



SOCIAL

LANDLORD

DISABILITY

CHARTER

SCHEME

INDEX

SECTION ONE: AIMS	3
SECTION TWO: HOW THE SCHEME WORKS	4
SECTION THREE: COMMITMENT DECLARATION	5
SECTION FOUR: COMMITMENTS IN DETAIL	6
Introduction	6
Charter Scheme Landlord Benefits	6
Recognising the Scope of Mental Illness and Neurodiversity.....	7
Ensuring Parity of Esteem and the Equality Act 2010	7
Addressing the Knowledge Gap.....	9
Handling Complaints and ASB Casework	9
Involving and Empowering	11
Working with Community partners	11

SECTION ONE: AIMS

The charter scheme's aims are:

1. To drive greater awareness and support about mental health conditions, neurodiversity (i.e., autism spectrum disorder, dyslexia, ADHG, etc.) and other disabilities which are 'hidden' or not evident upon sight (i.e., Crohn's Disease, epilepsy, diabetes, etc.).
2. To improve conditions and support for **all** disabled people.
3. To reduce stigma, mistreatment, and misunderstanding about the symptoms, needs and the impact of disability on each tenant/resident.
4. To improve partnership, engagement, and relations between landlords and disabled tenants/residents for improved quality of life and customer service experience.
5. To increase landlord compliance to housing policies, statutory guidance, and equality legislation.
6. To work to eliminate discrimination, advance equality of opportunity and foster good relations between groups of people who share the protected characteristic of disability under the Equality Act 2010 and those who do not.

SECTION TWO: HOW THE SCHEME WORKS

1. Throughout this document, the term 'charter' refers to the commitment declaration and details specified within. The term 'scheme' refers to the network of participating landlords.
2. The charter outlines a list of commitments which will facilitate the achievement of the outlined aims.
3. The landlord will agree to participate in the scheme and its commitments in writing through the completion of a participation form.
4. The landlord will agree to appoint a member of its staff to be a Disability Visibility Group (DVG) liaison. The DVG liaison is requested to attend virtual training twice yearly with the DVG. The first session will be requested within the first 30 days of joining the scheme; the second will be requested 6 months later. The DVG will remain available to the landlord throughout participation to provide guidance in disability-related matters as requested.
5. The landlord will remain a part of the scheme until resigning in writing. Involvement is voluntary and resignation can occur at any time and for any reason.
6. The DVG reserves the right to remove any landlord at any time from the scheme for what it considers to be any egregious breach of the commitment(s).
7. Landlords will be able to display a logo (as seen here) of charter scheme participation on letterheads and social media throughout the duration of its participation.



Disability Visibility

Proud Participant in the Disability Charter Scheme!

SECTION THREE: COMMITMENT DECLARATION

1. We agree to promote the rights and the provision of quality living conditions for all disabled tenants/residents, namely those affected by mental health and neurodiverse disabilities.
2. We will demonstrate this by agreeing to all commitments enclosed in this charter scheme document.
3. We will engage as requested with the Disability Visibility Group (DVG) to support us in the fulfilment of these commitments.
4. We will agree to transparency of communication and information with the DVG so that we can genuinely address areas for improvement in our service provision to disabled tenants.
5. We agree to a 3-month 'turnaround time' to make the appropriate organisational adjustments in order to fulfil our commitments.
6. We will seek to avoid placing the burden of a formal complaints process on disabled tenants/residents and will aim to monitor our progress closely to promptly recognise breaches in any aspect of this charter scheme.
7. We agree to surveys by the DVG with our tenants/residents to evaluate our charter scheme progress and agree to respond accordingly to all feedback.
8. We agree to provide an automatic compensatory payment of £50.00 per commitment breach which is not reasonably resolved within 30 days of the breach.

9. We agree to publish this charter scheme document on our website to ensure that our disabled tenants/residents are aware of the enclosed commitments and of their associated entitlements.

