



Quality assessment framework **REYADA**



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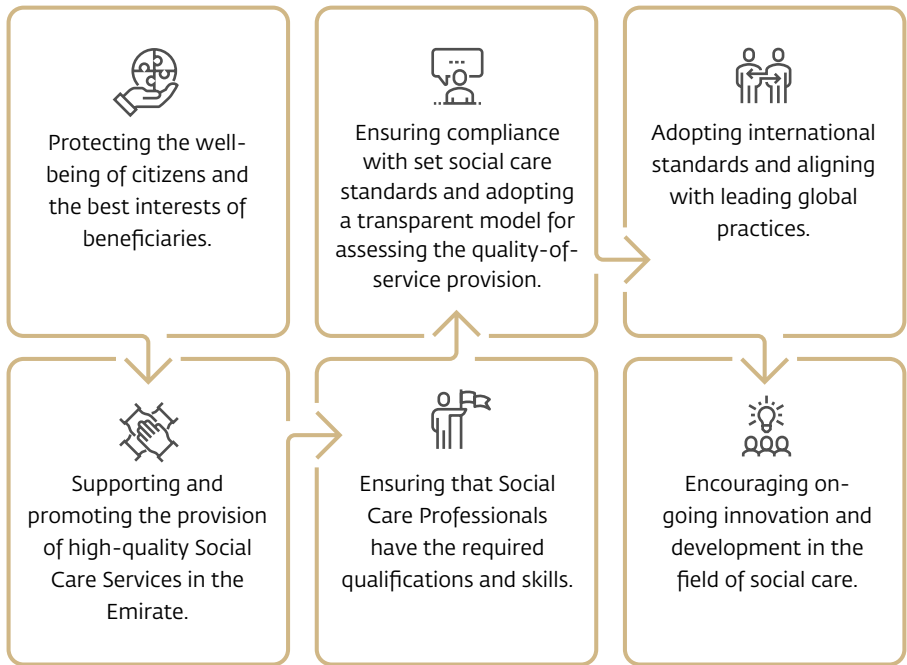
Preface:

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 including:



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

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SECTION A

About this manual



Overview of the Department of Community Development

The Department of Community Development was established in 2018 to cultivate, coordinate and regulate the social sector in Abu Dhabi to play a central role in facilitating, organising, 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, organising, and reinforcing social programmes. It also coordinates with the concerned parties to monitor, track, and address social trends in the emirate.

The Department's organisational 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 organisational role, the Department of Community Development 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 most 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 foster children in the region and sets the terms and conditions all involved parties.

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

As the custodian of Abu Dhabi's social sector agenda, we strive 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

1.1 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.

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.

The 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 policy, service provision, and practice across the social services infrastructure.

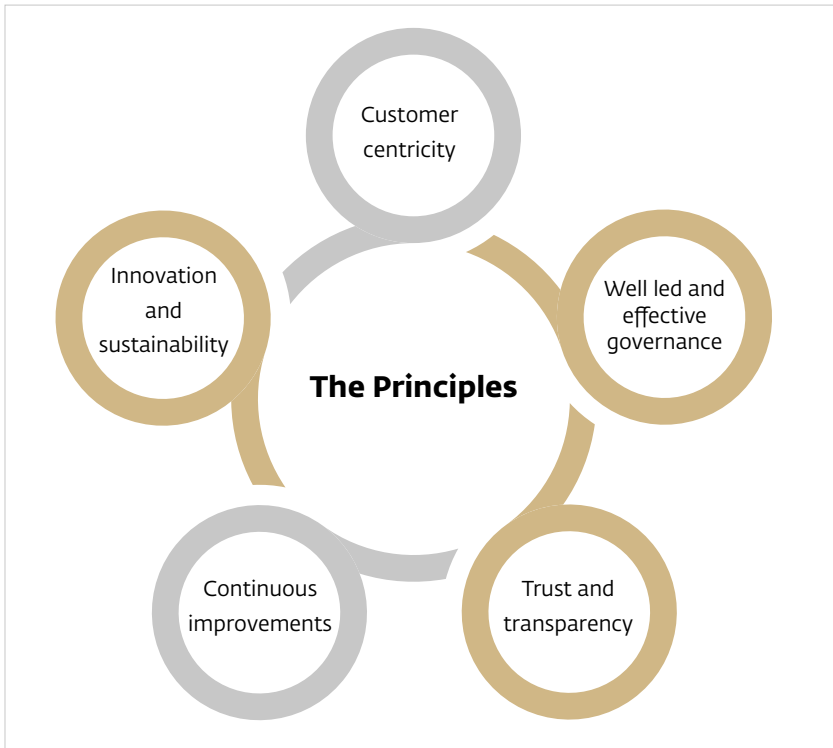
The Reyada framework will provide assurance and accountability for all stakeholders and service beneficiaries involved in the social services ecosystem.

Purpose

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

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 the Reyada framework's structure and operation, ensuring a robust and purposeful framework. The key guiding principles include:



Objectives

The aim of the 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.

Scope

Reyada framework applies to all social service facilities from Private, Government and Third sector entity or institution 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 provision:

1. Day-care & 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:

- Social Work Services including but are not limited to child and family welfare services, child protection, addiction, case management, people with disability and other vulnerable groups' employment placement, sheltered workshops services for people experiencing disadvantage or disability.
- Day-care and Personal Assistive Care.
- Counselling, psychological, and educational support.
- Special Education Services
- Rehabilitation of People of Determination
- Early Educational and rehabilitative services
- Educational Psychological Assessment
- Psychological and Behavioural Therapy
- Social, Psychological & Family Consultancy

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 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, assisted living services, and home-based therapy.

4. Digital & Teleservices:

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

Development of Quality Assessment Framework

The development and implementation of a Quality Standards 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.

The Reyada was developed through comprehensive process and collaborative effort led by DCD. This involved a review of national and international quality frameworks and input from 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 DCD.

In developing the 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.

Assessments & Continual Improvement

The 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 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. DCD quality monitoring department shall conduct the assessments through an authorized third-party/partner, which is working closely with DCD to ensure the provision of first-in-class quality assurance services.

Support and Development

The Department of Community Development will be closely following up with the implementation progress of the Reyada Standards 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.

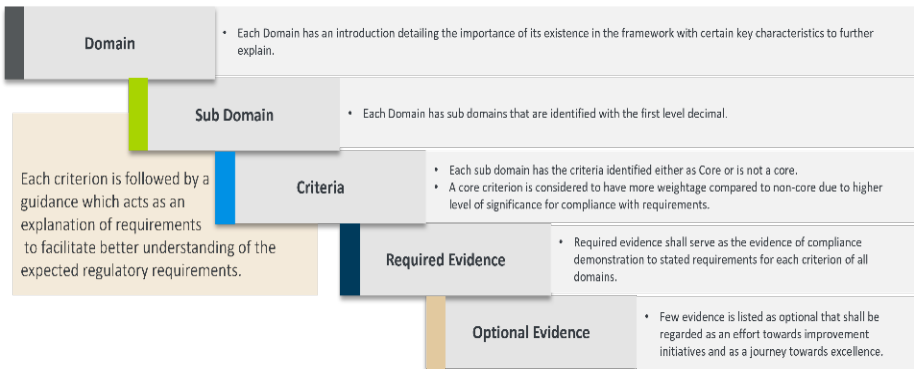
Domains of the Standard



Guidance to the Standard Requirements

- Each Domain starts with an introduction detailing the importance of its presence in the framework with certain key characteristics.
- Following the introduction, each domain has sub-domains that are identified with the first level decimal. Each sub-domain has the criteria identified either as Core or Non-core. A core criterion is considered to have more weightage compared to non-core due to higher level of significance for compliance with the requirements.
- Each criterion is followed by a guidance which acts as an explanation of requirements to facilitate better understanding of the expected regulatory requirements.

- Further to the requirements, listed are required evidence that shall serve as the evidence of compliance demonstration to stated requirements for each criterion under all domains.
- Few evidence is listed as optional that shall be appreciated as an effort towards improvement initiatives and as a journey towards excellence.



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



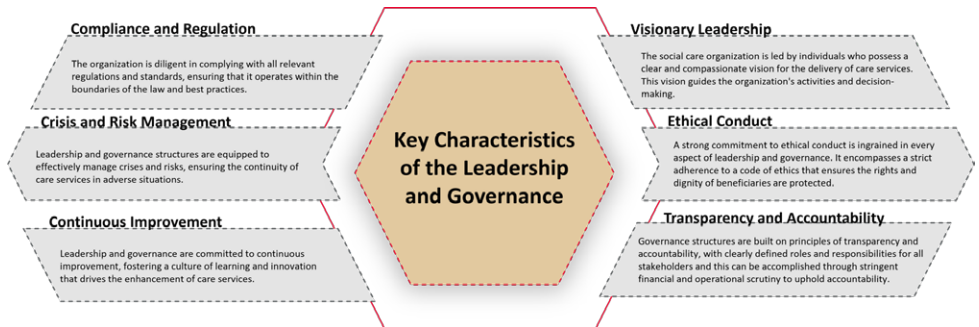
Leadership and Governance is a fundamental pillar within the standards framework as it serves as the guiding force behind the ethical and effective delivery of social care services. This domain encapsulates the essence of responsible stewardship, visionary leadership, and the commitment to upholding 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 breathed 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 the Leadership and Governance:



1.1 Establishing beneficiary-centered strategic direction.

1.1.1 Criteria

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

Guidance to Criterion:

1. The organization engages key stakeholders including staff, beneficiaries, their families, and where possible the wider community, in developing its strategy and planning service provision. This exercise should involve a comprehensive assessment of the current and future needs and objectives.
2. The organization defines and demonstrates its vision, mission, values and strategic thinking in both policy and practice ensuring that these align 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.
3. The organization documents its strategy, values, vision, and mission in a way that is easily accessible to all staff.

4. The organization provides training for staff to understand its goals and values, and the leadership team keeps stakeholders regularly informed about the organization's strategy and updates.

Sources of Evidence:**Required Evidence:**

1. Records of strategic planning meetings, drafts of the values, vision, and mission statement, and any revisions made.
2. Records of participation of stakeholders (staff, beneficiaries and their families, carers, representatives, or advocates) in training sessions and workshops related to developing the organization's strategy.
3. Log of communications and updates sent to staff regarding the organization's strategy, values, vision, and mission.
4. Feedback from staff to gauge their understanding of and alignment with the organization's strategic objectives, values, and mission.

Optional Evidence:

1. Proof of staff's engagement in achieving the organization's mission through participating in activities that help achieve the mission, such as volunteering, community participation, or innovative evidence-based care practices.
2. Document and share success stories that highlight staff's integration of the organization's values and mission into their daily work, showcasing practice of these values.

1.1.2 Criteria

The leadership promotes and demonstrates the organization's values which include respect, kindness, compassion, equality, openness, transparency, and well-being.

Guidance to Criterion:

1. The organization defines its values, which at least includes respect, kindness, compassion, equality, openness, transparency, and well-being and ensures that these values align with its mission and goals.
2. The organization communicates these values to all its stakeholders through various means such as mission statements, policy documents, and orientation materials.
3. Leadership at all levels consistently demonstrates a strong commitment to these values in their daily interactions with staff and beneficiaries.
4. The organization ensures that its values are integrated into all policies, procedures, and decision-making processes, emphasizing their importance.
5. Implement recognition and reward system that acknowledges and celebrates individuals and teams who demonstrate the organization's values in their practice.

Sources of Evidence:

Required Evidence:

1. Documentation of the organization's defined values, including their alignment with the organization's mission and objectives.
2. Communication materials from the leadership that convey the organization's values to staff, beneficiaries, and stakeholders.
3. Records of training or staff orientation on values.
4. Documentation indicating how the organization's values are integrated into policies, procedures, and decision-making processes.

