



**WHEATLEY HOUSING GROUP LIMITED
BOARD MEETING**

**Thursday 30 April 2026 at 1.00pm
Wheatley House, Glasgow**

AGENDA

1. Apologies for absence
2. Declarations of interest
3. Minutes of meeting held on 25 February 2026 and matters arising
4. Group CEO update

Main Business

5. Strategic Governance Review – Implementation Update
6. Finance Report and Annual budget 2026/27
7. Group Performance Framework and Delivery Plan 2026/27

8. [REDACTED]

9. Multi-storey Flats Asset Investment and Building Safety
10. Home Safety Building Compliance
11. Group Protecting People Policies
12. Group Arrears, Income and Debtors Framework
13. Group Customer engagement framework

Other Business

14. [REDACTED]

15. Wheatley Homes South – window and door installation
16. AOCB

Report

To: Wheatley Housing Group Board

By: Anthony Allison, Group Director of Governance and Business Solutions

Approved by: Steven Henderson, Group Chief Executive

Subject: Strategic Governance Review – Implementation Update

Date of meeting: 30 April 2026

1. Purpose

1.1 To update the Board on progress in implementing the agreed actions arising from the independent strategic governance review.

2. Authorising and strategic context

2.1 The Board is responsible for the overall governance of the Group. This is codified through our wider governance framework, including the Group Standing Orders, subsidiary constitutions and Intra-Group Agreements. Any review of these arrangements is subject to approval by this Board.

2.2 The Board approved the implementation approach to the strategic governance review recommendations at its meeting on 17 December 2025. The Group Remuneration, Appointments, Appraisals and Governance (“**RAAG**”) Committee is responsible for overseeing the delivery of the agreed approach and actions.

3. Background

3.1 The agreed implementation approach has been overseen by the RAAG Committee. The Committee has delegated authority to agree specific elements, however some remain reserved to the Board for final approval under the Group Standing Orders.

4. Discussion

4.1 A summary of activity for all actions within the implementation approach is provided at Appendix 1. A more detailed update on progress in specific areas is set out below:

Clarifying roles and responsibilities

4.2 We agreed to define which decisions, and which types of decision, are taken at the Group level and which are agreed at the Group level following subsidiary engagement. In practice, very few decisions are set at the Group level without prior subsidiary engagement or without being an aggregation of subsidiary equivalents (e.g. investment, development and business planning).

- 4.3 A proposed defined list has been reviewed and agreed in principle by the RAAG Committee. In keeping with our wider approach of engaging subsidiary Boards before this Board decides on this type of matter, we will now seek subsidiary Board feedback on the list to confirm it provides the necessary clarity. We will thereafter seek this Board's feedback at its next meeting.

Group Chair and Senior Independent Director role descriptions

- 4.4 We agreed to refresh the role profiles of the Group Chair and Senior Independent Director ("**SID**"). A refreshed Group Chair role profile was considered by the Group Board as part of a Chair succession update at its February meeting.
- 4.5 A refreshed SID profile is attached at Appendix 2 for the Board's approval following consideration by the RAAG Committee. The changes are relatively minor, including:
- Affirming that the SID should retain appropriate independence from the Group Chair and Executive Team; and
 - Being more explicit in the language that the SID has the authority to escalate issues with the RAAG Committee or this Board, rather than 'report'.

Subsidiary Chair role on the Group Board

- 4.6 Subsidiary Chairs are already formally part of the composition of this Board, which comprises 5 Non-Executives, 5 Subsidiary Chairs (having previously allowed for the Wheatley Care Chair) and up to two co-optees. To ensure we retain the right balance of skills and experience on the Board, subsidiary Chairs are identified relative to the skills the Group Board needs.
- 4.7 In practice, the RAAG Committee manages the process to ensure that this outcome is achieved, for example, the last Wheatley Homes East and Wheatley Care Chair appointments were overseen by the Committee. However, not all subsidiary constitutions formally reflect this position and instead state that the Board itself will elect its Chair.
- 4.8 It is intended that we update all subsidiary constitutions later this year to reflect what happens in practice and explicitly state that the Chair shall be appointed by the Parent (this Board or the RAAG Committee). This mitigates any risk that in future a subsidiary Board may seek to elect a Chair whose skills and experience are not aligned with the requirements of this Board.

Close relatives

- 4.9 The strategic governance review identified that we should have consistent arrangement across subsidiary constitutions for appointing a Board member who is a close relative of an existing employee. This work is ongoing as part of a wider review of subsidiary constitutions.
- 4.10 We also agreed that we should have a formal process where someone seeking employment is a close relative of a senior staff member. The RAAG Committee also considered the process for a close relative of an existing Board member seeking employment.

- 4.11 The RAAG Committee agreed a procedure, the main points of which were the following:
- Any offer of employment to an individual who is a close relative of a senior staff member will require prior approval by the Committee; and
 - Any offer of employment to an individual who is a close relative of a Board member will require prior approval by the Committee.
- 4.12 The Committee's focus under the agreed procedure will be on receiving assurance on the robustness of the recruitment process and that conflicts of interest or perceived conflicts of interest have been and, where appropriate, will continue to be managed appropriately.

Role, responsibilities and expectations of subsidiary Chairs within recruitment

- 4.13 We agreed to clarify the role, responsibilities and expectations of subsidiary Chairs within recruitment to their Board. A refreshed Group recruitment and succession planning process which more explicitly refers to the role of subsidiary Chairs, the role of the subsidiary Board and how internal appointments are carried out, was considered by the RAAG Committee in February 2026.
- 4.14 Subsidiary Board feedback is now being sought on the refreshed recruitment and succession planning process, following which this Board's approval will be sought.

Induction and Board learning and development

- 4.15 We sought feedback from subsidiary Boards across the February meeting cycle on our approach to induction and learning and development. The feedback has mainly highlighted areas such as cyber security, funding and finance.
- 4.16 In particular, we identified high demand for periodic refresher sessions on areas such as the Group funding structure and piloted sessions with Loretto Housing and Wheatley Homes South, which received very positive feedback. The RAAG Committee is scheduled to consider an updated approach at its April meeting.

Board reporting

- 4.17 Effective Board reporting is critical to supporting clear, timely and well-informed decision-making. Drawing on learning from this and previous governance reviews, we agreed to refine the current Board reporting format to seek to improve succinctness, reduce duplication and ensure that reports focus clearly on those matters requiring Board oversight, assurance or decision.

- 4.18 A proposed revised Board reporting template (available at Appendix 3) was agreed in principle by the RAAG Committee in February. The key changes are as follows:
- Executive summary section introduced at the start of the report;
 - Authorising context guidance updated to explicitly state it should reference any audit trail of a paper (where it has been considered and when);
 - Background section removed as it has been identified as an area of duplication with the discussion section;
 - Legal/Regulatory and equality sections merged and now appended under a defined template;
 - Risk section – now an appendix under a defined template;
 - Digital and environmental/sustainability sections removed – feedback indicates these are not adding value as they are covered in the main body of the discussion section where they most clearly apply; and
 - Key issues and conclusions section removed as this purpose is served by the Executive Summary.
- 4.19 Given the scale of change, it was agreed that the revised template be trialled before being brought into effect. It is proposed that the template be tested across subsidiary Boards in May and, subject to feedback, introduced for this Board at its June meeting.

5. Customer Engagement

- 5.1 As an internally focused review, no customer engagement was appropriate.

6. Environmental and sustainability implications

- 6.1 There are no environmental or sustainability implications associated with this report.

7. Digital transformation alignment

- 7.1 There are no direct digital transformation implications associated with this report.

8. Financial and value for money implications

- 8.1 There are no financial or value for money implications associated with this report.

9. Legal, regulatory and charitable implications

- 9.1 We are required under the Scottish Housing Regulator's Regulatory Framework to achieve Standards of Governance as well as ensure compliance with other statutory duties relating to effective governance, such as company and charity law where they apply across the Group.

9.2 One element of how we achieve this is submitting ourselves to independent review to gain assurance over the strength of our governance and evidence to support it. As part of our ongoing engagement with the Scottish Housing Regulator we shared the findings of the strategic governance review.

10. Risk appetite and assessment

10.1 Our risk appetite in relation to governance is cautious, which is defined as “Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward”.

10.2 Undertaking periodic independent strategic governance reviews to gain assurance on the strength of our governance is one of our risk mitigations in relation to the risk of a governance failure. The implementation of actions following the strategic governance review supports us in further mitigating the risks of any governance failure.

11. Equalities implications

11.1 There are no direct equality implications associated with this report.

12. Key issues and conclusions

12.1 The RAAG Committee is continuing to oversee the implementation of the agreed approach to responding to the strategic governance review. No material issues or delays have arisen which would require amendment to the agreed implementation approach. A key feature of implementation has been engagement with subsidiary Boards and this will continue.

13. Recommendations

13.1 The Board is asked to:

- 1) Note the progress overall in implementing the actions agreed by the Group Board as part of the strategic governance review;
- 2) Approve the updated Senior Independent Director role profile;
- 3) Provide feedback on the proposed revised Board template and agree that it be trialled at the May subsidiary Board cycle.

LIST OF APPENDICES:

Appendix 1: SGR Implementation Update

Appendix 2: Senior Independent Director role profile

Appendix 3: Revised Board template

Appendix 1: Strategic governance review – implementation

| Recommendation/Area for refinement | Proposed approach | Indicative timescale | Update |
|--|---|----------------------|--|
| <p>1) Our overarching recommendation is that the Group Board follows its own advice and avoids complacency, using our recommendations below as a starting point (No response required)</p> | | | |
| <p>2) Continue to consider options to reduce complexity through:</p> | | | |
| <p>a) Regular review of the role of each subsidiary within the group, its alignment with purpose and whether there are more effective structures (for example collapsing or releasing a subsidiary).</p> | <p>We routinely undertake governance reviews and review the role of each subsidiary, evidenced by the recent review of the future role of Wheatley Care.</p> <p>It is proposed that the Group Remuneration, Appointments, Appraisal and Governance Committee next review our structure in 2028 in the absence of any specific event or Board decision triggering an earlier review.</p> | <p>2028</p> | <p>NOT YET DUE: To be considered by the RAAG in early 2028.</p> |
| <p>b) Clarifying the role of subsidiary Boards in contributing to Group decisions and policies, whether noting a Group approach which is being implemented across the structure, or opportunities for more upstream involvement and influence.</p> | <p>We will define which decisions and decision types will be agreed at Group level first (eg agreeing overall rent parameters) and which should be agreed at Group level following subsidiary Board feedback (eg operational policies such as complaints)</p> <p>It is proposed that, with immediate effect, the default position will be that Group-wide policies are considered by Subsidiary Boards prior to being presented to the Group Board. We will then feedback, via Chairs, the outcome of the Group Board's decision on the final policy.</p> | <p>Feb 2026</p> | <p>IN PROGRESS: The RAAG Committee agreed the proposed Key Decisions in principle in February. Subsidiary board feedback will now be sought in advance of seeking Group Board final approval.</p> |

| Recommendation/Area for refinement | Proposed approach | Indicative timescale | Update |
|--|---|----------------------|---|
| c) Strengthening links between the Group and subsidiary corporate plans and the reporting framework by putting in place clear, measurable targets to underpin each outcome in each plan. | To be considered as part of the development of the performance framework for the 2026-2031 Group strategy | May 2026 | NOT YET DUE: This feedback will be considered as part of the development of the new Group Performance Framework, which will be considered by the Group Board in April and subsidiary Boards in May. It will also be independently tested as part of future EFQM assessments. |
| d) We also suggest that additional guidance be provided to chairs of subsidiary Boards to support them in cascading key messages from the Group Board. | All subsidiary Chairs will be provided with a key messages briefing note ahead of their Board meetings. | Feb 2026 | COMPLETE: This is already in place, subsidiary Chairs received a briefing note in the February meeting cycle. |
| 3) Review and update standing orders and related documents more frequently and to reflect current practice, considering the following amendments: | | | |
| a) Define more clearly the roles of Group Chair and Senior Independent Director through enhanced role descriptions. | We will undertake a full review of the Group Standing Orders and cover the role descriptions of the Group Chair and Senior Independent Director roles as part of this review. | Feb 26 | IN PROGRESS: The Group Chair role profile was considered by the Group Board at its February meeting. The SID role profile was considered by the RAAG Committee in February and approval is sought at this meeting. |

| Recommendation/Area for refinement | Proposed approach | Indicative timescale | Update |
|--|---|----------------------|---|
| b) Formalise the arrangements through which the Chair of a subsidiary Board is also a member of the Group Board. | This is already enshrined in our Articles of Association, however, we will formally document the existing practice that subsidiary Chairs are selected by the Group Board, or a Committee thereof, based on factors such as the skills and experience required. | Feb 26 | IN PROGRESS: This change is included in the proposed changes to the subsidiary Constitutions that are with our external legal advisors for advice. |
| c) Review, and we suggest remove, ex officio membership of committees. | This currently only applies to the Group Remuneration, Appointments, Appraisal and Governance Committee. It is proposed that this is considered by the Group Board as part of the next annual review of Committee memberships. | Sep 26 | NOT YET DUE: Proposals to be considered by the RAAG Committee at its August meeting as part of the annual review of Committee memberships. |
| d) On the current Group Chair stepping down, review RAAG terms of reference so that the Group Chair may be a committee member but may not chair the committee. | It is proposed that this is considered by the Group Board as part of the next annual review of Committee memberships. | Sep 26 | NOT YET DUE: Proposals to be considered by the RAAG Committee at its August meeting as part of the annual review of Committee memberships. |

| Recommendation/Area for refinement | Proposed approach | Indicative timescale | Update |
|---|---|-------------------------------|---|
| 4) Appointment of governing body member relatives | | | |
| <p>Review and update arrangements a) so that the same probity expectations apply to all Board members across the group and b) with regards the appointment of a member of staff who is related to a senior staff member or member of a Board, so that there is a greater level of control for the Board. We suggest that RAAG could review and approve such appointments.</p> | <p>It is proposed that any such appointments are subject to Group Remuneration, Appointments, Appraisal and Governance Committee approval. The Committee will be asked to agree on a process in February, setting out the information it requires to allow it to review the process and the process will come into effect immediately thereafter.</p> <p>It is intended that we update each constitution (of those subsidiaries that directly employ staff) to reflect the process, as there is currently an inconsistency in how it is documented across subsidiaries.</p> | <p>April 26</p> <p>Sep 26</p> | <p>IN PROGRESS: The RAAG Committee agreed an updated process in February. This change will be included in the proposed changes to the Subsidiary Constitutions that are with our external legal advisors for advice.</p> <p>Following the Committee's review of the proposed changes, we will present the changes to each Subsidiary Board for approval at the September AGMs.</p> |
| 5) Put in place incremental improvements to the ownership of risk by subsidiary Boards through: | | | |
| <p>Earlier consideration of risk on board agendas to ensure the focus of adequate time and energy</p> | <p>It is proposed that how risk is placed on the agenda remains subject to agreement with each Chair when reviewing the agenda for individual meetings.</p> | <p>Feb 26</p> | <p>COMPLETE: Implemented as part of pre-meets with Chairs</p> |
| <p>Clarity over whether Group-level risks should be discussed at subsidiary Boards, and ensure there is consistency in how risks are communicated and interpreted.</p> | <p>Group-level risks remain relevant for subsidiaries, for example cyber security and core financial controls. Although they are managed at Group level, it is still expected that subsidiary Boards are scrutinising the assurance they receive.</p> <p>It is intended that future risk reports are, however, clearer on this and that subsidiary Boards can and should give feedback on our risk appetite levels and mitigation approach(es).</p> | <p>May 26</p> | <p>NOT YET DUE: We undertook a risk mapping exercise with subsidiary Boards as part of their Board planners. This identifies where each risk is considered over the course of the annual Board cycle.</p> <p>To be further covered as part of May subsidiary Board risk updates.</p> |

| Recommendation/Area for refinement | Proposed approach | Indicative timescale | Update |
|---|--|----------------------|--|
| Including clearer information on the effectiveness of controls within the risk register, to support better oversight and decision-making. | We will refine how this information is more explicit in the reports and seek Board feedback on whether the refined approach is clearer. | May 26 | NOT YET DUE: To be discussed as part of the next risk register update to each Board. |
| 6) Review how Board and committee succession is planned and managed, including: | | | |
| a) Limiting the number of Board / Committee posts to no more than three for any individual. | It is proposed that this recommendation is accepted in principle, but that how it is given practical effect is subject to review by the Group Remuneration, Appointments, Appraisal and Governance Committee. This review will be clear which posts would form part of the three, for example, some posts such as Non-Executive Director of the WFLs may not necessarily be given the same weighting as a subsidiary Board or Group Committee post. It is proposed that the Committee consider and recommend to the Board which posts should count towards the maximum of three. | June 26 | IN PROGRESS: To be considered by the RAAG Committee at its June meeting. |
| b) Clarifying the role, responsibilities and expectations of subsidiary Chairs within recruitment onto their Board. | We will refresh the Group Board recruitment and succession planning process to explicitly set out the role of subsidiary Chairs. As part of this, we will take into account feedback from subsidiary Chairs. | Feb 26 | IN PROGRESS: The refreshed process considered by the Committee in February 2026 will be shared with subsidiary Boards for feedback during the May 2026 cycle of meetings. |

| Recommendation/Area for refinement | Proposed approach | Indicative timescale | Update |
|--|---|------------------------|---|
| c) Considering how Boards can further increase their own diversity, including when and how external recruitment or internal appointments should be considered. | It is not proposed that a blanket provision be developed. This is and will continue to be considered by the relevant Board/Committee at the point of initiating recruitment, and where appropriate, reports and decisions will document the rationale for whether external or internal was selected. | Ongoing | COMPLETE: This Committee has ongoing oversight of Board recruitment processes. |
| 7) Board induction | | | |
| Strengthen and standardise induction across the Group, with greater emphasis on orientation to the broader governance model and ongoing development support. | We will undertake a comprehensive review of the Board induction process and feedback will be sought from every Board over the Feb-March Board cycle. The Group RAAG Committee will thereafter be asked to review the proposed standard approach. | April 26 | IN PROGRESS: Subsidiary engagement has been undertaken and a revised approach will be presented to the RAAG Committee at its April meeting. |
| 8) Board learning and development | | | |
| Strengthen the approach to learning and development through linking the offer more explicitly to the appraisal process, creating a clearer pathway for individual development and performance improvement. | We will undertake a comprehensive review of the Board Continuous Professional Development approach and feedback will be sought from every Board over the Feb-March Board cycle. The Group RAAG Committee will thereafter be asked to review the proposed standard approach. We will strengthen the link in the annual appraisal process during the next cycle. | April 26 Nov 26 | IN PROGRESS: Subsidiary engagement has been undertaken and a revised approach will be presented to the RAAG Committee at its April meeting. |

| Recommendation/Area for refinement | Proposed approach | Indicative timescale | Update |
|---|---|----------------------|--|
| 9) Board discussions | | | |
| <p>Consider, for each Board, the introduction of NED only sessions from time to time (perhaps six monthly) and other opportunities for information time together.</p> | <p>Given that the report explicitly identifies the high level of trust and transparency, this is interpreted as a desire for more unstructured discussions. It is proposed that this is addressed via a combination of allowing greater time for such discussions at the annual strategy workshop and through the reintroduction Group wide events.</p> <p>We will also reinforce each Board's ability to consider the agendas for Board meetings through reviewing and agreeing the Board planner.</p> | Ongoing | <p>COMPLETE:</p> <p>The reintroduction of Group wide events has been incorporated into the refreshed approach to Board CPD (see previous action).</p> <p>Board planners were agreed by Board across Wheatley in February.</p> |
| 10) Continue to strengthen reporting to Board by reviewing the standard committee cover sheet and: | | | |
| <p>a) Introducing an Executive Summary section</p> <p>b) Raising recommendations / action to be taken to the top of the report.</p> <p>c) Including explicit reference to the audit trail of a paper (where it has been considered and when).</p> | <p>We will review the Board report template and introduce these elements within the updated template.</p> <p>We will seek subsidiary feedback in advance of this Board approving the revised template.</p> | April 26 | <p>IN PROGRESS:</p> <p>A revised template, reviewed by the Group RAAG Committee, is to be trialled with subsidiary Boards during the May meeting cycle.</p> |

| Recommendation/Area for refinement | Proposed approach | Indicative timescale | Update |
|---|--|----------------------|---|
| 11) Presentational approach and style | | | |
| Continue to improve the presentation of information to Boards by further streamlining of content, by considering use of visuals and dashboards in reporting and by challenging staff presenting at meetings to consider both the length and the value added of presentations. | <p>As part of the Board template review we will consider how future standard reports (such as the performance report) can be further streamlined.</p> <p>All relevant staff will be provided with more explicit guidance on presenting to Boards and Committees, reinforcing principles such as taking papers as read and presentations which accompany reports must add to a paper, not recap it.</p> | April 26 | <p>COMPLETE:</p> <p>Guidance was provided to Board attendees ahead of the March Board cycle.</p> |

Wheatley Group Board – Senior Independent Director

Role and responsibilities

- Meet the Board (excluding the Chair) to agree the process to appraise the Group Chair and arrangements for how the results of the appraisal will be reported to the Board and the Group Chair;
- Act as a sounding board for the Group Chair on governance related matters **while retaining independence from the Chair and executive management**;
- Act as the principal contact point for Board members to:
 - raise any matters where the normal channel of the Chair or Group Chief Executive has failed to resolve the matter; and
 - raise any matters which they do not feel would be appropriate to raise directly via the Group Chair eg where they relate to the Group Chair or an act or omission by the Group Chair;
- Engage with the Group Chair in relation to any matters raised by a Board member and facilitate a mutually agreed resolution to any such matters;
- Where matters cannot be resolved, the Senior Independent Director has the authority to escalate issues to the Group RAAG Committee or the Board;
- ~~-or, where necessary, report such matters to the Group RAAG Committee or the Board;~~
- In the event of a short term absence of the Group Chair, facilitate the appointment of a Chair of any Board or General Meetings in line with the requirements of the Articles and taking into account any relevant Scottish Housing Regulator statutory guidance;
- In the event of a longer term absence of the Group Chair, facilitate the appointment of an acting Chair in line with the requirements of the Articles and taking into account any relevant Scottish Housing Regulator statutory guidance.

Key skills and experience

The Senior Independent Director must have the following key skills and experience:

- Significant corporate governance experience in both an advisory and Non-Executive capacity;
- Strong interpersonal skills, including a proven ability to sensitively manage and resolve issues in relation to individual performance and conflicting views;
- Extensive ~~Chair~~ experience of Chairing Boards and/or Committees in a large, complex organisations;
- Knowledge of the stakeholder and regulatory operating context in which the Group operates and senior experience in a similar operating context;
- A proven ability to build relationships with and command the trust and respect of fellow Board members; and
- Proven ability to exercise excellent judgement under pressure.

Report

To:

By:

Approved by:

Subject:

Date of meeting:

Purpose:

This should very clearly set out what is being asked of the Board such as:

- Seek approval of [xxxx];
- Provide the Board with an update on [xxxxx].

This section **should not** stray into the content of the report and should mirror the recommendations. This should be a **maximum** of 1-2 paragraphs.

1. Executive Summary

- 1.1 This should be a short, self-contained overview that highlights the purpose of a report, the key points the Board needs to know, and any decisions required. It should allow the Board grasp the main message quickly without reading the full document.
- 1.2 Write it last, keep it brief (one or two short paragraphs), and focus only on the essentials: what the issue is, why it matters, and what action is recommended. Use clear, direct language and avoid unnecessary detail or new information.

2. Authorising context

- 2.1 This section should specifically set out in what authorising context the Board/Committee is being asked to act. It should also explicitly reference if the report has been considered elsewhere within the governance structure and when eg a group Policy reviewed by Subsidiary Boards.

3. Discussion

- 3.1 This is the main body of the report and should set out clearly and fully cover what is set out in the purpose of the report. For reports to partner Boards this should have a **clear focus** on what is relevant and applicable to the particular partner.
- 3.2 This section should avoid operational or excessive descriptive detail unless it is critical to understanding the recommendation.

4. Customer Engagement

- 4.1 Our strategy has a very clear focus on enhancing our customer engagement and a significant element of co-development and co-design with our customers. This section should include details of:
 - How we have engaged customers on development of any proposals in the report; and/or
 - How we plan to engage customers on the proposals in the report

This section should not reference engagement with internal customers.

5. Financial and value for money implications

- 5.1 The financial implications or analysis associated with the report should be clearly identified and where possible quantified. This should be linked to how any proposals or courses of actions will be funded and will, as appropriate, cover areas such as:
 - Source of funding (including relevant group entity, partnership or other available funding e.g. Government / Local Authority pots and funds)
 - Impact on budget
 - Business plan implications, including impact on surplus
 - Key milestones

5.2 Where there are no implications, such as scrutiny / update reports (e.g. Finance report or performance report) the section should expressly state that this is the case.

6. Recommendations

6.1 This section should clearly set out what the governing body is being asked to do, eg specific approvals and decisions that are being sought. This should reflect the purpose section.

List as follows:

- 1) xxxxxxxx
- 2) xxxxxxxx
- 3) xxxxxxxx

LIST OF APPENDICES:

All appendices within the document should be identified.

All attached documents outwith the report should be identified as an Appendix and appropriately numbered, not referred to as 'attached' or 'enclosed' etc.

Legal, Regulatory and Equalities Implications

Overall position:

- No material implications
- Implications identified and managed
- Material implications requiring Board attention

Applicable Legislation and Regulations

What relevant duties apply: [insert relevant legislation / regulation]

Current level of compliance:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Compliant | <input checked="" type="checkbox"/> Not Compliant |
| <input checked="" type="checkbox"/> Partially Compliant | <input checked="" type="checkbox"/> Not yet in force |

Implications:

- Outline the key duties triggered and how these have shaped the proposal; or
- Confirm where these requirements are already explained in the main body of the report.

Legal Compliance Assurance

Brief statement providing assurance that relevant legal duties have been reviewed and no legal compliance risk has been identified (or describe any issues identified and how these are addressed).

Legal advice received:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
|---|--|

If yes: specify source, date, and a short summary/copy of the advice.

Risk assessment

Risk Appetite:

Confirm risk appetite level relative to the contents of the report. This is determined by identifying the strategic objective most relevant to the topic of the report and the nature of the relevant strategic risk(s) (ie. financial/ operational/ legal or regulatory compliance/ reputational)

Relevant strategic risk(s):

Identify any risks on the strategic risk register that are relevant to the report and the residual risk scores of those risks.

Relevant assessment and mitigation:

Provide an assessment of the risk(s) associated with the report:

- Is the risk within risk appetite?
- Will the proposed activities in the report increase or decrease the residual risk score?
- Will it remain within risk appetite?
- How will any additional risk be mitigated?

Report

To: Wheatley Housing Group Board

By: Pauline Turnock, Group Director of Finance

Approved by: Steven Henderson, Group Chief Executive

Subject: Finance report and Annual Budget 2026/27

Date of Meeting: 30 April 2026

1. Purpose

1.1 The purpose of this paper is to:

- provide the Board with the financial results for the year to 31 March 2026;
- seek approval for submission of the RSL Borrower Group's management accounts for the year ending 31 March 2026 to our bank lenders as part of our quarterly covenant returns;
- seek approval of the 2026/27 Group Budget;
- provide an update on external economic conditions; and
- seek approval for the submission of Five-Year Financial Projections to the Scottish Housing Regulator.

2. Authorising and strategic context

- 2.1 Under the Terms of Reference, the Group Board is responsible for monitoring performance against agreed targets. This includes the performance of its finances.
- 2.2 The key themes and aims of the 2021-26 strategy, Your Home, Your Community, Your Future set the context for the 2025/26 budget.

3. Background - Financial performance to 31 March 2026

3.1 The results for the period to 31 March, as presented in Appendix 1, are:

| £m | Year (Period 12) | | |
|--------------------------------|------------------|--------------|--------------|
| | Actual | Budget | Variance |
| Turnover | 531.1 | 512.2 | 18.9 |
| Operating expenditure | (381.3) | (383.2) | 1.9 |
| Operating surplus | 149.8 | 129.0 | 20.8 |
| <i>Operating margin</i> | 28.2% | 25.2% | |
| SHAPS deficit payment | (2.0) | - | (2.0) |
| Net interest payable | (79.2) | (80.3) | 1.1 |
| Surplus | 68.6 | 48.7 | 19.9 |
| Net Capital Expenditure | 161.0 | 154.8 | (6.2) |

4. Discussion

- 4.1 Financial performance for the full year to March 2026 reports a strong and resilient position. The statutory surplus of £68.6m is £19.9m favourable to budget, driven by the recognition of a higher level of grant income on new build property completions, with 656 units completing compared to the 601 budgeted and additional grant income received from Glasgow City Council towards demolition works.
- 4.2 Within underlying core trading, our strong property letting performance in the year improved net rental income and the bad debts position, this combined with strong cost management provided headroom to offset the higher spend on repairs. Employee costs were also higher reflecting the decision to grow our in-house teams to deliver elements of our neighbourhood improvement programme. Overall expenditure was funded within our wider budgetary envelope and the underlying surplus for the RSL Borrower Group after removing grant income on new build, the adjustment for depreciation and adding capital investment in properties was £10.1m, which was £3.2m favourable to budget.
- 4.3 Throughout the year, reported repairs and maintenance spend was unfavourable to budget. For the full year, the additional spend of £0.6m includes higher responsive repairs costs of £2.8m offset across the Group by cyclical, compliance and other property-related revenue repairs spend being £2.2m favourable to budget. This mainly reflects the reprofiling of cyclical works, savings on communal utilities in WH Glasgow and compliance programme costs being lower than budgeted, while still delivering all planned works and meeting legislative obligations. Within responsive repairs, there has been an increase in the number of completed jobs in the year and a higher proportion of more complex and costly jobs, particularly in WH Glasgow where 7,900 additional jobs were completed an increase of 4% compared to the previous year.

4.4



4.5 Other key variances against budget include:

- Net rental income reported a favourable variance of £1.9m against budget with lower void levels at 1.09% compared to a budget of 1.37% resulting in all RSLs and Lowther performing favourably to budget. Rental income is also benefitting from the earlier than budgeted completion of new build homes.
- Other grant income is £6.1m favourable and includes £0.8m of unbudgeted adaptations grant mainly in WH South and WH East (with corresponding higher costs in Investment spend) and unbudgeted grant of £5.1m from GCC for contribution towards demolition costs.
- Other income is £2.4m favourable with the main driver being the new service delivered by Wheatley Care at West Craigs, resulting in £1.0m additional income. Wheatley Foundation also benefited from £0.6m additional income from external funding and community benefits.
- Employee costs (direct and group services) are £0.4m unfavourable reflecting the additional direct employee costs due to changes in the budgeted structures in WH Glasgow and Wheatley Foundation.
- Running costs £0.7m favourable. The cost efficiencies and the timing of expenditure in direct running costs and across Wheatley Solutions are offset by additional costs in Wheatley Foundation, with the additional external funding for these reported in Other Income.
- The Board approved advance payments for the SHAPS deficit for Wheatley Care, WH East and Loretto for the total amount of £2.0m were paid in March 2026. The advanced payments in WH East and Loretto creates future financial capacity in the RSLs in 2026/27 and 2027/28 which was reflected in the recently approved financial projections.

4.6 Capital investment net spend is £6.2m higher than budget, the key drivers are:

- Net new build spend after taking account of grant claimed is £4.1m higher.
 - New build grant income is £23.8m higher than budget mainly due to grant availability and changes in the timing of the cash receipts enabling developments to start ahead of budget and grant to be claimed earlier.
 - New build spend is £27.9m higher than budget with this funded by the higher grant income claimed this financial year and claims made in the prior financial year. All projects are within the approved capital budget. Spend this year includes the accelerated spend in WH East at Charlesfield, Letham Mains, Winchburgh and Longniddry and accelerated spend at Loretto's Forfar Avenue, Dargavel North and Dargavel 3A.
- Net investment spend was £4.1m higher than budget driven by £2.6m of additional spend in voids, which is mainly attributable to Glasgow. This is slightly lower than the additional £2.9m reflected for void spend in the Q3 forecast out-turn. The level of spend is linked to properties being returned in poorer condition and requiring more extensive work. The joint working group with CBG established for repairs is also delivering agreed actions that are both short-term to control voids spend and longer-term service delivery changes that are addressing the drivers for increased costs.

Group Budget 2026/27

4.7 At our February 2026 meeting the Board was presented with the detailed five-year financial projections and commentary and agreed that the 2026/27 figures would form the basis of the 2026/27 annual budget which is presented in Appendix 1.

4.8 The budget is summarised in the table below:

| Group - £m | Actual 2025/26 Excluding Wheatley Care | Budget 2026/27 | Projections 2026/27 | Variance Bud v Proj |
|--------------------------------|--|-------------------|------------------------|------------------------|
| Turnover | 512.4 | 536.3 | 535.4 | 0.9 |
| Operating expenditure | (363.3) | (392.1) | (391.2) | (0.9) |
| Operating surplus | 149.1 | 144.2 | 144.2 | - |
| <i>Operating margin</i> | 29.1% | 26.9% | 26.9% | |
| SHAPS deficit payment | (1.7) | - | (2.0) | - |
| Net interest payable | (79.2) | (84.4) | (84.4) | - |
| Statutory surplus | 68.2 | 59.8 | 59.8 | - |
| Net Capital Expenditure | (161.0) | (194.0) | (194.0) | - |

4.9 The 2026/27 budget shows a net operating surplus of £144.2m, and a statutory surplus after interest costs of £59.8m, both in line with the financial projections approved in February 2026. The 2025/26 figures in the table above exclude Wheatley Care to show on a like-for-like basis with the 2026/27 budget.

4.10 The variation reported in turnover and operating expenditure relates to additional external grant income and associated spend in Wheatley Foundation confirmed after the Business Plan was approved. The income and spend relates to an additional £0.7m for the Way Ahead Contract within the Employability theme and an additional £0.2m for the No One Left Behind Contract within the Tackling Poverty & Social Inclusion theme.

4.11 City Building Glasgow is reported on a stand-alone basis and year 1 of their approved business plan forms the 2026/27 budget.

External economic environment

4.12 Ongoing conflict in the Middle East continues to create uncertainty in global markets and is likely to contribute to upward pressure on inflation and interest rates in the UK. Disruption to oil and gas supply routes has led to increased wholesale prices, raising the cost of fuel and energy.

4.13 These conditions increase the risk of interest rates, specific cost pressures and general inflation remaining higher for longer. The potential impacts for the Group include:

- Increased cost of borrowing – variable interest rates may increase in response to sustained inflationary pressures. Our long-term financial projections assume a prudent interest rate of 5%. For 2026/27, the budget assumption is 3.75% in line with the current base rate. Recent commentary from the Bank of England suggests a balanced approach to monetary policy; however in a downside scenario involving two increases of 0.25% (one at the end of Q1 and one at the end of Q2) interest costs would increase resulting in an estimated **£1.0m** adverse variance to budget in 2026/27. We have protection from short-term interest rate increases with over 80% of our debt on fixed term arrangements.
- Higher fuel costs - recent disruption to shipping routes in the Gulf has resulted in diesel prices increasing from an average of 145p per litre in 2025/26 to approximately 190p per litre in weeks 2 and 3 of April 2026, an increase of c31%. If this level were to persist throughout the financial year, we estimate an additional **£250k** in fleet running costs for NETs and East and South in-house repairs teams. [REDACTED]
- Higher energy prices – rising oil and gas costs continue to drive higher energy prices, with the price cap forecast to increase between 10-15% in July, following a reduction of 6.5% in April 2026. The medium-term outlook remains uncertain and further increases cannot be ruled out. Utilities are procured through the Scottish Government Framework, which operates on a forward-purchasing basis. As a result, 100% of the Group's 2026/27 energy requirements were secured and price-locked at the end of March 2026, mitigating exposure over the next 12 months. For 2027/28, 40% of requirements have also been secured. While there is no current year impact against budget, we will continue to engage with the Scottish Government procurement team and reflect emerging risks for 2027/28 in the next update to our financial projections.
- Increased inflationary pressures in development costs – Further inflation is likely in activities exposed to transport costs and construction materials using oil as a raw material. However, as experienced following the onset of the Ukraine conflict, contractors tendering new schemes may seek cost variation clauses for specific materials or fuel should the current conditions persist. We are actively engaging with contractors on upcoming tenders and retain the discipline of our internal rate of return (IRR) requirements. Start dates can be deferred if required; while new build development remains a strategic priority, timing variations for new projects are broadly neutral to our overall financial projections. Existing development contracts are agreed on a fixed-price basis, mitigating risk to an extent on active sites, however this is dependent on the ability of contractors to absorb cost increases and remain financially able to deliver the project. We engagement regularly with all contractors and have a risk-based framework under which we monitor financial standing. We will continue to monitor the situation to gain early sight of any potential concerns and associated mitigation actions that could be taken.

