violation.
3. The organization protects its beneficiaries' data through advanced information technology and cybersecurity systems against any cyberattacks, phishing, malware, or viruses.
It performs regular checks of the understanding and adherence of its staff to the beneficiaries' privacy and data confidentiality policy. It regularly reports the implementation of these checks, along with the results and corrective actions, to leadership and management.

Required Evidence:

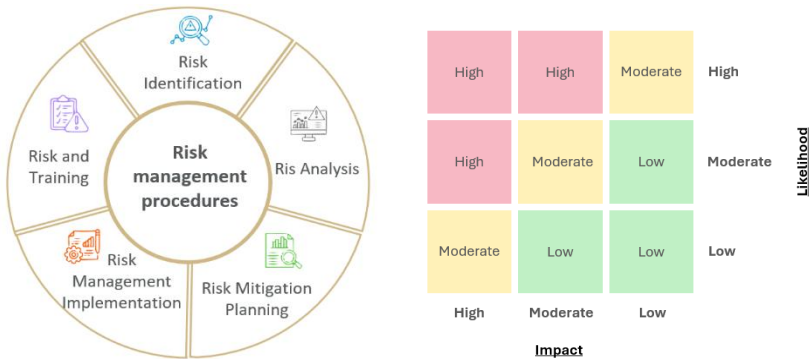
1. A policy for beneficiaries' privacy and data confidentiality covering:
 - Protected beneficiary information.
 - Accessibility/authorization matrix.
 - Any stipulated provisions for sharing beneficiaries' information.
 - Beneficiary's informed consent with the policy.
 - Staff's non-disclosure agreement.
2. Awareness-raising activities on beneficiaries' privacy and data confidentiality.
3. Reports on the monitoring of data protection and cyber security.

2.4 Competent staff to manage risks and promote beneficiaries' safety

2.4.1 Criterion

The organization identifies and assesses the potential risks and takes appropriate and proportionate measures to mitigate them.

Guidance to Criterion:



1. The organization adopts a risk-based approach to planning its processes and operations, enabling it to identify potential risks, address them, and mitigate their impact.

A comprehensive risk register is developed in collaboration with different organizational units to compile and assess all known risks within its facilities that may undermine its operations, livability, or stakeholders' safety.

Each identified risk is then assessed and addressed according to its score, within the risk matrix, which is calculated based on risk likelihood and impact scores.

2. The risk assessment process followed within the organization covers the individual beneficiaries, where the aspects of vulnerability of each beneficiary and the potential risks that he/she may face during care provision should be identified, documented, communicated to the concerned staff and family members, and used as input to their needs assessment and care planning.

Care planning takes into consideration the risks to individual beneficiary's safety when placing them together in group therapy or activity, as some beneficiaries may be more prone to harm and abuse than others. Only competent staff who can effectively manage the risks associated with care are assigned to care for beneficiaries with identified risks.

3. The organization conducts risk assessments on a periodic basis and as needed to evaluate the implementation efficiency of its risk management and preparedness. It monitors and evaluates the existing health and safety, safeguarding measures,

and risk management implemented by its staff and takes the necessary actions to keep them updated, effective, and responsive to the different situations and persons with varying risks.

Required Evidence:

1. A risk register incorporating all the identified risks along with their likelihood, impact, and corresponding mitigation.
2. A risk profile for individual beneficiaries developed and incorporated into their individual care planning.
3. Records of periodic risk assessments and actions taken to mitigate the identified risks.

2.4.2 Criterion

The organization monitors risks and enhances staff's competence to deal with them.

Guidance to Criterion:

1. The management sets health and safety key performance indicators to monitor its safeguarding and risk management initiatives and objectives. These KPIs should be measured and reported periodically, and as needed, to assess the effectiveness of the risk management process and safeguarding measures.
2. The organization prepares a set of training and awareness materials to train and develop its staff to manage the different types of risks associated with their care activities. It also incorporates lessons learned from past incidents and best practices in the field.
3. The organization ensures that all staff are provided with the necessary training and awareness to manage the different types of risks associated with care, each in their respective domain.
They need to demonstrate competence in practicing the adopted safeguarding measures and risk management process.

Required Evidence:

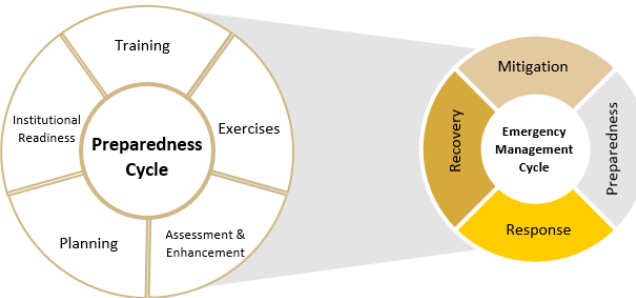
1. Safeguarding and risk management KPIs measured and reported.
2. Training and awareness material on managing risks associated with care.
3. Records of staff attendance of specialized training on managing risks associated with care.

2.5 Emergency and crisis management and preparedness

2.5.1 Criterion

The organization is well prepared to deal with emergencies and crises.

Guidance to Criterion:



1. The organization has a detailed emergency preparedness and response plan to manage potential emergencies, crises, and disasters, which, if they occur, could have a severe impact on its facilities and beneficiaries if not properly managed. The plan should consult and follow the best practices in emergency management, outlining procedures, roles, and responsibilities, communication protocols, assignment of emergency champions, planned drills and evacuations, and any other relevant information. It covers different emergency, crisis, and disaster scenarios, such as fire, flooding, earthquakes, cyber-attacks, and power outages, among others.
2. The organization maintains an inventory of emergency resources, including, among others, firefighting equipment (hoses and extinguishers), first-aid kits, wheelchairs, and personal protective equipment.
3. The organization plans and implements organization-wide drills and testing for different emergency scenarios in collaboration with competent authorities and third parties. It also reports on the results of such drills, providing recommendations for improvement and enhanced preparedness. Special consideration is given in the organization's emergency plan to looking after and protecting beneficiaries from vulnerable groups such as children, PoD, and the elderly. For example, in the case of fire, a person with a physical or intellectual disability must be assigned a supporting staff member or a champion who is appointed to perform this role in emergency cases, which should be documented in the respective emergency plan and drills.

4. The organization meets the requirements of the relevant regulatory bodies and authorities to obtain certification of compliance with public health (and safety), civil Defence, and municipality, as applicable.
5. The organization provides sufficient training and development to equip its emergency champions with the necessary skills to ensure their readiness to fulfil their assigned roles during emergencies.
6. The organization requires reporting from local authorities and third parties with which it collaborates to implement emergency drills and evacuations, which includes their results and recommendations.
It implements corrective actions to address the recommendations outlined in the drills and evacuation report and updates its emergency plan accordingly.

Required Evidence:

1. Emergency and disaster management plan (indicating emergency communication, assigned emergency champions, planned drills, and evacuations).
2. Inventory of emergency resources, including firefighting equipment, First Aid kits, and personal protective equipment.
3. Collaboration with the local authorities and relevant third parties to train staff and prepare for emergencies.
4. Certification from the concerned regulatory body for safety and public health. For example:
 - Abu Dhabi Public Health Center (ADPHC)
 - Abu Dhabi Civil Defence (ADCD)
 - Abu Dhabi Municipality (ADM)
5. Records of attendance of emergency champions of specialized training on emergency management and evacuation.
6. Emergency drill reports indicating recommendations and details of implemented corrections and corrective actions.

2.6 Responding to concerns about beneficiaries' safety

2.6.1 Criterion

The organization has an effective system for incident management.

Guidance to Criterion:



- The organization has a system for incidents and concerns management, which includes:
 - Policy
 - SOP and process flow chart
 - Reporting form
 - Documentation requirements
 - Communication channels for reporting
 - Designated staff for investigation and resolution.
 - Mitigation or corrective actions
 - Customer satisfaction with corrective actions
 - Process review and required changes to the affected beneficiary's care plan.
 - Provide staff with training on incident management.
 - Ensure staff are aware with the legal and regulatory requirements for reporting incidents to the competent authorities.
 - The policy indicates its purpose, scope, regulatory compliance, responsibilities, reporting, investigation, resolution and corrective actions, stakeholders' management, including communication and customer satisfaction, and training and awareness.

2. The organization has a documented standard operating procedure, along with a process flow chart for managing incidents and concerns related to the safety of its beneficiaries and staff.

The procedure is periodically reviewed to ensure its efficiency and relevance to the social care setting, as well as to identify and implement areas for improvement.

The organization assigns the responsibility of responding to safety-related incidents, inquiries, and investigations, whether internal or external, to dedicated staff, who should be available, competent, and accountable before the competent authorities.

3. A delegation of authority is required in case the assigned staff are not available to always ensure an organized response to any safety issue.

The designated staff have the necessary qualifications and receive the required training to acquire competence to respond to and manage safety concerns effectively.

Required Evidence:

1. A policy for incident and concern management including reporting, investigation, resolution, training, stakeholders' management, and customer satisfaction.
2. A standard operating procedure for incident and concern management.
3. A matrix for safety authorization and delegation (for safety-related issues during care provision) indicating the assigned staff's roles, responsibilities, and contact details.

2.6.2 Criterion

Implementation of mitigation and corrective actions and monitoring outcomes.

Guidance to Criterion:

1. The organization establishes a system for recording, investigating, and reporting on safety incidents and concerns. It retains records of safety incidents, near-misses, and concerns, including their description, date and time, injuries and affected areas, person(s) involved, cause(s) of the incident, investigation, response actions taken, and mitigation.

In the event of reporting an incident or safety concern, immediate corrective action is implemented to mitigate the harm or risk inflicted on the beneficiary or staff. That corrective action should prevent the recurrence of similar incidents by eliminating the cause and ensuring that no future concerns arise.

It observes the legislative and regulatory requirements regarding the reporting of safety incidents in the Emirate and collaborates with local authorities and relevant entities to ensure a coordinated response to safeguarding incidents.

Regular monitoring and analysis of health and safety KPIs and trends to determine the factors leading to such incidents. Communication and reporting of KPI results and lessons learned from health and safety incidents to the leadership and management, promoting existing health and safety processes and risk management.

2. The organization retains detailed records of all incidents, near-misses, and concerns, including their description, date, time, persons involved, reporting process, investigation, corrective actions taken, and customer satisfaction.
3. The organization retains records of its staff's attendance of training and awareness-raising activities on managing incidents, near-misses, and concerns within the social care facility setting.
4. A valid professional certification for all staff responsible for maintaining the safety of beneficiaries and staff, and managing risk, such as Health, Safety, and Environment (HSE) or Occupational Health and Safety (OHS), is required.

Required Evidence:

1. Incident and near-miss reports on beneficiaries' and staff's safety with mitigation.
2. A log of recorded incidents, near-misses, and concerns including their details, investigation, corrections and corrective actions taken, and communication to stakeholders.
3. Staff attendance records of specialized training on the process of incident and concern management.
4. Certification in HSE or OHS for staff responsible for maintaining safety and managing risks.

2.7 Monitoring the safe use and proper handling of medicines and medical records

2.7.1 Criterion

The organization develops and implements a policy for medication management that is overseen by competent staff.

Guidance to Criterion:

1. The organization develops a comprehensive medication management policy that outlines the processes, protocols, and responsibilities for managing medications and beneficiaries' medical records, as well as the authority matrix.
It covers transportation, storage, administration, and disposal of medicine to ensure the proper management of medicines by competent, designated staff, in alignment with the applicable regulations in the Emirate.
2. Maintain and monitor records of medicine transportation, storage, and disposal activities, including temperature logs and access records.
Expired or unused medicines are disposed of safely through designated disposal containers, in compliance with the health, safety, and environment standards.
Medication management is monitored to ensure the competency of designated staff and their compliance with relevant regulations and policy.
3. The organization retains updated medical records for its beneficiaries, including their medical history, health condition, medications, and medical insurance information, as needed.
Protect the medical records from unauthorized access, loss, or damage. Raise staff awareness on maintaining the privacy and confidentiality of beneficiaries' information and medical records.
4. A medication authority and delegation matrix is in place to assign access to beneficiaries' medical records only to authorized staff or their delegates.
Perform checks to ensure staff conformance to the authorization matrix, detecting and addressing any breaches.

Required Evidence:

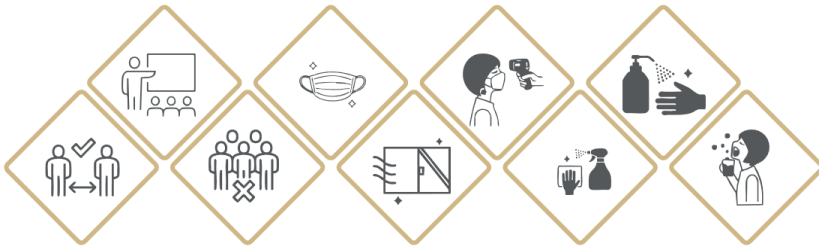
1. A policy for medication management covering transportation, storage, disposal, administration, and authority matrix.
2. Internal audit reports on compliance with the policy for medication management.
3. Retained beneficiaries' medical records as required by care provision.
4. Regular checks of staff's conformance to the medication management policy and authority matrix.

2.8 Protecting beneficiaries and staff from infection

2.8.1 Criterion

The organization has a program for the prevention and control of infections and for waste management.

Guidance to Criterion:



1. The organization has an ongoing program for the prevention and control of infections and waste management, which includes, but not limited to:
 - Stakeholders training and awareness (educational material and awareness-raising activities for the beneficiaries, their families, and staff on sanitization and hand hygiene).
 - Sterilization and disinfection routines (for therapy tools, equipment, rooms).
 - Hygiene and cleaning routines (facility regular and deep cleaning process).
 - Conducting regular checks for infection prevention and waste management practices to ensure compliance with policies.
2. The organization develops an infection control and prevention policy that outlines its purpose, scope, processes, protocols, stakeholders, and responsibilities aimed at minimizing the risk of infections and their spread within the facility.
3. The organization has its waste management policy that outlines the proper disposal of all types of waste generated within its facilities, including medical waste, hazardous waste, and general waste. A service-level agreement with a third party to ensure proper waste collection and disposal is required.
4. The organization documents and retains records of infection incidents, which must be reported to the relevant health authorities, as required by applicable laws and regulations.