Optional Evidence:

1. Records of recognition and reward program that acknowledges individuals or teams who uphold the organization's values.
2. Documentation of success stories that highlight how leadership is going out of its way to promote organization's values and mission.

1.1.3 Criteria**Core**

The leadership and management have the necessary skills and experience, and employ qualified professionals in the team, to effectively manage the organization.

Guidance to Criterion:

1. The organization knows and defines the qualifications and skills set required for leadership and management positions.
2. The organization implements a robust recruitment and selection process that ensures candidates for leadership and management roles meet the required qualifications and experience.
3. Qualified and skilled professionals are recruited in the organization, especially in areas directly related to the organization's services to ensure effective services are provided.
4. The organization maintains records of the qualifications, certifications, and experience of leaders and managers to verify that they meet the specified criteria.
5. Ongoing training and development programs are organized for leaders and managers to enhance their leadership skills and knowledge.
6. Regular performance reviews are carried out for leaders and managers to ensure that they have the necessary experience in their respective roles, assess their effectiveness, and identify areas for improvement.
7. The organization has developed a succession plan to ensure that there will be qualified individuals prepared to step into leadership and management roles when needed.

Sources of Evidence:

Required Evidence:

1. Qualifications and skills required for leadership and management positions.
2. Records of the recruitment process of leadership and managerial roles, including candidate's qualifications and experience verification.
3. Documentation of leaders' and managers' qualifications, certifications, and experience.
4. Documentation of leadership and management performance reviews.
5. Records of training and continuous professional development activities for leaders, managers, and staff.

Optional Evidence:

1. Evidence of succession plans and preparedness for future leadership needs.

1.1.4 Criteria

The leadership and management communicate constructive feedback to the stakeholders highlighting service-related challenges, concerns, and achievements.

Guidance to Criterion:

1. The leadership promotes a culture of open communication, encouraging and valuing constructive feedback and evaluation, while also ensuring that feedback provided to stakeholders is constructive, specific, and focused to support their efforts for improvement and achievement.
2. The organization establishes formal feedback mechanisms or channels, such as emails, regular staff meetings, surveys, or suggestion systems.
3. The leadership ensures there is regular communication, such as weekly or monthly meetings, to provide updates on service-related challenges and concerns as well as to encourage achievements.
4. The leadership encourages active participation in the feedback process from all stakeholders and staff, irrespective of their role or level within the organization. They also acknowledge and appreciate staff contributions, whether through feedback, problem-solving, or achievements.
5. The leadership develops action plans or strategies based on the feedback received, outlining how concerns and challenges will be addressed and achievements will be celebrated.

Sources of Evidence:

Required Evidence:

1. Mechanisms or channels of formal feedback in place, such as meetings, surveys, suggestions system.
2. Evidence of constructive feedback provided to stakeholders in documented communication.
3. Records of regular updates given to all stakeholders regarding service-related challenges, concerns, and achievements.
4. Evidence of feedback acknowledgment and appreciation of stakeholders' contributions.
5. Documentation of action plans or strategies developed based on feedback.

Optional Evidence:

1. Feedback from staff indicating their perception of the organization's commitment to open communication.
2. Evidence of innovation or service enhancements resulting from staff input and feedback.

1.2 Governance structures and compliance with regulations

1.2.1 Criteria

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

Guidance to Criterion:

1. The management designs an effective organizational structure (Hierarchy) that outlines roles, responsibilities, and reporting lines ensuring that it aligns with the organization's mission and strategic objectives.
2. Ensure there is a process to develop, authorize, review, and update the organization's plans, policies, and processes within defined timeframes for the organization's key functions.
3. Have an operational plan with identified service objectives and measure progress in achieving these objectives.
4. Mapping of key processes within the organization from service delivery to administrative functions.
5. Develop and maintain standard operating procedures (SOPs) for critical processes to ensure consistency and efficiency.
6. Implement a resource allocation strategy that ensures the efficient use of human, financial, and technological resources.
7. The organization develops and deploys key performance metrics for different organizational functions, helping to monitor effectiveness and identify areas for enhancement.

Sources of Evidence:

Required Evidence:

1. Documented organizational structure that outlines roles, responsibilities, and reporting lines.
2. Process maps highlighting key organizational processes.
3. SOPs for critical processes, ensuring consistency and efficiency.
4. Evidence of resource allocation strategy in place for efficient resource utilization.

Optional Evidence:

1. Examples of specific process enhancements resulting from process mapping.
2. Evidence of innovation or service enhancements driven by organizational improvements.

1.2.2 Criteria

Clear roles and responsibilities are developed, communicated, and adhered to by the staff.

Guidance to Criterion:

1. Develop human resources planning process, considering services' needs, trends, and best practices to determine the level of staffing and skill mix required to meet the needs of the beneficiaries served.
2. Define the roles and responsibilities, with approved delegations for operational and financial management.
3. Develop and document detailed job descriptions for each position, where they outline the roles, responsibilities, duties, and expectations from each position and are aligned with the organization's mission and objectives.
4. Effectively communicate these job descriptions to all staff members through orientation, training, and written materials.
5. Ensure staff rotations is designed to always keep the right mix of skills, competencies, qualifications, and experience present to meet the beneficiaries' needs.
6. Maintain records of role-specific training and certifications and ensure that copies of professional staff licenses are kept updated.
7. Regular performance appraisals and accountability measures ensure staff are assessed and held responsible for their roles and duties.
8. Establish feedback mechanisms that allow staff to provide input on their roles, identify areas of concern, and suggest improvements.

Sources of Evidence:

Required Evidence:

1. Human resource planning process.
2. Job descriptions for all positions within the organization.
3. Documentation of orientation and training programs focused on role-specific duties and responsibilities.
4. Records of staff's participation in training or certifications related to their roles.
5. Staff rotations (rotas).
6. Records of updated professional licenses.
7. Performance appraisal or evaluation records.

Optional Evidence:

1. Documentation of role-related accountability measures and actions taken relevant to the performance appraisal.

1.2.3 Criteria

The management ensures the organization's compliance with the applicable laws and regulations of the Emirates.

Guidance to Criterion:

1. Identify and document all relevant laws, regulations, and standards applicable to the organization's social care provision in the Emirate.
2. Develop and update comprehensive compliance policies that address how the organization adheres to the identified regulations and standards.
3. The organization may appoint a designated compliance team or officer responsible for overseeing and ensuring compliance with the applicable regulations and standards.
4. Implement a system for continuous improvement regarding compliance, where lessons learnt from past non-compliance are used and corrective actions are applied.
5. Maintain thorough records related to compliance efforts, including policies, procedures, audit reports, and communication with the regulatory bodies.
6. Conduct regular risk assessments to identify potential areas of non-compliance and implement risk mitigation strategies.
7. Ensure there is timely submission of all reporting requirements to the relevant governmental regulatory bodies.
8. Communicate changes in laws and regulations to staff and provide ongoing training on them.
9. Seek advice and guidance from legal experts when necessary to ensure compliance with complex or evolving legal requirements.

Sources of Evidence:

Required Evidence:

1. Maintain an updated list of applicable laws and regulations.
2. Provide documented policies and procedures related to regulatory compliance.
3. Documented results of compliance internal audits, including any identified non-compliance.
4. Records of corrective actions taken to address any deficiencies.
5. Records of submissions to oversight and regulatory bodies.
6. Records of communication and training sessions related to compliance.

Optional Evidence:

1. Job description or official designation document for the compliance personnel.
2. Documented results of risk assessments and actions taken to mitigate the identified risks.
3. Records of legal counselling and advice received.

1.2.4 Criteria

Core

Effective management through developing and monitoring of strategic and operational objectives and indicators.

Guidance to Criterion:

1. Define operational objectives that are aligned with the organization's strategic plan. These objectives should detail the day-to-day activities necessary to achieve the organization's vision and strategic objectives.
2. Establish financial objectives that support both the strategic and operational objectives, which include budgeting, financial targets, and resource allocation plans.
3. For each objective, develop key performance indicators (KPIs) that are specific, measurable, achievable, relevant, and time-bound (SMART). Ensure that these KPIs are aligned with the organization's strategic and operational objectives.



4. Implement a performance management system for monitoring and reporting progress towards meeting the objectives and KPIs.
5. Perform regular review and adjustment of objectives and indicators to ensure they remain relevant and effective.
6. Assign the responsibility for each objective and its associated KPIs to individuals or teams within the organization.
7. Encourage open communication and collaboration among all levels of the organization to promote effective management and objectives achievement.

Sources of Evidence:

Required Evidence:

1. Operational objectives in alignment with the strategic plan.
2. Financial objectives supporting strategic and operational objectives, including a budget and resource allocation plan.
3. SMART key performance indicators (KPIs) for each strategic and operational objective.
4. Regular monitoring and reporting on progress toward meeting the objectives and KPIs.

Optional Evidence:

1. A performance management system for monitoring, assessing, and reviewing objectives and indicators as needed.
2. Assignment of responsibility for each objective and associated KPIs.

1.3 Collaborative relationships and input from stakeholders.

1.3.1 Criteria

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

Guidance to Criterion:

1. Identify all relevant stakeholders in the social care context, such as staff, service users, families, advocates, regulatory authorities, and community organizations.
2. Establish a platform to gather information about the needs, concerns, and expectations of each stakeholder group using different means such as social media, forums, surveys, interviews, or focus groups.
3. Develop a policy outlining the organization's commitment to consulting and engaging with the stakeholders and emphasizing transparency and inclusivity.
4. Create and implement a process for stakeholders' consultation and engagement ensuring it is accessible and well-communicated.
5. Set up mechanisms for receiving and analyzing stakeholders' feedback and ensure it informs decision-making and service provision improvement.
6. Maintain records of stakeholders' consultation and engagement activities, including frequency and outcomes.
7. Regularly review the effectiveness of consultation and engagement tools (policy, process, and mechanism) and make the necessary changes to improve stakeholders' engagement.

Sources of Evidence:**Required Evidence:**

1. A documented list of identified stakeholders in the social care context.
2. Evidence of understanding stakeholder needs, concerns, and expectations, such as survey results, interview transcripts, or feedback summaries.
3. Policy for stakeholders' consultation and engagement that emphasizes transparency and inclusivity.
4. Process for stakeholders' consultation on key matters.
5. Proof of collection, analysis, and reporting on stakeholders' feedback, with records of engagement activities.
6. Records of monitoring and reporting on stakeholders' consultation and engagement activities.

Optional Evidence:

1. Evidence of changes made to the stakeholders' consultation and engagement tools based on feedback analysis and assessment.

1.3.2 Criteria**Core**

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

Guidance to Criterion:

1. The organization identifies the situations and conditions where its stakeholders' feedback and consultation are sought.
2. Establishing multiple feedback channels to gather input from stakeholders when needed.
3. Ensure the versatility and accessibility of the feedback channels so stakeholders with different capabilities and special needs can access and use them.
4. These channels include suggestion boxes at the organization's facilities, online or offline surveys, in-person meetings, email, phone, or dedicated feedback forms on the organization's website.
5. Make the stakeholders' feedback collection process clear by explaining why, how, and where stakeholders can provide their feedback and suggestions and the expected outcomes of feedback.
6. Develop a systematic process for analyzing, categorizing, and prioritizing the feedback received, based on its relevance and potential impact on services.
7. Develop action plans based on the decisions taken post analysis and assessment outlining the steps that need to be taken to address the identified gaps or to seize opportunities.
8. Communicate the outcomes of the feedback process to the relevant stakeholders assuring them that their input is valued.
9. Continuously improve the feedback system based on lessons learned and evolving stakeholders' needs.

