



# NATIONAL STANDARDS



DEPARTMENT OF JUSTICE & EQUALITY

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## INTRODUCTION TO THE NATIONAL STANDARDS

### Scope

1. The *National Standards for accommodation offered to people in the protection process* (“National Standards”) apply to the living conditions and services provided to residents within accommodation centres. The National Standards apply to all service providers contracted by the Reception and Integration Agency (RIA) to operate and manage accommodation and reception centres (also known as contractors). The Department of Justice and Equality retains responsibility for the implementation of standards and reception conditions.

### Purpose

2. The National Standards provide a framework for the continual development of person-centred, high-quality, safe and effective services and supports for residents living in accommodation centres. The purpose of the National Standards is to improve quality of care and ensure consistency across accommodation centres. The National Standards also provide residents with a guide as to what they should expect during their period of residence in an accommodation centre and will provide a framework for any future assessments, including inspections carried out by an independent inspectorate, to assess whether service providers are providing high-quality, safe and effective services and supports for residents.

### How the National Standards were developed

3. On 13 October 2014, the then Minister for Justice and Equality, Ms. Frances Fitzgerald TD and Minister of State, Mr Aodhán Ó Ríordáin TD announced the terms of reference and the membership of the *Working Group to report to Government on Improvements to the Protection Process, including Direct Provision and Supports to Asylum Seekers* (“McMahon Working Group”). The McMahon Working Group submitted its report (“McMahon Report”) to Government in June 2015.
4. The McMahon Working Group recommended the establishment of a standard-setting committee to reflect Government policy across all areas of service in Direct Provision.<sup>1</sup>

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<sup>1</sup> Report of the *Working Group to report to Government on Improvements to the Protection Process, including Direct Provision and Supports to Asylum Seekers*, para. 47, available at <http://www.justice.ie/en/JELR/Report%20to%20Government%20on%20Improvements%20to%20the%20Protection%20Process,%20including%20Direct%20Provision%20and%20Supports%20to%20Asylum%20Seekers.pdf/Fil>

In addition, the McMahon Working Group recommended that an inspectorate, independent of the Reception and Integration Agency (RIA), should be established to carry out inspections against the newly approved standards.<sup>2</sup>

5. The Standards Advisory Group was convened on 6 February 2017 and a full list of the expert members of the group is available at Appendix 3 of the National Standards document.
6. All members agreed that a thorough and robust system of standards supported by a new system of independent inspections will ensure that the recommendations of the McMahon Working Group are thoroughly implemented in practice and that progress into the future is maintained.
7. The lengthy and thorough consultation and research process already conducted by the McMahon Working Group was relied upon to the greatest extent possible in order to facilitate the timely progression of the standard development process.
8. At all times, the original aims of the McMahon Working Group were borne in mind, in particular, to show respect for the dignity of persons in the system and improve the quality of their lives. Each recommendation of the McMahon Report was considered in the context of all of the other recommendations; however, not all recommendations were relevant to the National Standards set out in this document. Some recommendations are applicable to service provision in areas outside of the specific remit of RIA and/or the Department of Justice and Equality.
9. The National Standards meet the minimum standards set out in:
  - a. EASO Guidance on Reception Conditions: Operational Standards and Indicators.<sup>3</sup>
  - b. Directive 2013/33/EU (the recast-Reception Conditions Directive).<sup>4</sup>
  - c. European Communities (Reception Conditions) Regulations 2018 (S.I. No 230/2018).<sup>5</sup>
10. The National Standards have taken due cognisance of the responsibility to promote equality, prevent discrimination and protect the human rights of residents, employees, and everyone affected by policies and plans as defined by the Public Sector Equality and Human Rights Duty.<sup>6</sup>

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[es/Report%20to%20Government%20on%20Improvements%20to%20the%20Protection%20Process,%20including%20Direct%20Provision%20and%20Supports%20to%20Asylum%20Seekers.pdf](#).

<sup>2</sup> *Ibid*, para. 4.226.

<sup>3</sup> <https://www.easo.europa.eu/sites/default/files/EASO%20Guidance%20on%20reception%20conditions%20-%20Operational%20standards%20and%20indicators%5B3%5D.pdf>

<sup>4</sup> <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32013L0033&from=EN>.

<sup>5</sup> <http://www.irishstatutebook.ie/eli/2018/si/230/made/en/print>.

<sup>6</sup> Irish Human Rights and Equality Commission Act 2014, s. 42. See further <https://www.ihrec.ie/documents/public-sector-duty-leaflet/>.

11. The National Standards were developed within three interconnected strands: *Governance*, *Accommodation* and *People*, each prepared by a Working Group. Members of the Standards Advisory Group met regularly at plenary meetings to input and advise on all strands of the National Standards.
12. Advice and guidance on quality standards in other fields informed the process, including the Health Information and Quality Authority (HIQA) and the Integrated Services Coordinator for the National Quality Standards Framework (NQSF) of the Dublin Region Homeless Executive. The People Working Group sought input from the National Office for Social Inclusion within the Health Service Executive and the Office of the Ombudsman.
13. Following the public consultation process, the Standards Advisory Group will reconvene to carefully consider the comments and feedback provided by residents, service providers, NGOs and other stakeholders. Once finalised by the Standards advisory group, the National Standards will be submitted to the Minister for Justice and Equality.

## Structure

14. The National Standards are set out within a framework of ten themes. The ten themes are intended to work together. Collectively, they describe how a service provider should provide high-quality and dignified services to residents, which are human rights and equality-based.
15. Each standard consists of two sections:
  - **Standard** – a binding statement setting out what is required of a service provider. Each standard describes the high-level outcome required to deliver high quality and effective services and supports for residents.
  - **Indicators** – the supporting statements under a standard which indicates how a service provider may be judged to have met the standard. They provide examples of specific actions the service provider may undertake. These indicators are not an exhaustive list and service providers may meet the requirements of the National Standards in different ways.

Regarding the indicators which attach to each standard, many indicators form contractual obligations with RIA or regulatory obligations which are clearly binding on service providers. For the remainder of indicators, service providers must take all necessary steps to implement all indicators, and/or show how it meets the indicator or standard in some other way and/or explain why it is not appropriate or possible for the service provider to meet a certain indicator.

## Meaningful engagement with the National Standards

16. To ensure the National Standards remain relevant and are accurately reflected in the lived experiences of residents, the following steps will be actioned:

- **What this means for you as a resident.** A guide with simple explanations of what residents should experience if a standard is implemented effectively will accompany the National Standards and will be distributed to all existing residents and new residents.
- **Compliance.** Following finalisation of the National Standards by the Standards Advisory Group after the open consultation process, a public notice will be issued and from that date, the National Standards will form part of any new contract for services agreed between the Department of Justice and Equality and service providers.
- **Monitoring.** The McMahon Working Group recommended that the Minister for Justice and Equality establish “an inspectorate (or identify an existing body), independent of the Department of Justice and Equality, to carry out inspections in Direct Provision centres against the newly approved standards” (para 4.226). An independent inspectorate will be established to carry out inspections against the National Standards.
- **Amendment.** The standards advisory group are aware that laws and policies governing the international protection process and other matters relevant to residents of accommodation centres may be amended, repealed or supplemented in the future. A statement on any process deemed necessary to revise the National Standards in addition to a specified review period will be included in the finalised National Standards.
- **Complaints.** Residents in accommodation centres have several different avenues through which a complaint can be made regarding the services and treatment they receive in accommodation centres. The finalised National Standards will include a chart outlining how complaints can be made and providing information regarding the remit of the Office of the Ombudsman and the Ombudsman for Children. In addition, information will be provided on the right to make a complaint under the European Communities (Reception Conditions) Regulations 2018 (S.I. No 230/218).

## SUMMARY OF THE STANDARDS

### THEME 1: GOVERNANCE, ACCOUNTABILITY AND LEADERSHIP

<b>Standard 1.1</b>	The service provider performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect residents living in the accommodation centre in a manner that promotes their welfare and respects their dignity.
<b>Standard 1.2</b>	The service provider has effective leadership, governance arrangements and management arrangements in place and staff are clearly accountable for areas within the service.
<b>Standard 1.3</b>	There is a residents' charter which accurately and clearly describes the services available to children and adults living in the centre, including how and where the services are provided.
<b>Standard 1.4</b>	The service provider monitors and reviews the quality of care and experience of children and adults living in the centre and this is improved on an ongoing basis.

### THEME 2: RESPONSIVE WORKFORCE

<b>Standard 2.1</b>	There are safe and effective recruitment practices in place for staff and management.
<b>Standard 2.2</b>	Staff have the required competencies to manage and deliver person-centred, effective and safe services to children and adults living in the centre.
<b>Standard 2.3</b>	Staff are supported and supervised to carry out their duties to promote and protect the welfare of all children and adults living in the centre.
<b>Standard 2.4</b>	Continuous training is provided to staff to improve the service provided for all children and adults living in the centre.

### THEME 3: CONTINGENCY PLANNING AND EMERGENCY PREPAREDNESS

<b>Standard 3.1</b>	The service provider will carry out a regular risk analysis of the service and develop a risk register.
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## THEME 4: ACCOMMODATION

<b>Standard 4.1</b>	The service provider, in planning, designing and allocating accommodation within the centre, is informed by the identified needs and best interests of residents, and the best interests of the child.
<b>Standard 4.2</b>	The service provider makes available accommodation which is homely, accessible and sufficiently furnished.
<b>Standard 4.3</b>	The privacy, dignity and safety of each resident is protected and promoted in accommodation centres. The physical environment promotes the safety, health and wellbeing of residents.
<b>Standard 4.4</b>	The privacy and dignity of family units is protected and promoted in accommodation centres. Children and their care-givers are provided with child friendly accommodation which respects and promotes family life and is informed by the best interests of the child.
<b>Standard 4.5</b>	The accommodation centre has adequate and accessible facilities, including dedicated child-friendly, play and recreation facilities.
<b>Standard 4.6</b>	The service provider makes available, in the accommodation centre, adequate and dedicated facilities and materials to support the educational development of each child and young person.
<b>Standard 4.7</b>	The service provider commits to providing an environment which is clean and respects, and promotes the independence of residents in relation to laundry and cleaning.
<b>Standard 4.8</b>	The service provider has in place security measures which are sufficient, proportionate and appropriate. The measures ensure the right to privacy and dignity of residents is protected.
<b>Standard 4.9</b>	The service provider makes available sufficient and appropriate non-food items and products to ensure personal hygiene, comfort, dignity, health and wellbeing.

## THEME 5: FOOD, CATERING AND COOKING FACILITIES

<b>Standard 5.1</b>	Food preparation and dining facilities meet the needs of residents, support family life and are appropriately equipped and maintained.
<b>Standard 5.2</b>	The service provider commits to meeting the catering needs and autonomy of residents which includes access to a varied diet that respects their cultural, religious, dietary,

	nutritional and medical requirements.
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## THEME 6: PERSON CENTRED CARE AND SUPPORT

<b>Standard 6.1</b>	The rights and diversity of each resident are respected, safeguarded and promoted.
<b>Standard 6.2</b>	The service provider respects and safeguards the privacy of each resident.
<b>Standard 6.3</b>	The service provider respects and safeguards the dignity of each resident.
<b>Standard 6.4</b>	The service provider makes information available, and communicates this, in an accessible format which is appropriate to any special requirements of residents' communication needs.

## THEME 7: INDIVIDUAL, FAMILY AND COMMUNITY LIFE

<b>Standard 7.1</b>	The service provider supports and facilitates residents to develop and maintain personal and family relationships.
<b>Standard 7.2</b>	The service provider ensures that public services, healthcare, education, community supports and leisure activities are accessible to residents, including children and young people, and where necessary through the provision of a dedicated and adequate transport.
<b>Standard 7.3</b>	The service provider supports and facilitates residents, including children and young people, to integrate and engage with the wider community, including through engagement with other agencies.
<b>Standard 7.4</b>	Staff and management support and encourage community initiatives and a sense of community within the centre.

## THEME 8: SAFEGUARDING AND PROTECTION

<b>Standard 8.1</b>	The service provider protects residents from abuse and neglect and promotes their safety and welfare.
<b>Standard 8.2</b>	The service provider takes all reasonable steps to protect each child from abuse and neglect and children's safety and welfare is promoted.
<b>Standard 8.3</b>	The service provider manages and reviews adverse events and incidents in a timely manner and outcomes inform practice at all levels.

## THEME 9: HEALTH, WELLBEING AND DEVELOPMENT

<b>Standard 9.1</b>	The service provider promotes the health, wellbeing and development of each resident and they offer appropriate, person centred and needs-based support to meet any identified health or social care needs.
<b>Standard 9.2</b>	The service provider makes available in the accommodation centre services which support residents' physical and psychological, health, wellbeing and development, and promote a self-care approach.
<b>Standard 9.3</b>	Staff and management engage with other agencies to provide information and access to a range of services for residents to promote their health, wellbeing and development. The service provider supports residents to participate in education (both formal and non-formal), training, volunteering and employment opportunities.

