

# Agenda

## Housing and Health Committee Meeting

Date: Tuesday, 5 March 2024

Time 7.00 pm

Venue: Council Chamber, Swale House, East Street, Sittingbourne, ME10 3HT\*

Membership:

Councillors Lloyd Bowen, Hayden Brawn, Ann Cavanagh, Kieran Golding, Alastair Gould, Angela Harrison (Chair), Peter Macdonald, Peter Marchington, Ben J Martin, Pete Neal, Tom Nundy, Chris Palmer, Richard Palmer, Hannah Perkin and Karen Watson (Vice-Chair).

Quorum = 5

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Pages

### Information about this meeting

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- (d) Anyone unable to use the stairs should make themselves known during this agenda item.

## 2. Apologies for Absence

## 3. Declarations of Interest

Councillors should not act or take decisions in order to gain financial or other material benefits for themselves, their families or friends.

The Chair will ask Members if they have any disclosable pecuniary interests (DPIs) or disclosable non-pecuniary interests (DNPIs) to declare in respect of items on the agenda. Members with a DPI in an item must leave the room for that item and may not participate in the debate or vote.

Aside from disclosable interests, where a fair-minded and informed observer would think there was a real possibility that a Member might be biased or predetermined on an item, the Member should declare this and leave the room while that item is considered.

Members who are in any doubt about interests, bias or predetermination should contact the monitoring officer for advice prior to the meeting.

## 4. Minutes

To approve the [Minutes](#) of the Meeting held on 12 September 2023 (Minute Nos. 275 - 280) as a correct record.

- |    |  |         |
|----|--|---------|
| 5. | Health and Wellbeing Plan Closedown Report                         | 5 - 12  |
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**Issued on Friday, 23 February 2024**

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**Chief Executive, Swale Borough Council,  
Swale House, East Street, Sittingbourne, Kent, ME10 3HT**

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<b>Housing and Health Committee Meeting</b>	
<b>Meeting Date</b>	Tuesday 5 <sup>th</sup> March 2024
<b>Report Title</b>	Health & Wellbeing Improvement Plan Closure Report
<b>EMT Lead</b>	Emma Wiggins, Director of Regeneration & Neighbourhoods
<b>Head of Service</b>	Charlotte Hudson, Head of Housing and Community
<b>Lead Officer</b>	Sarah-Jane Radley, Community & Partnerships Manager
<b>Classification</b>	<b>Open</b>
<b>Recommendations</b>	1. The committee is asked to agree our proposed next steps for this work as outlined in proposal section.

## 1 Purpose of Report and Executive Summary

- 1.1 The Health and Wellbeing Improvement Plan 2020-2023 has now come to the end of the delivery period. This report gives an overview of the deliverable outcomes and an overview of the proposals for supporting Health and Wellbeing going forwards.

## 2 Background

- 2.1 The Health & Wellbeing Improvement plan was adopted by Cabinet in March 2021 to address health inequalities within the Borough. As a borough council, we are not formally responsible for public health as this statutory duty lies with Kent County Council, however it was recognised that as a Local Authority we have a role to play in helping improve the health and wellbeing of our residents and so the Health and Wellbeing Improvement Framework was developed, and an Officer was recruited through Special Projects Fund to deliver this work.

The weblink for the adopted plan is available at section 8.

The Health and Wellbeing Officer post came to an end in May 2023 and the delivery of the plan in its original format has evolved through the development of the Community & Partnerships Team. Health improvement work has become mainstreamed throughout the Council, with this team ensuring coordination and leadership on this agenda. Since the original development of this plan, relationships with our health partners have improved significantly and this is reflective in the planned worked looking forward.

### 2.2 Improvement Framework

The plan contains 4 key workstreams of which underpinned the objectives of the Health & Wellbeing Officers role and some of the future delivery of the C&P Team.

### Workstream 1 – Building Healthier Communities

Objective	Plan delivery	Current activities
<ul style="list-style-type: none"> <li>• Contribute towards planning applications</li> <li>• Contribute to revised local plan</li> <li>• Review internal policy</li> <li>• Strive to embed health in all relevant workstreams</li> <li>• Champion the health and wellbeing agenda</li> <li>• Support the implementation of the Economic Improvement Plan (EIP)</li> <li>• Support the implementation of the Visitor Economy Framework (See VEF)</li> </ul>	<ul style="list-style-type: none"> <li>• Members, SMT and Heads of Service contribute to development and decision making processes</li> <li>• Development of high level relationship with NHS and ICB through Director of Regeneration and Head of Housing &amp; Community</li> <li>• Engagement in projects/work relating to transport, active travel, air quality and fuel poverty</li> <li>• Support ‘Improving Skills’ priority through engagement with Economic Development Team</li> </ul>	<ul style="list-style-type: none"> <li>• Joint working takes place in relation to Section 106 agreements and a joint estate strategy.</li> <li>• The emerging Corporate Plan and Local Plan are being developed to embed health holistically across the council and to integrate key objectives towards tackling the wider determinants of health in the borough. This includes ensuring adequate infrastructure is in place.</li> <li>• C&amp;P Team working collaboratively across departments to ensure health is championed in projects and service delivery going forwards.</li> <li>• C&amp;P Team linking with UKSPF Skills funding to engage VCS and ensure health inequalities considered</li> </ul>

### Workstream 2 – Supporting Healthy Lifestyles

Objective	Plan delivery	Current activities
<ul style="list-style-type: none"> <li>• Maximise upon potential to use our outdoor spaces to promote health</li> <li>• Review existing health initiatives operating within Swale</li> <li>• Champion priority areas of health</li> <li>• Explore opportunities to work in partnership with our leisure providers</li> <li>• Promote and develop lifestyle change initiatives</li> </ul>	<ul style="list-style-type: none"> <li>• Childrens Centre campaigns – Change4Life and Start4Life</li> <li>• One You services supporting healthy lifestyles in adults</li> <li>• Active Kent – activities that support healthy lifestyles</li> </ul>	<ul style="list-style-type: none"> <li>• Working with Active Kent and Medway to link in with local initiatives and Medway Healthy Weight Network to promote Swale projects.</li> <li>• C&amp;P Team linking in with the HCP as well as KCC &amp; ICB to champion Swale and</li> </ul>

<ul style="list-style-type: none"> <li>• Support and develop projects targeting areas of health inequality</li> <li>• Evaluating health and wellbeing work</li> <li>• Directory of resources</li> <li>• Health and wellbeing funding</li> <li>• Add value to existing/new projects which link to health &amp; wellbeing</li> <li>• Smoke free agenda</li> <li>• Obesity</li> <li>• Mental health / dementia</li> </ul>	<ul style="list-style-type: none"> <li>• One You Smoke Free Service</li> <li>• Breastfeeding campaigns – peer support &amp; breastfeeding friendly locations</li> <li>• Kent Sport – cycling and walking programmes</li> <li>• One You 12 week weight loss programme</li> <li>• Depression &amp; mental health support – Partnership with Live Well Kent and various local organisations</li> <li>• Social isolation &amp; loneliness – partnership with Swale CVS and other local organisations including Age UK and KCC Community Wardens</li> <li>• Obesity – KCC Obesity Framework delivery</li> </ul>	<p>develop ideas for new projects as well as enhance existing.</p> <ul style="list-style-type: none"> <li>• Development of One Swale Roadshows in conjunction with HCP to promote health partners in communities.</li> <li>• Development of VCS mapping through Swales contract with Swale Voluntary Alliance.</li> <li>• Community &amp; Partnerships Manager is a panel member for HCP inequalities funding and developing new ideas with VCS through Cost-of-Living Partnership Group.</li> <li>• C&amp;P Team attending a number of meetings including HCP, ICB, Kent wide and local networking to promote health and promote new collaborative ways of working.</li> <li>• C&amp;P Team attending KCC Whole Systems Approach meetings where resources allow which link to Smoke Free, Obesity, Mental Health, Dementia and Asthma.</li> </ul>
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**Workstream 3 – Developing Partnerships**

<b>Objective</b>	<b>Plan delivery</b>	<b>Current activities</b>
<ul style="list-style-type: none"> <li>• Develop positive working relationships with health sector partners</li> <li>• Develop positive working relationships with our leisure providers, voluntary &amp; community sector partners</li> </ul>	<ul style="list-style-type: none"> <li>• Development of high level relationship with NHS and ICB through Director of Regeneration and Head of Housing &amp; Community</li> </ul>	<ul style="list-style-type: none"> <li>• C&amp;P Team have been working closely with the HCP to develop relationships and cross working. This has had a positive impact to the development of VCS</li> </ul>

<ul style="list-style-type: none"> <li>• Maintain positive working relationships with health sector partners</li> <li>• Maintain positive working relationships with voluntary &amp; community sector partners</li> <li>• Community engagement</li> <li>• Projects</li> </ul>	<ul style="list-style-type: none"> <li>• Head of Housing &amp; Communities represents on various housing groups</li> <li>• Links to VCS and wider partner groups through Community, Safeguarding and CSP</li> </ul>	<p>projects and the team will continue to build on this going forwards.</p> <ul style="list-style-type: none"> <li>• C&amp;P Team have developed a well-attended Cost of Living Group which allows a variety of organisations from across the borough to come together to develop new ideas and projects across Swale, as well as network and have a voice on important local issues.</li> <li>• C&amp;P Team will continue to develop the working relationships formed with health partners (and others) through the delivery of the Corporate Plan.</li> <li>• Development of an overarching Community and Partnership Strategy will oversee continued community engagement and development of health inequalities projects.</li> </ul>
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**Workstream 4 – Communication Strategy**

<b>Objective</b>	<b>Plan delivery</b>	<b>Current activities</b>
<ul style="list-style-type: none"> <li>• Communicate health messages/projects to community and partners</li> <li>• Communicate key dates</li> <li>• Deliver a multi-agency communications plan</li> <li>• Strive to embed health messages into all work that we do as a council</li> <li>• Explore all opportunities for the council to promote areas that we champion</li> </ul>	<ul style="list-style-type: none"> <li>• Develop Active Swale Brand</li> <li>• Develop stronger links and understanding of health promotion with SBC Communications Team – provide stats and evidence</li> <li>• Breastfeeding – Beside You social media campaign</li> </ul>	<ul style="list-style-type: none"> <li>• Utilising SBC communications, Cost of Living group, One Swale Roadshows, SCEN, and others to promote health messages, key dates and projects as we are informed of them</li> <li>• Development of Swales Corporate Plan hopes integrate health across the authority.</li> </ul>

	<ul style="list-style-type: none"> <li>• NHS Smokefree App – campaign</li> <li>• Cooking on a budget – cookbook developed and promoted through food banks</li> </ul>	
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**Acronym Definitions**

C&P Team: Community and Partnerships Team (SBC)

VCS: Voluntary and Community Sector

HCP: Medway & Swale Health and Care Partnership

ICB: Integrated Care Board

CSP: Community Safety Partnership

**3 Proposals**

- 3.1 As part of the development of Swales emerging Corporate Plan, improving health outcomes holistically have been embedded across the work of the Council. The plan contains a number of cross-cutting key objectives that will contribute towards tackling the wider determinants of health.

In addition to the Corporate Plan, it is proposed that a community development strategy is developed. This would outline the role of the Council, working in partnership with other agencies and the voluntary/community sector, in supporting the needs of communities. This would have a number of key priorities, including health and wellbeing. This strategy would seek to continue to develop relationships with our key health partners.

***Next steps***

Imbed health principles of Swales Corporate plan within delivery across the organisation.

Develop and consult on a community development strategy, which would include health and wellbeing as a key priority.

Continue development of the relationship with external agencies, including NHS and VCS.

**4 Alternative Options Considered and Rejected**

- 4.1 The option to continue with the existing Health & Wellbeing delivery framework has been considered and rejected. How the Council manages health and wellbeing activity has evolved since the original delivery plan was created and is now more embedded across the organisation. The Community and Partnerships team collectively oversee our response. The proposed developed of a community

development strategy, alongside the emerging corporate plan would also create unnecessary duplication.

## 5 Consultation Undertaken or Proposed

- 5.1 This report is for information purposes only and therefore no consultation is required.

## 6 Implications

Issue	Implications
Corporate Plan	The Council is in the process of adopting its revised corporate plan and a number of the new key objectives across all four Committees that will contribute towards tackling the wider determinants of health in the borough.
Financial, Resource and Property	The Community Team underwent a restructure in 2022 as part of the budget proposals, this included the deletion of the Health & Wellbeing Officer post. Health is now integrated within the service delivery of the Community & Partnerships Team.
Legal, Statutory and Procurement	None at this stage
Crime and Disorder	None at this stage
Environment and Climate/Ecological Emergency	None at this stage
Health and Wellbeing	The Corporate Plan and proposed community development Strategy will support the continuation of work to tackle health inequalities in the borough and work collaboratively with the HCP, ICB and others going forwards.
Safeguarding of Children, Young People and Vulnerable Adults	Continued collaboration across the council and with our partners to tackle health inequalities with the aim of reducing numbers of safeguarding cases within the borough.
Risk Management and Health and Safety	None at this stage
Equality and Diversity	None at this stage
Privacy and Data Protection	None at this stage

## **7 Appendices**

None.

## **8 Background Papers**

Swale Health and Wellbeing Improvement Plan -

<https://services.swale.gov.uk/meetings/documents/s18201/Appendix1%20-%20health%20and%20wellbeing%20improvement%20plan%20FINAL.pdf>

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<b>Housing and Health Committee Meeting</b>	
<b>Meeting Date</b>	Tuesday 5 <sup>th</sup> March 2024
<b>Report Title</b>	Swale Safeguarding Policy refresh 2024
<b>EMT Lead</b>	Emma Wiggins, Director of Regeneration and Neighbourhoods
<b>Head of Service</b>	Charlotte Hudson, Head of Housing and Communities
<b>Lead Officer</b>	Tina Grafton, Safeguarding Team Lead & ASB Officer
<b>Classification</b>	<b>Open</b>
<b>Recommendations</b>	1. For the Housing and Health Committee to approve this refreshed Safeguarding Policy for 2024

## 1 Purpose of Report and Executive Summary

- 1.1 This report summarises the amendments that are proposed to be made to the Safeguarding Policy and asks that the Housing and Health Committee agree the revisions made.

## 2 Background

- 2.1 The Safeguarding Policy was last revised in March 2023 and is subject to an annual review to ensure that it reflects any legislative or procedural changes.
- 2.2 In terms of implementing and managing the Safeguarding Policy, in the financial year 2022/23 the team have dealt with 372 cases referred to them. This resulted in 451 onward referrals to other agencies or support services. Domestic abuse, homelessness and mental health including suicide ideation concerns are within the most frequently reported case types.