Sources of Evidence:**Required Evidence:**

1. Evidence of established feedback channels and their accessibility, such as feedback forms, surveys, or suggestion boxes.
2. Records of the feedback received from stakeholders over a specified period.
3. Records of the systematic analysis of stakeholders' feedback, including how feedback is categorized and prioritized.
4. Evidence of action plans developed in response to stakeholders' feedback.
5. Records of communication to stakeholders regarding feedback outcomes.
6. Evidence of at least one improvement or change made to services based on stakeholders' feedback.

Optional Evidence:

1. Documentation of regular reviews of the feedback system for potential enhancements.
2. Demonstrated engagement of stakeholders in the activities of services development and evaluation.

1.4 Establishing a culture of quality and continuous improvement.

1.4.1 Criteria	Core
<p>The organization adopts and promotes quality assurance measures that guide their services provision quality.</p>	
<p>Guidance to Criterion:</p>	
<ol style="list-style-type: none"> 1. The organization adopts the quality standards framework mandated by the regulatory body and takes the necessary measures to ensure its compliance with it. 2. The organization conducts quality standards workshops and awareness sessions for its staff to understand their roles in meeting these standards. 3. Implement mechanisms for monitoring and evaluating service quality including setting performance targets, inspections and validations, stakeholders' feedback, and performance assessments. 4. Collect and analyze data relevant to service quality to identify areas that need improvement and always use data-driven decision-making to guide your quality improvement efforts. 5. Establish a culture of continuous improvement within the organization, through encouraging staff to identify and report areas that can be enhanced and implement changes accordingly. 6. Engage stakeholders in the quality improvement process, as their input can provide valuable insights and recommendations. 7. Provide training and education for staff on quality assurance and improvement methods, emphasizing the importance of upholding service quality. 	
<p>Sources of Evidence:</p>	
<p>Required Evidence:</p> <ol style="list-style-type: none"> 1. Records of quality improvement targets. 2. Monitoring and evaluation activities to assess service quality. 3. Proof of attendance of staff attending quality standards workshops. <p>Optional Evidence:</p> <ol style="list-style-type: none"> 1. Evidence of quality assurance efforts integrated into the organization's strategic planning. 	

1.4.2 Criteria**Core**

The leadership and management provide staff with the needed resources and support to drive continuous improvement.

Guidance to Criterion:

1. The leadership demonstrates its commitment to quality and continuous improvement by actively supporting and participating in quality improvement initiatives.
2. The leadership and management assess the current resources available and identify any gaps that may hinder continuous improvement efforts.
3. The leadership and management allocate the needed resources, which include human, financial, and technological resources, to support staff's work towards the delivery of quality services and the continuous improvement initiatives.
4. Facilitate and provide training and development opportunities to the staff to enhance their skills, technical knowledge, and practice necessary for continuous improvement.
5. Avail feedback channels for staff to provide their feedback on resources needs and any barriers they face in driving continuous improvement efforts.
6. Fostering of open and regular communication between leadership, management, and staff to ensure a clear understanding of resource availability and provision of support.
7. Incorporate continuous improvement efforts as an element in the performance appraisals and evaluations of staff and management.
8. Establish a system for recognizing and rewarding staff and management efforts in driving continuous improvement. Acknowledge and celebrate successes.

Sources of Evidence:

Required Evidence:

1. Evidence of leadership and management commitment and involvement in continuous improvement initiatives.
2. Documentation of resources assessment, identification of gaps, and resource allocation.
3. Records of staff training and development related to continuous improvement.
4. Proof of feedback mechanisms in place for staff to communicate resource needs.
5. Evidence of staff satisfaction surveys to indicate their level of satisfaction with the support and resources available for continuous improvement.
6. Proof of incorporation of continuous improvement into performance appraisals of staff and management.
7. Records of recognition and rewards for staff and management related to their contributions to continuous improvement.

Optional Evidence:

1. Examples of continuous improvement projects or initiatives led by staff with outcomes.

1.4.3 Criteria

Leadership and management encourage achievements and innovations and make good use of the lessons learned.

Guidance to Criterion:

1. Leadership establishes a culture of appreciation through acknowledging and celebrating the achievements and innovations of the staff and management.
2. Leadership also encourages and stresses the importance of continuous learning and improvement, where employees are open to learning from successes as well as failures.
3. Identify and share with the organization lessons learned from various experiences, incidents, projects, initiatives, and innovations.
4. Encourage staff to use the feedback channels to provide input on what works and what does not and how improvements can be made.
5. Nurture new ideas and innovations by providing needed support and resources for staff to use and implement evidence-based methods and tools.
6. Ensure that lessons learned are used to drive changes or improvements in policies, processes, or practices.

Sources of Evidence:

Required Evidence:

1. Records of leadership celebrating and rewarding achievements.
2. Documentation of lessons learned and shared.
3. Examples of innovations that are implemented.
4. Proof of lessons learned that led to tangible improvements.

Optional Evidence:

1. Demonstrated integration of continuous improvement principles and learned lessons into the organization's culture and strategic planning.

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. There are many ways to improve the safety measures 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 Criteria

Core

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

Guidance to Criterion:

1. The organization develops a risk assessment process where it identifies the vulnerability of each beneficiary and the potential risks that he/she may face during care provision, which is included in their individual care plan and ensures strategies for risk management are implemented.
2. The organization takes all possible measures for the prevention of all forms of harm, abuse, neglect, and exploitation from being inflicted on its beneficiaries who are susceptible to such harm.
3. The organization develops its internal safeguarding policies, guidelines, or measures which must be zero tolerant to abuse, neglect, or exploitation and holds itself and its staff accountable for abiding by and implementing them.
4. The Service provider carries out background checks and reference checks for the staff who will be dealing with vulnerable individuals and ensures that such documents are recorded.
5. Ensure staff and case managers are trained in safeguarding measures and have access to relevant support and supervision. The training covers how to detect early signs of harm, abuse, negligence, exploitation, and how to foresee, prevent, and handle challenging behaviors of the beneficiaries.
6. The staff and case manager overseeing the beneficiary's care should continuously examine the beneficiary's physical and emotional state to ensure that there are no signs that may be potentially attributed to harm, abuse, neglect, or exploitation inflicted on him/her inside or outside the facility, by individuals either from family, staff, fellow beneficiaries and peers, or strangers.
7. Organize awareness sessions and workshops for the beneficiaries to educate them on how to protect themselves against all forms of abuse and exploitation and on reporting them, which should make them feel empowered to voice and raise their concerns.
8. Frequent and thorough examination of the beneficiaries' conditions, physical, emotional, and psychological, to detect any signs of abuse or harm, as well to avoid any omission or negligence in the care provision, especially for children, PoDs, and the elderly.

9. Surveillance cameras are installed to monitor the facility's internal and external spaces, especially where the beneficiaries are staying or receiving their care, and the recordings are retained for the period stipulated by the guidelines issued by the local authorities.
10. The surveillance room should be managed by designated and trained staff and should have authorization and release procedures in place for releasing any recordings.
11. Frequent checks are performed to ensure the implementation and monitoring of the safeguarding policies and measures.
12. The organization distributes customer feedback surveys post service/care provision which includes a section/question covering feeling protected from all forms of harm.

Sources of Evidence:**Required Evidence:**

1. Documented safeguarding measures, policies, or guidelines.
2. Risk assessment process and strategies for risk management for individual beneficiaries.
3. Adequate surveillance cameras (CCTV) in place in accordance with the local authority's guidelines.
4. Process for monitoring and maintenance of CCTV cameras and tapes.
5. Training material on safeguarding the beneficiaries with a focus on abuse detection and prevention.
6. Proof of participation of staff in safeguarding training.
7. Regular checks reports on implementing and monitoring of the safeguarding policies and measures.

Optional Evidence:

1. Specific safety guidelines for each beneficiary's group (Children, PoDs, the elderly, addicts, couples, ...etc.).
2. Proactive safeguarding initiatives.

2.1.2 Criteria**Core**

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 ensures that the staff and case managers are provided with the needed training and awareness of the measures developed for safeguarding the beneficiaries and with access to resources and relevant support and supervision.
2. Technical and administrative staff demonstrate understanding for and practicing of the safeguarding measures and risk management policies, and processes adopted by the organization for the protection of the beneficiaries against all forms of harm and abuse.
3. It is the organization's responsibility to ensure and monitor the implementation of the existing safeguarding measures and risk management by its staff and to take the necessary actions to keep them updated, effective, and responsive to different situations and persons with varying risk profiles.
4. Retain records of incidents, investigations, and actions taken in response to incidents. Document lessons learnt from incidents to enhance existing safeguarding measures.
5. Staff and case managers should be able to report and record abuse and harm whenever there is considerable doubt.
6. Develop and monitor key performance indicators (KPIs) for safeguarding and risk management and ensure they are regularly tracked and reported to assess the effectiveness of the safeguarding measures. For example, annually reported KPIs on the following:
 - Percentage of beneficiaries whose risk assessment is included in their care plan.
 - The number of safety incidents in each beneficiary group (children, PoDs, elderly).
 - The number of safety-related concerns filed by the beneficiary or their representatives.
 - The number of corrective actions taken based on incident reports.

Sources of Evidence:

Required Evidence:

1. Staff training and awareness on safeguarding measures and risk management.
2. Records of incidents, investigations, and corrective actions taken.
3. Action plans or corrective actions based on customers feedback reports.
4. KPIs related to safeguarding and risk management measured and reported.

Optional Evidence:

1. Memos of Understanding (MOUs) or agreements with third parties to train, upskill and raise awareness of staff and beneficiaries and their representatives on safeguarding.

	High	Medium	High	High
Probability	Medium	Low	Medium	High
	Low	Low	Low	Medium
		Low	Medium	High
				Impact



2.2 Managing risks to beneficiaries and promoting their safety.

2.2.1 Criteria

Core

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 develops a comprehensive inventory of all equipment used within the social care setting and carries out periodic inspection to ensure that equipment is in good working condition.
2. Conduct risk assessments for each equipment to identify potential hazards, record the results of risk assessments, and actions taken to mitigate the identified risks.
3. The organization maintains safe operation manuals for the safe use of the equipment intended or used for treatment and care.
4. The organization restricts the use of the equipment to its technical staff who must be trained or certified, where applicable, in the operation and safe use of such equipment.
5. Establish and communicate emergency procedures for situations where equipment malfunctions or poses a safety risk.
6. Conduct periodic inspections to ensure that safety measures are being followed and equipment is in good condition. Maintain records of inspection findings and corrective actions.

Sources of Evidence:

Required Evidence:

1. Inventory of all equipment used and their periodic maintenance schedule.
2. Annual maintenance contract related to equipment maintenance.
3. Communication of safe operation manuals to the technical staff.
4. Training material on the safe operation of equipment.
5. Proof of technical staff attendance of training on safe operation of equipment.

Optional Evidence:

1. Percentage of staff undertaking the training every year.
2. Periodic review of the safe operation manuals based on incident reports.

