

## Standards for Collective Centers and Communal Housing – Shelter and Protection guidance for Poland

The following recommendations have been developed by the members of the Poland Shelter/Housing/Accommodation Sector in collaboration with the Poland Protection Sector. These recommendations are intended to support a harmonized approach amongst actors in Poland for the delivery of assistance in collective centers and communal houses. The table compiles national standards under Polish law as well as European and international standards (EUAA Guidance on Reception conditions, Sphere standards, UNHCR Emergency standards, and Camp Management minimum standards), aiming to guide relevant authorities, stakeholders and partners involved in management of collective centers accommodation assistance.

The aim should always be to reach at least the minimum standards and indicators included in these guidelines recognizing that shelter is a process and conditions can be improved in steps. Not reaching the minimum indicators should not be an impediment to provide shelter support to people in need. Saving lives and alleviating suffering should be the priority. A clear plan on how and when the standards will be reached can help as justification in case standards cannot be reached at once. It is also recognized that this document contains standards compiled from various sources under European, international and national legal instruments and guidance, the aim in compiling the standards has been to present as much of a comprehensive approach as possible but it may mean some standards may differ slightly under each of these sources. At all times the highest standard has been reflected and therefore this overview attempts to present practical guidance on how these may be reached.

### 1. Key terms:

- **Collective Center** – An open space where refugees find accommodation on a mid-term basis (**up to 3 months**) in pre-existing buildings (which were not likely constructed as accommodation) for example schools, factories, barracks, community centers, gymnasiums, hotels, warehouses, etc. Refugees share sleeping and living areas and services such as MHPSS, Protection, Social Support, Healthcare are provided. The collective centers are managed by authorities (municipality, voivodships), as well as NGO and private entities.
- **Communal Housing** – A “dormitory style” facility where refugees find accommodation on a mid- long-term basis (**longer than 3 months**). These facilities include dormitories, hotels, adapted non-residential spaces as offices and have separate sleeping / living rooms per family with communal spaces shared as toilet, kitchen, etc. The communal houses are managed by authorities (municipality, voivodships), as well as NGO and private entities, which could be providing different level of services in the facility or outside the facility.

## 2. Shelter guidance

Experience has shown that relevant authorities are often flexible in applying codes and standards in emergency situations. However, authorities are responsible for and must be involved from the very beginning in the organization of reception arrangements. The principle that the minimum core content of human rights applies to everyone in all circumstances requires that even temporary reception arrangements should meet minimum standards.

<b>Standard 1 / PLANNING, SAFETY and MAINTENANCE</b> <b>The planning of temporary collective center /communal houses enables dignified, safe and secure from harm or violence use of accommodation and essential services by refugees</b>	
<b>Indicators:</b>	
<b>S.1. I.1:</b>	All existing building adjusted for collective accommodation (more than 20 people) should be inspected and/or verified, according to the Special Act on refugees from Ukraine (March 2022), by: <ul style="list-style-type: none"> <li>▪ district inspector of building supervision</li> <li>▪ district (municipal) commander of the State Fire Service</li> <li>▪ state district sanitary inspector</li> </ul>
<b>S.1. I.2:</b>	Fire risks have been considered, according to the local regulations, including fire breaks, escape routes, assembly point and other fire hazard prevention measures
<b>S.1. I.3:</b>	Fire prevention and first aid equipment available: 1 FA kit + fire extinguishing system / CC (1 kg of extinguishing agent per 25 m2 of area)
<b>S.1. I.4:</b>	Presence of safety devices (such as smoke and carbon monoxide alarms, stair gates and window guards)
<b>S1. I.5:</b>	Safety audits directly integrated into site maintenance and improvement plans
<b>S1. I.6:</b>	Repairs and replacements needed within the housing are carried out
<b>S1. I.7:</b>	Residents have the possibility to report the need for maintenance and repairs
<b>S1. I.6:</b>	Planning should include an exit strategy for scaling down and/or decommissioning of the facility
<b>Recommendations:</b>	
<ul style="list-style-type: none"> <li>• Care and maintenance of the site's infrastructure are ensured, including through community-based projects</li> <li>• With service providers, site planners and community governance structures, undertake regular observational and safety audits of the site, evaluating both physical infrastructure (including privacy concerns) in compliance with the Polish Law, as well as community behavior.</li> <li>• Involve refugees living in the site in the safety audit exercise through participatory approaches to identify key risks to refugees in particular women and girls and other groups with specific needs and at heightened risk, followed by regular monitoring to ensure effective risk mitigation measures have been implemented and that these have had the desired effect.</li> <li>• Develop a response plan to address "red flags" found during safety audits</li> <li>• Promote equal distribution between women and men of care work, maintenance, and food preparation in the CC</li> <li>• Regularly check on site security and the well-being of women, girls and other at-risk groups to ensure the risks of GBV and trafficking are proactively mitigated</li> </ul>	