## THEME 10: IDENTIFICATION, ASSESSMENT AND RESPONSE TO SPECIAL NEEDS

<b>Standard 10.1</b>	The service provider ensures that any special reception needs notified to them by the Department of Justice and Equality are incorporated into the provision of accommodation and associated services for the resident.
<b>Standard 10.2</b>	All staff are enabled to identify and respond to emerging and identified needs for residents.
<b>Standard 10.3</b>	The service provider has an established policy to identify, communicate and address existing and emerging special reception needs.
<b>Standard 10.4</b>	The service provider makes available a dedicated Reception Officer, who is suitably trained to support all residents' especially those people with special reception needs both inside the accommodation centre and with outside agencies.
<b>Standard 10.5</b>	In accommodation centres where a significant percentage of residents are deemed to be exceptionally vulnerable or in cases where a centre has been designated for exceptionally vulnerable international protection applicants, the service provider makes additional measures available.

## **KEY TERMS USED IN THIS DOCUMENT**

For the purposes of this Standards document, the key terms used in this document may be understood as follows.

### **Accommodation**

The room or rooms, and building where residents live.

### **Accommodation centre**

The place where anyone who is applying for international protection in Ireland may be assigned to live while their applications are considered. The accommodation centre means the building and all outside space which people can access. Any references to 'centre' within the document should be read as 'accommodation centre'.

### **Adverse events**

Something which occurs that is unexpected and has a negative outcome. This includes an incident which results in physical and/or emotional harm to a resident or staff, and would necessitate the calling of emergency services, and/or carry a public health risk, and/or have a serious impact on service delivery.

### **Child Safeguarding Statement**

This is a written statement setting out the service being provided. It contains the principles and procedures to be observed in order to ensure, as far as practicable, that a child availing of the service is safe from harm. The Child Safeguarding Statement provides an overview of the measures that an organisation has in place to ensure that children are protected from harm.

### **Closed Circuit Television (CCTV)**

This is video recording system which is not openly transmitted (for example, on a television which broadcasts publicly). The images are captured on a closed network of televisions and are usually used for safety and security purposes. The storing of images and personal data which is taken by CCTV must protect privacy and personal data rights in line with the Data Protection Acts 1988 - 2018.

### **Competent person**

A competent person is someone who has sufficient training, knowledge and experience to allow them to meet the requirements of their role.

## **Designated Liaison Person**

The Designated Liaison Person is responsible for ensuring that suspected cases of child neglect or abuse in an accommodation centre are referred to a social worker. The Designated Liaison Person can give information to and help a staff member, volunteer or resident who has child protection concerns.

## **Diversity**

Diversity refers to different values, attitudes, cultural perspectives, beliefs, ethnic background, nationality, sexual orientation, gender identity, ability, health, social status, skill and other specific personal characteristics.

## **Domestic violence**

Domestic violence is a pattern of coercive/ threatening, controlling behaviour used by one person over another within a close or intimate relationship. It can include physical abuse, emotional or psychological abuse, sexual abuse, and/or financial abuse.

## **Gender**

Refers to the socially constructed roles for women and men, which are often central to the way in which people define themselves and are defined by others. (Sex refers, in basic terms, to the biological differences between females and males.) Gender roles are learned, changeable over time, and variable within and between cultures. Gender often defines the duties, responsibilities, constraints, opportunities and privileges of women and men in any context.<sup>7</sup>

## **Gender identity**

Gender identity refers to each person's deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth.<sup>8</sup>

## **Health Service Executive (HSE)**

The HSE provides all of Ireland's public health services in hospitals and communities across the country.

## **International Protection**

International protection refers to both refugee status (under the 1951 UN Geneva Convention) and subsidiary protection status (under EU law). A person who applies for

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<sup>7</sup> <http://www.unhcr.org/en-ie/publications/legal/3d4aba564/refugee-protection-guide-international-refugee-law-handbook-parliamentarians.html>.

<sup>8</sup> *ibid.*

international protection in Ireland is seeking protection from persecution (as defined under a number of specific grounds) or serious harm in their home country.

### **LGBTI+**

This stands for Lesbian, Gay, Bisexual, Transgender and Intersex and describes a diverse group of persons based on their sexual orientation and/or gender identity.

### **Manager**

The person who is responsible for running the accommodation centre. This person is accountable to the service provider and may be delegated authority by the service provider to oversee that the standards in this document are met.

### **Management**

The team of managers who report to the manager. Other members of staff are supported by and report to the management team or managers.

### **'Own Door' accommodation**

You can get in and out of your accommodation through a door which can only be used by you and your family. This accommodation will usually include sleeping quarters, a private living space and a bathroom and food preparation facilities.

### **Persons with disabilities**

The United Nations Convention on the Rights of Persons with Disabilities defines persons with disabilities as: "those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others".<sup>9</sup>

### **Primary care team**

A team of health professionals who work closely together to meet the needs of the people living in the community. They provide a single point of contact to the health system.

The aim of the primary care team is to provide primary care services that are accessible, integrated, of a high quality and which meet the needs of the local population.

### **Reception and Integration Agency (RIA)**

The Reception and Integration Agency (RIA) is the office within the Department of Justice and Equality which is responsible for accommodation and related services for applicants for international protection and suspected victims of human trafficking and others residing in accommodation centres.

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<sup>9</sup> *Ibid.*

### **Reception officer**

A suitably qualified and trained member of staff in each accommodation centre, whose main duties and responsibilities are to receive information arising from vulnerability assessments for each resident; to liaise with relevant services regarding the needs of the residents and to report to the appropriate authorities (RIA/HSE/An Garda Síochána) when a concern for a resident's health, wellbeing or safety arises within the centre.

### **Resident**

Adult or child who lives at the accommodation centre.

### **Sexual and gender-based violence (SGBV)**

Any act that is perpetrated against a person's will and is based on gender norms and unequal power relationships. It includes physical, emotional or psychological and sexual violence, and denial of resources or access to services. Violence includes threats of violence and coercion. Certain groups may be particularly at risk of SGBV: older persons, persons with disabilities, adolescent girls, children, LGBTI+ persons, and female heads of household.

### **Service**

This is the range of facilities and amenities which the service provider supplies to residents at the accommodation centre. The service is overseen by the manager.

### **Service provider**

The business, or part of it, that has the private contract with the Department of Justice and Equality to run the accommodation centre (also known as contractor). The service provider is responsible for meeting the terms of the contract which is agreed with the Department of Justice and Equality and for meeting the standards in this document. The service provider is accountable to the residents at the accommodation centre and the Department of Justice and Equality to ensure that the standards in this document are reached. In this document, the definition includes the workforce of the service provider (employees and contractors for services/sub-contractors).

In line with good management practices, the service provider may delegate authority to take steps to ensure that standards are met, to an appropriately senior employee, for example the manager.

### **Special reception need**

A resident with a special reception need is a resident who has been assessed as vulnerable and in need of special guarantees to benefit from his or her entitlements and to comply with his or her obligations under the European Communities (Reception Conditions) Regulations 2018.

## **Staff**

Employees, volunteers and contractors for services/sub-contractors of the service provider who work at the accommodation centre and provide services to the residents.

## **Tusla**

Tusla is the Child and Family Agency. This is the dedicated State agency responsible for improving wellbeing and outcomes for children, and is responsible for protecting children in the country.

## **Vulnerable**

A vulnerable resident is a resident who has been assessed as having a special reception need in accordance with Regulation 8 of the European Communities (Reception Conditions) Regulations 2018 and includes:

- a person who is a minor,
- an unaccompanied minor,
- a person with a disability,
- an elderly person,
- a pregnant woman,
- a single parent of a minor,
- a victim of human trafficking,
- a person with a serious illness,
- a person with a mental disorder, and
- a person who has been subjected to torture, rape or other form of serious psychological, physical or sexual violence.

It may also include:

- An accompanied child,
- An “aged out minor” or an age disputed minor,
- A nursing mother,
- The main carer of a dependent child, older person or a person with a disability,
- A person at risk of domestic, sexual or gender based violence.
- A person experiencing family violence, exploitation or abuse.
- A person at risk of violence due to their sexual orientation and/or gender identity (LGBTI+: lesbian, gay, bisexual, transgender or intersex persons).
- A person at risk of suicide.
- A person with substance addiction.
- A victim of trafficking in persons.

This is not an exhaustive list and vulnerability is best assessed using a person-centred and holistic approach. A person’s level of vulnerability and corresponding need for additional support is not fixed and may change in differing circumstances and over time. Some people

will not be identified as falling within the above list but may still be assessed to have a special reception need.

### **Young Person**

A young person is considered to be anyone aged between the ages 12 and 24.

## THEME 1: GOVERNANCE, ACCOUNTABILITY AND LEADERSHIP

### **Standard 1.1**

The service provider performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect residents living in the accommodation centre in a manner that promotes their welfare and respects their dignity.

#### **Indicators**

1.1.1. **Staff knowledge.** Staff know relevant legislation, regulations, policies and standards for the care, protection and welfare of children and adults living in the centre, which they need for their role. Staff receive regular training in this regard and show this knowledge in how they do their work.

1.1.2. **Analysis.** The service provider examines whether the service meets relevant standards and regulations. The service provider responds to the inspection process by improving where required and puts in place a structured quality improvement programme.

1.1.3. **Responsiveness.** The service provider cooperates with and responds to recommendations or critiques in a timely manner following monitoring, inspection or an investigation. The service provider submits an implementation report to the Department of Justice and Equality for review as part of any inspection process.

1.1.4. **Compliance.** The service provider reviews new and existing legislation and national policy on a regular basis to determine whether it impacts on the service and to address any gaps in compliance.

1.1.5 **Cooperation.** The service provider cooperates and assists in any monitoring or assessment undertaken by the Department of Justice and Equality, the European Commission or one of its agencies, including the provision of information and documentation as requested.

## **Standard 1.2**

The service provider has effective leadership, governance arrangements and management arrangements in place and staff are clearly accountable for areas within the service.

### **Indicators**

**1.2.1. Governance lines.** The service provider has clear governance arrangements and structures in place for the service and these are explained clearly to residents and staff. They set out who has authority and accountability, and for which area. They point out individual accountability, and specify roles and responsibilities.

**1.2.2. Competent persons.** The service provider and the management of the service must be competent persons.

**1.2.3. Manager skills.** There is a competent manager/s who has the appropriate qualifications and/or skills and experience necessary to manage the centre, having regard to the size of the centre, the written description of services, and the number and needs of the residents. The manager/s shall also have:

- (a) Experience working cross-culturally and working with protection applicants and refugees;
- (b) An understanding of basic mental health issues, medical, social care, social welfare systems and social care, social welfare systems, child welfare and protection and youth work;
- (c) Strong communication skills to include being trained in active listening skills;
- (d) A compassionate and empathetic style.

**1.2.4. Management structure.** The service provider establishes an internal management structure which is appropriate to the size, ethos, and the purpose and function of the service. The management structure meets the criteria of Indicator 10.4.1. This is explained clearly to the residents and staff.

**1.2.5. Leadership.** Leadership is shown by staff at all levels, they are upskilled accordingly and committed to continuous improvement in the service.

**1.2.6. Governance and culture.** Staff at all levels show commitment to promote and strengthen a culture of quality, respect, safety and kindness.

**1.2.7. Resources.** The service provider directs sufficient resources to provide person-centred safe and effective services.

1.2.8. **Plans.** The service provider establishes strategic and operational plans for the service which set clear objectives and plans for the delivery of person-centred, safe and effective services and supports for children and adults.

1.2.9. **Management systems.** The service provider has management arrangements in place to:

(a) achieve planned service objectives effectively and efficiently.

(b) ensure that services are safe, appropriate, respectful, consistent and effectively monitored.

1.2.10. **Data protection.** The service provider has arrangements in place to ensure that the service complies with the General Data Protection Regulation 2016 / 17, Data Protection Acts 1988 - 2018, including the carrying out of a risk assessment; completion of Data Protection Impact Assessment (DPIA) where necessary and specific data protection policies as relevant; and, clear signage indicating image recording in operation.

1.2.11. **Child protection.** In accordance with Children First, each accommodation centre has a Child Safeguarding Statement and a Child Protection Policy on display in a public area where they can be easily viewed and read. See Indicator 8.2.5.

1.2.12. **Monitoring and evaluation.** The service provider has a systematic monitoring and evaluation framework in place to track operational and strategic objectives. This is used to identify actions to bring about continuous improvements in work practices and achieve optimal outcomes for children and adults in the centre.

1.2.13. **Risk management.** The service provider has a risk management framework and supporting structure in place for the identification, assessment and management of risk in the service. Risks are reviewed at management and staff meetings and a risk register is regularly updated. There are systems in place to effectively manage risk, including child protection risks and a designated person(s) to contact in an emergency.