- Cost of living for tenants – higher energy and general inflation will place additional pressure on household budgets. We will continue to monitor and offer targeted support to tenants most affected.

4.14 The situation in the Middle East is highly volatile and the duration and severity of the financial impact on the business is unclear. We will continue to monitor any financial and operational impact through Q1 and reflect these in the full year out-turn following the first three months of trading. Contingency has been built into the 2026/27 budget, most notably in assumptions relating to letting performance and bad debt provision. The Group also retains a high level of financial resilience with approximately £9m of headroom against the Trading Cash Golden Rule, over £67m of headroom against the interest cover covenant, £510m of undrawn funding and £260m of headroom against the debt per unit covenant.

2025/26 Key financial metrics – interest cover and debt per unit

4.15 Loan covenants are monitored monthly out-with the required quarterly submission of calculations and Board-approved management accounts of the RSL Borrower Group to funders. All loan covenants with respect to the RSL Borrower Group and WFL2 were met as at 31 March 2026. Covenant measures are draft and are subject to final audit.

4.16 In line with the approval from this Board in February 2026, advanced payments of 2026/27 and 2027/28 SHAPS pension deficit contributions in WH East and Loretto and donations to the Wheatley Foundation from the Group's RSLs were made in March 2026. This utilised capacity within our trading cash cover and we agreed a lower Trading Cash cover forecast of 105% below our Golden Rule policy parameters of 110% but remaining within the interest cover covenant Golden Rule policy limits.

4.17



4.18 Net debt finished the year at £1,693m, which was broadly in line with the financial projections. This equated to a debt per unit of £26,748.

Five Year Financial Projections

4.19 The Five-Year Financial Projections is a web-based return designed by the Scottish Housing Regulator to collect the financial projections and related information of all RSLs in Scotland in a standard format. The information provided is used to calculate a number of financial ratios and is used by the SHR as part of its annual review of the financial viability of RSLs and in making decisions on the level of engagement. It is also used to allow emerging trends, patterns and issues to be identified and considered across the sector.

- 4.20 The return for Wheatley Housing Group Limited contains only direct income and costs of the parent company itself, such as Board member payments and audit fees. The financial projections of our RSL operating subsidiaries will be approved by each RSL board and will be submitted separately.
- 4.21 The SHR require covenant information to be included in the return and for the Wheatley Group have asked that this information is provided for the RSL Borrower Group in the Wheatley Group return, an approach that is similar to the Loan Portfolio Submission and in line with last year's submission. At other points in the year we submit our whole Group long term financial projections i.e. our 30 year business plan which was presented to the February Board and the annual accounts which will be presented to the August Board meeting.
- 4.22 The summary sheet and accompanying financial data and five-year projections to be submitted to the regulator are attached at Appendix 3. The Board are requested to consider and approve these financial projections. Once approved, these will be submitted to the Scottish Housing Regulator. The deadline for the submission of the Five-Year Financial Projections is 31 May.

5. Customer Engagement

- 5.1 This report relates to our financial reporting and there are no direct customer implications arising from this report.

6. Environmental and sustainability implications

- 6.1 There are no environmental or sustainability implications arising from this report.

7. Digital transformation alignment

- 7.1 There are no digital transformation alignment implications arising from this report.

8. Financial and value for money implications

- 8.1 As noted above.

9. Legal, regulatory and charitable implications

- 9.1 As noted above.

10. Risk Appetite and assessment

- 10.1 The Board's agreed risk appetite for business planning and budgeting assumptions is "open". This level of risk tolerance is defined as "prepared to invest for reward and minimise the possibility of financial loss by managing the risks to a tolerable level".
- 10.2 Delivery of financial results within approved budgetary limits is a key element in delivering our strategy and maintaining the confidence of investors.

11. Equalities implications

11.1 There are no equalities implications arising from this report.

12. Key issues and conclusions

12.1 This paper reports a strong financial performance position for the year to 31 March 2026 with a Group statutory surplus £19.9m higher than budget driven by the early recognition of £8.5m of new build grant and additional grant income received from Glasgow City Council towards demolition works.

12.2 Operationally, income and expenditure have been managed within the overall budgetary envelope. Higher repairs and maintenance costs arose from an increase in job volumes and a higher proportion of more complex and costly jobs. A set of actions to manage the drivers of the higher average repairs spend have been implemented, led senior staff across Wheatley and CBG and overseen by the Executive Team. Higher employee costs reflect approved changes in staffing structures, including the establishment of in-house teams to deliver elements of our neighbourhood improvement programme.

12.3 Advance SHAPS deficit payments have been made as previously approved. We have continued to comfortably meet all banking covenants, and have delivered a Trading Cash Golden Rule of 108%.

12.4 The ongoing conflict in the Middle East presents a risk of sustained higher energy costs, inflation and interest rates through 2026/27. The duration and severity of the current situation remains unclear, however we will continue to monitor the impact on the business closely with expectations for the full-year financial out-turn refreshed and reported at the end of Q1. Through the use of prudent budget assumptions we can absorb higher fuel and utility costs within the parameters of the 2026/27 budget. We retain a high level of financial resilience with approximately £9m of headroom against the Trading Cash Golden Rule, over £67m of headroom against the interest cover covenant and £260m of headroom against the debt per unit covenant supported by £510m of liquidity.

13. Recommendations

13.1 The Board is requested to:

- 1) note the financial performance for the Group to 31 March 2026
- 2) approve the RSL Borrower Group accounts at Appendix 2 for submission to the Group's lenders;
- 3) approve the Group budget for 2026/27;
- 4) note the update on external economic conditions; and
- 5) approve the summary sheet and accompanying financial data and projections at Appendix 3; authorise these to be submitted to the Scottish Housing Regulator; and delegate authority to the Group Director of Finance to approve any factual data updates that are required in advance of the submission.

Appendices:

- 1: Wheatley Group Finance Report to 31 March 2026 and 2026/27 Budget
- 2: RSL Borrower Group Finance Report to 31 March 2026
3. SHR Five Year Financial Projections Return

Appendix 1: Wheatley Group Financial Report To March 2026 (Period 12)

| | | |
|----|--|-----|
| 1. | Income & Expenditure | |
| | a) Year-to-Date results | 2-3 |
| 2. | RSL Borrower Group | |
| | a-g) Year-to-Date results | |
| | 4-12 | |
| 3. | Summary of RSL operating costs and margin v budget | 13 |
| █ | █ | |
| █ | █ | █ |
| █ | █ | █ |
| █ | █ | █ |
| 8. | Wheatley Group consolidated Balance Sheet | 20 |
| 9. | Wheatley Group Budget 2026/27 | 21 |

1a) Wheatley Group – Year to 31 March 2026

| | Year to 31 March 2026 | | |
|------------------------------|-----------------------|-----------------|-------------------|
| | Actual £'000 | Budget £'000 | Variance £'000 |
| INCOME | | | |
| Net Rental Income | 384,224 | 382,279 | 1,945 |
| Grant income New Build | 89,339 | 80,845 | 8,494 |
| Grant income Other | 11,205 | 5,114 | 6,091 |
| Other Income | 46,315 | 43,965 | 2,350 |
| Total Income | 531,083 | 512,203 | 18,880 |
| EXPENDITURE | | | |
| Employee Costs | 100,219 | 99,863 | (355) |
| ER/VR | 1,414 | 1,025 | (389) |
| Running Costs | 52,741 | 53,446 | 705 |
| Repairs & Maintenance | 99,413 | 98,778 | (635) |
| Bad debts | 2,816 | 5,336 | 2,520 |
| Depreciation | 124,714 | 124,714 | - |
| Demolition Programme | 4 | - | (4) |
| Total Expenditure | 381,320 | 383,162 | 1,842 |
| NET OPERATING SURPLUS | 149,763 | 129,041 | 20,722 |
| | 28.2% | 25.2% | |
| SHAPS deficit payment | (1,960) | - | (1,960) |
| Net interest payable | (79,210) | (80,301) | 1,091 |
| STATUTORY SURPLUS | 68,593 | 48,740 | 19,853 |

Key highlights:

Statutory surplus of £68,593k is reported, £19,853k favourable compared to budget with additional grant income of £8,494k recognised on the early handover of completed units contributing to the favourable position. Excluding new build grant income, a strong letting performance in the year has delivered additional net rental income, reduced rent void losses and a favourable bad debt position compared to budget that has helped accommodate the additional repair costs incurred in the year.

- Within net rental income £875k has been generated from both new build units completing ahead of schedule and higher Lowther rents at re-let (not budgeted). In addition, rent loss on voids is £1,070k favourable with voids at 1.09% compared to the budgeted 1.37%.
- Grant income recognised is £8,494k favourable to budget due to the earlier than budgeted completion of units in the YTD. Overall, 656 units have completed compared to the budgeted 601 units.
- Other grant income includes £780k of unbudgeted adaptations grant mainly in WH South and WH East (with corresponding higher costs in Investment spend) and unbudgeted grant of £5,147k from GCC for contribution to cover the costs demolition works. Additional renewable heat incentive grant funding has also been received in WH South.
- Other income is £2,350k favourable to budget with Local Authority income in Wheatley Care, which includes the new West Craigs service, contributing £973k of unbudgeted income. Additional external funding of £404k and community benefits income of £155k was received in the Foundation and higher income from commercial rent from masts and from solar panels in WH Glasgow in WH Glasgow is also contributing to the variance.
- Employee costs (direct and group services) reflect the additional direct employee costs in WH Glasgow and Foundation due to changes in the budgeted structure and in WH East and WH South with additional costs to cover staff absences. Additional staff costs are also reported within Wheatley Care linked to the unbudgeted West Craig service awarded in the year and funded by contract income.
- Running costs (direct and group services) are £705k favourable. Within direct running costs, the RSLs are reporting a favourable position to budget offset by the additional costs in Wheatley Foundation that is matched with additional external funding in Other Income. Within Wheatley Solutions costs are £610k favourable with several departments reporting lower costs.
- Revenue repairs and maintenance includes higher spend reported in responsive repairs of £2,865k of which there is an additional spend of £2,626k in Glasgow linked to a targeted reduction in the number of live responsive repair jobs since the start of the financial year and an increase in the jobs completed in the period to March compared to last year, resulting in an additional 7,900 jobs. Across the Group cyclical and compliance spend is £2,230k favourable to budget mainly due to the reprofiling of cyclical works, savings on communal utilities costs and the cost of compliance related gas repairs being lower than budgeted. A joint working group with CBG has been established and is delivering agreed actions that are both short term to control repairs spend and implement longer-term service delivery changes to address the drivers for increased costs and demand. It is reporting to the WHG Executive team.
- Bad debts are £2,520k favourable to budget. A prudent approach is taken when setting the budget.
- As approved by the Board in December 2025, financial capacity within the 2025/26 results was used to make advanced SHAPS deficit contributions of £1,725k. In addition, the Wheatley Care Board approved the payment of £235k advanced SHAPS deficit contributions.

Net Interest payable is £1,091k favourable to budget linked to the timing of loan drawdowns, lower variable rate payable and additional interest received in WFL1, WH South and the Foundation than budgeted.

1a) Wheatley Group – Year to 31 March 2026

| Capital Investment | Year to 31 March 2026 | | |
|---|-----------------------|-----------------|-------------------|
| | Actual £'000 | Budget £'000 | Variance £'000 |
| CORE PROGRAMME | | | |
| SHNZ | 0 | 0 | 0 |
| Empty Homes | 245 | 270 | (25) |
| Adaptations | 3,234 | 2,454 | 780 |
| Other Capital grants | 42 | 0 | 42 |
| Grant Income | 3,521 | 2,724 | 797 |
| Core Investment Programme | 60,651 | 59,727 | (924) |
| SHNZ | 0 | 0 | 0 |
| Empty Homes | 567 | 468 | (99) |
| Adaptations | 3,910 | 3,768 | (142) |
| Voids | 19,320 | 16,689 | (2,631) |
| Capitalised Repairs | 12,737 | 11,621 | (1,116) |
| Total Core Investment | 97,185 | 92,273 | (4,912) |
| NET CORE INVESTMENT SPEND | 93,664 | 89,549 | (4,115) |
| NEW BUILD | | | |
| New Build Grant Income Received | 107,446 | 83,695 | 23,751 |
| New Build investment | 164,772 | 136,885 | (27,887) |
| NET NEW BUILD INVESTMENT SPEND | 57,326 | 53,190 | (4,136) |
| OTHER FIXED ASSET INVESTMENT SPEND | 10,045 | 12,034 | 1,989 |
| TOTAL NET CAPITAL INVESTMENT SPEND | 161,035 | 154,773 | (6,262) |

Key highlights:

Within net core investment in tenants' homes spend is £4,115k higher than budget.

- The core investment programme, with a spend of £60,651k, was £924k unfavourable to budget with tenant commitments were delivered by the end of the financial year, with extra capacity provided by higher adaptations grant releasing funding for other improvements.
- The additional void spend is mainly attributable to Glasgow where spend was £2,432k higher than budget. Higher spend is linked a number of voids requiring more extensive work. The joint working group established with CBG will deliver agreed actions that are both short term to monitor voids spend and longer-term service delivery changes, it reports to the WHG Executive team.
- Capitalised repairs includes additional spend of £378k in WH Glasgow, linked to Healthy Homes related spend, and in WH East which includes remedial works for three fires totalling £180k and £193k of spend on larger damp and mould remediation works. There was also higher spend in WH South in line with increased demand. We have reinforced the repair not renew message and we saw a slow down in spend from P9 across the RSLs.
- Adaptation spend is mainly grant funded with higher funding secured this year. Both WH Glasgow and Loretto have fully utilised the grant with spend.

Net new build:

- New build grant income received is £23,751k higher than budget. Within WH Glasgow, grant income is £3,451k lower than budget and includes grant of £10,117k being received early in 2024/25 for North Toryglen and Shawbridge Arcade, both front funded projects. In the year, grant income has been impacted by timing most notably the delayed starts at Abbotshall Ave and Cook St. Within WH East, new build grants received are £19,307k higher than budget due to receipt of grant claims at sites including Deans South Ph2, Charlesfield Road, Letham Mains and Winchburgh being ahead of budget in line with the grant availability. Within Loretto, new build grants received are £7,799k higher than budget due to the timing of claims for Bank street, accelerated claims at Forfar Avenue and at Dargavel 3A due to an earlier than budgeted start on site. In Lowther grant income for Bellgrove is £492k higher than budget due to timing of grant claims in 2024/25 compared to the budgeted profile.
- New build spend is £27,887k ahead of budget and includes the accelerated spend of £22,042k in WH East at sites including Letham Mains, Charlesfield Road, Winchburgh and Longniddry. Within Loretto spend is £6,909k higher than budget at sites including Forfar Avenue, Dargavel North and Dargavel 3A which had an earlier start date linked to the availability of grant funding. This accelerated spend is partly offset by WH Glasgow where spend was £3,661k lower than budget, mainly due to the delayed starts at Abbotshall Ave, Cook St and South Annandale and higher spend in the previous year at Shawbridge Arcade. New Build spend in Lowther also includes accelerated spend of £1,127k at Bellgrove with units expected to complete ahead of schedule in May 2026.
- Other fixed assets investment expenditure reflects the timing of spend on corporate estate and IT capital projects.

Wheatley Group Financial Report To March 2026 (Period 12)

RSL Borrower Group

2a) RSL Borrower Group – Year to 31 March 2026

| | Year to 31 March 2026 | | |
|----------------------------------|-----------------------|-----------------|-------------------|
| | Actual £'000 | Budget £'000 | Variance £'000 |
| INCOME | | | |
| Net Rental Income | 358,645 | 357,255 | 1,390 |
| Grant income New Build | 88,415 | 78,861 | 9,554 |
| Grant income Other | 11,205 | 5,114 | 6,091 |
| Other Income | 17,764 | 16,806 | 957 |
| Total Income | 476,029 | 458,036 | 17,992 |
| EXPENDITURE | | | |
| Employee Costs | 71,959 | 71,747 | (212) |
| ER/VR | 1,193 | 1,025 | (168) |
| Running Costs | 37,332 | 39,811 | 2,479 |
| Repairs & Maintenance | 91,569 | 91,069 | (500) |
| Bad debts | 2,455 | 4,781 | 2,326 |
| Depreciation | 124,714 | 124,714 | - |
| Demolition Programme | 4 | - | (4) |
| Total Expenditure | 329,227 | 333,148 | 3,921 |
| NET OPERATING SURPLUS | 146,802 | 124,888 | 21,914 |
| | 30.8% | 27.3% | |
| Donations to Wheatley Foundation | (4,157) | 0 | (4,157) |
| SHAPS deficit payment | (1,725) | - | (1,725) |
| Net interest payable | (76,565) | (77,400) | 835 |
| STATUTORY SURPLUS | 64,355 | 47,488 | 16,867 |

Key highlights:

The financial performance of the RSL Borrower Group reflect similar drivers to those reported for the full Group. A statutory surplus of £64,355k is reported, £16,867k favourable compared to budget with additional grant income of £9,554k recognised on the early handover of completed units. Excluding new build grant income, additional net rental income reported from the early handovers, reduced rent void losses and a favourable bad debt position all reflect the strong letting performance and helps to accommodate the additional repair costs incurred in the year.

- Net rental income is £1,390k favourable to budget. Gross rental income is £601k favourable, due to the earlier than budgeted handovers in WH East where 377 units have completed v budgeted 339 units, in Loretto where 61 units have completed v budgeted 85 units with 24 units at East Lane completing early in 2024/25. In Glasgow 186 units have completed v budgeted 128 units and in WH South 20 units completed at Johnstonebridge v 33 units budgeted. In addition, rent loss on voids is £789k favourable with voids at 1.09% compared to the budgeted 1.31%.
- Grant income recognised is £9,554k favourable to budget due to the earlier than budgeted completion of units in the YTD. Overall, 644 units have completed compared to the budgeted 585 units, with a further 24 units at East Lane completing early in 2024/25.
- Other grant income includes £780k of unbudgeted adaptations grant mainly in WH South and WH East (with corresponding higher costs in Investment spend) and unbudgeted grant of £5,147k from GCC for contribution towards demolition costs. Additional renewable heat incentive grant funding has also been received in WH South.
- Other income is £957k higher than budget, with higher than budgeted MMR rental income in line with the timing of new build completions and rent uplifts on MMR relets, and higher income from commercial rent from masts and from solar panels in WH Glasgow, due to good weather.
- Employee costs (direct and group services) are £212k unfavourable to budget. The variance relates to changes in the budgeted structure within WH Glasgow in Housing, NETs team and My Repairs with a new in-house neighbourhood improvement team established during the year. WH East and WH South also had additional costs in the year to cover staff absences.
- Running costs (direct and group services) are £2,479k favourable. Within direct running costs all RSLs are reporting a favourable position to budget due to £1,520k donations to Wheatley Foundation paid earlier than budgeted in March 2025 and cost efficiencies across other expenditure lines. Group services running costs are £525k favourable to budget due to cost efficiencies and the timing of spend across several departments in Wheatley Solutions including The Academy, IT and Finance.
- Revenue repairs and maintenance includes higher spend reported in responsive repairs of £2,732k of which there is an additional YTD spend of £2,626k in Glasgow linked to a targeted reduction in the number of live responsive repair jobs since the start of the financial year and an increase in the jobs completed in the year to March compared to last year, resulting in an additional 7,900 jobs completed. Across the RSL Group cyclical and compliance spend is £2,232k favourable to budget mainly due to the reprofiling of cyclical works, savings on communal utilities of c£600k in WH Glasgow and the cost of compliance related gas repairs being lower than budgeted.
- Bad debts are £2,326k favourable to budget. A prudent approach is taken when setting the budget.
- As approved by the Board in December 2025, financial capacity within the 2025/26 results was used to make advanced SHAPS deficit contributions of £1,725k and donations of £4,157k to the Wheatley Foundation from the Group RSLs.

Net Interest payable is £835k favourable to budget linked to the timing of loan drawdowns, lower variable rate payable and additional interest received in WFL1 and WH South than budgeted.

2a) RSL Borrower Group – Year to 31 March 2026

Key highlights:

Within net core investment in tenants' homes spend is £4,058k higher than budget:

- The core investment programme, with a spend of £59,527k, was £1,150k unfavourable to budget. All tenant commitments were delivered by the end of the financial year. Higher adaptations grants freed up additional financial capacity which was used to deliver more in improvements to tenants' homes.
- The additional void spend is mainly attributable to Glasgow where spend was £2,432k higher than budget. Higher spend is linked a number of voids requiring more extensive work. The joint working group established with CBG will deliver agreed actions that are both short term to monitor voids spend and longer-term service delivery changes, it reports to the WHG Executive team.
- Capitalised repairs includes additional spend of £378k in WH Glasgow, linked to Healthy Homes related spend, and in WH East which includes remedial works for three fires totalling £180k and £193k of spend on larger damp and mould remediation works. We have reinforced the repair not renew message and we saw a slow down in spend from P9 across the RSLs.
- Adaptation spend is mainly grant funded with higher funding secured this year. Both WH Glasgow and Loretto have fully utilised the grant with spend.

Net new build:

- New build grant income received is £23,257k higher than budget. Within WH Glasgow, grant income is £3,451k lower than budget and includes grant of £10,117k being received in 2024/25 for North Toryglen and Shawbridge Arcade, both front funded projects with grant budgeted to be received in 2025/26. In the year, grant income has been impacted by the delayed starts at Abbotshall Ave and Cook St which is partly offset by the Albion St and Sighthill Ph3 site starts being brought forward, as well as additional grant income from GCC for Kelvin Wynd. Within WH East, new build grants received are £19,307k more than budget due to receipt of grant claims at sites including Deans South Ph2, Charlesfield Road, Letham Mains and Winchburgh being ahead of budget in line with the grant availability. Within Loretto, new build grants received are £7,799k more than budget due to the timing of claims for Bank street, accelerated claims at Forfar Avenue and at Dargavel 3A due to an earlier than budgeted start on site.
- New build spend is £26,964k ahead of budget and includes the accelerated spend of £22,042k in WH East due to the reprofiling and acceleration of spend at sites including Letham Mains, Charlesfield Road, Winchburgh and Longniddry. Within Loretto spend is £6,909k higher than budget at sites including Forfar Avenue, Dargavel North and Dargavel 3A which had an earlier start date linked to the availability of grant funding. This accelerated spend is partly offset by WH Glasgow where spend was £3,661k lower than budget, mainly due to the delayed starts at Abbotshall Ave, Cook St and South Annandale and higher spend in the previous year at Shawbridge Arcade. This is partly offset by the early start of the Albion Street development following GCC grant availability in 2025/26.
- Other fixed assets investment expenditure reflects the timing of spend on corporate estate and IT capital projects.

| Capital Investment | Year to 31 March 2026 | | |
|-------------------------------------|-----------------------|-----------------|-------------------|
| | Actual £'000 | Budget £'000 | Variance £'000 |
| CORE PROGRAMME | | | |
| SHNZ | 0 | 0 | 0 |
| Empty Homes | 245 | 270 | (25) |
| Adaptations | 3,234 | 2,454 | 780 |
| Other Capital grants | 42 | 0 | 42 |
| Grant Income | 3,521 | 2,724 | 797 |
| Core Investment Programme | 59,527 | 58,377 | (1,150) |
| SHNZ | 0 | 0 | 0 |
| Empty Homes | 567 | 468 | (99) |
| Adaptations | 3,910 | 3,768 | (142) |
| Voids | 18,746 | 16,368 | (2,378) |
| Capitalised Repairs | 12,603 | 11,517 | (1,086) |
| Total Core Investment | 95,353 | 90,498 | (4,855) |
| NET CORE INVESTMENT | 91,832 | 87,774 | (4,058) |
| NEW BUILD | | | |
| New Build Grant Income Received | 98,938 | 75,681 | 23,257 |
| New Build investment | 152,900 | 125,936 | (26,964) |
| NET NEW BUILD INVESTMENT | 53,962 | 50,255 | (3,707) |
| OTHER FIXED ASSET INVESTMENT | 9,805 | 11,855 | 2,050 |
| TOTAL NET CAPITAL INVESTMENT | 155,599 | 149,884 | (5,715) |

2b) RSL Borrower Group underlying surplus – Year to 31 March 2026

The Wheatley Group and RSL Borrower Group operating Statement (Income and Expenditure Account) are prepared in accordance with the requirements of accounting standards (Financial Reporting Standard 102 and the social housing Statement of Recommended Practice 2018).

However, the inclusion of grant income on new build developments creates volatility in the results and does not reflect the underlying cash surplus/deficit on our letting activity.

The table below therefore shows a measure of underlying surplus in the RSL Borrower Group which adjusts our net operating surplus by excluding the accounting adjustments for the recognition of grant income and depreciation but including capital expenditure on our existing properties.

An underlying surplus of £10,136k (before agreed one off items) has been reported for the year to 31 March 2026. The favourable variance of £3,242k to budget reflects the strong letting performance generating additional net rental income and reduced bad debts, and reduced loan interest due to a lower than assumed variable lending rate. This offsets the impact of the increased job numbers and cost of repairs and voids in the year to 31 March 2026.

As approved by the Board in December 2025, a portion of the available financial capacity has been used to make advanced donations to Wheatley Foundation and the advance payment of an element of the SHAPS pension deficit payments. This increases financial capacity in the RSLs in 2026/27 and 2027/28. The advanced payments have been managed within the covenants for the RSL Borrowers.

| Borrower Group Underlying Surplus | | | |
|--|---------------|---------------|-----------------|
| | Actual £ks | Budget £ks | Variance £ks |
| Net Operating Surplus | 146,802 | 124,888 | 21,914 |
| add back: | | | |
| Depreciation | 124,714 | 124,714 | 0 |
| less: | | | |
| Grant Income | (94,319) | (79,618) | (14,701) |
| Net interest payable | (76,565) | (77,400) | 835 |
| Total Core investment | (90,496) | (85,690) | (4,806) |
| Underlying surplus | 10,136 | 6,894 | 3,242 |
| Donations to Wheatley Foundation | (4,157) | | |
| SHAPS deficit payment | (1,725) | | |
| Reported Underlying surplus | 4,254 | | |

1b) Wheatley Homes Glasgow – Year to 31 March 2026

| | Year To March 2026 | | |
|--|--------------------|----------------|-----------------|
| | Actual £ks | Budget £ks | Variance £ks |
| INCOME | | | |
| Rental Income | 241,719 | 241,420 | 299 |
| Void Losses | (2,676) | (3,034) | 358 |
| Net Rental Income | 239,043 | 238,386 | 657 |
| Grant Income New Build | 36,744 | 25,685 | 11,059 |
| Grant Income Other | 7,939 | 2,863 | 5,076 |
| Other Income | 15,007 | 14,913 | 94 |
| Total Income | 298,733 | 281,847 | 16,886 |
| EXPENDITURE | | | |
| Employee Costs - Direct | 37,992 | 37,846 | (146) |
| Employee Costs - Group Services | 15,381 | 15,388 | 7 |
| ER / VR | 1,088 | 1,025 | 63 |
| Direct Running Costs | 15,313 | 16,402 | 1,089 |
| Running Costs - Group Services | 8,573 | 8,942 | 369 |
| Revenue Repairs and Maintenance | 65,583 | 64,808 | (775) |
| Bad debts | 1,518 | 2,907 | 1,389 |
| Depreciation | 83,576 | 83,576 | 0 |
| TOTAL EXPENDITURE | 229,024 | 230,894 | 1,870 |
| NET OPERATING SURPLUS / (DEFICIT) | 69,709 | 50,953 | 18,756 |
| <i>Net operating margin</i> | 23.3% | 18.1% | 5.3% |
| Net Interest Payable | (54,245) | (54,695) | 450 |
| Advance Donations to Wheatley Foundation | (1,773) | 0 | (1,773) |
| STATUTORY SURPLUS / (DEFICIT) | 13,691 | (3,742) | 17,433 |

| | Year To March 2026 | | |
|--|--------------------|----------------|-----------------|
| | Actual £ks | Budget £ks | Variance £ks |
| INVESTMENT | | | |
| Total Capital Investment Income | 42,862 | 46,313 | (3,451) |
| Investment Programme | 64,402 | 62,937 | (1,465) |
| New Build Programme | 58,544 | 62,305 | 3,661 |
| Other Capital Expenditure | 6,426 | 8,625 | 2,199 |
| TOTAL CAPITAL EXPENDITURE | 129,472 | 133,867 | 4,395 |
| NET CAPITAL EXPENDITURE | 86,610 | 87,554 | 944 |

Key highlights:

The financial results report a statutory surplus of £13,691k for the year, £17,433k favourable to budget. The financial performance reflects early completion of new build units and related grant recognition, the strong letting performance and overall favourable expenditure position to budget.

- Net rental income is £657k favourable to budget, mainly related to lower than budgeted voids at 1.11% for the year compared to the budgeted rate of 1.26%. In addition, we have benefitted from the early completion of 65SR units at Calton, inclusive of the tenure change of 25 units from MMR to SR.
- Grant income recognised is £11,059k favourable to budget. 186 new properties have completed in the year compared to 128 budgeted for 2025/26. In addition, grant income of £4,422k is included for 40 property acquisitions.
- Grant income other includes unbudgeted grant of £5,147k from GCC for contribution towards demolition costs and two unbudgeted grants 1) grant from GCC to cover the costs of customers downsizing and 2) grant from Cycling Scotland for the installation of bike storage infrastructure.
- Other income is £94k higher than budget due to higher MMR rental income generated from the early new build completions in the year and additional commercial rent generated from masts. This is partly offset by a reduction of £610k to the budgeted intra group gift aid from Wheatley Developments Scotland, linked to lower new build spend through WDS.
- Total employee costs (direct and group services) are £139k unfavourable to budget. The variance relates to changes in the budgeted structure within the Housing, NETs team and My Repairs.
- Total running costs (direct and group services) are £1,458k favourable to budget. Within direct running costs there are savings recognised in property and general office running costs and the budgeted donation of £887k to Wheatley Foundation being paid in 2024/25. Group services running costs are £369k favourable to budget due to several departments reporting lower costs across Wheatley Solutions.
- Revenue repairs and maintenance spend is £775k unfavourable to budget. Responsive repairs are £2,626k higher than budget, linked to higher average spend and an increase of almost 8,000 in completed job numbers. Higher responsive spend is partly offset by savings on cyclical of £408k (linked to re-profiling) and the balance due to lower utility costs, lower gas planned maintenance costs (with the works up to date) and lower spend across several compliance programmes. The joint working group with CBG is continuing to deliver agreed actions that are both short term to control repairs spend and put in place longer-term service delivery changes to address the drivers for increased costs and demand.
- An advance donation was made in March 2026 to the Wheatley Foundation of £1,773k. This will be utilised in future years to provide additional support for our customers.
- Net interest payable is £450k favourable to budget due to the lower variable interest rate payable than assumed

Net capital expenditure of £86,610k is £944k lower than budget, mainly due to lower other capital expenditure.

- Capital investment income is £3,451k lower than budget driven by grant of £10,117k being received early in March 2025 for North Toryglen and Shawbridge Arcade, both front funded projects with grant budgeted to be received in 2025/26. In the year, grant income has been impacted by the delayed starts at Abbotshall Ave and Cook St which is partly offset by the Albion St and Sighthill Ph3 site starts being brought forward, as well as additional grant income from GCC for Kelvin Wynd.
- Investment spend is £1,465k higher than budget, with higher void spend due to an increase in the number of higher specification voids and a higher level of capitalised repairs. All commitments made to tenants on planned improvements to their homes have been met.
- New build spend is £3,661k lower than budget, mainly due to the delayed starts at Abbotshall Ave, Cook St and South Annandale and higher spend in the previous year at Shawbridge Arcade. This is partly offset by the early start of the Albion Street development following GCC grant availability in 2025/26 and the timing of spend at Calton Ph2, North Toryglen and Sighthill Ph3.
- Other capital expenditure is £2,199k lower than budget related to the re-profiling of office premises spend.

2d) Loretto Housing – Year to 31 March 2026

| | Year To 31 March 2026 | | |
|--|-----------------------|---------------|----------------|
| | Actual £k | Budget £k | Variance £k |
| INCOME | | | |
| Rental Income | 18,755 | 18,652 | 103 |
| Void Losses | (371) | (422) | 51 |
| Net Rental Income | 18,384 | 18,230 | 154 |
| Grant Income New Build | 6,928 | 9,922 | (2,994) |
| Grant Income Other | 90 | 120 | (30) |
| Other Income | 455 | 351 | 104 |
| Total Income | 25,857 | 28,623 | (2,766) |
| EXPENDITURE | | | |
| Employee Costs - Direct | 1,545 | 1,548 | 3 |
| Employee Costs - Group Services | 1,014 | 1,015 | 1 |
| ER / VR | 0 | 0 | 0 |
| Direct Running Costs | 1,852 | 2,079 | 227 |
| Running Costs - Group Services | 581 | 606 | 25 |
| Revenue Repairs and Maintenance | 4,513 | 4,969 | 456 |
| Bad debts | 133 | 266 | 133 |
| Depreciation | 7,807 | 7,807 | 0 |
| TOTAL EXPENDITURE | 17,445 | 18,290 | 845 |
| OPERATING SURPLUS / (DEFICIT) | 8,412 | 10,333 | (1,921) |
| <i>Net operating margin</i> | <i>32.5%</i> | <i>36.1%</i> | <i>-3.6%</i> |
| Net Interest Payable | (4,044) | (4,185) | 141 |
| Advance Donations to Wheatley Foundation | (332) | 0 | (332) |
| Advance SHAPS deficit contribution | (962) | 0 | (962) |
| STATUTORY SURPLUS / (DEFICIT) | 3,074 | 6,148 | (3,074) |

| | Year To 31 March 2026 | | |
|--|-----------------------|---------------|----------------|
| | Actual £k | Budget £k | Variance £k |
| INVESTMENT | | | |
| Total Capital Investment Income | 9,618 | 1,885 | 7,733 |
| Investment Programme | 4,545 | 4,497 | (48) |
| New Build Programme | 13,446 | 6,537 | (6,909) |
| Other Capital Expenditure | 335 | 302 | (33) |
| TOTAL CAPITAL EXPENDITURE | 18,326 | 11,336 | (6,990) |
| NET CAPITAL EXPENDITURE | 8,708 | 9,451 | 743 |

Key highlights:

The financial results report a statutory surplus for the year of £3,074k, £3,074k unfavourable to budget. The variance is due to lower grant income in the year following the completion of 24 units at East Lane in March 2025 and the unbudgeted advance donation payment to Wheatley Foundation and early payment of SHAPS deficit contributions. Trading performance remained strong with improved letting performance and an overall favourable expenditure position to budget.

- Net rental income is £154k favourable to budget with early completions at East Lane and South Crosshill contributing to the variance. In addition, void losses are 1.98% compared to the budgeted 2.26%.
- Grant income for new build is £2,994k unfavourable due to the early completion of East Lane in March 2025.
- Other Grant Income is £30k unfavourable to budget due to medial adaptation grant awarded being lower than the budgeted amount. This is partly offset with the receipt of unbudgeted grant income from Cycling Scotland to install bike shelter infrastructure.
- Other income reflects higher intra group gift aid from WDS (corresponding costs in new build investment).
- Total running costs (direct and group services) are £252k favourable to budget. Within direct running costs there are cost savings recognised in direct costs, including council tax on voids, office utilities and landlord services and the budgeted donation of £87k to Wheatley Foundation being paid in 2024/25. Group services running costs are £25k favourable to budget due to several departments reporting lower costs across Wheatley Solutions.
- Revenue repairs and maintenance are £456k favourable to budget. Responsive repairs are £59k favourable due to an overall lower average repair cost compared to budget. Compliance spend is £281k favourable to budget due to savings across various lines, including utilities, water management and M & E planned works in addition to a saving on cyclical of £116k due to the programme being re-profiled.
- An advance donation was made in March 2026 to the Wheatley Foundation of £332k. This will be utilised in future years to provide additional support for our customers. In addition, an advanced payment equivalent to two years of SHAPS deficit payments was made in March 2026 which attracted a discount of £57k.
- Net Interest payable is £141k lower than budget, due to the timing of drawdowns and a reduced interest rate compared to the budget.

Net capital expenditure of £8,708k is £743k lower than budget.

- Capital investment income is £7,733k higher than budget due to the timing of claims for Bank Street, accelerated claims at Forfar Avenue, Dargavel North, and Dargavel 3A due to the earlier than budgeted start.
- Investment programme spend is £48k higher than budget, with higher spend on capitalised repairs, linked to higher completed jobs. Within the core programme, all tenant commitments for the year have been met.
- New build spend is £6,909k higher than budget due to spend at Bank Street, Forfar Avenue which has started onsite ahead of the budgeted date and an earlier start date at Dargavel North and Dargavel 3A, linked to the availability of grant funding. This overspend is partly offset by the timing of spend at South Crosshill where there was accelerated spend in 2024/25.