Some other examples of the teams' responsibilities include:

- managing and ensuring best practice and complying with local and national policies.
  - ensuring training needs are met for all staff, members and volunteers whether this is face to face or online.
  - completing and complying with local children's and adult safeguarding boards audits.
  - working closely with procurement teams to assess contracts services and audit compliance with requirements.
  - working towards the Domestic Abuse Housing Alliance (DAHA) accreditation.
  - quarterly performance reports.
- 2.3 The main amendments that have been made to the previous version of the Safeguarding Policy and summarised below:

- The Foreword, amended to reflect wording from the Chair of the Housing and Health Committee.
- Job titles amended throughout the document to reflect change of Safeguarding team lead role.
- A number of amendments have been made as a result of recommendations through the external audit by the Kent and Medway Safeguarding Adult Board (KMSAB):
  - Section 3.10 has been strengthened in relation to carers assessment has been emphasised.
  - Section 4.2 in relation to trauma informed practice has also been strengthened. An appendix added to reflect best practice and non-judgemental language and a trauma informed approach.
  - Section 5.3 - People in positions of Trust (PIPOT) policy reference added and refers to guidance from KMASB.
  - Within the Safeguarding Training Plan, Mental Capacity training/ awareness sessions has changed to mandatory requirement for levels 2b and 3 (table within section 12).
  - Appendix 4 has been added. This new section for 'Did not attend'.
- Section 3.11 for Legal Duties has been updated to show the revised Working Together to Safeguard Children 2023 guidance. This includes revisions to the local partnership arrangements (for Kent, the Local Safeguarding Children Partnership for which Swale BC is a relevant agency); clarification of the roles of agencies within this Partnership; and introduces new children protection standards. There is no specific action Swale BC needs to take in relation to this, with changes to be led by the Kent Safeguarding Multi-agency Children Partnership Board.
- Section 5.7 Case Management -Sentence added - Rational / decision making should be clearly documented with the case management. This includes decisions rational of not completing certain actions or referrals. This will ensure clear demonstration of why specific decisions were taken. I.e. no consent for referrals.
- Appendix 1: Case standards – case standards the element of domestic abuse closure check list has been added. This has been highlighted due to the work of DAHA and ensure that lessons learnt can be identified and adds as a double check to ensure best practice guidance has been followed.
- Appendix 5 added to enable links to relevant guidance documents within the policy.

### 3 Proposals

- 3.1 For the Housing and Health Committee to approve this refreshed Safeguarding Policy for 2024

### 4 Alternative Options

- 4.1 That the Safeguarding Policy is not revised. This is not recommended as although the current Policy is largely accurate in relation to legislative requirements, it is not complete; and a number of recommendations were made by an external audit for inclusion within the policy.

### 5 Consultation Undertaken or Proposed

- 5.1 Consultation has taken place with team managers, of those teams that identify the greater number of safeguarding concerns.

### 6 Implications

Issue	Implications
Corporate Plan	This policy refresh will contribute to the corporate priority - Housing and Health, once the new corporate plan is fully adopted.
Financial, Resource and Property	<p>Existing staff are in place (1 FTE Safeguarding Officer and part of Safeguarding and ASB Team leader who also has other responsibilities) to manage the implementation of this policy.</p> <p>In order to deliver the proposed staff training plan, there is a financial cost for some sessions, however these are met through existing corporate training budgets or by contributions already made to the Safeguarding Partnerships.</p>
Legal, Statutory and Procurement	<p>The Children Act 1989 states that the child's welfare is paramount and that every child has a right to protection from abuse, neglect and exploitation. The Children Act 2004 specifies the statutory guidance relating to Swale Borough Council under this agenda.</p> <p>The Safeguarding Policy also highlights other legislation relating to this agenda and requirements upon the Council including The Care Act 2014, Counter Terrorism Act 2015; Modern Slavery Act 2015; Domestic Abuse Act 2021; and more recently the Police, Crime Sentencing and Courts Act 2022</p>
Crime and Disorder	Through the implementation of the Safeguarding Policy and addressing safeguarding concerns of vulnerable individuals, there will naturally be some cases where the individual is also supported to address crime and anti-social behavioural issues, through referrals and information sharing with other agencies.

Environment and Climate/Ecological Emergency	No air quality, or climate/ecological emergency implications have been identified at this stage.
Health and Wellbeing	The Safeguarding Policy will ensure that the Council responds appropriately to safeguard children and vulnerable adults. This also extends to welfare concerns that may not have met the thresholds for referrals to statutory services, but by addressing the needs identified, improves the community's health and wellbeing.
Safeguarding of Children, Young People and Vulnerable Adults	This revised Safeguarding Policy details the Council's response to Safeguarding and the process by which it should be managed.
Risk Management and Health and Safety	Safeguarding has in the past been one of the risks identified in the corporate risk register, but due to the levels of controls in place as identified by this Policy is now only within the Housing and Communities Service Plan Risk Register.
Equality and Diversity	No specific equality and diversity implications have been identified at this stage. All safeguarding concerns are handled in an appropriate manner for the case in question.
Privacy and Data Protection	The safeguarding database 'My Concern' referenced within the Policy as part of the recording process, has a high level of security – all users must be approved by the safeguarding team and given an appropriate level of access. All referrals can also securely be saved here and case notes.  Section 4.4.11 of the policy discusses information sharing.

## 7 Appendices

7.1 The following documents are to be published with this report and form part of the report:

- Appendix I: Draft Swale Borough Council Safeguarding Policy 2024

## 8 Background Papers

None.

# Safeguarding Policy

March 2024 Review

## Foreword



Ensuring that the most vulnerable in our community are protected is something which is the responsibility of us all. This policy provides essential information about how we will deal with concerns about the safety of a vulnerable child and adult. This policy also sets out clearly how we will work with others and support people to report abuse or concerns. It also ensures that, through training and review of our policies, the council will always work in a way which promotes safeguarding and tackles any form of abuse of vulnerable people

**Larissa Reed, Chief Executive, Swale Borough Council**

“It’s not my job.” “It’s none of my business.”

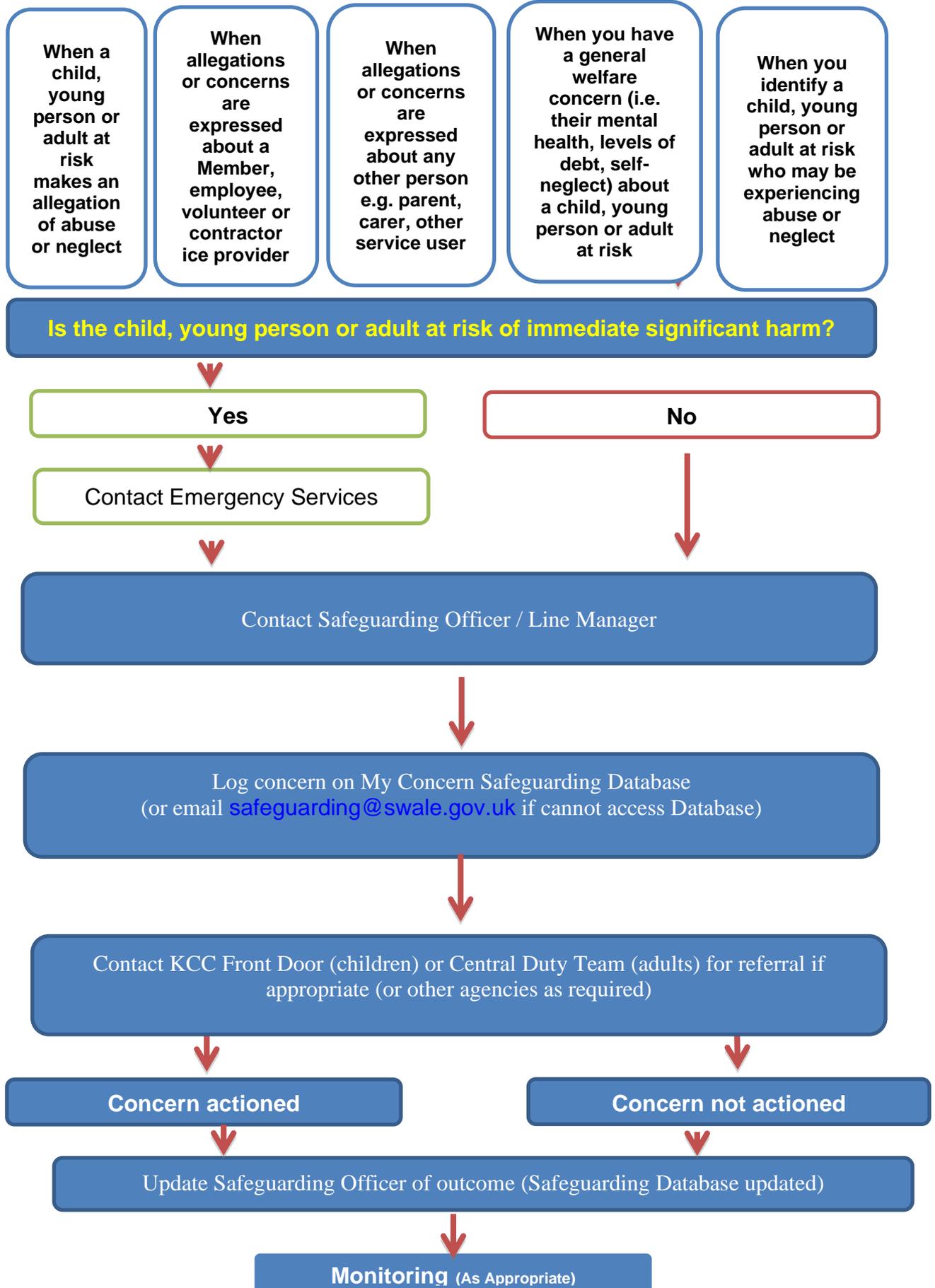
How many times have we heard or read that?

Well, Safeguarding is our job and it is our business. If in doubt, report it. Someone else can decide whether there is any substance – you don’t have to; you just have to be concerned. Imagine if it were one of your family. Wouldn’t YOU want someone to raise any concerns? Better to be Safe than Sorry.



**Councillor Angela Harrison, Swale Borough Council**

## Safeguarding 'Quick View' Procedure



## **1. Introduction**

Safeguarding is 'everyone's business'. This policy sets out Swale Borough Council's (SBC) responsibilities under the Children Act 2004, Care Act 2014 and other legislation to ensure children, young people and adults at risk are kept safe from harm.

## **2. Purpose**

**2.1** The purpose of this policy and the associated procedures are to protect and promote the welfare of the children, young people and adults using or receiving services provided or commissioned by SBC. The policy also aims to support the Council, its officers, elected members and volunteers in fulfilling their statutory responsibilities. Swale Borough Council is not a Children's Services Authority and it is not the role of the Council to investigate allegations of abuse. However, all Elected Members, employees, volunteers and contracted services providers have a clear responsibility to take action when they suspect or recognise that a child, young person or adult at risk may be a victim of significant harm or abuse.

**2.2** This policy demonstrates how SBC will meet its legal obligations and reassure members of the public, service users, Members, employees, volunteers and those working on behalf of the Council as to:

- a) What they can expect SBC to do to protect and safeguard children, young people and adults at risk;
- b) That they are able to safely voice any concerns through an established procedure;
- c) That all reports of abuse or potential abuse are dealt with in a serious and effective manner;
- d) That they can raise even a basic welfare concern for a child or adult and that appropriate action will be taken;
- e) That there is an efficient recording and monitoring system in place;
- f) That Members, employees, volunteers and contractors receive appropriate training;
- g) That robust 'safer' recruitment procedures are in place.

## **3. Legal Duties**

**3.1** The Children Act 1989 states that the child's welfare is paramount and that every child has a right to protection from abuse, neglect and exploitation. Statutory guidance on making arrangements to safeguard and promote the welfare of children under Section 10, 11 and 13 of the Children Act 2004 and specifies what is required of SBC. This includes:

- Senior management commitment to the importance of safeguarding and promoting children's welfare;
- A clear statement of the Council's responsibilities to children, available to staff;
- Clear lines of accountability for work on safeguarding and promoting well being;
- Using the views of children and young people to help shape services;

- Safer recruitment procedures for those coming into contact with children and young people;
  - Appropriate training for staff;
  - A duty to promote inter-agency cooperation between named agencies, including district councils;
  - Representation on, and participation in, local safeguarding children's boards;
  - Effective working relations within the Council and with other agencies to safeguard and promote well-being and to share information effectively.
- 3.2** Under the Children Act 2004 and Working Together to Safeguard Children 2023, SBC has a duty to co-operate with Kent County Council (KCC) in discharging its duties as a Children's Services Authority and to promote the well-being of children and young people. (app)
- 3.3** KCC is the lead agency for the protection of adults at risk. SBC is committed to working in partnership with KCC in delivering their responsibilities around Safeguarding Adults.
- 3.4** SBC must carry out its responsibilities by ensuring that the needs and interests of children, young people and adults at risk are considered by all Members, employees, volunteers and contracted services, when taking decisions in relation to service provision.
- 3.5** SBC policies and procedures are governed by The Care Act 2014 that provides the legal framework for how local authorities (in this case Kent County Council) and other parts of the system such as relevant partners (which includes SBC as a district council) should protect adults at risk of abuse or neglect. SBC has a duty to co-operate with KCC in the exercise of:
- (a) their respective functions relating to adults with needs for care and support
  - (b) their respective functions relating to carers, and
  - (c) functions of theirs the exercise of which is relevant to functions referred to in paragraph (a) or (b).
- 3.6** The Counter-Terrorism Act 2015 dictates that local authorities are vital to the Prevent work which exists to reduce the risk of people being drawn into terrorism. Local authorities must use counter-terrorism local profiles (CTLPs) for SBC must be used to assess the risk of individuals being drawn into terrorism. SBC must incorporate the duty into existing policies and procedures to fulfil safeguarding responsibilities ensuring there are clear and robust policies to identify and safeguard children at risk. Furthermore SBC must develop a Prevent action plan should there be a risk to identify interventions to be actioned. SBC must also ensure that appropriate frontline staff, including those of its contractors, have a good understanding of Prevent and are trained to recognise vulnerability to being drawn into terrorism and are aware of available programmes to deal with the issue. The Community Safety Plan is utilised to ensure a consistent response to Prevent (Prevent guidance 2023) is provided across local partner agencies and that this duty is met by SBC. (app)

- 3.7** Under the Modern Slavery Act 2015 SBC has a statutory duty to report and provide notification to the National Crime Agency about any potential victims of modern slavery or trafficking that we encounter. Adult victims are able to remain anonymous should they wish to do so. SBC are under a duty to co-operate with the Commissioner. (app)
- 3.8** The Domestic Abuse Act 2021 had placed a number of additional duties on Swale Borough Council that must be considered within our safeguarding response. These include:
- The definition of Domestic Abuse has been changed to cover those ‘personally connected’;
  - Children are now to be seen as a victim of Domestic Abuse in their own right, if they hear or experience the effects of the abuse and should be able to access support;
  - Appropriate priority will be given to victims of Domestic Abuse and like for like lifetime tenancies will be upheld. Victims should not find that their tenure is affected by fleeing Domestic Abuse;
  - The individual fleeing DA should be offered safe accommodation or at the choice of the victim to remain in their own home have access to the sanctuary scheme and local support;
  - It is recognised that many people will wish to flee with animals, and will try to accommodate needs or look for solutions;
  - That there should be promotion of the one stop shops and local support groups and services;
  - Swale BC must contribute to the local partnership board and creation of a local needs assessment.
- 3.9** Section 68 of the Care Act 2014 requires that the Local Authority (upper tier authority) must arrange for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or review, where the adult has ‘substantial difficulty’ in being involved in the process and where there is no other ‘appropriate person’ to represent them. For Swale Borough Council, although this duty does not apply directly to us, officers must have due regard to this need and ensure that appropriate signposting can take place to advocacy services as required. (see appendices and link to statutory advocacy)
- 3.10** Under the Care Act 2014, a carer is an individual who provides or intends to provide care for another adult. If a carer has any level of needs for support, they are entitled to a carer’s assessment, which would be conducted by Kent County Council. Swale Borough Council must have due regard for the needs of carers (Carers assessment) and make a referral for a care needs assessment, as required.
- 3.11** The Children and Social Work Act 2017 and Working Together to Safeguard Children 2023 places a number of duties on housing authorities to work jointly with a children’s services authorities in relation to housing of care leavers. All young people need to have safe and appropriate accommodation to meet their needs, with planned supportive transitions to independent living. Any

homelessness risks should be identified and acted upon at an early stage. This includes the expectation for keeping in touch with care leavers over the age of 21, and the non-mandatory reporting of care leaver deaths up to age 25 to improve learning and outcomes for this group of young people. (app)

- 3.12** The Police, Crime Sentencing and Courts Act 2022 received royal assent in April 2022. Part 2 of the PCSC Act creates a requirement for specified authorities to collaborate and plan to reduce or prevent serious violence. Statutory guidance was issued in December 2022 and provides details on the expectations on the Serious Violence Duty. For Swale Borough Council, this duty will be discharged mainly through its cooperation with the Swale Community Safety Partnership. However, If any victims of serious violence are identified through the safeguarding processes, appropriate referrals will be made to support agencies.