1.2.14. **Records.** In line with Standard 8.3, the service provider has a system in place to maintain records to monitor complaints and adverse events. Details are taken of any investigations and any actions taken, to help ensure concerns and adverse events are addressed appropriately and reported to the relevant body, that trends can be detected and that learning takes place.

1.2.15. **Complaints.** The service provider has a system in place to hear complaints and maintains a record of all complaints. Residents are encouraged and supported to express any concerns safely. Residents are clearly informed about the complaints process including how and when feedback would be provided. The service provider ensures has a non-retaliation policy in place to ensure that there are no adverse consequences for raising an issue of concern, whether informally or through the formal complaints procedure.

1.2.16. **Transition.** The service provider has arrangements in place to plan and manage service change and transition out of the accommodation effectively.

1.2.17. **Quality improvement.** The service operates within a culture of continuous quality improvement.

1.2.18. **Consultation.** A culture of involving and consulting children and adults living in the accommodation centre is embedded in the organisation and they are asked for their views in a variety of ways. Children are encouraged and empowered to actively participate when they are consulted on matters which affect them. The views collected are confidential and used to continuously inform service improvements.

1.2.19. **Information.** At all times, children and adults living in the centre are informed about the service and statutory services relevant to them, including information about planned changes which will impact on them. The information is provided in a language and format which children and adults living in the centre can understand.

### **Standard 1.3**

There is a residents' charter which accurately and clearly describes the services available to children and adults living in the centre, including how and where the services are provided.

#### **Indicators**

**1.3.1. Residents' charter.** A residents' charter is agreed between the service provider and the Department of Justice and Equality, and given to all residents on arrival. It is provided to residents in an accessible format and they are supported in understanding it. The residents' charter focuses on experiences at the centre and sets out the following:

- (a) How new arrivals are welcomed to the centre.
- (b) Identifies by name and role, staff in the accommodation centre.
- (c) How the centre meets the needs of children and adults as much as possible.
- (d) How the individual dignity of each child and adult is preserved.
- (e) Treatment of all children and adults living in the centre with respect.
- (f) Treatment of all personal information of the children and adults living in the accommodation centre with confidentiality.
- (g) Consultation with children and adults on an ongoing, regular basis regarding their welfare and experience of the service.
- (h) Clearly outlines how children and adults can make a complaint.
- (i) Communicates effectively with all children and adults living in the centre on events and changes in the accommodation centre.
- (j) Provides information on the routines in the accommodation centre and the service provider's expectations of children and adults living in the centre for the safety and welfare of all.

**1.3.2. Arrival.** When they arrive at the accommodation centre, children and adults are welcomed and provided with a description of the service which they can understand, including a written description in a language which they can understand, the residents' charter, a welcome pack and an orientation class in a language and format they can understand. The arrival procedures, documents, welcome pack and orientation class should be developed in partnership with residents and updated based on their feedback on what would be most helpful to new residents.

1.3.3. **Access to records.** Residents are aware of any records created by staff in respect of their personal information, and are facilitated / provided with guidance on how to access these records in accordance with freedom of information, General Data Protection Regulation 2016/17 and the Data Protection Acts 1988 - 2018.

1.3.4. **Confidentiality.** Residents are aware of the Confidentiality Policy in the centre, and the limits of confidentiality with respect to the risk to the life, health or wellbeing of a child or vulnerable adult.

## **Standard 1.4**

The service provider monitors and reviews the quality of care and experience of children and adults living in the centre and this is improved on an ongoing basis.

### **Indicators**

**1.4.1. Participation.** There is a clear culture of involvement and consultation with residents on an individual and group basis. The management and staff ask about the needs and views of children and adults living in the centre and respond to feedback. This applies to all levels of planning, design and delivery of the service.

**1.4.2. Improvement audits.** The service provider conducts regular audits to assess, evaluate and improve the services in a systematic way, and to ensure the best outcomes for children and adults living in the centre.

**1.4.3. Quality review.** The service provider reviews annually the quality and safety of care delivered to residents in consultation with staff, and the children and adults living in the accommodation centre. A copy of the review is given to children and adults living in the accommodation centre and Department of Justice and Equality, and informs a programme of continuous improvement within the service.

**1.4.4. Transition.** The manager, in agreement with the Department of Justice and Equality, provides an exit-document for residents granted a form of status which will help them in their transition to life outside the Service including a guide to local services.

**1.4.5. Public sector duty.** The service provider prepares a written description of how the Centre adheres to the public sector duty, clearly describing the model of care and support it delivers, the standard of accommodation, and, the services and facilities provided at the centre. This must reflect the day-to-day operations and must be reviewed and revised in line with contractual requirements and updated when necessary. In line with the public sector duty, the service provider must take steps to:

- (a) Eliminate discrimination;
- (b) Promote equality of opportunity and treatment of its staff and residents;
- (c) Protect the human rights of its members, staff and residents.

### **Standard 1.5**

Management regularly consult residents on their views and allow them to participate in decisions which affect them as much as possible.

#### **Indicators**

1.5.1. **Committee.** The service provider ensures that a residents' committee is established and the manager ensures that the residents' committee meets regularly.

1.5.2. **Consultations.** The service provider holds open consultations regularly to canvass the views of adults and children, and provide information. Support to participate in this consultation and understand the information given, is provided.

1.5.3. **Individual consultation.** The service provider takes specific actions to ensure that the views of residents who are unlikely to feel comfortable sharing their views in a group setting are canvassed.

## THEME 2: RESPONSIVE WORKFORCE

### **Standard 2.1**

There are safe and effective recruitment practices in place for staff and management.

#### **Indicators**

**2.1.1. Employment and equality laws.** The service provider recruits staff and management in line with employment and equality legislation. Recruitment and selection processes are informed by evidence-based human resource practices.

**2.1.2. Vetting.** The service provider ensures that staff, management and volunteers are vetted in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

**2.1.3. Job roles.** The service provider ensures that job descriptions for staff and management who provide service and support to children and adults living in the centre state that staff are required to establish and maintain relationships based on respect and equality.

**2.1.4. Induction.** The service provider makes available appropriate orientation and induction training to all of the service provider's staff, management and volunteers when they start working in the centre.

**2.1.5. Probationary period.** The service provider establishes an effective and fit for purpose performance appraisal system. The skills and competencies of each staff member or manager are reviewed during their probationary period and on an ongoing basis as part of their performance appraisal.

## **Standard 2.2**

Staff have the required competencies to manage and deliver person-centred, effective and safe services to children and adults living in the centre.

### **Indicators**

**2.2.1. Staffing levels.** At all times there are sufficient numbers of staff with the necessary experience and competencies to meet the needs of children and adults living in the centre and which reflect the size, layout and purpose of the centre. Contingency plans are in place in the event of a shortfall in staffing levels.

**2.2.2 Retention.** Continuity of staffing supports and the maintenance of relationships are promoted through:

(a) strategies for the retention of staff; and

(b) ensuring sufficient staffing levels to avoid dependency on the use of temporary and agency staff.

**2.2.3. Professional skills.** Staff have the necessary skills, appropriate to their role, to provide services and support to the children and adults living in the centre and to coordinate effectively with other organisations and professionals. These skills should include (a) experience working cross-culturally (b) understanding of basic mental health issues (c) strong communication skills (d) compassionate and empathetic style. Staff who are required to register with their relevant professional regulatory body do so.

**2.2.4. Codes of Conduct/Practice.** All staff in the centre adhere to the RIA Code of Practice as well as the codes of conduct of their own professional body or association, and or relevant professional regulatory body.

### **Standard 2.3**

Staff are supported and supervised to carry out their duties to promote and protect the welfare of all children and adults living in the centre.

#### **Indicators**

**2.3.1. Responsibilities.** Staff and managers understand their roles and responsibilities, have clear accountability and reporting lines, and are aware of policies and procedures to be followed at all times.

**2.3.2. Accountability.** Staff and managers are supported to effectively exercise their personal, professional and collective accountability for the provision of an effective and safe service and supports.

**2.3.3. Risk to staff.** There are procedures to protect staff, managers and volunteers by minimising the risk of violence, bullying and harassment. Where risks to staff, managers or volunteers are identified, these procedures are followed and appropriate actions are taken.

**2.3.4. Supports and supervision.** Staff receive regular supervision and support from managers. Supervision meetings must happen on at least a quarterly basis with the opportunity for more frequent supervision if required, for example if staff are working with vulnerable residents.

**2.3.5. Appraisal.** Skills and competencies of each staff member or manager are reviewed on an ongoing basis as part of their performance appraisal. A written record is kept of supervision, support and performance appraisal and a copy is given to the member of staff.

**2.3.6. Personnel files.** Up-to-date, accurate and secure personnel files are kept for all staff and management.

**2.3.7. Protected disclosures.** Staff are given information and facilitated to make protected disclosures about the effectiveness and safety of the Centre, in line with the Protected Disclosures Act 2014.

## **Standard 2.4**

Continuous training is provided to staff to improve the service provided for all children and adults living in the centre.

### **Indicators**

**2.4.1. Person-centred Services.** All staff receive training to provide person-centred services and supports to all children and adults living in the centre in a kind and compassionate manner.

**2.4.2. Training and development.** Staff are provided with training and ongoing development opportunities, appropriate to their roles that equip them with the necessary skills required to meet the needs of children and adults living in the centre.

**2.4.3. Supervision training.** Management and supervision training is provided to new managers who manage staff.

**2.4.4. Needs analysis.** A training needs analysis is periodically undertaken with all staff and relevant training, appropriate to their role, is provided as part of a continuous professional development programme, taking into account the assessed needs of all children, young people and adults living in the centre.

**2.4.5. Reporting abuse.** All staff receive ongoing training in the prevention, detection and reporting of abuse and their requirement to report abuse, as outlined in legislation and national policies. Training is up-to-date and facilitated by an appropriately qualified person.

**2.4.6. Health and safety.** All staff and residents are aware of health and safety procedures.

**2.4.7. Policies and procedures.** All staff and residents are aware of and apply policies, procedures, guidelines and practice documents developed by the Department of Justice and Equality, including the Child Protection and Welfare Policy and Practice Document, the Domestic, Sexual and Gender-based Violence and Harassment Policy and the Complaints Procedure.

**2.4.8. Training areas.** Management and staff receive training in the following areas:

- (a) Child protection;
- (b) Domestic, sexual and gender-based violence and harassment, including responding to and preventing female genital mutilation;
- (c) Awareness and competency in equality, diversity and cultural competency;
- (d) Sensitivity training on issues that impact on vulnerable groups;
- (e) Mental health awareness (incl. suicide prevention);

(f) Responding to the possible needs of (LGBTI+);

(g) Responding to the possible needs of victims of torture and trauma;

(h) Self-awareness;

(i) Conflict resolution;

(j) Anti-bullying;

(k) Disability;

(l) Indicators of human trafficking;

(m) Self-care;

(n) First aid.

The above specific training is carried out on a continuous basis with appropriate refresher training sessions provided on a regular basis. This is a non-exhaustive list.

## THEME 3: CONTINGENCY PLANNING AND EMERGENCY PREPAREDNESS

### **Standard 3.1**

The service provider will carry out a regular risk analysis of the service and develop a risk register.

#### **Indicators**

**3.1.1 Identifying risk.** The service provider carries out a risk analysis of the service and identifies potential risks that would compromise the provision of the service. The actions identified to mitigate the risk are assigned to a specific individual and monitored to ensure implementation. This risk register is reviewed and updated on a regular basis and actions identified to mitigate the risk. The risk register is provided to the Department of Justice and Equality and as part of the inspection process, and is available to its agents and inspectors, and the Office of the Ombudsman.

**3.1.2 Continuity of Service.** The service provider includes in the risk register proposals to ensure continuity of service in the event of disaster or unforeseen circumstances such as fire, flood or having any required certification rescinded which would affect the delivery of the service, including but not limited to:

(a) Contaminated water supply;

(b) Unavailability of bed space due to act of God;

(c) Unavailability of food supply/catering services (e.g. non-compliance/certification rescinded, equipment failure, delivery issues, stock/product shortages etc.);

(d) Failure of services delivery such as water, electricity etc.

**3.1.3 Emergency planning.** The service provider ensures that any emergency of risk register protocol meets the additional support needs of persons with disabilities.

**3.1.4. Fire drills.** The service provider ensures that all residents are educated on fire drills and emergency protocol.

## THEME 4: ACCOMMODATION

### **Standard 4.1**

The service provider, in planning, designing and allocating accommodation within the centre, is informed by the identified needs and best interests of residents, and the best interests of the child.

#### **Indicators**

4.1.1. **Room allocation.** In conjunction with the Department of Justice and Equality, the service provider allocates rooms to residents on the basis of needs identified in the initial, and any subsequent, vulnerability assessment. This must include consideration of the sexual orientation and gender identity of the resident in allocating rooms.