Required Evidence:

1. A program for Infection Control and Prevention, including:
 - Stakeholders training and awareness.
 - Sterilization and disinfection routines.
 - Hygiene and cleaning routines.
 - Conducting regular checks.
2. A policy for Infection Control and Prevention, including measures for isolation and quarantine and staff's roles and responsibilities.
3. A policy for waste management, including a service-level agreement with a third party for waste collection and disposal.
4. Records of reporting on infection incidents.

2.8.2 Criterion

Adequate and effective infection control measures and competent staff to implement the measures.

Guidance to Criterion:

1. In the unfortunate event of an outbreak of infection, the organization should be prepared with proportionate and adequate measures or a protocol to control the infection, aligning with the applicable and updated regulations and precautionary measures for combating diseases and pandemics in the Emirate.
 - It appoints the team responsible for communicating and implementing the outbreak response protocol, which includes documenting and reporting the infection (outbreak) to the local health authorities, as required by the applicable regulations.
 - Isolation and quarantine measures, as required by applicable regulations, are implemented for individuals infected with communicable diseases to prevent the spread of infections. It implements enhanced disinfection and sanitization measures for the affected areas and retains records of such activities.
 - The organization maintains sufficient sanitization and disinfection supplies, personal protective equipment, and medical resources necessary to manage any potential outbreak.

2. The organization provides comprehensive training material in infection control and prevention to all staff, covering topics such as the importance of sanitization and hand hygiene, the use of personal protective equipment, and proper disinfection and sanitization procedures.
3. It tailors training and awareness activities to the specific roles and responsibilities of different staff members, with the support of specialized trainers or third parties, as needed.
4. The organization ensures all its staff are educated and trained about the actions necessary for the control and prevention of infection.
It clearly communicates the respective roles of the policy and staff in controlling and preventing infection.
It carries out “mock” infection scenarios that mimics real infection situations to train its staff and beneficiaries as well as promote their preparedness to deal with infections. It retains staff training records on infection control and prevention.

Required Evidence:

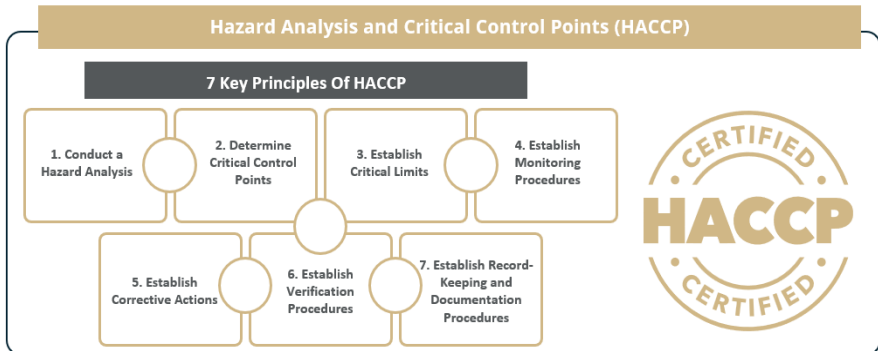
1. Infection control protocol, indicating:
 - Adoption of governmental protocols.
 - Determination and communication of roles and responsibilities.
 - Isolation and quarantine procedure.
 - Disinfection and sanitization procedure.
2. Inventory of sanitization and disinfection supplies and personal protective equipment.
3. Training and awareness material in infection control and prevention.
4. Staff attendance records of specialized training on infection control and prevention.

2.9 Food safety and hygiene

2.9.1 Criterion

Established quality standards and monitoring for food safety and hygiene.

Guidance to Criterion:



1. The organization adopts and maintains a standard for the quality of food and drink provided, which is well communicated to all the relevant staff. It also obligates third parties that provide its facilities with food and drink to conform to that standard.
2. The organization establishes and maintains a systematic HACCP-based food safety management system that identifies, evaluates, and controls potential biological, chemical, and physical hazards throughout the food production process. It ensures consistent conformance to international food safety standards, promoting food quality and protecting beneficiaries' health.
3. The organization conducts regular planned and unplanned checks and inspections of food and drink preparation and handling sites to assess their conformance to the adopted food quality standards. It documents and reports on the results of such inspections to the leadership and management, along with customer satisfaction with food services, to implement improvement plans as needed.
4. The organization has a structured process for documenting and reporting any food safety incidents, as required by its quality standard and the relevant competent authorities.

Required Evidence:

1. A quality standard for food and drink safety and hygiene, incorporating the best practices in the field, for Supported Accommodation facilities.
2. Establishing and implementing HACCP controls to ensure food safety, for Supported Accommodation facilities.
3. Reports on regular checks or inspections on implemented food and drink quality standards, for Supported Accommodation facilities.
4. Reporting on food and drink safety incidents, including allergies and poisoning, for Supported Accommodation facilities.

2.9.2 Criterion

Food and drink options reflect beneficiaries' needs and preferences and contribute to their satisfaction and overall well-being.

Guidance to Criterion:

1. The organization incorporates assessing the individual dietary needs and preferences of its resident beneficiaries into its needs assessment process, taking into consideration any allergies or food intolerances that should be considered when providing their food and drink options.
2. The organization provides its beneficiaries with a variety of food and drink options that cater to their individual needs, preferences, allergies, intolerances, and cultural and spiritual backgrounds. It ensures the provision of healthy and nutritionally balanced meals and snacks.
3. The organization ensures an adequate and frequent supply of food, meals, snacks, and drinks throughout the day, as required by the individual's preferences and care provision requirements.

Required Evidence:

1. Assessment of the dietary needs and preferences of the individual beneficiaries, including allergies and intolerances, for Supported Accommodation facilities.
2. Provision of daily food options, which incorporate beneficiaries' needs and preferences, for Supported Accommodation facilities.
3. Access to food, drink, and snacks in between the meals and throughout the day, for Supported Accommodation facilities.

2.9.3 Criterion

The staff handling food is competent in maintaining hygienic food and drink standards at all times.

Guidance to Criterion:

1. The organization prepares specialized training material on food and drink quality standards for all staff and individuals involved in food and drink preparation to ensure its beneficiaries' safety.
2. The organization ensures that all staff and individuals responsible for preparing and handling food and drink at any stage attend a certified training on food quality standards.

In case the organization outsources the provision of food services, it must ensure that the third party is certified in food quality standards and that its cooks and kitchen staff hold the appropriate certificates/permits/licenses from the respective local authorities, as applicable.

Required Evidence:

1. Training material in food and drink quality standards, for Supported Accommodation facilities.
2. Staff attendance records of specialized training on food and drink hygiene and safety standards, for Supported Accommodation facilities.

SECTION D

Domain 3: Effectiveness

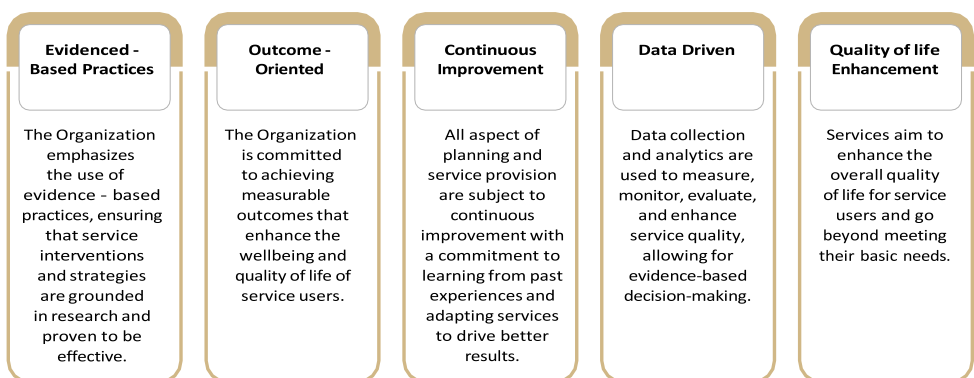


The **Effectiveness** domain is at the core of the Reyada standard, representing a critical dimension that directly impacts the well-being and satisfaction of beneficiaries, as well as the overall success of the organization. Effectiveness in social care service provision goes beyond compliance with regulatory requirements as it endorses a commitment to delivering quality services that create impactful and positive outcomes for beneficiaries and communities.

Within this domain, the focus is on ensuring that every aspect of service delivery, from assessment and planning to execution and evaluation, is optimized to achieve the best possible results for service users. It emphasizes that service providers must not only meet the immediate needs of their beneficiaries but also contribute to enhancing their quality of life, fostering empowerment, and respecting their unique individuality. This domain is an essential component that ensures that services make a meaningful and positive impact on the lives of those they serve, continuously striving for better results and high-quality services.

It serves as a compass guiding organizations towards excellence in social care service provision. It acknowledges that success is not solely defined by compliance with standards but by the tangible improvements in the well-being and experiences of service users.

Key Characteristics of the Effectiveness Domain:

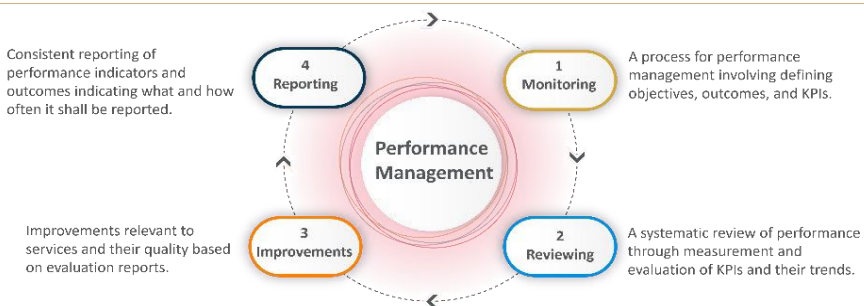


3.1 Performance management measures to drive effectiveness and quality of care

3.1.1 Criterion

The organization establishes a performance management system with defined performance objectives and key performance indicators that are aligned with the desired outcomes for its beneficiaries.

Guidance to Criterion:



1. The organization establishes a performance management system that aligns with and drives its strategic direction. It includes procedures for setting performance objectives and SMART KPIs at the organization, facility, and beneficiary levels. It also includes a robust mechanism for data collection, measurement, evaluation, monitoring, and reporting of performance KPIs and results, which drive improvement and promote the efficiency of care.
2. The organization develops a standard operating procedure or manual for performance management that indicates the following:
 - Setting objectives and KPIs
 - Types of data to be collected and data sources
 - Methods and tools of data collection
 - Frequency of collection and measurement
 - Forms and templates used
 - Responsible person(s)
 - Relevant stakeholders
 - Validation of data
 - Review and trends analysis
 - Monitoring and reporting
 - Regulatory or legislative requirements
 - Continuous improvement

It also takes into consideration any reporting requirements set by the regulatory bodies or authorities.

3. The leadership and management set SMART KPIs for both strategic and operational objectives to measure progress at the organizational and facility levels. They also identify, document, and communicate the following, for each KPI:
 - Sources of measurement data
 - Calculation method
 - Frequency of reporting
 - Responsibility
 - Targets
4. The organization identifies the desired outcomes of care for each beneficiary based on their needs assessment and the individual preferences for them and their families and representatives. These outcomes are regularly monitored and reported to the leadership and management to identify gaps and propose changes for continuous improvement.
5. Staff in charge of managing and monitoring performance periodically report on the results of performance KPIs at both organizational and facility levels, as applicable, to the leadership and management. They also conduct a systematic review and analysis of the performance results and their trends to inform continuous improvement activities.

Required Evidence:

1. A system for performance management, indicating procedures for performance monitoring and periodic reporting.
2. Performance management manual or SOP including data types & sources, collection methods & tools, validation, reporting frequency, forms & templates, stakeholders, and responsibilities.
3. Organization-level SMART KPIs set for the strategic and operational objectives, including data sources, calculation methods, frequency of reporting, responsible person(s), and targets.
4. Listing, regular monitoring, and reporting of the beneficiaries' individual desired outcomes.
5. Regular monitoring and reporting to the leadership and management on performance KPIs on organization and facility levels.

3.1.2 Criterion

The management ensures that staff responsibilities to manage performance including monitoring, evaluation, reporting, and improvement, are communicated, and abided by.

Guidance to Criterion:

1. The management communicates the roles and responsibilities for strategic and operational performance management functions, including monitoring, evaluation, and reporting to the concerned staff.
Training and educational programs are developed to ensure that concerned staff are aware of their roles and responsibilities within the performance management system and its relevant processes.
The management regularly reviews the implementation of the various performance management functions and ensures that responsibilities are adhered to.
2. The organization ensures building its staff's capacity in performance management through providing training and development activities that cover performance management guidelines and SOPs and retains staff's attendance records for these training activities.
3. The organization ensures building staff's capacity in performance management and uses interactive learning, where staff can ask questions, seek clarification, and discuss performance management issues and concerns collaboratively.
It also subscribes its staff to platforms and forums focused on performance management.

Required Evidence:

1. Specialized training and awareness material on the performance management guidelines or SOP with focus on SMART KPIs setting, measurement, and monitoring.
2. Staff attendance records of specialized training on performance management.
3. Initiatives and means for building staff's capacity in performance management.

3.2 Effective service design and provision

3.2.1 Criterion

The organization prioritizes designing and delivering effective services that anticipate and meet the beneficiaries' diverse needs.

Guidance to Criterion:

1. The organization establishes a procedure for new service design and for service development, indicating the following:
 - Current situation analysis
 - Stakeholders' consultation and engagement
 - Study of the best international practices in the field
 - Benchmarking with the relevant organizations locally and regionally
 - Piloting and evaluation
 - Roll-out and expansion
2. The leadership and management place a great emphasis on planning and designing effective services that meet the beneficiaries' diverse and evolving needs as well as anticipate their expectations.

They ensure that the organization's main stakeholders are represented, consulted, and engaged through scientific quantitative and qualitative data collection methods, such as surveys, brainstorming sessions, focus groups, and in-depth interviews, etc.

The output of stakeholders' consultation and engagement activities is consistently documented and analyzed to inform service design and planning.
3. The organization retains records of valid suggestions and feedback that resulted from its stakeholder consultation and engagement activities. It also retains records of service enhancements or innovations implemented as a result of consultation with stakeholders or the development of its processes.
4. The organization strives to maintain an outlook on the international and regional best and evidence-based practices to stay abreast of them. The study of best and evidence-based practices in the field helps the organization determine the most effective and proven approaches and evidence-based interventions that can be adopted.

It observes the local context and culture to adopt the best international practices and performs the necessary localization to ensure compatible and culture-sensitive interventions that suit the beneficiaries' preferences, cultural, and spiritual choices.
5. The organization benchmarks against local, regional, and international leading entities and organizations in the field of service provision, which have proven excellence in their service delivery models.

