Croydon Churches Housing Association (ccha)

Vulnerable Residents Policy

1.0 Introduction

1.1 Croydon Churches Housing Association (ccha) is committed to providing safe, accessible and high-quality housing services that meet the diverse needs of our residents. We recognise that some residents may experience vulnerability due to health conditions, disability, personal circumstances, life events or other factors that affect their ability to access services, maintain their wellbeing or sustain their tenancy.

1.2 Vulnerability may be temporary, fluctuating or long-term and can arise at any stage of life. Vulnerability is not a fixed characteristic and may change depending on an individual's circumstances.

1.3 We aim to identify and respond to vulnerability at the earliest opportunity to prevent harm, reduce risk and support residents to live safely and independently in their homes.

1.4 We recognise that vulnerability and safeguarding concerns may be closely linked. Where there is reason to believe that a resident is at risk of abuse, neglect or exploitation, staff will follow the Safeguarding Children and Adults Policy without delay.

1.5 Where there is an immediate risk of harm, staff must take urgent action, including contacting emergency services where appropriate, in line with safeguarding procedures.

2.0 Purpose

2.1 This policy sets out how we will:

- Identify residents who may be vulnerable
- Understand how vulnerability affects service delivery
- Provide reasonable adjustments and appropriate support
- Promote tenancy sustainment and independence
- Protect residents' health, safety and wellbeing
- Meet legal and regulatory obligations
- Provide assurance to the Board and regulators

2.2 This policy also ensures that we comply with relevant legislation and regulatory standards and that vulnerability is consistently considered across all service areas, including tenancy management, repairs, income recovery, and enforcement action.

3.0 Scope

3.1 This policy applies to:

- All residents and applicants
- Household members
- Leaseholders and shared owners
- Licence holders and supported housing residents
- Individuals accessing ccha services
- All employees, contractors, volunteers and Board members

3.2 Contractors and third-party providers are expected to operate in line with this policy and demonstrate how they identify and support vulnerable residents as part of contractual arrangements.

4.0 Legal and Regulatory Framework

4.1 This policy supports compliance with relevant legislation and regulatory standards, including but not limited to:

- Equality Act 2010
- Care Act 2014
- Mental Capacity Act 2005
- Data Protection Act 2018 and UK GDPR
- Social Housing (Regulation) Act 2023
- Housing Ombudsman Complaints Handling Code
- The Care Act 2014
- Safeguarding Vulnerable Groups Act 2006

5.0 Related Policies

5.1 This policy should be read in conjunction with and delivered alongside the following policies and procedures:

- Safeguarding Children and Adults Policy
- Equality, Diversity and Inclusion Policy
- Repairs and Maintenance Standards
- Damp and Mould Policy
- Domestic Abuse, and Violence Against Women and Girls Policy
- Complaints Policy
- Group Data Protection Policy
- Anti-Social Behaviour Policy
- Aids & Adaptations Policy
- Unacceptable User Policy
- Caution Register Procedure
- Awareness Register Procedure

6.0 Definition of Vulnerability

6.1 A vulnerable resident is someone whose circumstances may affect their ability to access services, maintain their wellbeing or sustain their tenancy without additional support or adjustments.

6.2 Vulnerability is the potential for a person to experience harm, disadvantage or detriment due to a reduced ability to protect their own interests or access services.

6.3 Vulnerability may relate to:

- Physical or mental health
- Disability or impairment
- Age-related needs
- Financial hardship
- Domestic abuse or exploitation
- Cognitive impairment or capacity issues
- Social isolation
- Significant life events
- Self-harm, suicidal ideation or risk of suicide

6.4 Vulnerability may change over time and will be reviewed periodically

7.0 Principles

7.1 We will:

- Treat residents with fairness, dignity and respect
- Deliver services that are accessible and inclusive
- Recognise individual needs and circumstances
- Promote independence while offering support
- Take a person-centred and trauma-informed approach
- Act proportionately and reasonably
- Prioritise safety and wellbeing
- Work collaboratively with partners
- Make reasonable adjustments in line with the Equality Act 2010, taking into account effectiveness, practicality and available resources.
- Ensure vulnerability is considered in all decision-making, including enforcement and legal action

8.0 Identifying and Recording Vulnerability

8.1 ccha will take a proactive approach to identifying vulnerability.