4.1.2. **Room and Health.** The service provider allocates individual rooms to residents with specific health conditions or disabilities, as far as is practicable.

4.1.3. **Criteria.** The allocation of rooms to residents is determined by the service provider on the basis of fair and transparent criteria.

4.1.4. **Factors.** The service provider considers familial links, gender, cultural, linguistic, religious background, age specific concerns and any vulnerability of the resident in the planning, design and allocation of accommodation, including the availability of shared accommodation for LGBTI+ residents.

4.1.5 **Liaison.** The manager will liaise promptly, appropriately and effectively with the Department of Justice and Equality if the accommodation centre is unable to meet the identified needs of residents and the best interests of the child.

## **Standard 4.2**

The service provider makes available accommodation which is homely, accessible and sufficiently furnished.

### **Indicators**

4.2.1. **Regulatory Compliance.** Accommodation is fully in compliance with the Housing Act 1966 and building regulations.

4.2.2. **Minimum Space Requirements.** A minimum space of 4.65m<sup>2</sup> for each resident per bedroom is provided for each resident. Additional space may be required for persons with disabilities.

4.2.3. **Ceiling.** Each bedroom has a minimum ceiling height of 2.4m.

4.2.4. **Space.** Bedrooms are provided with sufficient space to cater for the identified needs.

4.2.5. **Fittings.** Fixtures and fittings in bedrooms meet the identified needs of residents.

4.2.6. **Guidelines for the bedroom.** In line with Department of Housing, Planning and Local Government Guidelines, the bedroom:

(a) Facilitates the range of activities likely to be carried out;

(b) Offers adequate floor area;

(c) Is well-proportioned in terms of footprint outline;

(d) Provides good-quality living environments for residents;

(e) Adequately accommodates appropriate furniture and equipment while allowing free circulation within that area;

(f) Receives sufficient natural light.

4.2.7. **Wi-Fi.** The service provider ensures high quality Wi-Fi is accessible throughout the centre. Information including notices about online safety are available to children, young people and parents.

4.2.8. **Telephone.** The service provider ensures that residents have adequate access to a telephone in a private setting.

4.2.9. **Bedrooms.** Shared bedrooms for single persons contain a television, appropriate seating and table and for each person a single bed, a wardrobe/chest of drawers and a small lockable unit.

4.2.10. **Bunk-beds.** No bunk-beds are provided for persons aged 15 and over, unless requested.

4.2.11. **Disability.** Accommodation for persons with disabilities shall comply with Part M of the Building Regulations; the National Disability Authority Guidelines, “Building for Everyone, A Universal Design Approach”; and BS8300: 2018.

4.2.12. **Repairs.** The service provider maintains the accommodation centre in good structural and decorative repair, internally and externally, and any maintenance and repair works are carried out promptly and to a suitable standard.

4.2.13. **Maintenance and Repairs.** The manager has a clear mechanism in place for residents to report and follow up on any maintenance and/or repair issues and for those issues to be addressed in a timely way.

### **Standard 4.3**

The privacy, dignity and safety of each resident is protected and promoted in accommodation centres. The physical environment promotes the safety, health and wellbeing of residents.

#### **Indicators**

4.3.1. **Locks.** All rooms are lockable.

4.3.2. **Bathroom quality.** Residents have safe, secure and reasonable access to an adequate number of high quality and clean bathroom facilities. The service provider will ensure that those bathroom facilities are accessible to residents.

4.3.3. **Single bedrooms.** The service provider will facilitate a single resident to apply for a single bedroom after 9 months. If you are a single resident, you can apply for a single bedroom after 9 months and should be given a single room within 15 months (in so far as it is possible).

4.3.4. **Lockers.** The service provider will ensure all bedrooms have a locker per person/family unit for the storage of personal items.

4.3.5. **Storage facilities.** Residents are not required to store items, such as suitcases, in the bedroom or living space. The service provider makes available a secure storage facility in the accommodation centre.

#### **Standard 4.4**

The privacy and dignity of family units is protected and promoted in accommodation centres. Children and their care-givers are provided with child friendly accommodation which respects and promotes family life and is informed by the best interests of the child.

#### **Indicators**

4.4.1. **Families together.** The service provider accommodates family members, as well as children and their care-givers, together.

4.4.2 **Children.** The service provider accommodates families with children together provided that this is in line with the best interests of the child.

4.4.3. **Private living space.** All families have access to their own private living space, which is in addition to sleeping quarters.

4.4.4. **Family bedrooms.** The family's sleeping quarters and living space is private, and contains one bedroom for the parent(s) and may, in consultation, contain other rooms for children in accordance with sleeping protocols for children/teenagers, as provided in the Housing Act 1966.

4.4.5. **Family bathroom.** Each family has either an en-suite or access to a bathroom designated for their own use.

4.4.6. **Non-family members.** Bathrooms designated for family use are not shared with non-family members.

4.4.7. **Own-door.** Families are accommodated in own-door accommodation. Where this does not include a kitchen, it should have facilities for basic food preparation (for example a fridge, kettle and toaster)

4.4.8. **Beds.** The service provider makes available a sufficient number of single or double beds in family sleeping quarters, as appropriate.

## **Standard 4.5**

The accommodation centre has adequate and accessible facilities, including dedicated child-friendly, play and recreation facilities.

### **Indicators**

4.5.1. **Consultation.** Design and planning of all recreational and multi-purpose spaces is carried out in consultation with residents and takes account of the changing profile of residents.

4.5.2. **Children's spaces.** The service provider makes available appropriate, secure and adequate play, sports and recreation spaces, both indoor and outdoor, for children and young people respectively. Play spaces for children are not positioned close to the road and have secure gates. The design and planning of all recreational and multi-purpose spaces for children and young people is carried out in consultation with children and young people.

4.5.3. **Toys and games.** The service provider makes available access to a range of age-appropriate toys and games for children and young people. Toys and games will be reviewed regularly for condition, and will be replenished as often as practicable in order to maintain an adequate stock to meet the developmental and play/creative needs of children and young people.

4.5.4. **Adults' spaces.** The service provider makes available appropriate and adequate indoor and outdoor recreation and sports facilities for adults which are accessible and reflect the diverse needs.

4.5.5. **Facilities for children.** The service provider makes available safe and appropriate centre facilities for children and young people for youth club meetings and events as well as for events of significance, including birthday parties.

4.5.6. **Meeting spaces.** The service provider makes accommodation centre facilities available to all residents for meetings and other activities to create and strengthen two-way links between residents and the local community.

4.5.7. **Socialisation.** Children and young people are supported and facilitated to participate in social and recreational activities appropriate to their developmental level and age. The transport in the centre will take into account the range and type of activities in which children and young people participate.

4.5.8. **Worship.** The service provider makes available a non-denominational space for religious practice and worship.

4.5.9. **Reception space.** The service provider makes available a comfortable and appropriately furnished, informal, child friendly reception space to host friends and non-resident family members.

4.5.10. **Booking Facilities.** If any room is used as a multi-purpose space, the manager has in place fair and transparent processes and procedures to avoid conflict among residents.

4.5.11. **Furnishings.** All play, recreation and multi-purpose spaces are sufficiently furnished, fit for purpose, clean and regularly maintained.

4.5.12. **Accessibility.** Outdoor spaces are accessible to residents, including those with disabilities and limited mobility, and include seating and facilities for recreation.

## **Standard 4.6**

The service provider makes available, in the accommodation centre, adequate and dedicated facilities and materials to support the educational development of each child and young person.

### **Indicators**

4.6.1. **Study Facilities.** The service provider makes available appropriate and adequate study facilities for children and young people.

4.6.2. **Crèche.** The service provider facilitates access to an on-site or off-site crèche.

4.6.3. **Pre-school.** The service provider facilitates access to an off-site pre-school.

4.6.4. **Study club.** The service provider makes available a full-time serviced after-school homework or study club, or transport to and from school-based homework or study clubs, throughout the school year. The on-site clubs are welcoming, age-appropriate, attractive, well-heated, appropriately supervised and equipped with Wi-Fi and sufficient numbers of computers. Parental control software is in place on all IT equipment provided.

4.6.5. **Educational supports.** The service provider/manager liaises with schools, the local Education and Training Board and other educational and vocational institutions to identify and facilitate access to mentoring and other educational supports for young people.

4.6.6. **Study spaces.** All study spaces are sufficiently furnished, clean and fit for purpose.

4.6.7 **Study materials.** The service provider makes available appropriate and sufficient materials, equipment and on-line IT resources to support learning and schoolwork.

## **Standard 4.7**

The service provider commits to providing an environment which is clean and respects, and promotes the independence of residents in relation to laundry and cleaning.

### **Indicators**

4.7.1. **Clean areas.** All common areas are kept clean via a centre cleaning cycle.

4.7.2. **Laundry services.** The service provider makes available sufficient facilities which are accessible to residents for laundry services as required. The service provider repairs or replaces laundry appliances where necessary in a timely fashion.

4.7.3. **Ventilation.** The laundry is ventilated to the external air that adequately caters for the size of the population of the accommodation centre and the amount of laundry done in it.

4.7.4. **Drying.** Indoor and outdoor clothes drying spaces are available.

4.7.5. **Drainage.** The laundry area has adequate drainage.

4.7.6. **Consultation.** The service provider supplies laundry provisions in consultation with residents and informed by the needs expressed.

4.7.7. **Materials.** Residents have access to adequate and appropriate cleaning materials, laundry powder and equipment.

## **Standard 4.8**

The service provider has in place security measures which are sufficient, proportionate and appropriate. The measures ensure the right to privacy and dignity of residents is protected.

### **Indicators**

4.8.1. **Security risk assessment.** The service provider conducts a security risk assessment on a regular basis in consultation with residents and this informs security measures which are put in place including the wearing of uniforms, the presence of security staff onsite and physical barriers and/or gates.

4.8.2. **Training.** In line with Standard 2.4, any security staff whether directly employed by the Centre or not, undertake cultural sensitivity, equality and diversity training.

4.8.3. **Violence.** The service provider takes measures to prevent and address assault and other forms of violence, including sexual and gender-based assault and harassment, and residents are aware of this.

4.8.4. **Licensing.** Security personnel are licensed by the Private Security Authority and are Garda vetted.

4.8.5. **Private space.** The service provider makes available rooms without CCTV for receiving visitors, social workers, legal representatives and other advocates.

4.8.6. **Right to private life.** Residents' right to a private life is protected by the service provider and CCTV is only used in a way which is deemed responsible, necessary and proportionate.

4.8.7. **Data protection.** The service provider is compliant with the General Data Protection Regulation 2016 / 17 and Data Protection Acts 1988 - 2018. The service provider is fully transparent about why and how personal data is being used and appropriate safeguards are in place, and can demonstrate accountability for their data processing activities. Staff receive data protection training.

4.8.8. **Identity.** The service provider does not disclose residents' identities and/or information or share it with third parties without their consent, except if it is necessary and legally required where there is a risk to the resident or to another person.

## **Standard 4.9**

The service provider makes available sufficient and appropriate non-food items and products to ensure personal hygiene, comfort, dignity, health and wellbeing.

### **Indicators**

4.9.1. **Toiletries.** The service provider makes available sufficient and appropriate personal hygiene products and toiletries, including feminine hygiene products.

4.9.2. **Nappies.** The service provider makes available to residents with infants and toddlers sufficient and suitable nappies, wipes and lotions and other items assessed as necessary.

4.9.3 **Contraception.** The service provider facilitates access to free contraception, either through a designated local service provider if available or on request.

4.9.4. **Towels.** The service provider makes available adequate and appropriate bed linen and towels on arrival which are freshly laundered and in good condition. A minimum of two sets should be provided.

4.9.5. **Bedding.** The service provider makes available adequate pillows, duvets, blankets and other items assessed as necessary that are in good condition and suited to the local climate.

4.9.6. **Non-food products.** The service provider informs residents about the availability of non-food items and products and consults them about the types and variety of non-food items and products available in the centre.

4.9.7 **Choice.** Residents are provided with choice and have their needs and preferences taken into account in the provision of all non-food items and products.

4.9.8. **Access.** Transparent and fair mechanisms are in place to facilitate residents' access to other non-food items and products as requested and/or assessed as necessary to ensure personal hygiene, comfort, dignity, health and wellbeing.

## THEME 5: FOOD, CATERING AND COOKING FACILITIES

### **Standard 5.1**

Food preparation and dining facilities meet the needs of residents, support family life and are appropriately equipped and maintained.

#### **Indicators**

5.1.1. **Cooking and storage.** Residents have access to cooking and sufficient food storage (refrigerated and dry) facilities whether in a self-contained unit or through use of a communal kitchen. Cooking and dining facilities are accessible to persons with disabilities.