## **4. Policy Position**

### **4.1 Principles**

SBC believes Safeguarding is committed to the following principles for children, young people and adults at risk:

- Their welfare is paramount;
- Whatever their background and culture, parental or pregnancy status, age, disability, gender, racial origin, religious belief, sexual orientation and/or gender identity, they have the right to participate in society in an environment which is safe and free from violence, fear, abuse, bullying and discrimination;
- They have the right to be protected from harm, exploitation, abuse, and to be provided with safe environments to live and play;
- Working in partnership with them, alongside their parents or carers and other agencies, is essential to the promotion of their welfare.

### **4.2 Policy Statement**

SBC is committed to safeguarding children, young people and adults at risk from abuse when they are engaged in services organised and provided by, or on behalf of, the Council. The Council will:

- a) Endeavour to keep residents and service users safe from abuse. Suspicion of abuse will be responded to promptly and appropriately. We will always act in the best interests of the child, young person or adults at risk;
- b) Proactively seek to promote the welfare and protection of all children, young people and adults at risk living in Swale at all times;
- c) Ensure that unsuitable people are prevented from working with children, young people and adults at risk through robust 'safer recruitment' procedures;
- d) Deal with any concern raised by a Member, employee, volunteer, contracted service provider, or member of the public appropriately and sensitively;
- e) Any Safeguarding referrals made by a Member, employee, volunteer or contracted service provider cannot be anonymous and should be made in the

knowledge that, during the course of enquiries, the referrers may be required as prosecution witnesses;

- f) Not tolerate harassment of any Member, employee, volunteer, contracted service provider or child, young person or vulnerable adult who raises concerns of abuse or neglect;
- g) Work in co-operation with KCC as required under the Children Act 2004 and the Care Act 2014 to make appropriate changes and amendments to improve the Council's safeguarding policies and procedures as recommended by Adult and Child Safeguarding Partnership Boards;
- h) Prevent abuse by using good practice to create a safe and healthy environment and avoid situations where abuse or allegations of abuse could occur;
- i) Use a trauma informed approach where appropriate.

### **4.3 Scope**

**4.3.1** This policy covers all Members, employees and volunteers at SBC, including contracted service providers

**4.3.2** While Members, employees, volunteers and contracted services providers are likely to have varied levels of contact with children, young people and adults at risk as part of their duties and responsibilities for the Council, everyone should be aware of the potential indicators of abuse and neglect and be clear about what to do if they have concerns. Responsibilities are limited and it is important to remember the following:

**IT IS NOT THE RESPONSIBILITY OF ANY SBC MEMBER, EMPLOYEE, VOLUNTEER OR CONTRACTED SERVICE PROVIDER TO DETERMINE WHETHER ABUSE IS ACTUALLY TAKING PLACE**

#### **HOWEVER:**

**IT IS THE RESPONSIBILITY OF THE MEMBER, EMPLOYEE, VOLUNTEER OR CONTRACTED SERVICE PROVIDER TO TAKE THE ACTIONS SET OUT IN THE PROCEDURE, IF THEY ARE CONCERNED ABUSE MAYBE TAKING**

### **4.3.3 Domestic Abuse Policy, Staff Policy and procedures**

Separate Domestic Abuse policies and procedures have been created and outline the Council's response specifically for members of the public, or staff, affected by domestic abuse. Although in the main responses to disclosure of domestic abuse will be in line with this Policy, these separate documents must be referred to.

### **4.4 Safeguarding Roles, Responsibilities and Governance in SBC**

**4.4.1** SBC offers a range of training dependent on the role. Safeguarding training offered ranges from basic awareness training via Elms E-Learning, to more in

depth training provided through the Safeguarding Boards or other external training providers. Staff at SBC are assigned a role category which determines the level of Safeguarding training required. Below are the categories of staff roles. All staff will be advised of the required safeguarding training for their level by the Safeguarding leads, as agreed with Senior Management Team. This training plan is shown in Appendix I.

0 – No contact with children/young people/adults at risk and/or parents/carers;

1 – Limited contact with children/young people/adults at risk/ and/or parents/carers-no unsupervised contact;

2a – Regular contact with children/young people/adults at risk and/or parents/carers or any unsupervised contact (Private Sector Housing Team, Environmental Response Team, some Open Spaces team and other roles as agreed by Safeguarding Officers)

2b - Regular contact with children/young people/adults at risk and/or parents/carers or any unsupervised contact (within the Housing Options team)

3 – Professional advisers and designated leads for children’s and/or adults at risk safeguarding irrespective of the level of contact with children/young people/adults at risk and/or parents/carers.

4 - Strategic responsibility for safeguarding children and/or adults at risk for the organisation irrespective of the level of contact with children/young people/adults at risk and/or parents/carers.

#### **4.4.2 Chief Executive or Officer from the Strategic Management Team (SMT)**

The Chief Executive and SMT are responsible for ensuring that this policy and related procedures are implemented, monitored and consistently reviewed.

#### **4.4.3 Housing and Health Committee**

The Housing and Health Committee is responsible for ensuring the implementation, consistent monitoring and improvements of the Safeguarding Policy and related procedures.

#### **4.4.4 Community Services Manager**

The Community Services Manager is responsible on behalf of the Head of Housing and Community Services for implementing this policy and procedures and ensuring regular monitoring.

#### **4.4.5 Safeguarding Team Lead**

The Safeguarding Team Lead is responsible for the day-to-day oversight of the Safeguarding officer’s and their response to safeguarding concerns.

#### **4.4.6 Safeguarding Officer**

The Safeguarding Officer is responsible for dealing with reports or concerns about the protection of children, young people and adults at risk appropriately and in accordance with the procedures that underpin this policy.

**4.4.7 All Heads of Service** must ensure that appropriate employees are subject to Disclosure and Barring Service checks and that their staff members comply with this policy and the related procedures.

**4.4.8 All Service Managers** (and Contract Managers responsible for contracted service providers) are responsible for ensuring that employees follow this policy and its related procedures and receive the safeguarding training and support they need, in line with their responsibilities and level of contact with children, young people and adults at risk.

**4.4.9 All Members, employees and volunteers** are responsible for carrying out their duties in a way that actively safeguards and promotes the welfare of children, young people and adults at risk. They must also act in a way that protects them from wrongful allegations of abuse as far as possible. They must bring safeguarding concerns to the attention of the Safeguarding Officer.

**4.4.10 Contractors, sub-contractors or other organisations funded by or on behalf of the Council** are responsible for applying the correct safeguarding procedures. Please see section 9 of this policy for more information.

**4.4.11** Information sharing is vital to safeguarding and promoting the welfare of children and adults at risk. The lawful basis for processing most safeguarding-related personal data will usually be 'public task' or 'legal obligation', and the consent of the data subject is therefore not necessary. Information which is relevant to safeguarding will sometimes be 'special category' data, meaning it is particularly sensitive and therefore subject to more stringent restrictions. The Data Protection Act 2018 allows special category personal data to be processed without the consent of a child or an at-risk adult for the purpose of protecting their wellbeing or preventing harm to them, as long as the processing is necessary for reasons of substantial public interest and their consent cannot reasonably be obtained.

## **5. Safeguarding Procedures**

### **5.1 Types of Concerns**

**5.1.1** The procedure for reporting a concern or allegation informs all SBC Members, employees, volunteers and those contracted service providers that have accepted this policy, of what actions they should take if they have concerns or suspicions, or encounter a case of abuse or neglect in any child, young person or adult at risk.

Even for those experienced in working with child or adult abuse it is not always easy to recognise a situation where abuse may occur or already has taken place. Whilst it is accepted that staff are not experts at such recognition all staff have a duty to act if they have any concerns and discuss with an appropriate Safeguarding representative within SBC.

5.1.2 Abuse is a form of maltreatment that can occur in several forms as shown below:

<p>For children, types of abuse include:</p> <ul style="list-style-type: none"> <li>Physical</li> <li>Psychological</li> <li>Sexual</li> <li>Grooming</li> <li>Child Sexual and/or Criminal Exploitation</li> <li>Female Genital Mutilation</li> <li>Online Abuse/Cyberbullying/Bullying</li> <li>Child Trafficking/Modern Slavery</li> <li>Domestic Abuse, Self-neglect/Self-injurious</li> <li>Forced Marriage</li> </ul>	<p>Types of adult abuse include:</p> <ul style="list-style-type: none"> <li>Physical</li> <li>Sexual</li> <li>Psychological</li> <li>Discrimination</li> <li>Exploitation</li> <li>Financial</li> <li>Organisational</li> <li>Domestic Abuse, including Adolescent Parent Violence</li> <li>Self-neglect/Self-injurious</li> <li>Modern slavery/Human trafficking</li> <li>Neglect and acts of Omission</li> <li>Female Genital Mutilation</li> <li>Inappropriate Restraint</li> </ul>
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5.1.3 It is important to note that these types of abuse are not mutually exclusive, and many different categories of concern may be occurring at the same time.

5.1.4 Many types of abuse might not be obvious and will require a level of professional curiosity to understand what is occurring within a household.

5.1.5 With an increasingly diverse community within the Borough, there is also a need to ensure greater awareness of different cultures and possible abuse that can occur within these, along with ensuring an appropriate response can be put into place.

5.1.6 There are a number of other concerns that may need to be flagged specifically related to children. This may include children that are missing, being home schooled, or private fostering arrangements have been put into place. Advice should be taken from safeguarding officers if there are any concerns regarding these types of concerns.

There are five main situations when Members, employees, volunteers and contracted service providers may need to respond and report a concern or case of alleged or suspected abuse. These are set out below:

**5.2 When you identify a child, young person or adult at risk who may be experiencing abuse or neglect, you should:**

- Stay calm and try to get another witness, if it does not compromise the situation;
- If you believe the person is ‘at risk’ of immediate significant harm, which includes situations which any Member, employee or volunteer would reasonably believe requires the emergency services, then you must contact the relevant emergency service and notify the Safeguarding Officer, Line Manager or Head of Service;
- Immediately report to and inform the Safeguarding Officer, Line Manager or Head of Service (as appropriate and where possible);

- Record all details you are aware of and log your concern, as soon as possible, on the My Concern Database (Safeguarding Database). If you are not registered on the Database, please email your concern to [safeguarding@swale.gov.uk](mailto:safeguarding@swale.gov.uk)
- Consultation with the Kent Front Door (Children Social Services) or Central Referral Unit (Adult social services) and/or referral to be made and recorded with support from the Safeguarding Officer /Line Manager.
- Outcome of the consultation/referral to be recorded on the Safeguarding Database.

### **5.3 When a child, young person or adult at risk makes an allegation of abuse or bullying, you should:**

- Stay calm and try to get another witness, if it does not compromise the situation;
- If you believe the person is 'at risk' of immediate significant harm, which includes situations which any Member, employee or volunteer would reasonably believe requires the emergency services, then you must contact the relevant emergency service and notify the Safeguarding Officer, Line Manager or Head of Service;
- Listen carefully to what is said and allow the person to talk at their own pace, being careful not to compromise potential evidence;
- Find an appropriate opportunity to explain it is likely that information will need to be shared with other responsible people, do not promise to keep secrets;
- Only ask questions for clarification, the use of open questions e.g. what, where, when, who? is advisable, do not ask leading questions (that suggest certain answers as this could compromise evidence);
- Reassure the child, young person adult at risk that they have done the right thing in telling you;
- Tell them what you will do next and who you will inform;
- Immediately report to and inform the Safeguarding Officer, Line Manager or Head of Service (as appropriate and where possible);
- Record all details you are aware of and log your concern, as soon as possible, on the My Concern Database (Safeguarding Database). If you are not registered on the Database, please email your concern to [safeguarding@swale.gov.uk](mailto:safeguarding@swale.gov.uk)
- Referrals to Kent Children Social Services (Front Door or urgent support) and Adult Social Services referral must be recorded with support from the Safeguarding team / Line Manager.
- Outcome of any consultation/referral to be recorded on the Safeguarding Database.

### **5.3 When allegations or concerns are expressed about a Member, employee, volunteer or contracted service provider, you should:**

- Take the allegation or concern seriously;
- Immediately inform the Safeguarding Officer, Line Manager, Head of Service or Contract Manager (as appropriate);
- The Safeguarding Officer informs Human Resources or Contract Manager at the earliest opportunity, provides a report of the incident and the intended action in accordance with 'Managing Allegations' procedure;

- If you believe the child, young person or adult is 'at risk' of immediate significant harm, which includes situations which you would reasonably believe requires the emergency services, then you should contact the relevant emergency service and then notify the Safeguarding Officer, Line Manager or Head of Service;
- Record all details you are aware of and log your concern, as soon as possible, on the My Concern Database (Safeguarding Database). If you are not registered on the Database, please email your concern to [safeguarding@swale.gov.uk](mailto:safeguarding@swale.gov.uk)
- The Safeguarding Officer has a consultation with Kent Front Door/Kent Central Referral Unit or makes formal referral
- The Safeguarding Officer follows procedures outlined in 'Managing Allegations' procedure and makes contact with the KCC Local Authority Designated Officer (LADO). The KCC LADO can support Human Resources or Contract Manager with appropriate decision-making;
- Any Member, employee or volunteer can make a referral to the KCC LADO if they believe a case has been inappropriately or ineffectively investigated by SBC (app PIPOT)

**5.4 When allegations or concerns are expressed about any other person (e.g. parent, carer, other service user), you should:**

- Take the allegation or concern seriously;
- If you believe the child, young person or adult is 'at risk' of immediate significant harm, which includes situations which you would reasonably believe requires the emergency services, then you should contact the relevant emergency service and then notify the Safeguarding Officer, Line Manager or Head of Service and immediately ;
- Immediately report to and inform the Safeguarding Officer & Line Manager or Head of Service (as appropriate);
- Record all details you are aware of and log your concern, as soon as possible, on the My Concern Database (Safeguarding Database). If you are not registered on the Database, please email your concern to [safeguarding@swale.gov.uk](mailto:safeguarding@swale.gov.uk) or contact the team by phone.
- Referrals to Kent Children Social Services (Front Door or urgent support) and Adult Social Services referral must be recorded with support from the Safeguarding Team / Line Manager  
Outcome of the consultation/referral to be recorded on the Safeguarding Database.