8.2 We will:

- Encourage residents to share relevant information
- Train staff to recognise signs of vulnerability

- Record known vulnerabilities and communication needs
- Maintain accurate and up-to-date information
- Use data to inform service delivery and risk management
- Review information periodically
- Record when residents decline to share information or where vulnerability is suspected but not confirmed.
- Ensure records include review dates where vulnerabilities may be temporary.

8.3 Systems and Data Management

We will ensure that our housing management systems are configured to accurately record, flag and report vulnerability-related information, including communication needs, agreed reasonable adjustments and risk indicators.

Systems will support:

- Consistent recording of vulnerability and review dates
- Visibility of key information to frontline staff
- Case management and audit trails
- Reporting to support monitoring and assurance

Where system limitations are identified, mitigating controls will be put in place and improvements prioritised through service development plans.

8.4 Information will be handled in accordance with data protection legislation, recognising that vulnerability data may constitute special category personal data. Data will be processed lawfully, proportionately, and only where necessary, with access restricted to those who require it.

9.0 Responding to Vulnerability

9.1 Where vulnerability is identified, we will take reasonable and proportionate action to support residents and mitigate risks.

9.2 Reasonable adjustments will be considered on a case-by-case basis and agreed with the resident where possible. Adjustments will be regularly reviewed to ensure they remain appropriate.

9.3 This may include adjustments relating to:

9.4 *Communication*

- Accessible formats and plain language
- Interpretation services
- Alternative communication methods
- Additional time to respond
- Liaison with authorised representatives

9.5 *Tenancy Management*

- Early intervention where difficulties arise
- Support and referrals to sustain tenancies
- Consideration of vulnerability in decision-making
- Proportionate enforcement action only where necessary
- Consideration of vulnerability in legal and enforcement action, including eviction decisions.

9.6 *Repairs and Property Services*

- Prioritisation of works where vulnerability increases risk
- Flexible access arrangements
- Additional support during major works
- Consideration of health impacts, including damp and mould

9.7 *Income and Financial Support*

- Early engagement on arrears
- Referral to benefits or debt advice services
- Sustainable repayment arrangements

9.8 *Safety and Wellbeing*

- Risk assessments where appropriate
- Support for victims of anti-social behaviour or domestic abuse
- Multi-agency risk management

9.9 ccha does not provide personal care but will signpost residents to appropriate services.

10.0 Mental Capacity

10.1 We will act in accordance with the Mental Capacity Act 2005 where residents may lack capacity to make decisions. Capacity will be presumed unless there is evidence to the contrary, and residents will be supported to make their own decisions wherever possible.

10.2 Where capacity is in doubt, we will seek appropriate professional advice and work with authorised representatives. Any action taken will be in the resident's best interests and the least restrictive option available.

10.3 Where a resident lacking capacity may be at risk, safeguarding procedures will be followed.

11.0 Partnership Working

11.1 We will work with relevant organisations to support vulnerable residents, including:

- Local authorities
- Social care services
- Health providers

- Police and community safety partners
- Support providers and voluntary organisations
- Advocacy services

11.2 Information sharing will be lawful, proportionate and focused on resident wellbeing.

12.0 Safeguarding

12.1 Safeguarding takes precedence where there is risk of harm.

12.2 When there is a safeguarding concern, we will:

- Follow safeguarding procedures
- Make referrals to statutory agencies
- Take immediate action where required
- Record decisions and outcomes

12.3 Staff must not delay action where there is an immediate risk of harm and should escalate concerns without hesitation.

13.0 Self-Harm and Suicide Risk

13.1 Where a resident is believed to be at risk of self-harm or suicide, this must be treated as a safeguarding concern.

Staff must:

- Take all disclosures or indicators seriously
- Not leave the resident without appropriate support where immediate risk is identified
- Contact emergency services where there is an immediate risk to life
- Follow the Safeguarding Procedure without delay
- Inform a manager or safeguarding lead
- All concerns and actions must be recorded in line with organisational procedures.