Such benchmarks inform the organization's excellence efforts, which aim to develop its services, enhance customer satisfaction, and promote competitiveness.

6. The organization retains records of changes and updates to its business or service delivery model, based on recent studies of international best practices and evidence-based research, as well as local, regional, and international benchmarks with leading entities and organizations in the field.

Required Evidence:

1. A procedure for designing a new service and developing an existing one, indicating current situation analysis, stakeholders' consultation, and benchmarks & best practices.
2. Records of the participation of the organization's stakeholders including its staff, leadership and management, beneficiaries and their representatives, partners, and other relevant stakeholders in service design and development.
3. Records of implemented service enhancements or innovations resulting from stakeholders' consultation and organizational processes development.
4. Studies of best and evidence-based practices regionally and internationally.
5. Benchmarks with the leading entities or organizations in the field showing excellence in their service delivery models, locally, regionally, or internationally.
6. Updates to the organization's business or service delivery model based on recent studies of best practices and benchmarks.

3.2.2 Criterion

Different service delivery modes and channels to meet the beneficiaries' diverse needs.

Guidance to Criterion:

1. The organization diversifies its service delivery modes to cover digital, teleservices, and community-based services as applicable to its scope and provided services. It strives to utilize multiple effective channels in delivering care, anticipating the varying and evolving needs and preferences of beneficiaries, and maximizing their benefits.
It also strives to be responsive and anticipatory of the evolving needs of its beneficiaries, their families, and caregivers through extended operating hours. Having care provision hours spread throughout the day, covering both morning and evening shifts, helps accommodate their needs, promotes their safety, and increases customer satisfaction.
2. The management consistently and timely communicates the changes and updates in the service delivery modes and channels to its relevant stakeholders using different media such as its website, call center, advertisements, SMS, direct communication, etc.

Required Evidence:

1. Differentiation in the channels of service delivery, as applicable to the organization's scope of services.
2. Communication of service disruptions, updates to service delivery channels, and resumption of critical services to the beneficiaries.

3.2.3 Criterion

The organization ensures the continuity of care for its beneficiaries.

Guidance to Criterion:

1. The organization has a comprehensive plan for business continuity management in the event of emergencies and crises, which emphasizes the continuation of the critical services. It strives to minimize the impact of disruption on its beneficiaries and the continuation of the critical services they receive.
2. The organization ensures that care activities continue during emergencies and crises by having contingency plans, especially for its critical services, to ensure beneficiaries' access to critical care.

It plans and prepares alternative ways to provide its critical services during disruptions, utilizing different service channels, locations, or service providers through coordinated referrals. It also prepares contingency material (such as schedules, awareness, activity planning, lessons, etc.) for remote support and consultation, as applicable.

Required Evidence:

1. A plan for business continuity management in cases of emergencies and crises.
2. Records of contingency planning, including remote support, activity plans and schedules, and material, as applicable.

3.3 Coordinated and effective referrals

3.3.1 Criterion

The organization is equipped and ready to advise the beneficiaries and their representatives with the appropriate referral services most relevant to their needs.

Guidance to Criterion:



1. The organization compiles and retains a comprehensive list of service providers present in the Emirate, covering all fields relevant to its beneficiary groups, which is classified by provider and service types.
The list includes different service providers, advocating community groups and members, and support groups relevant to the beneficiaries' care, and is made available to staff and families as needed.
Periodic update of the referral services listing based on market changes and feedback from the beneficiaries on the referral services to ensure relevance, efficiency, and customer satisfaction.
2. The organization establishes formal and documented partnerships with relevant service providers in the Emirate to promote the integrated care, safety, and well-being of its beneficiaries.
It strives to establish meaningful partnerships and collaborations with different relevant service providers, community support networks, and government agencies as appropriate.
3. The organization develops and documents a process for referrals, trains its staff and management on its implementation, and communicates its to the beneficiaries and their representatives. The referral advice and decision should be based on the beneficiary's best interest, proper needs assessment, and knowledge of the market.
It retains records of staff attendance for specialized training and awareness activities related to the referral process and provision of advice to the beneficiaries and their families.
4. The organization establishes a system or mechanism for tracking its referrals, including documentation of the referred beneficiary, referral date, service providers to whom referrals are made, results of referral follow-up, and customer satisfaction with the referred to service provider.

Required Evidence:

1. Listing of all referral services (relevant to the beneficiaries) present within the Emirate and classified by service/provider type.
2. Agreements or MoUs with relevant service providers to facilitate referrals and support beneficiaries' care options, safety, and well-being.
3. Staff attendance records of specialized training on the referral process and services.
4. A mechanism for following up with the referred beneficiaries to ensure their receipt of care and to inform and update the referral services listing and MoUs.

3.4 Performance monitoring and evaluation

3.4.1 Criterion

The organization measures and reports on performance indicators which drive its quality assurance and contribute to the improvement of the quality of life of its beneficiaries.

Guidance to Criterion:

1. The organization ensures consistent monitoring and reporting of performance KPIs, as mandated by the regulatory body within set time frames and frequencies.
The organization calculates the percentage of staff's overall satisfaction with their job/ employer.
2. The organization calculates the percentage of incidents addressed out of the total number of incidents reported.
3. The organization calculates the percentage of beneficiaries with planned desired outcomes achieved.
4. The organization calculates the percentage of beneficiaries referred or transferred to other service providers based on their care needs.
5. The organization calculates the ratio of licensed social professionals-to-beneficiaries per professional type in the social care setting.
6. The organization calculates the percentage of beneficiaries who were integrated back into their family/work/school, as applicable to the organization's scope.
7. The organization calculates the percentage of beneficiaries who reported being engaged in their care planning.
8. The organization calculates the percentage of beneficiaries who reported feelings dignified and respected while receiving care.
9. The organization calculates the percentage of beneficiaries' overall satisfaction with the care/services provided.
10. The organization calculates the percentage of beneficiaries with personalized care plans.
11. The organization calculates the percentage of beneficiaries engaged in social and recreational activities within the Supported Accommodation setting.
12. The organization calculates the percentage of stakeholders' complaints resolved within the set resolution time.
13. The organization documents the number of implemented service improvements based on feedback from the facility's stakeholders.
14. The organization documents the number of volunteers engaged in the organization's operations and activities.
15. The organization documents the number of active community partnerships and collaborations through agreements and MoUs.

Required Evidence:

1. Percentage of staff's overall satisfaction with their job/employer.
2. Percentage of incidents addressed out of the total number of incidents reported.
3. Percentage of beneficiaries with planned desired outcomes achieved.
4. Percentage of beneficiaries referred or transferred to other service providers based on their care needs.
5. Licensed social professionals-to-beneficiaries ratio in the care setting per professional type.
6. Percentage of beneficiaries who are integrated back into their family/work/school.
7. Percentage of beneficiaries who reported that they had been engaged in their care planning.
8. Percentage of beneficiaries reported feelings of dignity and respect while receiving care.
9. Percentage of beneficiaries' overall satisfaction with the care/services provided.
10. Percentage of beneficiaries with personalized care plans.
11. Percentage of beneficiaries engaged in social and recreational activities within the Supported Accommodation setting.
12. Percentage of stakeholders' complaints resolved within the set resolution time.
13. Number of implemented service improvements based on feedback from the facility's stakeholders.
14. Number of volunteers engaged in the organization's operations and activities.
15. Number of active community partnerships and collaborations through agreements and MoUs.

3.5 Driving innovation and continuous improvement

3.5.1 Criterion

The organization promotes a culture of innovation and continuous improvement in service design and provision.

Guidance to Criterion:



1. The organization establishes a strategy to drive its innovation and continuous improvement initiatives in the scope of its operations, ensuring alignment with its vision and mission.
The leadership encourages and engages staff in generating and implementing innovative ideas, cultivating a culture where employees feel empowered to propose new and brave ideas for improvement. It supports the allocation of adequate resources (human, financial, time) for innovation projects, demonstrating its commitment and acknowledgement for innovators.
2. The leadership and management encourage effective service design and delivery by emphasizing the importance of being guided by current best practices and evidence-based approaches.
They also promote the systematic incorporation of stakeholders' insights and feedback, including concerns and complaints, into the organization's efforts to develop services and drive continuous improvement.
3. The organization sets objectives for generating and implementing innovative ideas as well as for continuous improvement. It measures and monitors the respective KPIs to promote organizational excellence and growth.
It encourages the use of lessons learned and nurtures new ideas and innovations by providing the necessary support and resources for staff to drive continuous improvement.
4. The organization is ambitious and strives to participate into innovation and excellence awards within its scope of services, locally or internationally, to promote its reputation, competitive advantage, and customer satisfaction.

Required Evidence:

1. Utilization and implementation of innovations into service design and provision.
2. Enhancements to the services based on the analysis of stakeholders' feedback, complaints and concerns.
3. Innovation and continuous improvement KPIs are measured and reported, including organizational innovation and excellence awards.
4. Awards or participation in innovation and excellence awards relevant to the organization's sphere of services.

SECTION E

Domain 4: Beneficiary Centricity



Beneficiary centrality stands as a cornerstone within Reyada Standard. It signifies a commitment to prioritizing the well-being and dignity of individuals and communities. At the heart of this approach is the recognition that every person is unique, with distinct needs, preferences, and aspirations. By embracing a beneficiary-centric approach, the social care service providers pledge to design and deliver social care services in a manner that not only addresses immediate concerns but also fosters a sense of empowerment, autonomy, and respect for each beneficiary's uniqueness. This domain serves as an assurance that every aspect of the social care interventions, from assessment and planning to service delivery and evaluation, is driven by a proper understanding of and responsiveness to the needs and voices of the individuals served.

Also incorporating beneficiary centrality into the social care quality standards reinforces its commitment to continuous improvement and accountability. It urges social care service providers to actively engage with beneficiaries, their families, and their communities, seeking their input, preferences, and feedback to shape the care and support provided to individuals. This approach fosters a culture of inclusivity among service provision circles, which in turn strengthens trust and partnerships.

As the service providers embark on this journey of promoting beneficiary centrality, it is vital to understand that not only they seek to meet the immediate needs of the beneficiaries but also to enrich their lives, enhance their well-being, and uphold their dignity as valued members of society.

Key characteristics of beneficiary-centric services:

- **Focus on the beneficiary:** Beneficiary-centric services are designed to cater to the unique needs and preferences of each beneficiary. This entails a thorough understanding of the individual's circumstances and objectives by the service provider, leading to having tailored services aligning perfectly with those specific individual requirements.
- **Flexibility and responsiveness:** Beneficiary-centric services are often more flexible and responsive than traditional services. This means that the service provider is willing to adapt the service to meet the changing needs of the beneficiary, and that the beneficiary has a say in how the service is delivered.
- **Collaboration:** Beneficiary-centric services often involve collaboration between the beneficiary, the service provider, and other relevant stakeholders, such as family members, caregivers, and healthcare professionals. This collaboration helps to ensure that the beneficiary is receiving the most comprehensive and effective support possible.
- **Data-driven:** Beneficiary-centric services often rely on data and analytics to better understand the needs of beneficiaries and to identify areas where services can be improved. This data can be used to develop more effective and targeted services, and to track the progress of beneficiaries over time.
- **Inclusion:** Ensuring that all individuals, especially those from vulnerable groups, have equal opportunities to access resources and services, making the system more effective, equitable, and sustainable.



4.1 Compassionate and inclusive care

4.1.1 Criterion

Compassionate staff that can deliver services underpinned by the values of respect, kindness, and dignity, which are demonstrated in the daily activities of care.

Guidance to Criterion:

1. The organization establishes its code of ethical conduct, in alignment with its organizational values, which all staff members and practitioners periodically endorse. It indicates the principles and values underpinning the organization's care activities, where beneficiary centricity and dignity are cornerstones. The organization also adopts the code of conduct issued by the regulatory body and the relevant human resources authority.

Required Evidence:

1. Code of ethical conduct endorsed by staff and practitioners, emphasizing beneficiary centricity and values of dignified care. Consistent communication of organizational values and code of ethics.

4.1.2 Criterion

Staff are trained to care for beneficiaries from diverse backgrounds, including age, nationality, race, language, culture, religion, sex, and disability, preserving their dignity and ensuring that they feel valued and respected.

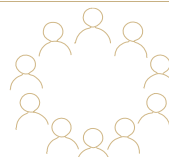
Guidance to Criterion:



Diversity



Equality



Integration

1. The organization ensures its care provision does not contradict Human Rights, PoDs' Rights, or any other rights-based legislation in force in the Emirate.
It develops and maintains policies on Diversity, Equity, and Inclusion (DEI), which showcases its commitment to these principles for its staff and beneficiaries.
It provides training and guidance to staff on DEI policies and guidelines to ensure their implementation in daily care activities. Staff must be able to equally serve and treat beneficiaries from different age groups, religions, nationalities, color, languages, cultures, sex, or with disability while making them feel equally valued and respected.
It evaluates the current training programs and policies to identify gaps related to DEI and determine where improvements are needed.
2. The organization develops training and awareness material on the principle of diversity, equity, and inclusion, covering inclusive culture, spaces, services, and accessibility.
The material focuses on the rights and privileges stipulated by the applicable laws and regulations (rights-based legislations) in the United Arab Emirates of the different beneficiary groups (PoD, children, elderly, children of unknown parentage, etc.) served by the organization.
3. The organization retains records of staff attendance for specialized training and awareness activities on diversity, equity, and inclusion, as well as for beneficiaries' rights and privileges.
4. The organization plans and implements community campaigns to advocate and raise the awareness of community members with the rights of the different beneficiary groups it serves, such as people with disabilities or those diagnosed with Autism, Down syndrome, children, women, the elderly, low-income families, etc.
Those campaigns can be conducted online using the organization's social media channels or offline, utilizing different community-based and public spaces, such as schools, clubs, malls, parks, etc.

Required Evidence:

1. Diversity, equity, and inclusion policy developed for the organization and communicated with its relevant stakeholders.
2. Training and awareness material covering diversity, equity, and inclusion emphasizing the rights and privileges of beneficiary groups as stipulated by the UAE legislations.
3. Staff attendance records of specialized training on diversity, equity and inclusion, emphasizing beneficiaries' rights and privileges.
4. Community-based campaigns (online or offline) advocating human rights and the rights of the different beneficiary groups served.

4.2 Beneficiary-centered care planning and provision

4.2.1 Criterion

Use of standardized guidelines and holistic approach to assess the beneficiaries' needs and preferences to determine the best-fitted and personalized care plan.