**5.5 When you have a general welfare concern (i.e. their mental health, levels of debt etc) about a child, young person or adult at risk you should:**

- Discuss your concern as soon as possible with a Safeguarding Officer – formal consultation or referrals to social care or the Police may not be needed, but a wider range of referrals to support agencies could be looked into and made.

**5.6 When you have a concern that someone may be self-neglecting, you should:**

- Discuss your concern with a Safeguarding Officer as soon as possible.

- The Kent and Medway Self Neglect Protocol is in place to guide all agencies in the process to follow for cases of possible self-neglect by adults. As an identifying agency, it may be that Swale BC needs to lead this process. This protocol can be found at <https://kmsab.org.uk/professionals/kmsab-policies>
- A self-neglect fact sheet has been developed (Appendix 2) for staff to follow to ensure an appropriate response is in place.

**5.6.1** For all concerns, there may be cases identified to the Safeguarding Officers that meet the criteria for the multi-agency Swale Vulnerability Panel. This panel focuses on adults that have been or are likely to be a victim of crime or ASB; are isolated; felt to be self-neglect; have a diagnosed, or felt undiagnosed, mental health condition; meet the threshold for statutory services but limited engagement. Cases should be referred to this panel by the Safeguarding Officers if it is felt the criteria are met, for a multi-agency discussion on how best to support the adult.

## **5.7 Recording Concerns**

If any Member, employee or volunteer has concerns about the welfare or safety of a child, young person or adult at risk, or has concerns about the behaviour of a Member, employee or volunteer, it is vitally important to record all relevant details regardless of whether or not the concerns are shared with the Police, KCC or other appropriate partners.

The My Concern Safeguarding Database is in place to record and manage all safeguarding concerns. A new Concern should be logged on the database for all events of concern (even if no referral is subsequently made).

The Safeguarding Database can be found at: <https://www.myconcern.education>.

It is the responsibility of the person who directly observes/witnesses the event (e.g. living situation) of concern or who has participated in the meeting/conversation that has caused concern, to record details of the concern. The record should be clear which person provided the information and there must be clear differentiation between opinion and fact.

If the person who has witnessed/observed/participated in the event of concern and is unable to log their concern on the Safeguarding database, the details of the concern should be emailed directly, as soon as possible, to [safeguarding@swale.gov.uk](mailto:safeguarding@swale.gov.uk) to alert the Safeguarding Officer. Their Line Manager should also be alerted to this, who may be able to log the concern on their behalf.

Rational / decision making should be clearly documented with the case management. This includes decisions rational of not completing certain actions or referrals.

Records may be used for: Evidence for investigations and inquires; Court Proceedings; Monitoring Quality Assurance; and Disciplinary procedures. The Safeguarding Officer will then manage the process and follow guidance on information sharing, confidentiality, consent and making appropriate referrals to KCC and other agencies. It is also important that notes regarding capacity are made, as well as decisions/choices made by any adults at risk.

Appendix 3 details the case standards that are expected for the online case management of safeguarding concerns. This covers the logging of; ongoing management; and closure of concerns.

Employees will be allocated a My Concern Login within those teams that identify the greater number of safeguarding concerns. User accounts will be reviewed at least annually, or when notification of a leaver is received by the safeguarding team, with accounts deactivated as required.

## **5.8 Consent**

It is always best practice to obtain consent from an adult at risk (or parent in relation to children/young people) prior to making referrals or sharing information with another agency.

However, consent is not required for a service referral/information sharing where an adult (or their children) are at high risk of serious harm.

There may be occasions when an adult at risk refuses consent for this information sharing or referrals for support. This may have to be accepted if there is no risk of serious harm to this person or another, however self-neglect (section 5.6 may need to be considered) or their capacity to make a safe decision (see section 5.10).

## **5.9 Making Safeguarding Personal**

"No decision about me without me"

Making Safeguarding Personal (MSP) is about professionals working with adults at risk to ensure that they are making a difference to their lives. Considering, with them, what matters to them so that the interventions are personal and meaningful. It should empower, engage and inform individuals so that they can prevent and resolve abuse and neglect in their own lives and build their personal resilience. It must enhance their involvement, choice and control as well as improving quality of life, wellbeing and safety.

It should underpin all interactions and involvement with the adult at risk.

Processes should fit around the person to ensure that the persons views remain central in the safeguarding journey. Further detail can be found on the KMASB.

## **5.10 Capacity**

There may be occasions when adults become unable to make decisions for themselves due to ill health or mental impairment. When this happens, the person is said to 'lack capacity'. The Mental Capacity Act protects and supports these people and outlines who can and should make decisions on their behalf.

It must always be assumed that everyone is able to make a decision for themselves, until it is proven that they cannot. The only way to do this is for a mental capacity assessment to be undertaken by a trained professional.

If there is a concern that an adult at risk may not have capacity to make a decision related to their safety or wellbeing, advice must be taken from the Safeguarding Officer as to how to proceed. Further guidance can be found KMASB.

## **6. Recruitment**

SBC is committed to safer recruitment procedures set out by the Kent Safeguarding Children Multi-Agency Partnership (KSCMP) Where it is identified that services or staff have regular contact with children, young people and adults at risk, or will hold safeguarding responsibility, then appropriate procedures are initiated by the recruiting Manager and the relevant Human Resources Officer. Managers who are recruiting for a post of safeguarding level 2 or 3 are required to have completed 'Safer Recruitment' training within the last 3 years.

It is the responsibility of the recruiting manager to undertake a risk assessment for the job description and person specification for those roles likely to involve regular and/or substantial unsupervised contact with children, young people or adults at risk before recruitment takes place. This will determine the safeguarding level of all roles and ensure that only appropriate individuals are selected to undertake DBS procedures. See appendix for relevant guidance.

## **7 DBS Disclosures**

SBC is not a Children's Services Authority therefore scope for working directly with children, young people or vulnerable adults is limited. DBS disclosures should only be sought where a Member, employee or volunteer has substantial, regular or unsupervised contact with children, young people and adults at risk as part of their duties or responsibilities for, or on behalf of, the Council.

SBC will refer any member of staff or volunteer to DBS for consideration for the barred list(s) if SBC thinks a person has:

- harmed or poses a risk of harm to a child or vulnerable adult
- has satisfied the harm test; or
- has received a caution or conviction for a relevant offence and;
- the person they're referring is, has or might in future be working in regulated activity and;
- the DBS may consider it appropriate for the person to be added to a barred list

Please see the separate DBS Policy for further information.

## **8. Escalating Concerns and Case Reviews**

There may be times when officers working on a safeguarding case cannot resolve the concern, or may disagree with another professional from another agency as to the best way forward. These should in the first instance be flagged

to the Community Services Manager or Safeguarding Officer, if not already done so. These officers may determine the best path forward, particularly if relating to another agency, may be to raise to the Head of Housing and Communities. A referral can also be made to the Vulnerability Panel to problem solve an approach for a case.

The Kent and Medway Safeguarding Adults Board have an escalation policy in place for when professional disagree about a way forward with a safeguarding adult case. This can be found at <https://kmsab.org.uk/professionals/kmsab-policies>

The Kent Safeguarding Children Multi-Agency Partnership also has an escalation process in place for the same reason – this can be found at <https://www.kscmp.org.uk/procedures>.

There are also occasions when either the Kent and Medway Safeguarding Adults Board, Kent Children Safeguarding Multi-agency Partnership or Kent Community Safety Partnership convene a case review to identify any lessons that can be learnt from the handling of a case between agencies. There are set criteria for when each of these can be convened and procedures in place for their management, but are typically when there has been a death or serious harm caused. Details of these can be found as follows:

- Domestic Homicide review: <https://www.kent.gov.uk/about-the-council/partnerships/kent-community-safety-partnership/domestic-homicide-reviews>
- Safeguarding Adult Review - <https://kmsab.org.uk/professionals/kmsab-policies>
- Kent Child Safeguarding Practice review – <https://www.kscmp.org.uk/prcedures>

The Community Safety Manager and Safeguarding Team Lead will hold details of the procedures for these reviews and will be the point of contact for the lead agencies that may convene these reviews.

Should any officers feel that a case that they are working on meets the criteria for one of these reviews, the Community Safety Manager will lead on the completion of any relevant notifications to the above Partnership(s) as appropriate.

## **9. Procurement and contract monitoring**

Where Council services are contracted externally, assurance needs to be in place that the contractor or sub-contractor adequately deal with safeguarding concerns. The Safeguarding Contract Management Framework is in place to manage this compliance. At the point of all procurement, all contracts with a level of engagement with children, young people or vulnerable adults need to be graded 'Gold, Silver or Bronze' depending on their level of contact. Compliance to a range of measures will be confirmed by the Safeguarding Team. A contractors ongoing compliance to these safeguarding measures will also need

to be monitored by the lead contract manager, in line with the Council's Contract Monitoring Procedure.

## **10. Safeguarding Partnership Boards**

Kent Safeguarding Children Multi-Agency Partnership (KCSMP) is set-up as a result of the Working Together to Safeguard Children 2018 and is led by the Local Authority (Kent County Council), Kent Police and Health to ensure partners work together to safeguard children. Swale Borough Council has a duty to cooperate with this partnership and any relevant sub-groups, including compliance with its partnership policies. This includes to complete a bi-annual Section 11 Audit to ensure compliance with all safeguarding children legislation. Further details on the KSCMP are available at <https://www.kscmp.org.uk>.

There are a number of policies and procedures that Swale BC must follow in relation to our safeguarding response to children and these can be found on their website.

The Kent and Medway Safeguarding Adults Board is an equivalent statutory partnership to ensure member agencies work together to help keep adult's safe from harm and to protect their rights. Again, Swale Borough Council has a duty to cooperate with the partnership including its sub-groups; compliance with multi-agency polices; and to complete a bi-annual audit to ensure compliance with all legislation to safeguard adults. Further details of the KMSAB can be found at [Kent & Medway SAB website \(kmsab.org.uk\)](http://kmsab.org.uk)

There are a number of policies created by the Kent and Medway Safeguarding Adults Board to which SBC must follow. These are found on their website and have also been referenced within this Policy and within the attached appendices where appropriate.

Key updates and information are shared regularly by both Boards with the Safeguarding team and these are cascaded to other officers as appropriate.

## **11. Key Safeguarding Contacts**

### **Safeguarding Officer:**

**Email:** [safeguarding@swale.gov.uk](mailto:safeguarding@swale.gov.uk)

This email must be used to ensure all safeguarding concerns or questions are picked up by the Officers and wider team. Personal email addresses should not be used for reporting of new concerns or urgent case updates.

**Phone:** 01795 417457 or 'Safeguarding Queue' on Teams

**Kent County Council**

Kent County Council Adults Social Services – **03000 41 61 61**  
Social Services Children & Families – **03000 41 11 11**  
Social Services Out of Hours – **03000 41 91 91**

### **Kent Police**

Emergency – 999  
Non-emergency – 101

## **12. Safeguarding Training**

Table 1 details the agreed minimum level of training expected for each Safeguarding Contact Level (see section 4.4.1 for definition of levels).

E-learning will be required to be refreshed every three years. The Face-to-face (or virtual) training will also be three years, with the exception of Safeguarding Children (Designated Officer) which will be refreshed every two years.

All new starters, regardless of their Safeguarding Level, must complete the safeguarding e-learning modules. Level 2a, 2b, 3 and 4 staff should complete a short input with a member of the Safeguarding team to gain an oversight of our local procedures and training required.

A number of advisory training sessions are included within this training plan. Although not mandatory, it would be deemed best practice for all staff at that level to complete these.

A certain number of Face to face/Virtual Sessions of each training module for level 2 and above staff will be organised each year. These where possible will be spread throughout the year and delivered on different days/times to increase opportunities for staff to attend.

Deadlines will be set for all completion of training and compliance will be reported quarterly to Senior Management Team. The following steps will be taken to address non-compliance:

- Safeguarding Team Lead to flag training that is required, with completion date, to Officer and their Line Manager
- If still not completed within new time period, report of all those non-compliant staff to be provided to SMT.
- Head of Service to review list and contact Officer and their Line Manager regarding completion.
- Further action for non-compliance to be discussed on a case-by-case basis.