<b>Standard 2 / LOCATION</b>
<b>The location of the collective shelter or communal housing facility should ensure effective geographic access to relevant services, such as public services, school, healthcare, social and legal assistance, a shop for daily needs, laundry, and leisure activities</b>
<b>Indicators:</b>
<b>S.2. I.1:</b> Land Use- The facility lies within a residential area or mixed-use area
<b>S.2. I.2:</b> Urban Zone - The facility lies within the Urban Planning Zone of the area
<b>S.2. I.3:</b> Ownership is regulated
<b>S.2. I.3:</b> The maximum distance from the facility to services as follows: <ul style="list-style-type: none"> <li>• Hospital: 10 km</li> <li>• School: 1 km</li> <li>• Markets/Shops (with food supplies): 1 km</li> <li>• Closest ATM: 1 km</li> <li>• Public transport access: 1 km</li> </ul>
<b>Recommendations:</b> <ul style="list-style-type: none"> <li>• <i>Written consent should be available in a form of a declaration from the local authorities or the owner of the building that it is intended for the purpose of serving the Ukrainian refugees within a given period.</i></li> <li>• <i>The site location should support integration and avoid discrimination. It should therefore be located in areas with access to public transport and good connection to the center of town or urban areas with respective services and facilities. This is especially critical in long-term accommodations. Therefore, residential areas should be preferred over more remote areas or in industrial areas.</i></li> </ul>

  

<b>Standard 3 / INFRASTRUCTURE</b>
<b>The collective center /communal house building should be structurally solid and intact and properly maintained</b>
<b>Indicators:</b>
<b>S.3. I.1:</b> Building does not present visible damages of its structural and construction elements (foundations, columns/beams, concrete floors, walls, roofing system, plasters, etc.) as well as the engineering systems
<b>S.3. I.2:</b> Building does not present leakages or mold
<b>S.3. I.3:</b> The external approaches to the building, such as paths or drives, have a firm, level surface
<b>Recommendations:</b> <ul style="list-style-type: none"> <li>• <i>Regular observational and safety audits of the site evaluating physical infrastructure should be conducted and documented.</i></li> </ul>

<b>Standard 4 / MINIMUM SPACE</b> <b>Refugees should have enough, safe and adequate space within collective centers /communal houses with facilities for essential services, to facilitate daily activities.</b>	
<b>Indicators:</b>	
<b>S.4. I.1:</b>	Basement and uninsulated attics are not to be considered for accommodation
<b>S.4. I.2:</b>	Floor level of the building I should be equal to or higher than the ground level adjacent to the building
<b>S.4. I.3:</b>	For collective centers and communal houses minimum space in sleeping areas is 5 m <sup>2</sup> /person and 45m <sup>2</sup> /person including common spaces. Persons sleep in separate lockable rooms with 2 to 4 beds in one room providing adequate personal privacy and safety. Families are placed together in a separate unit (which can have several rooms). If not practically feasible to meet this indicator, alternative ways should be found to ensure privacy and family unity (see standard 11 below)
<b>S.4. I.4:</b>	Residents have an individual cupboard or locker within their sleeping space to store their belongings safely, or a key to their room
<b>S.4. I.5:</b>	For individual housing units, national accommodation standard required: 12.5 m <sup>2</sup> /person + extra common area weighted surface of 35 m <sup>2</sup> /family. Each unit should have a usable floor area of not less than 25 m <sup>2</sup>
<b>S.4. I.6:</b>	Minimum height of living spaces and bedrooms, according to Polish law should be minimum 2,5m, except bathrooms where the height can be minimized to 2.2m if they are equipped with mechanical ventilation
<b>S.4. I.7:</b>	Doors have a minimum height of 2.00m and minimum width of 0.80m Fire escape doors and internal doors for people with disabilities have a minimum width of 0.9 m, as well as corridors. Bathroom doors for people with disabilities have a minimum width 1 m
<b>S.4. I.8:</b>	Rooms or sleeping areas are separated by gender or households and no access is possible for persons of the opposite sex. Single men and women should always be accommodated separately
<b>S.4. I.9:</b>	Space for recreational activities / women / child friendly spaces - are available and clearly demarked
<b>S.4. I.10:</b>	Lockers and door handles are in place to ensure privacy of displaced people are operational
<b>S.4. I.11:</b>	For communal houses, dedicated space for kitchen and storage of food / NFIs if available
<b>S.4. I.12:</b>	Women, girls, LGBTIQ+ persons, people with disabilities, ethnic minorities, and other at-risk groups are consulted on what type of shelter/room arrangement would feel safest