2.2.2 Criteria	Core
<p>The organization is well prepared to deal with emergencies.</p>	
<p>Guidance to Criterion:</p>	
<ol style="list-style-type: none"> 1. The organization carries out risk assessment to identify potential emergencies that could affect its facility and beneficiaries. 2. A detailed emergency response plan is developed that outlines the procedures, roles, and responsibilities during emergencies, such as natural disasters, medical crises, and security incidents. 3. The organization observes the legislative and regulatory requirements regarding safety measures in the Emirate and collaborates with the local authorities and relevant entities to ensure a coordinated response to safeguarding incidents and emergencies. 4. The organization establishes communication protocols for notifying staff, beneficiaries, and relevant authorities in the event of emergency. 5. The organization maintains an inventory of emergency resources, such as first-aid kits, emergency supplies, and any other emergency equipment. 6. Perform organization-wide drills and testing for different emergency scenarios and report on the results which is used afterwards to improve the learning and existing emergency plans. 7. Special consideration is given in the organization's emergency plan to looking after and protecting beneficiaries from vulnerable groups such as children, PoDs, and the elderly. For example, in the case of fire, children and people with physical disability must be supported by staff/persons who are appointed to perform such a job, which should be documented in the emergency plan. 	

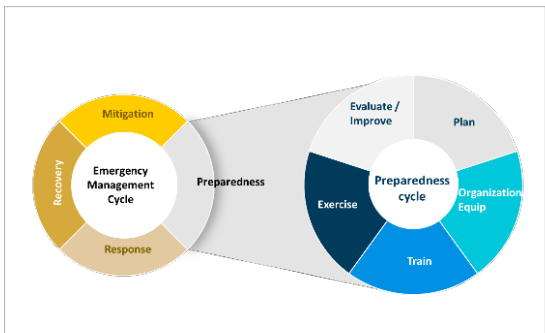
Sources of Evidence:

Required Evidence:

1. Emergency and disaster management plan (including planned drills and evacuation).
2. Emergency communication protocols.
3. Inventory of emergency resources.
4. Records for collaboration with local authorities and relevant entities in preparation for emergencies.
5. Certification from the concerned regulatory body for safety and public health.
6. List of staff trained to be champions to implement emergency management protocols.
7. Emergency drills reports and recommendations.

Optional Evidence:

1. MOUs and third-party agreements to train on emergency management and testing.
2. Improved emergency plans based on testing and drills.



2.3 Competent staff to manage risks and promote beneficiaries' safety.

2.3.1 Criteria	Core
<p>The staff understands and uses each beneficiary's risk profile, to make appropriate and proportionate accommodations to their care provision.</p>	
<p>Guidance to Criterion:</p>	
<ol style="list-style-type: none"> 1. The organization mandates its staff and case managers to prepare a risk assessment for each beneficiary they serve, which is used as input to their needs assessment and care provision plan. 2. Ensure that all staff and case managers who are engaged in service provision study the risk profile and assessment for each beneficiary and understand how it affects their work and accommodate these risks during service provision. 3. Only the competent staff who can deal with the risks associated with care are assigned to care for those beneficiaries with such risks. 4. The concerned staff and case managers must consider these risks and their consequences for the beneficiary's safety during care planning and provision. 5. Staff take into consideration the safety of all beneficiaries when placing them together in groups for therapies or performing activities, as some beneficiaries may be more prone to harm and abuse. 	
<p>Sources of Evidence:</p>	
<p>Required Evidence:</p> <ol style="list-style-type: none"> 1. A risk profile developed for each beneficiary. 2. Individual care plans with beneficiary-specific risks incorporated. 3. Material on specialized training on managing risks associated with care. 4. Proof of participation of staff in specialized training on managing risks. 5. Incidents reports for incidents and near misses with mitigation for beneficiaries. <p>Optional Evidence:</p> <ol style="list-style-type: none"> 1. Certification of staff in risk management. 	

2.3.2 Criteria**Core**

The organization promotes the safety of the beneficiaries and holds itself and its staff responsible and accountable for their safety.

Guidance to Criterion:

1. The organization identifies and emphasizes the responsibilities of its staff in ensuring the safety of beneficiaries in its services' processes.
2. The leadership and management always promote the safety of the beneficiaries and mandates it to all its staff, holding them accountable for upholding it.
3. The importance of the beneficiaries' safety is emphasized throughout the entire cycle of care provision and throughout the entire process of manpower selection, recruitment, training, and performance appraisal.
4. The management is always accommodating and supporting any requests from the staff which promote the beneficiaries' safety.
5. Conduct regular checks and examinations to ensure that safety measures are being followed and that the physical environment is safe.

Sources of Evidence:**Required Evidence:**

1. Organization's values, where the beneficiary's safety is a core value.
2. Services' processes with ownership/responsibilities.
3. Job descriptions of staff and case managers emphasizing beneficiaries' safety.
4. Performance appraisals of staff and case managers incorporating beneficiaries' safety.
5. Reports on periodic checks to ensure beneficiaries' safety during care provision.

Optional Evidence:

1. Initiatives to promote the organization's values and beneficiaries' safety.

2.4 Seeking and confirming consent to care services in line with the regulations.

2.4.1 Criteria

Core

Staff and case managers explain the proposed care options to the beneficiaries to get their informed consent on them and on any other relevant provisions in the applicable laws and regulations.

Guidance to Criterion:

1. The organization ensures that the case managers and staff understand that they must effectively communicate the care options and services they propose to the beneficiaries or to their representatives to take their consent on.
2. The beneficiaries or their representatives need to give their informed consent to receiving care and on any other conditions relevant to its provision as stipulated in the applicable laws or regulations.
3. Develop and implement a process for informed consent where beneficiaries and their representatives are provided with all necessary information to make informed decisions about their care options.
4. The case managers and staff listen to and record each beneficiary's individual choices and preferences regarding the proposed care plan and respect their choices and decisions even if they choose to decline it.
5. Provide educational materials or resources to help beneficiaries better understand their care options and their rights.

Sources of Evidence:

Required Evidence:

1. General informed consent form or other policies signed by the beneficiary or on their behalf.
2. Customer feedback form with a section/question on informed consent.
3. Reports on the validation of the informed consent process of explaining, recording, and taking the beneficiaries consent on care options.

Optional Evidence:

1. Other measures taken to ensure that the beneficiaries and their representatives understand and can voice their preferences.

2.4.2 Criteria

Beneficiaries' records and consent forms are kept, maintained, and monitored and only accessed by authorized staff.

Guidance to Criterion:

1. The organization develops comprehensive data protection policies that outline how beneficiary records and consent forms will be handled, stored, and accessed.
2. The organization creates and maintains records for the beneficiaries' details which include the services they receive, care plans, signed consent forms, and any other documents relevant to their care.
3. The access to the beneficiaries' records is given only to authorized staff who is engaged in their care provision or administration, while holding them accountable for the records safety and confidentiality.
4. Develop an authorization and accessibility matrix which defines the individual authorized to access the records of the beneficiaries.
5. Monitor and identify unauthorized access to the beneficiaries' records and put response plans to address any breaches to beneficiaries' records.

Sources of Evidence:**Required Evidence:**

1. Data protection policies, including protection of beneficiaries' records.
2. Authorization and accessibility matrix to the beneficiaries' records.
3. Customer feedback form, with a section/question on maintaining customer privacy.

Optional Evidence:

1. Periodic monitoring and conducting internal checks to limit breaches of beneficiaries' records.

2.5 Responding to concerns about beneficiaries' safety.

2.5.1 Criteria

Core

The organization has a system for monitoring and resolution of safety concerns and incidents.

Guidance to Criterion:

1. The organization develops a system for incident and concerns management, which includes:
 - Reporting form of the incident/concern.
 - Communication channels for reporting incidents/concerns.
 - Designated staff for incident resolution.
 - Mitigation or corrective actions taken to safeguard the beneficiary and alleviate the risk.
 - Changes to that beneficiary and possibly to other beneficiaries' care plans based on the risks or harms faced or almost faced.
 - Further improvements to the current processes of incident/concern management.
 - Customer satisfaction with the mitigation and corrective actions.
2. The organization implements protocols for responding immediately to critical incidents that require urgent attention.
3. Ensure that staff are aware of the legal and regulatory requirements for reporting specific types of incidents to relevant authorities.
4. The organization keeps detailed records of all incidents, concerns, and actions taken, including the date, time, persons involved, and outcomes.
5. Provide training and education to staff on incident management procedures.

Sources of Evidence:

Required Evidence:

1. Incident/concern management process.
2. Log of recorded incidents, concerns, actions taken, and outcomes.
3. Training records on incident management.

Optional Evidence:

1. Reviewed incident/concern management process, with stakeholders' input.

2.5.2 Criteria**Core**

Implementing and monitoring action plans for the mitigation of incidents and the resolution of concerns.

Guidance to Criterion:

1. The organization develops procedures for investigating incidents to identify the underlying causes and contributing factors.
2. Establish a system for classifying and categorizing incidents based on severity and type.
3. Develop action plans for addressing each incident or concern, outlining the steps to be taken and responsibilities of staff involved.
4. In the unfortunate event of reporting an incident or filing a complaint or concern, action plans for corrective actions are immediately implemented then monitored to mitigate the risks and/or harm inflicted on the beneficiaries.
5. The corrective actions are designed in such a way to prevent or avoid the reoccurrence of similar or any other incidents or concerns in the future.
6. Establish a schedule for regular reviews of the progress of action plans.

Sources of Evidence:**Required Evidence:**

1. Policy and processes for investigating and addressing incidents.
2. Corrective action plans based on incidents or concerns reporting.
3. Customer satisfaction reports post incident/concern mitigation.

Optional Evidence:

1. Improved corrective action plans based on stakeholders' input.

2.5.3 Criteria

There are assigned personnel to respond to and manage any safety related issues.

Guidance to Criterion:

1. The organization assigns the responsibility of responding to safety relevant inquiries and investigations, whether internal or external, to dedicated staff, who are available, capable, and accountable before the competent authorities.
2. The designated staff receive proper training and have the necessary qualifications to effectively respond to safety concerns.
3. Ensure there is a substitute staff during off-hours or emergencies to respond to safety issues promptly if the designated ones are not available.
4. Establish communication channels and protocols for reporting safety-related issues to the designated staff or team.
5. Conduct regular reviews and evaluations of safety management processes to identify areas for improvement.

Sources of Evidence:

Required Evidence:

1. Safety authority/delegation matrix.
2. List of staff designated for safety issues and their accessibility channels.
3. HSE Certified or equivalent for staff responsible for safety.

Optional Evidence:

1. Continual education of staff dealing with safety relevant inquiries and investigations.

2.6 Monitoring the safe use and proper handling of medicines.

2.6.1 Criteria

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 the management of medication within the organization.
2. The policy covers processes for medicines' transportation, storage, administration, and disposal to ensure the proper management of medicines by competent designated staff and in alignment with the applicable regulations in the Emirate.
3. Designated staff are trained in medication management and on the delegation protocols.
4. Implement capacity building program to enhance the medication administration skills of the designated staff, who should record and report medication administration errors or incidents.
5. Maintain and monitor records of medicine transportation, storage, and disposal activities, including temperature logs, access records, and disposal logs.
6. Expired or unused medicines are disposed of safely through designated disposal containers and in compliance with environmental regulations.
7. Medication management is monitored to ensure the competency of designated staff and their compliance with the regulations.

Sources of Evidence:

Required Evidence:

1. Policy for medicines management.
2. Process for medicines transportation.
3. Process for medicines storage and disposal.
4. Process for medicines administration to beneficiaries.
5. Training material on medicines administration.
6. List of staff receiving medicines administration training.
7. Internal compliance reports on medicines management.

Optional Evidence:

1. Ongoing checks of medicine management and processes review.
2. Certified staff in medication management.

2.6.2 Criteria

The organization maintains and updates records of the beneficiaries' medication information and provides access only to authorized persons.