Guidance to Criterion:

1. The organization establishes, documents, and communicates its standardized guidelines or methodology to be consistently used by staff for assessing the beneficiaries' care needs. These methodologies or guidelines is are periodically updated to reflect the best practices and ensure efficiency.
The leadership and management ensure that the staff are trained and competent in using the guidelines. They also perform random checks to ensure alignment in practice and standardization of assessment.
2. The organization utilizes standardized assessment tools which are known and used in evidence-based practices across various disciplines.
It maintains records of those standardized assessment tools and any customizations or localizations made for reference and future improvements.
3. The organization has a procedure for assessing the beneficiary's holistic needs, which covers their physical, mental, psychological, financial, educational, and social needs as well as their individual preferences. It also incorporates the preferences of their families, carers, representatives, or advocates, where applicable.
The organization engages a multidisciplinary team of specialists to collectively assess the beneficiaries' needs and inform their care options. The multidisciplinary team may consist of mental health professionals, such as Psychologists, Social care professionals, including Social Workers and Counselors, and healthcare professionals, including Physiotherapists, Speech and Occupational Therapists, and Psychiatrists. The team may also include other professionals from various disciplines, as required by the scope of the provided services. The team, collectively and collaboratively, conducts assessments and develops individual care plans, which are informed by multi-disciplinary inputs to address the holistic needs and preferences of individual beneficiaries.

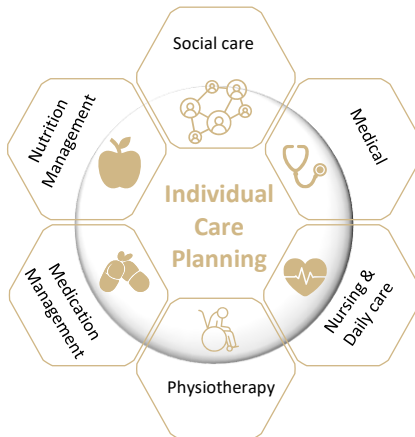
Required Evidence:

1. Standardized guidelines (or methodology) used for beneficiaries' needs assessment.
2. Standardized assessment tools adopted for assessing beneficiaries' needs.
3. Utilization of a holistic approach to needs assessment and care planning through the engagement of a multi-disciplinary team of professionals.

4.2.2 Criterion

Beneficiaries' individual needs and preferences are periodically assessed, recorded, and communicated to them or their representatives to seek their informed consent on the care plans.

Guidance to Criterion:



1. The organization ensures that each beneficiary has their own individual care plan, developed based on their assessed needs and individual preferences as well as those of their families, carers, or representatives. Beneficiaries' choices must be respected and accommodated as far as possible, even when they decline the proposed care options.

Individual preferences of beneficiaries and their families touch upon many aspects of care, such as the following:

- Type of therapy: whether it is individual or in a group.
- Which therapists or persons they want to be involved.
- How they like to be addressed.
- Therapy venue or space.
- Male/female only staff and care venues.
- Timings and length of therapy sessions.
- Accompanying family members or visitors.
- Clothing, laundry, bedding change, self-care routines, bedtime, and rising time.
- Dietary needs and preferences.
- Activities and interests.

Individual options for continuity of care in emergencies and crises, as well as any required information, are indicated in the individual care plans.

2. The organization retains records of the assessment process of the individual beneficiaries, including their case studies and needs assessments. The records indicate the inputs from the multidisciplinary team, the beneficiary, and their family, as well as any updates or modifications thereof.
It establishes a process for the regular review and adjustment of beneficiaries' care plans to accommodate their changing needs, preferences, and circumstances.
3. The organization develops and implements a procedure for informed consent, where the beneficiaries and their representatives are provided with all the necessary information to make informed decisions about their care.
It communicates and explains the proposed care options within the individual care plan answering the questions of the beneficiaries and their representatives and obtain their informed written consent.
4. The organization and its staff regularly communicate and reach out to the beneficiaries and their representatives to ensure their understanding and alignment of their care options with their individual needs and preferences.
It organizes events, such as gatherings and meetings, aimed at keeping beneficiaries and their representatives actively engaged and informed throughout care provision. It also provides educational material and resources to help its beneficiaries better understand and choose their care options.

Required Evidence:

1. Beneficiary's individual care plan incorporating the findings of needs assessment, individual preferences, and options for the continuity of critical care in emergencies along with any required information.
2. Modifications and updates to beneficiaries' individual care plans based on periodic reassessment and beneficiary's (or their representatives') feedback.
3. Informed consent signed by the beneficiaries or on their behalf to acknowledge their engagement in, understanding, and approval of the individual care plan and any updates thereof.
4. Beneficiary-related periodic events to communicate the proposed care options and educate them and their representatives about the progress made.

4.3 Staying socially active and connected

4.3.1 Criterion

Services are designed to enable and encourage beneficiaries to pursue their interests and remain socially engaged, thereby supporting wellbeing.

Guidance to Criterion:

1. The organization strives to support its beneficiaries' independence and empowerment by providing personalized care within the Supported Accommodation facility. It aims at promoting their independence within their circles and the wider community, emphasizing the positive impact of keeping them engaged in socially relevant activities.

It adopts a socially engaging service design approach, where care planning creates room for pursuing personal interests and staying socially engaged. Planning of care places a great emphasis on maintaining the social ties and relationships of beneficiaries with their loved ones, and possibly, with their peers in care.

It dedicates spaces within its premises for beneficiaries to spend time connecting and socializing outside the domain of service provision. It dedicates spaces for enjoying activities like watching movies, or participating in performing arts (music, singing, drama, theatre, dance, puppetry, etc.).

2. The organization retains records of attendance and participation rates of its beneficiaries and their families and friends in activities dedicated to promoting their social engagement and connectedness within the Supported Accommodation facility.
3. The organization establishes a program that offers its beneficiaries with educational activities and skills that are aligned with their desired outcomes and interests helping them pursue their passion. It periodically reports to the leadership and management on the beneficiaries' participation rates, skills development, and educational achievements, emphasizing the positive impact of social engagement and connectedness within the Supported Accommodation facility.

Required Evidence:

1. Planning of recreational, physical, social, and educational activities to promote the social inclusion of beneficiaries in Supported Accommodation facilities.
2. Records showing beneficiaries' participation rates in recreational, physical, social, and educational activities organized by the Supported Accommodation facility.
3. Periodic reports of skills development and educational attainments demonstrating the positive impact of social engagement and connectedness in Supported Accommodation facilities.

4.4 Effective complaints and concerns management

4.4.1 Criterion

The organization has effective complaint and feedback management procedure protecting the beneficiaries' privacy and rights.

Guidance to Criterion:



1. The organization establishes a procedure for managing complaints and feedback, outlining how and when they are received, managed, assigned, resolved, and documented.

The procedure is made easy, clear, and accessible to the beneficiaries and their representatives, irrespective of their abilities, language, or other potential barriers. It also provides multiple accessible channels for submitting feedback and complaints, including online (website, portal, email) and offline (in-person, phone).

The organization strives to examine and mitigate the matter of complaint or concern as soon as possible while maintaining transparency and communicating the outcomes to stakeholders in a timely manner.

The assignment of complaints' investigation and resolution must be to competent staff members who have the necessary training and are trusted to handle complaints and concerns effectively.

Periodic review of the complaints and feedback procedure is required to assess its effectiveness, assure beneficiaries' safety, and protect their rights and privacy.

2. The organization develops, documents, and communicates guidelines to facilitate the submission of complaints and feedback by its beneficiaries, their families, and representatives.

It ensures that its staff are aware of the complaints and feedback procedure and that they are prepared to support beneficiaries, their families, and representatives throughout the process.

3. The organization retains a consolidated and comprehensive log of all feedback and complaints submitted by its stakeholders. Each entry in the log indicates the classification of the received feedback, date, description, resolution, corrective action, resolution's status and date, responsibility, and customer satisfaction with the corrective actions.

The details of the log are kept confidential and anonymous, as needed, to safeguard the beneficiaries' privacy and rights from any misuse or exploitation that may negatively impact them.

Required Evidence:

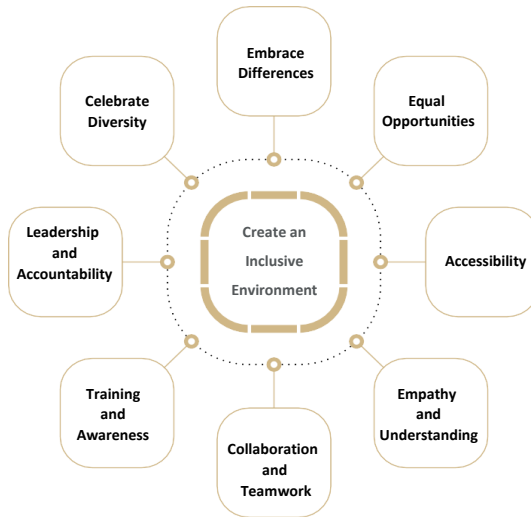
1. A procedure for complaints and feedback management indicating needed actions, responsibilities and timeframes.
2. Guidelines on the submission of complaints and feedback, documented and communicated to the organization's stakeholders.
3. Consolidated log for complaints and feedback, incorporating all relevant details including description, proposed resolution, resolution status and stakeholders' satisfaction.

4.5 Inclusive services and facilities

4.5.1 Criterion

Beneficiaries with special needs or disabilities enjoy all the rights and privileges in an inclusive environment without discrimination.

Guidance to Criterion:



1. The organization ensures that all staff are aware of the rights of People of Determination and people with special needs, and that they enjoy these rights on an equal basis with the other beneficiaries.

It creates an inclusive environment for all its beneficiaries, especially those with disabilities and special needs, ensuring their ability to enjoy their rights and privileges without any discrimination. It also ensures that the physical environment and communication means used in the designed services promote beneficiaries' independence and full accessibility to care.

It conducts regular assessments of its premises, including the entrances, exits, parking spaces, elevators, washrooms, care provision, and waiting areas, to remove any accessibility barriers and implement necessary accommodations to promote the accessibility and inclusivity of beneficiaries.

It provides the necessary accommodations to its facilities and services, such as assistive devices (technology), transportation, sign language interpreters, or any other arrangements to enable beneficiaries with disability or special needs to fully participate in the daily activities of care.

2. The organization develops training and awareness material to facilitate and train its staff on serving the different beneficiary groups and individuals with different functional abilities and needs, ensuring their safety.
The organization provides mentorship, resources, and materials to help staff effectively accommodate the beneficiaries' diverse functional needs.
3. It retains records of staff attendance for specialized training and awareness activities related to addressing beneficiaries' diverse functional needs.
4. The organization organizes and provides periodic training, development, and awareness-raising activities on safeguarding measures and inclusion of beneficiaries, their families, caregivers, and other relevant stakeholders.

Required Evidence:

1. **Assessment and implementation of required accessibility modifications to ensure beneficiaries' safety and inclusion.**
2. Specialized training material on dealing with beneficiaries with diverse functional needs.
3. Staff attendance records of specialized training on dealing with beneficiaries with diverse functional needs.
4. Records of training and awareness activities provided for the beneficiaries, their families, and caregivers on beneficiaries' safeguarding and inclusion.

4.6 Customer's insights and satisfaction

4.6.1 Criterion

Seeking customer feedback and insights to improve services and enhance customer satisfaction.

Guidance to Criterion:



1. The organization creates an environment of openness and inclusivity, where beneficiaries feel safe and comfortable sharing their needs, fears, and preferences. It strives to continuously enhance its customer satisfaction levels through the implementation of initiatives that proactively seek customers' insights and feedback.
Upon analyzing feedback and obtaining findings, the organization plans interventions that direct the necessary support and resources to implement changes and developments aimed at promoting customer satisfaction.
2. The organization seeks satisfaction of its beneficiaries with giving informed consent and agreement with the service(s) contract acknowledging the discussion and explanation provided.
3. The organization seeks satisfaction of its beneficiaries with giving informed consent on the individual care planning, acknowledging their engagement and understanding.
4. The organization seeks satisfaction of its beneficiaries with maintaining their privacy and data confidentiality.
5. The organization seeks satisfaction of its beneficiaries with the facility's cleanliness and regular cleaning activities.
6. The organization seeks satisfaction of its beneficiaries with the facility's disinfection activities and waste management.
7. The organization seeks satisfaction of its beneficiaries with its food and drink options and variety.

8. The organization seeks satisfaction of its beneficiaries regarding food and drink hygiene and safety.
9. The organization seeks satisfaction of its beneficiaries with the referral process.
10. The organization seeks satisfaction of its beneficiaries with the service(s) they are referred to.
11. The organization seeks satisfaction of its beneficiaries with feeling protected from all forms of harm and abuse.
12. The organization seeks satisfaction of its beneficiaries with the treatment they receive from staff and therapists, and whether they feel dignified and respected during their care.
13. The organization seeks satisfaction of its beneficiaries with enjoying their rights on an equal basis with others during receiving care.
14. The organization seeks satisfaction of its beneficiaries with the effectiveness of care planning, including needs assessment adopting a holistic approach.
15. The organization seeks satisfaction of its beneficiaries with the capacity and professionalism of its therapists addressing the beneficiaries' diverse functional needs.
16. The organization seeks satisfaction of its beneficiaries with the resolution of their complaints and concerns in a timely, confidential, and effective manner.
17. The organization seeks satisfaction of its beneficiaries with each of the following activities provided in Supported Accommodation facilities, including recreational, physical, sports, social, and educational activities, as applicable, which are designed to promote the social inclusion of beneficiaries.

Required Evidence:

1. Proactive initiatives for seeking customer insights and feedback to promote customer satisfaction with results.
2. Customer satisfaction with giving informed consent and agreement with the service(s) contract acknowledging its discussion and explanation.
3. Customer satisfaction with giving informed consent on the individual care planning acknowledging their engagement and understanding.
4. Customer satisfaction with maintaining beneficiaries' privacy and data confidentiality.
5. Customer satisfaction with the facility's cleanliness and regular cleaning activities.
6. Customer satisfaction with the facility's disinfection activities and waste management.
7. Customer satisfaction with food and drink options and variety.
8. Customer satisfaction with food and drink hygiene and safety.
9. Customer satisfaction with the referral process.
10. Customer satisfaction with the service(s) referred to.
11. Customer satisfaction with feeling protected from all forms of harm and abuse in the facility.
12. Customer satisfaction with the treatment received by staff and therapists and whether they feel dignified and respected during care.
13. Customer satisfaction with enjoying their rights and inclusive service provision.
14. Customer satisfaction with the effectiveness of care planning including needs assessment adopting a holistic approach.
15. Customer satisfaction with the capacity and professionalism of therapists in dealing with the beneficiaries' diverse functional needs.
16. Customer satisfaction with the resolution of their complaints and concerns including timeliness, confidentiality, and effectiveness.
17. Customer satisfaction with the activities provided to promote the social inclusion of the beneficiaries in Supported Accommodation facilities (recreational, physical, sports, social, educational).