**Recommendations:**

- *Management should regularly monitor overall capacity VS current occupancy.*
- *Measures are in place to provide privacy and safety between ages and genders as culturally appropriate.*
- *The use of carpets is not recommended.*
- *Consultation with women, girls, LGBTIQ+ persons and other at-risk groups for accommodation arrangements/options to ensure safe and dignified accommodation options are available – specific personal needs and barriers to access are considered and GBV risks are mitigated.*
- *Residents should be able to participate in the management of material resources and aspects of daily life in the facility, taking into account age, gender and diversity considerations. Therefore- it is recommended to establish a system for the community to provide feedback and participate in decisions that affect them.*
- *Establish a helpdesk/information point.*
- *A welcome and information area (recommended a dedicated room) should provide basic information of operating procedures and “housekeeping rules” of the collective center. All information should be provided in a manner and language understood by the residents (see standard 14 below).*
- *Space for a basic healthcare facility should be foreseen as well as a designated isolation area or quarantine area for individuals suspicious to have an infectious disease. This may include as well independent toilets and eating space.*
- *Food can be cooked and served collectively by a catering service.*

**Standard 5 / VENTILATION + LIGHTING****Collective center / communal house should provide fresh air and adequate ventilation and lighting****Indicators:**

**S.5. I.1:** Natural ventilation and good airflow (windows) is present at a rate of 20–30 m3 per person per hour

**S.5. I.2:** There is no presence of mold

**S.5. I.3:** Living rooms and bedrooms have natural light being the windows’ surface area must be at least 10% of the room’s surface area

**S.5. I.4:** Artificial lighting is available in rooms and communal spaces (toilets, washing facilities, cooking areas, surroundings etc.) to ensure protection and a safe execution of activities or services

**S.5. I.5:** Common areas such as corridors, staircases etc. have emergency lighting

**Recommendations:**

- *To conduct regular checks and maintenance of mechanical ventilation systems.*
- *When natural ventilation is not possible, for instance in bathrooms, complimentary ventilation mechanical systems should be in place.*
- *Artificial lighting should be provided during nighttime as required for protection issues, especially for access to toilets and showers as well as other communal services.*
- *Heaters or air conditioning have enough capacity to maintain ambient temperature at a comfortable level (ambient temperature should ideally be 18–22°C).*

<b>Standard 6 / ELECTRICAL SUPPLY + HEATING</b> <b>Collective center / communal house should provide sufficient thermal comfort and adequate electrical supply</b>	
<b>Indicators:</b>	
<b>S.6. I.1:</b>	Electricity is functional, expertise on the electricity based on certification of electrical safety is in place
<b>S.6. I.2:</b>	Building have safety valves (relays) on the electrical board and comply with the current electricity regulations
<b>S.6. I.2:</b>	Heating system has enough capacity to maintain ambient temperature at a comfortable level (ideally 18–22 C)
<b>S.6. I.3:</b>	Refugees have access to a sufficient number of electric power sockets, being 15 sockets per 100 inhabitants considered as absolute minimum
<b>Recommendations:</b>	
<ul style="list-style-type: none"> <li>• <i>Temperatures should be high enough to protect residents from the cold: 18 °C is a safe and well-balanced indoor temperature and not less than 22 °C for premises of a corner type (premises that have 2 external walls, i.e., rooms that are located at the corner of the building).</i></li> <li>• <i>Vulnerable people such as elderly and children should be granted with warmer temperatures.</i></li> <li>• <i>Assess and mitigate potential risks from the use of heaters or other electric devices.</i></li> </ul>	