Guidance to Criterion:

1. The organization keeps records for the beneficiaries' medications information and regularly updates them.
2. Medication authority/delegation matrix is put to assign access to the beneficiaries' medical records only to authorized staff or to their delegates.
3. Implement secure storage and backup procedures to prevent unauthorized access and protect medication records from loss or damage.
4. Staff are trained in the importance of maintaining the privacy and confidentiality of beneficiaries' medication information.
5. Develop incident response and recovery plan to address any breaches, unauthorized access, or loss of medication records.

Sources of Evidence:**Required Evidence:**

1. Beneficiaries' medical records.
2. Medication authority/delegation matrix.
3. Proof of staff attendance of training in privacy and confidentiality of medication information.
4. Checks of compliance to the policy and processes.

Optional Evidence:

1. Incident response plan to address any breaches.

2.7 Protecting beneficiaries and staff from infection.

2.7.1 Criteria

Core

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

Guidance to Criterion:

1. The Organization develops infection control and prevention policy that outlines processes, protocols, and responsibilities for minimizing the risk of infections within the facility.
2. The organization has an ongoing program for the prevention and control of infections, and waste management which includes but not limited to:
 - hand hygiene.
 - Sanitization of tools and equipment.
 - provide staff education about the program.
 - collect, analyze, and report program results.
3. The organization has a process for routine cleaning and keeps cleaning rosters for the facility's care and therapy rooms, beneficiaries' bedrooms, toilets, and kitchen including assigned staff's names and timings.
4. Protect the health and safety of the beneficiaries and staff, in alignment with the applicable regulations and the Emirate's updated precautionary measures for fighting diseases and pandemics.
5. Establish protocols for maintaining a clean and hygienic environment, including routine cleaning schedules and disinfection procedures.
6. Create a process for isolating and quarantining individuals with contagious diseases to prevent the spread of infections.
7. The organization provides its staff with health insurance coverage as well as insurance against vocational hazards.
8. Develop a waste management policy that outlines the proper disposal of all waste generated within your organization, including medical waste, hazardous waste, and general waste.
9. Conduct regular checks for infection prevention, control, and waste management practices to ensure compliance with policies and processes.

Sources of Evidence:

Required Evidence:

1. Infection control, prevention, and waste management policy.
2. Program for infection control and prevention.
3. Cleaning rosters or schedules for the facility.
4. Infection incident report.
5. Isolation and quarantine procedures.
6. Health Insurance for staff.
7. Customer feedback report with a section on satisfaction with cleanliness, waste management, and disinfection activities.

Optional Evidence:

1. Reviewed and improved program for the control and prevention of infections based on monitoring of infection control and waste management activities.
2. Waste collection service-level agreements with third parties.

2.7.2 Criteria

All staff understand their roles and responsibilities concerning infection control and prevention.

Guidance to Criterion:

1. The organization ensures that all its staff are educated about the requirements and necessary actions for the control and prevention of infection, making the policies and processes accessible to all staff.
2. The role of each staff member in controlling and preventing infection is made clear, well communicated, and trained on with the support of specialized trainers or third parties.
3. Provide comprehensive training in infection control and prevention to all staff covering topics like hand hygiene, the use of personal protective equipment (PPE), and proper sanitation. Tailor training to the specific roles and responsibilities of different staff members.
4. Develop infection control performance indicators for the organization and include it in staff performance evaluations.

Sources of Evidence:

Required Evidence:

1. Training material in infection control and prevention.
2. List of staff who are trained/certified in infection control and prevention.
3. Documented communication of roles and responsibilities of staff regarding infection control and prevention.
4. Infection incident reports

Optional Evidence:

1. Infection control performance indicators with results.
2. Review of infection control and prevention policy and process based on feedback from ongoing monitoring of infection control and prevention.

2.7.3 Criteria**Core**

Adequate and proportionate infection control measures are implemented in the unfortunate event of infection outbreak.

Guidance to Criterion:

1. In the unfortunate event of outbreak of infection, the organization should be prepared with proportionate and adequate measures or a protocol with a response plan to control the infection and to prevent its spread to the rest of the beneficiaries and staff.
2. The organization can carry out “mock” infection scenarios that mimic the real infection situation to train and prepare its staff and beneficiaries on implementing the infection protocol to get familiar with the actions needed to be taken during the actual infection.
3. It can appoint a team responsible for implementing the outbreak response protocol.
4. The infection control protocol includes a procedure for reporting the outbreak to the local health authorities as required by the applicable regulations.
5. Implement enhanced hygiene and sanitation measures including frequent cleaning and disinfecting of affected areas.
6. Ensure that adequate supplies, personal protective equipment (PPE), and medical resources are available to manage the outbreak.

Sources of Evidence:**Required Evidence:**

1. Infection control protocol or action plan.
2. Incident reports on infection outbreak, with implemented response.
3. Hygiene and sanitation protocols.
4. Inventory of supplies, PPE, and medical resources.

Optional Evidence:

1. Study and analysis of the causes of infection outbreak and giving recommendations.
2. Use of evidence-based best practice in infection control.

2.8 Protecting and monitoring beneficiaries' privacy and data confidentiality.

2.8.1 Criteria

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

Guidance to Criterion:

1. The organization has a policy for protecting the privacy and data confidentiality of its beneficiaries, which covers, but is not limited to, the following:
 - Which beneficiary information is considered confidential.
 - Who can access the beneficiary's records (medical, social, financial, ...etc.).
 - The organization specifies its beneficiaries' information that is kept confidential which covers, but is not limited to, the following:
 - Personal information.
 - Health information.
 - Social Information.
 - Financial information.
 - Next of kin or relatives' information.
 - Third parties' information relevant to the beneficiary's care.
2. The beneficiaries should be aware of and give consent to the privacy and data confidentiality policy.
3. Develop and run an awareness program to educate and train staff on the importance of beneficiaries' privacy and data confidentiality, emphasizing the potential consequences of its violation.
4. Use a cyber security system to protect the beneficiaries' data from cyber-attacks such as malware, viruses, and phishing.
5. Perform regular checks of the adherence of the staff to the beneficiaries' privacy and data confidentiality policies in practice.

Sources of Evidence:

Required Evidence:

1. Beneficiaries' privacy and data confidentiality policy, with beneficiary's consent.
2. Customer feedback form, with a section/question on beneficiary privacy and data confidentiality.
3. Awareness program on beneficiaries' privacy and data confidentiality.
4. Cyber security system or a trustworthy firewall.

Optional Evidence:

1. Check or examination reports for the compliance with beneficiary's privacy and data confidentiality.

2.8.2 Criteria

The organization communicates the beneficiaries' privacy and data confidentiality policies to its staff and ensures they are implemented and monitored.

Guidance to Criterion:

1. The organization communicates well its policies regarding beneficiaries' privacy and data confidentiality to its staff and requires them to implement and comply with these policies, always and in all situations.
2. Staff should, upon joining the organization, sign agreements on protecting beneficiaries' privacy and data confidentiality (non-disclosure agreement).
3. The organization ensures that its staff understand and consistently implement the policies regarding its beneficiaries' privacy and data confidentiality.
4. The implementation of these policies is monitored, evaluated, and reported to ensure the compliance of staff with them.

Sources of Evidence:**Required Evidence:**

1. Monitoring plan for compliance with beneficiaries' privacy and data confidentiality.
2. Privacy and data confidentiality violation incident form.
3. Privacy and data confidentiality incident report.

Optional Evidence:

1. Reviewed privacy and data confidentiality policies.

2.9 Hygienic food and drink.

2.9.1 Criteria

Core

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

Guidance to Criterion:

1. All staff members responsible for preparing and handling food at any stage should attend a certified training course on food hygienic standards.
2. All staff members who handle or are involved in food preparation, including cooks, kitchen staff, and servers obtain appropriate license from the respective local or federal authorities, where applicable.
3. The organization ensures that its staff implements the approved food hygiene policy and standards through performing planned and unplanned inspections of the food preparation and handling sites to examine their compliance to hygienic food standards.

Sources of Evidence:

Required Evidence:

1. Food hygiene policy/standards.
2. Food hygiene/safety incident form.
3. Training in hygienic food standards.
4. List of staff, dealing with food, trained/certified in food hygiene.
5. Inspection reports on food hygiene standards.

7 Principles of HACCP

1. Conduct a hazard analysis

2. Identify critical control points (CCPs)

3. Establish critical limits

4. Establish monitoring procedures

5. Establishing corrective actions

6. Establishing Verification procedures

7. Establishing record-keeping procedures

Optional Evidence:

1. Establishing and implementing HACCP controls.

2.9.2 Criteria

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

Guidance to Criterion:

1. The organization provides its beneficiaries with variety of choices for food and drink that cater for their needs, individual preferences and taste, allergies and intolerances, cultural and spiritual profile.
2. Ensure healthy and nutritionally balanced food and drink options are provided.
3. Avail variety of meals and snacks all day long.

Sources of Evidence:**Required Evidence:**

1. Menus for food provided at the facility.
2. Assessment of the dietary needs of the beneficiaries.
3. Logs for allergies, intolerances, needs, and preferences of the beneficiaries.
4. Proof of incorporation of beneficiaries' preferences into meals/food planning and preparation.
5. Access to drinks and snacks.

Optional Evidence:

1. Other initiatives to promote quality assurance to food safety and quality.

SECTION D

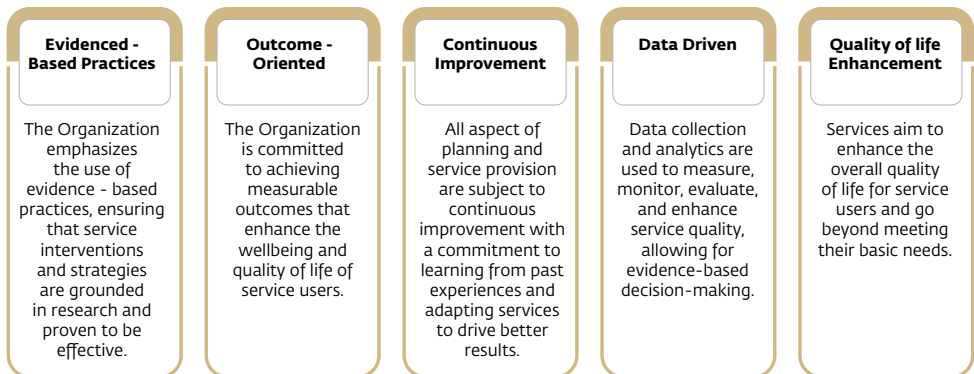
Domain 3: Effectiveness



The Effectiveness domain is at the core of the Reyada standards, 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 quality and effectiveness.

3.1.1 Criteria

Core

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 and services.

Guidance to Criterion:

1. The organization establishes a performance management system that is aligned with strategic planning efforts. It ensures that there is consistent monitoring and evaluation of the care results and outcomes and includes the following:
 - A process for performance management involving defining objectives, outcomes, and KPIs.
 - A systematic review of performance through measurement and evaluation of KPIs and their trends.
 - Improvements relevant to services and their quality based on evaluation reports.
 - Consistent reporting of performance indicators and outcomes indicating what and how often it shall be reported.



2. The organization engages its beneficiaries and their representatives, as well as other relevant stakeholders in gathering input on the desired outcomes and on what quality means to them and thus designs its key performance indicators for those outcomes.

Sources of Evidence:

Required Evidence:

1. Documented performance management system (processes and reporting).
2. Evidence of alignment of performance management with strategic planning of the organization.
3. Listing of desired outcomes for the beneficiaries.
4. Reporting of results and outcomes KPIs to the management.

Optional Evidence:

1. Evidence or minutes of meeting for engagement of beneficiaries or their representatives and other relevant stakeholders in activities to gather input to improve the services.

3.1.2 Criteria**Core**

A robust mechanism for collecting, evaluating, and reporting data and feedback that drives improvement and promotes the efficiency of care.