5.1.2. **Catering option.** The option to cook is in place in tandem with a catering option. If a self-catering option is not available, the service provider takes concrete steps, within a reasonable timeframe, to make facilities available for cooking.

5.1.3. **Space.** Adequate food preparation space and a sufficient quantity of cooking utensils and equipment (which is culturally and religiously appropriate) is available to meet the needs of the number of residents using the facility.

5.1.4 **Access.** Access to food preparation space is agreed in consultation with residents.

5.1.5. **Off-site food.** Facilities and provisions are available for the making of food to take off-site as necessary, e.g. school lunches.

## **Standard 5.2**

The service provider commits to meeting the catering needs and autonomy of residents which includes access to a varied diet that respects their cultural, religious, dietary, nutritional and medical requirements.

### **Indicators**

5.2.1. **28 Day menu.** Where a resident avails of the catered food option, residents are consulted in the planning and development of the 28 day menu cycle.

5.2.2. **Choice.** Residents are provided with choices across meal times and menus.

5.2.3. **Nutritional choice and standards.** Where a resident avails of the catered food option, the menu is approved by a suitably qualified person as meeting minimum nutritional standards including all relevant medical, health, cultural, religious and dietary requirements.

5.2.4. **Supplies.** Where a resident has access to a kitchen (within a self-contained unit or a communal kitchen), arrangements are implemented by centre management, in consultation with residents, for the provision of supplies, which is a variety of nutritious and ethnically appropriate food provided in sufficient quantities.

5.2.5. **Snacks.** A variety of nutritious snacks and beverages are available and provided in consultation with residents.

5.2.6. **Hydration.** Sufficient and freely available access to drinking water is available outside of private quarters.

5.2.7. **Health.** Healthy eating and good food habits are promoted.

5.2.8. **Food standards.** All food is traceable and sourced in accordance with Food Safety Authority of Ireland guidelines.

5.2.9. **Infants.** Facilities and provisions are available for infants and nursing mothers.

5.2.10. **Space to eat.** Where a resident avails of the catered food option, the layout of the dining hall offers residents sufficient space to eat and facilitates both private and communal dining, as far as is practicable.

5.2.11. **Times.** Opening and closing times for the dining hall and shop (where applicable) are consistent with residents' participation in the setting of the times.

5.2.12. **Consultation.** Meal/opening times are adjusted to reflect the needs of residents (e.g. study timetables, external activities, work timetable), as identified in consultation with residents.

5.2.13. **Feedback.** The service provider has transparent mechanisms in place for residents to provide feedback on the variety and quantity of food and methods of cooking. Feedback is acknowledged, recorded and informs food and catering decisions.

## THEME 6: PERSON CENTRED CARE AND SUPPORT

### Standard 6.1

The rights and diversity of each resident are respected, safeguarded and promoted.

#### Indicators

6.1.1. **Rights.** The rights of each resident are protected, respected and promoted in line with national legislation and international human rights standards and laws.

6.1.2. **Information.** The service provider provides information to residents about their rights in an accessible format and residents are supported in understanding their rights.

6.1.3. **Equal treatment.** Residents are treated with dignity, respect and kindness. Equality is promoted and respected in relation to the resident's age, gender, sexual orientation, gender identity, disability, family status, civil status, race, religious beliefs and/or membership of an ethnic group.

6.1.4. **Legal support.** Residents receive the appropriate assistance and support they may require to uphold their right to recognition before the law and to exercise their legal capacity. This includes assistance to access legal advice and representation in any forum where their rights are being determined.

6.1.5. **Advocacy.** The service provider facilitates residents in accessing advocacy services, and to receive information about their rights.

6.1.6. **Person centred support.** Staff and management ensure all residents are treated equally. Different levels of support are provided in accordance with the needs and preferences of each resident. This takes into account the outcomes and recommendations of the vulnerability assessment where these outcomes are shared with the permission of the resident.

6.1.7. **Religion.** The service provider facilitates residents to observe or abstain from religious practice in accordance with their wishes.

6.1.8. **Political rights.** The service provider facilitates residents to exercise their right to be informed and to vote, in accordance with their wishes and national law.

6.1.9. **Children's rights.**

(a) Children have their rights explained to them in an age-appropriate way.

(b) Children's needs and perspectives are heard and considered in relation to plans for the service provided.

(c) The service provider facilitates and supports children in exercising their rights.

(d) Children's right to participate in the decisions which affect them is recognised and fulfilled.

(e) The service provider recognises that children who identify as LGBTI+ may be especially vulnerable and will proactively facilitate and support them in exercising their rights.

## **Standard 6.2**

The service provider respects and safeguards the privacy of each resident.

### **Indicators**

6.2.1. **Privacy.** Each resident has an opportunity to be alone. Privacy and dignity is respected at all times, and particularly in relation to:

- (a) Receiving visitors;
- (b) Personal communications;
- (c) Expressions of intimacy and sexuality;
- (d) Personal consultations;
- (e) Personal examination;
- (f) Circumstances where confidential or sensitive information is being discussed;
- (g) Access to bedrooms, toilets and bathrooms.

6.2.2. **Support.** Each resident receives enhanced support at times of acute distress, in a manner that takes account of their particular needs and preferences and respects their privacy and dignity.

6.2.3. **Consultation.** The service provider and staff regularly consult with residents and seek their views, in particular where the operation and delivery of the service has implications for residents' privacy, dignity and sense of home. This information is used to improve services for all residents.

6.2.4. **Bed.** If a resident is absent, their bed is not made available to other individuals in need of short-term stay.

6.2.5. **Locks.** The doors to single occupancy bedrooms and family accommodation are fitted with locks suited to each resident's capabilities. It is accessible to staff only in defined circumstances and meets fire safety regulations. The resident is able to make secure their own personal accommodation.

6.2.6. **Privacy.** Except in cases of emergency, residents' rooms are entered only with prior notification to and consent from residents.

6.2.7. **Property.** Personal possessions are respected. The service provider recognises the importance of particular items of significance and residents are facilitated to keep their personal belongings where possible.

6.2.8. **Possessions after deportation.** Where a resident has been deported, the centre will package their belongings in a dignified manner and store them for a reasonable period of time. In cases where the belongings have not been claimed after a reasonable duration of time the centre will dispose of the belongings or donate them to charity.

6.2.9. **Respect for privacy.** Staff understand the individual needs of residents and demonstrate respect for the dignity, modesty and privacy of the resident.

6.2.10. **Mode of address.** Each resident's wishes with regard to how they would like to be addressed is ascertained and respected.

6.2.11. **Autonomy.** Staff do not act or speak for residents in areas they are capable of, and motivated or supported to manage for themselves.

6.2.12. **Private information.** Staff are committed to not sharing or discussing information given by residents in confidence or private lives of residence, except in circumstances where a report is made for purposes of child protection or where there is concern for the health, life or safety of the resident themselves or another individual.

### **Standard 6.3**

The service provider respects and safeguards the dignity of each resident.

#### **Indicators**

6.3.1. **Supportive atmosphere.** The service provider should endeavour to ensure the accommodation centre is a place where residents are free from harm and where there is an open and supportive atmosphere.

6.3.3. **Safety statement.** Centres have a visible statement on the safety, dignity, anti-bullying and anti-harassment policies of the Centre, reminding both residents and staff of their requirement to ensure a safe and respectful living environment. Disclosure to State services in line with the Statement is immediately actioned.

6.3.4. **End of life.** Residents receive care and support at the end of their life that meets their needs and respects their dignity and independence.

6.3.5. **Bereavement and loss.** The service provider gives information to residents affected by bereavement, grief and loss regarding support services locally, especially those services offered free of charge or at low cost. This information is emphasised if the death occurs of a resident in a centre, to ensure that those affected know how to access support.

6.3.6 **Humane treatment.** The service provider ensures that in a situation where accommodation is being withdrawn (transfer or removal) that residents are treated in a humane and dignified way, which is proportionate, non-discriminatory and ensures each resident's human rights are protected. Residents who are transferred or removed from accommodation are also provided with sufficient information about how to contact relevant support services who may be able to assist them.

## **Standard 6.4**

The service provider makes information available, and communicates this, in an accessible format which is appropriate to any special requirements of residents' communication needs.

### **Indicators**

**6.4.1 Literacy.** All communications with residents is cognisant of possible literacy difficulties and literacy-related barriers.

**6.4.2 Interpretation and translation.** Centres use appropriately trained interpreters and translators who are registered with the Irish Translators' and Interpreters Association and/or Irish Association of Sign Language Interpreters as relevant.

**6.4.3 Intermediaries.** Intermediaries are only used to interpret, translate or represent resident's interests if previously discussed and agreed with the resident involved.

**6.4.4 Child intermediaries.** Children are not used as intermediaries, interpreters or translators between their parents and the centre and/or external services.

**6.4.5 Communications.** All communication with residents is made available in formats accessible for adults and children and appropriate to any special requirements of the residents' communication needs, including residents who have language and literacy barriers, as far as is practicable. The languages in which information is provided is informed by the profile of the residents. Particular care should be extended to ensure that residents who communicate in lesser-spoken languages do not miss out on important information.

## THEME 7: INDIVIDUAL, FAMILY AND COMMUNITY LIFE

### **Standard 7.1**

The service provider supports and facilitates residents to develop and maintain personal and family relationships.

#### **Indicators**

7.1.1. **Family and friends.** Residents' friends and family are welcomed by the staff and management and they are facilitated to participate in, and be regularly involved in the resident's life.

7.1.2. **Culture and learning.** Families are provided with opportunities for intergenerational learning, knowledge transfer and preservation of culture.

7.1.3. **Families.** Family unity is respected and promoted by ensuring that families of every kind are accommodated together where appropriate, or facilitated to visit with family members, in a style that promotes family life and in line with the best interests of the child.

7.1.4. **Visitors.** The service provider enables residents to receive visitors in a private space and in their private rooms in a manner which is proportionate and that respects privacy and promotes the safety of residents.

7.1.5. **High volume.** Contingency planning is in place in the centre for times of high volume so as not to infringe on privacy and to avoid overcrowding.

## **Standard 7.2**

The service provider ensures that public services, healthcare, education, community supports and leisure activities are accessible to residents, including children and young people, and where necessary through the provision of a dedicated and adequate transport service.

### **Indicators**

**7.2.1. Access to services.** The service provider facilitates easy and safe access to local recreational, educational, medical, health and social care, religious and other services.

**7.2.2. Transport service.** The service provider makes available a transport service that meets the reasonable needs of residents.

**7.2.3. Retail.** Taking into consideration the weekly allowance received by residents, the service provider makes available transport to appropriate retail outlets.

**7.2.4. Consultation.** All transport plans are drawn up in consultation with residents including children and young people and include measures for exceptional circumstances. The plans are reviewed regularly in consultation with residents.

**7.2.5. Transport information.** Information is provided to residents about all available public and centre transport services.

**7.2.6. Vehicles.** All vehicles used to transport residents are roadworthy, fit for purpose, regularly serviced, insured, equipped with appropriate safety equipment and driven by persons who are insured and Garda vetted.

**7.2.7. Transport for children and young people.** The service provider ensures that transport shall be specifically provided, where necessary, that meets the reasonable needs of children attending off-site crèche, pre-school, extra-curricular and socialisation activities, including youth groups.

### **Standard 7.3**

The service provider supports and facilitates residents, including children and young people, to integrate and engage with the wider community, including through engagement with other agencies.

#### **Indicators**

**7.3.1. Integration.** A centre integration action plan is in place to develop and maintain reciprocal linkages between residents and the local community. During and after the development of the plan the service provider will engage with other agencies to facilitate residents' access to a range of services and activities.

**7.3.2. Local community.** A clear communication strategy and action plan is in place for engagement with the local community.

**7.3.3. Friends of the Centre.** The service provider supports and facilitates the establishment and regular meeting of a "Friends of the Centre" Group, consisting of residents' representatives (including children and young people), local statutory services and community/voluntary groups. The scope and role of the group is agreed by members.

**7.3.4. Leisure and clubs.** The service provider has partnership agreements in place to facilitate residents' access to leisure centres, youth clubs/services, sports clubs or other relevant recreational facilities and voluntary groups.

**7.3.5. Community involvement.** The service provider facilitates residents to integrate into their local communities.

**7.3.6. Demarcation.** Public and private spaces in centres are clearly demarcated and respected.

**7.3.7. Booking facilities.** The service provider operates fair and transparent criteria to manage centre facilities, e.g. meeting rooms and grounds, which are available for activities to create and strengthen two-way links between residents and the local community.

**7.3.8. Transition.** The service provider enables and supports residents to develop skills in preparation for transitioning out of the accommodation centre.

#### **Standard 7.4**

Staff and management support and encourage community initiatives and a sense of community within the centre.

#### **Indicators**

7.4.1. **Consultation.** The service provider organises community activities within the centre in consultation with residents.