  

<b>Standard 7 / WATER, SANITATION AND HYGIENE</b> <b>7.1. Refugees have safe and equitable access to a sufficient quantity of water for drinking and personal, menstrual and domestic hygiene.</b> <b>7.2. Refugees have adequate, appropriate, and acceptable toilet facilities, sufficiently close to their shelter, to allow rapid, safe and secure access at all times, day and night.</b>	
<b>Indicators:</b>	
<b>S.7.1. I.1:</b>	At least 15 liters of water of sufficient quality are available per person per day if stay is more than one day (at least 3 liters per person per day if stay is limited to daytime)
<b>S.7.1. I.2:</b>	At least 3 liters of water of sufficient quality are available per person per day if stay is limited to daytime
<b>S.7.1. I.3:</b>	Water is available at all times (no shortages or ration)
<b>S.7.1. I.4:</b>	Quality of water is sufficient
<b>S.7.2. I.1:</b>	There are enough, well-lit and secure lockable toilets, showers and sinks accessible 24 / 7 with the following minimum, according with Polish regulations for communal spaces: <ul style="list-style-type: none"> <li>• 1 toilet per 10 women</li> <li>• 1 toilet and 1 urinal per 20 men</li> <li>• 1 washbasin per 5 people</li> <li>• 1 shower facility per 15 people with hot water and locks on doors. If more than one shower is located in the bathroom, visual separation is ensured</li> </ul>
<b>S.7.2. I.2:</b>	Toilets are divided by gender, including consideration for MHM and if possible adjusted to the needs of people with disabilities and children

<b>S.7.2. I.3:</b> Maximum distance to toilettes from sleeping space is 50 m with routes properly lit
<b>S.7.2. I.4:</b> Washing facilities that allow laundry are available, 1 per 12 people
<b>S.7.2. I.5:</b> The areas are cleaned at least daily or as often as necessary
<b>S.7.2. I.6:</b> In-depth cleaning of the areas takes place regularly
<b>Recommendations:</b> <ul style="list-style-type: none"> <li>• <i>WASH actors should systematically implement accessibility and safety audits for WASH infrastructure in communal sites considering gender, age, and diversity dimensions.</i></li> <li>• <i>There are showers available for persons with physical disabilities and persons with reduced mobility (also see standard 8 below).</i></li> </ul>

<b>Standard 8 / WASTE MANAGEMENT</b> <b>Refugees have the means to dispose their waste conveniently and effectively.</b>
<b>Indicators:</b>
<b>S.8. I.1:</b> There are designated areas for the residents to dispose garbage, including disposal of used menstrual hygiene materials
<b>S.8. I.2:</b> At least 100L garbage disposal is present per 10 HHs
<b>S.8. I.3:</b> A 2-3-person maintenance team should be available per 1,000 persons
<b>S.8. I.4:</b> At least 1 disposal bin (120 L) should be allocated for clinical and hazardous waste
<b>Recommendations:</b> <ul style="list-style-type: none"> <li>• <i>All waste generated by populations living in centers is removed from the immediate living environment on a daily basis.</i></li> <li>• <i>There are clearly agreed on solid waste management processes on site that include liaising with municipality and agree on collection schedule, clearly marked waste collection points, etc.</i></li> <li>• <i>Implement reuse, re-purposing or recycling of solid waste by the residents of the collective center/communal housing site.</i></li> </ul>