1d) Wheatley Homes East – Year to 31 March 2026

Key highlights:

The financial results report a statutory surplus for the year of £40,033k, £3,341k favourable to budget. The variance is due to the timing of grant income recognised on the handover of new build completions compared to the budgeted profile. Rental and other income received from early completions during the year is helping to offset the additional repairs costs in the year.

- Gross rental income is £110k favourable to budget reflecting additional rental income from the new build completions. Void losses are £81k favourable to budget with voids losses of 1.28% vs budget of 1.45%.
- Grant income recognised is £3,948k favourable to budget. 377 properties have completed to date with 339 budgeted.
- Other grant income includes adaptation grant £72k ahead of budget due to increased funding approved for the year, with additional costs reported in Investment spend.
- Other income is £1,007k favourable to budget reflecting the higher than budgeted lease income from Lowther and includes the 35MMR properties at West Craigs Ph3 and 61MMR units Wallyford that completed ahead of budget. Higher than budgeted intra group gift aid from Wheatley Development Scotland has also been received (corresponding higher costs in new build investment).
- Direct employee costs are £44k unfavourable due to additional agency costs to cover staff absences at the supported Livingwell sites.
- ERVR costs of £36k are unfavourable YTD with spend managed within budget across the Group.
- Total running costs are £236k favourable to budget mainly due to the budgeted donations to Wheatley Foundation being paid in 2024/25 (£213k) coupled with savings reported within Wheatley Solutions.
- Revenue repairs and maintenance spend are £404k unfavourable to budget. Responsive repairs are £242k unfavourable to budget driven by higher job volume (+6.8% vs budget), additional fire door repair works completed and a higher average cost arising from the increased use of subcontractors earlier in the year for responsive repairs. While cyclical maintenance is £162k higher than budget this is due to an increased number of electrical safety checks and compliance works compared to the budgeted programme.
- An advance donation was made in March 2026 to the Wheatley Foundation of £821k. This will be utilised in future years to provide additional support for our customers. In addition, early payment of £763k, equivalent to two years, of SHAPS deficit payments was made in March 2026.

Net capital expenditure of £38,795k is £4,025k higher than budget.

- Capital investment income is £19,469k higher than budget due to receipt of grant claims at Deans South Ph2 and Ph3, Charlesfield Road, Letham Mains, Maybury West, Merchant Quay and Winchburgh Ph3 being ahead of budget, in line with the grant availability.
- Investment programme spend is £1,568k higher than budget. Higher capitalised repairs of £701k are reported including remedial works following three fires, damp & mould works, the purchase of Empty Homes (grant funded) and rot and roof repairs. Core programme is £808k higher than budget and includes an increased spend on district heating (which is managed within the RSL budgets) and on gas boilers and windows.
- New build spend of £56,987k is £22,042k higher than budget due to the profiling and availability of grant funding noted in capital investment income, resulting in the acceleration of spend within the financial year.

| | Year to 31 March 2026 | | |
|---|-----------------------|---------------|----------------|
| | Actual £k | Budget £k | Variance £k |
| INCOME | | | |
| Rental Income | 47,257 | 47,147 | 110 |
| Void Losses | (604) | (685) | 81 |
| Net Rental Income | 46,653 | 46,462 | 191 |
| Grant Income | 40,959 | 37,011 | 3,948 |
| Other Grant Income | 672 | 588 | 84 |
| Other Income | 6,989 | 5,982 | 1,007 |
| TOTAL INCOME | 95,273 | 90,043 | 5,230 |
| EXPENDITURE | | | |
| Employee Costs - Direct | 5,302 | 5,258 | (44) |
| Employee Costs - Group Services | 2,942 | 2,944 | 2 |
| ER/VR | 105 | 0 | (105) |
| Direct Running Costs | 5,009 | 5,172 | 163 |
| Running Costs - Group Services | 1,686 | 1,759 | 73 |
| Revenue Repairs and Maintenance | 9,198 | 8,794 | (404) |
| Bad Debts | 481 | 489 | 8 |
| Depreciation | 17,636 | 17,636 | 0 |
| TOTAL EXPENDITURE | 42,359 | 42,052 | (307) |
| NET OPERATING SURPLUS | 52,914 | 47,991 | 4,923 |
| <i>Net Operating Margin</i> | <i>56%</i> | <i>53%</i> | <i>2%</i> |
| Net Interest payable & similar charges | (11,297) | (11,299) | 2 |
| Advanced Donations to Wheatley Foundation | (821) | 0 | (821) |
| Advanced SHAPS deficit contribution | (763) | 0 | (763) |
| STATUTORY SURPLUS | 40,033 | 36,692 | 3,341 |

| | Year to 31 March 2026 | | |
|--|-----------------------|---------------|-----------------|
| | Actual £k | Budget £k | Variance £k |
| INVESTMENT | | | |
| Total Capital Investment Income | 29,745 | 10,276 | 19,469 |
| Investment Programme Expenditure | 10,724 | 9,156 | (1,568) |
| New Build & Other Investment | 56,987 | 34,945 | (22,042) |
| Other Capital Expenditure | 829 | 945 | 116 |
| TOTAL CAPITAL EXPENDITURE | 68,540 | 45,046 | (23,494) |
| NET CAPITAL EXPENDITURE | 38,795 | 34,770 | (4,025) |

1e) Wheatley Homes South – Year to 31 March 2026



| OPERATING STATEMENT | Year to Mar 2026 | | |
|------------------------------------|------------------|---------------|----------------|
| | Actual Eks | Budget Eks | Variance Eks |
| INCOME | | | |
| Rental Income | 54,866 | 54,778 | 88 |
| Void Losses | (301) | (600) | 299 |
| Net Rental Income | 54,565 | 54,178 | 387 |
| Grant Income | 3,784 | 6,244 | (2,460) |
| Other Grant Income | 2,504 | 1,542 | 962 |
| Other Income | 2,439 | 2,364 | 75 |
| TOTAL INCOME | 63,292 | 64,328 | (1,036) |
| EXPENDITURE | | | |
| Employee Costs - Direct | 5,383 | 5,344 | (39) |
| Employee Costs - Group Services | 3,489 | 3,492 | 3 |
| Direct Running Costs | 3,022 | 3,348 | 326 |
| Running Costs - Group Services | 2,000 | 2,086 | 86 |
| Revenue Repairs and Maintenance | 12,276 | 12,496 | 220 |
| Bad debts | 323 | 1,119 | 796 |
| Depreciation | 15,695 | 15,695 | 0 |
| Demolition and compensation | 4 | 0 | (4) |
| TOTAL EXPENDITURE | 42,192 | 43,580 | 1,388 |
| NET OPERATING SURPLUS | 21,100 | 20,748 | 352 |
| <i>Net operating margin</i> | 33% | 32% | 1% |
| Interest receivable | 110 | 90 | 20 |
| Interest payable & similar charges | (7,100) | (7,311) | 211 |
| Donations to Wheatley Foundation | (1,231) | 0 | (1,231) |
| STATUTORY SURPLUS | 12,879 | 13,527 | (648) |

| INVESTMENT | Actual Eks | Budget Eks | Variance Eks |
|--|---------------|---------------|----------------|
| TOTAL CAPITAL INVESTMENT INCOME | 20,234 | 19,930 | 304 |
| Capital Investment spend | 15,685 | 13,908 | (1,777) |
| New Build Programme | 29,240 | 27,229 | (2,011) |
| Other Fixed Assets | 2,215 | 1,983 | (232) |
| TOTAL INVESTMENT EXPENDITURE | 47,140 | 43,120 | (4,020) |
| NET CAPITAL EXPENDITURE | 26,906 | 23,190 | (3,716) |

Key highlights :

The financial results report a statutory surplus of £12,879k for the year, £648k lower than budget. The unfavourable position is driven by a delay in the recognition of new build grant income on the Johnstonebridge handovers. Trading remains strong with a good letting performance and the favourable expenditure position.

Net rental income is £387k higher than budget. Void losses are £299k favourable to budget, with a void loss rate of 0.5% vs 1.1% in budget. Rental income is favourable to budget after successful negotiations with DGC to increase the service charge income at Young Persons Project (YPP).

- Grant income is £2,460k lower than budget due to 13 units at Johnstonebridge completing mid-April 2026
- Other grant income includes £881k of additional aids & adaptations grant (with corresponding higher investment costs) and higher renewable heat incentive (RHI) grant funding.
- The additional other income received includes higher intra group gift aid from Wheatley Development Scotland (corresponding higher costs in new build investment).
- Total employee costs (direct and group services) are £36k unfavourable to budget due to timing of changes in the budgeted structures in front-line Housing and costs to cover staff absences.
- Total running costs (direct & group services) are £412k favourable to budget mainly due to the budgeted donation to Wheatley Foundation being paid in 2024/25 (£333k), alongside savings in Wheatley Solutions.
- Repairs costs are £220k favourable to budget. Responsive repairs are £77k favourable. Gas planned maintenance is £231k favourable to budget, with the works up to date. Other compliance spend is £88k higher than budget due to additional asbestos removal jobs.
- An advance donation was made in March 2026 to the Wheatley Foundation of £1,231k. This will be utilised in future years to provide additional support for our customers.

The favourable position on interest payable is due to lower drawdowns than budgeted to date and a lower interest rate than budgeted.

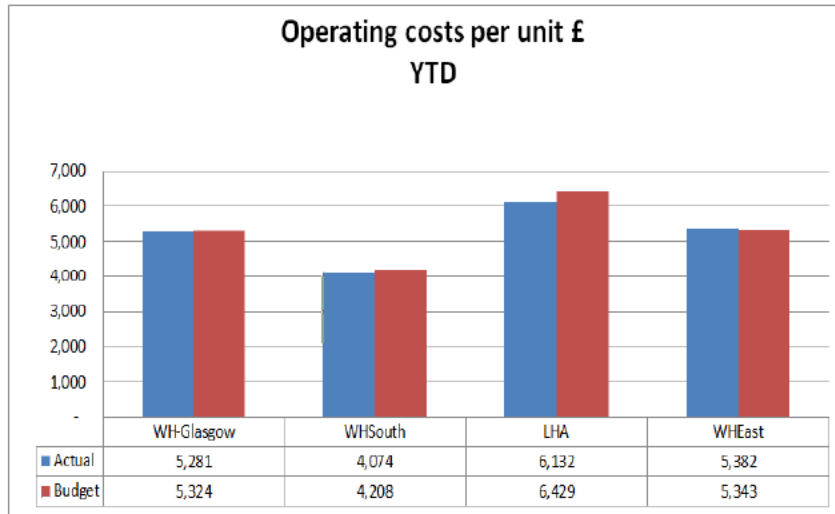
Net capital expenditure of £26,906k is £3,716k higher than budget.

- Capital investment income is £304k higher than budget. Adaptations grant income is £881k higher, in line with additional spend reported in capital investment spend. New build grant income is £577k due to timing of the programme.
- Total capital investment spend of £15,685k includes higher environmental spend reflecting demand and additional funded aids & adaptations spend. All core programme tenant commitments have been met.
- New Build expenditure is £2,011k higher than budget, driven by higher spend at Ashwood Drive and College Mains partly offset by delayed start to Gladstone and Dumfries High Street.
- Other capital expenditure is £232k higher than budget due to accelerated spend on the office at Ashwood Drive.

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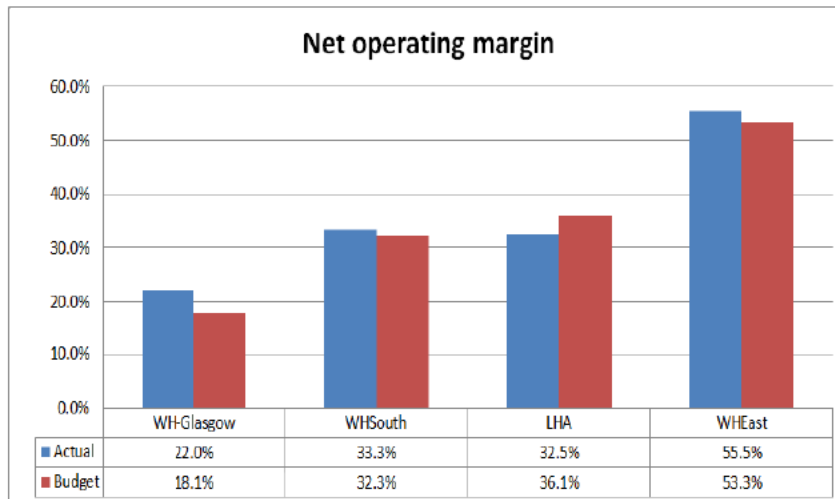
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3) Summary of RSL operating costs and margin v budget



Operating costs per unit:

- At March 2026 operating costs per unit are lower than budget for WH Glasgow, Loretto and WH South and marginally higher for WH East. Within WH East the higher than budgeted repair and compliance costs is driving the higher unit cost variance.
- Operating costs per unit vary across the RSLs depending on the stock profiles and types of accommodation offered.



Net operating margin

- Net operating margin is favourable to budget in WH Glasgow, WH East and WH South due to the earlier than budgeted recognition of grant income on completions and the strong letting performance in the YTD. In Loretto the operating margin is lower than budgeted due to grant on new build completions recognised early in 2024/25 following the early completion of units.
- Similar to operating costs, the favourable variances across expenditure lines is improving margins in the RSLs.

8) Wheatley Group – Consolidated Balance Sheet

| | As at 31 March 2026 £ks | As at 31 March 2025 £ks |
|--|-------------------------------|-------------------------------|
| Fixed Assets | | |
| Social Housing Properties | 3,211,392 | 3,062,066 |
| Investment properties | 388,263 | 386,255 |
| Other tangible fixed assets | 84,727 | 87,933 |
| Investments -other | 416 | 416 |
| Fixed Assets | 3,684,798 | 3,536,670 |
| Current Assets | | |
| Stock | 2,487 | 2,278 |
| Rent & Service charge arrears | 25,411 | 25,560 |
| less: Provision for rent arrears | (14,359) | (13,957) |
| Prepayments and accrued income | 23,737 | 16,234 |
| Other debtors | 29,487 | 18,132 |
| | 66,763 | 48,237 |
| Bank & Cash | 40,495 | 36,299 |
| Current Assets | 107,258 | 84,536 |
| Current Liabilities | | |
| Trade Liabilities | (12,660) | (15,696) |
| Accruals | (52,222) | (50,381) |
| Deferred Income | (65,219) | (74,457) |
| Rents & service charges in advance | (20,584) | (24,009) |
| Bank Loans | (32,291) | (29,790) |
| Other creditors | (19,281) | (18,497) |
| | (202,257) | (212,830) |
| Net Current Assets | (94,999) | (128,294) |
| Long Term Liabilities | | |
| Contingent efficiencies grant | (46,943) | (46,943) |
| Bank finance | (1,490,977) | (1,399,198) |
| Bond finance | (300,000) | (300,000) |
| Provisions | (10,203) | (10,506) |
| Deferred income | (49,740) | (27,603) |
| Loan arrangement fees | 787 | 0 |
| Pension liability | (7,114) | (7,114) |
| Long Term Liabilities | (1,904,190) | (1,791,364) |
| Net Assets | 1,685,609 | 1,617,012 |
| Funding Employed Capital & Reserves | | |
| Share Capital | 0 | 0 |
| Retained Income b/fwd | 816,275 | 720,296 |
| Income & Expenditure | 68,593 | 95,975 |
| Revaluation Reserves | 800,741 | 800,741 |
| Funding Employed | 1,685,609 | 1,617,012 |

Key highlights:

The balance sheet as at 31 March 2025 reflects the audited position and year end statutory adjustments, including the revaluation of both housing and investment properties and actuarial valuations of the defined benefit pension schemes.

At 31 March 2026:

- The movement in fixed assets reflects investment in the core programme, the new build programme, and other fixed asset additions, less depreciation to date.
- Current assets (excluding cash) have increased by £18.5m from the position at March 2025 with the main movement of £18.9m in other debtors, prepayments and accrued income due to timing of receipts of income.
- Bank and Cash of £40.5m includes deposits in transit and outstanding payments showing in the bank after the month end.
- Current liabilities of £202.3m have decreased by £10.6m from the position at March 2025 with the main movement of £9.2m decreased deferred income reflecting the timing of the recognition of new build grant on the completion of development properties.
- Long term liabilities at 31 March 2026 include loan drawdowns to finance the developments across the RSL's and an increase in deferred income reflecting the timing of the recognition of new build grant on the completion of development properties.
- Income and expenditure of £68.6m relates to the group surplus for the financial year.

10) Wheatley Group – Budget 2026/27

| | 2025/26 | 2026/27 | | |
|---------------------------------|--|------------------|------------------|--------------|
| | Actuals £k Excluding Wheatley Care | Budget £k | Projections £k | Variance £k |
| INCOME | | | | |
| Net Rental Income | 384,224 | 415,159 | 415,159 | - |
| Grant Income New Build | 89,339 | 88,165 | 88,165 | - |
| Grant Income Other | 11,205 | 3,253 | 3,253 | - |
| Other Income | 27,695 | 29,748 | 28,880 | 868 |
| Total Group Income | 512,463 | 536,325 | 535,457 | 868 |
| EXPENDITURE | | | | |
| Employee Costs | 82,633 | 88,698 | 88,698 | - |
| ER/VR | 1,193 | 1,000 | 1,000 | - |
| Running Costs | 52,556 | 54,754 | 53,886 | (868) |
| Repairs & Maintenance | 99,413 | 111,990 | 111,990 | - |
| Bad debts | 2,816 | 6,115 | 6,115 | - |
| Depreciation | 124,714 | 129,479 | 129,479 | - |
| Demolition | 4 | 58 | 58 | - |
| Total Group Expenditure | 363,329 | 392,094 | 391,226 | (868) |
| NET OPERATING SURPLUS | 149,134 | 144,231 | 144,231 | - |
| Net operating margin | 29.1% | 26.9% | 26.9% | |
| SHAPS deficit payment | (1,725) | - | - | - |
| Net Interest Payable | (79,210) | (84,415) | (84,415) | - |
| STATUTORY SURPLUS | 68,199 | 59,816 | 59,816 | - |
| INVESTMENT | | | | |
| Total Capital Investment Income | 110,967 | 153,523 | 153,523 | - |
| Core Investment Programme | 97,185 | 109,189 | 109,189 | - |
| New Build Programme | 164,772 | 226,531 | 226,531 | - |
| Other fixed assets | 10,045 | 11,794 | 11,794 | - |
| NET CAPITAL EXPENDITURE | (161,035) | (193,991) | (193,991) | - |

Key highlights:

- The table compares the 2026/27 Group budget to the financial projections approved at the Group board in February 2026. The 2025/26 full year actual results are also presented for comparative purposes. To aid comparison the 2025/26 results have been restated to remove Wheatley Care following its move to an independent organisation effective 1 April 2026.
- The 2026/27 budget shows a net operating surplus of £144.2m, and a statutory surplus after interest costs of £59.8m, both in line with the financial projections.
- Grant Income New Build recognised is directly linked to the number of properties completed in the year. A total of 669 units inclusive of 58 acquisitions are included in the 2026/27 financial projections and are budgeted to complete with grant recognised of £88.2m. In 2025/26 the £89.3m of grant income reported related to the completion of 656 units and 40 acquisitions.
- Variance against the 2026/27 financial projections:
 - Within other income the budget includes £0.9m additional income following the successful awards to the Foundation in relation to Way Ahead and No One Left Behind Edinburgh projects which were awaiting confirmation when the financial projections were prepared. The additional costs in relation to the awards are reported within running costs.
- Variances against 2025/26 actuals include:
 - Other Grant Income in 2025/26 included £5.8m for Wyndford demolition works, £0.3m of empty homes investment works, additional adaptation grants of £0.8m and other grant funding for supported activities. Funding for similar works in 2026/27 is not expected.
 - Repairs and maintenance includes provision for the increased demand and inflationary pressures experienced in 2025/26 and growth from additional stock. In addition, an additional provision of £3.8m has also been included in 2026/27 for cyclical compliance works including M & E, fire door repairs and other compliance works such as Emergency lighting and MSF ropes works.
 - 2025/26 included the advanced payment of SHAPS deficit contributions for two years due to financial capacity within the 2025/26 financial results.
 - The core investment programme reflects the investment in our existing homes to meet our tenant commitments for 2026/27 as outlined in our strategic asset investment plan and provision for capital void works and adaptations.

1a) RSL Borrower Group – Year to 31 March 2026

| | Year to 31 March 2026 | | |
|----------------------------------|-----------------------|-----------------|-------------------|
| | Actual £'000 | Budget £'000 | Variance £'000 |
| INCOME | | | |
| Net Rental Income | 358,645 | 357,255 | 1,390 |
| Grant income New Build | 88,415 | 78,861 | 9,554 |
| Grant income Other | 11,205 | 5,114 | 6,091 |
| Other Income | 17,764 | 16,806 | 957 |
| Total Income | 476,029 | 458,036 | 17,992 |
| EXPENDITURE | | | |
| Employee Costs | 71,959 | 71,747 | (212) |
| ER/VR | 1,193 | 1,025 | (168) |
| Running Costs | 37,332 | 39,811 | 2,479 |
| Repairs & Maintenance | 91,569 | 91,069 | (500) |
| Bad debts | 2,455 | 4,781 | 2,326 |
| Depreciation | 124,714 | 124,714 | - |
| Demolition Programme | 4 | - | (4) |
| Total Expenditure | 329,227 | 333,148 | 3,921 |
| NET OPERATING SURPLUS | 146,802 | 124,888 | 21,914 |
| | 30.8% | 27.3% | |
| Donations to Wheatley Foundation | (4,157) | 0 | (4,157) |
| SHAPS deficit payment | (1,725) | - | (1,725) |
| Net interest payable | (76,565) | (77,400) | 835 |
| STATUTORY SURPLUS | 64,355 | 47,488 | 16,867 |

Key highlights:

The financial performance of the RSL Borrower Group reflect similar drivers to those reported for the full Group. A statutory surplus of £64,355k is reported, £16,867k favourable compared to budget with additional grant income of £9,554k recognised on the early handover of completed units. Excluding new build grant income, additional net rental income reported from the early handovers, reduced rent void losses and a favourable bad debt position all reflect the strong letting performance and helps to accommodate the additional repair costs incurred in the year.

- Net rental income is £1,390k favourable to budget. Gross rental income is £601k favourable, due to the earlier than budgeted handovers in WH East where 377 units have completed v budgeted 339 units, in Loretto where 61 units have completed v budgeted 85 units with 24 units at East Lane completing early in 2024/25. In Glasgow 186 units have completed v budgeted 128 units and in WH South 20 units completed at Johnstonebridge v 33 units budgeted. In addition, rent loss on voids is £789k favourable with voids at 1.09% compared to the budgeted 1.31%.
- Grant income recognised is £9,554k favourable to budget due to the earlier than budgeted completion of units in the YTD. Overall, 644 units have completed compared to the budgeted 585 units, with a further 24 units at East Lane completing early in 2024/25.
- Other grant income includes £780k of unbudgeted adaptations grant mainly in WH South and WH East (with corresponding higher costs in Investment spend) and unbudgeted grant of £5,147k from GCC for contribution towards demolition costs. Additional renewable heat incentive grant funding has also been received in WH South.
- Other income is £957k higher than budget, with higher than budgeted MMR rental income in line with the timing of new build completions and rent uplifts on MMR relets, and higher income from commercial rent from masts and from solar panels in WH Glasgow, due to good weather.
- Employee costs (direct and group services) are £212k unfavourable to budget. The variance relates to changes in the budgeted structure within WH Glasgow in Housing, NETs team and My Repairs with a new in-house neighbourhood improvement team established during the year. WH East and WH South also had additional costs in the year to cover staff absences.
- Running costs (direct and group services) are £2,479k favourable. Within direct running costs all RSLs are reporting a favourable position to budget due to £1,520k donations to Wheatley Foundation paid earlier than budgeted in March 2025 and cost efficiencies across other expenditure lines. Group services running costs are £525k favourable to budget due to cost efficiencies and the timing of spend across several departments in Wheatley Solutions including The Academy, IT and Finance.
- Revenue repairs and maintenance includes higher spend reported in responsive repairs of £2,732k of which there is an additional YTD spend of £2,626k in Glasgow linked to a targeted reduction in the number of live responsive repair jobs since the start of the financial year and an increase in the jobs completed in the year to March compared to last year, resulting in an additional 7,900 jobs completed. Across the RSL Group cyclical and compliance spend is £2,232k favourable to budget mainly due to the reprofiling of cyclical works, savings on communal utilities of c£600k in WH Glasgow and the cost of compliance related gas repairs being lower than budgeted.
- Bad debts are £2,326k favourable to budget. A prudent approach is taken when setting the budget.
- As approved by the Board in December 2025, financial capacity within the 2025/26 results was used to make advanced SHAPS deficit contributions of £1,725k and donations of £4,157k to the Wheatley Foundation from the Group RSLs.

Net Interest payable is £835k favourable to budget linked to the timing of loan drawdowns, lower variable rate payable and additional interest received in WFL1 and WH South than budgeted.

1a) RSL Borrower Group – Year to 31 March 2026

| Capital Investment | Year to 31 March 2026 | | |
|-------------------------------------|-----------------------|-----------------|-------------------|
| | Actual £'000 | Budget £'000 | Variance £'000 |
| CORE PROGRAMME | | | |
| SHNZ | 0 | 0 | 0 |
| Empty Homes | 245 | 270 | (25) |
| Adaptations | 3,234 | 2,454 | 780 |
| Other Capital grants | 42 | 0 | 42 |
| Grant Income | 3,521 | 2,724 | 797 |
| Core Investment Programme | 59,527 | 58,377 | (1,150) |
| SHNZ | 0 | 0 | 0 |
| Empty Homes | 567 | 468 | (99) |
| Adaptations | 3,910 | 3,768 | (142) |
| Voids | 18,746 | 16,368 | (2,378) |
| Capitalised Repairs | 12,603 | 11,517 | (1,086) |
| Total Core Investment | 95,353 | 90,498 | (4,855) |
| NET CORE INVESTMENT | 91,832 | 87,774 | (4,058) |
| NEW BUILD | | | |
| New Build Grant Income Received | 98,938 | 75,681 | 23,257 |
| New Build investment | 152,900 | 125,936 | (26,964) |
| NET NEW BUILD INVESTMENT | 53,962 | 50,255 | (3,707) |
| OTHER FIXED ASSET INVESTMENT | 9,805 | 11,855 | 2,050 |
| TOTAL NET CAPITAL INVESTMENT | 155,599 | 149,884 | (5,715) |

Key Highlights:

Within net core investment in tenants' homes spend is £4,058k higher than budget:

- The core investment programme, with a spend of £59,527k, was £1,150k unfavourable to budget. All tenant commitments were delivered by the end of the financial year. Higher adaptations grants freed up additional financial capacity which was used to deliver more in improvements to tenants' homes.
- The additional void spend is mainly attributable to Glasgow where spend was £2,432k higher than budget. Higher spend is linked to the review of the void standard and voids requiring more extensive work. The joint working group established with CBG will deliver agreed actions that are both short term to control voids spend and longer-term service delivery changes, it reports to the WHG Executive team.
- Capitalised repairs includes additional spend of £378k in WH Glasgow, linked to Healthy Homes related spend, and in WH East which includes remedial works for three fires totalling £180k and £193k of spend on larger damp and mould remediation works. We have reinforced the repair not renew message and we saw a slow down in spend from P9 across the RSLs.
- Adaptation spend is mainly grant funded. Both WH Glasgow and Loretto have fully utilised the grant with spend. The additional funded spend in WH South and WH East has been offset by lower than budgeted spend in WH Glasgow and Loretto, due to timing of job requests in the year.

Net new build:

- New build grant income received is £23,257k higher than budget. Within WH Glasgow, grant income is £3,451k lower than budget and includes grant of £10,117k being received in 2024/25 for North Toryglen and Shawbridge Arcade, both front funded projects with grant budgeted to be received in 2025/26. In the year, grant income has been impacted by the delayed starts at Abbotshall Ave and Cook St which is partly offset by the Albion St and Sighthill Ph3 site starts being brought forward, as well as additional grant income from GCC for Kelvin Wynd. Within WH East, new build grants received are £19,307k more than budget due to receipt of grant claims at sites including Deans South Ph2, Charlesfield Road, Letham Mains and Winchburgh being ahead of budget in line with the grant availability. Within Loretto, new build grants received are £7,799k more than budget due to the timing of claims for Bank street, accelerated claims at Forfar Avenue and at Dargavel 3A due to an earlier than budgeted start on site.
- New build spend is £26,964k ahead of budget and includes the accelerated spend of £22,042k in WH East due to the reprofiling and acceleration of spend at sites including Letham Mains, Charlesfield Road, Winchburgh and Longniddry. Within Loretto spend is £6,909k higher than budget at sites including Forfar Avenue, Dargavel North and Dargavel 3A which had an earlier start date linked to the availability of grant funding. This accelerated spend is partly offset by WH Glasgow where spend was £3,661k lower than budget, mainly due to the delayed starts at Abbotshall Ave, Cook St and South Annandale and higher spend in the previous year at Shawbridge Arcade. This is partly offset by the early start of the Albion Street development following GCC grant availability in 2025/26.

- Other fixed assets investment expenditure reflects the timing of spend on corporate estate and IT capital projects.

1a) RSL Borrower Group underlying surplus - Year to 31 March 2026

The Wheatley Group and RSL Borrower Group operating Statement (Income and Expenditure Account) are prepared in accordance with the requirements of accounting standards (Financial Reporting Standard 102 and the social housing Statement of Recommended Practice 2018).

However, the inclusion of grant income on new build developments creates volatility in the results and does not reflect the underlying cash surplus/deficit on our letting activity.

The table below therefore shows a measure of underlying surplus in the RSL Borrower Group which adjusts our net operating surplus by excluding the accounting adjustments for the recognition of grant income and depreciation but including capital expenditure on our existing properties.

An underlying surplus of £10,136k (before agreed one off items) has been reported for the year to 31 March 2026. The favourable variance of £3,242k to budget reflects the strong letting performance generating additional net rental income and reduced bad debts, and reduced loan interest due to a lower than assumed variable lending rate. This offsets the impact of the increased job numbers and cost of repairs and voids in the year to 31 March 2026.

As approved by the Board in December 2025, a portion of the available financial capacity has been used to make advanced donations to Wheatley Foundation and the advance payment of an element of the SHAPS pension deficit payments. This increases financial capacity in the RSLs in 2026/27 and 2027/28. The advanced payments have been managed within the covenants for the RSL Borrowers.

| Borrower Group Underlying Surplus | | | |
|--|---------------|---------------|-----------------|
| | Actual £ks | Budget £ks | Variance £ks |
| Net Operating Surplus | 146,802 | 124,888 | 21,914 |
| add back: | | | |
| Depreciation | 124,714 | 124,714 | 0 |
| less: | | | |
| Grant Income | (94,319) | (79,618) | (14,701) |
| Net interest payable | (76,565) | (77,400) | 835 |
| Total Core investment | (90,496) | (85,690) | (4,806) |
| Underlying surplus | 10,136 | 6,894 | 3,242 |
| Donations to Wheatley Foundation | (4,157) | | |
| SHAPS deficit payment | (1,725) | | |
| Reported Underlying surplus | 4,254 | | |

1b) Wheatley Homes Glasgow – Year to 31 March 2026

| | Year To March 2026 | | |
|--|--------------------|----------------|-----------------|
| | Actual Eks | Budget Eks | Variance Eks |
| INCOME | | | |
| Rental Income | 241,719 | 241,420 | 299 |
| Void Losses | (2,676) | (3,034) | 358 |
| Net Rental Income | 239,043 | 238,386 | 657 |
| Grant Income New Build | 36,744 | 25,685 | 11,059 |
| Grant Income Other | 7,939 | 2,863 | 5,076 |
| Other Income | 15,007 | 14,913 | 94 |
| Total Income | 298,733 | 281,847 | 16,886 |
| EXPENDITURE | | | |
| Employee Costs - Direct | 37,992 | 37,846 | (146) |
| Employee Costs - Group Services | 15,381 | 15,388 | 7 |
| ER / VR | 1,088 | 1,025 | 63 |
| Direct Running Costs | 15,313 | 16,402 | 1,089 |
| Running Costs - Group Services | 8,573 | 8,942 | 369 |
| Revenue Repairs and Maintenance | 65,583 | 64,808 | (775) |
| Bad debts | 1,518 | 2,907 | 1,389 |
| Depreciation | 83,576 | 83,576 | 0 |
| TOTAL EXPENDITURE | 229,024 | 230,894 | 1,870 |
| NET OPERATING SURPLUS / (DEFICIT) | 69,709 | 50,953 | 18,756 |
| <i>Net operating margin</i> | 23.3% | 18.1% | 5.3% |
| Net Interest Payable | (54,245) | (54,695) | 450 |
| Advance Donations to Wheatley Foundation | (1,773) | 0 | (1,773) |
| STATUTORY SURPLUS / (DEFICIT) | 13,691 | (3,742) | 17,433 |

| | Year To March 2026 | | |
|--|--------------------|----------------|-----------------|
| | Actual Eks | Budget Eks | Variance Eks |
| INVESTMENT | | | |
| Total Capital Investment Income | 42,862 | 46,313 | (3,451) |
| Investment Programme | 64,402 | 62,937 | (1,465) |
| New Build Programme | 58,644 | 62,305 | 3,661 |
| Other Capital Expenditure | 6,426 | 8,625 | 2,199 |
| TOTAL CAPITAL EXPENDITURE | 129,472 | 133,867 | 4,395 |
| NET CAPITAL EXPENDITURE | 86,610 | 87,554 | 944 |

Key highlights:

The financial results report a statutory surplus of £13,691k for the year, £17,433k favourable to budget. The financial performance reflects early completion of new build units and related grant recognition, the strong letting performance and overall favourable expenditure position to budget.

- Net rental income is £657k favourable to budget, mainly related to lower than budgeted voids at 1.11% for the year compared to the budgeted rate of 1.26%. In addition, we have benefitted from the early completion of 65SR units at Calton, inclusive of the tenure change of 25 units from MMR to SR.
- Grant income recognised is £11,059k favourable to budget. 186 new properties have completed in the year compared to 128 budgeted for 2025/26. In addition, grant income of £4,422k is included for 40 property acquisitions.
- Grant income other includes unbudgeted grant of £5,147k from GCC for contribution towards demolition costs and two unbudgeted grants 1) grant from GCC to cover the costs of customers downsizing and 2) grant from Cycling Scotland for the installation of bike storage infrastructure.
- Other income is £94k higher than budget due to higher MMR rental income generated from the early new build completions in the year and additional commercial rent generated from masts. This is partly offset by a reduction of £610k to the budgeted intra group gift aid from Wheatley Developments Scotland, linked to lower new build spend through WDS.
- Total employee costs (direct and group services) are £139k unfavourable to budget. The variance relates to changes in the budgeted structure within the Housing, NETs team and My Repairs.
- Total running costs (direct and group services) are £1,458k favourable to budget. Within direct running costs there are savings recognised in property and general office running costs and the budgeted donation of £887k to Wheatley Foundation being paid in 2024/25. Group services running costs are £369k favourable to budget due to several departments reporting lower costs across Wheatley Solutions.
- Revenue repairs and maintenance spend is £775k unfavourable to budget. Responsive repairs are £2,626k higher than budget, linked to higher average spend and an increase of almost 8,000 in completed job numbers. Higher responsive spend is partly offset by savings on cyclical of £408k (linked to re-profiling) and the balance due to lower utility costs, lower gas planned maintenance costs (with the works up to date) and lower spend across several compliance programmes. The joint working group with CBG is continuing to deliver agreed actions that are both short term to control repairs spend and put in place longer-term service delivery changes to address the drivers for increased costs and demand.
- An advance donation was made in March 2026 to the Wheatley Foundation of £1,773k. This will be utilised in future years to provide additional support for our customers.
- Net interest payable is £450k favourable to budget due to the lower variable interest rate payable than assumed

Net capital expenditure of £86,610k is £944k lower than budget, mainly due to lower other capital expenditure.