7.4.2 **Diversity reflected.** Activities and events reflect and celebrate the diverse cultures, interests, age profile, identity and needs of residents.

7.4.3. **Child Protection and vetting.** Groups and activities organised or managed by external groups within centres are in compliance with the Department of Justice and Equality/RIA Child Protection Policy and the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

## THEME 8: SAFEGUARDING AND PROTECTION

### Standard 8.1

The service provider protects residents from abuse and neglect and promotes their safety and welfare.

#### Indicators

8.1.1. **Policies.** The service provider has policies and procedures are in place and are implemented to ensure each resident is protected from harm and abuse. The service provider ensures residents are aware of the complaints processes available.

8.1.2. **Safety policies.** The service provider has risk assessment and management policies and procedures are in place for dealing with situations where safety may be compromised.

8.1.3. **Measures.** The manager takes all reasonable and proportionate interim measures to protect residents if a concern arises regarding their safety.

8.1.4. **Process.** The service provider deals with all allegations of abuse and/or harm in an effective manner in accordance with identified policies and procedures.

8.1.5. **Conflict.** Centres have policies, procedures and systems in place for the management of conflict and associated risk.

8.1.6. **Liaison.** Centres have a designated person to act as a liaison with outside agencies and a resource person to staff who have safety concerns.

8.1.7. **Community supports.** Centres are aware of relevant support services and display information on available supports and services in the community (and national services where no local support service is available).

8.1.8. **Valuables.** The service provider makes available safe and secure storage for their residents' valuables, both in their room and in the centre.

8.1.9. **Protocols.** The service provider has clear emergency protocols in place and these are communicated to residents and staff.

8.1.10. **Consultation and information.** The service provider makes available to residents information and upskilling needed for their own safety and protection. Residents are consulted on all policies and procedures involved in their safeguarding and protection.

## **Standard 8.2**

The service provider takes all reasonable steps to protect each child from abuse and neglect and children's safety and welfare is promoted.

### **Indicators**

**8.2.1. Policies for children.** The service provider has policies and procedures in place to ensure children are protected from harm are in line with national policy and legislation (for example, Children First). This includes information to parents about their right to contact Tusla.

**8.2.2. Partnership.** Staff and management work in partnership with children and families to promote the safety and wellbeing of children.

**8.2.3. Abuse or neglect.** Where there has been an allegation of abuse or neglect against a child, policies and procedures as outlined in national policy and legislation, and the child protection policy of the Department of Justice and Equality are followed. Necessary actions on foot of an allegation are communicated appropriately to the person(s) involved.

**8.2.4. Safety prioritised.** The service provider has in place clearly defined procedures, understood by all staff for the resolution of allegations of abuse by staff that prioritises the safety of children.

**8.2.5. Designated Liaison Person.** The accommodation centre has a Designated Liaison Person (DLP) and this person acts as the coordinator with outside agencies and as a resource person for residents and staff members who have child protection concerns. The DLP is responsible for reporting allegations or suspicions of abuse and neglect to Tusla or An Garda Síochána. In addition each manager is a mandated person under the Children First Act 2015. The name and contact details for the Designated Liaison Person should be prominently displayed.

**8.2.6. Supervision.** Parents are supported and facilitated to provide age appropriate supervision to children, and there should be procedures in place for the care of children in parents' absence. This includes arrangements between residents for the care of children.

**8.2.7. Needs informed services.** The identified needs of children (including their own views on this) inform the development and delivery of services and supports.

**8.2.8. Information.** The service provider makes available to all children information regarding active listening supports for children and young people, for example Childline, in various appropriate formats, including posters, leaflets and online.

### **Standard 8.3**

The service provider manages and reviews adverse events and incidents in a timely manner and outcomes inform practice at all levels.

#### **Indicators**

8.3.1. **Policies.** The service provider has policies and procedures for the management to review and evaluate adverse events.

8.3.2. **Confidentiality.** Adverse events are treated sensitively and confidentially.

8.3.3 **Reporting.** The service provider reports adverse events to the Department of Justice and Equality within a specified timeframe.

8.3.4 **Information.** Residents are fully and openly informed as soon as possible after an adverse event affecting them has occurred, or becomes known, and information and support are provided as needed. The service provider makes available to the resident updated, accurate information in an appropriate manner and format, as soon as it is available.

8.3.5. **Emergency.** Emergency contacts are displayed and framed in each room.

## THEME 9: HEALTH, WELLBEING AND DEVELOPMENT

### **Standard 9.1**

The service provider promotes the health, wellbeing and development of each resident and they offer appropriate, person centred and needs-based support to meet any identified health or social care needs.

#### **Indicators**

**9.1.1. Health information.** The service provider makes available to residents the necessary information and supports required to access the physical and mental health and welfare supports for their health, wellbeing and development.

**9.1.2. Accessibility.** All communication with residents is made available in accessible formats and appropriate to any special requirements of the residents' communication needs, including residents who have language and literacy barriers, children and people with disabilities, as far as is practicable.

**9.1.3. Referral protocols.** The service provider establishes a clear referral protocol and links residents to community or specialist services and supports.

**9.1.4. Wellbeing.** The health, wellbeing and development of residents is promoted and supported through diet, nutrition, recreation, exercise and mental and physical activities.

**9.1.5. Private discussion.** Private space, for confidential discussions, can be used by appropriate service providers, e.g. public health nurse, NGOs, lawyers.

**9.1.6. Leaflets and posters.** The service provider makes available information leaflets, posters and confidential contact details. These are kept up to date to target specific groups and promote residents' dignity. Examples of topics which should be covered are female genital mutilation (FGM), torture, HIV, mental health (including children, adolescent and young people's mental health services), LGBTI+, disability, religion, domestic violence, human trafficking, exploitation, anti-bullying and online safety, sex work and prostitution, and older people's needs.

**9.1.7. Welfare rights.** Staff liaise with the Department of Employment Affairs and Social Protection and other relevant bodies to ensure residents, particularly newly arrived people, are aware of their welfare and social protection rights.

**9.1.9. Support services.** Information is publicly displayed which includes the contact details of organisations or groups of persons who are able to inform residents concerning available health, social care and support services. The service provider facilitates open days where

community support services can come to the centre, set up 'pop-ups' or stands and create spaces to talk to the residents about the support services they offer.

9.1.10. **Family supports.** Staff and management develop and maintain links with family support services in the area. The service provider supports and facilitates access to preventative and early intervention family supports.

9.1.11. **Children's welfare.** The service provider supports parents to make decisions regarding their welfare and the welfare of their children.

9.1.12. **Child protection.** Parents are fully informed by the service provider about national legislation and policy on child protection and safety and the supports available.

9.1.13. **Primary caregivers.** Parents and guardians are recognised and respected as the primary caregiver and decision makers with regards to their children's welfare and development.

9.1.14. **Parenting styles.** Any cultural competence training should encompass awareness of different parenting cultures and styles, and be available to parents and staff.

9.1.15. **Medical appointments.** The service provider has arrangements in place to assist and enable residents to access medical appointments and psycho-social services and supports, including childcare and transport supports.

9.1.16. **Sexual health.** The service provider facilitates access to sexual, reproductive and LGBT+ health and family planning and crisis pregnancy information and services.

9.1.17. **Infectious disease.** The service provider ensures effective hygiene and sanitary practices are in place and promoted to control the spread of infectious diseases.

9.1.18. **Substance abuse.** Accommodation centres have a substance use statement in line with Department of Justice and Equality/RIA substance use policy in place, and all staff and residents are advised regarding rights and responsibilities in relation to this.

9.1.19. **Positive risk management.** Staff and management use positive risk management strategies to identify and safely manage the risks associated with substance (e.g. alcohol and drug) misuse.

## **Standard 9.2**

The service provider makes available in the accommodation centre services which support residents' physical and psychological, health, wellbeing and development, and promote a self-care approach.

### **Indicators**

**9.2.1 Communication.** The manager promotes effective and accessible communication between the health and social care professionals involved in the support and treatment of residents and the residents themselves.

**9.2.2 Privacy.** The service provider facilitates an appropriate private setting for health and social professionals' visits and communications.

**9.2.3 Wellbeing activities.** The service provider develops initiatives to promote the health, wellbeing and development of residents and delivers these in consultation with residents. These should include preventative initiatives.

**9.2.4 Community activities.** Staff and management encourage residents to participate in and develop, social and community activities to promote residents' (including children and young peoples') lifestyle, interests and wellbeing.

**9.2.5 Community self-care.** Staff and management continuously informs residents of self-care activities available in the community and residents are facilitated to identify suitable programmes including peer-led training that could be offered at the accommodation centre.

### **Standard 9.3**

Staff and management engage with other agencies to provide information and access to a range of services for residents to promote their health, wellbeing and development. The service provider supports residents to participate in education (both formal and non-formal), training, volunteering and employment opportunities.

#### **Indicators**

9.3.1. **Education and training.** The service provider enables and supports residents to participate in further education and training opportunities.

9.3.2. **Educational supports.** The service provider facilitates residents' access to education supports in the centre and in the community.

9.3.3. **Study facilities.** The service provider facilitates access for adults to appropriate and adequate study materials and facilities.

9.3.4. **Employment.** The service provider enables and supports residents to participate in employment opportunities, where eligible in accordance with Regulation 11 of the European Communities (Reception Conditions) Regulations 2018.

9.3.6. **Volunteering.** The service provider enables and supports residents to participate in volunteering opportunities.

9.3.7. **Information.** Information is available and kept up to date in the accommodation centres on employment, education, volunteering and training supports, services and opportunities.

9.3.8. **Transport.** The service provider makes available a dedicated local transport service which is accessible, taking into consideration the needs of residents (including children and young people) attending education, training, support services and volunteering opportunities.

9.3.9. **Transition.** The service provider enables and supports residents to develop skills in preparation for transitioning out of the accommodation centre.

## THEME 10: IDENTIFICATION, ASSESSMENT AND RESPONSE TO SPECIAL NEEDS

### **Standard 10.1**

The service provider ensures that any special reception needs notified to them by the Department of Justice and Equality are incorporated into the provision of accommodation and associated services for the resident.

#### **Indicators**

10.1.1. **Work plan.** The service provider has a work plan to support the requirements of residents with special reception needs which is implemented, and subsequently evaluated and reviewed.

10.1.2. **Assessment shared.** The service provider has measures in place for communicating any special reception needs with the Reception Officer to assist them in the performance of their duties, while respecting the confidentiality of the resident.

10.1.3. **Assessment outcome.** Any special reception needs notified to the service provider by the Department of Justice and Equality as well as consultation with the resident upon arrival to the accommodation centre informs the:

- (a) Allocation of room/s within the accommodation centre;
- (b) Delivery of supports and services within the accommodation centre;
- (c) Information and referral to relevant external supports and services.

10.1.4. **Liaison.** The manager will liaise promptly, appropriately and effectively with the Department of Justice and Equality if:

- (a) The accommodation centre is unable to accommodate or cater for the special reception needs of a resident;
- (b) Supports and services are not available in the locality to meet the special reception needs of a resident, or;
- (c) Special arrangements or measures need to be taken to accommodate or cater for the special reception needs of a resident within the accommodation centre.

10.1.5 **Room allocation.** The service provider should take account of other residents' needs when allocating a room/s and supports and services delivered within the accommodation centre to meet a resident's special reception needs.

10.1.6 **Documentation.** The service provider documents the special reception needs of residents and stores them in a confidential manner.

## **Standard 10.2**

All staff are enabled to identify and respond to emerging and identified needs for residents.

### **Indicators**

10.2.1. **Training.** In awareness and recognition of special reception needs each staff member receives initial and ongoing specialised training and support to identify and respond to the special reception needs and vulnerability of residents. The service provider maintains a written record of staff training.

10.2.2. **Incident debrief.** Staff are debriefed in a timely manner after incidents or responding to residents in crises.

10.2.3. **Self-care.** The service provider has measures in place to support and promote the self-care of staff who regularly deal with residents with special reception needs.

10.2.4. **Staff well-being.** The service provider has measures in place to prevent work overload, burnout and vicarious trauma. The service provider makes available stress management training for staff and management.

10.2.5. **Best practice.** The service provider has measures in place to encourage staff to share experiences, best practice and lessons learnt. The lessons learned are documented and used to improve processes and delivery of supports and services within the accommodation centre.

10.2.6. **Supports.** Delivery of supports for people identified as requiring special reception needs is person-centred and provided in such a way as to affirm, promote and empower the person's strength and resilience.

### **Standard 10.3**

The service provider has an established policy to identify, communicate and address existing and emerging special reception needs.

#### **Indicators**

10.3.1. **Special reception needs.** The service provider ensures a fair and transparent mechanism is in place to adequately identify the special reception needs of residents that become apparent after dispersal.

10.3.2. **Identifying needs.** The reception officer is proactive in identifying the special reception needs of residents on an ongoing basis.