<b>Standard 9 / ACCESSIBILITY</b> <b>The collective center / communal house is accessible by people with disabilities or reduced mobility</b>	
<b>Indicators:</b>	
<b>S.9. I.1:</b>	Every resident can access common spaces such as evacuation pathways, pathways to facilities, toilettes, showers, any distribution or collection area, confidential area or activity area including if needed handrails and avoiding as much as possible steps
<b>S.9. I.2:</b>	At least 2 toilets (one for each gender) are designed for disabled people
<b>S.9. I.3:</b>	Doorways and passageways inside the housing are wide enough for wheelchair users
<b>S.9. I.4:</b>	Grab rails exist for support in rooms and common spaces that are used by residents with reduced mobility
<b>S.9. I.5:</b>	Adapted sanitary infrastructure exists, including, for example, walk-in showers, grab rails, sinks and toilets at an appropriate height for wheelchair users, as well as a surface of bathroom and toilet rooms suitable for wheelchairs
<b>Recommendations:</b>	
<ul style="list-style-type: none"> <li><i>The following elements of the CCs should be in place and the following requirements should be met: External ramp with a ratio 1:12 (height: length).</i></li> <li><i>Elevators (also external elevators for each entry to the building, i.e., elevators from the ground level to the level of entrances to the building) with the following parameters of the interior space: width 1.1 m., depth 1.4m.</i></li> <li><i>Horizontal bars on doors or width of a kitchen space should be not less than 2.3m or tactile stripes and plates on main surfaces</i></li> <li><i>Complaints on the lack of accessibility and use in autonomy/dignified manner of facilities are monitored / assessed.</i></li> </ul>	



## Standard 10 / NFI

Refugees have sufficient clothing, blankets, bedding and hygiene items to ensure their personal hygiene, comfort, dignity, health and well-being.

### Recommendations:

- Bed 1 unit/pers
- Mattress 1 unit/pers
- Bedding/Sheets 2 units/pers
- Blanket/Cover/Duvet 1 set/pers
- Pillow 1 unit/pers
- Clothing 2 sets/pers
- Footwear 1pair/person
- Chair 1 unit/pers
- Table 1 unit/room
- Reading lamp 1unit/pers
- Paper bin 1 unit/3 pers
- Personal hygiene products, including menstrual hygiene products
- Washing powder

### 3. Protection guidance

<b>Standard 11 / ALLOCATION</b> <b>When allocating refugees to and within facilities, the principle of family unity is respected, and specific needs are taken into account</b>
<b>Indicators:</b>
<b>S.11. I.1:</b> Family members <sup>1</sup> are accommodated together with their agreement (see also technical standard 4 above)
<b>S.11. I.2:</b> Families with children are accommodated together, provided this is in line with the best interests of the child
<b>S.11. I.3:</b> Where possible and appropriate, family unity should be respected with regard to members of the broader family
<b>S.11. I.4:</b> If applicable, a maximum of one family is allocated per bedroom
<b>S.11. I.5:</b> The allocation of particular housing to refugees is based on an assessment of their specific reception and protection needs
<b>S.11. I.6:</b> There is a possibility to transfer a person as a result of identified specific reception and protection needs
<b>Recommendations:</b> <ul style="list-style-type: none"> <li>• <i>Depending on the national arrangements and on the agreement of the applicants, members of the broader family (including relatives outside the definition of Article 2(c) RCD) could also be accommodated together. It is recommended that the definition of “family member” is interpreted generously recognizing same sex couples and considering other close relatives as well as the best interests of the child when deciding on housing arrangements.</i></li> <li>• <i>The agreement of family members to be accommodated together is obtained on a voluntary basis. Safety considerations should be taken into account to allow for possible exceptions.</i></li> <li>• <i>Specific measures to protect children in collective centers and communal housing sites (see the references section below for guidance developed by FDDS in relation to this).</i></li> </ul>

<sup>1</sup> For the definition of family member under EU law, see the [EMN Asylum and Migration Glossary](#) and Art.2(c) of the Reception Conditions Directive (2013/33/EU) which states: ‘... in so far as the family already existed in the country of origin, the following members of the applicant’s family who are present in the same MS in relation to the application for international protection: - the spouse of the applicant or his/her unmarried partner in a stable relationship, where the law/practice of the MS...treats (the latter) in a way comparable... - the minor children of couples referred to in the first indent or of the applicant, on condition that they are unmarried and regardless of whether they were born in or out of wedlock or adopted... - the father, mother or another adult responsible for the applicant whether by law or by the practice of the MS concerned, when that applicant is a minor and unmarried;