- Capital investment income is £3,451k lower than budget driven by grant of £10,117k being received early in March 2025 for North Toryglen and Shawbridge Arcade, both front funded projects with grant budgeted to be received in 2025/26. In the year, grant income has been impacted by the delayed starts at Abbotshall Ave and Cook St which is partly offset by the Albion St and Sighthill Ph3 site starts being brought forward, as well as additional grant income from GCC for Kelvin Wynd.
- Investment spend is £1,465k higher than budget, with higher void spend due to an increase in the number of higher specification voids and a higher level of capitalised repairs. All commitments made to tenants on planned improvements to their homes have been met.
- New build spend is £3,661k lower than budget, mainly due to the delayed starts at Abbotshall Ave, Cook St and South Annandale and higher spend in the previous year at Shawbridge Arcade. This is partly offset by the early start of the Albion Street development following GCC grant availability in 2025/26 and the timing of spend at Calton Ph2, North Toryglen and Sighthill Ph3.
- Other capital expenditure is £2,199k lower than budget related to the re-profiling of office premises spend.

1c) Loretto Housing – Year to 31 March 2026

| | Year To 31 March 2026 | | |
|--|-----------------------|---------------|----------------|
| | Actual £k | Budget £k | Variance £k |
| INCOME | | | |
| Rental Income | 18,755 | 18,652 | 103 |
| Void Losses | (371) | (422) | 51 |
| Net Rental Income | 18,384 | 18,230 | 154 |
| Grant Income New Build | 6,928 | 9,922 | (2,994) |
| Grant Income Other | 90 | 120 | (30) |
| Other Income | 455 | 351 | 104 |
| Total Income | 25,857 | 28,623 | (2,766) |
| EXPENDITURE | | | |
| Employee Costs - Direct | 1,545 | 1,548 | 3 |
| Employee Costs - Group Services | 1,014 | 1,015 | 1 |
| ER / VR | 0 | 0 | 0 |
| Direct Running Costs | 1,852 | 2,079 | 227 |
| Running Costs - Group Services | 581 | 606 | 25 |
| Revenue Repairs and Maintenance | 4,513 | 4,969 | 456 |
| Bad debts | 133 | 266 | 133 |
| Depreciation | 7,807 | 7,807 | 0 |
| TOTAL EXPENDITURE | 17,445 | 18,290 | 845 |
| OPERATING SURPLUS / (DEFICIT) | 8,412 | 10,333 | (1,921) |
| <i>Net operating margin</i> | <i>32.5%</i> | <i>36.1%</i> | <i>-3.6%</i> |
| Net Interest Payable | (4,044) | (4,185) | 141 |
| Advance Donations payable to Wheatley Foundation | (332) | 0 | (332) |
| Advance SHAPS deficit contribution | (962) | 0 | (962) |
| STATUTORY SURPLUS / (DEFICIT) | 3,074 | 6,148 | (3,074) |

| | Year To 31 March 2026 | | |
|--|-----------------------|---------------|----------------|
| | Actual £k | Budget £k | Variance £k |
| INVESTMENT | | | |
| Total Capital Investment Income | 9,618 | 1,885 | 7,733 |
| Investment Programme | 4,545 | 4,497 | (48) |
| New Build Programme | 13,446 | 6,537 | (6,909) |
| Other Capital Expenditure | 335 | 302 | (33) |
| TOTAL CAPITAL EXPENDITURE | 18,326 | 11,336 | (6,990) |
| NET CAPITAL EXPENDITURE | 8,708 | 9,451 | 743 |

Key highlights:

The financial results report a statutory surplus for the year of £3,074k, £3,074k unfavourable to budget. The variance is due to lower grant income in the year following the completion of 24 units at East Lane in March 2025 and the unbudgeted advance donation payment to Wheatley Foundation and early payment of SHAPS deficit contributions. Trading performance remained strong with improved letting performance and an overall favourable expenditure position to budget.

- Net rental income is £154k favourable to budget with early completions at East Lane and South Crosshill contributing to the variance. In addition, void losses are 1.98% compared to the budgeted 2.26%.
- Grant income for new build is £2,994k unfavourable due to the early completion of East Lane in March 2025.
- Other Grant Income is £30k unfavourable to budget due to medial adaptation grant awarded being lower than the budgeted amount. This is partly offset with the receipt of unbudgeted grant income from Cycling Scotland to install bike shelter infrastructure.
- Other income reflects higher intra group gift aid from WDS (corresponding costs in new build investment).
- Total running costs (direct and group services) are £252k favourable to budget. Within direct running costs there are cost savings recognised in direct costs, including council tax on voids, office utilities and landlord services and the budgeted donation of £87k to Wheatley Foundation being paid in 2024/25. Group services running costs are £25k favourable to budget due to several departments reporting lower costs across Wheatley Solutions.
- Revenue repairs and maintenance are £456k favourable to budget. Responsive repairs are £59k favourable due to an overall lower average repair cost compared to budget. Compliance spend is £281k favourable to budget due to savings across various lines, including utilities, water management and M & E planned works in addition to a saving on cyclical of £116k due to the programme being re-profiled.
- An advance donation was made in March 2026 to the Wheatley Foundation of £332k. This will be utilised in future years to provide additional support for our customers. In addition, an advanced payment equivalent to two years of SHAPS deficit payments was made in March 2026 which attracted a discount of £57k.
- Net Interest payable is £141k lower than budget, due to the timing of drawdowns and a reduced interest rate compared to the budget.

Net capital expenditure of £8,708k is £743k lower than budget.

- Capital investment income is £7,733k higher than budget due to the timing of claims for Bank Street, accelerated claims at Forfar Avenue, Dargavel North, and Dargavel 3A due to the earlier than budgeted start.
- Investment programme spend is £48k higher than budget, with higher spend on capitalised repairs, linked to higher completed jobs. Within the core programme, all tenant commitments for the year have been met.
- New build spend is £6,909k higher than budget due to spend at Bank Street, Forfar Avenue which has started onsite ahead of the budgeted date and an earlier start date at Dargavel North and Dargavel 3A, linked to the availability of grant funding. This overspend is partly offset by the timing of spend at South Crosshill where there was accelerated spend in 2024/25.

1d) Wheatley Homes East – Year to 31 March 2026

| | Year to 31 March 2026 | | |
|---|-----------------------|---------------|----------------|
| | Actual £k | Budget £k | Variance £k |
| INCOME | | | |
| Rental Income | 47,257 | 47,147 | 110 |
| Void Losses | (604) | (685) | 81 |
| Net Rental Income | 46,653 | 46,462 | 191 |
| Grant Income | 40,959 | 37,011 | 3,948 |
| Other Grant Income | 672 | 588 | 84 |
| Other Income | 6,989 | 5,982 | 1,007 |
| TOTAL INCOME | 95,273 | 90,043 | 5,230 |
| EXPENDITURE | | | |
| Employee Costs - Direct | 5,302 | 5,258 | (44) |
| Employee Costs - Group Services | 2,942 | 2,944 | 2 |
| ER/VR | 105 | 0 | (105) |
| Direct Running Costs | 5,009 | 5,172 | 163 |
| Running Costs - Group Services | 1,686 | 1,759 | 73 |
| Revenue Repairs and Maintenance | 9,198 | 8,794 | (404) |
| Bad Debts | 481 | 489 | 8 |
| Depreciation | 17,636 | 17,636 | 0 |
| TOTAL EXPENDITURE | 42,359 | 42,052 | (307) |
| NET OPERATING SURPLUS | 52,914 | 47,991 | 4,923 |
| <i>Net Operating Margin</i> | 56% | 53% | 2% |
| Net Interest payable & similar charges | (11,297) | (11,299) | 2 |
| Advanced Donations to Wheatley Foundation | (821) | 0 | (821) |
| Advanced SHAPS deficit contribution | (763) | 0 | (763) |
| STATUTORY SURPLUS | 40,033 | 36,692 | 3,341 |

| | Year to 31 March 2026 | | |
|--|-----------------------|---------------|-----------------|
| | Actual £k | Budget £k | Variance £k |
| INVESTMENT | | | |
| Total Capital Investment Income | 29,745 | 10,276 | 19,469 |
| Investment Programme Expenditure | 10,724 | 9,156 | (1,568) |
| New Build & Other Investment | 56,987 | 34,945 | (22,042) |
| Other Capital Expenditure | 829 | 945 | 116 |
| TOTAL CAPITAL EXPENDITURE | 68,540 | 45,046 | (23,494) |
| NET CAPITAL EXPENDITURE | 38,795 | 34,770 | (4,025) |

Key highlights:

The financial results report a statutory surplus for the year of £40,033k, £3,341k favourable to budget. The variance is due to the timing of grant income recognised on the handover of new build completions compared to the budgeted profile. Rental and other income received from early completions during the year is helping to offset the additional repairs costs in the year.

- Gross rental income is £110k favourable to budget reflecting additional rental income from the new build completions. Void losses are £81k favourable to budget with voids losses of 1.28% vs budget of 1.45%.
- Grant income recognised is £3,948k favourable to budget. 377 properties have completed to date with 339 budgeted.
- Other grant income includes adaptation grant £72k ahead of budget due to increased funding approved for the year, with additional costs reported in Investment spend.
- Other income is £1,007k favourable to budget reflecting the higher than budgeted lease income from Lowther and includes the 35MMR properties at West Craigs Ph3 and 61MMR units Wallyford that completed ahead of budget. Higher than budgeted intra group gift aid from Wheatley Development Scotland has also been received (corresponding higher costs in new build investment).
- Direct employee costs are £44k unfavourable due to additional agency costs to cover staff absences at the supported Livingwell sites.
- ERVR costs of £36k are unfavourable YTD with spend managed within budget across the Group.
- Total running costs are £236k favourable to budget mainly due to the budgeted donations to Wheatley Foundation being paid in 2024/25 (£213k) coupled with savings reported within Wheatley Solutions.
- Revenue repairs and maintenance spend are £404k unfavourable to budget. Responsive repairs are £242k unfavourable to budget driven by higher job volume (+6.8% vs budget), additional fire door repair works completed and a higher average cost arising from the increased use of subcontractors earlier in the year for responsive repairs. While cyclical maintenance is £162k higher than budget this is due to an increased number of electrical safety checks and compliance works compared to the budgeted programme.
- An advance donation was made in March 2026 to the Wheatley Foundation of £821k. This will be utilised in future years to provide additional support for our customers. In addition, early payment of £763k, equivalent to two years, of SHAPS deficit payments was made in March 2026.

Net capital expenditure of £38,795k is £4,025k higher than budget.

- Capital investment income is £19,469k higher than budget due to receipt of grant claims at Deans South Ph2 and Ph3, Charlesfield Road, Letham Mains, Maybury West, Merchant Quay and Winchburgh Ph3 being ahead of budget, in line with the grant availability.
- Investment programme spend is £1,568k higher than budget. Higher capitalised repairs of £701k are reported including remedial works following three fires, damp & mould works, the purchase of Empty Homes (grant funded) and rot and roof repairs. Core programme is £808k higher than budget and includes an increased spend on district heating (which is managed within the RSL budgets) and on gas boilers and windows.
- New build spend of £56,987k is £22,042k higher than budget due to the profiling and availability of grant funding noted in capital investment income, resulting in the acceleration of spend within the financial year.

1e) Wheatley Homes South – Year to 31 March 2026

| OPERATING STATEMENT | Year to Mar 2026 | | |
|------------------------------------|------------------|---------------|-----------------|
| | Actual £ks | Budget £ks | Variance £ks |
| INCOME | | | |
| Rental Income | 54,866 | 54,778 | 88 |
| Void Losses | (301) | (600) | 299 |
| Net Rental Income | 54,565 | 54,178 | 387 |
| Grant Income | 3,784 | 6,244 | (2,460) |
| Other Grant Income | 2,504 | 1,542 | 962 |
| Other Income | 2,439 | 2,364 | 75 |
| TOTAL INCOME | 63,292 | 64,328 | (1,036) |
| EXPENDITURE | | | |
| Employee Costs - Direct | 5,383 | 5,344 | (39) |
| Employee Costs - Group Services | 3,489 | 3,492 | 3 |
| Direct Running Costs | 3,022 | 3,348 | 326 |
| Running Costs - Group Services | 2,000 | 2,086 | 86 |
| Revenue Repairs and Maintenance | 12,276 | 12,496 | 220 |
| Bad debts | 323 | 1,119 | 796 |
| Depreciation | 15,695 | 15,695 | 0 |
| Demolition and compensation | 4 | 0 | (4) |
| TOTAL EXPENDITURE | 42,192 | 43,580 | 1,388 |
| NET OPERATING SURPLUS | 21,100 | 20,748 | 352 |
| <i>Net operating margin</i> | 33% | 32% | 1% |
| Interest receivable | 110 | 90 | 20 |
| Interest payable & similar charges | (7,100) | (7,311) | 211 |
| Donations to Wheatley Foundation | (1,231) | 0 | (1,231) |
| STATUTORY SURPLUS | 12,879 | 13,527 | (648) |

| INVESTMENT | Actual £ks | Budget £ks | Variance £ks |
|--|---------------|---------------|-----------------|
| TOTAL CAPITAL INVESTMENT INCOME | 20,234 | 19,930 | 304 |
| Capital Investment spend | 15,685 | 13,908 | (1,777) |
| New Build Programme | 29,240 | 27,229 | (2,011) |
| Other Fixed Assets | 2,215 | 1,983 | (232) |
| TOTAL INVESTMENT EXPENDITURE | 47,140 | 43,120 | (4,020) |
| NET CAPITAL EXPENDITURE | 26,906 | 23,190 | (3,716) |

Key highlights :

The financial results report a statutory surplus of £12,879k for the year, £648k lower than budget. The unfavourable position is driven by a delay in the recognition of new build grant income on the Johnstonebridge handovers. Trading remains strong with a good letting performance and the favourable expenditure position.

Net rental income is £387k higher than budget. Void losses are £299k favourable to budget, with a void loss rate of 0.5% vs 1.1% in budget. Rental income is favourable to budget after successful negotiations with DGC to increase the service charge income at Young Persons Project (YPP).

- Grant income is £2,460k lower than budget due to 13 units at Johnstonebridge completing mid-April 2026
- Other grant income includes £881k of additional aids & adaptations grant (with corresponding higher investment costs) and higher renewable heat incentive (RHI) grant funding.
- The additional other income received includes higher intra group gift aid from Wheatley Development Scotland (corresponding higher costs in new build investment).
- Total employee costs (direct and group services) are £36k unfavourable to budget due to timing of changes in the budgeted structures in front-line Housing and costs to cover staff absences.
- Total running costs (direct & group services) are £412k favourable to budget mainly due to the budgeted donation to Wheatley Foundation being paid in 2024/25 (£333k), alongside savings in Wheatley Solutions.
- Repairs costs are £220k favourable to budget. Responsive repairs are £77k favourable. Gas planned maintenance is £231k favourable to budget, with the works up to date. Other compliance spend is £88k higher than budget due to additional asbestos removal jobs.
- An advance donation was made in March 2026 to the Wheatley Foundation of £1,231k. This will be utilised in future years to provide additional support for our customers.

The favourable position on interest payable is due to lower drawdowns than budgeted to date and a lower interest rate than budgeted.

Net capital expenditure of £26,906k is £3,716k higher than budget.

- Capital investment income is £304k higher than budget. Adaptations grant income is £881k higher, in line with additional spend reported in capital investment spend. New build grant income is £577k due to timing of the programme.
- Total capital investment spend of £15,685k includes higher environmental spend reflecting demand and additional funded aids & adaptations spend. All core programme tenant commitments have been met.
- New Build expenditure is £2,011k higher than budget, driven by higher spend at Ashwood Drive and College Mains partly offset by delayed start to Gladstone and Dumfries High Street.
- Other capital expenditure is £232k higher than budget due to accelerated spend on the office at Ashwood Drive.

2a) RSL Borrower Group – Consolidated Balance Sheet

| | As at 31 March 2026 £ks | As at 31 March 2025 £ks |
|--|-------------------------------|-------------------------------|
| Fixed Assets | | |
| Social Housing Properties | 3,167,514 | 3,051,976 |
| Investment properties | 213,150 | 212,975 |
| Other tangible fixed assets | 84,280 | 87,526 |
| Investments -other | 14,334 | 14,334 |
| Fixed Assets | 3,479,278 | 3,366,811 |
| Debtors Due More Than One Year | | |
| Inter Company Loan | 31,460 | 22,460 |
| Current Assets | | |
| Stock | 2,487 | 2,278 |
| Rent & Service charge arrears | 19,909 | 19,772 |
| less: Provision for rent arrears | (10,278) | (10,037) |
| Prepayments and accrued income | 20,693 | 13,200 |
| Intercompany debtors | 6,012 | 2,757 |
| Other debtors | 24,729 | 11,563 |
| | 63,552 | 39,533 |
| Bank & Cash | 18,642 | 25,532 |
| Current Assets | 82,194 | 65,065 |
| Current Liabilities | | |
| Trade Liabilities | (11,916) | (13,243) |
| Accruals | (43,749) | (41,492) |
| Deferred income | (50,064) | (72,608) |
| Rents & service charges in advance | (20,584) | (24,009) |
| Bank Loans | (32,291) | (29,790) |
| Intercompany creditors | (730) | (2,262) |
| Other creditors | (17,037) | (13,995) |
| | (176,371) | (197,399) |
| Net Current Liabilities | (94,177) | (132,334) |
| Long Term Liabilities | | |
| Contingent efficiencies grant | (46,943) | (46,943) |
| Loan - private finance | (1,392,101) | (1,323,322) |
| Bond finance | (300,000) | (300,000) |
| Development Agreement | 0 | 0 |
| Provisions | (2,116) | (2,418) |
| Deferred income | (49,740) | (22,161) |
| Intercompany creditors | 0 | 0 |
| Arr fees | 787 | 0 |
| Pension liability | (6,748) | (6,748) |
| Long Term Liabilities | (1,796,861) | (1,701,592) |
| Net Assets | 1,619,700 | 1,555,345 |
| Funding Employed Capital & Reserves | | |
| Share Capital | 0 | 0 |
| Retained Income b/fwd | 764,389 | 671,906 |
| Income & Expenditure | 64,355 | 92,483 |
| Revaluation Reserves | 790,956 | 790,956 |
| Funding Employed | 1,619,700 | 1,555,345 |

Key highlights:

The balance sheet as at 31 March 2025 reflects the audited position and year end statutory adjustments, including the revaluation of both housing and investment properties and actuarial valuations of the defined benefit pension schemes.

At 31 March 2026:

- The movement in fixed assets reflects investment in the core programme, the new build programme, and other fixed asset additions, less depreciation to date.
- Current assets (excluding cash) have increased £24.0m since March 2025. An increase in intercompany debtors of £3.3m, mainly with Solutions and due to timing. Intercompany settlements are managed by Treasury to ensure the efficient use of funds across the Group. An increase was also noted in prepayments and other debtors of £20.7m, due to timing of receipt of housing grants.
- Bank and Cash of £18.6m includes deposits in transit and outstanding payments showing in the bank after the month end.
- Current liabilities of £176.4m have decreased by £21.0m from March 2025 with the main movement of £22.5m being in deferred income, reflecting the timing of the recognition of new build grant on the completion of development properties, and in rents & service charges in advance of £3.4m reflecting the timing of the receipt of Housing Benefit payments. This is partly offset by an increase in bank loan repayments due within 1 year of £2.5m.
- Long term liabilities at 31 March 2026 include loan drawdowns to finance the developments across the RSL's and an increase in deferred income reflecting the timing of the recognition of new build grant on the completion of development properties.
- Income and expenditure of £64.4m relates to the RSL Borrower Group surplus for the year.

2b) RSL Borrower Group – Cash Flow Statement

| For the year ended 31 March 2026 | 2025/2026 £'000 |
|--|--------------------|
| Net cash generated from operating activities (see Note1) | 159,184 |
| <u>Cashflow from investing activities</u> | |
| Purchase of tangible fixed assets | (258,061) |
| Sale of tangible fixed assets | 21,906 |
| Grants received | 80,842 |
| | (155,313) |
| <u>Cashflow from financing activities</u> | |
| Interest paid | (67,129) |
| Interest received | 158 |
| Intercompany lending | (9,000) |
| Additional funding received in year to date | 140,000 |
| Repayment of bank loan | (74,790) |
| | (10,761) |
| Net change in cash and cash equivalents | (6,890) |
| Cash and cash equivalents at the beginning of the year | 25,532 |
| Cash and cash equivalents at the end of the period | 18,642 |

| Note 1 | 2025/2026 £'000 |
|---|--------------------|
| <u>Cashflow from operating activities</u> | |
| Statutory surplus for the period | 64,355 |
| <u>Adjustments for non cash items:</u> | |
| Depreciation of tangible fixed assets | 124,714 |
| Movements in working capital | (11,801) |
| Movements in provisions | (302) |
| <u>Adjustments for investing or financing activities:</u> | |
| Government grants utilised in the year | (94,347) |
| Interest paid | 76,706 |
| Interest received | (141) |
| Cashflow from operating activities | 159,184 |

| | |
|------------------------|----------------------------|
| Landlord Name: | Wheatley Housing Group Ltd |
| RSL Reg No.: | 363 |
| Report generated date: | 15/04/2026 16:33:39 |

Approval

| | | |
|------|--------------------|--|
| A1.1 | Date approved | |
| A1.2 | Approver | |
| A1.3 | Approver job title | |
| A1.9 | General Comment | |



| STATEMENT OF COMPREHENSIVE INCOME | | | | | | |
|--|--------------|--------------|--------------|--------------|--------------|--------------|
| | Year 0 | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 |
| | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 |
| Gross rents | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Service charges | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Gross rents & service charges | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Rent loss from voids | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Net rent & service charges | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Developments for sale income | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Grants released from deferred income | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Grants from Scottish Ministers | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Other grants | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Other income | 264.4 | 266.6 | 268.8 | 271.0 | 273.2 | 275.4 |
| TURNOVER | 264.4 | 266.6 | 268.8 | 271.0 | 273.2 | 275.4 |
| Less: | | | | | | |
| Housing depreciation | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Impairment written off / (back) | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Management costs | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Service costs | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Planned maintenance - direct costs | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Re-active & voids maintenance - direct costs | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Maintenance overhead costs | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Bad debts written off / (back) | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Developments for sale costs | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Other activity costs | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Other costs | 264.4 | 266.6 | 268.8 | 271.0 | 273.2 | 275.4 |
| | 264.4 | 266.6 | 268.8 | 271.0 | 273.2 | 275.4 |
| Operating Costs | 264.4 | 266.6 | 268.8 | 271.0 | 273.2 | 275.4 |
| Gain/(Loss) on disposal of PPE | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Exceptional Items - (Income) / Expense | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| OPERATING SURPLUS/(DEFICIT) | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Interest receivable and other income | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Interest payable and similar charges | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Increase / (Decrease) in Negative Goodwill | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Other Gains / (Losses) | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| SURPLUS/(DEFICIT) ON ORDINARY ACTIVITIES BEFORE TAX | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Tax on surplus on ordinary activities | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| SURPLUS/(DEFICIT) FOR THE YEAR AFTER TAX | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Actuarial (loss) / gain in respect of pension schemes | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Change in Fair Value of hedged financial instruments. | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| TOTAL COMPREHENSIVE INCOME FOR THE YEAR | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |



| STATEMENT OF FINANCIAL POSITION | | | | | | |
|---|------------|------------|------------|------------|------------|------------|
| | Year 0 | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 |
| | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 |
| Non-Current Assets | | | | | | |
| Intangible Assets & Goodwill | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Housing properties - Gross cost or valuation | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Less: | | | | | | |
| Housing Depreciation | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Negative Goodwill | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| NET HOUSING ASSETS | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Non-Current Investments | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Other Non Current Assets | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| TOTAL NON-CURRENT ASSETS | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Current Assets | | | | | | |
| Net rental receivables | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Other receivables, stock & WIP | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Investments (non-cash) | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Cash at bank and in hand | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| TOTAL CURRENT ASSETS | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Payables : Amounts falling due within One Year | | | | | | |
| Loans due within one year | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Overdrafts due within one year | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Other short-term payables | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| TOTAL CURRENT LIABILITIES | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| NET CURRENT ASSETS/(LIABILITIES) | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| TOTAL ASSETS LESS CURRENT LIABILITIES | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Payables : Amounts falling due After One Year | | | | | | |
| Loans due after one year | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Other long-term payables | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Grants to be released | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| TOTAL LONG TERM LIABILITIES | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Provisions for liabilities & charges | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Pension asset / (liability) | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| NET ASSETS | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Capital & Reserves | | | | | | |
| Share capital | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Revaluation reserve | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Restricted reserves | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Revenue reserves | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| TOTAL CAPITAL & RESERVES | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Intra Group Receivables - as included above | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Intra Group Payables - as included above | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |



| STATEMENT OF CASHFLOWS | Year 0 | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 |
|---|------------|------------|------------|------------|------------|------------|
| | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 |
| Net Cash from Operating Activities | | | | | | |
| Operating Surplus/(Deficit) | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Depreciation & Amortisation | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Impairments / (Revaluation Enhancements) | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Increase / (Decrease) in Payables | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| (Increase) / Decrease in Receivables | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| (Increase) / Decrease in Stock & WIP | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Gain / (Loss) on sale of non-current assets | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Other non-cash adjustments | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| NET CASH FROM OPERATING ACTIVITIES | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Tax (Paid) / Refunded | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Return on Investment and Servicing of Finance | | | | | | |
| Interest Received | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Interest (Paid) | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| RETURNS ON INVESTMENT AND SERVICING OF FINANCE | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Capital Expenditure & Financial Investment | | | | | | |
| Construction or acquisition of Housing properties | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Improvement of Housing | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Construction or acquisition of other Land & Buildings | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Construction or acquisition of other Non-Current Assets | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Sale of Social Housing Properties | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Sale of Other Land & Buildings | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Sale of Other Non-Current Assets | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Grants (Repaid) / Received | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| CAPITAL EXPENDITURE AND FINANCIAL INVESTMENT | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| NET CASH BEFORE FINANCING | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Financing | | | | | | |
| Equity drawdown | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Debt drawdown | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Debt repayment | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Working Capital (Cash) - Drawn / (Repaid) | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| NET CASH FROM FINANCING | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| INCREASE / (DECREASE) IN NET CASH | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Cash Balance | | | | | | |
| Balance Brought Forward | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Increase / (Decrease) in Net Cash | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| CLOSING BALANCE | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |



| ADDITIONAL INFORMATION | | | | | | |
|---|------------|------------|------------|------------|------------|------------|
| | Year 0 | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 |
| | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 |
| Number of units added during year to: | | | | | | |
| New Social Rent Properties added | 0 | 0 | 0 | 0 | 0 | 0 |
| New MMR Properties added | 0 | 0 | 0 | 0 | 0 | 0 |
| New Low Costs Home Ownership Properties added | 0 | 0 | 0 | 0 | 0 | 0 |
| New Properties - Other Tenures added | 0 | 0 | 0 | 0 | 0 | 0 |
| Transfers in | 0 | 0 | 0 | 0 | 0 | 0 |
| Total number of new affordable housing units added during year | 0 | 0 | 0 | 0 | 0 | 0 |
| Units developed for sale: | | | | | | |
| Number of units developed for sale to RSLs | 0 | 0 | 0 | 0 | 0 | 0 |
| Number of units developed for sale to non-RSLs | 0 | 0 | 0 | 0 | 0 | 0 |
| Development Assumption Indicator | Yes | | | | | |
| Number of units lost during year from: | | | | | | |
| Sales including right to buy | 0 | 0 | 0 | 0 | 0 | 0 |
| Demolition | 0 | 0 | 0 | 0 | 0 | 0 |
| Transfers out | 0 | 0 | 0 | 0 | 0 | 0 |
| Other | 0 | 0 | 0 | 0 | 0 | 0 |
| Number of units managed at end of period (exclude factored units) | 0 | 0 | 0 | 0 | 0 | 0 |
| Units owned: | | | | | | |
| Social Rent Properties | 0 | 0 | 0 | 0 | 0 | 0 |
| MMR Properties | 0 | 0 | 0 | 0 | 0 | 0 |
| Low Costs Home Ownership Properties | 0 | 0 | 0 | 0 | 0 | 0 |
| Properties - Other Tenures | 0 | 0 | 0 | 0 | 0 | 0 |
| Number of units owned at end of period | 0 | 0 | 0 | 0 | 0 | 0 |
| Financed by: | | | | | | |
| Scottish Housing Grants | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Other public subsidy | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Private finance | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Sales | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Cash reserves | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Other | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Total cost of new units | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Development cost per unit | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Assumptions: | | | | | | |
| General Inflation (%) | 2.5 | 3.0 | 2.5 | 2.5 | 2.5 | 2.5 |
| Rent increase - Margin above/below General Inflation (%) | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Operating cost increase - Margin above/below General Inflation (%) | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Direct maint cost increase-Margin above/below General Inflation (%) | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Actual / Assumed average salary increase (%) | 3.3 | 4.0 | 2.5 | 2.5 | 2.5 | 2.5 |
| Average cost of borrowing (%) | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Employers Contributions for pensions (%) | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Employers Contributions for pensions (£'000) | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| SHAPS Pensions deficit contributions (£'000) | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |

| | | | | | | |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| Min. headroom cover on tightest interest cover covenant (£'000) | 64,596.0 | 67,375.8 | 84,761.6 | 85,114.8 | 90,965.7 | 101,300.7 |
| Minimum headroom cover on tightest gearing covenant (£'000) | 216,555.0 | 272,322.9 | 168,230.1 | 236,791.6 | 169,824.5 | 99,341.1 |
| Minimum headroom cover on tightest asset cover covenant (£'000) | 4,150.3 | 4,233.3 | 4,318.0 | 4,404.4 | 4,492.5 | 4,582.4 |
| | | | | | | |
| Total staff costs (including NI & pension costs) (£'000) | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Full time equivalent staff | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| | | | | | | |
| ESSH Revenue Expenditure included above (£'000) | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| ESSH Capital Expenditure included above (£'000) | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Total capital & revenue expend on maint pre-1919 properties | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Total capital & revenue expend on maint all other properties (£'000) | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |

| | | |
|--|----|--|
| Estimated decarbonisation cost indicator | No | |
| Estimated decarbonisation cost (£'000) | - | |

TRENDS & COMPARATORS

| RATIOS | Year -2 | Year -1 | Year 0 | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | National Median |
|---|---------|---------|----------|----------|----------|----------|----------|----------|-----------------|
| | Actual | Actual | Outturn | Forecast | Forecast | Forecast | Forecast | Forecast | |
| Financial capacity | | | | | | | | | |
| Interest cover | - | - | - | - | - | - | - | - | 364.0% |
| Gearing | - | - | - | - | - | - | - | - | 39.2% |
| Efficiency | | | | | | | | | |
| Voids | - | - | - | - | - | - | - | - | 0.6% |
| Arrears | - | - | - | - | - | - | - | - | 1.8% |
| Bad debts | - | - | - | - | - | - | - | - | 0.4% |
| Staff costs / turnover | 0.0% | 0.0% | 0.000% | 0.000% | 0.000% | 0.000% | 0.000% | 0.000% | 20.6% |
| Turnover per unit | - | - | - | - | - | - | - | - | £6,165 |
| Responsive repairs to planned maintenance | - | - | - | - | - | - | - | - | 1.8 |
| Liquidity | | | | | | | | | |
| Current ratio | - | - | - | - | - | - | - | - | 1.6 |
| Profitability | | | | | | | | | |
| Gross surplus / (deficit) | 0.0% | 0.0% | 0.000% | 0.000% | 0.000% | 0.000% | 0.000% | 0.000% | 17.7% |
| Net surplus / (deficit) | 0.0% | 0.0% | 0.000% | 0.000% | 0.000% | 0.000% | 0.000% | 0.000% | 9.5% |
| EBITDA / revenue | 0.0% | 0.0% | 0.000% | 0.000% | 0.000% | 0.000% | 0.000% | 0.000% | 24.8% |
| Financing | | | | | | | | | |
| Debt Burden | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 1.5 |
| Net debt per unit | - | - | - | - | - | - | - | - | £6,841 |
| Debt per unit | - | - | - | - | - | - | - | - | £9,511 |
| Diversification | | | | | | | | | |
| Income from non-rental activities | 100.0% | 100.0% | 100.000% | 100.000% | 100.000% | 100.000% | 100.000% | 100.000% | 16.4% |
| INDICATORS | | | | | | | | | |
| Turnover | 245.0 | 265.0 | 264.4 | 266.6 | 268.8 | 271.0 | 273.2 | 275.4 | |
| Operating costs | 245.0 | 265.0 | 264.4 | 266.6 | 268.8 | 271.0 | 273.2 | 275.4 | |
| Net housing assets | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | |
| Cash & current investments | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | |
| Debt | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | |
| Net assets / capital & reserves | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | |

Comments

| Page | Field | Comment |
|------------------------|--|--|
| Additional Information | Average cost of borrowing (%) | Not applicable |
| Additional Information | Employers Contributions for pensions (£'000) | Not applicable - WH Group company do not directly employ staff |
| Additional Information | SHAPS Pensions deficit contributions (£'000) | Not applicable - WH Group company do not employ staff |
| Additional Information | Total staff costs (including NI & pension costs) | Not applicable - WH Group company do not directly employ staff |
| Additional Information | EESSEH Capital Expenditure included above | Not applicable - WH Group company do not own housing assets |
| Additional Information | Total capital and revenue expenditure on maintenance of pre-1919 properties | Not applicable - WH Group company do own properties |
| Additional Information | Total capital and revenue expenditure on maintenance of all other properties | Not applicable - WH Group company do not own properties |

Report

To: Wheatley Housing Group Board

By: Anthony Allison, Group Director of Governance and Business Solutions

Approved by: Steven Henderson, Group Chief Executive

Subject: 2026/27 Group Delivery Plan

Date of Meeting: 30 April 2026

1. Purpose

- 1.1 This report sets out for Board approval the draft 2026/27 Group Delivery Plan, comprising:
- Strategic projects to be reported to the Board during 2026/27; and
 - Board-level performance measures and corresponding targets.

2. Authorising and strategic context

- 2.1 The Group Board approved our new strategy, *Making Homes and Lives Better*, in February 2026. The Board is now asked to consider and approve the first year Delivery Plan for the new strategy, setting out the strategic projects to be progressed during 2026/27 and the Performance Management Framework (“**PMF**”), including proposed Board-level measures and targets.
- 2.2 Under the Group Standing Orders, the Board has an ongoing role in monitoring the performance of subsidiaries across Wheatley against the agreed measures. Individual RSL Boards are responsible for approving their Annual Return on the Charter (“**Charter**”) returns. They are also responsible for monitoring RSL performance against agreed targets. Together, these arrangements provide clarity on accountability between the Group Board and partner Boards, while enabling consistent oversight of strategic delivery and performance across Wheatley.

3. Background

- 3.1 The 2026/27 Delivery Plan marks a transition point for the Group, moving from the delivery of our previous strategy to the first year of implementation of *Making Homes and Lives Better*. This Delivery Plan focuses on progressing priority projects already underway, establishing new strategic projects required to support delivery of the strategy, and laying the foundations for change in later years.
- 3.2 Throughout the life of the strategy, a new Delivery Plan will continue to be agreed annually alongside an annual review of our strategy. This allows us to consider progress to date as well as any emerging priorities and changes in our external operating environment.

4. Discussion

- 4.1 Core priorities from the previous strategy continue, including building safety and compliance, customer satisfaction, damp and mould, tenancy sustainment, financial discipline and strong operational performance in areas such as arrears and days to let.
- 4.2 However, 2026/27 also marks a step-change, with the introduction of the Wheatley Standard as a quality benchmark for our homes, the establishment of a Single Building Assessment programme to strengthen building safety assurance, a new legislative context for damp and mould and a new phase for City Building (Glasgow).
- 4.3 Proposed strategic projects are set under four themes, which reflect the themes of our strategy:
- Safe and secure homes and neighbourhoods to be proud of;
 - Personalised services;
 - Better lives - Partnership working and tackling homelessness; and
 - Responsible business - strong financial foundations.
- 4.4 The strategic projects within the 2026/27 Group Delivery Plan are primarily focused on improving outcomes for customers by making their homes safer, their services more reliable and their experience more consistent.
- 4.5 The Wheatley Standard, strengthened building safety assurance, improved damp and mould management and enhanced energy efficiency are designed to give customers greater confidence in the condition, safety and long-term quality of their homes. Alongside this, projects to improve repairs, factoring and customer contact aim to deliver services that are more responsive, transparent and tailored to individual needs.
- 4.6 The projects also support better customer outcomes by strengthening partnership working and targeting key pressures facing households and communities, particularly homelessness prevention and tenancy sustainment.
- 4.7 The full list of proposed Group-Board level projects and milestones is set out at Appendix 1.