Guidance to Criterion:

1. The organization establishes a mechanism for collecting and analyzing data and feedback which is proactively and reactively sought from beneficiaries, staff, and other stakeholders.
2. It develops data collection process identifying the types of data to be collected, data sources, and methods of data collection, and their frequency.
3. It identifies and uses relevant data collection tools such as questionnaires, focus groups, and interviews that are well-structured, relevant, and accessible to all stakeholders.
4. Validation of data collected through regular checking and reviews to ensure data quality measures (recent, complete, precise, authentic) are upheld.
5. The data and feedback collected is consistently analyzed and used to inform performance management and services improvement and reported to the relevant stakeholders.
6. Consistent monitoring and evaluation of key performance indicators and their trends to implement the needed changes and improvements accordingly.
7. Reporting procedure that outlines how data will be communicated and how often based on the requirements of the regulatory body and the leadership.

Sources of Evidence:**Required Evidence:**

1. Process for data collection, including data types, sources, collection methods, and responsibilities.
2. Methods and tools used to collect data and feedback.
3. Reporting on the data analysis and results for KPIs including trends and comparisons.

Optional Evidence:

1. Recent actions taken and improvements introduced based on data analysis and evaluation.

3.1.3 Criteria**Core**

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.
2. Training and educational programs are developed to ensure that concerned staff are aware of their roles and responsibilities within performance management system and its relevant processes.
3. Establishes an interactive learning environment, where staff can ask questions, seek clarification, and discuss collaboratively on performance management issues and concerns.
4. The management regularly reviews the implementation of the different functions of performance management and ensures the responsibilities are abided by.

Sources of Evidence:**Required Evidence:**

1. Training and educational material on performance management functions.
2. Records for staff attendance of training and awareness sessions on performance management.
3. Platform or means for interactive learning.
4. Periodic reports on performance management to the leadership.

Optional Evidence:

1. Job description of dedicated staff to manage the organization's performance.

3.2 Effective service design and provision.

3.2.1 Criteria

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

Guidance to Criterion:

1. The leadership and management put great emphasis on the planning and designing of effective services that anticipate and meet the beneficiaries' diverse needs and participate in brainstorming, planning, or designing sessions and workshops for the same.
2. Conducting Best Practice studies within the social care field locally and internationally to determine the best approaches and evidence-based interventions and care provision.
3. Gaining and exchanging expertise through partnering with other organizations in the field to design and deliver an exceptional customer experience for the beneficiaries.
4. Adoption and customization of best practice and evidence-based services that suit the beneficiaries' needs, preferences, cultural and spiritual choices.
5. Incorporation of the beneficiaries' and other stakeholders' needs and preferences into service planning, design, and customization through their participation in these activities or through surveys.
6. Availing diversified channels of service delivery to anticipate the varying needs and preferences of the beneficiaries and maximize their benefit.
7. Communicating the available channels of service delivery of the organization to its stakeholders using different media such as through direct interaction with the staff, the organization's website, call center, SMS, advertisements, and billboards.
8. Developing a process for service design and/or development that takes into consideration all the above-mentioned points with defined roles, timeframes, and KPIs.

Sources of Evidence:

Required Evidence:

1. Process for service design and/or development process.
2. Proof of participation of leadership and management in service design and planning.
3. Best practice studies of evidence-based practice and service delivery in the field (locally or internationally).
4. Documented input of stakeholders' needs and preferences into service planning and design.
5. Different channels of service delivery, as applicable to the organization or facility.
6. Communication of channels of service delivery and any of their updates.

Optional Evidence:

1. Developments to service delivery models based on recent best practice studies.

3.2.2 Criteria

The organization ensures the continuity of care for its beneficiaries.

Guidance to Criterion:

1. The management ensures that the beneficiaries receive the planned care, at all times and to the most possible extent with the least interruption.
2. The planning and provision of care to the beneficiaries continues during and after the time of crisis and emergency.
3. The organization has contingency plans in the times of crisis especially for Critical Services to ensure that the beneficiaries have access to care; such plans range from changing the location of service provision to changing the service provider through coordinated referrals.
4. Coordination and communication of the contingency plan to the concerned stakeholders.
5. To ensure the continuity of care, the services provided need to be responsive to the needs of the beneficiaries, their families, and carers; the timings for care provision may be spread throughout the day, covering morning and evening times, to further promote the beneficiaries' safety and their families' and carers' satisfaction.

Sources of Evidence:

Required Evidence:

1. Individual care plan, with options for care continuity in emergencies and crises.
2. Contingency planning and communication for service interruption or crises for critical services.

Optional Evidence:

1. Records of follow ups and assessment of beneficiaries who received care amid or post crisis.

3.2.3 Criteria

The organization is equipped and ready to advise the beneficiaries and their representatives with the appropriate referral services; facility or community-based or otherwise, relevant to their needs.

Guidance to Criterion:

1. The organization identifies and establishes partnerships with relevant facility-based and community-based service providers.
2. Getting into partnerships and collaborating with community support networks, other organizations in the field, and government agencies as relevant and appropriate.
3. Develop a process for referrals and train the staff and case managers on implementing and communicating it to the beneficiaries and their representatives when needed.
4. The referral decision should be based on proper needs assessment, while maintaining beneficiary confidentiality.
5. Compile and ensure there is a comprehensive list of service providers, organizations, advocates, and support groups operating in the relevant fields of care to the beneficiaries is readily available to staff and case managers. These entities should be capable of offering the following services, among others:



6. Develop a system for tracking referrals, including documentation of when referrals were made, to where, to whom, and the outcome of the referral.

Sources of Evidence:

Required Evidence:

1. List of referral services: A list of all the services present within the Emirate classified by the type of service or by beneficiary type.
2. MoU with Third Parties: Documentation of MoU's with relevant service providers in the UAE.
3. Training Records: Records of staff training on the process of referrals and beneficiaries' engagement.
4. Referrals tracking system or mechanism.

Optional Evidence:

1. Customer Feedback: Getting beneficiaries feedback on the referral services.
2. Maintenance and update of the referral list based on beneficiaries' feedback and market changes.

3.3 Monitoring performance, evaluating outcomes, and promoting innovation.

3.3.1 Criteria

Core

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 and enhancement of their overall well-being.

Guidance to Criterion:

1. The organization ensures there is consistent monitoring and reporting of performance.
2. indicators which are needed to assess the following:
 - The desired outcomes for the beneficiaries.
 - Satisfaction levels of the beneficiaries and other stakeholders with the services provided.
 - Compliance with quality requirements.
 - Other operational results such as service and staff efficiency.
3. The organization reports on the key performance indicators mandated by the regulatory body and in line with its set time frames.
4. The management determines the frequency of data collection and reporting needed to meet the reporting requirements of the regulatory body.

Sources of Evidence:**Required Evidence:**

Evidence of timely reporting of performance for the below mentioned KPI's as per regulatory authority set requirements and targets.

1. Percentage of beneficiaries with personalized care plans.
2. Percentage of beneficiaries actively engaged in decision-making about their care.
3. Percentage of beneficiaries with planned outcomes achieved.
4. Percentage of beneficiaries engaged in social and recreational activities.
5. Percentage of beneficiaries reported feelings of dignity and respect while receiving care.
6. Percentage of beneficiaries' overall satisfaction with the care/services provided.
7. Percentage of beneficiaries referred to other organizations based on their care needs.
8. Number of quarterly safety incidents recorded within the care setting.
9. Number of quarterly breaches of beneficiaries' data confidentiality.
10. Percentage of stakeholders' complaints resolved within the reporting period.
11. Percentage of staff's overall satisfaction with their job/employer.
12. Number of annual staff well-being initiatives.
13. The average time taken to resolve and respond to stakeholders' feedback or complaints.
14. Staff and case managers-to-Beneficiary ratio in the care setting.
15. Number of community partnerships and collaborations.

Optional Evidence:

1. Percentage of staff who received certified training in safety and risk management.
2. Percentage of beneficiaries integrated back into family/work/school.
3. Percentage of feedback-based action plans that are successfully implemented.
4. Number of volunteers engaged in the organization's activities.
5. Number of initiatives implemented to reduce the organization's carbon footprint.

3.3.2 Criteria

Core

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

Guidance to Criterion:

1. The organization develops a program for innovation and continuous improvement within the organization, ensuring its alignment with the organization's mission and objectives.
2. It emphasizes that effective service design and delivery is always guided by the current best-practice evidence.
3. The leadership encourages and engages staff in generating and implementing innovative ideas ensuring a culture where employees feel empowered to propose ideas for improvements.
4. The leadership ensures the allocation of adequate resources (human, financial, and time) for innovation and improvement projects demonstrating its commitment to the recognition and reward for innovators and their efforts.
5. The organization maintains and promotes performance indicators for innovation and continuous improvement efforts.



Sources of Evidence:

Required Evidence:

1. Evidence of a recent specific innovation or improvement initiative in service design or provision.
2. Success stories or case studies from the organization's scope of services illustrating the positive impact of innovation and continuous improvement.

Optional Evidence:

1. KPIs for innovation and continuous improvement.
2. Awards or participation in innovation awards relevant to the sphere of service provision.

SECTION E

Domain 4: Beneficiary Centricity

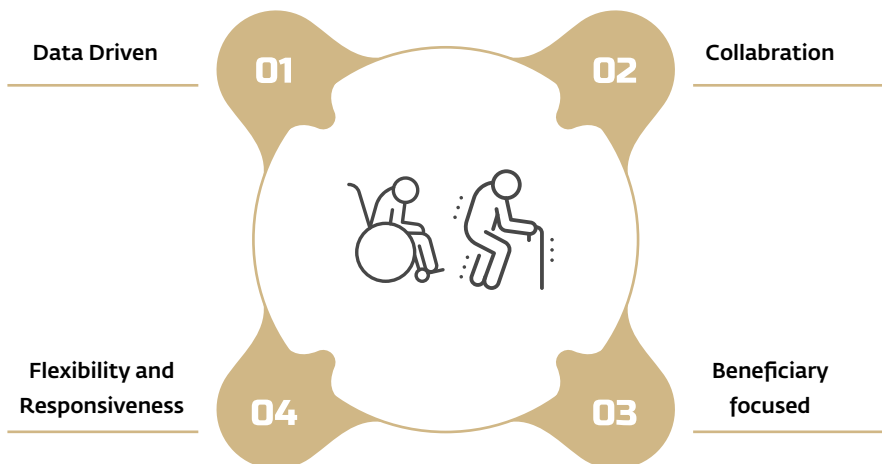


Beneficiary centrality stands as a cornerstone within the Reyada framework of standards. It signifies a commitment to prioritizing the well-being and dignity of individuals and communities. At the heart of this approach is the recognition that every person is unique, with distinct needs, preferences, 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 the 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 the 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 the beneficiary. This entails a thorough understanding of the individual's circumstances and objectives by the service provider, leading to the tailored services aligning perfectly with those specific 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 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.



4.1 Treating beneficiaries with Kindness, respect, and compassion.

4.1.1 Criteria

Core

Services provided to the beneficiaries are underpinned by values such as respect, kindness and compassion which shall be demonstrated in the staff's daily activities of care.

Guidance to Criterion:

1. Clearly define and document the core values of the organization, those values you need to convey to your beneficiaries with a focus on respect, kindness, and compassion. Ensure that these values align with the organization's vision, mission, and strategic objectives.
2. Develop and implement a code of ethics for the organization that emphasizes the importance of understanding, adopting, and incorporating these values in the provision of services to beneficiaries and into their daily activities.
3. Set clear performance expectations for the staff regarding the demonstration of respect, kindness, compassion, and other beneficiary-relevant values in their daily activities. Include these expectations in the staff's job descriptions and performance evaluations.
4. Create a culture of open communication where the beneficiaries and their representatives feel comfortable providing feedback and raising concerns related to incidents where the beneficiaries are not feeling valued or respected.