**Table 1: Safeguarding Training Plan: Minimum learning requirement**

<b>Safeguarding Contact Level</b>	<b>Level of Contact definition</b>	<b>Minimum learning requirements</b>
0	No contact with children/young people/adults at risk and/or parents/carers	<p><b>Elms e-learning</b></p> <ol style="list-style-type: none"> <li>1. Safeguarding Children</li> <li>2. Safeguarding Adults</li> <li>3. Combined Safeguarding Issues</li> <li>4. Domestic Abuse</li> </ol>
1	Limited contact with children/young people/adults at risk and/or parents/carers-no unsupervised contact	<p><b>Elms e-learning</b></p> <ol style="list-style-type: none"> <li>1. Safeguarding Children</li> <li>2. Safeguarding Adults</li> <li>3. Combined Safeguarding Issues</li> <li>4. Domestic Abuse</li> </ol> <p><b>Recommended Awareness Session:</b></p> <p>Suicide Awareness</p> <p>Economical Abuse</p>
2a	<p>Regular contact with children/young people/adults at risk and/or parents/carers or any unsupervised contact</p> <p>(Specific roles within Private Housing, Environmental Response, Open Space and other teams)</p>	<p><b>Face-to-Face (or Virtual)</b></p> <ol style="list-style-type: none"> <li>1. Prevent (Counter-Terrorism) training</li> <li>2. Modern Slavery training</li> <li>3. Child Exploitation training</li> <li>4. Child Protection</li> <li>5. Safeguarding Adults</li> <li>6. Domestic Abuse</li> </ol> <p><b>Recommended Awareness Session</b></p> <p>Suicide Awareness</p> <p>Self-Neglect</p>
2b	<p>Regular contact with children/young people/adults at risk and/or parents/carers or any unsupervised contact</p> <p>(Housing Options team)</p>	<p><b>Face-to-Face (or Virtual)</b></p> <ol style="list-style-type: none"> <li>1. Prevent (Counter-Terrorism) training</li> <li>2. Modern Slavery training</li> <li>3. Child Exploitation training</li> </ol>

		<ol style="list-style-type: none"> <li>4. Child Protection</li> <li>5. Safeguarding Adults</li> <li>6. Domestic Abuse</li> <li>7. DASH (Domestic Abuse Risk Assessment)</li> <li>8. Mental Capacity</li> </ol> <p><b>Recommended Awareness Sessions:</b></p> <p>Suicide Awareness</p> <p>Self-Neglect</p> <p>Domestic Abuse By and For Services</p>
3	Professional advisers and designated leads for safeguarding children and/or adults at risk, irrespective of the level of contact with children/young people/adults at risk and/or parents/carers	<p><b>Face-To-Face (or Virtual)</b></p> <ol style="list-style-type: none"> <li>1. Prevent (Counter-Terrorism) training</li> <li>2. Modern Slavery training</li> <li>3. Child Exploitation training</li> <li>4. Child Protection</li> <li>5. Safeguarding Adults</li> <li>6. Domestic Abuse</li> <li>7. Safeguarding Children (Designated Staff)</li> <li>8. Mental Capacity</li> <li>9. Self-Neglect</li> </ol> <p><b>Recommended Awareness Sessions</b></p> <p>Domestic Abuse By and For Services</p>
4	Strategic responsibility for safeguarding children and/or adults at risk for the organisation irrespective of the level of contact with children/young people/adults at risk and/or parents/carers.	<p><b>Elms e-learning</b></p> <ol style="list-style-type: none"> <li>1. Safeguarding Children</li> <li>2. Safeguarding Adults</li> <li>3. Combined Safeguarding Issues</li> <li>4. Domestic Abuse</li> </ol> <p><b>Face to Face</b></p> <ol style="list-style-type: none"> <li>1. Safeguarding Children (Designated Staff)</li> <li>2. Safeguarding Adult</li> </ol>

## **Appendix 1 – Case Standards**

### **Introduction**

This case note guidance is to be used to inform the management of safeguarding cases by Swale Borough Council and its Safeguarding Leads. It aims to ensure that a 'good' standard is reached and maintained for all safeguarding case records.

It is important that case records are 'good' as they demonstrate the actions taken to safeguard individuals; can evidence why decisions were made and support provided; and allow for better information sharing and cross-agency communications. They may also be provided as evidence in case reviews by other agencies. It will also ensure that other members of the Safeguarding team can sufficiently cover the service in the absence of the Safeguarding Officers(s).

These standards have been compiled following guidance and advice from the Kent Safeguarding Multi-Agency Partnership and internal Audit team. (Swale also has a standalone DA procedure and guidance).

### **Recording of new cases**

- All concerns should be logged on the My Concern database for management.
- All new cases should be logged within 2 working days of them being raised to the Safeguarding Leads,
- As far as possible, the officer raising the concern should be encouraged them to log the case on the database. If this is not possible, the reporting team should be included in the initial details of the concern.
- A new case should be logged for all concerns raised to the team.
  - If the personal details of the individual(s) in question are unknown such as name, these should be logged as 'unknown' but with as many details as possible to differentiate them.
- A case owner should be allocated to each case at the point it is logged, dependant on the date it is received by the team and the case loads of each officer.
- For concerns raised by Housing Options, their housing database must be reviewed at the point the concern is raised. Appropriate notes should be copied or transposed across to the Safeguarding Database to detail the safeguarding concern.
- All notes should be recorded in clear English, within any use of acronyms explained. These should also be explained in any notes copied over from the Housing Options database.
- As far as possible, distinction should be made between opinion and fact.

### **Ongoing case management**

- Ongoing cases should be reviewed in a timely manner, a minimum of bi-weekly. If it is felt that a case does not require update on this frequency, the case notes

should reflect the reasoning for this e.g. a meeting is due to take place in 2 weeks.

- If there are no updates to note, but the case review has been completed, a note should be added to state this.
- Case owners are responsible for flagging to the Safeguarding Team Lead if their updates are falling outside of this time period.
- All case updates must be logged on the database within 2 working days of their receipt, or another team member be asked to complete if needed.
- An update should be logged that the case has been reviewed, even if there are no updates to provide.
- The case owner is responsible for logging of all updates on each case, unless they are on leave or off sick. In which case another member of the team will log these.
- Justifications should be added in for decision making where appropriate, such as information sharing or any deviation from procedures.
- Rational / decisions making should be clearly documented with notes along with the voice of the child / adult documented at every opportunity
- Emails that detail any specific issues with the case and action taken, should be attached as separate files, rather than the body of the text copied and pasted into a file note. This does not need to be all correspondence.

### **Referrals and Outcomes**

- All referrals should be logged in the 'referral section' of the database.
- This should include when it is not necessary to make a referral, due to the case already being open to another agency.
- Outcomes of referrals must be chased prior to a case being filed. If an agency is unable or unwilling to provide an outcome, in discussion with the Safeguarding Team Lead a decision can be made to file a case without this.

### **Case Filing**

- A case should be filed when:
  - I. the appropriate agencies are engaged with the family/individual and taking appropriate action;
  - II. The individual/family has been signposted to support;
  - III. The individual/family will not consent to referrals and its deemed they have capacity;
- When it is determined that a case can be closed, a note should be logged detailing the reasoning for this and the outcomes achieved.
- Case closures must be reviewed by the Safeguarding Team Lead or Community Safety Manager. A task must be raised for them to review and close the case. If it is the case that the Safeguarding Team Lead is the lead for a concern, the Community Safety Manager should review that case for closure.
- Case closures must be completed within 2 weeks of being raised.

- If the reviewing officer does not feel the case can be closed, this must be documented within the case notes and fed back to the case owner.
- All DA cases should have a DA closure check list completed and attached to the case.
- As far as possible, case closures should be completed by the Safeguarding Team Lead or an officer independent to the case.

### **Handovers**

- A handover email should be sent to the other Safeguarding Officer (or Safeguarding Team Lead in the absence of the other Safeguarding Officer) at the end of a working period of any cases that require update, review or action for the following period.

### **Management Oversight and Review**

- In Safeguarding Officer's 121s, cases that have been open longer than 3 months will be discussed. Any other cases that the Safeguarding Officer feels should be raised may also be discussed, including any that they are struggling to progress or are facing difficulty with.
- Team meetings will also be used monthly to highlight any cases that are of concern or an officer is unsure how to progress.
- A performance report will be presented to Senior Management Team on a quarterly basis. A Safeguarding Officer will be responsible for the development of this.

### **Re-opening of cases**

- If a similar concern is raised for an individual within 1 month of a previous one being filed, the concern can be re-opened and where possible, allocated to the previous case lead.
- If a longer time period has passed or the concern is of a different nature, a new concern should be logged.

### **Review**

This guidance will be reviewed on an annual basis.

## Appendix 2 -Swale Borough Council Hoarding and Self Neglect Fact Sheet

This guidance will be referred to by Swale Borough Council staff where an adult at risk is believed to be self-neglecting or showing hoarding behaviour which puts them at risk.

### Self-Neglect

SCIE (Social Care Institute of Excellence) defines self-neglect as “an extreme lack of selfcare, it is sometimes associated with hoarding and may be a result of other issues such as addictions”.

It can include:

- Lack of selfcare to an extent that it threatens personal health and safety
- Neglecting to care for one’s personal hygiene, health, nutrition or environment
- Inability to avoid harm as a result of self-neglect
- Failure to seek help, support or access services to meet health and social care needs
- Refusal of services that would mitigate risk of harm.
- Unwillingness to manage one’s personal affairs.

It is important to remember that self-neglect is not about someone being unable to care for themselves. Many people who come to the attention of adult social services do so because they are no longer able to perform the activities of daily living, such as attending to their personal care or nutrition. In these situations, an assessment under the Care Act and the provision of services will ensure that their needs are met.

Self-neglect is when someone is unwilling, for a number of reasons, to care for themselves. It can be longstanding or recent.

If a person is capacitated and able to make a particular decision, they are entitled to make an unwise decision for themselves as long as it does not have an adverse effect on others.

### Hoarding

Hoarding is a recognised mental health diagnosis. It is the excessive collection and retention of any material to the point that living space is sufficiently cluttered to preclude activities for what they are designed for. Hoarding may be characterised by:

- persistent difficulty in discarding or parting with possessions because of a perceived need to save them.
- an intense emotional attachment to objects that may not be regarded as having the same value to others.
- distress at the thought of getting rid of the items.

It is important to recognise that self-neglect and hoarding may be related to medical conditions such as:

- **Diogenes syndrome** is described as an aggravation of eccentric and aloof/reclusive personalities, leading to isolation, severe self-neglect, extreme hoarding and squalid living condition. Further information is available on the NHS England [NHS England website](#) (page 29).
- **Wernicke/Korsakoff Syndrome** is a chronic memory disorder caused by severe deficiency of thiamine (vitamin B-1). Korsakoff syndrome is most commonly caused by alcohol misuse, but certain other conditions also can cause the syndrome. More information is available on the [Alzheimers Association website](#).
- **Frontal Lobe Damage**
- **Depression**

- **Obsessive Compulsive Disorder**
- **Schizophrenia**

### **Identifying Individuals who self-neglect or demonstrate hoarding behaviour**

One or more of the following situations may be an indicator of self-neglect/hoarding and should be considered in the context of each individuals' specific circumstances and characteristics (this list is not exhaustive):

- a) living in very unclean and/or verminous circumstances
- b) neglecting household maintenance, and therefore creating hazards within and surrounding the property
- c) portraying eccentric behaviour / lifestyles
- d) poor diet and nutrition. For example, evidenced by little or no fresh food in the fridge, or what is there, being mouldy
- e) declining or refusing prescribed medication/treatment and / or other community healthcare support
- f) refusing to allow access to health and / or social care staff in relation to personal hygiene, treatment and/or care
- g) refusing to allow access to other organisations with an interest in the property, for example, staff working for utility companies (water, gas, electricity)
- g) not engaging with a required network of support
- h) repeated episodes of anti-social behaviour – either as a victim or perpetrator
- i) being unwilling to attend external appointments with professional staff, whether social care, health, housing or other organisations
- j) poor personal hygiene and/or health
- k) isolation
- l) difficulty in discarding or parting with possessions

The Kent Adults Safeguarding Board relevant policy sets out the legal responsibilities that everyone has under the Care Act 2014, and other associated legislation, with regards to safeguarding adults at risk. In relation to adults perceived to be at risk because of self-neglect/hoarding, authorities are expected to act within the powers granted to them. They must act fairly, proportionately, rationally and in line with the principles of the Care Act 2014, the Mental Capacity Act (2005) and consideration should be given to the application of the Mental Health Act (1983) where appropriate.

A decision on whether a response is required under safeguarding should be made on a case-by-case basis and “will depend on the adult’s ability to protect themselves by controlling their own behaviour”.

Additionally, there are powers that can be used when someone demonstrates hoarding behaviour that puts them or others at risk of harm but may not be self-neglecting. These powers are enabled through a number of Acts including; the Housing Act 2004, Fire Services Act, 2004, Public Health Act 1936, Prevention of Damage by Pests Act 1949, Environmental Protection Act 1990, Town and Country Planning Act 1990, The Animal Welfare Act 2006; Appendices 1 & 2 refer.

### **Information sharing**

Information Sharing procedures can be found in the Kent and Medway multi-agency Policy, Protocols and Guidance document:

Protocol Section 6.1: *Making decisions about sharing confidential information in the [Kent and Medway Multi-Agency Policy, Protocols and Guidance Document](#)*

## Swale Safeguarding process:

1. Using the clutter rating scale below (appendix 2) to assess the level of concern and or identify using the definition of self neglect above to identify areas of concern and evidence of self-neglect (appendix 1 tool kit below can also assist with this)
2. Discuss or refer to the Safeguarding team for further guidance
3. Necessary referrals will need to be completed as agreed with your safeguarding team
4. Consent should be obtained where possible and the thought and wishes of the individual documented. It is important to record whether the person consents, or not, to any safeguarding actions and whether the person has capacity to consent. If a person does not consent, action can still be taken where there is reasonable suspicion of a potential crime, risks to others, coercion or harassment of the person, or when it is in the public interest to do so. If a person lacks capacity to consent, a capacity assessment must be completed by the most relevant person and a Best Interests Decision made regarding the referral, or any planned action.
5. A risk assessment should be completed -a copy can be found within [Kent and Medway multi-agency policy and procedure to support people that self neglect or demonstrate hoarding behaviour \(kmsab.org.uk\)](#)
6. If the case does not meet the level for a Safeguarding enquiry to be opened the lead agency are required to call a multi-agency meeting using the template minutes for recording. (This can found in the document referenced above)
7. All actions and multi-agency meetings should be managed and monitored via MyConcern and each managed by a Safeguarding Officer. This does not replace the obligations of other departments and officers within SBC.

## Assessment Tool Guidance

### Guidance for practitioners

Listed below are examples of questions you may wish to ask where you are concerned about someone's safety in their own home, where you suspect a risk of self-neglect and/or hoarding.

The questions should be used alongside the clutter rating and professional judgement to identify level of risk. The questions are designed to help you ascertain what the primary issue or concern is for the individual and therefore what the most appropriate route for support may be.

The question set should be taken as a whole, and it should always be remembered to consider whether mental health and wellbeing support is needed alongside other solutions.

Most clients with a hoarding problem will be embarrassed about their surroundings. Try to ascertain information whilst being as sensitive as possible. The individual should be engaged in the process of seeking further support and their consent gained for referrals to be made.

### Practical

- How do you get in and out of your property?
- Do you feel safe living here?
- Have you ever had an accident, slipped, tripped up or fallen? How did it happen?

- Is there hot water, lighting and heating in the property? Do these services work properly?
- Are you able to use all the rooms in your property e.g. the bathroom and toilet ok?
- Where do you sleep?
- Has a fire ever started by accident? Is the property at risk from fire?
- Do you have a housing support worker? Do you have any support from Adult Social Care?

### **Physical**

- Do you have any physical health needs, mobility supports etc...
- Does your physical health prevent you from clearing your property?
- Do you have anyone helping you with your current situation

### **Consider:**

- Is a referral to Adult Social Care needed?
- Does the person need to see their GP?

### **Psychological**

- Do you have any difficulty with throwing things away? If so what stops you? If I was to throw something away right now how would you feel?
- Do you ever feel upset by your living situation?
- Do you ever feel down, depressed or hopeless?
- Do you ever have thoughts that you would be better off dead or thoughts of hurting yourself
- Have you ever had any support for your mental health before?

### **Consider**

- Checking for current mental health support
- Support to self-refer into Mental Health / Wellbeing Services
- Does the person need to see their GP? (for acute mental health issues person should be referred to their GP or mental health crisis team)
- Give information about the Mental Health Buddy schemes where these exist
- Consider leaving self-help pack

### **Provision**

- Would you like you some support to manage your current situation?
- Are you happy for us to share your information with other professionals who may be able to help you?