Safe and secure homes and neighbourhoods to be proud of

- 4.8 The Wheatley Standard is the central element of our 2026-2031 strategy. Our priority is to clearly define the Standard and establish a programme to assess homes and neighbourhoods against it, providing a consistent basis for investment decisions, performance monitoring and Board assurance.
- 4.9 At the upcoming Board strategy workshops, the focus will be on defining the Standard with a view to this being formally agreed by the end of September this year. Engaging with our customers and staff will also be a key element of agreeing the Standard. By the end of 2026/27, we will have established the Wheatley Standard, commenced the initial phase of surveying homes and neighbourhoods against it, and will be in a position to provide early indications of the findings and any emerging investment priorities.

- 4.10 We have two projects which directly relate to the condition of the property. We will continue our preparations for the introduction of Awaab's Law in Scotland in October. We are currently engaging independent specialists and external legal advisors to support the establishment of our organisational readiness and preparing our revised Damp and Mould Policy.
- 4.11 By the end of 2026/27, our updated Damp and Mould Policy will be in place, we will be reporting on compliance with Awaab's Law through the performance framework, and the Board will be receiving regular assurance on the management of damp and mould cases through a combination of performance reporting and standalone updates.
- 4.12 We are also continuing with our Asset Compliance Programme project. It will continue to focus on the harmonisation of our approach and processes across Wheatley, increasing the level of automation in our approach and increasing the level of data we hold on work delivered via third parties.
- 4.13 By the end of 2026/27, we will have established standard processes across Wheatley, improved technology functionality for managing compliance activity, and enhanced the quality and completeness of data on compliance work delivered by contractors. These improvements will support even more robust Board-level assurance on statutory compliance.
- 4.14 A new project is to develop a Single Building Assessment ("**SBA**") Programme. This is subject to a separate report elsewhere in the agenda. By the end of 2026/27, the programme will be mobilised, the management protocol refined based on early delivery and the Board will receive further assurance through SBA reporting on the condition and compliance of our multi-storey flat stock.
- 4.15 Ensuring energy-efficient homes remains a focus for us; this is particularly pertinent considering upcoming changes to heat network regulations. As such, a review of the impending regulations as well as our own networks will be undertaken to assess the impact on our business and develop proposals in response to ensure ongoing compliance, consumer protection and performance monitoring arrangements.
- 4.16 By the end of 2026/27, we will have met the initial regulatory requirements under the heat network regulations, completed Ofgem registration, and established governance and reporting arrangements to provide the Board with ongoing assurance.

Personalised services

- 4.17 Responding to the needs of customers and providing tailored service delivery is our second theme. Improving customer satisfaction with our repairs service and our factoring service are two key priorities in the wider family of strategies and this is reflected in the two projects.
- 4.18 For factored owners, we will implement the next stages of our Lowther IT platform renewal. The new, significantly modernised platform will enable us to improve areas that our customer insight tells us are drivers of satisfaction: better communication, particularly using digital; easier access to information through digital self-service; and greater clarity in the billing of communal repairs.

- 4.19 Given the risks that need to be mitigated as part of any major system change and the interdependence on an external provider, we are continuing to be cautious in our assumptions about delivery and incorporating prudent levels of contingency.
- 4.20 By the end of 2026/27, we will have a clear pathway and timescale for implementing the new system and have a high level of independent assurance and testing to support the pathway assumptions. Over time the new platform will leave us well placed to drive improvements in customer satisfaction. The new platform is fully aligned with our focus on improving customer data and developing a single view of the customer.
- 4.21 Our continued focus on improving the repairs experience will see us develop proposals to move toward an area-based delivery model for repairs in the West. Our experience in other areas of Wheatley has consistently shown that an area-based model, with greater integration and collaboration of repairs, housing, Customer First Centre and planning teams, delivers better outcomes for customers. This will also apply to the delivery of factoring repairs, where we know improving the service will support improving factoring customer satisfaction overall.

Better lives - Partnership working and tackling homelessness

- 4.22 Our strategy recognises that partnership working is essential to us, supporting better outcomes for our communities. Our biggest partner is Glasgow City Council, where we work collaboratively in a number of areas such as: housing and regeneration; neighbourhoods; homelessness; Tackling Poverty and Inequality; and City Building (Glasgow).
- 4.23 We are currently engaging with Glasgow City Council on how our respective strategies are reflected in our strategic agreement. We expect this to lead to a refreshed strategic agreement which better reflects our joint priorities and has strengthened monitoring and reporting arrangements.
- 4.24 By the end of 2026/27, we expect to have a new strategic partnership which is facilitating progress in the key areas set out above.
- 4.25 We recognise that with the volume of homes we are allocating to homeless households and the implications of Awaab's Law on how we deal with overcrowding, the timing is appropriate for a review of our allocations policy. This will be supported by independent external expertise.
- 4.26 By the end of 2026/27, we will have completed a comprehensive review of the Group Allocations Policy, with clear recommendations to the Board on proposed changes to better balance customer need, legal obligations and effective use of stock.

Responsible business - strong financial foundations

- 4.27 In unlocking financial efficiencies to deliver on our strategic objectives, significant progress has been made in developing the Group's loan note programme. Contributing to the Group's long-term funding strategy we will continue this project with a draft loan note documentation approved by the Board, and regulatory consent secured from the Financial Conduct Authority, enabling the programme to move to an operational phase.

- 4.28 We will also review the City Building (Glasgow) charging model to consider whether the current schedule of rates approach remains the optimum model. We will also undertake a benchmarking exercise to better understand how the existing model compares more widely. This is a substantial project which will involve a wide range of stakeholder engagement as City Building (Glasgow) also delivers work for Glasgow City Council and some of its Arm's Length External Organisations, such as City Property LLP.

Measures and Targets 2026/27

- 4.29 We have revised our PMF to align it with our new strategy. As with previous strategies, some new measures will require baseline data or the refinement of formal measurement methodologies during 2026/27.
- 4.30 For the year ahead key areas of operational focus will continue to be days to let and the void process, repairs satisfaction and tackling damp and mould. The strategic projects reflect these performance measures as key operational priorities. At Executive level, we are also developing more detailed operational performance frameworks. These will support clearer line-of-sight between operational drivers and outcomes and enable the Board to receive more targeted assurance on overall performance.
- 4.31 Appendix 2 details the proposed measures and targets to be reported to the Board quarterly or bi-annually for Year 1 of the strategy, 2026/27. It should be noted that this appendix does not include the annual measures e.g. independent customer satisfaction measures, as our quarterly reports focus on measures which are measured on an ongoing basis. Our annual measures are drawn directly from our strategy, will be updated at each year-end, and any updates agreed as part of the annual strategy review.
- 4.32 All other proposed changes and additions are captured in Appendix 2, against each of our four strategic themes, with the key updates summarised below:

Homes and neighbourhoods to be proud of

- 4.33 Over the next year we will deliver 611 new homes. This is a slight reduction on the 656 in 2024/25 but increases to an average of 1,000 a year over the next four years as major projects such as Wyndford come into the programme. We continue our focus on compliance, adding a target for Single Building Assessments during 2026/27 and continuing to monitor accidental dwelling fires against our significantly reduced 2025/26 figure. It should be noted that as we define and assess our homes against the Wheatley Standard, additional measures are likely to be added, such as checks on features such as balconies and window latches.

Personalised services

- 4.34 As core services delivered to our customers, our repairs and CFC measures feature heavily. We have a strategic result to achieve 90%+ customer satisfaction with the repairs experience; we therefore propose reporting satisfaction as our primary repairs performance indicator. To further strengthen this measure, we also plan to ask three additional questions in our surveys to establish customer satisfaction with: the quality of workmanship; the standard of communication; and the time taken to complete the job(s).

- 4.35 We will continue to report on the average timescales for repairs, but rather than all repairs combined, broken down by repair type (either appointed or programmed) and with prior year comparators.
- 4.36 Additionally, it is proposed that we begin to align our damp and mould targets with the upcoming Awaab's Law requirements with 5 and 20 working day measures for the first appointment and completing the repair. This will necessitate a consequential change to our current policy which sets out 2 working days as our target for a first visit (where it is not an emergency, which will remain 3 hours).

Better Lives

- 4.37 Alongside our ongoing focus on lets to homeless households, recognising the strong contribution we made to tackling homelessness over our last strategy period, we have a continued ambition to house 11,000 homeless households over the next five years. We also remain focused on tenancy sustainment with a strategic ambition to maintain our 90%+ target.

Delivering sustainable value

- 4.38 We will continue to let our homes efficiently and collect monies due, proposing to reduce our gross rent arrears targets further once again, to 4.9% and 2.9% for our RSLs and Lowther Residential respectively. In line with our strategic ambitions, we also set a baseline for the number of staff engaging with our innovation activities.

5. Customer Engagement

- 5.1 Our Delivery Plan has four strategic ambitions which respond to the key customer priorities identified through engagement with over 6,000 customers during our strategy development. Within our new strategy, we are committed to ensuring 100% of customer-facing policies and strategic projects are informed by customer insight.
- 5.2 This reflects our strong focus on our customers influencing and co-creating with us. When relevant, customer engagement is embedded as specific milestones of strategic projects which will directly impact the way we deliver services or the way they can be drawn down by customers.

6. Environmental and sustainability implications

- 6.1 The Wheatley Sustainability Framework is being updated to reflect our new strategy. In particular, investment activity to establish the Wheatley Standard baseline will take a sustainable approach.

7. Digital transformation alignment

- 7.1 Our strategy includes the objective 'drive effective solutions, harnessing digital capabilities and data assets.' We have developed a strategic project to establish the foundations needed to deliver our future aims, including creating a single view of the home and customer.

8. Financial and value for money implications

- 8.1 There are no new financial implications associated with this report at this stage, with known cost implications covered via the approved 2026/27 business plan. However, the Wheatley Standard will provide us with a better basis to make investment choices on improving our assets. This will be discussed further at the Board meeting in June.

9. Legal, regulatory and charitable implications

- 9.1 There are no specific legal or regulatory implications however, we continue to collect all measures required for the Annual Return on the Charter.

10. Risk Appetite and assessment

- 10.1 We do not have a single risk appetite in respect of strategy. Our risk appetite seeks to take into account a range of factors which may impact the delivery of our strategy.
- 10.2 Our strategy is highly ambitious and contains a high degree of interdependencies. The proposed approach seeks to mitigate the risk that the complexity associated with the level of interdependencies is not effectively managed through a structured approach. Risks in line with our updated strategy will be discussed with Boards in May.

11. Equalities implications

- 11.1 Project monitoring and evaluations consider our equity, diversity and inclusion approach and, where these meet our criteria, Equalities Impact Assessments are undertaken at the outset of new projects to ensure compliance with equality legislation, where applicable, and that we have fully considered the implications of our proposals on different protected characteristic groups.

12. Key issues and conclusions

- 12.1 The 2026/27 Group Delivery Plan sets out a clear, phased approach to delivering in the first year of our new strategy. It maintains focus on core performance and compliance that will shape delivery over the next five years.
- 12.2 The proposed strategic projects and refreshed Performance Management Framework provide a structured basis for Board oversight, assurance and risk management, enabling confident progression into the next phase of strategic delivery.

13. Recommendations

- 13.1 The Board is asked to:
- 1) Approve the 2026/27 strategic projects;
 - 2) Approve the proposed measures and corresponding targets for 2026/27; and
 - 3) Approve the update to the Group Damp and Mould policy to set our target timescale for the first visit in no-emergency cases to 5 working days.

LIST OF APPENDICES:

Appendix 1: Strategic Projects 2026/27

Appendix 2: Strategic Results and KPIs with associated targets for year 1

| Project | Milestones | Milestone dates |
|---|---|-----------------|
| Defining the Wheatley Standard | Board engagement completed through Strategy Workshops to inform the Wheatley Standard | 30/6/26 |
| | Customer and staff engagement completed to inform the final Wheatley Standard | 30/8/26 |
| | Wheatley Standard and approach to investment prioritisation approved by RSL, Lowther and Group Boards | 30/9/26 |
| | Progress update to Boards on initial phase of Wheatley Standard surveys | 31/3/27 |
| Damp and mould - Awaab's Law | Refreshed Group Damp and Mould Policy approved for customer consultation | 31/8/26 |
| | Board assurance update on organisational readiness for Awaab's Law | 31/8/26 |
| | Final Group Damp and Mould Policy approved following customer consultation | 30/9/27 |
| | Policy implementation and compliance update provided to relevant Boards | 28/2/27 |
| Asset Compliance Programme Year 2 | Undertake a pilot of enhanced compliance technology functionality in a limited number of areas | 31/10/27 |
| | Agree a standardised set of processes and procedures for the key compliance related activity across Wheatley | 31/12/27 |
| | Agree integration approach with third party supplier (Equans) to support automated data transfer and streamline the commissioning process | 31/1/27 |
| Single Building Assessment Programme | Board approval of Single Building Assessment approach and delivery programme | 30/4/26 |
| | Fire engineers procured to support SBA delivery | 30/6/26 |
| | Single Building Assessment Management Protocol developed and approved | 31/7/26 |
| | Single Building Assessment Programme mobilised and delivery commenced | 31/8/26 |
| | Programme outcomes reviewed and SBA Management Protocol refined as required | 31/1/27 |
| | Progress and assurance update provided to RSL, Lowther and Group Boards | 30/4/27 |

| Project | Milestones | Milestone dates |
|--|--|-----------------|
| Heat Network Regulations | Governance arrangements established to meet Heat Network regulatory requirements | 31/8/26 |
| | Board update on progress toward compliance with Heat Network regulations | 31/8/26 |
| | Heat Network registration completed with Ofgem | 31/12/26 |
| | Progress update to RSL Boards on ongoing compliance, consumer protection and performance monitoring arrangements | 31/3/27 |
| Lowther Homes Factoring technology platform (continued) | Independent assurance completed – financial readiness | 31/10/26 |
| | Business readiness programme concluded including staff engagement and training | 31/1/27 |
| | Customer Engagement Programme concluded and delivery ready (Phase 2) | 31/3/27 |
| West repairs – Area based operating | Review of the current repairs delivery model for the West | 30/9/26 |
| | Preferred operating model approved following options appraisal | 31/12/26 |
| | Transition and implementation approach agreed for any new operating model | 31/3/27 |
| Glasgow city Council – refreshed strategic partnership | Refreshed Strategic Agreement agreed by the joint Wheatley/Glasgow City Council Senior Officers Group | |
| | Refreshed Strategic Agreement formally approved by the Wheatley Board and Glasgow City Council | |
| | New partnership monitoring and reporting arrangements implemented | |
| Group allocations policy review | Scope and key principles for the Group Allocations Policy review approved | 31/5/26 |
| | Consultant procured | 31/7/26 |
| | Tenant and stakeholder engagement commenced | 31/9/26 |
| | Findings from the consultant review and next steps to presented to the Group Board | 31/3/27 |
| Loan note programme | Loan note programme size and parameters agreed | 30/9/26 |

| Project | Milestones | Milestone dates |
|----------------------------------|---|-----------------|
| | | |
| | Draft loan note and supporting documentation prepared | 30/11/26 |
| | Loan note programme and documentation approved by the Board | 28/2/27 |
| | Regulatory approval obtained from the FCA | 31/3/27 |
| | Loan note programme formally established and operational | 31/3/27 |
| CBG Charging Model Review | Scope and objectives of the charging model review approved by Members | 30/6/26 |
| | Benchmarking of current charging arrangements completed | 30/9/26 |
| | Options appraisal completed and preferred charging model agreed in principle by Members for further development | 30/9/26 |
| | Financial modelling completed and recommendations made to Members on future approach and implementation | 31/3/27 |

Group Board Strategic Results and KPIs 2026 to 2027 – Quarterly or bi-annual reporting only

New measures are shown in **blue** and changes are shown in **red**



1. Homes and neighbourhoods to be proud of

Supply

| Indicators | 2025/26 results at Feb '26 (unless stated) | Update | Proposed Year 1 Target (2026/27) | Year 5 Target (2030/31) | Measure Type |
|---|--|---|---|-------------------------|--------------|
| Theme 1, Result 3: Net increase of new affordable homes by at least 4,000 by 2031 | | Annual target taken from 5-year development programme | 611 | 4,000 | Business |
| Annual progress with our development programme against both social and mid-market targets | Year end Group – 656 WHG - 186 Loretto - 61 WHE - 377 WHS - 20 Lowther – 12 | Annual target taken from 5-year development programme | Group - 611 WHG - 77 Loretto - 85 WHE - 265 WHS - 122 Lowther - 62 | | Business |
| Satisfaction with new homes annually, with a target of 95% | Baseline established during 2025/26 and will be reported at year end | No change; albeit annual targets towards year 5 will be updated post year-end | 95% | 95% | Customer |

Health and Safety (including Fire)

| Indicators | 2025/26 results at Feb '26 (unless stated) | Update | Proposed Year 1 Target (2026/27) | Year 5 Target (2030/31) | Measure Type |
|---|--|-----------|----------------------------------|-------------------------|--------------|
| Number of RIDDOR reported | 5 YTD: Wheatley 360 - 2 Wheatley Solutions - 0 WHS - 1 WH Glasgow – 0 Loretto - 0 WHE - 1 Lowther - 0 Wheatley Foundation - 0 Wheatley Care - 1 | No change | Contextual | Contextual | Business |
| Group - Number of Health and Safety Executive or local authority environmental team interventions | 0 | No change | 0 | 0 | Business |

| Indicators | 2025/26 results at Feb '26 (unless stated) | Update | Proposed Year 1 Target (2026/27) | Year 5 Target (2030/31) | Measure Type |
|--|--|--|--|---|--------------|
| Number of days lost due to work related accidents | 128 | No change | Contextual | Contextual | Business |
| Number of accidental fires in workplace | 0 | No change | 0 | 0 | Business |
| Number accidental dwelling fires, and per 1,000 stock | 1.57 | While no longer a strategic target to reduce from a set baseline, minimising the number of ADFs remains a priority | Contextual, considered against 2025/26 figure | Contextual, considered against 2025/26 figure | Business |
| 100% of applicable properties have a fire risk assessment (HMOs) | 100% | No change | 100% | 100% | Business |
| Number of FRA actions overdue | 34 overdue | To be reported based on Board feedback | 0 | 0 | |
| Number of fire door checks completed where building is 11m - 18m/MSF or above every 6 months | April to September 10,568 February 10,572 (of 10,714) | No change | April to September 10,568 October to March 10,714 (including an additional 146 in the East under 18m) | | Business |
| Number of Single Building Assessments completed | New | Added, with 11 scheduled for 2026/27 | 11 | Annually set | Business |

Compliance

| Indicators | 2025/26 results at Feb '26 (unless stated) | Update | Proposed Year 1 Target (2026/27) | Year 5 Target (2030/31) | Measure Type |
|--|---|-----------|----------------------------------|-------------------------|--------------|
| Legionella - percentage of applicable properties with a valid risk assessment in place | Q3 2025/26: WHG – 100% Loretto – 100% WHE – 100% WHS – 100% | No change | 100% | 100% | Business |
| % of electrical installation inspections completed and number due to be completed | Q3 2025/26: WHG – 88.01% - 3,869 Loretto – 84.96% - 452 WHE – 97.57% - 371 WHS – 74.66% - 2,399 | No change | 100% | 100% | Business |

| Indicators | 2025/26 results at Feb '26 (unless stated) | Update | Proposed Year 1 Target (2026/27) | Year 5 Target (2030/31) | Measure Type |
|---|---|-----------|----------------------------------|-------------------------|--------------|
| % of properties with an EICR certificate up to 5 years old | Q3 2025/26: WHG – 99.91% Loretto – 99.86% WHE – 99.87% WHS – 99.93% | No change | 100% | 100% | Business |
| Number of times during the reporting year we did not meet our statutory obligations to complete a gas safety check within 12 months of a gas appliance being fitted or its last check (ARC) | Q3 2025/26: WHG - 0 Loretto - 0 WHE - 0 WHS – 5 | No change | 0 | 0 | Business |
| Percentage of domestic stair and through floor lifts with a completed annual inspection and test against the number due to be completed | Q3 2025/26: WHG – 100% Loretto – 100% WHE – 100% WHS – 100% | No change | 100% | 100% | Business |
| Percentage of passenger lifts with a completed six-month inspection and test against the number due to be completed | Q3 2025/26: WHG – 99.26% Loretto – 100% WHE – 100% WHS – 100% | No change | 100% | 100% | Business |

Neighbourhood

| Indicators | 2025/26 results at Feb '26 (unless stated) | Update | Proposed Year 1 Target (2026/27) | Year 5 Target (2030/31) | Measure Type |
|--|--|-----------|----------------------------------|-------------------------|--------------|
| % ASB cases resolved (ARC) | Group RSLs - 97.67% WH Glasgow – 100% WHS – 98.21% WHE – 97.37% Loretto – 100% | No change | 100% | 100% | Business |
| 95% of ASB cases resolved within timescale | Group RSLs – 90.51% WH Glasgow – 94.28% WHS – 96.43% WHE – 96.84% Loretto – 100% | No change | 95% | 95% | Business |
| Number of repeat ASB cases | 929 (against upper limit of 866) | No change | Contextual | Contextual | Business |

2. Personalised services

Repairs

| Indicators | 2025/26 results at Feb '26 (unless stated) | Update | Proposed Year 1 Target (2026/27) | Year 5 Target (2030/31) | Measure Type |
|--|---|---|----------------------------------|-------------------------|--------------|
| Theme 2, Result 3: Satisfaction with the repair experience | MyVoice to Nov '24: WH Glasgow – 79.97% Loretto – 82.09% | Transactional survey after a repair has been completed, using our digital survey tool | 90% | 90%+ | Customer |
| Satisfaction with the quality of workmanship | New | | 90% | 90%+ | Customer |
| Satisfaction with the quality of communication | New | | 90% | 90%+ | Customer |
| Satisfaction with the time taken to complete the repair | New | | 90% | 90%+ | Customer |
| Average length of time taken to complete emergency repairs (ARC) | Group (incl Lowther) – 2.83 hours Group RSLs – 2.80 hours | No change | 3 | 3 | Business |
| Average length of time taken to complete non- emergency repairs (ARC) | Group (incl Lowther) – 8.49 days Group RSLs – 7.76 days | To be split and reported by repair type - Appointed - Programmed | Contextual | Contextual | Business |
| Percentage of reactive repairs carried out in last year completed right first time (ARC) | 98.70% | No change | 90% | 90% | Business |
| Mould inspection lines - Number and % Attended in 5 Working Days | 10,493 - 77.98% | It is proposed tis is changed to 5 working days correspond with future Awaab law requirements | Contextual | Contextual | Business |
| Mould inspection lines - Number and % Attended outwith 5 Working Days due to customer choice | 43.22% | It is proposed tis is changed to 5 working days correspond with future Awaab law requirements | Contextual | Contextual | Business |
| Mould inspection lines - Categorisation as No mould found/ Mild/ Moderate/ Severe | No mould found - 2008 Mild - 8216 Moderate - 262 Severe - 7 | No change until new Awaab law measures commenced | Contextual | Contextual | Business |
| Mould remedial lines - % Completed in 15 Working Days | 88.10% | No change until new Awaab law measures commenced | Contextual | Contextual | Business |
| Number of cases of damp and/or mould, by causation (to support ARC) | Established during 2025/26 Condensation – 5,811 Structural - 239 Other – 2,817 | No change | NA | Contextual | Business |

| Indicators | 2025/26 results at Feb '26 (unless stated) | Update | Proposed Year 1 Target (2026/27) | Year 5 Target (2030/31) | Measure Type |
|--|--|---|----------------------------------|-------------------------|--------------|
| Average timescale for the completion of cases of damp and/or mould, by causation (ARC) | Established during 2025/26 Condensation – 14.69% Structural – 7.06% Other – 12.22 | No change to measure itself and continues to be reported overall and by causation (condensation, structural or other). Target of 20 days proposed to correspond with future Awaab law requirements | 20 days | 20 days | Business |
| Number of re-opened cases of damp and/or mould, by causation (ARC) | Established during 2025/26 | No change, reported overall and by causation (condensation, structural or other) | Contextual | Contextual | Business |
| The percentage of cases of damp and/or mould that have been re-opened, by causation (ARC) | Established during 2025/26 | No change, reported overall and by causation (condensation, structural or other) | Contextual | Contextual | Business |
| Number of open cases of damp and/or mould at year end, by causation (ARC) | Will be advised at year end 2025/26 reporting | No change, reported overall and by causation (condensation, structural or other) | Contextual | Contextual | Business |
| Repair complaints as a percentage of all reactive repairs / Repair complaints per 100 reactive repairs | TBC | No change | Contextual | Contextual | Business |
| Stage 2 repair complaints as a percentage of Stage 1 repair complaints | 17.44% | No change | Contextual | Contextual | Business |
| The average time to complete medical adaptations (ARC) | 17.12 days | No change. Note, contingent on the availability of funding to undertake the work | 25 | 25 | Business |
| No of households waiting for adaptations to their home (ARC) | 97 | No change | Contextual | Contextual | Business |

Housing

| Indicators | 2025/26 results at Feb '26 (unless stated) | Update | Proposed Year 1 Target (2026/27) | Year 5 Target (2030/31) | Measure Type |
|--|---|-----------|----------------------------------|-------------------------|--------------|
| Theme 2, Result 3: Satisfaction with the process of getting my new home is improved to 90% Allocations CSAT | MyVoice Nov '25 – 4.4 Nov'25 in-month – 88.98% | No change | 90% | 90% | Customer |
| 100% of tenants receive an annual tenant visit | Group RSLs – 79.83% WH Glasgow – 78.06% WHS – 91.5% WHE – 70.37% Loretto – 88.03% | No change | 100% | 100% | Business |

CFC

| Indicators | 2025/26 results at Feb '26 (unless stated) | Update | Proposed Year 1 Target (2026/27) | Year 5 Target (2030/31) | Measure Type |
|---|--|--|----------------------------------|---------------------------------|--------------|
| Theme 2, Result 3: Customer satisfaction with the CFC is 90%+ - CFC CSAT | November 2025 - 88.36% (ARC equivalent) | No change | 90%+ | 90%+ | Customer |
| % customers reporting that they have called about their enquiry before (IVR) & % customers reporting their enquiry was resolved in the CFC (survey) | New New | New for 2026-27, to more effectively measure first contact resolution from the customer perspective. Methodologies and baselines will be established and thereafter targets set. | 15% (IVR) 90% (Survey) | TBD | Customer |
| Revised call abandonment rate - those waited over 30secs and abandoned | 4.19% (in month for Feb) 6.39% (Year to date) | No change | 5.5% RSLs 5% Lowther 6.5% | 5.5% RSLs 5% Lowther 6.5% | Business |

Complaints

| Indicators | 2025/26 results at Feb '26 (unless stated) | Update | Proposed Year 1 Target (2026/27) | Year 5 Target (2030/31) | Measure Type |
|---|--|-----------|----------------------------------|-------------------------|--------------|
| Average number of working days to respond to stage 1 complaints (ARC) | Group (incl Lowther) – 3.92 WH Glasgow – 4.11 WHS – 3.54 WHE – 3.91 Loretto – 3.60 (Lowther Tenants – 3.75 Lowther Owners – 3.68) | No change | 5 | 5 | Business |
| Average number of working days to respond to stage 2 complaints (ARC) | Group (incl Lowther) – 15.54 WH Glasgow – 16.45 WHS – 14.81 WHE – 16.17 Loretto – 16.00 (Lowther Tenants – 13.79 Lowther Owners – 14.74) | No change | 20 | 20 | Business |

| Indicators | 2025/26 results at Feb '26 (unless stated) | Update | Proposed Year 1 Target (2026/27) | Year 5 Target (2030/31) | Measure Type |
|---|---|---|----------------------------------|-------------------------|--------------|
| Average number of working days to respond to all complaints – Stage 1 and 2 (ARC) | Group (incl Lowther) – 5.54 WH Glasgow – 5.49 WHS – 5.00 WHE – 5.42 Loretto – 4.76 (Lowther Tenants – 5.37 Lowther Owners – 6.00) | No change | Contextual | Contextual | Business |
| Percentage of stage 1 complaints responded to within 5 working days (SPSO) | Group – 94.59% | No change | 95% | 95% | Business |
| 10% reduction in complaints escalated to Stage 2 from a 2026 baseline | New | Baseline will inform annual targets | | -10% | Business |
| Percentage of stage 2 complaints (direct to stage 2) responded to within 20 working days (SPSO) | Q3 2025/26: WHG – 98.11% WHS – 100% WHE – 100% Loretto – 100% Lowther – 100% | No change; although noting that if agreed with the customer to exceed the 20 days this is permitted in the SPSO model complaint handling procedures | 100% | 100% | Business |
| Percentage of escalated complaints (from stage 1 to stage 2) responded to within 20 working days (SPSO) | Q3 2025/26: WHG – 99.63% WHS – 100% WHE – 100% Loretto – 100% Lowther – 100% | No change; although noting that if agreed with the customer to exceed the 20 days this is permitted in the SPSO model complaint handling procedures | 100% | 100% | Business |

3. Better lives

Housing

| Indicators | 2025/26 results at Feb '26 (unless stated) | Update | Proposed Year 1 Target (2026/27) | Year 5 Target (2030/31) | Measure Type |
|---|---|---|----------------------------------|-------------------------|--------------|
| Theme 3, Result 1: Housing at least 11,000 homeless households by 2031 | 2,309 at February 2026 12,050 over course of strategy at February 2026 | No change, albeit new strategic target | 2,200 | 11,000 | Business |
| 90%+ tenancy sustainment: Percentage of tenants who sustain their tenancies for more than 12 months (ARC) | Group RSLs - 92.89% | No change, albeit new as a strategic target | 90% | 90%+ | Business |
| Percentage of tenants who sustain their tenancies for more than 12 months - revised | Group RSLs - 94.63% | No change | 92% | 92% | Business |
| Percentage of tenants who sustain their tenancies for more than 12 months (ARC) - homeless | Q3 2025/26 WH Glasgow – 94.43% WHS – 87.96% WHE – 93.48% Loretto – 91.11% | No change | 90%+ | 90%+ | Business |
| Percentage of lets to homeless applicants (ARC) | Q3 2025/26 Group – 56.62% WH Glasgow – 59.17% WHS – 51.95% WHE – 52.20% Loretto – 55.10% | No change | Contextual | Contextual | Business |
| Percentage of relevant lets to homeless applicants | Group RSLs – 60.00% WH Glasgow – 60.86% WHS – 54.62% WHE – 61.55% Loretto – 66.43% | No change | Contextual | Contextual | Business |

Foundation

| Indicators | 2025/26 results at Feb '26 (unless stated) | Update | Proposed Year 1 Target (2026/27) | Year 5 Target (2030/31) | Measure Type |
|---|--|--|----------------------------------|-------------------------|--------------|
| Theme 2, Result 3: Satisfaction with participation in Wheatley Foundation projects | New | Strategic period baseline to be established during 2026/27 | Baseline set | TBD | Business |

| Indicators | 2025/26 results at Feb '26 (unless stated) | Update | Proposed Year 1 Target (2026/27) | Year 5 Target (2030/31) | Measure Type |
|---|--|--|--|---|--------------|
| Theme 3, Result 2: 5,000 jobs, apprentice and training places created for our customers and communities: Wheatley Works | 1,093 | No change, albeit new strategic target | Group - 1,000 WHG - 650 WHS - 110 WHE - 130 Loretto - 25 Lowther - 85 | Group - 5000 WHG - 3,250 WHS - 550 WHE - 650 Loretto - 125 Lowther - 425 | Business |
| Children & Young People accessing Foundation programmes | New 2,843 | New for 2026-27 | Group - 2,000 WHG - 1250 WHS - 200 WHE - 300 Loretto - 75 Lowther - 175 | Group - 10,000 WHG - 6,250 WHS - 1,000 WHE - 1,500 Loretto - 375 Lowther - 875 | Business |
| No. of households accessing support to maximise income and prevent poverty | New 10,802 | New for 2026-27 | Group - 8,000 WHG - 5,200 WHS - 1,300 WHE - 1,100 Loretto - 300 Lowther - 100 | Group - 40,000 WHG - 26,000 WHS - 6,500 WHE - 5,500 Loretto - 1,500 Lowther - 500 | Business |
| No. of interventions that help alleviate poverty | New | New for 2026-27 | Group - 12,000 WHG - 8,040 WHS - 1,800 WHE - 1,560 Loretto - 480 Lowther - 120 | Group - 60,000 WHG - 40,200 WHS - 9,000 WHE - 7,800 Loretto - 2,400 Lowther - 600 | Business |

4. Delivering sustainable value

Rent and letting operations

| Indicators | 2025/26 results at Feb '26 (unless stated) | Update | Proposed Year 1 Target (2026/27) | Year 5 Target (2030/31) | Measure Type |
|--|--|--|----------------------------------|-------------------------|--------------|
| Gross rent arrears (ARC) | Group RSLs – 5.30% WHG C – 5.66% WHG A – 5.71% WHG B – 4.72% WHS – 4.07% WHE C – 5.57% WHE A – 5.41% WHE B – 6.89% Loretto C – 3.44% Loretto A – 3.90% Loretto B – 2.75% | No longer a strategic result; however, propose target reduces to 4.9% for 2026/27 and will be set annually | 4.9% | TBD | Business |
| Gross rent arrears - Lowther Residential | 3.14% | No longer a strategic result; however, propose target reduces to 2.9% for 2026/27 and will be set annually | 2.9% | TBD | Business |

| Indicators | 2025/26 results at Feb '26 (unless stated) | Update | Proposed Year 1 Target (2026/27) | Year 5 Target (2030/31) | Measure Type |
|-------------------------------------|--|-----------|----------------------------------|---------------------------|--------------|
| Average days to re-let a home (ARC) | Group RSLs – 20.45 days WHG – 25.25 WHS – 9.81 WHE – 12.35 Loretto – 10.83 | No change | RSLs - 16 Lowther - 10 | RSLs - 16 Lowther - 10 | Business |

People

| Indicators | 2025/26 results at Feb '26 (unless stated) | Update | Proposed Year 1 Target (2026/27) | Year 5 Target (2030/31) | Measure Type |
|---|--|--|--|---|--------------|
| The number of staff who engage with our innovation activities increases annually from a 2026 baseline | New | Baselines to be set across year 1 of the new strategy period | Baseline set | Contextual | Business |
| Group - % Sickness rate overall | 5.28% | No change | 3% | 3% | Business |
| Group - % sickness per subsidiary and key work groupings | WH Glasgow – 1.81% WHS – 6.42% WHE 5.06% Loretto – 6.76% Lowther – 0.73% Wheatley Solutions – 3.68% CFC – 7.07% (Care – 7.27%) Repairs – 6.59% NETs 5.66% Group (minus Care, Repairs & NETs) – 3.97% | No change | 3%, other than NETs, Repairs and CFC at 5% | 3% other than NETs, Repairs and CFC at 5% | Business |

Report

To: Wheatley Housing Group Board

By: Laura Pluck, Group Director of Communities

Approved by: Steven Henderson, Group Chief Executive

Subject: Multi-Storey Flats Asset Investment and Building Safety

Date of Meeting: 30 April 2026

1. Purpose

- 1.1 The purpose of this report is to:
- Provide the Board with an update on the Multi-Storey Flat ('**MSF**') Strategic Asset Investment Plan project;
 - Outline building safety related activity in our MSFs;
 - Provide the Board with an update on the introduction of Single Building Assessments ('**SBA**') by the Scottish Government which were introduced through The Housing (Cladding Remediation) (Scotland) Act 2024; and
 - Seek approval for our proposed programme of SBAs from 2026 onwards.

2. Authorising and strategic context

- 2.1 Under the Group Standing Orders, the Group Board has responsibility for approving and monitoring the annual Delivery Plan. Developing an MSF Strategic Asset Investment Plan was established as a strategic project in the 25/26 Group Delivery Plan approved by the Board in April 2025.
- 2.2 Making sure our tenants live in high quality, warm, safe and secure homes is a key priority for us. Our 2026-2031 strategy sets out our commitment to developing and implementing a bespoke Wheatley Standard for our homes and environments including our MSF stock.

3. Background

- 3.1 Over the last two years, we have developed and implemented our Group Asset Strategy and corresponding Strategic Asset Investment Plans for our RSLs and Lowther. One of the key drivers in our Group Asset Strategy is the need to develop specific Asset Investment Plans reflecting the needs of stock types of particular importance and/or complexity, such as our MSFs.
- 3.2 This report details progress with the work to develop an MSF Strategic Asset Investment Plan and how we propose to use good practice to develop Building Safety Assessments to provide increased assurance on MSF building safety and how our proposal to progress SBAs in response to The Housing (Cladding Remediation) (Scotland) Act 2024.