Sources of Evidence:**Required Evidence:**

1. Organizational values, value statements or the code of ethics.
2. Consistent communication of organizational values and code of ethics.
3. Customer feedback or satisfaction reports: Feedback from beneficiaries and their representatives regarding their experiences with the services, where the feedback form:
 - Contains a section/question dedicated to asking about how well the staff and case managers are treating the beneficiaries and making them feel valued and respected.
 - Is filled out regularly, by each beneficiary receiving care either once after each service delivery or at least once every 3 months.
4. Incident or complaint reports: reports indicating the beneficiaries' concerns or dissatisfaction with the way they were treated and how the organization addressed it.

Optional Evidence:

1. Organization-wide activities to promote organizational values.
2. 360 degrees assessments of staff and beneficiaries or their representatives.

4.1.2 Criteria**Core**

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

Guidance to Criterion:

1. The organization ensures its care provision is not contradicting with Human Rights and PODs Rights legislations and any other rights-based legislations in force in the Emirate.
2. The organization develops and maintains policies on "Diversity and Inclusion" which showcases its commitment to these principles for its staff as well as its beneficiaries.
3. Provide training and guidance to staff regarding the diversity and inclusion policies and guidelines to ensure they implement it in their daily activities of care.
4. Ensure training and/or awareness raising activities are in place to show and train staff on how to speak to, serve and care for beneficiaries with different backgrounds.
5. Staff should 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.
6. Assess current training programs and policies to identify gaps related to diversity and inclusion. Determine where improvements are needed to address the needs of beneficiaries from diverse backgrounds.

Sources of Evidence:**Required Evidence:**

1. Diversity and inclusion policy developed and communicated to staff.
2. Training and awareness material covering beneficiaries' rights, diversity and inclusion, and other rights-based legislations in force in the Emirate.
3. Staff attendance list of such training or awareness activities.
4. Customer feedback reports: Feedback from beneficiaries or their representatives regarding the treatment they receive and if they are enjoying their rights on an equal basis with others during receiving the care.

Optional Evidence:

1. Community based campaigns promoting general human rights or specific groups' rights.

4.2 Involving beneficiaries in decisions affecting their care.

4.2.1 Criteria

Core

Beneficiaries' care needs and individual preferences are assessed, recorded, and communicated to the beneficiaries and their families, carers, representatives, or advocates to seek their consent to the proposed care plans.

Guidance to Criterion:

1. Create a standardized participatory approach for assessing the beneficiaries' needs which should demonstrate how staff assesses beneficiaries' needs for support and care, including the identification of carers, advocates, or representatives. This approach should be clear, documented, and consistently applied.
2. The organization and its staff are competent in delivering social care services in and across their operational settings, whether these be in Day-care and therapy, Supported Accommodation, or Community-based settings, as well as through their methods of service provision, such as direct contact or remote teleservices and digital provision.
3. Identify, document, and inform the beneficiaries or their representatives of the best-fitted setting and mode of service delivery as well as their rights and responsibilities and take their informed consent.
4. Identify and incorporate the beneficiaries' individual preferences for the different aspects of service provision and the preferences of their families or carers, where applicable, and respect these preferences.
5. The beneficiary's individual preferences may touch upon many of the aspects of service provision such as but is not limited to the following:
 - the type of treatment and whether it is individual or within a group.
 - who they want involved in their care or service.
 - how beneficiaries like to be addressed.
 - the venue or the space they receive the service at.
 - male/female only care venues.
 - the sex of the staff/case manager.
 - the timings and length of service provision.
 - visitors or other accompanying family members.
 - their clothing, laundry, bedding change, and self-care routines.
 - bedtime and rising time.
 - their dietary needs, preferences, and mealtimes.
 - activities and interests.
6. This assessment and the subsequent service or care plan shall be recorded, updated, maintained, and communicated to the beneficiary and to their family, carer, representatives, or advocates to take their consent to.
7. Managers ensure that the daily care routines in the facility are designed to suit the needs and preferences of the beneficiaries and promote their engagement.

Sources of Evidence:

Required Evidence:

1. Guidelines or standardized approach for needs assessment.
2. Standardized Assessment tools and templates.
3. Individualized Care Plans: Records of individualized care and treatment plans that incorporate the needs assessment findings and support individual beneficiary's preferences.
4. Informed Consent forms: Signed by the beneficiary or their representative to acknowledge and approve the care plan.
5. Records of discussions and modifications to beneficiary's care plan.

Optional Evidence:

1. Periodic reviews of the needs' assessment approach and guidelines to align with service provision requirements.

4.2.2 Criteria

Case managers and staff regularly check with the beneficiaries or their representatives to confirm their understanding and approval of the aspects of care they receive and keep them engaged in their care plan.

Guidance to Criterion:

1. The staff and case managers regularly check with the beneficiaries and their representatives to make sure they know, understand, and approve of the services included in their care plan and to keep them actively engaged throughout the care provision.
2. The staff and case managers must respect beneficiaries' choices and respect when a beneficiary declines the proposed service or care and try to accommodate their choice.
3. The organization implements a standardized needs assessment process as a part of the care planning.
4. The organization maintains detailed records of the assessment process, including the identified support needs, preferred options, and the involvement of the beneficiaries and their representatives.

Sources of Evidence:

Required Evidence:

1. Informed Consent forms: Signed by the beneficiary or their representative to acknowledge their (beneficiary, carers, representatives, or advocates) engagement in the assessment and planning.
2. Customer Feedback: Feedback from the beneficiaries about their experience with the assessment process and their engagement in their own care planning.

Optional Evidence:

1. A documentation of beneficiary related periodic events, dedicated to educating them and their representatives about their care plans.

4.3 Providing customized care for the beneficiaries.

4.3.1 Criteria	Core
<p>A holistic approach to assessing the beneficiaries' physical, mental, psychological, and social needs and preferences to determine the best-fitted and personalized care plan.</p>	
<p>Guidance to Criterion:</p>	
<ol style="list-style-type: none"> 1. The organization has a process for assessing the beneficiary's needs, which covers their physical, mental, psychological, and social needs as well as their individual preferences for the different aspects of service provision in addition to the preferences of their families, carers, representatives, or advocates, where applicable. 2. The organization tries to engage a multidisciplinary team of staff such as healthcare and mental health professionals, social workers, and counselors to conduct the assessments and develop care plans that are informed by multidisciplinary inputs to address the holistic needs of the beneficiary, which may include reports or reference to previous treatment, or interventions. 3. The choice of care provision context is made to best meet the beneficiary's needs, interest, and long-term outcomes, regardless of the service delivery mode of the organization; supported accommodation, daycare and therapy, community-based, digital, and tele-services, or a combination of these. 4. Create an environment of openness and inclusivity, where beneficiaries feel safe and comfortable sharing their needs, fears, and preferences. 5. Establish a process for regular review and adjustment of beneficiaries' care plans to accommodate changes in their circumstances or needs. 	
<p>Sources of Evidence:</p>	
<p>Required Evidence:</p> <ol style="list-style-type: none"> 1. Beneficiary care plans: Showing evidence of multi-disciplinary assessment of care and individual preferences. 2. Communication records: Records of multidisciplinary team meetings and communication. 3. Feedback received from beneficiaries or their representatives regarding the effectiveness of the care planning process through adopting the holistic approach. <p>Optional Evidence:</p> <ol style="list-style-type: none"> 1. Periodic reassessment of beneficiaries' needs and preferences to ensure the effectiveness of their care plans. 	

4.3.2 Criteria

Social services are designed in a way that allows and encourages the beneficiaries to pursue their interests and stay socially engaged to support the improvement of their well-being.

Guidance to Criterion:

1. The organization and staff need to understand that the objective of their service provision to the beneficiaries is to support them to become more independent and functional within their circles and the wider community, which emphasizes the importance of keeping the beneficiaries engaged in socially relevant activities during service provision.
2. The organization adopts a socially engaging service design approach; where the care plan creates room for and encourages the beneficiaries to carry on with their interests and stay active and socially engaged with each other and possibly with other people deemed important to them while receiving care.
3. While conducting the needs assessments, the case managers must ask about, understand, and document the interests, preferences, and social needs of the beneficiaries.
4. For example, the organization can dedicate spaces at their premises or outside for the beneficiaries to spend time connecting and socializing outside the domain of service provision.
5. The organization can dedicate spaces for carrying out and/or enjoy watching certain activities like performing arts (music, singing, drama, theatre, dance, puppetry, ...etc.) and watching movies.
6. It can offer educational and skill-building programs that align with beneficiaries' interests and help them pursue their passions.

Sources of Evidence:

Required Evidence:

1. Documentation of relevant recreational and social activities organized by the organization and carried out by the beneficiaries outside the domain of service provision.
2. Dedicated spaces, timings, or activities inside or outside the premises to socially engage the beneficiaries.
3. Skills development reports on any skill development, educational attainments, other training offered to promote social connectedness and well-being and its outcomes.

Optional Evidence:

1. Further initiatives to raise beneficiaries' engagement rates in pursuing their personal interests.

4.4 Acting on beneficiaries' concerns and complaints.

4.4.1 Criteria

Core

The organization has feedback and complaint mechanism that is accessible, trustworthy, and accountable and which protects the beneficiaries' privacy and rights.

Guidance to Criterion:

1. The organization has in place a system or a mechanism by which it receives, manages, assigns, and resolves, and documents customer feedback and complaints.
2. The mechanism should be made easy, clear, and accessible to the beneficiaries and their representatives, irrespective of their abilities, language, or other potential barriers.
3. Provide multiple accessible channels for submitting feedback and complaints, including in-person, phone, email, and an online portal.
4. Staff should be knowledgeable about the processes and guide the beneficiaries and their representatives through them.
5. The submitted feedback and complaints should be kept confidential or anonymous, depending on the case, to safeguard the beneficiaries' privacy and rights from being misused or exploited, which may negatively affect the beneficiaries or their representatives.
6. Maintain detailed records of all feedback and complaints, including their nature, the actions taken, and any follow-up actions.
7. Conduct periodic reviews of the feedback and complaint processes to assess their effectiveness and compliance with safeguarding of beneficiary's privacy and rights.

Sources of Evidence:

Required Evidence:

1. Customer feedback and complaint process or mechanism.
2. Guidelines on the submission of feedback and complaints.
3. Documentation of support given to stakeholders to submit feedback and complaints.

Optional Evidence:

1. Proactive initiatives seeking customer insights and feedback.

4.4.2 Criteria

The organization handles complaints effectively, including openness and transparency, confidentiality, timely responses, communication of outcomes and documentation of lessons learned for future improvements.

Guidance to Criterion:

1. Create a clear policy and guidelines outlining how complaints and concerns are received, assessed, resolved, and how the outcomes are communicated to the stakeholders.
2. The process for complaints should be open and transparent yet observe the confidentiality and privacy of the beneficiaries and their representatives.
3. The ownership of complaints resolution must be assigned to a designated member of staff who should be well trained and trusted in handling complaints and concerns effectively.
4. The organization strives to examine and mitigate the matter of complaint or concern as soon as possible and within acceptable timelines then notify the stakeholders with the outcome.
5. The organization must remain transparent about the investigation process and how the complaint is being handled.
6. The organization demonstrates that the complaints and concerns process lead to improvements within the service and that outcomes are communicated to relevant stakeholders.