Ask person to sign consent form and liaise with other agencies as appropriate – refer to Consent section of the Procedures to Support People who Self-Neglect or Demonstrate Hoarding Behaviour

## Bedroom Clutter Image Rating



1



2



3

**Clutter Level 1 (image rating 1-3):** Household environment is considered standard. No specialised assistance is needed. If the resident would like some assistance with general housework or feels they are declining towards a higher clutter scale, appropriate referrals can be made subject to circumstance.



4



5



6

**Clutter Level 2 (image rating 4-6) Social Care Under Self-neglect:** Household environment requires professional response to resolve the clutter and the maintenance issues in the property. Requires a referral to Social Care under Self Neglect.



7



8



9

**Clutter Level 3 (image rating 7-9) Requires Safeguarding Alert:** Household environment will require intervention with a collaborative multi-agency approach with the involvement from a wide range of professionals. This level of hoarding constitutes a Safeguarding alert due to the significant risk to health of the householders, surrounding properties and residents. Residents are often unaware of the implication of their hoarding actions and oblivious to the risk it poses.

## Lounge Clutter Image Rating



1	2	3
---	---	---

**Clutter Level 1 (image rating 1-3):** Household environment is considered standard. No specialised assistance is needed. If the resident would like some assistance with general housework or feels they are declining towards a higher clutter scale, appropriate referrals can be



4	5	6
---	---	---

**Clutter Level 2 (image rating 4-6) Social Care Under Self-neglect:** Household environment requires professional response to resolve the clutter and the maintenance issues in the property. Requires a referral to Social Care under Self Neglect.



7	8	9
---	---	---

**Clutter Level 3 (image rating 7-9) Requires Safeguarding Alert:** Household environment will require intervention with a collaborative multi-agency approach with the involvement from a wide range of professionals. This level of hoarding constitutes a Safeguarding alert due to the significant risk to health of the householders, surrounding properties and residents. Residents are often unaware of the implication of their hoarding actions and oblivious to the risk it poses.

## Kitchen Clutter Image Rating



1



2



3

**Clutter Level 1 (image rating 1-3):** Household environment is considered standard. No specialised assistance is needed. If the resident would like some assistance with general housework or feels they are declining towards a higher clutter scale, appropriate referrals can be



4



5



6

**Clutter Level 2 (image rating 4-6) Social Care Under Self-neglect:** Household environment requires professional response to resolve the clutter and the maintenance issues in the property. Requires a referral to Social Care under Self Neglect.



7



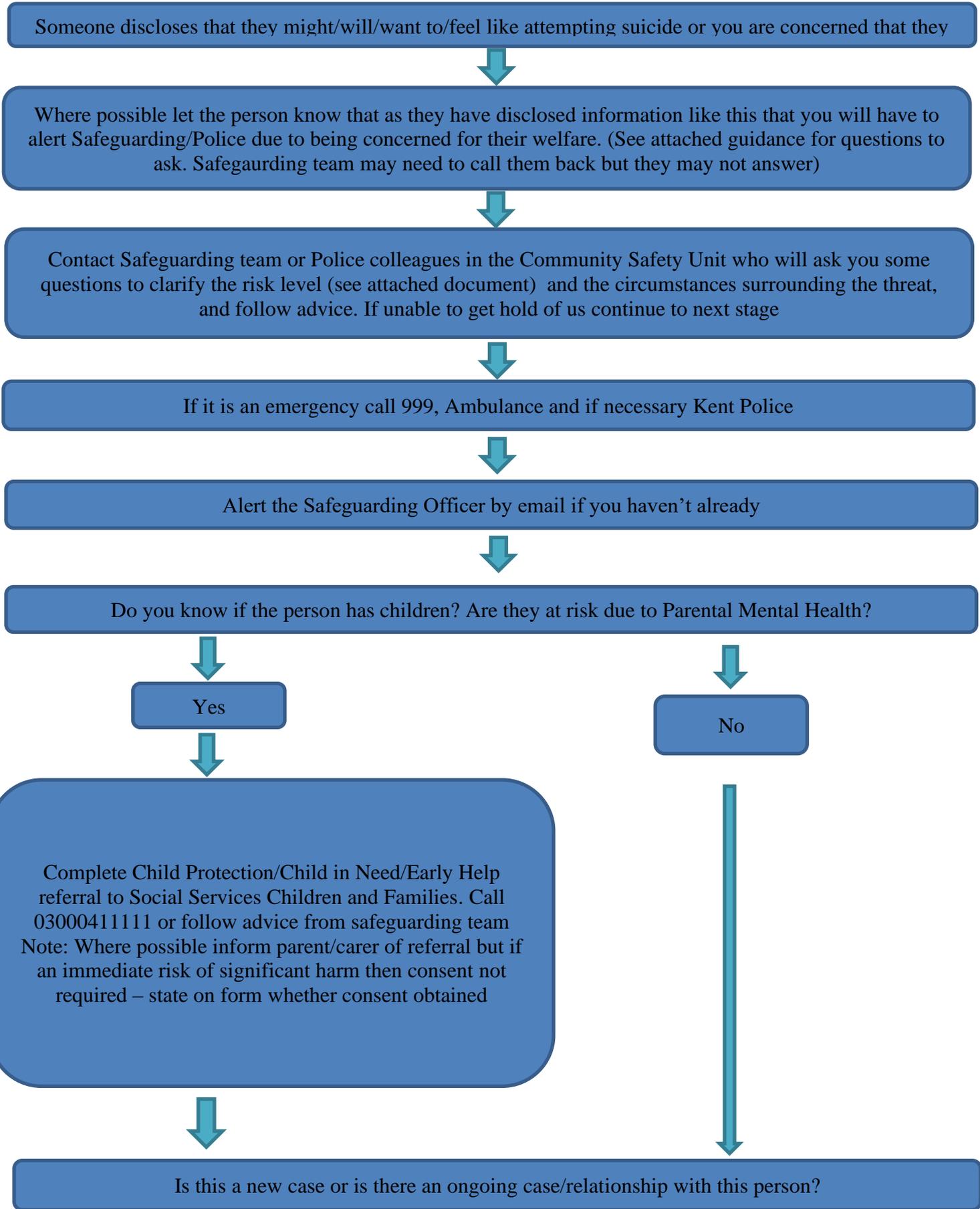
8

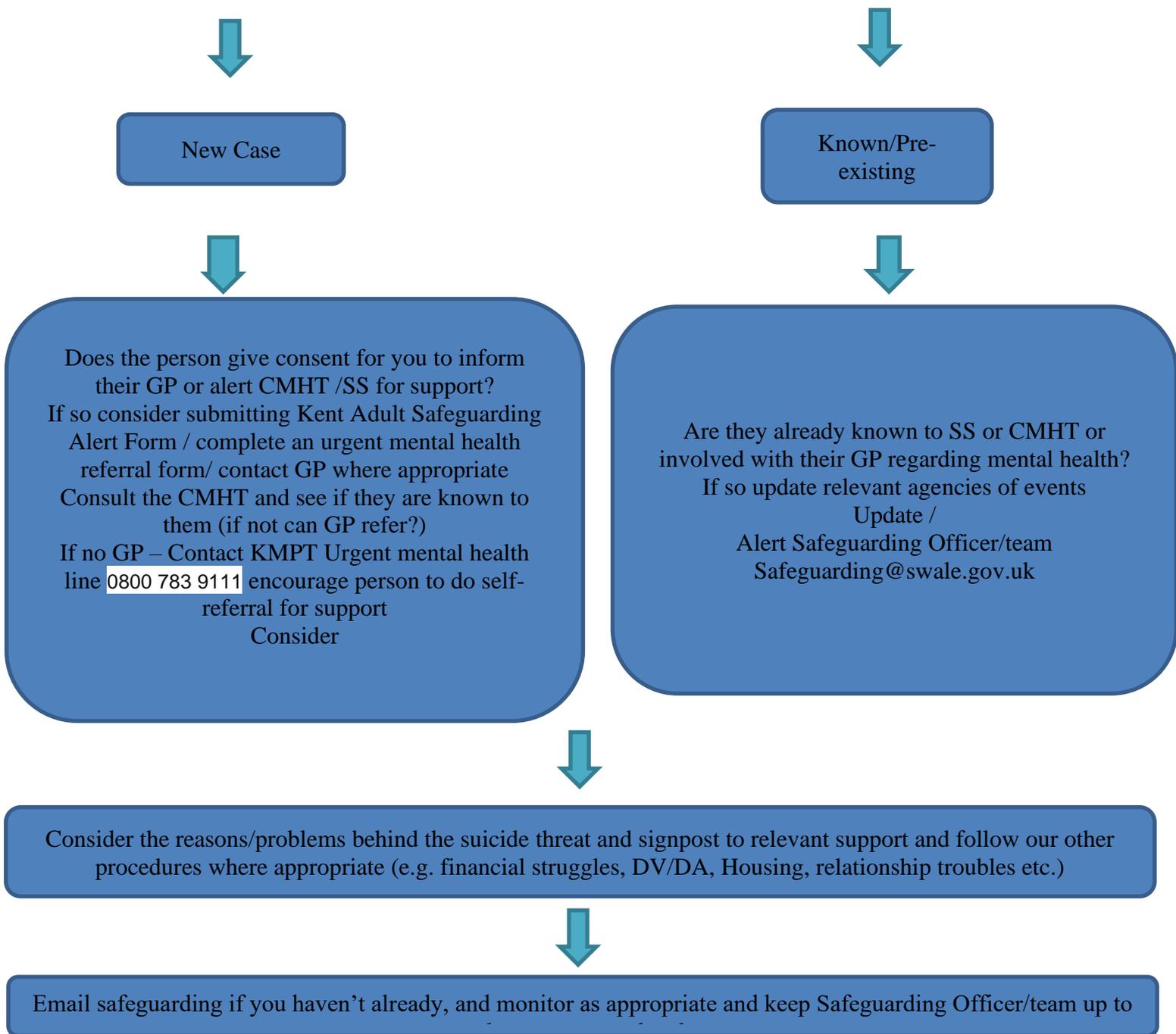


9

**Clutter Level 3 (image rating 7-9) Requires Safeguarding Alert:** Household environment will require intervention with a collaborative multi-agency approach with the involvement from a wide range of professionals. This level of hoarding constitutes a Safeguarding alert due to the significant risk to health of the householders, surrounding properties and residents. Residents are often unaware of the implication of their hoarding actions and oblivious to the risk it poses.

### Appendix 3: Suicide Threat Procedural Guide





KMPT Urgent mental health line (SPOA) – 0800 783 9111

Swale Community Mental Health Team - 01795 418359

Kent County Council Adult Social Services – 03000 41 61 61

Social Services Children and Families – 03000 41 11 11

Release the Pressure Text the word **Kent** to 85258 or phone 0800 107 0160

Citizens Advice Bureau - 03444 111 444

MIND: 0300 123 3393 [Mind helplines - Mind](#)

Samaritans - 08457 90 90 90

SANE Support line 0800 304 7000



## Traffic light system



### RISK ASSESSMENT

Do you currently have any thoughts of harming yourself or suicide?  
How likely would you be to act on these thoughts? (*scale of 1 to 10*)  
Have you made any plans to act on these thoughts? Have you made any preparations? Have you thought about how?  
Is there anything that would prevent with carrying out these actions, (e.g. knowing things will change, impact on people who love you, religious beliefs)  
Have you ever tried to harm yourself or take your own life in the past?  
Have you ever been physically violent to others?  
Were the police involved?  
Are you currently at risk of physical harm or verbal / emotional abuse from someone else?

#### Emergency

- **Current suicidal thoughts**
- **Clear plan with means available and intent to end life**
- **Or suicide plan already implemented e.g. Overdose taken**
- **Or recent suicide attempt**

**RED:** Refer to Emergency Services  
Safety plan  
Refer to safeguarding Team

#### Urgent

- **Suicidal thoughts not easily dismissed AND/OR**
- **No immediate intent or plans but some idea about means AND/OR**
- **History of previous suicide attempts**
- 

**AMBER:** Emergency contacts,  
Safety plan where possible,  
Urgent mental health referral  
Refer to safeguarding Team  
provide Mental health service support details

#### Routine

- **No history of suicide attempts**
- **No or fleeting suicidal thoughts easily dismissed**
- **No intent or plan**

**GREEN:** Safety plan & emergency contacts,  
refer to GP  
provide Mental health service support details  
Refer to safeguarding Team

### Three warning signs

1. Threatening to hurt or kill self, have experienced a loss of any type(person, home job etc.
2. Looking for ways to kill self: seeking access to pills, weapons or other means.
3. Talking or writing about death, dying or suicide.

### Further warning signs

- Hopeless, feeling worthless or a burden
- Recent loss such as death, relationship, job etc.
- Rage, anger, seeking revenge
- Acting recklessly or engaging on risky activities, seemingly without thinking
- Feeling trapped, like there is no way out
- Increasing alcohol or drug use
- Withdrawing from friends, family or community
- Anxiety, agitation, unable to sleep or sleeping all the time
- Dramatic changes in mood
- No reason for living, no sense of purpose in life

### Factors that increase risk

- Current ideation, intent, plan, access to means
- Previous suicide attempt or attempts
- Alcohol / substance abuse
- Current or previous history of psychiatric diagnosis
- Impulsivity and poor self control
- Hopelessness – presence, duration, severity
- Recent losses – physical, financial, personal – social, status, shame
- Recent discharge from an inpatient psychiatric unit
- Family history of suicide / loss of another
- History of abuse (physical, sexual or emotional)
- Co-morbid health problems, especially a newly diagnosed problem or worsening symptoms, pain, female – menopause
- Age, gender, race (elderly or young adult, unmarried, white, male, living alone), ethnicity - cultural
- Same-sex, sexual orientation / transgender

### Positive Factors

- Positive social support
- Spirituality
- Sense of responsibility to family
- Children in the home, pregnancy – hormone changes
- Life satisfaction
- Reality testing ability
- Positive coping skills
- Positive problem-solving skills
- Positive therapeutic relationship

### Most affective approach

- A positive and compassionate encounter
- Identify and mitigate all risks
- Promotion of protective factors
- Instil hope
- Co-create a safety plan with explicit reference to removal of means – by agreement

## **Appendix 4: Did Not Attend / Was not Brought -Trauma Informed Practice**

Individuals who have experienced trauma can often struggle to engage with professionals due to mistrust, fear of judgement and an unregulated nervous system which impacts executive functioning. A trauma informed approach will be taken when working with those who frequently do not attend (DNA) appointments and meetings to promote accessibility, holistic support and reduce the risk of harm.

Any adult with additional health or care needs or a child who rely on a care giver to attend appointments will be recorded as Was Not Brought (WNB) This should inform as to whether safeguarding advice is sought regarding appropriate needs being met.