<b>Standard 12 / SECURITY</b>
<b>It is possible to report security issues (e.g. theft, violence, threats, hostility from host community) to the responsible personnel in a safe manner, and security measures are in place to prevent and respond timely to gender-based violence</b>
<b>Indicators:</b>
<b>S.12. I.1:</b> It is possible to report security issues (e.g. theft, violence, threats, hostility from external community) to the responsible personnel in a safe manner
<b>S.12. I.2:</b> Security measures focus on the detection and prevention of gender-based violence and sexual exploitation and abuse
<b>S.12. I.3:</b> Specific arrangements have been made for persons with specific reception and protection needs
<b>Recommendations:</b> <ul style="list-style-type: none"> <li>• <i>Ensure clear reporting lines and effective feedback and complaint mechanisms are in place to allow for the reporting of security issues in a safe manner, including the possibility to report issues anonymously (also see standard 14 - PROVISION OF INFORMATION AND COUNSELLING below).</i></li> <li>• <i>Involve refugees living in the site in ensuring safety and security at the site through participatory approaches to identify key risks to refugees in particular women and girls and other groups with specific needs and at heightened risk, followed by regular monitoring to ensure effective risk mitigation measures have been implemented and that these have had the desired effect (also see standard 1- PLANNING, SAFETY and MAINTENANCE).</i></li> <li>• <i>Make spaces available where specific groups can express security concerns in private to encourage the reporting of violence.</i></li> <li>• <i>Make use of a system for the recording or filing of security incidents.</i></li> <li>• <i>Specific measures should be put in place to ensure the security of all persons residing in the center of communal housing site, in particular those with specific protection needs related to their age, family status, gender, gender identity or sexual orientation and (mental)health. Specific security arrangements should also be in place for survivors of human trafficking, sexual and gender-based violence, torture or other forms of psychological and physical violence.</i></li> <li>• <i>It is recommended that sites require the registration of visitors.</i></li> </ul>

  

<b>Standard 13 / HEALTHCARE</b>
<b>Healthcare (including mental healthcare) is provided (or available at a reasonable distance) and is accessible for all refugees residing in the collective center/communal housing site</b>
<b>Indicators:</b>
<b>S.13. I.1:</b> Persons have access to all types of necessary health care services, at the site or at a reasonable distance from the site (defined as 10km- see standard 2 above)
<b>S.13. I.2:</b> Health care services are provided by qualified medical personnel
<b>S.13. I.3:</b> Necessary health care, including prescribed medication, is provided free of charge, or economically compensated through the daily expenses allowance.
<b>S.13. I.4:</b> Adequate arrangements are in place to ensure persons are able to communicate with medical personnel
<b>S.13. I.5:</b> Persons are provided with access to their medical records
<b>S.13. I.6:</b> Specific arrangements are in place for persons with specific medical needs

<b>Standard 14 / PROVISION OF INFORMATION AND COUNSELLING</b>
<b>Accurate information on the rights and obligations within the collective center/communal housing site (including information on relevant complaint and feedback mechanisms and the right not to be sexually exploited and abused in exchange for aid) is available, provided in a timely manner and provided in a language and manner which the refugees understand</b>
<b>Indicators:</b>
<b>S.14. I.1:</b> Written information is provided in a manner and language that persons understand
<b>S.14. I.2:</b> Where necessary and appropriate the information is also provided orally in a manner and language the person(s) understands
<b>S.14. I.3:</b> Information is provided in a timely manner
<b>S.14. I.4:</b> Information is provided according to the specific needs and individual circumstances of persons residing in the collective center/communal housing
<b>S.14. I.5:</b> Information is provided on feedback and complaint mechanisms in a manner and language persons understand
<b>Recommendations:</b>
<ul style="list-style-type: none"> <li>• <i>Information should be disseminated in a range of suitable languages (in accordance with the languages spoken and understood by the persons residing in the facility).</i></li> <li>• <i>Written materials are important but may need to be complemented by other approaches to delivering reliable information (this should be in accordance with the preferred communication means of the persons residing in the facility).</i></li> <li>• <i>For children, information is provided in a child-friendly manner.</i></li> <li>• <i>For persons with disabilities, information is provided in an adapted manner.</i></li> <li>• <i>Information provision includes aspects related to gender-based violence and human trafficking.</i></li> </ul>