Sources of Evidence:

Required Evidence:

1. Logs for all feedback and complaints received including resolution status, resolution date, risks, and impact.
2. Reports on complaints and concerns resolution and communication to the stakeholders.
3. Reports on outcomes and improvements based on complaints and concerns analysis.

Optional Evidence:

1. Customer feedback or satisfaction reports regarding complaints and concerns' resolution including timeliness, confidentiality, and effectiveness.

4.5 Adopting Inclusiveness.

4.5.1 Criteria

Core

Beneficiaries with special needs or disabilities enjoy all the privileges and are included in all daily social care activities without discrimination.

Guidance to Criterion:

1. The organization guarantees all its staff are aware of the rights of People of Determination and people with special needs and makes sure they enjoy these rights on an equal basis with other beneficiaries.
2. The organization and its staff create an inclusive environment for all the beneficiaries, especially to those with special needs and disability, making sure they enjoy their rights and privileges without any discrimination because of their special needs or disability.
3. Conduct regular assessments of the facility's entrances, exits, parking spaces, elevators, washrooms, care provision and waiting areas to remove any accessibility barriers and implement the necessary accommodations to promote better accessibility for all beneficiaries with diverse functional needs.
4. Provide necessary accommodations, such as assistive devices, transportation, or sign language interpreters, to enable beneficiaries with special needs or disability to fully participate in the daily activities of care.

Sources of Evidence:

Required Evidence:

1. Proof of the implementation of the organization's inclusive policies.
2. Accessibility assessment records of required facility modifications to meet the diverse needs of the beneficiaries.
3. Implementation of accessibility accommodations and modifications to promote accessibility.
4. Training records of staff on awareness of POD's rights and inclusive practices.
5. Customer satisfaction form: containing a section dedicated for asking about:
 - How inclusive the services, activities, and spaces are at the organization or facility.
 - How well the beneficiaries with special needs or disability feel included and not discriminated against.

Optional Evidence:

1. Participation in the PoDs' friendly organization Awards.

4.5.2 Criteria**Core**

Staff can address diverse functional needs, fostering an inclusive and supportive environment.

Guidance to Criterion:

1. Review human resources policies and guidelines to ensure they promote diversity and inclusion.
2. Plan and implement training programs that help staff and case managers understand and address the diverse functional needs of the beneficiaries.
3. Provide mentorship, resources, tools, and materials that help staff and case managers accommodate these needs effectively.
4. For example, ensure that the physical environment, communication means, and service design are promoting the beneficiaries' independence while carrying on their daily activities.
5. Ensure that your physical and digital workplace is accessible to employees with diverse functional needs.

Sources of Evidence:**Required Evidence:**

1. Human resources policies promoting inclusive practices for beneficiaries and staff.
2. Training material by experts or professionals on addressing diverse functional needs.
3. Training records or attendance sheets for staff, especially those dealing with people with special needs and disabilities.
4. Customer feedback reports: Feedback on staff's and case managers' capacity and professionalism in dealing with diverse functional needs.

Optional Evidence:

1. MOUs or agreements with third parties to train and raise awareness of staff, beneficiaries and their representatives on inclusion practices and inclusive environments.

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. Sustainability domain is also key to the implementation of the Reyada standards and for social care organizations 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 can lead to cost savings, improved air quality, and a reduced risk of environmental contamination.
- 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 clients.
- Social care organizations that are committed to sustainability are often seen as more responsible organizations, which may lead to increased support from government agencies, and funding from private donors and foundations. Additionally, commitment to sustainability can attract and retain talented staff who are passionate about 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 workforce.

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 Criteria

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

Guidance to Criterion:

1. The leadership defines and embeds sustainability objectives for the organization into its resource planning and strategic planning processes.
2. Ensure that the strategic planning of the organization incorporates the strategic direction, vision, and priorities of the Government of Abu Dhabi and of the Department of Community Development (DCD) and its social sector strategy.
3. The outcomes of the services provided by the organization promote the achievement of the set-out objectives and outcomes of the DCD and its social sector strategy.
4. Identify and assess the organization's longevity and sustainability factors such as financial, human capital, competition, and reputational factors.
5. Engage in social initiatives aimed at giving back to the community to demonstrate corporate social responsibility leaving a good social impact in the organization's environment.

Sources of Evidence:

Required Evidence:

1. Sustainability-specific objectives incorporated into the strategic plan.
2. Mapping the organization's priorities and objectives with that of DCD and its social sector strategy.
3. Awareness and training of the management and staff on alignment of objectives and outcomes.

Optional Evidence:

1. Ongoing initiatives to promote the understanding of staff of the priorities and strategic objectives of the Emirate and DCD.
2. Evidence of socially meaningful initiatives fostering the organization's sustainability and corporate social responsibility.

5.1.2 Criteria	Core
<p>The organization promotes sustainability measures for its human capital.</p>	
<p>Guidance to Criterion:</p>	
<ol style="list-style-type: none"> 1. The leadership and management understand the value generated from attracting and retaining qualified human resources. 2. Promote volunteering opportunities for community members within the facilities of the organization which strengthens its ties with the community and expands its human resource base. 3. 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. 4. The organization deploys human resources management systems that are consistent with regulatory requirements and with work health and safety legislation. 5. Ensure there is efficient planning and use of resources to keep the organization thriving and sustain its operations. 6. Ensure having a program or arrangements for the promotion of its staff well-being and works towards achieving it. 7. Provides ongoing opportunities for continuing professional development (CPD) and capacity building including training, workshops, and support for further education and certifications. 	

Sources of Evidence:

Required Evidence:

1. Human resources system of policies and processes:
 - Human resources retention policy or guidelines.
 - Staff feedback and complaints process.
 - Disciplinary and grievance policy/process.
 - Job promotion and reward policy/process.
2. Documented staff well-being program.
3. Communication of well-being activities to staff.
4. Training and development plan for staff and management.
5. Records of training and development and certifications awarded to staff.

Optional Evidence:

1. Further initiatives promoting staff's well-being and their outcomes.
2. Volunteering program or initiatives announcement; including information about the volunteering opportunities.

5.1.3 Criteria

The organization adopts and promotes environmentally friendly practices to conserve the environment.

Guidance to Criterion:

1. The management knows the impact of its operations on the environment and the natural resources and imbeds objectives for its conservation into its planning and service provision activities.
2. Develop and implement policies for energy and natural resources conservation (Electricity, water, paper, food, ...etc.) and raise awareness about them among the organization's stakeholders.
3. Establish policies that prioritize environmentally friendly products and services when making procurement decisions, considering factors such as sustainability and eco-friendly classification.
4. Raise staff awareness and educate them about energy and environmental conservation practices.

Sources of Evidence:

Required Evidence:

1. Documentation of incorporating environment conservation objectives into strategic planning.
2. Energy and environment conservation policy.
3. Demonstration of energy conservation efforts, including the use of energy-efficient products, appliances, and systems.
4. Awareness raising activities about environmentally friendly practices among stakeholders.

Optional Evidence:

1. Initiatives to engage with the wider community in energy and environment conservation.
2. Record and reduce carbon footprint and put initiatives to reduce it.

5.1.4 Criteria

The leadership guarantees the financial sustainability of the organization.

Guidance to Criterion:

1. The leadership has the needed financial knowledge and expertise to take important decisions ensuring the continuity of the organization's finances and operations.
2. The leadership appoints financial experts and managers to manage and control the organization's finances and to ensure there is sound financial governance and reporting.
3. The leadership participates in the activities of strategic planning, ensuring that the financial objectives (strategic and operational) are incorporated in the organization's strategic planning.
4. The organization complies with the statutory and regulatory frameworks and reporting requirements relevant to its financial status.

Sources of Evidence:

Required Evidence:

1. Records of financial experts or managers qualifications and experience.
2. Documentation of the participation of the leadership and financial management in drawing up the organization's financial objectives and outcomes.
3. Records of financial reporting to competent regulatory bodies; the financial statements for the past year indicating sustainability or growth.
4. Implementation of financial resources efficiency measures demonstrating cost saving efforts.

Optional Evidence:

1. Partnerships or collaborations to foster the financial sustainability of the organization.

5.1.5 Criteria

The organization stays abreast of recent relevant research and 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.
2. The management maintains reviews of the contemporary practices in its sphere of services provision, aspires to adopt evidence-based best practices and measures impact.
3. The organization encourages the participation of its management and staff in conducting research that informs and fosters service provision.
4. The organization fosters collaborations with research institutions and universities to stay updated with ongoing research and have access to cutting-edge practice.
5. The organization strives and encourages the participation of its staff in awards relevant to its sphere of services, which promotes its image and reputation.
6. Connect and engage with the community and its institutions through forming collaborations and partnerships to exchange knowledge and know-how.

Sources of Evidence:

Required Evidence:

1. Compilation of research and studies relevant to the organization's sphere of service provision.
2. The number of research activities carried away with the participation of staff or management.
3. Organizational learning and knowledge exchange events and platforms.

Optional Evidence:

1. MOUs or partnerships with research institutions and universities.
2. Awards or participation in awards relevant to the sphere of service provision.

APPENDICES



References:

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- 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.
- DCD Social Care Professionals Code of Conduct and Ethics in Abu Dhabi.
- DCD Standards for Continuing Professional Development.
- DCD Standards for Education & Practical Experience for Licensing of Social Care Professionals.
- Abu Dhabi Strategy for People of Determination (PoD) 2020-2024.
- Abu Dhabi Social Sector Strategy 2021.

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 Technology/ 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.
Carer	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.

Care Plan	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.
Case Managers	Are those staff responsible for assessing the care needs of the beneficiaries, developing, monitoring, and evaluating their care plans and progress.
Challenging Behavior	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.
Code of Ethics or Ethical Conduct	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
Compassion	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.
Compliance	The act of conforming to rules, laws, regulations, standards, or guidelines that are established by authorities, organizations, or governing bodies.
Core Values	The fundamental beliefs and guiding principles that define the identity, culture, and ethical framework of an individual, organization, or entity.

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.
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 and Inclusion	Is an organization's effort, policies, and practices that ensure different groups or individuals of different backgrounds are culturally and socially accepted and integrated into the workplace. An organization that focuses on diversity and inclusion will employ a diverse team of people that reflects the society in which it operates.
Domain	A field or scope of knowledge or activity.
Drills	Mock or trials of certain situations to practice the organizations 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	The principle that every individual has an equal opportunity to make the most of their lives and capacity.

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 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	Activities or efforts 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	Is the failure to provide for the basic needs of another person in need for care, such as food, shelter, clothing, medical care, schooling, and supervision whether unintended 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.
Outcomes	The intended results from the social care interventions on the individuals' level. They represent changes or improvements that have taken place during the time someone has been receiving support or care.

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.
Performance Appraisal	A systematic and structured process used by corporates to assess, evaluate, and provide feedback on an employee's job performance.
Personalized service	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 contagious disease, such as a virus or bacteria, 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 chance of 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	The private, governmental, or third-sector entity or institution 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	The strategy document developed and issued by the Department of Community Development outlining the strategic direction, objectives, initiatives, and outcomes to lead and direct the social sector in the Emirate of Abu Dhabi.
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 and decisions designed to achieve specific goals or 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, organizations, or institutions.
Vision Statement	A concise and aspirational declaration that outlines an organization's long-term goals, objectives, and desired future state.
Vocational Hazards	Potential risks, dangers, or threats that individuals may encounter in the course of their 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	Is a combination of a person's physical, mental, emotional, and social health factors. Well-being is strongly linked to happiness and life satisfaction.

Abbreviations:

Terms	Definition
CPD	Continuing Professional Development
DCD	Department of Community Development
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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