4. Discussion

MSF Strategic Asset Investment Plan

- 4.1 Our MSFs represent a significant and important part of our housing stock. Our 2025-26 strategic project focused on our MSFs which represent the most pressing asset management challenges (over 11 metre and constructed pre-1980s). In Wheatley Homes Glasgow this equates to just under 10,000 homes (across 132 blocks and 41 sites), 23% of its stock and £57 million of its annual rental income.
- 4.2 Our track record of investing in our MSFs is strong, with over £28 million invested in the last five years which in general ensures that they are:
- Good quality, with tenant satisfaction with the quality of their home at 95% in MSFs compared to 90% for our stock as a whole;
 - Safe through meeting asset compliance objectives including for routine gas servicing, fixed electrical testing, installing interlinked smoke and heat detectors – ensuring our MSF homes meet the Scottish Housing Quality Standard; and
 - Energy efficient with 99% at, or above, energy performance rating C.
- 4.3 Despite this, we know that MSFs present specific challenges that require particular investment solutions and a tailored strategic response to ensure they remain high quality, warm, safe and secure homes. Our MSF Strategic Asset Investment Plan project is intended to provide this.
- 4.4 As part of the project, we redefined our approach to assessing the condition of MSF blocks through carrying out on-site building pathology assessments to understand the root cause of issues and potential solutions available to remedy this long term and prevent future problems arising. Graham + Sibbald conducted detailed surveys to assess the condition of MSFs. This work supported us to identify common issues specific to the MSF stock. Assessments were carried out in 15 sites by Graham + Sibbald and formed part of a broader assessment by our in-house building pathology team in sampling 10% of the homes in every MSF block over the course of the year.
- 4.5 This approach allowed site-specific issues identified by the consultants to be contextualised against broader asset knowledge, enabling us to develop a more informed and evidence-based understanding of the key issues and investment priorities arising. Key investigation areas included plumbing, ventilation, roof, and external wall systems.
- 4.6 In addition to our assessment programme, we have:
- Built the necessary technical expertise we need to undertake these pathology assessments – through establishing our first in-house building pathology team;
 - Complemented the ‘technical’ assessment of the building and its core systems including fresh water, wastewater, electrical, ventilation, safety etc, with real world understanding of how the building ‘works’ from repairs and site-based staff, and customers; and
 - Undertaken in-depth assessments of the data we hold on our MSF including historic repairs and investment information, compliance and complaints records.

- 4.7. The work to date has allowed us to better understand the root causes of some of the issues that occur in our MSF portfolio, particularly water penetration, which contributes significantly to damp and mould risk. It has also highlighted specific defects and areas for improvement including:
- Improper use of bathroom facilities – resulting in recurring water ingress allowing water to bypass the floor system and leak to the flat below;
 - Inadequate pipework and hot water cylinder lagging;
 - Inconsistent workmanship in plumbing standards and in combinations of plumbing material connections;
 - Corroding of wastewater and rising main pipework causing chokes and blockages; and
 - Inconsistent ventilation provision and reduced effectiveness including when combined with increased air tightness from external wall insulation.
- 4.8. While the issues identified are present across all our MSF blocks this work has reiterated to us the importance of developing tailored investment approaches for each unique block or site as part of an overall MSF Strategic Asset Investment Plan. This approach will allow us to tailor solutions and approaches to specific blocks and fully reflect the in-depth understanding and findings that have been developed through our detailed, building pathology led approach.
- 4.9. It will also allow other priorities from our 2026-31 strategy, especially the Wheatley Standard, to be incorporated, as well as the proposed Building Safety Assessments (“**BSAs**”) outlined below. In doing this, we would also plan to extend our strategic investment plan beyond ‘asset investment’ to include the external environment and neighbourhood improvements as set out in our Asset Strategy.
- 4.10. In developing site-specific MSF Strategic Asset Investment Plans, we intend:
- Further engage our customers to understand future requirements from a home in an MSF;
 - Critically review each of our sites combining our existing detailed analysis of available data, with qualitative feedback from customers, staff, neighbours and other stakeholders;
 - Engage with other housing providers and the wider contractor market to identify best practice especially in investment solutions to address ageing mechanical and electrical systems, and improve the living experience through reducing the risk of leaks and damp and mould;
 - Evaluate strategies and solutions delivered by others to understand what worked and what did not;
 - Evaluate new technologies such as IoT (Internet of Things) and communications systems to enhance our service offering;
 - Develop investment solutions for the long term based on customer needs, aspirations and likely policy requirements including relating to energy efficiency;
 - Explore opportunities for innovative approaches to heating including through local energy generation; and
 - Review our operating model and management arrangements for multi storey flats.

- 4.11. MSF site specific asset investment plans will be developed throughout the course of the year and concluded by March 2027. We also plan to use the findings from the work we have undertaken this year through our building pathology assessments and lessons learned to improve our approaches to delivering repairs as they arise in our MSFs blocks through:
- Creation of dedicated Repairs Area Teams who will have more in-depth knowledge of the MSFs they work within;
 - Creation of an MSF plumbing standard and approach;
 - Developing a bespoke repairs training programme for MSFs including creating dedicated learning space that simulates likely repairs issues; and
 - Devising a ventilation strategy.

Building Safety

- 4.12. Our MSF homes also require a bespoke approach to building safety including fire prevention and mitigation. Throughout the year we have started to introduce and test 'BSAs' for our MSFs. While not legally required in Scotland, landlords in England are legally required through the Building Safety Act 2022 to produce a 'Building Safety Case' for each high-rise block, which is subject to review by the English Building Safety Regulator. This comprises a structured collection of information, documents, and evidence that demonstrates how those responsible for high-rise residential buildings manage and mitigate fire and structural risks.
- 4.13. Over the course of 2025/26 we developed and completed BSAs, prioritising the 12 blocks across five sites that have Large Panel Systems ("LPS"), using similar principles to the English requirements. The BSAs include:
- Premises description including structural composition, construction detail, residential capacity, amenities, services for residents, architectural and safety documentation, waste management facilities etc;
 - Major accident and incident hazards such as fire and structural collapse;
 - Measures we already have in place to prevent and minimise major incidents including Fire Risk Assessments ("FRAs"), physical inspection of all common areas, automatic fire detection, neighbourhood concierge and emergency response plans, maintenance and emergency repairs and our daily, weekly, monthly checking regime;
 - Mitigations in place to limit the effects should something go wrong including fire compartmentation, fire evacuation policy, emergency lighting, fire doors, dry riser, out of hours service and emergency response plan; and
 - Evidencing how we ensure our approaches are implemented and assured such as installation standards, preventative maintenance, staff training, Governance, FRA Inspections and wider compliance programme.
- 4.14. We believe that this approach provides useful insight and assurance including for customers, and that it reflects good practice ahead of any specific regulatory or legislative requirement. Our intention is to build on the work undertaken in 2025/26, concluding the remaining 36 sites and 120 blocks by the end of 26/27. Once completed, our BSAs will be reviewed biennially in line with our FRAs timescales as a minimum.

- 4.15. We have 12 MSFs that use LPSs in their construction. The Building Research Establishment (“**BRE**”) produced comprehensive guidance in 2012 for the Structural Assessment of Large Panel System buildings. A key recommendation from this guidance is that buildings of this construction type should be assessed every 30 years, and that this assessment should include intrusive inspections. In line with BRE guidance, we appointed Woolgar Hunter Structural Engineers in 2025 to undertake an assessment of our Large Panel System blocks. Initially, a detailed visual inspection was undertaken at each location. This concluded there was no visible evidence to suggest any structural cause for concern.
- 4.16. We are now moving to the next stage of inspection which will include intrusive and disruptive surveys. These surveys will commence by the end of April following extensive planning to minimise disruption to tenants and provide necessary reassurance that the inspections are precautionary and in line with recommended practice. These inspections will be completed on a phased basis, starting with 3 blocks located at Birness Drive & Shawhill Road in the Pollokshaws area of Glasgow. Following completion of this initial phase, output, impact and the approach will be assessed and inform next steps.
- 4.17. In developing our new Building Safety Assessment approach, we prioritised assessment for the 12 blocks with LPS.

Fire Safety – Single Building Assessments (“**SBA**s”)

- 4.18. Cladding, sometimes referred to as an “external wall system”, is a key element of building safety in our high-rise buildings. SBAs evaluate external wall systems, cladding materials, and associated fire risks and outline what, if any, work is required to eliminate or mitigate any risk to human life that is (directly or indirectly) created or exacerbated by the building’s external wall cladding system. Two key elements come together in the SBA:
- An External Wall System Assessment (“**EWSA**”); and
 - An Internal Fire Risk Assessment (“**FRA**”)
- 4.19. The Housing (Cladding Remediation) (Scotland) Act 2024 gives Scottish Ministers the powers to ensure SBAs and any identified remediation are carried out. However, the Scottish Government has opted for encouraging an owner-initiated approach to SBAs, rather than mandating them through an explicit legal duty on building owners. SBAs apply to all buildings meeting all the following criteria:
- Constructed or redeveloped between 1 June 1992 and 1 June 2022;
 - Contain at least one residential flat;
 - Are over 11 metres high; and
 - Have an external cladding system.
- 4.20. Based on our data, none of our buildings above 18 metres are considered to be high risk. None of these buildings have Grenfell-style Aluminium Composite Material or similar cladding. We have, however, proposed an approach that would see all our buildings that meet the full criteria have an SBA carried out.

This will meet the Scottish Government’s ambition and provide further ongoing assurance as part of our robust approach to fire safety.

- 4.21. Following completion of an SBA, buildings are to be entered onto the Scottish Ministers’ Cladding Assurance Register. A key purpose of the register is to provide clarity for prospective lenders and purchasers of the building’s cladding risks.
- 4.22. The Scottish Government has set aside SBA funding for building owners who have buildings which meet the criteria. This was initially managed through an “Open Call” process whereby building owners were asked to register their buildings for assessment and once accepted, the Scottish Government would provide funding for an authorised provider to carry out an SBA. This “Open Call” process ended on 31 March 2026.
- 4.23. We have been engaging closely with the Scottish Government on fire safety, the SBA and Open Call process and are members of its Social Housing Cladding Oversight & Assurance Group. We also have experience of undertaking an SBA in line with the Government’s requirement through assessing a Wheatley Homes East building, comprising four blocks, that was identified as having limited areas of its external wall system that required remediation. This is now part of the Government’s pathfinder programme for the Open Call and funded remediation.

Proposed SBA Programme

- 4.24. Across the Group we have 154 blocks that fit the SBA criteria. Ownership of these buildings is as follows:

| Group Partner | Number of SBAs |
|------------------------|-----------------------|
| Wheatley Homes Glasgow | 141 |
| Wheatley Homes East | 1 (SBA Complete) |
| Wheatley Homes South | 0 |
| Loretto | 2 |
| Lowther Homes | 10 |

- 4.25. All blocks that meet the SBA criteria have been included in the Scottish Government’s Open Call process. Post-Grenfell, we, along with all building owners in Scotland, were required to provide the Scottish Government with details of the external wall systems on our blocks over 18m. As part of this, we reviewed information we hold on the systems on our blocks including:
 - Manufacturer, and installation details;
 - British Board of Agrément Certification (“**BBA**”) including fire rating and relating to the risk of fire spread; and
 - Product literature, specification and data sheets.
- 4.26. This review confirmed the fire-safety of systems in use on our blocks, including that they are render and mineral wool-based with minimal combustibility and hard-fixings to our buildings, which prohibits air flow. Periodic inspections, as part of our routine maintenance and safety regime for our blocks, ensure there is no damage that could compromise the fire-resistant performance of our systems.

- 4.27. We are proposing a phased approach to carrying out our SBAs. The approach is based on a number of factors:
- Our existing knowledge on the safety of the materials on our buildings;
 - The volume of properties that meet the criteria; and
 - Market availability of suitable organisations to undertake SBAs.
- 4.28. The market for competent fire assessors to undertake SBAs is still developing and our experience from the SBA carried out at Marine Drive in Edinburgh, as detailed earlier, indicates this is a complex, time-consuming process requiring intrusive surveys on the external fabric of the building and a formal peer review process where consensus must be reached, as part of the process.
- 4.29. On this basis we are proposing to prioritise SBAs for mainly medium-rise (11m-18m) buildings. These meet the SBA criteria but are not part of our ongoing fire risk assessment programme. The Scottish Government has verbally approved our proposed approach. Based on our understanding and experience, we believe it should be possible to complete SBAs that will cover 14 blocks next year in our first phase, subject to engaging suitable fire risk assessors.
- 4.30. We plan to complete SBAs on a further 20 blocks in 2027/28, which are all Wheatley Homes Glasgow stock and have been agreed with its Board. As we move into this second tranche, there are no blocks that we would determine require prioritisation over another. As such we have selected a range of blocks. There are 9 of the 20 where we have had assessments of the external wall system in the last 15 years and as such, we are well placed to convert these into full SBAs. The other 11 have been selected to increase the programme beyond that planned in the first years. The remaining blocks will be phased thereafter.
- 4.31. Grant funding for SBAs is being finalised at present with the Scottish Government, with the expectation that these will be fully funded at a typical cost of around £50,000 per SBA.
- 4.32. Should any remediation work be identified from the SBAs, the Scottish Government has indicated an intention to fund high-risk remedial works through the implementation of The Building Safety Levy (Scotland) Bill, passed on 17 March 2026. This comes into force on 1 April 2028.

5. Customer Engagement

- 5.1. Customers have been engaged as part of the work to progress our MSF Strategic Asset Investment Plan. We will continue to engage customers as we develop the MSF block/site plans.
- 5.2. Communication with our customers is of critical importance when we are carrying out LPS surveys or an SBA and a clear communication plan will be developed to support this.

6. Environmental and sustainability implications

- 6.1. Except for three of our MSF blocks, all properties have electric heating. We are reviewing the options for the blocks with gas heating. None of the blocks with gas heating have Large Panel System construction.
- 6.2. Investment in improving our properties can contribute to improving energy efficiency, thereby reducing heating costs and associated greenhouse gas emissions.

7. Digital transformation alignment

- 7.1. Investment detail, Building Safety Assessments and SBA documentation will be included in our asset management system supporting us to develop one view of our properties.

8. Financial and value for money implications

- 8.1. Our five-year financial projections, approved in February 2026, include £92m of capital investment and a further £74m of revenue repairs for our MSFs. This equates to a spend over the next five years of approximately £18,000 per property. Over the longer 30-year timeframe we have provision for a total of £117,000 per MSF property.
- 8.2. Our financial provision compares well with the assumptions used by JLL, our independent valuation expert. In their last annual valuation, they modelled a capital investment requirement of £37,000 per property over 30 years and £31,000 for repairs, a total of £68,000 per property. Our property allocation is higher which provides comfort on the level of our financial capacity.
- 8.3. JLL's provisions are not, however, specific to the properties we own but rather represent their view of the requirements of a generic housing provider operating in central Scotland but also benchmarked nationally. They do not take into account specific requirements for MSFs and construction methods which we know lead to specific issues we need to address. Their model also assumes that the properties will be demolished in year 30 which does not align with our longer- term approach to our stock.
- 8.4. The funding contained with our financial projections provides a good base point against which the financial requirements of the site-specific MSF Strategic Asset Investment Plans can be compared. This will then inform the approach to address the additional funding requirements.
- 8.5. The Scottish Government has made a commitment to fund SBAs accepted on the open call as meeting the criteria. They have also committed to funding cladding remediation of buildings identified as high risk through the SBA process.
- 8.6. Currently, there has been no commitment made by the Government to funding remedial works to cladding where the risk is assessed as tolerable. For any building assessed as 'tolerable risk' by fire engineers throughout the SBA process we will consider the most appropriate action to be taken on a case-by-case basis.

9. Legal, regulatory and charitable implications

- 9.1. Building Safety Assessments are not required by law but give us assurance and confidence in our approach to ensuring building safety in MSFs.
- 9.2. There are no legal requirements for us to carry out Structural Assessments on blocks constructed using LPS, but in doing so we are following guidance as set out by BRE and contribute to our assurance and confidence of the safety of our buildings.
- 9.3. Completing SBAs for in-scope buildings is not a legal requirement at this point; as confirmed in legal advice sought, however, the terms of The Housing (Cladding Remediation) (Scotland) Act 2024 have granted Scottish Ministers statutory powers to compel building owners to do this should they decide this is required. We propose to take a responsible approach to give ourselves a further level of assurance by doing SBAs for all in-scope buildings over a reasonable and proportionate period taking a risk-based approach.

10. Risk Appetite and assessment

- 10.1. The Group risk appetite for compliance is averse, defined as avoidance of risk and uncertainty is a key organisational objective.
- 10.2. Our Asset Strategy and the relevant Strategic Asset Investment Plans set out our approach and priorities for investing in our homes and neighbourhoods to meet compliance requirements and to ensure that we and our tenants are satisfied that they live in high quality homes which are warm, safe and secure.
- 10.3. Our approach to Building and Fire Safety mitigates and supports our risk appetite.

11. Equalities implications

- 11.1. There are no equalities issues arising from the content of this report.

12. Key issues and conclusions

- 12.1. Over the last two years we have developed and implemented our Group Asset Strategy and corresponding Strategic Asset Investment Plans for our RSLs and Lowther. One of the key drivers in our Group Asset Strategy is the need to develop specific Asset Investment Plans reflecting the needs of stock types of particular importance and/or complexity, such as our MSFs.
- 12.2. Despite this, we know that MSFs present specific challenges that require particular investment solutions and a tailored strategic response to ensure they remain high quality, warm, safe and secure homes. Our work on developing MSF Strategic Asset Investment Plans is intended to provide this.
- 12.3. Throughout the year we have redefined our approach to assessing the condition of MSF blocks, built the necessary technical expertise in-house and have undertaken in-depth assessments of the data we hold. We will build on this to develop asset investment plans for each MSF site.

- 12.4. Building and Fire Safety is of particular relevance in our MSFs. Throughout the year we have developed and introduced a new Building Safety Assessment, progressed work to assess our blocks with LPS construction and developed our proposed programme for progressing SBAs across our stock.
- 12.5. In 26/27 we will build on our work to date through development of strategic asset investment plans for individual sites, develop Building Safety Assessments across our MSF stock, progress Structural Assessments of our buildings with LPS construction and deliver SBAs as set out in our proposal.

13. Recommendations

- 13.1. The Board is asked to:
 - 1) Note the content of the report and progress made throughout the year; and
 - 2) Approve the proposed approach to SBA.

LIST OF APPENDICES: None

Report

To: Wheatley Housing Group Board

By: Alan Glasgow, Group Director of Housing

Approved by: Steven Henderson, Group Chief Executive

Subject: Home Safety Building Compliance

Date of Meeting: 30 April 2026

1. Purpose

1.1 This report provides an update on our Home Safety Building Compliance work programmes delivered across all subsidiaries during 2025/26.

2. Authorising and strategic context

2.1 Under the Group Standing Orders, the Board has a role in the overall monitoring and scrutiny of compliance with relevant legislation and regulation across the Group. This report provides the Board with an update on, and details of, our Home Safety Building Compliance works, following. Our subsidiary Boards received an update at their most recent Board meetings.

2.2 Compliance related work is identified in our Group Asset Strategy as a key priority when agreeing out strategic investment plans.

3. Background

3.1 Our Group compliance work programmes include gas servicing, lift servicing, thermostatic mixing valves (“**TMVs**”), asbestos surveying, water management including legionella prevention and electrical works, including electrical inspections and smoke and heat detector renewals or replacements.

3.2 Landlords have a legal duty to repair and maintain gas pipework, flues and appliances in a safe condition, to ensure an annual gas safety check on each appliance and flue, and to keep a record of each safety check.

3.3 Landlords also have other obligations under legislation or approved codes of practice (“**ACOPs**”) for a variety of building maintenance and inspection activities. For example, firefighting equipment (dry risers/sprinklers), lifting equipment, and alarm systems, as well as a mandatory responsibility for electrical safety, including carrying out electrical inspections, commonly referred to as Electrical Installation Condition Reports (“**EICR**”) or Fixed Installation Testing (“**FIT**”).

- 3.4 The arrangements for how we meet our obligations through our compliance work programmes are illustrated in the table below.

| Work Stream | Cycle | Status |
|--|---|----------------------------------|
| Gas Servicing | Annual (10-month cycle) | Rolling programme ongoing |
| Electrical (EICR) | Maximum every five years | Rolling annual programme ongoing |
| TMV maintenance and Installation | Annual | Rolling programme ongoing |
| Smoke and Heat Detector re-life programme | Every 10 years but is dictated <i>annually</i> by build date / LD2 install date | Rolling annual programme ongoing |
| Lift Insurance Inspections | Six-monthly | Rolling programme ongoing |
| Proactive Lift Maintenance | Monthly Checks | Ongoing programme |
| Mechanical and Electrical Works | Subject to asset requirements: examples include CCTV, pumps, aerials, and alarms | Ongoing programme |
| Water Management | Site-by-site basis requirement, works include tank inspections, bacterial testing, legionella testing | Ongoing Programme |
| Common window inspections MSFs | Annual | Ongoing |
| Dwelling windows and doors MSFs | Five-yearly 20% per year | Rolling programme ongoing |
| Emergency Lighting Maintenance (MSFs) | Annual | Rolling programme |
| Asbestos surveying | Annual | Ongoing programme |
| Fire Door Servicing Dwellings | Six-Monthly | Ongoing Programme |

One-and-done approach

- 3.5 Where practical, we take a “one-and-done” approach, tailored to the compliance activities within our tenanted properties. This means that, for related compliance activities within our stock, we seek to package works together, taking account of asset compliance cycles, property attributes and individual customer requirements.

3.6 The table below shows the three “one-and-done bundles” we apply.

| Type of Package | Stock Targeted | Type of works |
|---|---------------------------|--|
| Home Safety Bundle 1 Gas and Water Management works | Gas properties | <ul style="list-style-type: none"> ▪ Annual gas servicing ▪ Temperature checks at water outlets ▪ TMV works ▪ Test/servicing of smoke/heat/carbon monoxide detectors ▪ Complete all certification |
| Home Safety Bundle 2 Electrical installs and servicing | All properties | <ul style="list-style-type: none"> ▪ Installation of S + H detectors (re-life programme) ▪ Carry out EICR inspections ▪ Complete all certification |
| Home Safety Bundle 3 Joinery and electrical | MSF & electric properties | <ul style="list-style-type: none"> ▪ Test/servicing of smoke and heat detectors ▪ Service MSF dwelling windows and doors |

3.7 We have dedicated Home Safety delivery teams within City Building Glasgow LLP (“**CBG**”) and our internal maintenance delivery teams. These teams work collaboratively with our Asset Landlord Investment and Compliance team in the West and our asset teams in the East and South. Our mechanical and electrical contractor Equans also mirrors this approach.

3.8 We also use the opportunity, when one of our properties is void, to carry out any required compliance activities. This provides additional assurance that every new customer is moving into a home that is safe and secure, while also maximising the access we need to undertake cyclical or capital compliance works.

4. Discussion

4.1 We continually monitor and report progress against our various compliance workstreams to ensure our obligations are met and to provide an early indication if progress is not as planned. This section of the report provides the Board with details on progress against core compliance programmes during 2025/26.

Gas Safety

4.2 All our gas safety inspection records (“**CP12s**”) are up to date and fully compliant. Achieving this requires an annual inspection of every property with gas. We have **48,055** homes that require a gas service.

4.3 Earlier in the reporting year, the Board was notified that we had identified five gas properties in Wheatley Homes South where the gas safety certificate had passed its date for renewal. These were rectified within days, and no issues were identified at any of the properties.

- 4.4 While we now have valid gas certificates in place, we are required to report to our governing bodies and the Scottish Housing Regulator the number of times in the reporting year we did not meet our statutory obligations to complete a gas safety certificate within 12 months. Therefore, gas compliance for 2025/26 is **99.99%**.
- 4.5 To support full compliance, we send appointment letters to all customers and carry out proactive outbound calling to maximise access to our tenants' homes. Tenants can change appointments to suit their needs by contacting our 24-hour Customer First Centre. We also manage individual cases where there are complex issues or housing management challenges that impact access.
- 4.6 As a last resort, after we have exhausted all reasonable efforts to obtain access through communication and liaison, we move to a "forced appointment" process, which includes:
- Delivery of a forced access appointment letter one week before the appointment;
 - Doorstep discussion if tenant is present at delivery of letter to negotiate access;
 - Completion of officer pre-appointment checklist & Health & Safety checklist;
 - Liaison with Housing Officer for any additional knowledge of tenant;
 - Joint attendance with CBG or Internal Delivery Teams Gas Engineer and Joiner; and a Housing Officer; and
 - Liaison at forced access appointment as required to reach successful completion of gas service and achieve compliance.

| Total Gas Services required | Total Complete | Percentage complete to date |
|-----------------------------|----------------|-----------------------------|
| 48,055 | 48,055* | 99.99% |

*Now 100% complete per 4.2 above

Periodic Electrical Testing ("EICR")

- 4.7 Periodic electrical inspections are required in all properties on a cycle of no more than five years, and we manage a rolling annual programme. Landlords must make "reasonable efforts" to ensure that homes are accessed to carry out the inspection.
- 4.8 The table below provides the current position with our rolling annual programmes. The outstanding **96** addresses from the 25/26 programme are currently being managed across the subsidiaries to find solutions up to and including legal action if required to resolve the current housing management issues preventing the EICR from being carried out. These are predominantly severe hoarding cases. Once resolved these addresses can be quickly programmed for completion.

(As at 7 April 2026, we have reduced the 96 to 70)

| Qualifying Addresses** | EICRs: current number that is within 5 years | Percentage complete to date |
|------------------------|--|-----------------------------|
| 66,562 | 65,466 | 99.85% |

**Includes all stock

Water Management

- 4.9 Our water management regime varies on a site-by-site basis, taking into consideration the water system installed, the type of property and the customer demographic.
- 4.10 Not all works can be carried out simultaneously at a property in a single access visit. Works can include visual inspections of communal tanks, risk assessments, temperature checks at water inlets and resting water within tanks, and bacterial testing for bacteria including e-coli and legionella, to ensure compliance with the water quality standards set by the Water Supply (Water Quality) (Scotland) Regulations 2001.
- 4.11 We have **100%** completions for our mandatory water risk assessment programme within all specialised housing such as Livingwell blocks and all Relevant Premises, which include non-domestic property, such as offices and homes of multiple occupancy.
- 4.12 In our general needs stock, some blocks, mainly across WHG and WHS, do not have a common loft hatch and therefore require access into individual tenant's or private homeowner's properties to access the common loft and the tank for inspection. Numerous attempts have been made at these properties throughout the year including appointment letters and outbound calling. We continue to liaise with individual customers about allowing us access into their home to enable us to carry out the inspection tasks in the common loft area.
- 4.13 The no access properties from 25/26 will be prioritised for further access attempts during Quarter 1 of the 2026/27 rolling programme.
- 4.14 The table below provides details of progress with the overall rolling annual programme.

| Inspections/tasks completed | Total Inspections/tasks Required | Percentage completion |
|-----------------------------|----------------------------------|-----------------------|
| 4,970 | 5,296 | 93.84% |

TMV Servicing

- 4.15 Our TMV programme is a best practice approach that involves a rolling annual programme focused on homes containing under 5s or over 75s, within the household and in our care sites / specialist housing locations.
- 4.16 Of the 5,038 properties in the programme we have visited **100%** of properties with two appointments and physically accessed and completed 4,602 inspections so far. This is a completion rate of **91.35%**.
- 4.17 The programme is reliant on customers permitting access. To encourage this, we previously piloted including TMV servicing alongside gas servicing appointments, where possible in the West during 24/25. This approach for gas heated properties was rolled out to all subsidiaries during the 25/26 programme. We also offer flexibility to amend appointments, proactively contact customers and make a minimum of two access attempts.

- 4.18 Where access is not achieved, we send letters to customers informing them of our attempts and inviting them to contact us to make a follow up appointment. Forced appointments are not undertaken in keeping with the non-mandatory nature of the programme.

| Inspections/tasks completed | Total Inspections/tasks Required | Percentage completion |
|-----------------------------|----------------------------------|-----------------------|
| 4,602 | 5,038 | 91.35% |

Smoke and Heat Detectors

- 4.19 All of our **66,562** properties (**100%**) have compliant interlinked LD2 smoke and heat detectors. These were installed at the time the home was constructed (for newly built homes) or as an upgrade as part of our rolling programme of re-life works (10-year cycle). All customers are offered a minimum of two appointments to enable the work to be completed at a convenient time for them. As a last resort, we move to a forced appointment, to ensure we maintain 100% compliance in this area.

Lift Inspections and Maintenance

- 4.20 Proactive servicing of our lifts is carried out monthly via our approved maintenance contractor with supplementary six-monthly inspections by our insurance company and we have **100%** LOLER certification.
- 4.21 Lift performance, such as time to complete any minor defects or major repairs, is routinely monitored and managed within set Service Level Agreement (“**SLA**”) timescales. Examples of these SLAs include one-hour for trapped passengers and all other emergencies within four hours.

| No. of Passenger & Stair lifts | Total Inspections complete | Percentage complete to date |
|--------------------------------|----------------------------|-----------------------------|
| 614 | 614 | 100% |

- 4.22 Our lifts are part of our wider digital switchover project preparing for the Public Switched Telephone Network (“**PSTN**”) switch off. Transitioning to digital provides several benefits, beyond ensuring continued operation after switch-off, including cost savings, increased management information, better reliability, and the ability to integrate with other digital services.
- 4.23 We have migrated all our 367 lifts (**100%**) which required the PSTN lines to be upgraded to digital, well in advance of the PSTN switch off which is currently planned for January 2027.
- 4.24 Alongside digitising our lift alarms, we have also transitioned fire and intruder alarms from PSTN. Doing this means that our alarm systems are *future-proof*, more resilient, and that we are better able to meet the needs of vulnerable customers and protect our assets.

Mechanical and Electrical (“M&E”) Works

- 4.25 Equans Services Ltd is our appointed M&E contractor responsible for the delivery of a comprehensive programme of planned maintenance across the 1,087 residential blocks, ensuring building compliance safety for 21,143 individual homes. The programme is designed to ensure continued statutory compliance and the safety of residents across our estates.
- 4.27 The scope of services delivered includes, but is not limited to, water hygiene and management, dry riser systems, sprinkler installations, fire detection and alarm systems, automatic opening vent (“AOV”) systems, and mechanical ventilation services. These works are critical to maintaining the safe operation of building systems and ensuring compliance with all relevant legislative and regulatory requirements.
- 4.28 The table below provides some high-level examples of the scale involved across the M&E asset programme.

| Example Tasks | Example Numbers |
|-------------------------------|------------------------|
| CWS Tanks/Water systems | 1,002 |
| Dry risers | 311 |
| Sprinklers/Misting Systems | 765 |
| Fire alarm systems | 181 |
| Automatic Opening Vent (AOVs) | 251 |
| Ventilation systems | 734 |

Asbestos Surveying

- 4.28 Asbestos management survey inspections of communal areas are undertaken through annual rolling programmes across qualifying stock. Following inspections, the report for each block is uploaded to our asset management system PIMSS. We take an archetype-based approach with cloning, where applicable, reflecting the number of properties we have, their broadly similar nature and the Health and Safety Executive’s view that a sample of housing archetypes and cloned surveys can be applied for the purpose of identifying and managing asbestos in common areas.
- 4.29 All relevant staff have access to asbestos information relating to our properties through our Group Asset System (“**PIMSS**”). Staff provide asbestos information to contractors when they are required to work in our properties, and this work is monitored by our Compliance Teams.
- 4.30 Where asbestos is identified that requires removal, a process is followed that ensures this is managed and correct safe working procedures are followed. If there is ever uncertainty on the presence of asbestos, sampling is undertaken before work begins using a licenced asbestos contractor, with remedial works carried out as necessary. These measures ensure that our landlord obligations relating to asbestos are met.

Fire Door Servicing

- 4.31 The current Scottish Government Guidance on Fire Safety in High Rise buildings recommends a six-monthly inspection of dwelling fire doors in any building over 18m in height (“**MSFs**”).

- 4.32 During 2024/25, we commenced a programme of dwelling Fire Door Servicing for all our MSFs in Glasgow over 18m and any buildings that are 6 Storey or above. Tenants are offered two appointments with the opportunity to rearrange if they are not suitable.
- 4.33 We have visited and visually inspected **100%** of our 10,714 doors that required inspections, with a total of 6,694 physical inspections. Doors where tenants did not provide access, were subject to a second attempt, and any doors remaining after this will form part of our next 6 months rolling programme from April 2026 which will also include moving to forced appointments, should any visual inspection highlight a door is beyond repair or has no fire resisting qualities.
- 4.34 Of the doors inspected 2,809 required a minor repair. These repairs were carried out where possible at the inspection with repairs to letterboxes being the most common work. During 25/26 through intensive customer liaison, we have not been required to force any doors. As of 6 January 2026, our new Neighbourhood Fire & Safety Compliance Teams took over responsibility from City Building through our own internal delivery of the programme.

Radon Gas Monitoring

- 4.35 We continually review our compliance programme to ensure all required areas are covered and this year we plan to pilot a testing programme for Radon gas. Our approach to Radon Gas Monitoring for existing stock during 2025/26 was focused on properties with the potentially highest concentration of radon gas (above 10%) across Wheatley this equates to **944** properties. The pilot is well underway, and all kits that were successfully installed will be collected by the end of June 2026 thus enabling us to take a proactive and evidence-based approach to understanding radon exposure within our stock, once the results are analysed.
- 4.36 Radon is a naturally occurring radioactive gas that can be found in high concentrations in indoor environments, such as homes and workplaces. It is created when uranium decays in the ground and seeps to the surface and can get indoors through floors.
- 4.37 Radon levels in the ground are usually low, but some parts of Scotland may have higher levels depending on ground type and conditions.
- 4.38 As there are no warning signs for the presence of radon, testing for radon is the only way to get evidence of levels and ensure there is no danger from exposure to residents.

5. Customer Engagement

- 5.1 Engaging with our customers and ensuring they understand the importance and benefits of compliance works to keep them safe in their homes is crucial in successfully delivering our home safety compliance programmes.
- 5.2 We emphasise the importance of allowing access for compliance activities during routine interactions with our customers including through our Customer First Centre, at the annual tenant visit and in programme specific letters, texts, calls and visits.

- 5.3 Achieving compliance across our wide range of home safety programmes involves significant planning and liaison between customers and our teams, particularly if we are required to escalate to a forced access appointment.
- 5.4 We also advocate for our customers with other third parties such as utility companies and external support providers to resolve issues so that we can complete our compliance obligations in our homes and keep our customers and properties safe.
- 6. Environmental and sustainability implications**
- 6.1 There are no direct environmental or sustainability implications associated with this report.
- 6.2 Our approach to carrying out associated compliance works in one visit wherever practical will as a result lead to fewer travel visits by engineers and trade staff across our assets.
- 7. Digital transformation alignment**
- 7.1 We are developing a multi-year programme to enhance our compliance system, management, monitoring and reporting that will see data from multiple sources brought together and closer integration with suppliers. This multi-year project will ensure we continue to develop our existing systems and approaches, as we have been doing, to ensure consistency of management and reporting.
- 8. Financial and value for money implications**
- 8.1 Funding for our compliance workstreams is included as part of our agreed 5-year Revenue and Capital Investment business plans approved by the various subsidiary Boards at their most recent Board meetings and is sufficient to meet our compliance obligations.
- 9. Legal, regulatory and charitable implications**
- 9.1 Our compliance activities support us to meet our legal obligations as a landlord. At this time, we do not expect any additional compliance requirements to be introduced, although we will maintain a forward look including through our relationships with the Scottish Government and the SHR.
- 10. Risk Appetite and assessment**
- 10.1 Our risk appetite relating to building compliance work streams is minimal, reflecting a preference for ultra-safe business delivery options that have a low degree of inherent risk and only have a potential for limited reward.
- 10.2 The compliance activities and the progress against them discussed in this report ensure that the risk is managed in line with our agreed risk appetite.
- 10.3 Some compliance activities, for example, gas servicing and electrical safety, are embedded in the Scottish Housing Regulator's reporting return requirements.

11. Equalities implications

- 11.1 Specific work programmes have been developed and put in place to address potential vulnerabilities due to age e.g. the TMV Servicing programme. When undertaking works, we will carry these out in ways that minimise inconvenience to all of our customers, such as by offering a range of appointments that suit their needs and offering a one-stop shop service through compliance trades teams for compliance events required within a customer's home.

12. Key issues and conclusions

- 12.1 We are continuing to deliver our agreed compliance programmes. These programmes ensure we meet our statutory and regulatory obligations as a landlord relating to gas, electricity, water management, lifts, asbestos, and fire. We also undertake other programmes as part of our compliance activities that, while not legally required, are necessary to ensure we help to keep our customers safe. These programmes include TMV servicing, common and dwelling window inspections and servicing in our MSF properties and annual smoke alarm servicing outwith our mandatory five-yearly EICR and 10-year LD2 rolling programmes.
- 12.2 We also continue to robustly monitor and manage the performance of our internal delivery teams and our delivery partners CBG and Equans to ensure tasks are delivered on time and to the required standards.
- 12.3 As in previous years, the delivery of our compliance programmes ensures that we meet our obligations and responsibilities as a landlord.