SECTION F

Domain 5: Sustainability



Sustainability is a crucial concept for the future of our planet and our way of life. It is about meeting the needs of the present without compromising the ability of future generations to meet their own needs. In other words, it's about finding a balance between economic growth, environmental protection, and social equity. The sustainability domain is also key to the implementation of the Reyada standard and for social care providers for several reasons; as by adopting sustainable practices, these organizations can achieve the following:

- Social care organizations consume a significant amount of resources, such as energy, water, and disposable products. By implementing sustainable practices, such as using energy-efficient appliances, conserving water, and reducing waste, these organizations can minimize their environmental footprint. This will help in saving cost, improving air quality, and reducing the risk of environmental contamination and depletion of natural resources.
- Social care organizations provide services to some of the most vulnerable members of society, including the elderly, the disabled, and those with chronic illnesses. By creating sustainable environments, such as using green cleaning products, providing access to fresh air and natural light, and promoting healthy eating habits, these organizations can contribute to the physical and mental well-being of their customers.
- Social care organizations that are committed to sustainability are often seen as more responsible organizations, which may lead to increased support from the government agencies, and funding from private donors and foundations. Additionally, commitment to sustainability can attract and retain talented staff who are passionate about advocating environmental and social issues.
- Sustainability initiatives can provide opportunities for social care organizations to engage their employees in meaningful ways. By involving employees in decision-making processes, providing training on sustainable practices, and encouraging volunteering for environmental projects, organizations can foster a sense of community and purpose among their workforces.

Characteristics of Sustainable Organizations:

Long-term vision

Sustainable organizations have a clear vision for the future and make decisions that are aligned with that vision. They consider the long-term impacts of their actions and decisions.

Stakeholder engagement

Sustainable organizations engage with their stakeholders, including employees, customers, suppliers, and communities. They listen to stakeholder concerns and incorporate their feedback into their decision-making processes.

Transparency

Sustainable organizations are transparent about their operations and performance. They report on their sustainability performance and make their sustainability data publicly available.

Innovation

Sustainable organizations are innovative and constantly seek new ways to improve their environmental, social, and economic performance.

Resilience

Sustainable organizations are resilient and can adapt to change. They can withstand shocks and disruptions, such as economic downturns or natural disasters.

5.1 Establishing an Approach to Sustainability

5.1.1 Criterion

The organization's sustainability objectives are established and aligned with its strategic direction and that of the Government of Abu Dhabi.

Guidance to Criterion:

1. The leadership and management embed sustainability objectives for the organization into its strategic planning and objectives. It aligns its strategic direction and outcomes with the priorities of the Abu Dhabi Government and the Department of Community Development (DCD).

The organization identifies and sets its livability and sustainability objectives, including human capital, financial, environmental, and research and development aspects.

2. The organization plans community-based initiatives aimed at benefiting its community as a whole, its members, and raising their awareness of the pressing social issues.

It also strives to give back to the community through launching or participating in coordinated corporate social responsibility initiatives and campaigns.

3. Engage in social initiatives that give back to the community demonstrating corporate social responsibility and leaving a positive social impact in the organization's environment.

Prepare and announce the organization's volunteering programs or initiatives, including information about the available volunteering opportunities, their nature, required qualifications, dates, timings, and provision of volunteering hours certification.

Promote volunteering opportunities for community members within the organization's facilities, which strengthens its ties with the community and expands its human resource base.

Required Evidence:

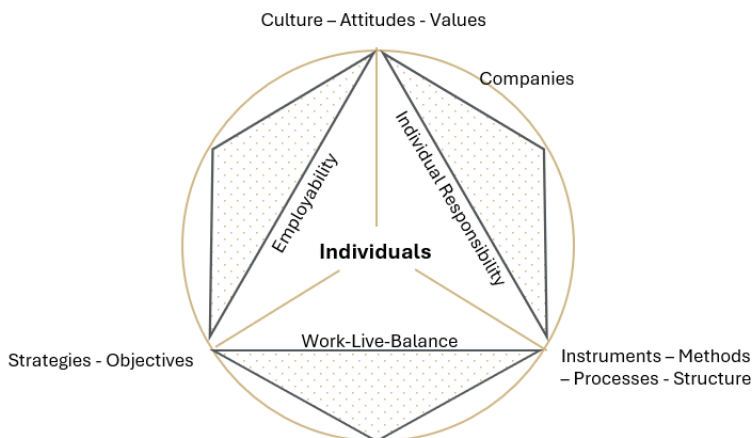
1. Sustainability objectives incorporation into the organization's strategic planning, covering human capital, finance, environment, and research and development.
2. Community-based initiatives fostering the organization's sustainability and its corporate social responsibility.
3. Announcement of volunteering opportunities within the community to encourage eligible members to participate in care provision by supporting the organization's operations.

5.2 Sustainability of human capital

5.2.1 Criterion

The organization promotes sustainability measures for its human capital.

Guidance to Criterion:



1. The organization develops a succession plan for critical leadership and managerial roles to ensure that qualified individuals are prepared to step into these roles when needed.

It implements its succession plan and ensures that necessary support and resources are provided to achieve its objectives, keep the organization thriving, and sustain its operations.

2. The leadership and management support the review of the organization's human resources policies, manuals, and guidelines to ensure they promote employees' diversity, equity, and inclusion. For example, in remuneration, this includes equal pay for equal value, transparency, and fairness in benefits. In recruitment, this entails inclusive outreach, bias-free selection, and fair access for underrepresented groups. They implement initiatives to ensure that the physical and digital workplaces of the organization are accessible to all of its employees, especially to those with diverse functional needs or disabilities.
3. The organization ensures establishing a program for promoting its staff wellbeing. It includes initiatives and activities to promote employees' ties, psychological support, and life-work-balance.

It consults the best practices and takes staff's feedback on the provided activities to enhance the program.

4. The organization retains records of the periodic activities and events attended by its staff, which are designed to promote their well-being.
5. The organization plans and conducts annual training and development activities for all staff, including the leadership and management. It plans various training and development activities aimed at enhancing their skills and competence in service planning and provision.
It retains records of attendance of the accomplished training and development activities of its staff, management, and leadership, which are also incorporated as inputs into their annual performance appraisals.
6. The leadership implements a recognition and reward system that acknowledges and celebrates individuals and teams who demonstrate excellence in their work and embody the organization's values.
They also demonstrate appreciation and acknowledgement of innovative ideas and a commitment to continuous improvement among staff and management.

Required Evidence:

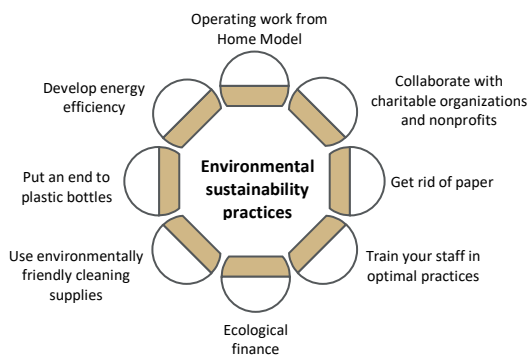
1. Succession planning for critical leadership and managerial roles.
2. Reviewed human resources policies and manuals to promote employees' diversity, equity, and inclusion.
3. A program for promoting staff's well-being that is documented and communicated.
4. Records of periodic activities attended by staff aiming at promoting their well-being.
5. Annual training and development plan for the leadership, management, and staff and records of attendance.
6. Systematic recognition and rewarding of staff embodying organizational values as well as playing a vital role in promoting its mission and achieving its objectives.

5.3 Sustainability of the environment

5.3.1 Criterion

The organization adopts and promotes environment-friendly policy and practices to conserve resources and the environment.

Guidance to Criterion:



1. The organization remains aware of the impact of its operations on the environment and natural resources and embeds objectives for its conservation into its strategic planning.

It develops and implements policies for the conservation of energy and natural resources such as electricity, water, paper, food, etc.) and raises awareness about these issues among the organization's stakeholders.

Established policies prioritize environmentally friendly products and services in making procurement decisions, considering factors such as sustainability and eco-friendly classification.

2. The organization continuously raises awareness among its staff, beneficiaries, their families, and the community about energy and environmental conservation practices.
3. The organization implements and documents different efforts and initiatives aimed at conserving the environment and energy, such as the use of energy-efficient systems, recycling of resources, eco-friendly initiatives, etc.
4. The organization organizes and participates in community initiatives and campaigns aimed at raising awareness about environmental sustainability issues among its beneficiaries, their families, and the wider community.

It strives to extend the reach of these campaigns and initiatives to its strategic stakeholders and the wider community through diverse online and offline media.

Required Evidence:

1. A policy for environmental sustainability developed and communicated, indicating good practices in the field for resources and energy conservation and promoting community awareness.
2. Regular communication of educational and awareness tips as well as success stories about energy and environment conservation to the relevant stakeholders.
3. Demonstrated environmental and energy conservation efforts within the organization, such as the use of energy-efficient systems, recycling, and eco-friendly initiatives.
4. Participation in community initiatives and campaigns for raising awareness about environmental sustainability among its beneficiaries, their families, and the wider community.

5.4 Sustainability of finances

5.4.1 Criterion

The leadership establishes measures for the financial sustainability of the organization

Guidance to Criterion:

1. The leadership and management appoint qualified financial experts who can manage the organization's finances, ensuring its viability, sustainability, and sound financial governance and reporting.
2. The leadership and management participate in the financial planning activities, ensuring that sound financial objectives (both strategic and operational) are incorporated in the organization's strategic planning.
3. The organization has effective financial governance and implements measures to ensure the effective use of its financial resources and to reduce costs.
The organization gets into collaborations and partnerships, as permitted by the law, to promote its financial status and sustainability.

Required Evidence:

1. Records of verified qualifications and experience of the financial experts.
2. Demonstrated participation of the leadership and management in the financial planning of the organization.
3. Implementation of financial governance and efficient use of resources.

5.5 Sustainability of knowledge through research and development

5.5.1 Criterion

The organization stays abreast of recent and relevant research, evidence-based, and best practices.

Guidance to Criterion:



1. Leadership and management emphasize the importance of staying knowledgeable about recent research and studies relevant to the organization's sphere of services and incorporates this objective into its strategic planning.
The management encourages staff to regularly review contemporary practices in the organization's sphere of service provision and aspires to adopt evidence-based and best practices.
2. The organization encourages its management and staff to participate in conducting research that informs and fosters effective service provision.
The organization fosters collaborations with research institutions and universities to stay updated with ongoing research and have access to cutting-edge practice.
3. Connect and engage with the community and its institutions through forming collaborations and partnerships to exchange knowledge and know-how.
4. The organization strives and encourages its staff's participation in awards relevant to its sphere of services, which promotes its image and reputation.

Required Evidence:

1. Compilation of recent and relevant research and studies to the organization's sphere of services provision and making it accessible to the staff.
2. Encouragement of staff-led research in collaboration with universities and research institutions in the field of services provision.
3. Platforms and events for organizational learning and knowledge exchange.
4. Awards or participation in awards relevant to the organization's sphere of services provision.

SECTION G

Service Specific Standards



Introduction: Service Specific Standards

The Reyada Quality Assessment Framework (QAF) represents Abu Dhabi's commitment to ensure and enhance high-quality social service provision and practice. It provides a unified foundation for quality across Abu Dhabi's social sector. Within this framework, the development of Specialised Service Specific Standards for key social services, such as Integrated Case Management (ICM), Counselling, and Sheltering services marks a pivotal step in operationalizing quality, accountability, and beneficiary-centricity across the sector. These Standards translate the overarching principles of Reyada into actionable, measurable requirements for each prioritized social service - Integrated Case Management (ICM), Counselling, and Sheltering.

Purpose and Scope

Specialized Service Standards are designed to ensure that every relevant service provider delivers care that is safe, effective, beneficiary-centric, and aligned with Abu Dhabi's vision for world-class social services. These standards are mandatory only for service providers who are licensed by the Department of Community Development (DCD) and who offer the specific services covered by each standard. Providers not offering a particular service are not subject to the corresponding standards.

From Framework to Practice

While Reyada Quality Assessment Framework sets the strategic direction and core domains, Leadership & Governance, Safety, Effectiveness, Beneficiary Centricity, and Sustainability, Section G operationalizes these domains through service-specific standards. Each standard is tailored to the unique context, risks, and beneficiary needs of the service in question, ensuring both consistency and relevance.

- **Alignment with International Best Practice:** The standards are informed by rigorous benchmarking against leading systems in the UK, Australia, Canada, Singapore, and others. This ensures that Abu Dhabi's services reflect global evidence and are grounded in local realities.
- **Structure and Evidence:** For each service, standards are organized under the four Reyada pillars (Leadership & Governance, Safety, Effectiveness, Beneficiary Centricity), with clear Standards, supporting statements and required evidence.
- **Continuous Improvement:** Service providers are required not only to comply with minimum requirements but to engage in ongoing monitoring, feedback, and improvement cycles. This is supported by DCD's regular assessments, stakeholder engagement, and capacity-building initiatives.

The Four Pillars of Quality

Across all reviewed domains, specialised service standards are organized under four core pillars, ensuring coherence and comparability across services:

1. **Leadership and Governance:**
 - Emphasizes qualified, well-trained staff, continuous professional development, and a culture of continuous improvement.
 - Requires robust governance, clear accountability, and interagency coordination to deliver integrated, holistic care.
2. **Safety:**
 - Prioritizes safeguarding, confidentiality, and risk management.
 - Mandates clear protocols for data protection, emergency response, and the physical and psychological safety of both beneficiaries and staff.
3. **Effectiveness:**
 - Focuses on timely, accessible, and evidence-based service delivery.
 - Measures impact through KPIs such as beneficiary outcomes, satisfaction, and service utilization, with a strong emphasis on continuous monitoring and improvement.
4. **Beneficiary Centricity:**
 - Ensures services are tailored to individual and family needs, uphold rights and dignity, and promote inclusiveness and participation.
 - Encourages active involvement of beneficiaries in care planning and decision-making and supports community integration and empowerment.