14.0 Equality, Diversity and Inclusion

14.1 We will make sure everyone is treated fairly and without discrimination, regardless of their race, gender, sexual orientation, disability, religion or belief, gender re-assignment, pregnancy and maternity, marriage and civil partnership and age. We will promote inclusion, challenge discrimination and seek to make reasonable adjustments to ensure that everyone can access our services and that no one is excluded inappropriately from any services or activities provided by us.

15.0 Roles and Responsibilities

15.1 **All Staff and Contractors**

- Identify and report vulnerability
- Treat residents with empathy and respect
- Record relevant information
- Seek advice when required
- Seek advice and escalate concerns where cases are complex or high risk.

15.2 **Managers**

- Ensure staff competence and training
- Monitor implementation
- Manage complex cases
- Provide advice and oversight in high-risk or complex vulnerability cases.

15.3 **Leadership Team**

- Provides strategic oversight
- Monitor organisational risk
- Ensure compliance

15.4 **Board**

- Receives assurance on compliance and performance
- Scrutinise outcomes for vulnerable residents
- Ensures alignment with regulatory requirements

16.0 Monitoring, Assurance and Performance

16.1 We will monitor the effectiveness of this policy using qualitative and quantitative measures.

16.2 **Key Assurance Indicators**

- Safeguarding referrals and outcomes
- Tenant Satisfaction Measures (TSMs)
- Feedback from residents and partners
- Staff training
- Number of vulnerabilities recorded
- Complaints involving vulnerabilities

16.3 Resident Consultation

Residents were consulted during the development of this policy. Feedback highlighted the importance of ensuring that staff have the appropriate training to apply the principles of the policy effectively, and that the policy is clearly communicated so residents understand how it applies to them. In response, all frontline staff will receive relevant training, and this policy will be made accessible to residents via our website.

17.0 Reporting

17.1 Performance information will be reported to senior management team and the Board at agreed intervals

17.2 Reporting will include:

- Key assurance indicators set out in section 16
- Trends, risks and emerging issues relating to vulnerable residents
- Outcomes of safeguarding activity
- Compliance with training requirements
- Learning from complaints, incidents and case reviews

17.3 This will provide assurance that the policy is being implemented effectively and that risks relating to vulnerability are identified, managed and mitigated.

18.0 Awaab's Law and Health Risks

18.1 We recognise that certain property conditions, including damp and mould, may pose particular risks to vulnerable residents.

18.2 Where vulnerability is identified, we will prioritise assessment and remediation of hazards that may affect health and will act in accordance with statutory duties and internal policies.

19.0 Training

19.1 We will ensure that all staff receive appropriate training on identifying and responding to vulnerability.

19.2 This will include:

- Refresher training at regular intervals
- Enhanced training for customer facing roles
- Safeguarding training to enhance awareness and improve reporting

20.0 Zero Tolerance Approach to Abuse

20.1 We operate a zero-tolerance approach to abuse, threats, or violence towards staff, contractors, or representatives.

20.2 Where such behaviour occurs, we may take appropriate action, including:

- Restrict methods of contact
- Involve the police
- Take legal action
- Follow our Licences and tenancy breach procedures

20.3 This approach will be applied proportionately, taking into account any known vulnerabilities.

21.0 Confidentiality & Data Protection

21.1 We will share information with other agencies in accordance with the Data Protection Act and GDPR. This may mean sharing relevant and proportionate information without the resident's consent, where appropriate.

21.2 For the purposes of this policy and how we manage the information that we hold on individuals as part of our management processes, we will comply with our obligations as set out under the Group Data Protection Policy.

22.0 Review

22.1 This policy will be reviewed at least every three years or sooner in response to legislative or regulatory change, audit findings, complaints, or service improvement learning.

Version History	
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Data Protection Impact Assessment Completed	April 2026
Equality Impact Assessment Completed	April 2026
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