13. Recommendations

- 13.1 The Board is asked to note the contents of this report and the ongoing approach to managing and delivering the Group's compliance-related works.

LIST OF APPENDICES:

None

Report

To: Wheatley Housing Group Board

By: Laura Pluck, Group Director of Communities

Approved by: Steven Henderson, Group Chief Executive

Subject: Protecting People Policies Review

Date of meeting: 30 April 2026

1. Purpose

1.1 The purpose of this paper is to seek approval of the updated suite of Protecting People Policies.

2. Authorising and strategic context

2.1 Under the Group Standing Orders, the approval of certain policies is reserved for the Group Board. The protecting people policy suite is reserved to the Group Board.

2.2 Under the Intra Group Agreements, the Group Board reserves the right to designate policies applying Group-wide and applicable to all Group partners.

2.3 This Board is asked to approve each policy, noting that all amendments requested by the RSL Boards have been fully incorporated.

3. Background

3.1 In 2016, we developed our first Group Protecting People Policy Framework (“**The Framework**”). The purpose of the Framework was to set out our commitment to protecting people through a range of operational policies and practices to safeguard those at risk of harm in our homes and our communities.

3.2 The policies referred to within The Framework included:

- Adult Support and Protection Policy;
- Child Protection Policy;
- Multi-Agency Public Protection Arrangements Policy (“**MAPPA**”); and
- Domestic Abuse Policy.

3.3 The overarching Framework set out the shared objectives across each policy, how these link to our strategy, as well as setting out an overview of the purpose of each policy.

4. Discussion

- 4.1 Our Protecting People suite of policies continues to be of importance to us in delivering our services to customers. The policies set out the legal frameworks within which we are expected to operate, as well as supporting our staff to understand their role in protecting our customers from risk and harm across the areas of Adult and Child Protection, MAPPA and Domestic Abuse.
- 4.2 The Framework and associated policies were due for their triennial review this year. On reviewing the policies we have considered:
- Changes in legislation;
 - Changes in best practice;
 - Organisational changes; and
 - How accessible the information within the policies is to a range of stakeholders.
- 4.3. As part of this review, we are proposing the removal of the overarching Group Protecting People Framework. The Framework was established before the development and implementation of each policy and acted as a placeholder and summary of the details contained within the individual policies. As such, there is a significant amount of duplication across the documents, and the Framework no longer fulfils its intended purpose. In addition, we have added a new policy to the suite - Suicide Risk policy - which is detailed later in the report.
- 4.4 Across all policies there has been minimal change to relevant legislation and best practice guidance since the last review. As part of this review, we have sought to simplify and reduce the amount of text within each document to ensure that only the required information is contained within each policy and the information is as accessible as possible for staff, customers and third parties.

Staff, customer and stakeholder engagement

- 4.5 Staff from across the organisation were engaged in reviewing the policy. All feedback was considered in the update of the policies.
- 4.6 Seventy-four customers were engaged from across the organisation. The most frequent feedback was in relation to our promotion of these policies. Each policy was reported to be easy to understand and follow, however, many customers suggested we bring more visibility of these policies to customers generally. They commended the use of plain language and the shortening of the detail within the policies.
- 4.7 A range of stakeholders were engaged across the policies including:
- GCC Service Manager for Adult Support & Protection;
 - Principal officers for Child Protection;
 - Team Leader Prison Homelessness Team & SOLO Team;
 - Violence against women and girls coordinator;
 - GCC Community Safety Manager; and
 - ASSIST – specialist domestic abuse support.

- 4.8 The feedback from stakeholders did not result in any material changes to the policies but all feedback has been taken into consideration and incorporated where required.
- 4.9 Feedback from our RSL Boards focused on the need to be clearer about the support for staff managing emotionally complex situations, and stronger emphasis on safeguarding responsibilities specifically in respect of data protection requirements in the context of adult and child protection. These points have been reflected in the updated policies.

Adult Support and Protection Policy

- 4.10 The Adult Support and Protection Policy (Appendix 1) supports staff to recognise and respond to adults who may be at risk of harm. The policy is informed directly by The Adult Support and Protection (Scotland) Act 2007 and sets out types of harm and abuse, how to recognise this, and what to do in response.
- 4.11 There have been no changes to legislation or best practice, and as such, the policy has no material changes. The changes to the policy reflect current organisational structures and practices. The Adult Support and Protection Policy applies across the organisation but is mostly utilised by customer facing staff.

Child Protection Policy

- 4.12 The Child Protection Policy (Appendix 2) supports staff to recognise and respond when they believe a child in our homes or communities is at risk. The Policy is informed by the National Guidance for Child Protection in Scotland (2023), which reflects relevant underpinning legislation.
- 4.13 The policy sets out how to recognise signs of abuse and neglect, how we should respond to concerns and how we work with statutory agencies when a child is considered to be at risk. We have included in the policy a flow chart showing referral processes as well as a template referral form.
- 4.14 Since we last reviewed the policy, the Scottish Government has embedded in law the UN Convention on the Rights of the Child through the UN Convention on the Rights of the Child (incorporating) (Scotland) Act 2024. This requires all Public Bodies to actively uphold children's rights in all decisions and services as set out in the Act. The Child Protection Policy is fundamentally underpinned by the human rights of a child to live safely, free from harm or abuse and their wellbeing needs being met.
- 4.15 While there have been no changes to the National Guidance for Child Protection in Scotland (2023) yet, we anticipate that the Guidance will be updated in the coming year, at which point we will consider any further amendments to our policy and associated practices.

MAPPA Policy

- 4.16 The MAPPA Policy (Appendix 3) supports staff to understand our responsibility as RSLs to cooperate with agencies that have a statutory responsibility for managing the risks posed by people considered under MAPPA. The policy explains MAPPA, details our duties and role in MAPPA and summarises how we execute these duties.
- 4.17 MAPPA is a set of statutory partnership arrangements established under the Management of Offenders etc. (Scotland) Act 2005. They place a legal duty on Responsible Authorities (Police Scotland, Local Authorities, Health Boards and the Prison Service), within each local authority area, to jointly assess and manage the risk posed by certain categories of offenders:
- Registered Sex Offenders (RSOs);
 - Mentally disordered restricted patients; and
 - Risk of serious harm offenders.
- 4.18 There have been no legislative changes or changes to best practice guidance since the last review. As part of this review, we have explicitly detailed in this policy the Police Scotland Sex Offender Community Disclosure Scheme to ensure staff across the organisation are aware of the scheme.
- 4.19 As part of the policy review, we have drafted a staff toolkit which will more clearly inform how staff are expected to implement the policy and who is responsible across the organisation at each stage of the processes. Following feedback from staff we will revise and implement the new toolkit alongside the revised policy. This policy does not apply to Lowther Homes customers.

Domestic Abuse Policy

- 4.20 The Domestic Abuse Policy (Appendix 4) supports staff to understand what constitutes abuse and the different types of abuse victims can experience, how to recognise signs of abuse and what options are available to support any customer experiencing domestic abuse.
- 4.21 The policy has been aligned with the Domestic Abuse: a good practice guide for Social Landlords, produced by Scottish Women's Aid and the Chartered Institute of Housing in 2019. While there have been no further legislative changes since the previous review of the policy, the Domestic Abuse (Protection) (Scotland) Act 2021 has yet to come into force despite receiving Royal Assent in May 2021. It is expected that all elements of the Act will be in force by 1 August 2026.
- 4.22 The new Act strengthens protections for victims, especially those living with their abuser. It gives RSLs the power to apply to the court to end the tenancy rights of someone abusive if the victim wants to stay in the home. Once guidance for RSLs and other agencies has been received from the Scottish Government, this policy will be reviewed. We anticipate this guidance by June 2026.
- 4.23 An internal working group has been established and is considering the potential implications of the Act on both our Domestic Abuse Policy and practice as well as other policies such as our Allocation Policy and Tenancy Agreements.

- 4.24 The Housing (Scotland) Act 2025 builds on the strengthened protections for victims of domestic abuse that are detailed in domestic abuse legislation. The Act has a specific focus on tenants affected by domestic abuse. The measures within are designed to reduce homelessness amongst women and children who are disproportionately affected by domestic abuse. Our processes and approach to supporting people experiencing domestic abuse or survivors of domestic abuse will take account of the new legislation.

Suicide Risk Policy

- 4.25 Our first document outlining our approach to suicide risk was developed as a Framework and approved by the Group Board on 23 April 2023. It was designed as an awareness raising and improvement tool. It set out the scale of suicide risk within our communities, aligned us with national strategies, articulated our ambitions around prevention, partnership and training, and helped normalise conversations about suicide across our teams.
- 4.26 Self-harm and suicide risk is essentially a safeguarding and risk to life issue that requires clarity and consistency in organisational roles when concerns arise. As we reviewed our Framework, we reflected that a dedicated policy as part of our wider suite of protecting people policies will bring more clarity to customers, staff and stakeholders about our role and our approach in responding to suicide and suicide risk. The policy remains fully aligned with the national strategy.

Next steps

- 4.27 While the policy revisions were minimal in terms of changes to legislation or best practice we intend, as part of our implementation of the policies, to strengthen the oversight of protection and safeguarding activity at a group level rather than local level. As an example, as part of this we will introduce central monitoring of protection referrals, sampling content, and understanding thematically the reasons for concern. This will inform our strategic responses and allow us to better liaise with statutory partners around challenges and solutions.
- 4.28 The activity associated with protection and safeguarding is closely linked to our proposed strategic themes of personalising our services and supporting better lives. The team that supports safeguarding activity is currently under review to ensure we have the appropriate focus to support our vision for even more personalised services across the spectrum of need from statutory safeguarding requirements to wider vulnerabilities.
- 4.29 The priorities for the team, subject to policy approval, are:
- Implementation of the revised policies through staff briefings;
 - Revision of the suite of safeguarding training and associated materials;
 - Develop appropriate processes for the strengthened oversight of safeguarding activity;
 - Review our representation at external safeguarding/protection fora and carry out a benefit analysis; and
 - Review data collection, storage and reporting across all safeguarding activity.

- 4.30 It is proposed that we introduce an annual report to this Board from April 2027 outlining safeguarding and protection activity for the purposes of regular visibility of our practice in these areas.

5. Customer Engagement

- 5.1 Seventy-four customers were engaged and feedback sought. Feedback has been considered and is reflected in our revised policies.

6. Environmental and sustainability implications

- 6.1 There are no specific environmental and sustainability implications from the Policies or the content of this report.

7. Digital transformation alignment

- 7.1 A priority is to review how we collect, store and share the data linked to safeguarding activity as well as wider vulnerability data. This will enable us to better understand our customers, thematic challenges across the organisation and improve our approaches specifically around personalising our services.

8. Financial and value for money implications

- 8.1 There are no financial or value for money implications associated with this report.

9. Legal, regulatory and charitable implications

- 9.1 Each policy reflects current legal and regulatory requirements and has been reviewed by our legal team.

10. Risk Appetite and Assessment

- 10.1 These policies minimise the risk of harm to people and communities by setting out our responsibilities and approaches to safeguarding and public protection. The policies and associated training support staff to recognise and respond to concerns about our customers.

11. Equalities implications

- 11.1 The policies have been designed to be inclusive, non-judgmental and promote a consistent approach when supporting those impacted by the issues covered within the policy suite.

- 11.2 Equality Impact Assessments were undertaken for all policies.

12. Key issues and conclusions

- 12.1 These policies have been reviewed in line with their triennial review cycle and have been updated to reflect all relevant legislative, regulatory, organisational and procedural changes.

- 12.2 The policies have been rewritten to simplify them, ensuring that they are accessible for all staff, customers and third parties. Our approach to delivering personalised services has also been embedded within them.

- 12.3 Our protecting people suite of policies is vital in delivering our services to customers, whilst setting out the legal frameworks within which we are expected to operate, as well as defining staff's role and responsibilities in protecting our customers from risk and harm.
- 12.4 The policies are a resource for customers, staff and partner agencies. The policies support the application of the correct measures, reporting that processes are followed, and support is provided to help reduce the risk of harm or abuse.
- 12.5 The policies support a coordinated approach in public protection and safeguarding, whilst ensuring our staff are equipped with the knowledge and guidance to recognise and respond to customers experiencing these issues. This ensures that we are providing a personalised approach and strengthens our response in supporting some of our most vulnerable customers.
- 12.6 An additional policy has been added to the suite setting out our role and approach to responding to suicide or suicide risk in our homes and communities.

13. Recommendations

- 13.1 The Board is asked to review and approve the updated suite of Protecting People Policies.

LIST OF APPENDICES:

- Appendix 1: Group Adult Support and Protection Policy;
Appendix 2: Group Child Protection Policy;
Appendix 3: Group Multi-Agency Public Protection Arrangements (MAPPA) Policy;
Appendix 4: Group Domestic Abuse Policy.
Appendix 5: Group Suicide Risk Policy

Group Adult Support & Protection Policy

We will provide this policy on request at no cost, translated, in large print, in Braille, on tape or in another non-written format.

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|------------------------------------|---|
| Approval body | Wheatley Group Board |
| Date of approval | TBC |
| Review Year | Updated July 2022 Updated March 2026 |
| Customer engagement required | Yes |
| Trade union engagement is required | Yes – For info |
| Equality Impact Assessment | Yes |

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1. Introduction

This policy is part of a suite of policies designed to safeguard and protect people. This Adult Support and Protection Policy outlines how we support customers at risk of harm and guides both customers and staff in understanding our responsibilities and the response process when we are concerned about an adult.

This policy should be read in conjunction with the following policies:

- Child Protection;
- Multi-Agency Public Protection Arrangements (MAPPA);
- Suicide Risk; and
- Domestic Abuse.

Protecting adults at risk is a shared responsibility. Everyone has a part to play, including social services, police, health, housing, and social care organisations. Adults at risk should be supported to live free from harm and make their own choices wherever possible.

This policy explains how we work with others to protect adults at risk, as defined by the Adult Support and Protection (Scotland) Act 2007. As an organisation, we have a duty of care to report any concerns or disclosures about harm. Our staff play a key role in this by working directly with customers in their homes and communities. Through day-to-day contact, tenancy visits, repairs interactions, and routine customer conversations, staff are often well-placed to notice changes, pick up on early indicators of risk, and provide a safe environment for customers to share concerns. It is therefore our expectation that staff use these interactions to support the identification and reporting of harm, helping to safeguard our customers.

Staff will refer to this policy in the course of their work with Wheatley Group.

2. Policy Aims & Objectives

Our Aims

This policy has been designed to support staff and customers in understanding our approach to Adult Support and Protection. The policy aims to support staff to:

- understand Adult Support and Protection legislation;
- understand and recognise different types of harm;
- effectively support those at risk of or affected by harm;
- uphold the wellbeing and rights of all those who we deliver services to; and
- effectively report concerns to the relevant statutory agencies.

Our Objectives

For an effective approach to Adult Support and Protection to be embedded, our objectives are to:

- make sure our policy and supporting processes are clear, practical and easily accessible;
- ensure relevant staff are aware of their role and responsibilities and that these are clearly defined;
- provide training to relevant staff so they can confidently recognise and respond to signs of harm;
- build partnerships with agencies responsible for investigating adult protection concerns and supporting adults at risk through regular structured contact; and
- monitor Adult Protection activity across the organisation to determine themes arising and ensure continuous improvement and strengthening of our approach through quality assurance of reports.

3. What is Adult Support & Protection?

Adult Support and Protection is about keeping people safe from harm when they may not be able to protect themselves.

The Adult Support and Protection (Scotland) Act 2007 was developed to protect adults at risk of harm. The Act states that councils and other public services must work together to help adults who are at risk. The Act clearly defines an adult at risk. The Adult Support and Protection Code of Practice is a statutory guidance document issued under the 2007 Act. The purpose of the code of practice is to ensure consistent, lawful and effective safeguarding of adults at risk of harm across Scotland.

Who is an Adult at Risk?

The Act defines an adult at risk as someone aged 16 or over who:

- can't protect their own wellbeing, property, or rights;
- is at risk of harm; and
- is more vulnerable because of disability, illness, or mental health.

All three of these points must apply for someone to be considered at risk under Adult Support and Protection legislation. This is known as the '**three-point test**'. Having a condition such as a disability doesn't automatically mean that someone is an adult at risk under the 2007 Act. All three criteria must be met. It is the full picture of someone's circumstances that may make them more vulnerable to harm than others.

Where staff have concerns about an adult, but the adult does not appear to meet the three-point test, a report should be made to the local authorities' social work department, who will consider other avenues for support. A multi-agency approach will be used to determine the best way to support the individual, which may include providing practical help, health, or social care support.

There can be some overlap in legislation between Adult Support and Protection and Child Protection. Child Protection guidance applies to children and young people up to the age of 18. To ensure that individuals aged 16-18 do not fall between eligibility and service criteria, an assessment will be undertaken by statutory services on how to best manage the risk and meet their individual needs.

When staff are concerned about a person at risk who they know or believe to be between the ages of 16-18, then a Child Protection referral should be completed. Statutory services will then determine whether the referral should be dealt with under Adult or Child Protection Processes.

4. Types of Harm

What is Risk of Harm?

The 2007 Act clearly states that an adult is at risk of harm if:

- another person's conduct is causing (or is likely to cause) harm to the adult; or
- the adult is engaging (or is likely to engage) in conduct which causes (or is likely to cause) self-harm.

What is Harm?

The 2007 Act states that harm includes all harmful conduct and can be caused by someone else or by the person themselves. It includes:

- physical harm (e.g. hitting, pushing);
- psychological harm (e.g. causing fear, alarm, or distress);
- unlawful actions affecting property, rights, or interests (e.g. theft, fraud, embezzlement or extortion); or
- self-harm (e.g. hurting themselves intentionally or refusing help).

Harm can happen anywhere; at home, in care settings, or in public settings and may be a single or repeated act.

Types of Harm or Abuse

Harm under the 2007 Act includes a wide range of categories, not limited to those listed below. Examples of harm not explicitly listed include domestic abuse, gender-based violence, forced marriage, human trafficking, stalking and hate crime. These are all considered crimes that can contribute to harm. Alleged or actual victims of crime should always be encouraged to report a crime. Staff should report suspected or actual crimes against an adult deemed at risk in Scotland, even if the adult does not want them to, as this is a legal duty under the 2007 Act.

Sometimes, the person causing harm may also be at risk. This needs to be taken into consideration when implementing Adult Support and Protection processes. Where both perpetrator and victim are considered as being an adult at risk, separate Adult Protection Referrals should be submitted for both parties.

Harm can take many forms and affect individuals and/or multiple people. It can occur in relationships, service settings or within communities. Although we must respond to each incident of harm or potential harm, it is important to look beyond single incidents and consider patterns and underlying dynamics.

Below are some examples of the types of harm that staff may observe or that may be disclosed to them. The examples are not exhaustive and should only be used as a guide.

Physical harm or abuse involving actual or attempted injury to an adult who is defined as being at risk. For example:

- slapping, pushing, hitting, kicking;
- misuse of medication;
- pinching, biting, shaking;
- forcible feeding;
- restraining or holding an individual back – locking in a room, tying to a bed or chair;
- inappropriate touching; and
- being threatened with a weapon.

Sexual harm or abuse involves an activity of a sexual nature where the adult at risk cannot or does not give consent. For example:

- inappropriate sexual contact, touching, kissing;
- sexual assault, rape, non-consensual contact, sexualised comments;
- indecent exposure;
- being made to listen to or watch pornography without consent; and
- voyeurism.

Psychological and emotional harm or abuse resulting in mental distress to the adult at risk. For example:

- threats, manipulation, inappropriate treatment;
- humiliation, overt control and dominance;
- isolation and abandonment;
- bullying and intimidation by word or act;
- access to a person being denied;
- misuse of power or influence;
- threats of harm or abandonment;
- putting down, ignoring someone;
- controlling behaviour;
- taking away privacy; and
- constant criticism.

Financial or material harm or abuse involving the exploitation of resources and property belonging to the adult at risk. For example:

- theft or fraud;
- misuse of money, property, or resources without the informed consent of the adult at risk; and
- no control over household finances, with the adult at risk being given an allowance at the perpetrator's discretion.

Verbal harm or abuse involving the use of language to cause distress to the adult at risk. For example:

- Inappropriate use of language, disrespect, name-calling, shouting, sarcasm, inappropriate use of humour, and using language to confuse or to exclude.

Institutional harm or abuse involves the adult at risk having their individuality ignored. For example:

- Removal of individuality within an institution by strict, inflexible regimes and routines, lack of accommodation relative to individual choice and lifestyle.

Discriminatory harm or abuse refers to the abuse of an adult due to prejudice against their personal characteristics and can affect the adult at risk in several ways.

For example:

- unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation (known as 'protected characteristics under the Equality Act 2010);
- verbal abuse, derogatory remarks or inappropriate use of language related to a protected characteristic;
- denying access to communication aids, not allowing access to an interpreter, signer, or lip-reader;
- denying basic rights to healthcare, education, employment, and criminal justice relating to a protected characteristic; and;
- neglect of accommodation; and
- substandard service provision relating to a protected characteristic.

Self-harm where the adult at risk carries out acts to cause injury or distress to themselves. For example:

- refusal to eat or drink;
- substance misuse;
- cutting, burning, scalding, or hitting parts of own body;
- risk taking behaviour;
- banging head or other parts of the body;
- swallowing harmful substances;
- attempts or makes threats of suicide; and
- overdosing.

Signs of Harm

There are many signs of harm. Customer facing staff are best placed to be able to recognise and respond to signs of harm and are supported to do so.

Some examples of signs of harm that staff may observe:

- unexplained or unusual injuries;
- changes in behaviour;
- fear of another person;
- unexplained deterioration in health or appearance;
- misuse of medication;
- an unexplained delay between illness or injury and the person getting appropriate treatment;
- unpaid bills or sudden debt;
- another person using the adult's possessions, bank account or property without their informed consent;
- poor health or hygiene;
- hostile behaviour from carers;
- lack of basic needs like food or heating;
- not being informed of their rights or being misinformed; and
- victims of repeated antisocial behaviour.

The above list is not exhaustive. Our customer facing staff are trained to recognise these signs and respond quickly. We also work with other agencies to provide extra support when needed.

5. Our Role in Adult Support & Protection

As a housing and property management provider, our main role is to:

- recognise signs of harm, abuse or adults potentially at risk;
- respond appropriately and effectively; and
- report concerns to statutory agencies in line with Adult Support and Protection legislation and requirements. If staff are unsure of what action to take, they should speak with their line manager or contact the Group Protection Team for guidance.

Adult Support and Protection is everyone's responsibility. **Appendix 1** sets out the process if staff are concerned that an adult may be at risk of harm or abuse.

Recognising signs of harm

Our customer facing staff are well placed to identify customers who may be at risk of harm or abuse and are trained to identify signs of abuse and remain alert.

We may learn that someone is at risk through:

- what a customer tells us;
- information from someone else;
- observations by staff;
- insights from our customer information; and
- multi-agency meetings (e.g. case conferences).

We will gather enough information to decide what action to take, regardless of how we have become aware.

Responding to adults at risk of harm

Our staff will respond to those affected by harm or abuse by reporting our concerns and offering additional support to the individual. There are clear processes in place to support staff to respond appropriately and report their concerns.

If someone tells us they're being harmed:

- our default position will be to believe them;
- we act quickly to offer help;
- we will create a safe environment for discussions relating to harm and can offer options like same-sex staff or translation services;
- we treat everyone with empathy and respect, and without judgment; and
- we explain that while we keep things confidential as far as practicably possible, we may need to share information with social work or police to keep people safe. This is linked to our requirement within the 2007 legislation and the duty of care that we have to protect our customers from risk of harm. Any information shared will be in accordance with the rules for sharing personal data. See section 11 for further information.

Responding to Self-Harm and Suicide Risk

Some customers may be at risk of self-harm or suicide. Our Suicide Risk Policy guides staff in supporting someone experiencing suicidal behaviours. Warning signs include:

- feeling anxious, depressed, or withdrawn;
- changes in eating, sleeping, or drinking habits; and/or
- difficulty coping with everyday problems.

If we're concerned, we will:

- take all signs seriously;
- ask how the person is feeling;
- listen carefully;
- offer support and refer to specialist services; and
- report concerns to statutory agencies or Police Scotland when needed.

We work in partnership with police, social work and health agencies and will support the coordination of any investigations.

Reporting concerns about an adult at risk

Local Authorities lead on Adult Protection; however, keeping people safe relies on effective information sharing between housing, care, health, police, and other relevant services.

Where there is a safeguarding concern, the need to protect an adult at risk will take precedence over data protection considerations. Data protection legislation must still be applied, but it must not be used as a barrier to sharing information that is necessary to prevent harm.

Under UK GDPR and the Data Protection Act 2018, personal data may be shared without consent where this is necessary to safeguard an adult at risk of harm. This includes situations where sharing is in the adult's vital interests, is required to carry out a public task, or is necessary to fulfil duties under the Adult Support and Protection (Scotland) Act 2007.

Consent is not required where seeking it would increase risk, cause delay, or prevent timely intervention. In all cases, information sharing must comply with data protection principles: it must be lawful, necessary, proportionate, relevant, and shared securely. Further detail is provided in Section 11.

If we believe someone may be at risk of harm:

- We report it to the Local Authority using their specific process and standard forms or by calling the social work duty team. An example of an Adult Support and Protection referral form (AP1) can be found appended to this policy (Appendix 2).
- If a crime may have or has happened, we have a duty of care to report this to Police Scotland on 101 or 999, depending on the urgency.
- Staff should escalate any concerns to their line manager or to the Group Protection Team.

Contact details for Adult Support and Protection Teams across the 32 local authority areas here: <http://www.actagainstharm.org/getting-help/find-your-local-contact>.

If a **neighbour or another person tells us someone is at risk**, we'll usually let the individual concerned know that we're reporting it if it is appropriate to do so, unless it's unsafe or not possible to do so. Staff should speak to their manager or the Group Protection Team if unsure.

Where there is a concern that an adult is at risk of harm, consent does not need to be obtained to submit a referral to statutory agencies. The reason why consent was not gained should be recorded on the AP1 referral.

6. A Personalised Approach to Adult Support & Protection

We adopt a personalised approach to Adult Support and Protection, tailoring services to each customer's needs. We will work with partner agencies, focusing on the individual's outcomes, wishes and strengths, rather than a service-led response. We will work collectively to ensure that the adult feels empowered to make their own decisions, promoting their choice and control in their lives. Key elements of this include:

- seeking the person's views at the earliest opportunity;
- supporting and contributing to the development of strength-based plans;
- supporting the least restrictive intervention to safeguard the adult at risk from harm; and
- consideration of any reasonable adjustments in line with the Equality Act 2010.

Our approach to Adult Protection includes consideration of human rights in accordance with the Human Rights Act 1998, as well as considering any children's human rights in line with the UNCRC (incorporation) (Scotland) Act 2024 (where applicable).

Our unique position helps us to spot signs of harm early, like sudden rent arrears or repeated antisocial behaviour, and allows us to respond quickly.

We provide advice and practical solutions to improve home security and personal safety, including safety products and guidance on online safety. Where appropriate, safety apps can be demonstrated to help individuals stay protected.

If an individual feels unsafe in their current home, we will respond and offer a Housing Options interview and work with partners to explore safer housing solutions. We will also refer to our Anti-Social Behaviour Policy when needed.

Alongside these measures, we offer wraparound support to individuals who need extra assistance, ensuring they have access to the right services and resources to meet their needs.

7. Measuring our Impact

We will measure our impact in Adult Support and Protection by:

- monitoring the number of Adult Support and Protection referrals submitted; and
- reviewing referrals routinely to understand emergent themes or hotspots of concern, which will then inform our work on Adult Protection.

This approach will guide our future actions, enable us to allocate resources effectively and identify training and support needs.

8. Legislation & Strategic Drivers

This policy is based on key Scottish laws that protect adults and support their rights:

- **Adult Support and Protection (Scotland) Act 2007** – protects adults who may be at risk of harm.
- **Adults with Incapacity (Scotland) Act 2000** – helps protect people who can't make decisions for themselves.
- **Mental Health (Care and Treatment) (Scotland) Act 2003** – supports people with mental health conditions.
- **Protection of Vulnerable Groups (Scotland) Act 2007** – helps ensure people who work with vulnerable groups are safe to do so.
- Data Protection Act 2018
- Human Rights Act 1998
- General Data Protection Regulation (Regulation (EU) 2016/679)
- Domestic Abuse (Scotland) Act 2021
- United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024
- Adult Support & Protection Code of Practice 2022

9. Policy Review & Consultation

This policy has been developed in consultation with key stakeholders working in statutory agencies. The policy shall be reviewed every three years; however, more regular reviews will be considered where, for example, there is a need to respond to changes in legislation or guidance. Reviews will consider legislative, performance standard and good practice changes.

We will publish this policy on our staff intranet, WE Connect, and on our website. A hard copy is also available on request. Customers may also request a copy of the policy in other formats and community languages, e.g. Braille.

10. Policy Awareness Training and Support

Staff across the organisation are aware of this policy and understand when and how the associated process should be applied, including where an adult is identified as being at risk. Staff who work directly with customers receive appropriate training on Adult Support and Protection, ensuring they can recognise concerns and respond proportionately and sensitively.

We recognise that safeguarding and protecting people can be complex and emotionally demanding. Staff are supported through regular line management and supervision, and also have access to our dedicated Wellbeing Team. This service offers confidential advice, guidance and support to help colleagues manage the emotional impact of this work.

11. Confidentiality & Data Protection

Everyone working in our organisation has a duty to help protect children, young people, and adults who may be at risk. In safeguarding situations, the law allows information to be shared without consent where this is needed to keep someone safe.

Sometimes, we may need to share personal information with other organisations to keep someone safe. This must follow data protection laws, including the Data Protection Act 2018 and General Data Protection Regulations GDPR. Data Protection is not intended to prevent safeguarding; it provides a framework to help ensure information sharing is lawful, necessary and proportionate, secure and appropriately recorded.

Before sharing any information, staff should:

- check the Wheatley Group's Data Protection Policy (especially Appendix 2);
- be satisfied that data sharing complies with the General Data Protection principles in Article 5 UK GDPR and that there is a lawful basis for sharing the data;
- record the decision to share, including the reason;
- share only what is needed; and
- ensure an audit trail is kept.

We recognise that Adult Protection can involve highly sensitive information. If staff are unsure about what can be shared or how to share it securely, they should contact the Information Governance Team for advice. This helps ensure that any data sharing is in accordance with the UK GDPR, the Data Protection Act 2018 and the requirements of our Data Protection Policy and the Group's Special Category Data Policy.

Any requests for information should be passed to the Information Governance Team so they can confirm the lawful basis for sharing and whether appropriate information sharing agreements are in place.

12. Equal Opportunities Statement

This Policy aligns to our Equity, Diversity and Inclusion (EDI) and Human Rights Policy. We recognise our pro-active role in valuing and promoting EDI and equity of opportunity by adopting and promoting fair policies and procedures.

We are committed to providing fair and equitable treatment for our stakeholders and will not discriminate against anyone on the grounds of race, ethnicity, nationality, language, religion, belief, age, sex, sexual orientation, gender reassignment, trans history, disability, marital status, pregnancy or maternity. We will endeavour to achieve fair outcomes for all.

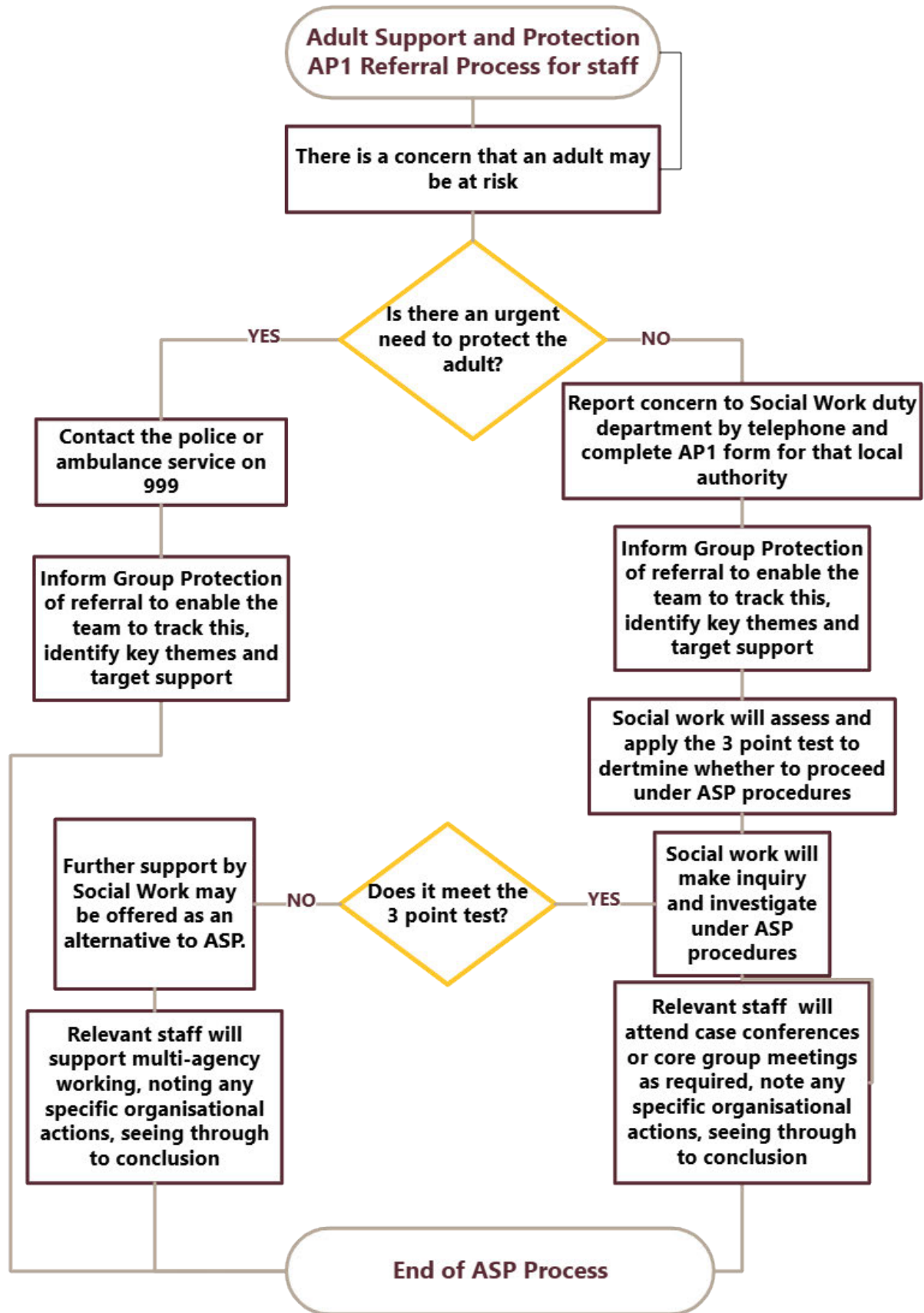
As required, we undertake Equality Impact Assessments on relevant policies, strategies, projects and frameworks to help us take appropriate action to address inequalities likely to result or resulting from the implementation of the policy and procedures and to maximise positive impacts.

13. Complaints

We aim to get things right the first time. However, if a customer is unhappy with this policy or how it's applied, they can make a complaint.

A summary of our Complaints Policy and Procedure is available on our Wheatley Group and subsidiary websites.

Appendix 1



Appendix 2

ADULT PROTECTION REFERRAL FORM (AP1)

A word copy of this form suitable for typing and printing can usually be found on the Local Authority/HSCP and NHS Adult Support and Protection webpage.