Application and Accountability

All relevant, DCD-licensed service providers must:

- Integrate the applicable Specialized Service Standards into their policies, procedures, and daily operations.
- Maintain documentation and evidence of compliance for each criterion.
- Participate in DCD-led assessments and respond to findings with corrective actions and continuous improvement plans.
- Engage beneficiaries, families, and staff in feedback and quality improvement processes.

Providers who do not offer a particular service are not required to comply with the standards for that service.

Expected Impact

By embedding Specialised Service Standards, Abu Dhabi's social sector ensures that:

- Services are tailored to the needs and rights of diverse beneficiary groups.
- Providers are accountable for delivering safe, effective, and person-centered care.
- The sector as a whole moves toward greater excellence, transparency, and trust.
- Encourages active involvement of beneficiaries in care planning and decision-making and supports community integration and empowerment.

Alignment with the Reyada Framework

The Specialized Service Standards are fully aligned with the Reyada QAF's domains and criteria, ensuring that each service—whether ICM, Counselling, or Sheltering Services, meets both minimum and aspirational levels of quality. The standards are operationalized through a combination of quantitative KPIs (e.g., access, safety incidents, satisfaction rates) and qualitative statements (e.g., rights upheld, person-centered care), assessed via a transparent rating and scoring methodology.

Towards a Culture of Excellence

By embedding these specialised service standards, Abu Dhabi's social sector moves towards a culture of excellence, transparency, and continuous improvement. The Reyada Framework not only sets clear expectations for service providers but also empowers beneficiaries, families, and communities to expect and receive high-quality, safe, and effective social services.

6. Counselling Services

6.1 Leadership & Governance:

- Licensing of the Counselling service and profession

Standard

Social and psychological counseling services and professionals are licensed by DCD on the basis of the Regulations & Procedures Manual-Licensing of Social Care Professionals , to ensure that they meet rigorous academic and professional standards.

Counselors adhere to the DCD Code of Conduct and the Ethical Code to ensure that they conduct themselves professionally and ethically. Adherence to comprehensive ethical guidelines protect beneficiary wellbeing and maintain professional integrity.

Statement:

Counsellors and supervisors undertake annual supervision to maintain their license and are encouraged by internal procedures to seek assistance from supervisors when faced with challenges or uncertainties.

Required Evidence:

6.1.1 Qualitative compliance with the supervision requirement for licensing

- Continuous improvement

Standard

Quality Assurance. Quality assurance of the counselling activities is consolidated through a process of continuous improvement: it includes the regular monitoring and review the achievement of output and outcomes, and the collection of beneficiaries' feedback on satisfaction. Feedback and evaluation data support a continuous enhancement of service quality with regular reviews, audits, and updates to policies and practices based on client feedback, outcome data, and new developments in the field. Complaints received are reviewed and evaluated with an approved procedure. The collection of outcome and performance data, and of beneficiaries and staff satisfaction allow to identify areas for refinements that are translated into action to continually improve service delivery. Outcomes and lessons learned are documented and communicated.

Statement:

1. The monitoring and evaluation process is demonstrated through a written document describing the procedures in place and related indicators.
2. The service maintains a formally approved and regularly reviewed complaints and feedback policy. Written reports on the results of the monitoring and evaluation processes and on the action plan to address areas of improvement (or other documents demonstrating the attempts to improve the quality of the service) are provided on a regular basis.
Service users are informed of the feedback process and the complaints procedure in place and are assisted to understand how to access it. Procedures ensure that counselors maintain records to track the nature and sequence of professional services rendered. They assure that the content and style are consistent with any legal, regulatory, agency, or institutional requirements and secure the safety of such records and create, maintain, transfer, and dispose of them in a manner compliant with the requirements of confidentiality and the other articles of this Code of Ethics.

Required Evidence:

6.1.2 A written document detailing monitoring and evaluation policy is in place. It includes data-collection procedures, indicator definitions, record-keeping rules and confidentiality safeguards, and it is regularly reviewed.

6.1.3 Existence and implementation of a formally approved complaints and feedback policy.

6.2 Safety:

- Confidentiality

Standard

Confidentiality and Data Protection. Confidentiality and Data Protection Standards protect beneficiary privacy and ensure the secure handling of personal information. In counseling maintaining client confidentiality is of utmost importance. As foreseen in DCD Social Care Professionals Code of Conduct & Ethics in the Emirate of Abu Dhabi, counseling relationships and information are kept confidential. Adequate procedures ensure that sessions are not overheard, recorded or observed by anyone other than the counselor, without informed consent from the beneficiary. A document of rights and duties is attached in the care files explaining the confidentiality and the cases of non-compliance and is signed by the beneficiary. Information may be released to other service providers or organizations of the referral system, other family members, or other parties only with written permission of the beneficiary (or the individual legally authorized to represent the beneficiary). This release should detail which information is to be disclosed, to whom, and in what time frame. However, there are exceptions to confidentiality set by the law or by the Social Care Professionals Code of Conduct & Ethics: a) when disclosure is required to prevent clear and imminent danger to the beneficiary or others or to prevent or report a crime; b) when the professional is assigned by a judicial or official investigation authority, c) when a child is in need of protection; d) when persons are in a condition of diminished capacity, e) in any other case foreseen by AD Laws.

Statement:

Counselors ensure privacy of counseling sessions. The confidentiality protocol in place

- Ensures that sessions are not overheard, recorded, or observed by anyone other than the counselor, without informed consent from the beneficiary,
- Includes procedures to be followed to ensure confidentiality in case counseling information has to be shared with third parties, other professionals or family members,
- Includes procedures concerning compliance with legal and ethical requirements for confidentiality, data protection and secure storage.

Required Evidence:

6.2.1 Existence and compliance with a formally approved protocol (Confidentiality and Data Protection Policy).

- Safety and risk assessment

Standard

Safety and Risk Management and Assessment. Beneficiaries are protected by prevention procedures to exposure to avoidable risks. They are engaged in the discussion about identified risks and concerns and are involved in developing risk management plans where appropriate. Safety is a priority within the counseling service. As defined in the Social Care Professionals Code of Conduct & Ethics clear steps and actions are taken and documented to minimize risks. Risk assessment aids in determining the severity and urgency of an intervention, in particular in cases of domestic violence or suspected child abuse or neglect. To ensure the safety of beneficiaries the assessment of risks is conducted on a regular basis to prevent, mitigate and manage identified risks. The beneficiary involvement promotes autonomy and enhances the effectiveness of risk management strategies.

Statement:

A written policy with guidelines on protecting the safety of beneficiaries and staff from harm and to provide a safe environment, is in place. It contains plans and procedures on:

- How to protect beneficiaries from physical, emotional, or psychological harm during counselling sessions. How to deal with violent or abusive beneficiaries.
- How to obtain specialist help in emergency and crisis situations.
- How to report any risk or crime (self-harm or others) in the form foreseen in the approved labor charter.

The policy is explained, in a clear and accessible language to every beneficiary.

Required Evidence:

6.2.2 Existence and quality of the Safety and Protection Policy for beneficiaries and staff.

6.3 Effectiveness:

- Timeliness and timing of the service provided adequate to the needs

Standard

Waiting times are adequate to the needs of the beneficiaries in relation to the level of urgency assessed in the preliminary assessment phase. Waiting times are measured in relation to: 1) the time taken for people to obtain access to the counseling service and then to be referred to the service needed; 2) eligibility decision, defined as the time taken to determine a person's eligibility.

Timely access to counseling is important not just for a positive service user experience but also crucially at a care level, to reduce the impact of psychological challenges experienced by the service user: referral at an early stage in the development of psychological difficulties and timely access to counseling are both crucial to prevent development of more severe psychological difficulties.

The engagement with key stakeholders at local community level to educate on the importance of early identification of psychological difficulties and referral to counseling services is a priority.

Statement:

- The initial screening process, including for early identification of psychological difficulties for earlier referral to counseling services, follows a written procedure, which outlines the steps to take in screening a potential beneficiary and the estimated timing.

Required Evidence:

6.3.3 Existence and implementation of a formally approved initial screening policy and procedure.

- Inclusiveness, accessibility and affordability

Standard

Equal Access and Inclusion in Counselling Services. Services are available to diverse populations, including marginalized communities and are physically accessible to all individuals who need them, regardless of their physical and socio-economic conditions or circumstances. People are cared for in accessible, non-discriminatory and safe environments that are designed to promote inclusivity in service delivery. Counseling services are affordable for all, regardless of their socio-economic conditions. Diversity of means of access to the service by beneficiaries is ensured by physical, telephonic and electronic channels. A member of the team is available as a point of contact for all patients to talk to in an emergency. The e-referral process is available across all premises and counseling services with a view to minimizing any potential barriers to service-user access. The counseling program is available to eligible beneficiaries based on equal opportunities and free of discrimination on all grounds. Counselors have a responsibility to consider and address their own prejudices, biases, stereotyping attitudes, and behavior. They are to give particular consideration to ways in which these may be affecting the counseling relationship and influencing responses. In the event of complaints received from beneficiaries who have faced forms of discrimination for any reason there is a mechanism to tackle them and to develop corrective actions.

Statement:

- The service providers take all measures to address discrimination and inequality that could disadvantage different groups of people in accessing care, treatment and support. Specific vulnerable groups are not excluded from accessing counseling services (e.g. homeless, ex-prisoners, etc.).
- The service delivery is spread uniformly across the administrative division of the Emirate of Abu Dhabi. Physical accessibility and service delivery is guaranteed through measures for architecture, communication and technology, measures to address identified barriers, and an accessibility plan which identifies potential barriers, mitigating measures and service continuity through different modes of service delivery.

- Written procedures concerning administrative accessibility are in place. They include how to prioritize admissions, eligibility criteria, ineligibility criteria, process of intake and assessment, how and who to refer to, timeframe, who decides, if there is a waiting list and how to prioritize, process for prospective user not meeting the criteria.
- A member of the team is available as a point of contact for all beneficiaries to talk to in an emergency. Challenges faced by beneficiaries in accessing the counseling service and steps taken to resolve them are recorded and reviewed periodically. The counseling service can be contacted in person, through a contact center, and through digital channels. Information (i.e. practice information leaflets, health promotion leaflets) is easy to understand and available in appropriate languages for beneficiaries and carers whose first language is not Arabic, and for persons with visual impairments.

Required Evidence:

6.3.1 Written Accessibility, Eligibility and Admission Policy that explicitly:

- Lists all protected characteristics (nationality, tribe, disability, gender, socio-economic status) and states beneficiaries are accepted regardless of them, and
- Confirms that no fees are charged to beneficiaries, is accessible and reviewed within the last 3 years, displayed on the staff intranet and distributed at counselling premises.

6.4 Beneficiary Centricity:

- Cultural sensitivity within a right- and value-based community approach

Standard

Upholding right and values. Counseling practices are driven by cultural sensitivity based on recognized rights and values. Counselors practice in a manner congruent with the overarching principles of the Universal Declaration of Human Rights, the UN Convention on the Rights of the Child, etc. They honor diversity and embrace a multicultural approach in support of the worth, dignity, potential, and uniqueness of people with their social and cultural contexts. Counselors recognize the broad context in which their interventions take place. They must look to the strengths, resilience, and resources within the community that already exist. While cultural differences may impact perceptions, mandatory reporting requirements remain the same.

Statement:

There are procedures in place that ensure that staff members practice in a manner congruent with the overarching principles of the Universal Declaration of Human Rights, the UN Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women, the United Nations Guidelines for Alternative Care. Staff treat all beneficiaries with respect, courtesy and consideration irrespective of age, sex, religious/cultural beliefs, or diagnosis.

Required Evidence:

6.4.1 Service documents and guidelines include specific reference to the overarching principles of the Human, Children, Women, PoD and Ethnic Minorities Rights.

7. Integrated Case Management

7.1 Leadership and Governance:

- Continuous improvement

Standard

Quality assurance is consolidated through a process of continuous improvement: it includes the regular monitoring and review of the achievement of output and outcomes, and the collection of beneficiaries' feedback on satisfaction.

Statement:

The monitoring and evaluation process is demonstrated through a written document describing the procedures in place for systematic collection of beneficiaries' and staff's feedback on satisfaction and treatment outcomes and related indicators. The documents also include information on how to provide feedback, raise concerns and complaints.

Required Evidence:

7.1.1 A written document detailing Monitoring and Evaluation Policy - including data-collection procedures, indicator definitions, record-keeping rules and confidentiality safeguards, as well as information on how to provide feedback, raise concerns and complaints and related reporting procedures - is approved by senior management and reviewed at least once every 12 months, and readily accessible by staff.

- Coordination within an integrated approach

Standard
Coordination at all levels enhances service organization and promotes improvement in people’s care journey experience, ensuring a more effective support
Statement:
Procedures in place enhance collaboration among organizations involved in the ICM delivery and their staff and ensure that in case of referral to other services the assessment of needs provided by ICM can be shared with them respecting UAE laws and regulations concerning the use, process, retain and dissemination of confidential information. The presence of partnerships with other key agencies enables to tap on external support to pool resources to better address the beneficiary needs.
Required Evidence:
7.1.2 Qualitative compliance with procedures in place to enhance collaboration among organizations involved in the ICM delivery and their staff and to ensure that in case of referral to other services the assessment of needs provided by ICM can be shared with them respecting UAE laws and regulations concerning the use, process, retain and dissemination of confidential information.

7.2 Safety:

- Confidentiality

Standard
Confidentiality and Data Protection. ICM Services maintain the confidentiality of beneficiary information.
Statement:
<p>There are robust arrangements for the availability, integrity and confidentiality of data, records and data management systems. Information is used effectively to monitor and improve the quality of care. The case manager follows the requirements for record keeping specified by UAE laws and regulations and by the organization and licensing jurisdiction. These requirements include:</p> <ul style="list-style-type: none"> • The type of data collected. • The manner in which information is recorded, with whom and under what circumstances information may be exchanged. • Processes for amending client records. • The length of time records are retained. • Plans for appropriate disposal of records.
Required Evidence:
7.2.1 Existence and compliance with a formally approved Confidentiality and Data Protection Policy.

- Safety and risk assessment

Standard

Safety and Risk Management and Assessment Safety and continuity of care is a priority within the ICM throughout the beneficiary care journey

Statement:

A written policy with guidelines on protecting the safety of beneficiaries and staff from harm, and to provide a safe environment, is in place. It includes plans and procedures on:

- How to protect beneficiaries from physical, emotional, or psychological harm.
- How to deal with violent or abusive beneficiaries.
- How to obtain specialist help in emergency and crisis situations.
- How to report any risk or crime (self-harm or others) in the form foreseen in the approved labor charter.