SECTION FOUR: COMMITMENTS IN DETAIL

4. Introduction

- 4.1. Stigma, prejudice, and discrimination blight the lives of disabled people, particularly those affected by mental health issues and conditions of neurodiversity. There are widely experienced issues amongst social housing tenants/residents which requires the social housing sector to engage with a resident-focused charter.
- 4.2. This charter must be based on the concerns of disabled social housing tenants/residents, mental health service survivors, and those across the neurodiversity spectrum.

5. Charter Scheme Landlord Benefits

- 5.1. Participation in the charter scheme will support landlords in the following ways:
- Helping them to fulfil their legal obligations to disabled tenants/residents;
 - Helping them to reduce time and costs wasted on avoidable disability-related tenant/resident complaints;
 - Improving organisational reputation by promoting and facilitating disability inclusiveness;
 - Aiding them to reduce reputational harm caused by service failures to disabled tenants/residents.
- 5.2. The charter scheme serves to remind landlords that engagement with tenants/residents with mental health and neurodiversity disabilities should always be underpinned by obligations stipulated in the Equality Act 2010 and by the Human Rights Act 1998 in the same way as with physical disabilities.

6. Recognising the Scope of Mental Illness and Neurodiversity

- 6.1. There are many different types of mental health conditions and there is a wide spectrum of neurodiversity.
- 6.2. Typically, employers and service providers focus their workplace or service environment mental health awareness campaigns on anxiety or depression. These conditions are often championed by celebrities and easier to understand because they are the most common forms of mental illness. Most people will have encountered these conditions at some point in their lives.
- 6.3. However, there are a range of other mental illnesses, including schizophrenia and various personality disorders, which are not so neatly packaged for public consumption, discussed in media, or championed by anyone. Unfortunately, these are often the most disabling and heavily stigmatised mental conditions. There is also great misunderstanding around the variation and unique presentations of neurodiverse disabilities.
- 6.4. Often those tenants/residents most in need of support are those who correspondingly have tenuous support networks and significantly reduced lifespans.
- 6.5. The call to de-stigmatise mental health and neurodiverse disability, and to put an end to negative perceptions of these conditions, is urgent based on the significant physical and psychological harm to disabled tenants/residents who experience disability discrimination, intentional or otherwise, from landlords.
- 6.6. The Equality Act 2010 attaches duty of care to **all** disabilities, whether 'hidden' or evidently physical. It is therefore incumbent upon landlords to recognise and respond to mental health and neurodiverse conditions in the implementation of all policies, whether or not these conditions are widely known or easy to understand.

7. Ensuring Parity of Esteem and the Equality Act 2010

- 7.1. Parity of esteem is the principle by which mental health and neurodiversity must be given equal priority to physical health. It is a term primarily used in healthcare and

social care environments to address inequalities stemming from stigma, discrimination, and other factors.

7.2. The purpose of this principle is to ensure equal access to services, provide parity of treatments and reduce premature mortality rates.

7.3. In social housing there is a need for parity so that mental health disability and neurodiversity is treated on par with physical disability. For example, requests for reasonable adjustments for reasons of mental health or neurodiversity should be treated with equal weight as requests for adaptations to property or processes to accommodate physical disabilities.

7.4. The Equality Act 2010 requires landlords to provide a service that meets all their tenants/residents needs and protects tenants from substantial disadvantage and unwanted behaviours, i.e., discrimination, harassment, or victimisation.

7.5. Landlords must therefore -

- Make adjustments for tenants/residents affected by mental health or neurodiverse disabilities to use their services where reasonable;
- Anticipate and prepare in advance to meet the needs of their disabled tenants/residents;
- Communicate effectively with tenants/residents;
- Provide information about services and support available to tenants/residents in different forms of communication;
- Enquire if tenants/residents require extra support;
- Engage with tenants/residents as equals;
- Promote the tenant/resident's right to exercise autonomy, independence, and choice;
- Refrain from making decisions for tenants/residents and/or imposing solutions upon them;
- Consider and make changes to organisational policies, procedures and culture, and provide adaptations where possible;

- Provide staff training to ensure they can support tenants/residents with a wide range of impairments, including 'hidden' disabilities;
- Explain policies and procedures in relation to the Equality Act 2010 to ensure staff do not discriminate against disabled tenants/residents.