<b>Standard 15 / ACCESS TO (LEGAL) COUNSELLING AND INDEPENDENT ADVICE</b>
<b>Information on and access to external services including legal assistance, social assistance and healthcare is provided, and access to intergovernmental and nongovernmental organizations is ensured</b>
<b>Indicators:</b>
<b>S.15. I.1:</b> Information on the available social counselling, legal assistance and healthcare services (including mental healthcare) and how to access the organizations providing these services is provided according to the specific needs and personal circumstances of persons and in line with the indicators in standard 14 (above)
<b>S.15. I.2:</b> Adequate access of legal advisers, persons representing intergovernmental and relevant non-governmental organizations recognized by the Polish authorities in order to counsel and assist persons residing in the collective center/communal housing site is ensured, UNHCR and partner staff should be given access to refugees in order to exercise UNHCR's mandate
<b>S.15. I.3:</b> Representatives of the organizations listed above are able to meet and speak with residents of the collective center/communal housing site in conditions ensuring adequate privacy and confidentiality
<b>S.15. I.4:</b> Persons are able to access social counselling on a regular basis and as per their personal needs

<b>Standard 16 / IDENTIFICATION, ASSESSMENT AND RESPONSE TO SPECIFIC NEEDS</b> <b>Adequate and effective mechanisms are in place to identify and assess specific protection and reception needs of refugees and adequate and prompt action is taken in line with these mechanisms to respond to identified and assessed specific needs</b>	
<b>Indicators:</b>	
<b>S.16. I.1:</b>	A standardized mechanism to identify and assess specific protection and reception needs of refugees is in place
<b>S.16. I.2:</b>	The mechanism clearly prescribes who is responsible for identification and assessment of specific reception needs
<b>S.16. I.3:</b>	The mechanism clearly prescribes how identification and assessment are recorded and communicated to the person and to relevant actors
<b>S.16. I.4:</b>	Sufficient resources are allocated to identify, assess, and monitor specific needs
<b>S.16. I.5:</b>	The initial identification and assessment of specific needs is conducted as soon as possible and specific needs that become apparent at a later stage are adequately identified and assessed
<b>S.16. I.7:</b>	Where relevant, specialized actors are involved in the assessment of specific needs
<b>S.16. I.8:</b>	Adequate and prompt action is taken to respond to the identified and assessed specific needs
<b>S.16. I.9:</b>	In case specific needs have been identified, there is a mechanism in place to ensure their regular monitoring
<b>Recommendations:</b>	
<ul style="list-style-type: none"> <li>• <i>Consider using a standard screening form as a tool for preliminary identification of a range of specific needs (for suggestions- see the reference materials at the end of this document).</i></li> <li>• <i>Polish authorities should lead screening and referral through local authorities and social services as per the Polish legal framework, UNHCR and other stakeholders may provide support.</i></li> <li>• <i>Persons should be counselled about available options following the identification of specific needs, informed consent should be obtained to refer and share personal details with third parties and persons should be referred to procedures and services as appropriate and in accordance with identified needs (also see standards 14 and 15 above).</i></li> </ul>	