10.3.3. **Liaison with the Department of Justice and Equality.** The manager will liaise promptly, appropriately and effectively with the Department of Justice and Equality if:

(a) The accommodation centre is unable to accommodate or cater for the special reception needs of a resident;

(b) Supports and services are not available in the locality to meet the special reception needs of a resident; or

(c) Special arrangements or measures need to be taken to accommodate or cater for the special reception needs of a resident within the accommodation centre.

10.3.4. **Confidential.** The special reception needs of residents are documented and stored in a confidential manner.

10.3.5. **Informing the Department of Justice and Equality.** The Department of Justice and Equality should be kept informed of a resident's special reception needs.

10.3.6. **Response and referral.** The special reception needs of residents are responded to promptly and adequately, and referrals are made to relevant health and social care services, governmental agencies, statutory bodies or support organisations, as required.

10.3.7. **Cooperation with services.** The Reception Officer cooperates and collaborates with service providers, support organisations and statutory and non-statutory agencies to promote the health and development of residents with special reception needs and ensure their needs are met.

10.3.8. **Monitoring.** The service provider ensures a mechanism is in place to ensure residents with special reception needs are regularly monitored in conjunction with the reception officer.

10.3.9. **Follow up.** Residents are encouraged to attend follow up vulnerability assessments.

10.3.10. **Access.** Arrangements are in place to assist and enable residents with special reception needs to access appropriate supports and services, including childcare and transport supports.

10.3.11. **Personal data and confidentiality.** In line with Indicator 1.3.4, the service provider upholds any relevant provisions of the General Data Protection Regulation 2016 /17 and Data Protection Acts 1988 - 2018, as well as the centre's Confidentiality Policy, with regard to the outcome of vulnerability assessments and the special reception needs of a resident.

## **Standard 10.4**

The service provider makes available a dedicated Reception Officer, who is suitably trained to support all residents' especially those people with special reception needs both inside the accommodation centre and with outside agencies.

### **Indicators**

**10.4.1. Reception Officer skills.** The Reception Officer has appropriate qualifications (a QQI level 7 social care background or equivalent) and skills to identify and respond to residents with special reception needs. The Reception Officer is a member of the senior management team as per the management structure as stated in Indicator 1.2.4.

**10.4.2. Training.** The Reception Officer must receive regular external specialised training to identify and respond to residents with special reception needs. The service provider maintains a written record of training attendance.

**10.4.3 Manual.** The service provider makes available a copy of the Reception Officer Policy and Procedure Manual and monitors adherence to this by the reception officer.

**10.4.4. Contact point.** The Reception Officer is the principal point of contact for residents, staff and management for any issues concerning special reception needs.

**10.4.5. Relationships.** The Reception Officer establishes relationships and is in regular contact with relevant State service providers, support organisations and statutory and non-statutory agencies in the locality.

**10.4.6. Support services.** The manager is responsible for notifying the Department of Justice and Equality on the availability of support services in the locality and in the accommodation centre.

**10.4.7. Advice.** The Reception Officer provides information and advice on issues about special reception needs within the accommodation centre to residents and staff.

**10.4.8. Other staff.** The Reception Officer supports other staff to ensure that they adequately identify, refer and respond, as appropriate, to the special reception needs of residents within the accommodation centre.

**10.4.9. Reporting.** The manager is responsible for reporting to the Department of Justice and Equality, any special reception needs of residents that become apparent after dispersal.

**10.4.10. Recommendations.** The manager should liaise with and may make recommendations to the Department of Justice and Equality if they consider that a resident with special reception needs would be better accommodated or catered for in an accommodation centre designated for exceptionally vulnerable residents. Any changes to a

resident's accommodation needs shall be communicated to and discussed with the resident in a timely and appropriate manner.

10.4.11. **Linkages.** The Reception Officer will be responsible for ensuring linkages with local healthcare providers, schools, legal service providers, family and child support agencies, trauma counselling and other specialist Services, NGOs and other civil society groups including religious organisations, where appropriate and in line with vulnerability assessments and the identified special needs of residents. The Reception Officer will communicate effectively with the Designated Liaison Person in this regard, where necessary.

## **Standard 10.5**

In accommodation centres where a significant percentage of residents are deemed to be exceptionally vulnerable or in cases where a centre has been designated for exceptionally vulnerable international protection applicants, the service provider makes additional measures available.

### **Indicators**

10.5.1. **Staff skills.** The service provider makes available sufficient staff with the appropriate qualifications and skills to respond to the needs of exceptionally vulnerable residents.

10.5.2. **Diversity of staff.** The service provider regularly reviews the gender and skill mix of staff in light of the number and assessed needs of the residents in the accommodation.

10.5.3. **Training.** Staff receive specialised training to meet the assessed needs of exceptionally vulnerable residents. The service provider maintains a written record of staff training.

10.5.4. **Supervision.** Staff responding to exceptionally vulnerable residents are provided with clinical supervision or other appropriate professional and supported in line with their professional requirements.

10.5.5. Reception needs **assessments.** Staff conduct an ongoing comprehensive review of a resident's needs to determine their ongoing needs, outline the supports required and make appropriate referrals.

10.5.6. **Interagency cooperation.** Staff work in close cooperation with the local Primary Care Team and other health and social care providers to ensure a resident's ongoing needs are managed in a respectful and dignified way.

10.5.7. **Liaison with the Department of Justice and Equality.** The Manager regularly liaises with the Department of Justice and Equality and makes recommendations as to whether the resident should remain in the accommodation centre for further care or be supported to transfer to another accommodation centre.

10.5.8. **Protection process.** Staff are cognisant of the impact of the protection process on a resident's health and wellbeing and endeavour to support residents at key phases of the protection process.

10.5.9. **Safety and security.** The service provider has appropriate and proportionate safety and security measures and arrangements in place for accommodation centres with a significant percentage of residents deemed to be exceptionally vulnerable or designated for exceptionally vulnerable residents.

## Appendix 1: Terms of Reference

- 1 The Reception and Integration Agency (RIA), Department of Justice and Equality has convened an advisory group to support and advise on the development of *National Standards for Accommodation offered to those in the Protection Process*.<sup>10</sup>
- 2 Membership of the Standards Advisory Group will comprise representatives of the relevant Departments, NGOs and those experts identified who can contribute to the process. Other individuals or organisations may be invited as the need arises.
- 3 RIA have committed to securing adequate human resources, administrative and secretarial support to ensure that the standards can be developed within the time envisaged.
- 4 The Standards Advisory Group will:
  - a. Determine the scope of the Standards required and guide the development of themes and content for the Standards.
  - b. Ensure that the Standards developed reflect the intentions and scope of all relevant Working Group recommendations and incorporate fully government policy across all areas of service in Direct Provision within the purview of the Department of Justice and Equality.
  - c. Meet monthly to review progress on the development of the Standards.
  - d. Share specialist expertise, knowledge and insight to enable the Standards to be effectively developed and implemented.
  - e. Represent the views of affected groups and ensure that the Standards developed are catered to their needs.
  - f. Oversee and review all key documents and drafts; provide detailed observations and advice, as required.
- 5 Draft Standards should be completed by the end of Q1, 2018 at the latest in order for a public consultation to be conducted promptly thereafter.

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<sup>10</sup> These standards shall cover areas that are within the remit of the Minister for Justice and Equality and shall apply to the living conditions and services provided under contract in accommodation centres.

## Appendix 2: Statement of Commitment

RIA, and the Department of Justice and Equality will:

- a. Establish the Standards Advisory Group as set out in recommendation 4.226 of the McMahon Report.
- b. Publish the Terms of Reference of the Standards Advisory Group.
- c. Draft standards and update the Standards Advisory Group regularly on progress.
- d. Identify a primary point of contact for the Standards Advisory Group and provide all necessary secretarial and administrative support.
- e. Convene a meeting of the Standards Advisory Group on a monthly basis and keep them regularly appraised of progress.
- f. Circulate, no later than one week in advance of a meeting of the Standards Advisory Group, an agenda, minutes of the previous meeting, and updated drafts of the standards and all other relevant information necessary for the proper conduct of the Group's business.
- g. Facilitate any additional expert meetings, consultations, or focus groups identified as necessary by the Committee to assist it in its work.
- h. Once draft Standards have been developed, conduct a public consultation to include all key stakeholders.
- i. Following the public consultation consult closely with the Standards Advisory Group around the finalisation of the standards.
- j. Submit the agreed final Standards to the Minister for approval once the process is complete.
- k. Publish the standards and make them available on its website and in all accommodation centres.

The standards developed will ensure compliance and compatibility with housing, data protection and other relevant legislation, regulations and standards.<sup>11</sup>

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<sup>11</sup> See further p.368 McMahon Report.

### Appendix 3: Members of Standards Advisory Group

Chairperson: Eibhlin Byrne (Irish Refugee Protection Programme, Department of Justice and Equality).

<b>AkiDwA</b>	<b>Salomé Mbugua</b>
<b>Children’s Rights Alliance</b>	<b>Tanya Ward</b> <b>Hilary Harmon</b>
<b>Core Group of Asylum Seekers and Refugees</b>	<b>Stephen Ng’ang’a</b>
<b>Jesuit Refugee Service</b>	<b>David Moriarty</b> <b>Eugene Quinn</b>
<b>Nasc (Irish Immigrant Support Centre)</b>	<b>Fiona Finn</b> <b>Jennifer De Wan</b>
<b>SPIRASI</b>	<b>Rory Halpin</b>
<b>UNHCR</b>	<b>Enda O Neill</b> <b>Caroline Stephens</b> <b>Susan Mc Monagle</b> <b>Maria Hennessy</b>
<b>Department of Justice Reception and Integration Agency</b>	<b>George Sinclair</b> <b>Sarah Ní Ruaire</b> <b>Kate Gillen</b>
<b>Department of Children and Youth Affairs</b>	<b>Michele Clarke</b> <b>Dr Bairbre Meaney</b>
<b>HSE National Office for Social Inclusion</b>	<b>Diane Nurse</b>
<b>Secretariat</b>	<b>Fiona Murphy (IRPP)</b> <b>Michael Mc Donald (RIA)</b>
<b>Editorial</b>	<b>Deirdre Duffy</b>

## Appendix 4: Table of Legislation

### Building-Related and Other Relevant Legislation referred to in RIA publications

- Building Control Acts 1990 to 2014
- Building Regulations 1997 to 2017, parts A to M inclusive, associated Technical Guidance Documents and Statutory Instruments
- Building Control Regulations 1997 to 2014
- Children First Act 2015
- Data Protection Acts 1988 and 2018
- Employment Equality Acts 1998 to 2015
- Employment Permit Acts, 2003 and 2006
- European Communities (Drinking Water) Regulations 2000 to 2014
- European Communities (Hygiene of Foodstuffs) Regulations 2000 to 2009
- European Communities (Official Control of Foodstuffs) Regulations 1998 to 2010
- European Communities (Reception Conditions) Regulations 2018
- Fire Services Acts, 1981 and 2003
- Food Hygiene Regulations 2000 to 2007
- General Data Protection Regulation
- Housing Acts, 1966 to 2009
- Immigration Act 2004
- Industrial Relations Acts 1946 to 2012
- International Protection Act 2015
- National Minimum Wage Acts 2000 to 2017
- Planning and Development Acts 2000 to 2015
- Private Security Services Act, 2004 to 2016
- Safety, Health & Welfare at Work Act, 2005
- Tourist Traffic Acts, 1939 to 2016
- Any statutory modification or re-enactment of same.

In addition, before RIA can open a centre, the operator of the centre must provide the following information:

- Fire Safety Certificate;
- Certificates of Design, Installation, Commissioning and Handover for the Fire Alarm System as per IS 3218:2013 or equivalent;
- Certificates of Design, Installation Commissioning and Handover for the Emergency Lighting System, as per IS 3217:2013 or equivalent;
- Safe Electric test sheet/certification of electrical installation;
- Certificate and Opinion of Compliance with the Fire Services Acts 1981 and 2003;
- Architect's Opinion on Compliance with Building Regulations;
- Architect's Opinion on Compliance with Planning Permission;
- Disabled Access Certificate.

These all refer to the fire safety and accessibility of the building.