The guideline informs beneficiaries about any risks, and how to keep themselves safe.

Required Evidence:

7.2.2 Existence and quality of the Safety and Protection Policy for beneficiaries and staff.

7.4 Beneficiary Centricity:

- Cultural sensitivity within a right- and value-based community approach

Standard

Cultural sensitivity. ICM service providers adopt a person-in-environment approach within an ecological perspective managing beneficiaries' needs, emotions or distress in a way that protects their rights and dignity.

Statement:

People have equal access to care, treatment and support because the provider complies with legal equality and human rights requirements. Case managers are trained to:

- Provide culturally sensitive care practice in a manner congruent with the overarching principles of the recognized universal rights and to be sensitive to the cultural context and world view of the beneficiary.
- Tackle language barriers, the needs of people with disabilities (including sensory impairment), and ethnic, cultural and religious specificities.
- Treat beneficiaries with respect, courtesy and consideration irrespective of age, sex, religious/cultural beliefs, or diagnosis.

Case managers adhere to and promote the ethics and values of the case management profession, using the Code of Ethics as a guide to ethical decision making in case management practice.

Required Evidence:

7.4.1 Service documents and guidelines include specific reference to the overarching principles of the human, children, women and PoD and ethnic minorities rights.

8. Sheltering Services

8.1 Leadership and Governance:

- Competence of staff

Standard

Qualifications. Service providers ensure professional and ethical practice that is appropriate to the emerging needs of the persons who are taken care of in shelters. Continuing Professional Development and regular supervision sessions are mandatory to maintain high standards of practice. Recruitment procedures ensure that staff are suitably experienced, competent and able to carry out their role. Educational qualifications and practical experience requirements are defined by the DCD Manual. Staff members are involved in a structured training activity to ensure that each role and professional figure is able to welcome, assist and support the beneficiaries and to guarantee their safety throughout their escape journey from violence, abuse or neglect, respecting their times and their self-determination.

SPECIFICALLY FOR SHELTERS FOR CHILDREN

Staff members working in children's homes have specific competences concerning children's specific needs and support. They are trained with regard to child-sensitive and child-friendly interventions and engaged in on-going learning about their role concerning the relation to be kept with families.

Statement:

1. Women's shelters involve exclusively qualified female personnel. These undergo specialist training, including on the gendered dynamics of violence against women, and possess adequate skills to listen, conduct risk assessments, and support victims (women and their children) during their escape from violence.
2. All staff members working in shelters for children receive specialist training on child-sensitive and child-friendly interventions, including specific attention to be given to children with special needs.

Required Evidence:

- 8.1.1 Qualitative compliance with the requirement for staff working with women victims of violence to receive specialist training.
- 8.1.2 Qualitative compliance with the requirement for staff working with children victims of abuse to receive specialist training.

- Continuous improvement

Standard

Continuous improvement. Quality assurance is consolidated through a process of continuous improvement: it includes the regular monitoring and review the achievement of outputs and outcomes, and the collection of beneficiaries' feedback on satisfaction. Sheltering service relies on a learning culture and internal procedures promote a process of continuous improvement. Feedback and evaluation data support a continuous enhancement of service quality with regular reviews, audits, and updates to policies and practices based on client feedback, outcome data, and new developments in the field.

Complaints received are reviewed and evaluated with an approved procedure. The collection of outcome and performance data, and of beneficiaries and staff satisfaction allow to identify areas for refinements that are translated into action to continually improve service delivery. Outcomes and lessons learned are documented and communicated. The service provider carries out data collection activities in respect of the confidentiality and anonymity of women ensuring that they are treated with professionalism, and participates in the collection of information, research and analysis in order to contribute to the monitoring of the phenomenon of violence against women in its various forms. A regular assessment of the progress of needs and preferences lead to the adjustment of the Intervention and Reintegration Plan foreseen in the Policy of regulating shelters in the Emirate of Abu Dhabi, taking into account also new developments in the field, optimizing beneficiary outcomes.

Statement:

1. The monitoring and evaluation process is demonstrated through a written document describing the procedures in place and related indicators.
2. The service maintains a formally approved and regularly reviewed Complaints and Feedback Policy. Written reports on the results of the monitoring and evaluation processes and on the action plan to address areas of improvement (or other documents demonstrating the attempts to improve the quality of the service) are provided on a regular basis.

Service users are informed of the feedback process and the complaints procedure in place and are assisted to understand how to access it. Procedures ensure that members of staff maintain records to track the nature and sequence of professional services rendered. They assure that the content and style are consistent with any legal, regulatory, agency, or institutional requirements and secure the safety of such records and create, maintain, transfer, and dispose of them in a manner compliant with the requirements of confidentiality.

3. Tracking progress of individuals after leaving the shelter, including whether they find stable housing and employment, is in place.

Required Evidence:

8.1.3 A written document detailing Monitoring and Evaluation Policy – including data-collection procedures, indicator definitions, record-keeping rules and confidentiality safeguards, as well as information on how to provide feedback, raise concerns and complaints and related reporting procedures - is approved by senior management and reviewed at least once every 12 months, and readily accessible by staff.

8.1.4 Existence and implementation of a formally approved Complaints and Feedback Policy.

8.1.5 Qualitative compliance with progress track record requirements.

- Efficient governance

Standard

Efficient Governance. A conscious and responsible management supports service excellence, maximizing efficiency and effectiveness in addressing residents' needs. Resources are used effectively and efficiently in the provision of sheltering services. Adequate numbers of skilled staff to deliver services allow for the sheltering program to run at maximum efficiency; it enables each staff member to ensure that the goals and outcomes of service users are met and prevents wastage of resources. The service provider demonstrates to be accountable to service users and communities.

Statement:

Robust governance arrangements are in place to ensure good management with clearly identified roles, responsibilities, and accountability for all areas of the organization, guaranteeing the presence of qualified staff during all 24/7 shelter services, also for crisis interventions services.

Required Evidence:

8.1.6 Qualitative compliance with the requirement to apply clear staff management and accountability arrangements, and that the shelter is manned by qualified staff on a continued basis.

8.2 Safety:

- Confidentiality

Standard

Confidentiality and Data Protection. In shelters hosting victims of violence, abuse or neglect, maintaining confidentiality is of outmost importance. Confidentiality and data protection standards protect resident privacy and ensure the secure handling of personal information. Exceptions can be made if there is an immediate threat to life, health or freedom of the service user, who is informed of situations where confidentiality may be limited.

Statement:

1. A written Confidentiality and Data Protection Policy exists and is formally approved by senior management. The policy ensures that the service provider complies with UAE laws and regulations when handling, storing, granting access to and sharing confidential information of persons, including children, experiencing domestic violence, abuse, or abandonment.
2. Sheltering services guarantee beneficiaries that the information they give is kept confidential and that it is only shared with their explicit consent. They also guarantee the anonymization of data contributing to the monitoring of the phenomenon of violence against women.

Required Evidence:

8.2.1 Existence and compliance with a formally approved Confidentiality and Data Protection Policy.

- Safety, security and risk assessment

Standard

Safety and Risk Management and Assessment. Ensuring the physical safety of residents is the highest priority. The physical safety and mental wellbeing of staff members are ensured and working practice and work premises are safe. Risk assessment aids in determining the severity and urgency of an intervention particularly in cases of domestic violence or child abuse or neglect. As defined in the Social Care Professionals Code of Conduct & Ethics clear steps and actions are taken and documented to minimize risks.

SPECIFICALLY FOR SHELTERS FOR WOMEN VICTIMS OF VIOLENCE:

Being women victims of violence and their children at high risk of murder or aggression, the service takes appropriate measures to protect their safety, including protecting them from attempts by perpetrators to contact or locate them in refuge, in the community and online. Beneficiaries are engaged in the discussions about identified risks and concerns and are involved in developing risk management plans where appropriate.

SPECIFICALLY FOR SHELTERS FOR CHILDREN:

Children homes are a safe and supportive environment. The child protection policy is fully implemented.

Statement:

A written policy with guidelines is in place to protect the safety of beneficiaries and staff from harm and to provide a safe environment. It contains plans and procedures on:

- How to protect beneficiaries from physical, emotional, or psychological harm.
- How to deal with violent or abusive beneficiaries
- How to obtain specialist help in emergency and crisis situations.
- How to assess, mitigate and report any threat, risk or crime (including self-harm or harm to the beneficiaries, staff, or others) in the form foreseen in the approved labor charter.

Required Evidence:

8.2.2 Existence and Quality of the Safety and Protection Policy for beneficiaries and staff.

8.3 Effectiveness

- Inclusiveness, accessibility and affordability

Standard

Sheltering services are available to diverse populations, including marginalized communities and are physically accessible to all individuals who need them, regardless of their physical and socio-economic conditions or circumstances. The sheltering program is made available to eligible beneficiaries based on equal opportunities and free of discrimination on all grounds. People are cared for in accessible, non-discriminatory and safe environments that are designed to promote inclusivity. All women and children victims of violence, abuse or neglect receive support regardless of their nationality or status. The access to sheltering services is solely based on beneficiaries' needs, preferences and health conditions. Placement in the shelter is, in principle, stable. Sheltering services are free of charge. In a condition of emergency victims can call and access the shelter themselves, without going through an administrative procedure. The sheltering service embraces a multicultural approach in support of the worth, dignity, potential, and uniqueness of people with their social and cultural contexts. The organization takes all measures to address discrimination and inequality that could disadvantage different groups of people in accessing care, treatment and support.

Statement:

The service provider maintains formal written procedures regulating geographical, physical and functional accessibility of sheltering services. These include provisions on architectural and communication accessibility (multi-channel and access to services, provision of practice and health information in multiple languages and via assistive technologies), actions to overcome identified barriers, and an accessibility plan that outlines risks, mitigation strategies, and service continuity through alternative delivery modes.

Administrative accessibility is ensured through formal implementation of procedures prioritizing admissions, clearly defined eligibility and ineligibility criteria, affordability provisions, intake and assessment processes (including timeframes, decision authority,

and referral procedures), and fair management of waiting lists. The policy explicitly:

- Lists all protected characteristics (nationality, tribe, disability, gender, socio-economic status) and states beneficiaries are accepted regardless of them.
- Confirms that no fees are charged to beneficiaries.
- Lists and elaborates methods to record and review challenges faced by beneficiaries in accessing services, including the list of associated corrective actions.
- Establishes comprehensive emergency access procedures for women and children at risk and facilitates free and unobstructed access to the shelter, including free transportation to the shelter for the woman and the child. Victims in a situation of imminent risk are granted the right of self-referral without going through an administrative procedure.
- Contains the provision that shelters have sufficient capacities to accommodate women and children in emergency situations: at least one place is always available. If the shelter is fully occupied, the service provider assists individuals requesting emergency shelter to be hosted in other temporary shelters of equivalent security.
- Barrier resolution is achieved through systematic recording and periodic review of challenges faced by beneficiaries in accessing services, with documented corrective actions.

Required Evidence:

8.3.1 Written Accessibility, Eligibility and Admission Policy that is accessible and reviewed within the last 3 years, displayed on the staff intranet and distributed at the service provision premises.

8.4 Beneficiary Centricity:

- Respect of beneficiaries' rights and values

Standard

Service users' rights to life, liberty and dignity are upheld. Recognized rights and values are based on the overarching principles of the International Conventions and Standards (in particular Universal Declaration of Human Rights, the UN Convention on the Rights of the Child, the Child Protection Act, the Convention on the Elimination of All Forms of Discrimination against Women, United Nations Guidelines for Alternative Care). Women and children who are victims of violence, abuse or neglect receive human rights-based and victim-centered support throughout their help-seeking process and their journey through institutions. Residents are guaranteed a holistic, respectful, and dignified approach to care with the aim of safeguarding social justice and fundamental human rights whilst promoting wellbeing, autonomy and zero tolerance to violence of any kind. The staff always treats people with kindness, empathy and compassion and respects their privacy and dignity.

SPECIFICALLY FOR SHELTERS FOR CHILDREN:

Children have the right to know their life history. They have the right to access, in the form set in regulations, the service's records concerning their journey.

Statement:

There are procedures in place that ensure that staff members practice in a manner congruent with the overarching principles of the Universal Declaration of Human Rights, the UN Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women, the United Nations Guidelines for Alternative Care.

Required Evidence:

8.4.1 Service documents and guidelines include specific reference to the overarching principles of the Human, Children, Women, PoD and Ethnic Minorities Rights.

- Beneficiary centrality, self-determination and active involvement in the care journey

Standard

The sheltering service goal is the independence of the beneficiaries: they are involved in care decisions and their views are listened to and taken into account. Shelters are organized to provide each resident's personal space.

Adopting a strengths-based perspective, acknowledging beneficiaries' capabilities, and being culturally sensitive fosters a collaborative and supportive relationship. Beneficiaries are adequately informed, since informed decisions help them achieve better outcomes. They are believed and listened to with respect and sensitivity. The sheltering service applies a victim-centered and human-rights-based approach in which the central principle is that no action is taken on the behalf of the beneficiaries without their consent or prior knowledge, unless there is an overriding need to safeguard a child or vulnerable adult.

To keep up with the beneficiaries' needs and preferences, which may change over time, the care plan can be modified. The periodic reassessment allows to cater different factors and considerations, such as level of needs and the risks involved, under the condition that these decisions do not hinder their or other people's life, safety and wellbeing.

SPECIFICALLY FOR SHELTERS FOR WOMEN VICTIMS OF VIOLENCE

Persons who experience domestic violence are supported to have a smooth and safe transition both upon entering the service as well as when they move out and shall be ensured protection at all times.

Women's shelters have enough space to ensure each family (mother and her children) an accommodation that allows them to maintain an intimacy of life and to organize their daily routines in a way that corresponds to their habits.

SPECIFICALLY FOR SHELTERS FOR CHILDREN

Children are actively involved in decisions that affect their lives, are consulted and encouraged to share their views and wishes. When they reach maturity and capability, they are supported by professionals in their transition to independent living.

The setting emulates family environments as closely as possible. Residential childcare should provide a safe and stimulating environment in high-quality buildings, with spaces that support, nurture and allow privacy as well as common spaces and spaces to be active.