<b>Standard 17 / STAFF TRAINING</b> <b>Staff and volunteers working in the collective center/communal housing site are sufficiently qualified</b>	
<b>Indicators:</b>	
<b>S.17. I.1:</b>	Each staff member and volunteer working in the collective center/communal housing site has clear terms of reference
<b>S.17. I.2:</b>	Each staff member is qualified in accordance with Polish law and regulations concerning his/her particular terms of reference
<b>S.17. I.3:</b>	Each staff member and volunteer has a thorough and timely introduction into his/her role, including on the applicable code of conduct
<b>S.17. I.4:</b>	A clear training syllabus including the training requirements for each functional group exists.
<b>S.17. I.5:</b>	Training is provided on a regular basis including training on gender and age-specific concerns (including on GBV prevention, sexual exploitation and abuse, safe response to disclosure of violence and a survivor-centered approach) and the situation of persons with specific needs, in particular with regard to child protection and safeguarding standards for children, including unaccompanied children, as well as the identification of victims of torture and violence
<b>S.17. I.6:</b>	Different measures are available to help deal with difficult situations encountered during the reception work (e.g. through intervision, crisis teams and supervision)
<b>Recommendations:</b> <ul style="list-style-type: none"> <li>• <i>A long-term training program should be developed, envisaging regular refresher trainings.</i></li> <li>• <i>Training should also be provided if there are any substantial changes in applicable Polish law and practice.</i></li> <li>• <i>It is considered a good practice to organize training with actors in and outside the site, including universities, lawyers, humanitarian actors, psychologists etc.</i></li> </ul>	

Standard 18 / PSEA & SAFEGUARDING	
Adequate measures are in place to prevent and respond to sexual exploitation and abuse	
<b>Indicators:</b>	
<b>S.18. I.1:</b>	Background checks, including criminal records, of all staff and volunteers working in the collective center or communal housing site, should be checked on the <a href="#">Polish Sex Offender Registry and the National Crime Registry</a> . This applies especially to staff and volunteers in contact with children (every person under 18 years old)
<b>S.18. I.2:</b>	All staff and volunteers have a signed Code of Conduct along with the contract, reflecting their obligation to operate in line with the rules on sexual conduct for humanitarian workers
<b>S.18. I.3:</b>	Introductory training and refreshers sessions on the prevention of sexual exploitation and abuse (PSEA) and the Code of Conduct should be conducted for staff and volunteers, as well as external contractors and partners active in the collective center/communal housing site (also see standard 17 above)
<b>S.18. I.4:</b>	A clause on PSEA is included in contracts with external suppliers of goods and services, clearly specifying that the same standards that apply to staff and volunteers working in the collective center, should apply to them in relation to their work at the collective center
<b>S.18. I.5:</b>	At least one PSEA focal point is in place and trained on how to promptly and adequately respond to SEA incidents, and refer survivors of incidents to the relevant services through relevant referral pathways
<b>S.18.I.6</b>	Members of the affected population receive information through posted messages but also through information sessions on the gratuity of assistance and know the Code of Conduct under which the staff and volunteers working at the collective center operate.
<b>S.18.I.7</b>	Community-based complaint (CBCM) mechanisms are in place, members of the affected population are informed on how to use them and feel safe to do so, and management monitors regularly these mechanisms to respond to complaints in a timely manner, with a victim-centered approach in line with the Gender-Based Violence Pocket Guide ( <i>see list of references below</i> )
<b>Recommendations:</b>	
<ul style="list-style-type: none"> <li>• <i>Refer to the PSEA-related documents listed in the Helpful Resources section.</i></li> <li>• <i>It is recommended that a Code of Conduct contains the following provisions: 1) humanitarian workers are not allowed to have sexual relationships with anyone under the age of 18, even if it is legal in the country where they are from or where they operate; 2) humanitarian workers are not allowed to pay for sex with money, employment, goods or services, including goods and services intended as aid to people in need; 3) humanitarian workers must not engage in sexual activities with members of the affected population; 4) if a humanitarian worker is worried or suspects that anyone in their organization or another aid organization may be breaking humanitarian rules on sexual conduct, they must report it, following procedures set up by their agency; 5) Humanitarian workers must create and maintain a work environment which prevents unacceptable sexual behavior and encourages staff to behave as set out in their codes of conduct. All managers are responsible for supporting and developing systems which maintain this environment. Code of Conduct should clearly indicate that humanitarian workers can be disciplined – even fired – for unacceptable sexual behavior in relation to members of the affected population.</i></li> </ul>	

For more information on the protection standards please contact Protection Sector coordinators: [isla@unhcr.org](mailto:isla@unhcr.org) and [przybyslawska@pomocprawna.org](mailto:przybyslawska@pomocprawna.org)