7.6. The charter scheme calls for landlords to adopt a person-centred approach. This means:

- Treating all tenants/residents fairly with dignity, compassion, and respect;
- Seeing tenants/residents as individuals without making assumptions about their condition or disability; and
- Anticipating the adjustments and support that tenants/residents want and need in compliance with the public sector duty of care (Equality Act 2010).

8. Addressing the Knowledge Gap

8.1. Most landlords suffer from a knowledge gap in relation to the complexity of living with mental health disability and neurodiversity. This needs to be filled through meaningful consultation with tenants/residents and engagement with relevant organisational partners where possible.

9. Handling Complaints and Anti-social Behaviour (ASB) Casework

9.1. Landlords should review all policies to ensure that they show due regard for mental health and neurodiverse disabilities.

9.2. In particular, landlords should thoroughly review complaints handling with regard to ASB activities, in particular, casework areas where residents with mental health disabilities or on the autistic spectrum have been routinely failed. ASB policy implementation in relation to mental health and neurodiverse disabilities has routinely failed to the severe detriment of disabled tenants/residents.

9.3. Landlords should :

- Refrain from using language or configuring services in ways that automatically treat mental health and neurodiverse disability as ASB.
- Properly monitor and audit all aspects of service provision to tenants/residents affected by mental health and neurodiverse disabilities in order to identify failings and promptly implement measures to address them.
- Immediately treat all ASB against disabled tenants/residents as high risk and conduct a risk assessment within 3 days of becoming aware of the problem. Respond to the severity of risk proportionately and without delay.
- Ensure that prejudiced perceptions, misunderstandings, or false allegations are not allowed to escalate into heavy-handed ASB interventions, legal threats, bullying or worse to the detriment of disabled tenants/residents.
- Ensure disabled tenants/residents are not embroiled in complaints processes and ASB casework through disputes over maintenance and repairs issues. This means avoiding calculated neglect of repairs, disrespectful behaviour, dragging out complaints, and weaponising disability against tenants so legitimate complaints about disrepair are turned into ASB charges against complainants.

9.4. Landlords should utilise the following checklist to ensure that ASB allegations by or against disabled tenants/residents are handled appropriately:

- Is a person-centred approach being taken?
- Does the issue involve mental health or neurodiversity disability?
- How does this disability impact the tenant/resident's behaviour?
- Is the tenant/resident's disability being perceived by others as ASB?
- How does the ASB impact the disabled tenant/resident?
- Is a reasonable adjustment required or has one been requested?
- Are the aims and objectives around ASB dispute resolution easily identifiable?
- What additional support may be necessary to resolve the issue/s?
- What timeline is required to resolve the issue?
- Is resolution possible or is a housing transfer likely to be required?
- Is safeguarding necessary?

- In what ways should we comply to our ASB policy, the Equality Act 2010 and any other relevant guidance or legislation?

10. Involving and Empowering

10.1. For meaningful engagement and empowerment opportunities, landlords should ensure tenants are given a wide range of opportunities to influence and participate in:

- Formulation of their landlord's housing-related policies and strategic priorities;
- The decision-making processes relating to housing and support service delivery, including setting service standards;
- Scrutiny of performance and recommendations for improvement;
- Management of their homes;
- Management of repair and maintenance services;
- Understanding and responding to the diverse needs of disabled tenants/residents.

11. Working with Community partners

11.1. The Care Quality Commission (CQC) inspects 'community partners' on how well they have adopted clear, person-centred protocols in relation to disability. Landlords should demonstrate their commitment to the same values and culture by working in closer partnership with community organisations in the mental health and social care fields which have scored highly with the CQC.

11.2. In summary, this approach requires partners to:

- Prioritise health and safety;
- Eliminate unlawful discrimination, harassment, and victimisation and other conduct prohibited by the Equality Act 2010;
- Foster better relations and advance equality of opportunity between people who are disabled and those who are not;
- Ensure a person-centred approach;

- Treat people with dignity and respect;
- Seek consent and involve residents in the decision-making process;
- Promote independence, autonomy, and choice;
- Be transparent and candid with tenants/residents about any issues affecting service provision;
- Commit to addressing any failings and improving customer experience.

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