Statement:

There are procedures in place that ensure that staff members practice in a manner congruent with the overarching principles of the Universal Declaration of Human Rights, the UN Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women, the United Nations Guidelines for Alternative Care.

Required Evidence:

8.4.2 A documented policy on alternative care options exists, explicitly requiring placements to be tailored to children's needs and reviewed periodically.

APPENDICES



References:

- Guidelines and Principles for the Development of Health and Social Care Standards, 5th edition, The International Society for Quality in Healthcare, ISQua.
- National Quality Standards Framework (NQSf) for Youth Work, July 2010, Ireland.
- Standards Development Framework: a principles-based approach, September 2021, Health Information and Quality Authority (HIQA), Ireland.
- Guidance for providers on meeting the regulations, Health, and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3), Care Quality Commission (Registration) Regulations 2009 (Part 4), Care Quality Commission, United Kingdom.
- Human Services Quality Framework Measuring quality, improving services, Version 4.0, Queensland, Australia.
- A Voluntary European Quality Framework for Social Services, European Social Network.

Legislations and Regulations:

- Federal Law No. (3) of 2016 on Child Rights (Wadeema's Law).
- Federal Law No. (9) of 2019 on the Rights of Senior Emiratis.
- Federal Law No (2) of 2015 against Discrimination and Hatred.
- Federal Decree-Law No. (33) of 2021 Regarding the Regulation of Employment Relationships.
- Federal Law No. 15 of 2020 on Consumer Protection.
- Federal Law No. 12 of 2018 for the Integrated Waste Management.
- Federal Law No. (14) of 2014 Concerning the Prevention of Communicable Diseases.
- Federal Law No. (8) of 2019 on Medical Products, the Profession of Pharmacy, and Pharmaceutical Facilities.
- Regulations & Procedures Manual for Licensing of Social Care Professionals 2020.
- DCD Social Care Professionals Code of Conduct and Ethics in Abu Dhabi 2020.
- DCD Standards for Continuing Professional Development.
- DCD Standards for Education & Practical Experience for Licensing of Social Care Professionals 2024.
- Abu Dhabi Strategy for People of Determination (PoD) 2020-2024.
- Abu Dhabi Social Sector Strategy 2021.
- Policy for the Protection of People with Disability in the Emirate of Abu Dhabi, 2024.
- Policy for Child Protection in the Emirate of Abu Dhabi "Dama al-aman", 2024.
- Manual of Standards for Surveillance Devices, version 2, 2023.

Definitions:

Terms	Definition
Accountability	Being answerable to another person or organization for decisions, behavior and any consequences.
Accessibility Barriers	Conditions or obstacles that prevent individuals with disabilities or special needs from using or accessing resources, places, or services as effectively as individuals without disabilities or special needs.
Action Plans	A structured and organized document that outlines specific steps, tasks, and objectives to be achieved to accomplish a defined goal or project.
Abuse	Violation of an individual’s human and civil rights, including action or deliberate inaction that results in neglect and/or physical, sexual, emotional, or financial harm. Abuse can be perpetrated by one or more people (either known or not known to the victim) or can take the form of institutional abuse within an organization; it can be a single or a repeated act.
Assistive Devices	A generic term that includes assistive, adaptive, and rehabilitative devices promoting greater independence for people with disabilities or special needs by enabling them to perform tasks that they were formerly unable to accomplish or had difficulty accomplishing.
Background Checks	Systematic and thorough investigations or inquiries into an individual's personal, professional, psychological, and criminal history, typically conducted by organizations or individuals for various purposes.
Beneficiary	Individuals or groups who receive value and benefits from social service providers in public, private and third sector.
Best Practices	Leading practices in the field (of social care) that are evidence based and which have proven desirable outcomes.
Business Continuity Planning	A strategic framework that outlines the procedures an organization will use to maintain essential functions during and after an unexpected disruption, such as a disaster, cyberattack, or other emergencies. It involves a proactive, documented approach to identifying risks, protecting critical operations, and recovering quickly to minimize downtime and financial loss.

<p>Carer</p>	<p>Someone who supports a person with social care needs, either full-time or part-time, either paid like caregiver or unpaid like a family member.</p>
<p>Care Plan</p>	<p>Is a written document prepared by the allocated social worker or case manager and is agreed upon with everybody involved in the care of the beneficiary. The plan sets out the goals and needs and details matters concerning the care of the beneficiary. It contains important information about a beneficiary, such as their family’s details, who they live with, what daily activities they do, arrangements for family contact and how their health, education, and wellbeing are to be promoted.</p>
<p>Case Managers</p>	<p>Are those staff responsible for assessing the care needs of the beneficiaries, developing, monitoring, and evaluating their care plans and progress.</p>
<p>Challenging Behavior</p>	<p>A person's behavior is considered "challenging" if it puts them or those around them, such as their carer, at risk or leads to a poorer quality of life, as it can impact their ability to join in everyday activities. Challenging behavior is often seen in people with health problems that affect communication and the brain, such as learning disabilities or dementia. Examples of challenging behavior are aggression, self-harm, destructiveness, or disruptiveness.</p>
<p>Code of Ethics or Code of Ethical Conduct</p>	<p>A set of principles, values, and guidelines that outlines expected standards of behavior and conduct for individuals or members of a particular profession, organization, or group</p>
<p>Compassion</p>	<p>The ability to see things from another person's point of view and to feel what they are feeling. It is this feeling that arises when you are confronted with another's suffering and feel motivated to relieve that suffering.</p>
<p>Compliance</p>	<p>The act of conforming to rules, laws, regulations, standards, or guidelines that are established by authorities, organizations, or governing bodies.</p>
<p>Core Values</p>	<p>The fundamental beliefs and guiding principles that define the identity, culture, and ethical framework of an individual, organization, or entity.</p>

Criteria	A standard on which a judgment or decision may be based.
Critical Services	Are those social care services or interventions that if interrupted will pose a considerable risk or undesirable consequences for the beneficiaries.
Desired Outcomes	The intended results from social care interventions whether on the individual or organization level. They also represent changes or improvements that have taken place during the time someone has been receiving support or care.
Dignity	A personal attribute where a person feels worthy of respect and has a sense of self-esteem. The social care a person receives should make them feel respected as an individual and helps them develop or maintain self-esteem and take pride in themselves.
Disability	A person suffering from a long-term physical, mental, or sensory deficiency or impairment that may hinder his/her full and effective participation in the society on an equal footing with others.
Discrimination	The unfair or prejudicial treatment of people and groups based on characteristics such as race, gender, age, religion, or capability.
Diversity	Characteristics of differences and similarities between people, such as age, disability, sex, gender identity, ethnicity, nationality, religion, sexual orientation, socio-economic status, and more.
Diversity, Equity & Inclusion Framework	A systematic structure of principles, actions, measures, and outcomes that embeds diversity, equity, and inclusion into policies, processes, and practices.
Domain	A field or scope of knowledge or activity.
Drills	Mock or trials of certain situations, mostly emergency, to practice the organization's preparedness for them. For example, fire drills and evacuation.
Effectiveness	A measure of the extent to which a specific intervention, procedure, treatment, or service, when delivered, does what it is intended to do for a specified population.
Elderly	The elderly are individuals 60 years old or above, unless otherwise indicated in the prevailing legislations.
Equality	A principle in which every individual has an equal opportunity to make the most of their lives and capacity.

Equity	Ensuring fairness of treatment and access to opportunities by considering individual needs and removing systemic barriers.
Evidence-based Practice	The best current research information available based on a systematic analysis of the effectiveness of a treatment, service, or any other intervention and its use to produce the best outcome, result, or effect.
Exploitation	The deliberate maltreatment, manipulation or abuse of power and control over another person; to take advantage of another person, situation, or their resources.
Functional needs	The basic skills and abilities that people need to live independently and participate in their communities such as physical needs including bathing, dressing, grooming, eating, toileting, mobility, and managing medications; cognitive needs including understanding and communication, focusing, and remembering things, making decisions; and emotional needs including managing and coping with difficult emotions and maintaining relationships.
Governance	The system by which an organization is controlled and operates and the mechanisms by which the organization and its people are held to account.
Hazard Analysis Critical Control Point	HACCP is a management system in which food safety is addressed through the analysis and control of biological, chemical, and physical hazards from raw material production, procurement, and handling, to manufacturing, distribution, and consumption of the finished product.
Holistic	Taking into consideration the whole body or person including consideration of their mind, body and spirit.
Incident	An unexpected event or occurrence that doesn't result in severe health or safety consequences or property damage.
Inclusion	Transforming a system to be inclusive of everyone involved, ensuring they feel accepted, respected, and able to participate fully, regardless of their social, mental, and physical status by removing barriers and facilitating accessibility.
Inclusive Environment	A setting or context in which all individuals, regardless of their background, abilities, identity, or differences, are treated with respect, dignity, and fairness and have access to required support and care on equal footing with others.

Informed Consent	An agreement or permission given accompanied by full notice about the care, treatment, or service that is the subject of the consent.
Initiative	Planned and organized activities put towards achieving a defined target or outcome.
Kindness	A positive and fundamental human quality characterized by being friendly, considerate, generous, and benevolent towards others.
KPI	Stands for Key Performance Indicator, which is a quantifiable measure of performance over time for a specific objective.
Leadership	The process of guiding, influencing, and motivating individuals or groups to work towards achieving a common goal or a shared vision.
Measures	The tools, methods, or metrics used to assess, quantify, or evaluate various aspects of a phenomenon, process, or concept.
Mission statement	A concise and declarative statement that defines the fundamental purpose and objectives of an organization, company, or entity.
Monitoring	A systematic process of gathering, analysis of information and tracking change over time for the purpose of improving the quality and safety of health and social care.
Neglect	Failure to provide for the basic needs of another person in need of care, such as shelter, protection, food, clothing, medical care, schooling, and supervision whether unintentionally or by omission.
Organization	An entity providing social care services to clients, which may have multiple branches or care facilities and is regulated by the Department of Community Development in Abu Dhabi.
People of Determination (PoDs)	Individuals who have physical, sensory, intellectual, or developmental impairments that may impact their ability to engage in certain activities or participate fully in society. As per the applicable laws in the UAE, people with disabilities are referred to as People of Determination.

Performance Appraisal	A systematic and structured process used by organizations to assess employees' job performance and provide feedback and recommendations for improvement.
Personalized Care	Service that aspires to be tailored to customers' specific needs, abilities, and expectations.
Quality Assurance	Focuses on providing confidence that quality requirements will be fulfilled.
Quality	Meeting the assessed needs and expectations by ensuring the provision of efficient and effective management and processes.
Quality of Life	An individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns.
Quarantine	A public health practice that involves the separation and restriction of individuals who may have been exposed to a communicable disease, such as viral infection, to prevent the potential spread of the disease to others.
Recognition and Rewards	The practices and strategies used by organizations to acknowledge and appreciate the efforts, achievements, and contributions of their employees or members.
Regulation	A governmental order having the force of law.
Regulatory Body	The Government entity, agency, or authority which oversees and/or regulates the activities of the social care organization.
Rehabilitation	The process of restoring or helping individuals recover physical, psychological, social, or vocational functioning and independence following an injury, illness, or other forms of impairment or disability.

Representatives	A person or a group that acts on behalf and in the interest of the beneficiary in situations where he/she lacks the capacity to make decisions, such as family, friends, relatives, legal advisors, or advocates.
Risk	The effect of uncertainty on objectives. Also, the chance of having harmful effects on human health or ecological systems.
Risk Management	The process of systematic identification, evaluation, and management of risks. It is a continuous process with the aim of reducing risks and their impacts on organizations and individuals.
Risk Profile	A comprehensive assessment or analysis that systematically identifies, evaluates, and documents potential risks and uncertainties associated with an organization, project, investment, or other endeavors.
Safeguarding	The range of measures is in place to protect an individual's health, well-being, and rights, enabling them to live free from harm, abuse, and neglect.
Safe Operation Manuals	Comprehensive documents that outline the safe and proper procedures for operating equipment, machinery, or systems.
Service Delivery Mode	The context in which the services is being provided such as Daycare and therapy, Supported accommodation, Community-based, or Digital and tele-services.
Service Design	A multidisciplinary approach that focuses on creating, improving, and optimizing services to enhance the customer or user experience.
Social care facility	Private, governmental, or third-sector entity or center providing social care services in Abu Dhabi.
Social care service	A spectrum of integrated and multi-disciplinary services which provide care, social support, protection, and empowerment of individuals or families/ custodians to promote social well-being and inclusion through an independent, active, and well-led life.

Social Sector Strategy	A document developed and issued by DCD that outlines the strategic direction, objectives, initiatives, and expected outcomes to guide and lead the social sector in Abu Dhabi. It serves as a governance and planning framework for entities operating within the sector, ensuring alignment with government priorities and societal needs.
Special Needs	Individuals who may require additional support, accommodations, or services due to physical, developmental, emotional, or cognitive differences or challenges.
Stakeholders	An individual or group that has an interest in any decision or activity of an organization. Examples of stakeholders are customers, employees, suppliers, partners, and the community.
Standard Operating Procedures (SOPs)	Documented, step-by-step instructions and guidelines that outline the standardized processes, procedures, and practices to be followed in a specific organization, industry, or setting.
Strategy	A well-defined plan or a set of coordinated actions, initiatives, and decisions designed to achieve specific objectives.
Support Groups	Organized gatherings or communities of individuals who come together to share their experiences, challenges, and emotions related to a common issue, condition, or concern to get moral support.
Sustainability	Is the concept of securing the present needs without compromising future generations to meet their own needs.
Transparency	The quality or state of being open, honest, and easily understandable in the actions, decisions, and processes of individuals and organizations.
Vision Statement	A concise and aspirational declaration that outlines an organization's long-term priorities, objectives, and desired future state.
Vocational Hazards	Potential risks, dangers, or threats that individuals may encounter in the course of employment or because of their work activities.

Vulnerable	A state of being susceptible to harm, danger, or unfavorable conditions.
Waste Management	The systematic and organized process of collecting, transporting, processing, recycling, or disposing of waste materials in an environmentally responsible and safe manner.
Wellbeing	A combination of a person's physical, mental, emotional, social, and health state which is also strongly linked to the feeling of happiness and life satisfaction.

Abbreviations:

Terms	Definition
CPD	Continuing Professional Development
DCD	Department of Community Development
DEI	Diversity, Equity, and Inclusion
HACCP	Hazard Analysis Critical Control Point
POD	People of Determination
SMART	Specific, Measurable, Achievable, Relevant, Time-bound
SOP	Standard Operating Procedures

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