#### **Other Relevant Legislation – Food Hygiene**

- Regulation (EC) No 178/2002
- Regulation (EC) No 852/2004
- Regulation (EC) No 853/2004 and S.I. 556 of 2014 – Relating to the provision of food information to consumers
- S.I. 489 of 2014 – Health (Provision of Food Allergen Information to Consumers in respect of Non-Prepacked Food) Regulations 2014
- S.I. 619 of 2001 – Safety Health and Welfare at Work (Chemical Agents) Regulations
- I.S. 340:2007 – Hygiene in the Catering Sector
- I.S. 341:2007 – Hygiene in Food Retailing and Wholesaling
- I.S. 22000:2005 – Food Safety Management Systems
- Any statutory modification of same

## Other Relevant Legislation – Transport

Any vehicles used to transport residents must possess the following:

- Certificate of Road Worthiness
- Valid Tax Certificate
- Valid Insurance Certificate
- Public Service Vehicle/Small Public Service Certificate
- Road Passenger Transport Operator's Licence
- Driver Certificate of Professional Competence

## Appendix 5: Policies and Procedures

### RIA Policies and Documents

RIA has developed its own policies, which all centres must follow:

- Infant Feeding Guidelines;<sup>12</sup>
- Child Protection & Welfare Policy;<sup>13</sup>
- RIA House Rules;<sup>14</sup>
- Accommodation of Aged-Out Minors in RIA Accommodation Centres;<sup>15</sup>
- RIA Policy Document on Sexual & Gender-based Violence;<sup>16</sup>
- RIA Code of Practice for Persons Working in Accommodation Centres.<sup>17</sup>

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<sup>12</sup> [http://www.ria.gov.ie/en/RIA/Infant Breast.pdf/Files/Infant Breast.pdf](http://www.ria.gov.ie/en/RIA/Infant%20Breast.pdf/Files/Infant%20Breast.pdf)

<sup>13</sup> [http://www.ria.gov.ie/en/RIA/Revised Child Protection & Welfare Policy for accommodation centres \(October 2014\).pdf/Files/Revised Child Protection & Welfare Policy for accommodation centres \(October 2014\).pdf](http://www.ria.gov.ie/en/RIA/Revised%20Child%20Protection%20&%20Welfare%20Policy%20for%20accommodation%20centres%20(October%202014).pdf/Files/Revised%20Child%20Protection%20&%20Welfare%20Policy%20for%20accommodation%20centres%20(October%202014).pdf)

<sup>14</sup> [http://www.ria.gov.ie/en/RIA/Pages/House Rules Pubs](http://www.ria.gov.ie/en/RIA/Pages/House_Rules_Pubs)

<sup>15</sup> <http://www.ria.gov.ie/en/RIA/Aged%20Out%20Minors%20Policy%20Doc%20December%202011.pdf/Files/Aged%20Out%20Minors%20Policy%20Doc%20December%202011.pdf>

<sup>16</sup> <http://www.ria.gov.ie/en/RIA/RIA%20Policy%20Document%20on%20Domestic%20&%20Gender%20Based%20Violence%20&%20Agreed%20Report.pdf/Files/RIA%20Policy%20Document%20on%20Domestic%20&%20Gender%20Based%20Violence%20&%20Agreed%20Report.pdf>

<sup>17</sup> <http://www.ria.gov.ie/en/RIA/Code%20of%20Practice%20Doc%20Sept%202005.pdf/Files/Code%20of%20Practice%20Doc%20Sept%202005.pdf>

## Appendix 6: Child Safeguarding Statement

### CHILD SAFEGUARDING STATEMENT

Department of Justice and Equality

Covering the offices of

The Reception and Integration Agency

and

The Irish Refugee Protection Programme

Name of Service Being Provided:

Reception and Integration Agency, Department of Justice and Equality (RIA)

Irish Refugee Protection Programme (IRPP)

Nature of Service:

The Reception and Integration Agency is responsible for the administration of accommodation provision to all persons including families and single people seeking International Protection in Ireland. RIA Accommodation is provided in one of 33 centres located across Ireland. Seven centres are state owned and operated by private firms following a procurement process. The remainder are all privately owned and operated by commercial interests.

Young people and children who arrive in Ireland without a parent or guardian and seek International Protection are cared for by TUSLA, until such time as a family member is identified who can care for them, or until they reach the age of majority. If an unaccompanied young person reaches the age of 18 years before their International Protection application has been finalised, they are entitled to accommodation within RIA centres.

RIA also provides accommodation on a short- term basis to adults identified as Victims of Trafficking and their dependent children and to citizens of AC13 countries who wish to return to their country of origin and their dependent children.

The Irish Refugee Protection Programme has two distinct strands. Under the first, Ireland works with the UNHCR to resettle refugees, primarily from the Lebanon. The second strand concerns the EU relocation mechanism under the two EU Council Decisions from 2015

where Member States agreed to relocate people fleeing the Syrian conflict and currently residing in Greece and Italy.

Clients of IRPP are accommodated in one of four Emergency Reception and Orientation Centres (EROCs). Once the application process has been completed staff of the IRPP assist clients to access housing and to transition into life in the Irish community.

R.I.A's role is to monitor the delivery of service at all centres including EROCs. Monitoring takes place via inspections, clinics with residents and on-site visits to centres. RIA also has a role in complaint resolution and monitoring. Complaints may be received from residents or staff regarding the operation of the centre or services provided, such as food, transfers between centres for residents and safety of residents and staff.

RIA is also responsible for co-ordinating inspections of each centre by RIA staff and by an independent quality assurance firm.

RIA and IRPP staff are working with NGO partners and other government departments to develop Standards for Accommodation for People Seeking International Protection.

Staff of the Child and Family Unit, R.I.A, are working to develop a Child Welfare Strategy to complement the Child Protection Policy already in place in RIA.

The following statement and risk assessment address the principles and procedures that staff in RIA and IRPP, and staff in RIA and EROC accommodation should follow if harm, risk or suspicion of harm to a child resident is made known to them.

#### Principles to Safeguard Children:

- The safety and protection of children living in the centres is of paramount concern to RIA and IRPP
- The best interests of the child should be a primary consideration in planning and service delivery within RIA and IRPP
- By law, all staff working in RIA and IRPP centres are required to complete Garda Vetting and have a Vetting Disclosure in advance of starting their employment. RIA and IRPP comply with the requirements of the National Vetting Bureau Legislation.
- All referrals to TUSLA and reports of child protection/ welfare concerns are confidential and security of records is assured.
- Children remain in the care of their parents, not the State, while resident in RIA /EROC accommodation. Therefore, access to community supports and provision of information on Irish child protection and welfare legislation and policy for parents is vital.

- All children living in RIA /EROC centres have the same rights to protection as any Irish citizen child.
- All centre managers for RIA/EROC accommodation are Mandated Reporters under the Children First Act, 2015.
- Each accommodation centre must have a Designated Liaison Person whose responsibility it is to report child protection concerns to TUSLA, maintain records of referrals and act as a contact person for child protection matters on behalf of the centre.
- All staff working in RIA /EROC centres have a responsibility to report any concern they have for children living in the centre. This includes any staff of RIA or IRPP who are on site at an accommodation centre during the course of their normal duties.
- All children living in RIA /EROC centres should know their rights and be encouraged to tell an adult they trust if they are worried, if they have experienced harm or do not feel safe.
- All children living in RIA /EROC accommodation should have space for play, study and recreation that is separate from adult recreation areas.
- All staff and management receive training in R.I.A's child protection policy and Children's First training. Each centre has a Designated Liaison Person who is responsible for reporting child protection concerns and for the implementation of the Child Protection Policy in the centre.
- Any person living in, visiting or who knows a child living in RIA or IRPP accommodation may make a report about their concern for a child to TUSLA. The following risk assessment is not exhaustive and may be added to at any stage in the future.

Risk Assessment:

	Risk Identified	Procedure for dealing with Risk
1	A child resident may be subject to abuse or harm perpetrated by an adult resident, who is not related to the child	<ul style="list-style-type: none"> <li>• Staff are advised to follow the child protection policy that explains how to report concerns about a child's welfare or safety to the local duty TUSLA social work department. The manager of the Child and Family Unit in RIA will assist designated liaison persons where there is uncertainty about a need for a report. The DLP may also consult directly with their local Duty social work department.</li> <li>• The report of the concern is also recorded by RIA and this record is maintained in perpetuity</li> <li>• If the allegation is confirmed, then the adult resident will be transferred to another centre to ensure that the child is not subject to further harm or in a position of living with an adult who has caused them harm. In exceptional</li> </ul>

		<p>circumstances, the child and their family may be offered a transfer to an alternative centre.</p> <ul style="list-style-type: none"> <li>• Play and recreation areas for children and young people that are separate from adult recreation areas should be available in all centres</li> </ul>
2	A child resident may be subject to abuse or harm perpetrated by their parent or guardian	<ul style="list-style-type: none"> <li>• Staff are advised to follow the child protection policy which explains how to report child abuse concerns to the local duty TUSLA social work department</li> <li>• The report of the concern is also recorded by RIA and this record is maintained in perpetuity</li> <li>• The manager of the Child and Family Unit will work with the local social work team, family and centre staff to ensure access to appropriate supports</li> </ul>
3	A child resident may be subject to abuse or harm perpetrated by centre staff	<ul style="list-style-type: none"> <li>• Staff are advised to follow the child protection policy and practice guide which explains how to report child abuse/ welfare concerns to the local duty TUSLA social work department</li> <li>• The report of the concern is also recorded by RIA and this record is maintained in perpetuity</li> <li>• Staff are expected to adhere to the Code of conduct for behaviour towards residents, and non- compliance with this code of conduct may result in termination of employment</li> <li>• All centre staff must have a Vetting Disclosure before taking up employment in centres</li> </ul>
4	A child resident may be subject to abuse or harm perpetrated by an adult visitor or volunteer on centre premises	<ul style="list-style-type: none"> <li>• All volunteers working in accommodation centres must have appropriate Garda Vetting</li> <li>• All volunteers and visitors are required to adhere to the Child Protection Policy while on site at any accommodation centre</li> <li>• All adult visitors and volunteers should adhere to policies in place, such as sign-in at reception, to ensure that management is aware of who is on the premises at all times</li> <li>• Any disclosure of harm experienced by a child and reported to a volunteer should be reported to the local duty social work department</li> <li>• Children to be given age appropriate information about how to tell an adult if they do not feel safe, or if they have experienced harm.</li> </ul>
5	Parents may be afraid or unsure of how to report a child protection concern	<ul style="list-style-type: none"> <li>• Newly arrived persons seeking International Protection have the opportunity to attend an information session with the New Communities Partnership in child protection</li> </ul>

		<p>legislation and policy in Ireland. The information session also explains how to report concerns.</p> <ul style="list-style-type: none"> <li>• All parents and guardians are given a copy of the Child Protection Policy that operates for RIA centres. The policy has contact details for RIA's Child and Family Unit.</li> </ul>
6	<p>Children may be subject to bullying and in some cases inappropriate sexualised behaviour or other forms of harm from other children and young people in accommodation centres</p>	<ul style="list-style-type: none"> <li>• An anti-bullying policy and accompanying workshops to be developed by CFSU on behalf of IRPP and RIA</li> <li>• Parents are encouraged to provide appropriate levels of supervision, depending on their child's age and stage of development</li> <li>• If an incident of harm involving two children is brought to the attention of staff, staff are to follow the reporting procedure outlined in the Child Protection Policy. This begins with consultation with the DLP, who may seek guidance from RIA's Child and Family Unit or the TUSLA social work department in advance of making a report.</li> <li>• In all cases, children's parents should be informed of concerns regarding their children and in advance of a report being made, unless doing so places the child at serious risk of further harm.</li> </ul>
7	<p>Children may be harmed by exposure to domestic abuse while resident in an accommodation centre. This harm includes physical harm during an assault by the violent partner and emotional/psychological harm caused by witnessing violence perpetrated by a parent/guardian</p>	<ul style="list-style-type: none"> <li>• All incidences of domestic violence and intimate partner abuse should be reported to RIA, and An Garda Síochána as per the Domestic, Gender and Sexual Based Violence policy</li> <li>• Where children are part of the family unit, a report should be made to the local TUSLA Duty social work department of the concern regarding the presence of domestic abuse within the family.</li> <li>• RIA will work with the centre management, An Garda Síochána and TUSLA regarding actions to be taken, including potential transfers of accommodation for either the alleged perpetrator or victim of abuse.</li> </ul>

#### Procedures:

Our Child Safeguarding Statement has been developed in line with requirements under the Children's First Act 2015, the Children's First National Guidance 2017 and TUSLA's Child Safeguarding: A guide for policy, procedure and practice. In addition to the procedures

listed in our Risk Assessment, the following procedures support our intention to safeguard children while they are availing of our service:

- RIA Complaints Policy
- Code of conduct for employees
- Domestic, Gender and Sexual Based Violence Policy

The policies listed above are available upon request.

The Ombudsman and The Ombudsman for Children's Office take complaints in respect of public services and compliance with administrative procedures

Implementation:

We recognise that implementation is an ongoing process. Our service is committed to the implementation of this Child Safeguarding Statement and the procedures that support our intention to keep children safe from harm while availing of our service. This Child Safeguarding Statement will be reviewed every 12 months, or as soon as is practicable after there has been a material change in any matter to which the statement refers.

Signed: \_\_\_\_\_

Date:- \_\_\_\_\_

Position \_\_\_\_\_