Swale Borough Council will work to identify any barriers and communicate with the individual concerned and/or care giver along with professionals involved and allow for flexibility to build trusting relationships where possible. Consideration should be given to the following:

- The mental capacity of the adult
- Whether domestic abuse/HBV has been reported or there is a risk of this
- A Family First Approach (would children be impacted by the difficulty of the adult to engage fully with services)

### **Procedure:**

Appointments will be made with the needs of the individual in mind to encourage engagement. Where possible, individuals will be given a choice of telephone/face to face meetings and a person's trauma will be considered in regard to their communication style, gender preference or place of safety. For example; someone who is experiencing domestic abuse may have a gender preference for an appointment and may require specific timings to safeguard themselves from the perpetrator.

All DNA appointments are to be recorded fully in a timely manner and reasons for the missed appointments are to be sought along with any potential barriers that person may be facing.

If vulnerabilities have been identified and there is an excess of three missed appointments, the relevant staff member will inform their line manager and/or Safeguarding team to determine whether further safeguarding enquiries need to be completed.

Professional curiosity and judgement is to be used if fewer than three appointments have been missed but the individual may be at risk of harm. SBC will ensure multi-agency working is upheld and communication between the individual is a priority. At no point will non- trauma aware language be used and the offer of service provision will not be withdrawn due to DNA. If an individual reapproaches, SBC will resume the support without judgement.

## **Appendix 5: Links to related guidance, advice and policy for sections within the Safeguarding policy**

[Working together to safeguard children: statutory framework \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

[Prevent duty guidance: Guidance for specified authorities in England and Wales \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

[Modern Slavery: statutory guidance for England and Wales \(under s49 of the Modern Slavery Act 2015\) and non-statutory guidance for Scotland and Northern Ireland \(accessible version\) - GOV.UK \(www.gov.uk\) revised January 2024](https://www.gov.uk)

[Domestic Abuse: statutory guidance \(accessible version\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

[Swale BC Domestic Abuse Policy \(swale.gov.uk\)](https://swale.gov.uk)

[Intranet link Statutory advocacy flow chart SBCCSU - Flowchart for Statutory Advocacy.pdf - All Documents \(sharepoint.com\)](#)

[Referrals | The Advocacy People - https://www.theadvocacypeople.org.uk/makeareferral](https://www.theadvocacypeople.org.uk/makeareferral)

[Care Leavers - Moving On \(lea.kent.sch.uk\)](https://lea.kent.sch.uk)

[People In positions of trust - Kent and Medway Managing Concerns around People in Positions of Trust \(PiPOT\) \(kmsab.org.uk\)-](https://kmsab.org.uk)

[Making Safeguarding personal - Kent and Medway SAB - What is Making Safeguarding Personal \(kmsab.org.uk\)](https://kmsab.org.uk)

[Support for carers - Kent and Medway SAB - Support for Carers \(kmsab.org.uk\)](https://kmsab.org.uk) Carers assessment referral should be considered for all carers and referrals made via

[Capacity - Liberty Protection Safeguards \(LPS\) | SCIE](#)

[Professionals difference - Multi-agency escalation policy; resolving practitioner differences \(kmsab.org.uk\)](https://kmsab.org.uk)

[Kent and Medway SAB - Support for Carers \(kmsab.org.uk\)](https://kmsab.org.uk) [Support for carers - Kent County Council](#)

<b>Housing and Health Committee Meeting</b>	
<b>Meeting Date</b>	5 <sup>th</sup> March 2024
<b>Report Title</b>	Consultation on Reforms to Social Housing Allocations
<b>EMT Lead</b>	Emma Wiggins, Director of Regeneration and Neighbourhoods
<b>Head of Service</b>	Charlotte Hudson, Head of Housing and Communities
<b>Lead Officer</b>	Charlotte Hudson, Head of Housing and Communities
<b>Classification</b>	<b>Open</b>
<b>Recommendations</b>	1. For the committee to discuss the proposal, to feed into the Councils response to the consultation.

## **1 Purpose of Report and Executive Summary**

- 1.1 This report provides the Housing and Health Committee with details of the current consultation on proposed reforms to social housing allocations.

## **2 Background**

- 2.1 The government launched on the 30<sup>th</sup> January 2024 a consultation seeking views on a series of reforms to how social housing is allocated in England. The proposals seek to provide greater clarity of a national minimum expectation for qualifications tests, whilst also allowing for local flexibility. They also set out how they want to make sure that all applicants and tenants' benefit from a system that rewards responsible behaviour and prioritises local households.

This consultation seeks views on the following issues:

1. The introduction of a United Kingdom (UK) connection test, to ensure that it is those with the closest connection to the UK who are eligible for a social home;
2. Mandating the following tests: local connection test, income test, false statement test, and tests for anti-social behaviour and terrorism offences;
3. The introduction of a new ground for eviction for those who are convicted of terrorism offences, and implementation of a 'three strikes and you're out' policy for anti-social behaviour.

A link to the consultation and the 40 consultation question can be found [here](#).

- 2.2 The reforms which the government is seeking views on are:

- 2.2.1 **UK connection test** – requiring people to be a British citizen, Irish citizen, Commonwealth citizen with a right of abode, or EEA or Swiss citizen with equal treatment rights in matters of housing under the Withdrawal Agreement, the EEA-EFTA Separation Agreement or the Swiss Citizens’ Rights Agreement, or otherwise to have been lawfully resident in the UK for ten years, in order to be eligible for social housing. We are consulting on an exemption for those arriving via safe and legal resettlement routes and the Ukrainian temporary visa schemes. This will allow for the allocation of more social homes to those with the strongest connection to the UK, while enabling the Government to continue to deliver its commitments to provide urgent humanitarian support.
- 2.2.2 **Local connection test** – preventing individuals from being allocated social housing if they have not had links to the local authority area for two years e.g., through residence or work. This will ensure greater consistency across the country and ensure more local people can access social housing in the area they call home where they need it, supporting people to put down roots and maintain links to family and community.
- 2.2.3 **Income test** – households earning above a maximum threshold (to be defined following responses to the consultation) would not qualify for social housing. It will not be applied to existing tenants and there will be no change to rights, tenures, the length of tenancies, or rents of existing tenants.
- 2.2.4 **Anti-social behaviour test** – disqualifying people who have unspent convictions for certain criminal anti-social behaviour offences, as well as certain civil orders, from social housing for a defined period.
- 2.2.5 **Terrorism test** – terrorist offenders with unspent convictions will not qualify for social housing unless excluding them would increase the risk to public safety.
- 2.2.6 **False statement test** – mandating a period of disqualification for those who knowingly or recklessly make false statements when applying for social housing.
- 2.3 The consultation will run for eight weeks, ending on 26 March 2024.
- 2.4 The current version of the Council’s Housing Allocations Policy can be found [here](#). The current policy already has criteria in relation to a number of these proposed tests. The table below summarises our current position. The new tests mainly cover connection to the UK for 10 years, Anti-Social Behaviour and Terrorism. Although Social Housing is a scarce and valuable resource, having strict criteria that would prohibit people from accessing social housing could have unintended consequences, if this is not replicated in other housing legislation. For example, this could mean that we have a responsibility under homeless legislation and have households in temporary accommodation that would not be able to access social housing and be unable to find suitable permanent accommodation. This could result in a longer and therefore more costly burden on the Council.

**Table 1 – Summary of proposed new tests**

<b>New Test</b>	<b>Current Position in Swale HAP Policy</b>
UK Connection Test	a British citizen, or  a citizen of another country with the right to stay in the UK with no restrictions
Local Connection Test	Households who have not lived within the Swale boundaries for a continuous period of 2 years immediately prior to the application being made. Residency in Swale must be by the applicant's own choice and maintained throughout the application.
Income Test	Applicants that have gross income or assets above a certain level will not qualify:  The gross income level is: <ul style="list-style-type: none"> <li>• 1 bedroom need £30,000,</li> <li>• 2 bedroom need £40,000,</li> <li>• 3 bedroom need £50,000,</li> <li>• 4 bedroom need or more £60,000 per annum per household.</li> </ul> <p>The asset level is set at more than £50,000. When looking at gross income everything will be taken into account including earnings, overtime payments, benefits, child maintenance and any other relevant income. The gross income level and the asset level will be based on average private rents or the level of deposit required to buy an average priced property in the area and will be reviewed.</p>
<b>Anti-social behaviour test</b>	Not covered
<b>Terrorism test</b>	Not covered
<b>False statement test</b>	If the Council determines that an applicant directly, or through a person acting on his or her behalf, has given false information or withheld any required information it may result in an

	applicant being removed and rendered Ineligible.
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### 3 Proposals

- 3.1 For Committee members to discuss the consultation proposals to feed into the Council's response.

### 4 Alternative Options

- 4.1 Not to respond to the government consultation, this is not recommended as allocation of social housing is a statutory responsibility of the Council.

### 5 Consultation Undertaken or Proposed

- 5.1 This report seeks the views of the Committee to feed into the Council's formal response.

### 6 Implications

Issue	Implications
Corporate Plan	Priority 3: Tackling deprivation and creating equal opportunities for everyone
Financial, Resource and Property	Social housing is one pathway for moving individuals out of Temporary Accommodation. The additional tests proposed could lead to this pathway being excluded and therefore the Council continuing to have to provide Temporary Accommodation for a longer period, this would have additional cost implications.
Legal, Statutory and Procurement	This consultation will inform secondary legislation that is proposed to be made under Part 6 of the Housing Act 1996. Under this, the Secretary of State may prescribe classes of persons who are eligible or ineligible for an allocation of social housing in England and may also prescribe qualification criteria that local housing authorities use to allocate social housing. The consultation will also inform new eviction grounds under the Housing Acts 1985 and 1988.
Crime and Disorder	The new tests being consulted on relates to Anti-Social Behaviour and Terrorism. These proposals have both positive benefits and negative benefits. It is proposing to safeguard valuable social housing, yet for those that need to reform could make it more difficult.
Environment and Climate/Ecological Emergency	None identified in relation to the consultation response.

Health and Wellbeing	None identified in relation to the consultation response.
Safeguarding of Children, Young People and Vulnerable Adults	None identified in relation to the consultation response.
Risk Management and Health and Safety	None identified in relation to the consultation response.
Equality and Diversity	None identified in relation to the consultation response.
Privacy and Data Protection	None identified in relation to the consultation response.

## 7 Appendices

None

## 8 Background Papers

[Consultation on reforms to social housing allocations - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

[Microsoft Word - Allocations policy 2020 Final \(swale.gov.uk\)](http://swale.gov.uk)

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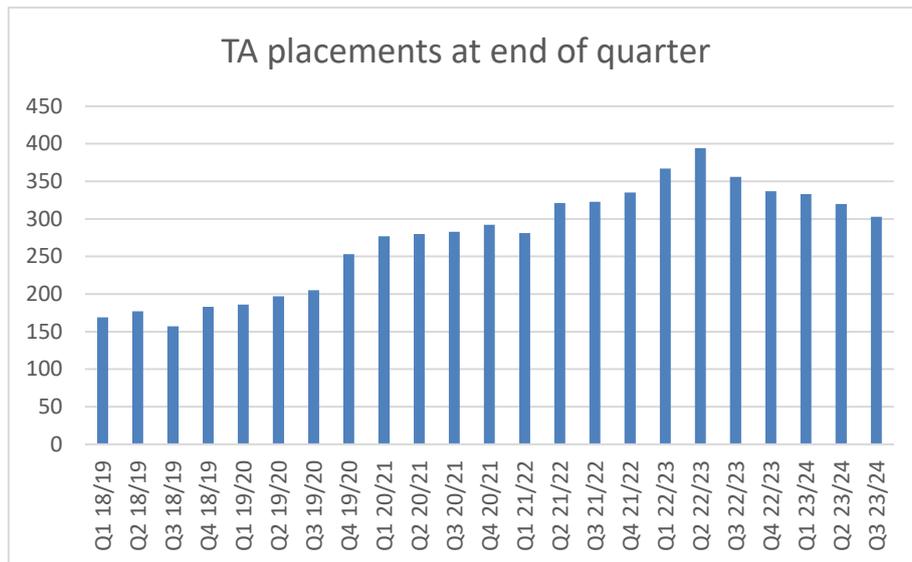
<b>Housing and Health Committee</b>	
<b>Meeting Date</b>	5 <sup>th</sup> March 2024
<b>Report Title</b>	Temporary Accommodation (TA) Budget Update
<b>EMT Lead</b>	Emma Wiggins, Director of Regeneration and Neighbourhoods
<b>Head of Service</b>	Charlotte Hudson, Head of Housing and Communities
<b>Lead Officer</b>	Charlotte Hudson, Head of Housing and Communities
<b>Classification</b>	<b>Open</b>
<b>Recommendations</b>	The committee is recommended to: 1. To discuss and scrutinise the current controls in place to manage the TA budget.

## 1 Purpose of Report and Executive Summary

- 1.1 This report provides the Housing and Health Committee with an update on the current controls in place to manage the TA budget, following the previous update in September 2023.

## 2 Background

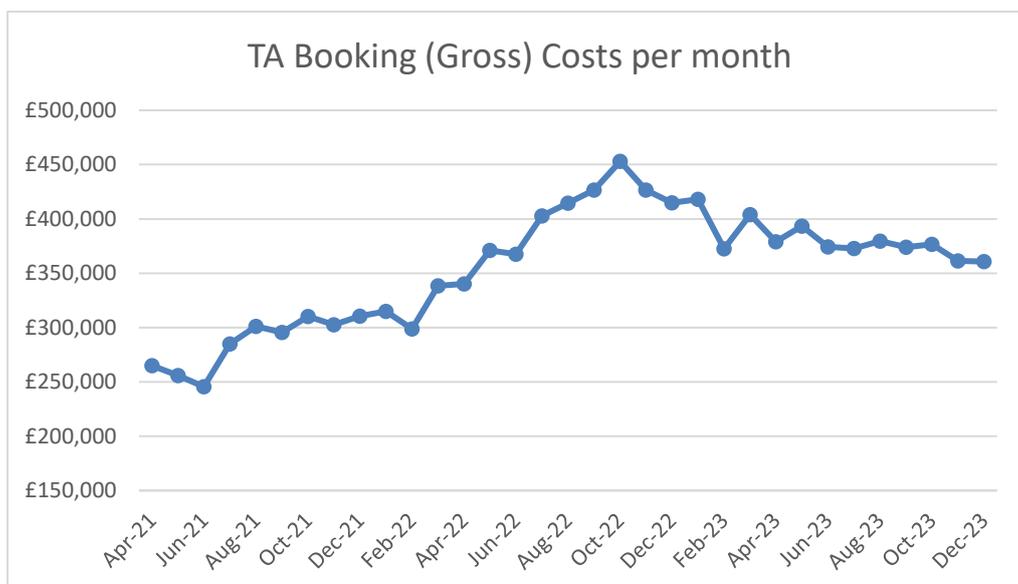
- 2.1 There is a statutory responsibility for the Council to provide TA to clients if they are unintentionally homeless and are in priority need or at the relief stage 'reason to believe' they are in priority need. We also receive funding from DLUHC through the Rough Sleeping Initiative (RSI) and part of this funding enables us to offer some TA to these clients. However, for the purposes of this report we are only focusing on statutory TA.
- 2.2 As reported in September 2023, we have seen a significant increase in the number of households in TA with an 84% increase since 2019 at the peak. Swale has the highest level of TA amongst Kent districts. The households in TA at the end of January 2024 was 314. As members are aware, the current economic climate and the Cost-of-Living crisis places uncertainty on the levels of demand that the service may experience. Although we cannot control the levels of demand, we can ensure that we are delivering the service as efficiently as possible and ensuring prevention work is targeted appropriately.
- 2.3 The chart below shows the TA Placements at the end of each quarter since April 2019.



2.4 The net budget for TA in 2022/23 was £1.4m and net spend was £2.7m, leaving an overspend on this cost centre of £1.3m. During 2022/23 we saw a steady increase in TA placements. As part of the budget setting process for the 2023/24 budget, growth to the budget of £800k was made. This took into consideration increasing demand and increased costs, and the transformation work being carried out by the team.

2.5 The net budget for TA in 2023/24 is £2.12m. At quarter 3 2023/24 budget monitoring, the initial forecast is a year-end overspend of £160k. However, it should be noted that it is incredibly difficult to accurately forecast costs due to the different circumstances and is based on a trend and seasonal forecast.

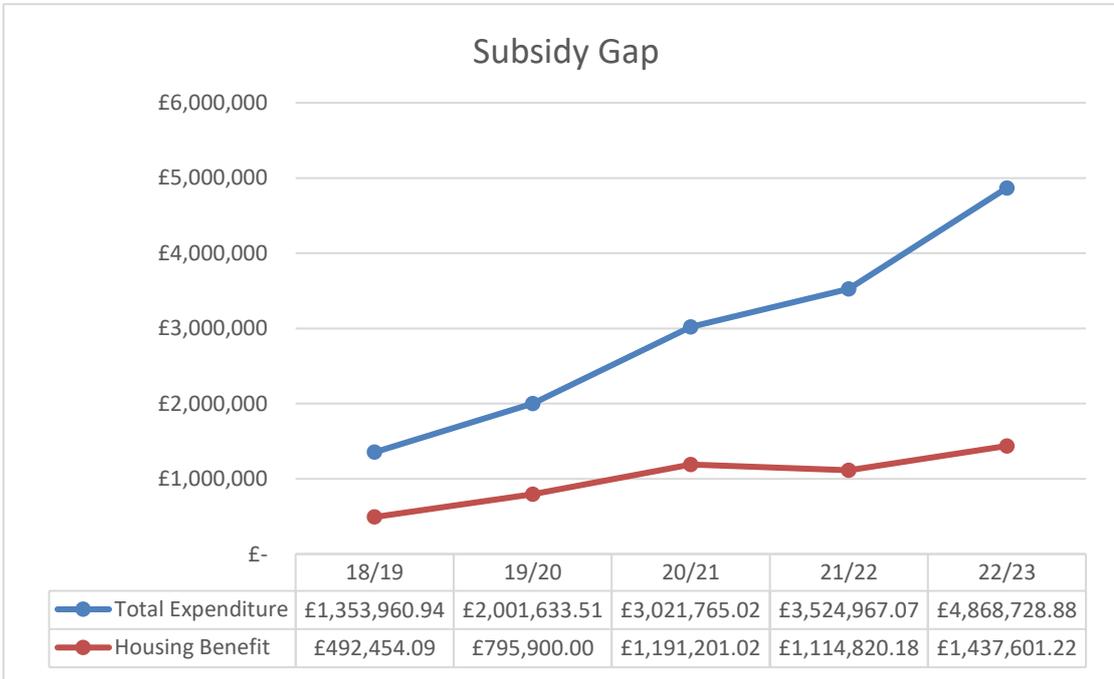
The chart below shows gross TA costs per month.



- 2.6 Part of the costs of TA are offset by housing benefit claims, however, there are restrictions in place which only enable us to claim 90% of the 2011 LHA rate for TA purposes. We also receive the Housing Prevention Grant which was £920,409 for 2023/24. Contributions are sought from working households that are in TA.
- 2.7 Temporary accommodation has been identified as a corporate risk for several years, however, during 2022/23 we steadily saw the numbers in TA rise at a faster rate and therefore more robust mitigations needed to be put in place. Therefore, a Housing Options Improvement project was initiated in July 2022. This work looked at a whole system approach to review the Housing Options service and the whole team have been fully engaged with the service review.
- 2.8 A summary of all interventions is outlined in Appendix I, but the following interventions have been the focus since the last update.

**Subsidy Lobbying**

2.9 One significant issue that has been identified is that the Housing Benefit subsidy provided to Councils when claiming for the use of TA. As mentioned in 2.6 the subsidy is 90% of the 2011 LHA rates. Therefore, the increased costs of provision have been increasingly borne by the Council. The chart below shows the gap in Gross TA costs and the subsidy claimed each year. It is estimated that if the subsidy utilised today’s LHA rates the Council would receive approx. £500k per year extra in housing benefit.



- 2.10 Swale has been part of the national District Council Network (DCN) cross party lobbying on the government with the following asks:
  - Increase Local Housing Allowance rates for private rented accommodation;

- Develop policy to stimulate retention and supply in the privately rented sector;
- Review the housing benefit subsidy rate for local authority homelessness placements;
- Give district councils the powers, funding, and resources needed to increase the supply of social housing; and
- Increase the level of Discretionary Housing Payment and Homelessness Prevention Grant

2.11 The Leader has represented the Council at these events and the first lobbying point was addressed in the Autumn Statement and the LHA from April onwards has been rebased to the 30 percentiles of the local market rates. Although this will help retain or access the private rented sector for some of our clients, this doesn't directly assist with the cost of TA.

### **Accommodation Strategy**

2.12 One key component of controlling TA was to have an accommodation strategy in place, to ensure we can control the type and costs of TA as much as possible. The main focus has been on our TA purchase programme. This committee agreed in January 2023 to purchase 50 properties for TA use. We are in the process of actively acquiring properties. We have so far completed on 2 properties and have a further 25 under offer and in the conveyancing process. It is anticipated that we will have all 50 properties secured this year.

2.13 In addition to purchasing our own properties we are also pursuing long-term arrangements in relation to accommodation that is being decommissioned as supported accommodation.

### **System Improvement**

2.14 There is a continuous programme of work in place to look at system improvement across the whole service. This has resulted in a focus on enhanced triage to identify entitlement early on. Work is also underway to look at improving our customer access processes and information available to residents on our website. Additional staff have been recruited to enhance resource in this area.

2.15 Additional staffing resources have also been put in place to assist with supporting those clients in TA to progress with finding permanent accommodation, both in the social and private sectors.

## **3 Proposals**

3.1 To discuss and scrutinise the current spend on Temporary Accommodation and note the current mitigation in place.

## **4 Alternative Options**

4.1 None

## 5 Consultation Undertaken or Proposed

5.1 None

## 6 Implications

Issue	Implications
Corporate Plan	<p>Priority 1: Building the right homes in the right places and supporting quality jobs for all</p> <p>Priority 3: Tackling deprivation and creating equal opportunities for everyone</p>
Financial, Resource and Property	<p>The purpose of this report is to ensure the committee has oversight and scrutiny of the TA budget.</p>
Legal, Statutory and Procurement	<p>Local housing authorities have a duty to secure accommodation for unintentionally homeless households in priority need under Part 7 of the Housing Act 1996 (as amended). Households might be placed in temporary accommodation pending the completion of inquiries into an application, or they might spend time waiting in temporary accommodation after an application is accepted until suitable secure accommodation becomes available.</p>
Crime and Disorder	<p>The Housing Options Service works closely with the Police, Probation and Prison Service to support clients with offending/ex-offending backgrounds.</p> <p>The Housing Options Service supports victims of domestic abuse and provides appropriate housing support.</p> <p>ASB that takes place within TA is managed by the team.</p>
Environment and Climate/Ecological Emergency	<p>None at this stage.</p>
Health and Wellbeing	<p>There is a significant link between the impact of homelessness and the wider determinants of health. We are working with the Health and Care Partnership looking at prevention pathways.</p>
Safeguarding of Children, Young People and Vulnerable Adults	<p>The Housing Options Service work with a wide range of vulnerable clients and work extensively with partner agencies to support and refer clients to relevant services.</p>
Risk Management and Health and Safety	<p>The TA budget has been identified as a corporate risk, due to demand on the service and the budgetary impacts.</p>

Equality and Diversity	As part of the Housing Assessment process and interview, equality and diversity is taken into consideration.
Privacy and Data Protection	The Housing Options service deals with a wide range of sensitive data and this is managed inline with our corporate policies and is held on a secure database.

## **7 Appendices**

7.1 Appendix I – Summary of Interventions

## **8 Background Papers**

8.1 There are no background papers.

## Appendix I – Summary Intervention Plan

Intervention	Intervention Type	Description	Status
Use of Discretionary Housing Payments	Prevention	DHPs are made to households who are struggling with housing costs and administered by Revenue and Benefits, with part of the budget assigned to Housing. We are working closely with Revenue and Benefits to ensure that payments are maximised to relieve homelessness on a long-term basis.	Implemented
Faster payments process for securing PRS properties	Prevention	The prevention and landlord teams were finding it difficult to assist in securing PRS accommodation, as a rent deposit was required. Although we operate a rent deposit scheme for our clients, we could not make the payment quick enough to secure the property. Finance have supported this by facilitating a faster payment process.	Implemented
Landlord Intervention	Prevention and Move on	We have recruited an additional officer to support our Landlord Team. They are working to engage more landlords and look at new products that can encourage landlords to work with us.	Implemented
BEAM	Prevention	BEAM provide employment and housing advice to clients.	Implemented
Xantura and PIP	Prevention	We have access to data analytical tools which help to identify clients that may be at risk of homelessness, we also have an additional worker funded externally to support these clients. A review of the systems available are currently under review.	Partially implemented
Additional training and implementation of toolkits for officers	System improvement	A 2-day training session was provided by an industry leading housing expert to the whole team, in addition toolkits were provided to embed the training.	Implemented

TA sign off	System improvement	The Housing Options Manager is required to authorise every TA Placement. To ensure consistency and accuracy of placements.	Implemented
Backlog of decisions and outsourcing reviews	System Improvement	<p>Due to the complex nature of cases, we were experiencing a backlog of case decisions. This can limit the options for move on/ or mean that we are accommodating people that are not entitled to accommodation. Focused work to reduce the backlog has taken place.</p> <p>Case reviews must be carried out by a more senior officer than the officer who made the decision, there were limited officers to deal with the most complex cases and reviews. We had previously outsourced reviews to another authority but due to their increased workload they were no longer able to provide this service, we have now secured a new provider.</p>	Implemented.
Enhanced Triage	System Improvement	We have created a new role of Senior Triage Officer and seconded an existing housing officer into this role. This officer carries out in-depth triage before a housing interview takes place and looks to see if there are any options to resolve homelessness. This has led to a significant reduction in clients needing to make a homeless application.	Implemented
Customer Access inc. Triage (New system processes)	System Improvement	As part of the roll out of the new Humme system, the system will enable more interaction with clients and access to advice and information. The new Humme system has been implemented and work is underway looking at customer access process.	Being implemented
Review of management of complex cases and	System improvement	The team identified they were spending a lot of their time dealing with the complex nature of their client's cases, where other agencies had responsibility. Alongside the safeguarding team, we have been working on individual	Implemented

safeguarding responses.		cases and working with partner agencies to improve this process and free up staff time to focus on housing case management.	
Maximising Housing benefit Claims	Cost Control /Income Maximisation	We have improved the process of housing benefit claims on TA placements, to ensure we are claiming the maximum amount of housing benefit allowed.	Implemented
Contributions Policy	Cost Control /Income Maximisation	The Committee agreed the TA Policy, this also formalised the ability to collect contributions towards TA from working households. This was already taking place but formalised the position.	Implemented
Procurement of Night Let Accommodation	Cost Control /Income Maximisation	A joint tender with Maidstone and Tunbridge Wells to create a purchase framework for NL accommodation was run in order to stabilise and control costs, however the market failed to respond, and no contract was awarded. The existing spot purchase arrangements remain in place.	Paused.
TA Purchase	Cost Control /Income Maximisation	Committee agreed in Jan 2023, to purchase 50 properties for use of TA. This project is being implemented, 2 properties have been purchased and a further 23 are in conveyancing. This will enable the cost of TA Placement to be more efficient.	Being Implemented.
TA Case Focus (10)	Move on	When we analysed our TA data, we identified that we had a consistent flow in and out of TA. However, we also noted that we still had a large number of households we therefore took an in-depth review of 10 cases at a time to look at how we can look at what the barriers were to move on. We have also identified additional resource and are currently recruiting 2 visiting officers to increase this work.	Implemented.
TA 4+ Project	Move on	From the analysis we identified that households with a 4+ bedroom need had been in TA the longest, the cost of TA is also the highest. This is due to very limited properties coming through the housing register or affordable in the PRS. We are therefore taking a more detailed look at these	Being implemented

		cases and looking at longer-term strategies to support these households.	
Affordable Housing Delivery	Move on	We work with Registered Providers and negotiate with developers as part of the planning process to secure affordable housing in the borough. Swale Rainbow Homes has been set-up to increase delivery of affordable housing.	Implemented
Supported Accommodation	Move on	As part of the Kent Homeless Connect Contract changes at KCC, we managed to secure funding through RSI funding and transition funding to secure supported accommodation which is used for RSI clients but also move on accommodation for suitable clients. We are also looking into securing further supported accommodation that is currently being decommissioned.	Implemented
Strategic Relationship with Southern Housing	Partnerships	We regularly meet with Southern Housing (as our stock transfer RP) to look at how they can support us in tackling the TA problem. They are currently supporting us with TA Provision, they have also been looking to improve the time it takes to carry out void works so properties become available quicker.	Implemented
Linkage to Cost of Living Work	Partnerships	Extensive work has been done on the CoL in Swale, particularly through the Household Support Fund and in partnership with the voluntary and community sector. We are working with this partnership to identify households that need support. However, with the HSF ending at the end of March this could put further pressures on residents that are at risk of being homeless.	Implemented
Increased staffing	Resources	We have managed to secure funding for additional posts to support the work of the team. These include Visiting Officers who can work more proactively with residents in TA and support them with actions in their Personal Housing Plan.	Partially Implemented

Evidence Gathering and Campaigning on LHA Rates	Lobbying	The Leader has participated in the national lobbying work to increase LHA rates and the subsidy provided to Local Councils.	Partially Implemented
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**Housing and Health Committee Forward Decisions Plan – Civic Year 2023/2024**

<b>Report title, background information and recommendation(s)</b>	<b>Date of meeting</b>	<b>Open or exempt?</b>	<b>Lead Officer and report author</b>
Breaking Barriers Innovation – Health Inequalities Programme	June 2024	Open	Head of Service: Charlotte Hudson Report author: Charlotte Hudson
Scrutiny of Temporary Accommodation spend and controls	Every 6 months	Open	Charlotte Hudson

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