ADULT AT RISK DETAILS (please PRINT details, thank you)

| | | | |
|---|--|---------------------|----------|
| NAME | | DOB | |
| HOME ADDRESS | | CURRENT WHEREABOUTS | |
| POSTCODE | | POSTCODE | |
| TEL NO: | | TEL NO: | |
| GENDER | | ETHNIC ORIGIN | RELIGION |
| COMMUNICATION NEEDS (Please provide details, including communication aids by the adult and specify the first language if not English) | | | |
| GP NAME / ADDRESS | | | |

REFERRER DETAILS (please PRINT details, thank you)

| | | | |
|---------------------------------------|--|---------------------|--|
| NAME | | DESIGNATION | |
| AGENCY | | DIRECT DIAL TEL NO: | |
| EMAIL ADDRESS | | | |
| RELATIONSHIP TO ADULT BEING REFERRED: | | | |
| SIGNATURE | | | |
| DATE | | | |

IS IT SUSPECTED THAT A CRIME HAS BEEN COMMITTED, AND HAVE POLICE BEEN INFORMED? (Include date, time, known action taken, etc.)

| |
|--|
| |
|--|

DETAILS OF CONCERN (please PRINT details, thank you)

| | |
|---|--|
| 1) IN YOUR OPINION IS THE ADULT ABLE TO SAFEGUARD THEIR OWN WELLBEING, PROPERTY, RIGHTS OR OTHER | |
|---|--|

| | |
|---|--|
| INTERESTS? (If no, please state reason) | |
| 2) IN YOUR OPINION IS THE ADULT AT RISK OF HARM? (if yes, please state reason) | |
| 3) IN YOUR OPINION IS THE ADULT AFFECTED BY DISABILITY, MENTAL DISORDER, ILLNESS OR PHYSICAL OR MENTAL INFIRMITY (if yes, please specify) | |
| GIVE DETAILS OF HARM (SUSPECTED / WITNESSED / DISCLOSED / REPORTED). DATES, PROTECTIVE ACTIONS TAKEN INCLUDE DETAILS OF ANY PREVIOUS CONCERNS. (please use separate sheet if required) | |
| | |
| HAVE YOU (OR ANY OTHER PERSON) TOLD THE ADULT THAT THIS INFORMATION WILL BE SHARED WITH SOCIAL WORK OR OTHER RELEVANT AGENCIES | YES / NO (delete as appropriate) If NO please state reasons |

| DETAILS OF PERSON SUSPECTED OF CAUSING HARM (If known) (please PRINT details, thank you) | | | |
|---|--|-------------------------------|--|
| NAME | | RELATIONSHIP TO ADULT: | |
| ADDRESS | | TEL NO | |

| DETAILS OF MAIN CARER / RELATIVE / POA / GAURDIAN (please PRINT details, thank you) | | | |
|--|--|-------------------------------|--|
| NAME | | RELATIONSHIP TO ADULT: | |
| ADDRESS | | TEL NO | |

Group Child Protection Policy

We will provide this policy on request at no cost, translated, in large print, in Braille, on tape or in another non-written format.

We can produce information on request at no cost in large print, in Braille, on tape or in another non-written format. We can also translate this into other languages. If you need information in any of these formats, please call us on 0800 479 7979 or email info@wheatley-group.com

Możemy, na życzenie, bezpłatnie przygotować informacje dużą czcionką, w alfabecie Braille'a, na taśmie lub w innym niepisanym formacie. Możemy je również przetłumaczyć na inne języki. Jeśli potrzebujesz informacji w którymkolwiek z tych formatów, zadzwoń do nas pod numer 0800 479 7979 lub wyślij e-mail na adres info@wheatley-group.com

Podemos produzir informações mediante solicitação e sem custos, em impressão grande, Braille, cassete ou noutro formato não descrito. Também podemos traduzi-las em outros idiomas. Se precisar de informações em qualquer um destes formatos, contacte-nos através do número 0800 479 7979 ou envie um e-mail para: info@wheatley-group.com

يمكننا إنتاج معلومات عند الطلب مجاناً مطبوعة بأحرف كبيرة أو بطريقة برايل أو على شريط أو بتنسيق آخر غير مكتوب. يمكننا أيضاً ترجمة هذا إلى لغات أخرى. إذا كنت بحاجة إلى معلومات بأي من هذه التنسيقات، فيرجى الاتصال بنا على 0800 479 7979 أو إرسال بريد إلكتروني إلى info@wheatley-group.com

در صورت درخواست، می‌توانیم اطلاعات را در چاپ بزرگ، خط بریل، روی نوار یا در فرمت غیرنوشتاری دیگری ارائه دهیم. همچنین می‌توانیم اطلاعات را به سایر زبان‌ها ترجمه کنیم. در صورت نیاز به اطلاعات بیشتر در هریک از این فرمت‌ها، لطفاً از طریق شماره 0800 479 7979 با ما تماس بگیرید یا ایمیلی به info@wheatley-group.com ارسال کنید.

ہم درخواست پر معلومات کو بڑے حروف، بریل، ٹیپ پر یا کسی اور غیر تحریری صورت میں بغیر کسی لاگت کے مہیا کر سکتے ہیں۔ ہم اس کا دوسری زبانوں میں ترجمہ بھی کروا سکتے ہیں۔ اگر آپ کو ان میں سے کسی صورت میں یہ معلومات درکار ہوں تو برائے کرم ہمیں 0800 479 7979 پر کال کریں یا info@wheatley-group.com پر ای میل کریں۔

| | |
|------------------------------------|---|
| Approval body | Wheatley Group Board |
| Date of approval | TBC |
| Review Year | Updated July 2022 Updated March 2026 |
| Customer engagement required | Yes |
| Trade union engagement is required | Yes – For info |
| Equality Impact Assessment | Yes |

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1. Introduction

This policy is part of a suite of policies designed to safeguard and protect people. This Child Protection Policy outlines how we support children and young people at risk of harm and guides both customers and staff in understanding our responsibilities and the response process when we are concerned about a child.

This policy should be read in conjunction with the following policies:

- Adult Support & Protection;
- Multi-Agency Public Protection Arrangements (MAPPA);
- Suicide Risk; and
- Domestic Abuse.

Protecting children who are at risk from abuse or neglect is a shared responsibility. Everyone has a part to play, including social services, police, health, housing, and care organisations. Children should be supported to live free from harm.

The policy explains how we work with others to protect children at risk and support partner agencies whose responsibility it is to investigate where children may be at risk of abuse or neglect and provide support. As an organisation, we have a duty of care to report any concerns or disclosures about harm. Our staff play a key role in this by working directly with customers in their homes and communities. Through day-to-day contact, tenancy visits, repairs interactions, and routine customer conversations, staff are often well-placed to notice changes, pick up on early indicators of risk, and provide a safe environment for customers to share concerns. It is therefore our expectation that staff use these interactions to support the identification and reporting of harm, helping to safeguard our customers.

Staff will refer to this policy in the course of their work with Wheatley Group.

2. Policy Aims & Objectives

Our Aims

This policy has been designed to support staff and customers in understanding our approach to Child Protection. The policy aims to support staff to:

- understand Child Protection legislation;
- understand and recognise different types of harm and neglect;
- effectively support those at risk of or affected by harm;
- uphold the wellbeing and rights of all those who we deliver our services to; and
- effectively report concerns to statutory agencies (e.g. Police, social work, or health) when a child is at risk.

Our Objectives

For an effective approach to Child Protection to be embedded, our objectives are to:

- make sure our policy and supporting processes are clear, practical and easily accessible;
- ensure relevant staff are aware of their role and responsibilities and that these are clearly defined;
- provide training to relevant staff so they can confidently recognise and respond to signs of harm and neglect;
- build partnerships with agencies responsible for investigating Child Protection concerns and supporting children at risk through regular structured contact; and
- we will monitor Child Protection activity across the organisation to determine themes arising and ensure continuous improvement and strengthening of our approach through quality assurance of reports.

3. What is Child Protection?

The principles of the National Guidance for Child Protection in Scotland, (2021 – Updated 2023) state that every child deserves to live free from fear, harm, or abuse. Child Protection means recognising when a child might be at risk and taking steps to keep them safe. This includes the consideration, assessment, and planning of required actions. Police, social work, or health services evoke Child Protection procedures when they believe a child has been harmed or is at serious risk.

In Scotland, the definition of a child varies in different legal contexts; however, statutory guidance that supports the Children and Young People (Scotland) Act defines a child as anyone under the age of 18.

Where a young person between the ages of 16 and 18 requires support and protection, statutory services are required to consider which legal framework best supports each individual's needs and circumstances. This will ensure that these individuals do not fall between eligibility and service criteria due to an overlap in legislation between Adult Support & Protection and Child Protection.

In the context of the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024, a child means every human being below the age of 18. Where applicable, the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024 can give rise to rights and obligations relating to children and young people up to the age of 18.

When staff are concerned about a person at risk who they know or believe to be between the ages of 16 and 18, then a Child Protection referral should be completed. Statutory services will then determine whether the referral should be dealt with under child or adult protection processes.

In Scotland, the Child Protection Register refers to a confidential list of all children in a local authority who have been identified as being at risk of significant harm and are therefore subject to statutory oversight or intervention.

Any statutory agencies working with a child who is on the Register is aware of the urgent need for everyone to remain alert and act quickly to protect these children deemed at risk. Routinely, Wheatley Group staff would not be advised of a child being placed on the register unless this information was shared during case conferences, Multi-Agency Risk Assessment Conferences (MARAC), or at Disclosure Scheme Domestic Abuse Scotland (DS DAS) meetings, which our staff may attend. The Group Protection team will maintain a record of any child on the register whom we are aware of.

4. Types of Abuse & Neglect

Abuse and neglect are forms of child maltreatment. They may occur through direct actions or omissions that result in or fail to prevent significant harm. Abuse can happen within families, institutions, or, more rarely, by strangers.

All children have a fundamental right to care and protection. A child may require protection when their basic needs, such as food and warmth, are not met, or they may need protection from harm from other people.

The following categories of abuse and indicators are not exhaustive and should be used as guidance and not as a checklist.

Physical Abuse is the causing of physical harm to a child or young person. It may involve hitting, shaking, throwing, poisoning, burning, scalding, drowning, or suffocating. Physical harm can also happen when a parent or carer pretends a child is ill or deliberately makes them ill.

Possible signs of physical abuse:

- unexplained injuries or burns, particularly if they are recurrent;
- improbable excuses given to explain injuries;
- refusal to discuss injuries;
- untreated injuries or delay in reporting them;
- excessive physical punishment;
- arms and legs kept covered even in hot weather;
- fear of returning home;
- aggression towards others;
- running away; and
- administration of toxic substances.

Emotional Abuse is the persistent emotional neglect or ill-treatment of a child that causes severe and lasting harm to their emotional development. It may include:

- conveying to a child that they are worthless, unloved, or inadequate;
- valuing a child only insofar as they meet the needs of another;
- imposing age or developmentally inappropriate expectations; or
- causing the child to feel frightened, in danger, exploited, or corrupted.

Emotional abuse is often present in all forms of maltreatment, but it can also occur independently.

Possible signs of emotional abuse:

- low self-esteem;
- continual self-deprecation;
- sudden speech disorder/refusal to speak;
- fear of carers;
- severe hostility/aggression towards other children;
- significant decline in concentration span; and
- self-harm.

Sexual Abuse & Exploitation is any act involving a child in sexual activity for the gratification of another person, regardless of whether the child is said to have consented or assented. It includes:

- physical contact – penetrative or non-penetrative acts; or
- non-contact activities – exposure to indecent images, watching sexual acts, use of sexual language, or encouraging sexually inappropriate behaviour.

Child sexual exploitation is a form of sexual abuse where a person(s) of any age uses a power imbalance to force or entice a child into sexual activity in exchange for the sexual activity. The presence of perceived consent does **not** negate the abusive nature of the act.

Possible signs of sexual abuse or child sexual exploitation:

- sleep disturbances or nightmares;
- complaints of genital itching or pain;
- self-harm/eating disorders;
- unexplained pregnancy;
- acting in a sexually explicit manner;
- anxiety/depression/withdrawn;
- fear of undressing, e.g. for physical exercise;
- low self-esteem;
- inappropriate sexual awareness;
- running away;
- developmental regression; and
- lack of trust or over-familiarity with adults.

Online abuse is any type of abuse that happens on the internet. It can happen across any device that is connected to the web, like computers, tablets and mobile phones, and can happen anywhere online, including:

- social media;
- text messages and messaging apps;
- emails;
- online chats;
- online gaming; and
- live-streaming sites.

Children can be at risk of online abuse from people they know or from strangers. It might be part of other abuse which is taking place offline, like bullying or grooming. Or the abuse may only happen online.

A child or young person experiencing abuse online might:

- spend a lot more or a lot less time than usual online, texting, gaming or using social media;
- seem distant, upset or angry after using the internet or texting;
- be secretive about who they are talking to and what they're doing online or on their mobile device; and
- have lots of new phone numbers, texts or email addresses on their devices.

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in serious impairment of the child's health or development. It may involve:

- failing to provide adequate food, shelter, and clothing;
- not protecting the child from physical harm or danger;
- failing to ensure access to appropriate medical care or treatment; or
- ignoring or failing to respond to the child's basic emotional needs.

In severe cases, neglect may result in a diagnosis of non-organic failure to thrive, where a child fails to reach normal growth or developmental milestones without a physical or genetic cause. In its extreme form, neglect can lead to malnutrition, lack of stimulation, and life-threatening consequences, especially for young children

Possible signs of neglect:

- constant hunger or inappropriate/erratic eating patterns;
- poor hygiene;
- constant tiredness;
- lack of adequate clothing;
- failure to seek appropriate/necessary medical attention; and
- unhygienic home conditions.

If a child says they're being abused, even if there are no visible signs, take it seriously and report it immediately to the appropriate authorities.

The above list is not exhaustive. Our customer facing staff are best placed to be able to recognise and respond quickly to signs of harm and are supported to do so. We also work with other services to provide extra support to children and families when needed.

5. Our Role in Child Protection

Child Protection is everyone's responsibility, not just those who work directly with children. Social Work and Police Scotland lead investigations, but they rely on others to report concerns.

As a housing and property management provider, we may not investigate abuse, but we play a vital role in **recognising**, **responding** to, and **reporting** any concerns. Customer facing staff are best placed to recognise and respond to concerns of abuse or neglect and are supported to do so. **Appendix 1** sets out the process of staff are concerned that a child may be at risk of abuse or neglect.

Recognising signs of abuse or neglect

Our customer facing staff are well placed to identify children who may be at risk of abuse or neglect and are trained to remain alert and to identify concerns early.

We may learn that a child is at risk of abuse or neglect through:

- a parent or carer sharing a concern;
- information from someone else;
- observations by staff;
- insights from our customer information; and
- multi-agency meetings (e.g. Children's Hearings).

Sometimes, a child may tell us directly. No matter how we find out, we must act appropriately and safely. If staff are unsure what to do, they should speak with their line manager or contact the Group Protection Team for support.

Responding to concerns of child abuse or neglect

Our customer facing staff will respond by reporting concerns and offering additional support to the child and family. There are clear processes in place to support staff to respond appropriately and report their concerns.

If someone shares a concern:

- we take it seriously, our role is to report, not investigate;
- we listen and avoid asking probing questions;
- we act quickly to offer help and refer to specialist services;
- we explain that the information must be passed on. This is linked to our requirement within legislation and our professional duty to act. Information will be shared in accordance with the rules for sharing personal data;
- we treat everyone with empathy and respect, and without judgement;
- we reassure the person they've done the right thing;
- if a child is in immediate danger, we call the emergency services. If there is any uncertainty, staff should speak with their manager or the Group Protection Team, and
- we report to statutory agencies (local authority, police or health) following the guidance on making reports below. This is linked to our requirement within legislation and the duty of care that we have to protect children from the risk of harm.

Reporting concerns of child abuse or neglect

If staff are worried about a child's safety, it's important to act quickly and follow the correct steps.

Where there is a safeguarding concern, the need to protect a child at risk will take precedence over data protection considerations. Data protection legislation must still be applied, but it must not be used as a barrier to sharing information that is necessary to prevent harm.

Under UK GDPR and the Data Protection Act 2018, personal data may be shared without consent where this is necessary to safeguard an adult at risk of harm. This includes situations where sharing is in the adult's vital interests, is required to carry out a public task, or is necessary to fulfil duties under the Children and Young People (Scotland) Act.

Consent is not required where seeking it would increase risk, cause delay, or prevent timely intervention. In all cases, information sharing must comply with data protection principles: it must be lawful, necessary, proportionate, relevant, and shared securely. Further detail is provided in Section 11.

Use the standard reporting templates and specific process to contact the Local Authority where the child lives or call the local authority to report concerns. An example of a Child Protection referral form (CP1) can be found appended to this policy (appendix 2).

If a crime may have or has been committed, report it to Police Scotland by calling 101 or 999, depending on the urgency.

Staff should escalate any concerns to their line manager or to the Group Protection Team.

Contact details for all 32 council Child Protection Teams here: <https://www.childprotection.scot/useful-links/council-social-work/>

If a **neighbour or another person tells us a child is at risk**, we'll usually let the individual concerned know that we're reporting it if it is appropriate to do so, unless it's unsafe or not possible to do so. Staff should speak to their manager or the Group Protection Team if unsure.

Where there is a concern that a child is at risk of harm or neglect, consent does not need to be obtained to submit a referral to statutory agencies.

6. A Personalised Approach to Child Protection

At the heart of Child Protection guidance and procedures is ensuring the safety and wellbeing of children including protecting their human rights. We follow Scotland's national approach, Getting It Right for Every Child (GIRFEC), which means:

- offering the right help, at the right time, from the right people; and
- putting children's rights and wellbeing at the centre of everything we do (where relevant).

Our approach to Child Protection includes consideration of human rights in accordance with the Human Rights Act 1998, and children's human rights in line with the UNCRC (incorporation) (Scotland) Act 2024).

We tailor support to each family's needs by offering a diverse range of services and making referrals to specialist services. We ensure that each interaction is personal as we recognise that there is no one-size-fits-all approach.

We provide advice and practical solutions to improve home security and personal safety, including safety products and guidance on online safety. Where appropriate, safety apps can be demonstrated to help families stay protected.

If a family feels unsafe in their current home, we will respond and offer a Housing Options interview and work with partners to explore safer housing solutions.

Alongside these measures, we offer wraparound support to families who need extra assistance, ensuring they have access to the right services and resources to meet their needs.

7. Measuring our Impact

We will measure our impact in Child Protection by:

- monitoring the number of Child Protection referrals submitted; and
- reviewing referrals to understand emergent themes or hotspots of concern, which will then inform our work on Child Protection.

This approach will guide our future actions, enable us to allocate resources effectively and identify training and support needs.

8. Legislation & Strategic Drivers

This policy is based on key legislation, laws and guidance that protect children and support their rights:

- Social Work (Scotland) Act 1968
- Children (Scotland) Act 1995
- Children (Scotland) Act 2020
- Human Rights Act 1998
- Children's Hearings (Scotland) Act 2011
- Children and Young People (Scotland) Act 2014
- Data Protection Act 2018
- General Data Protection Regulation (Regulation (EU) 2016/679)
- Domestic Abuse (Scotland) Act 2018
- United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024
- National Guidance for Child Protection in Scotland (2023)
- Getting it Right for Every Child (GIRFEC)

9. Policy Review & Consultation

This policy has been developed in consultation with key stakeholders working in statutory agencies. The policy shall be reviewed every three years; however, more regular reviews will be considered where, for example, there is a need to respond to changes in legislation or guidance. Reviews will consider legislative, performance standard and good practice changes.

We will publish this policy on our staff intranet, WE Connect, and on our website. A hard copy is also available on request. Customers may also request a copy of the policy in other formats and community languages, e.g. Braille.

10. Policy Awareness Training and Support

Staff across the organisation are aware of this policy and understand when and how the associated process should be applied, including where a child is identified as being at risk. Staff who work directly with customers receive appropriate training on Child Support and Protection, ensuring they can recognise concerns and respond proportionately and sensitively.

We recognise that safeguarding and protecting people can be complex and emotionally demanding. Staff are supported through regular line management and supervision, and also have access to our dedicated Wellbeing Team. This service offers confidential advice, guidance and support to help colleagues manage the emotional impact of this work.

11. Confidentiality & Data Protection

Everyone working in our organisation has a duty to help protect children, young people, and adults who may be at risk. In safeguarding situations, the law allows information to be shared without consent where this is needed to keep someone safe.

Sometimes, we may need to share personal information with other organisations to keep someone safe. This must follow data protection laws, including the Data Protection Act 2018 and General Data Protection Regulations GDPR. Data Protection is not intended to prevent safeguarding; it provides a framework to help ensure information sharing is lawful, necessary and proportionate, secure and appropriately recorded.

Before sharing any information, staff should:

- check the Wheatley Group's Data Protection Policy (especially Appendix 2);
- be satisfied that data sharing complies with the General Data Protection principles in Article 5 UK GDPR and that there is a lawful basis for sharing the data;
- record the decision to share, including the reason;
- share only what is needed; and
- ensure an audit trail is kept.

We recognise that Child Protection can involve highly sensitive information. If staff are unsure about what can be shared or how to share it securely, they should contact the Information Governance Team for advice. This helps ensure that any data sharing is in accordance with the UK GDPR, the Data Protection Act 2018 and the requirements of our Data Protection Policy and the Group's Special Category Data Policy.

Any requests for information should be passed to the Information Governance Team so they can confirm the lawful basis for sharing and whether appropriate information sharing agreements are in place.

12. Equal Opportunities Statement

This Policy aligns the Group's Equity, Diversity and Inclusion (EDI) and Human Rights Policy. We recognise our pro-active role in valuing and promoting EDI and equity of opportunity by adopting and promoting fair policies and procedures.

We are committed to providing fair and equitable treatment for our stakeholders and will not discriminate against anyone on the grounds of race, ethnicity, nationality, language, religion, belief, age, sex, sexual orientation, gender reassignment, trans history, disability, marital status, pregnancy or maternity. We will endeavour to achieve fair outcomes for all.

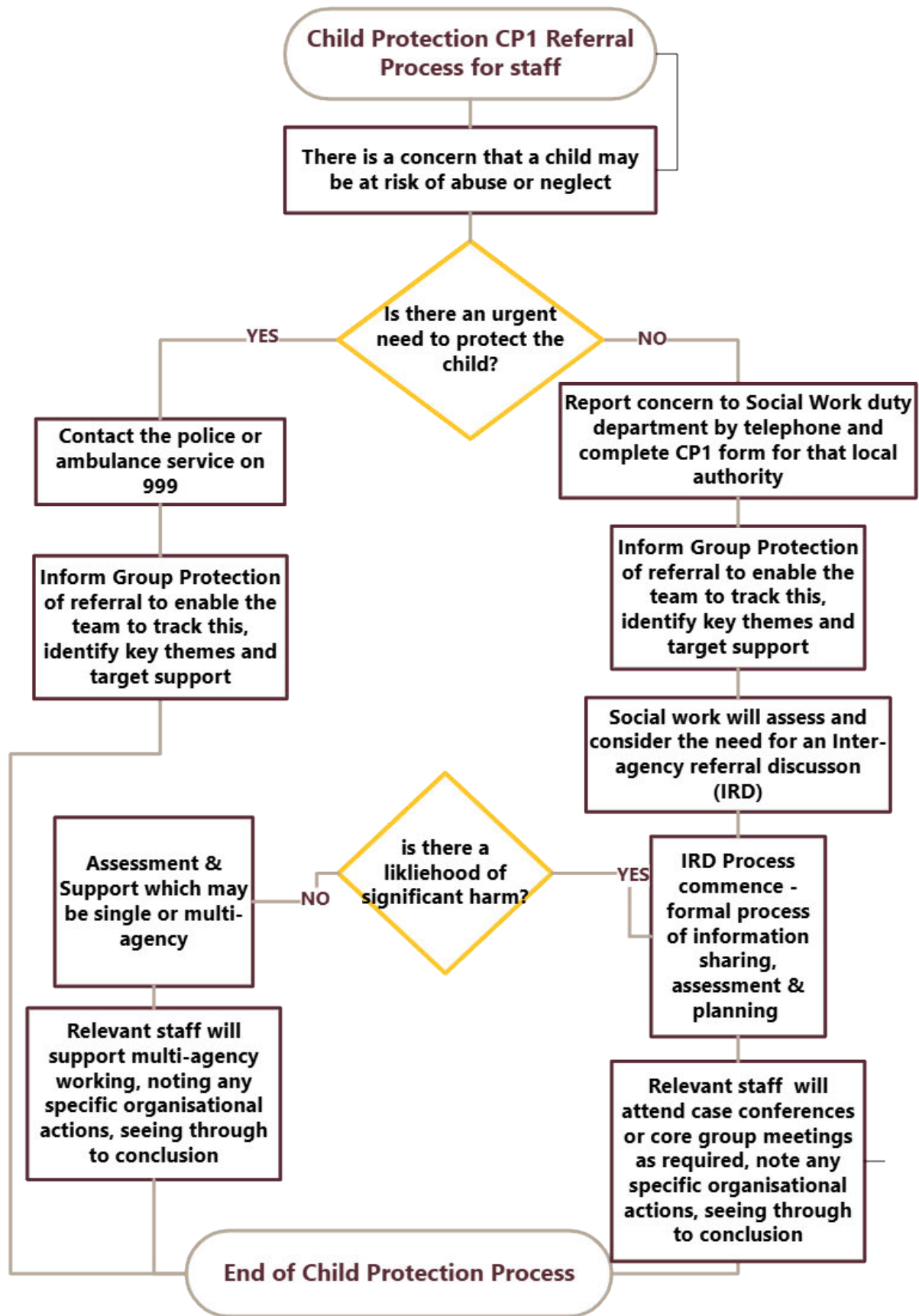
As required, we undertake Equality Impact Assessments on relevant policies, strategies, projects and frameworks to help us take appropriate action to address inequalities likely to result or resulting from the implementation of the policy and procedures and to maximise positive impacts.

13. Complaints

We aim to get things right the first time. However, if a customer is unhappy with this policy or how it's applied, they can make a complaint.

A summary of our Complaints Policy and Procedure is available on our Wheatley Group and subsidiary websites.

Appendix 1



Appendix 2

Getting it right
Request for Assistance *for every child*

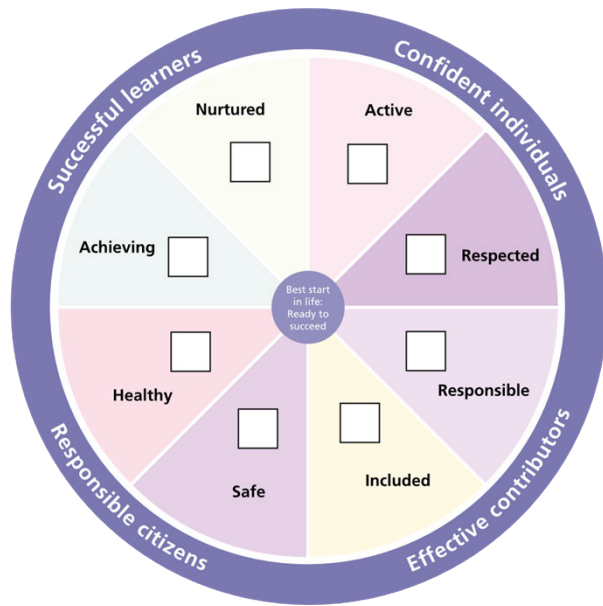
Is there an immediate child protection concern? If yes go straight to child protection procedures

Safeguarding Hub

Please tick this box if you are identifying a 'Wellbeing

| 1. Child's Details | | | |
|--------------------|--|----------------------------------|--|
| Name | | Agency Identifier | |
| Date of Birth/EDD | | School | |
| Address | | Telephone Number | |
| | | | |
| Parents/Carer Name | | Parental Rights Responsibilities | |
| Name of GP | | Named Person | |
| LAC Status | | | |

| 2. Form Completed By: | | |
|-----------------------|----------|--------|
| Name: | | |
| Designation/ Agency | | |
| Contact Details | Address: | |
| | Tel No: | Email: |



MAKE SURE THE WELLBEING INDICATORS THAT ARE CURRENTLY CAUSING CONCERN ARE HIGHLIGHTED

<http://www.gov.scot/Topics/People/Young-People/gettingitright/wellbeing>

3. What Specifically Is The Concern?

4. How is this impacting on the child?

5. What assistance are you requesting?

6. What assessments/tools have you already undertaken to support your decision to request assistance? (what tools have you used)

7. What has your agency already done to help this child?

| 8. Full name/s of OTHER CHILDREN in the household, if known and significant to this request | DOB (EDD if unborn) | Relationship to the child |
|---|---------------------|---------------------------|
| | | |
| | | |

9. Information Sharing. The family should have been informed of this Request for Assistance
Please record any relevant views from the child/ Parent/ Carer

| | | | | |
|--|-----|--|----|--|
| Has consent been given by the Parent/Child/Carer for this Request? | Yes | | No | |
|--|-----|--|----|--|

If not, why not?

| | | | | |
|---|-----|--|----|--|
| Is the Named Person aware of this Request for Assistance? | Yes | | No | |
|---|-----|--|----|--|

If no, why not?

10. Form Sent To:

| | | | |
|-------------------------|--|----------------|--|
| Name: | | Agency: | |
| Date & Time: | | | |
| Signature | | Date | |

Group Multi Agency Public Protection Arrangements (MAPPA) Policy

We will provide this policy on request at no cost, translated, in large print, in Braille, on tape or in another non-written format.

We can produce information on request at no cost in large print, in Braille, on tape or in another non-written format. We can also translate this into other languages. If you need information in any of these formats, please call us on 0800 479 7979 or email info@wheatley-group.com

Możemy, na życzenie, bezpłatnie przygotować informacje dużą czcionką, w alfabecie Braille'a, na taśmie lub w innym niepisanym formacie. Możemy je również przetłumaczyć na inne języki. Jeśli potrzebujesz informacji w którymkolwiek z tych formatów, zadzwoń do nas pod numer 0800 479 7979 lub wyślij e-mail na adres info@wheatley-group.com

Podemos produzir informações mediante solicitação e sem custos, em impressão grande, Braille, cassete ou noutro formato não descrito. Também podemos traduzi-las em outros idiomas. Se precisar de informações em qualquer um destes formatos, contacte-nos através do número 0800 479 7979 ou envie um e-mail para: info@wheatley-group.com

يمكننا إنتاج معلومات عند الطلب مجاناً مطبوعة بأحرف كبيرة أو بطريقة برايل أو على شريط أو بتنسيق آخر غير مكتوب. يمكننا أيضاً ترجمة هذا إلى لغات أخرى. إذا كنت بحاجة إلى معلومات بأي من هذه التنسيقات، فيرجى الاتصال بنا على 0800 479 7979 أو إرسال بريد إلكتروني إلى info@wheatley-group.com

در صورت درخواست، می‌توانیم اطلاعات را در چاپ بزرگ، خط بریل، روی نوار یا در فرمت غیرنوشتاری دیگری ارائه دهیم. همچنین می‌توانیم اطلاعات را به سایر زبان‌ها ترجمه کنیم. در صورت نیاز به اطلاعات بیشتر در هریک از این فرمت‌ها، لطفاً از طریق شماره 0800 479 7979 با ما تماس بگیرید یا ایمیلی به info@wheatley-group.com ارسال کنید.

ہم درخواست پر معلومات کو بڑے حروف، بریل، ٹیپ پر یا کسی اور غیر تحریری صورت میں بغیر کسی لاگت کے مہیا کر سکتے ہیں۔ ہم اس کا دوسری زبانوں میں ترجمہ بھی کروا سکتے ہیں۔ اگر آپ کو ان میں سے کسی صورت میں یہ معلومات درکار ہوں تو برائے کرم ہمیں 0800 479 7979 پر کال کریں یا info@wheatley-group.com پر ای میل کریں۔

| | |
|------------------------------------|---|
| Approval body | <i>Wheatley Group Board</i> |
| Date of approval | <i>TBC</i> |
| Review Year | <i>Updated July 2022</i> <i>Updated March 2026</i> |
| Customer engagement required | <i>Yes, at Implementation</i> |
| Trade union engagement is required | <i>Yes – For info</i> |
| Equality Impact Assessment | <i>Yes</i> |

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1. Introduction

This policy is part of a suite of policies designed to safeguard and protect people. This Multi-Agency Public Protection Arrangements (MAPPA) policy outlines how we support customers who are subject to MAPPA conditions and guides both customers and staff in understanding our responsibilities.

This policy should be read in conjunction with the following policies:

- Adult Support and Protection;
- Child Protection;
- Suicide Risk; and
- Domestic Abuse.

We work with the police, health services, local authorities and other agencies that have legal responsibility for managing these risks. Our role is to support them by sharing information, helping with allocation of housing, and making sure relevant staff are trained and confident in understanding the legal frameworks within which we work and our specific role in working with customers under MAPPA.

The Policy explains how we work with others to protect those at risk and support partner agencies whose responsibility it is to investigate abuse or neglect and provide support. As an organisation, we have a duty of care to report any concerns or disclosures about harm. Our staff play a key role in this by working directly with customers in their homes and communities. Through day-to-day contact, tenancy visits, repairs interactions, and routine customer conversations, staff are often well-placed to notice changes, pick up on early indicators of risk, and provide a safe environment for customers to share concerns. It is therefore our expectation that staff use these interactions to support the identification and reporting of harm, helping to safeguard our customers.

Staff will refer to this policy in the course of their work with Wheatley Group.

2. Policy Aims & Objectives

Our Aims

This policy has been designed to support RSL staff and customers in understanding our approach to MAPPA. The policy aims to support staff to:

- understand MAPPA legislation and national guidance;
- understand public protection and to work with statutory agencies to manage the risk of harm to the public from individuals managed under MAPPA;
- understand our role and duty to cooperate as an RSL to share information with Responsible Authorities (Police Scotland, Scottish Prison Service, and local authorities);
- understand our responsibility and role in risk assessment, considering the environmental risks associated with an offender's housing arrangements as well as the risk to the community; and
- uphold the wellbeing and rights of all those who use our services.

Our Objectives

For an effective approach to public protection and embedding protection into the services that we deliver, our objectives are to:

- make sure our policy and supporting processes are clear, practical and easily accessible;
- ensure relevant staff are aware of their role and responsibilities and that these are clearly defined;
- provide training to relevant staff so that they are confident and informed when working with individuals managed under MAPPA;
- strengthen processes to manage risks linked to high-risk offenders, especially across our RSL subsidiaries; and
- the Group Protection Team work closely with Responsible Authorities like Police Scotland and Social Work to meet our legal duty to cooperate within our RSL subsidiaries.

3. What is MAPPA?

The Multi Agency Public Protection Arrangements are a set of statutory partnership working arrangements introduced in 2007 by virtue of sections 10 and 11 of the Management of Offenders etc (Scotland) Act 2005.

The purpose of MAPPA is centred around a structured approach to public protection and managing the risk of serious harm. MAPPA is not a statutory body, but rather a mechanism through which the Responsible Authorities discharge their statutory responsibilities and protect the public in a coordinated manner.

The 2005 Act places a statutory duty on the Responsible Authorities within a local authority area to jointly establish arrangements for assessing and managing the risk posed by certain categories of offenders. MAPPA ensures that individuals who pose a risk are managed safely and fairly. It protects the public, supports rehabilitation and helps build safer communities.

Responsible Authorities

The main agencies responsible for MAPPA are known as the Responsible Authorities, comprising:

- Police Scotland;
- Local Authorities (Criminal Justice Social Work);
- Health Boards; and the
- Scottish Prison Service.

Categories of Offenders Managed Under MAPPA

MAPPA helps manage people who may pose a serious risk to others. Three main categories of offending fall under MAPPA, which are defined by law.

Registered Sex Offenders: these are individuals who have been convicted of certain sexual offences listed in Schedule 3 of the Sexual Offences Act 2003 and are legally required to register with the police and follow legal rules known as Sex Offender Notification Requirements (SONR). This group includes:

- those under Sexual Offences Prevention Orders (SOPOs); and
- those who have breached Risk of Sexual Harm Orders (RSHOs).

Mentally Disordered Restricted Patients: these are individuals who have committed an offence but, due to a mental health condition, are treated and rehabilitated in hospital instead of being sent to prison. They are managed under specific legal orders, including:

- patients who are detained following conviction under section 57A and section 59 of the Criminal Procedure (Scotland) Act 1995;
- patients who are detained under section 57(2)(a) and (b) of the Criminal Procedure (Scotland) Act 1995 Compulsion order with a Restriction Order following a finding of unfitness for trial or acquittal by reason of mental disorder; and
- prisoners detained in hospital on a Hospital Direction under section 59A of the Criminal Procedure (Scotland) Act 1995 or a transferred prisoner on a Transfer for Treatment Direction under section 136 of the Mental Health (Care and Treatment) (Scotland) Act 2003.

Restricted patients are managed under a compulsion order with a restriction order. They are ordered to be detained in a hospital for treatment, without limit of time. Additional oversight of their care and treatment is provided by the Scottish Government Mental Health Directorate.

Restricted patients may apply for housing as they prepare to leave the hospital and live in the community under supervision. Our housing process supports these individuals and ensures the most appropriate letting for tenancy sustainment and public protection.

Other High-Risk Offenders: this category was introduced in March 2016. It includes individuals who are not registered sex offenders or restricted patients, but:

- are under supervision in the community; and
- have been assessed as posing a high or very high risk of serious harm.

High risk offenders may apply for housing. Our housing process supports these individuals and ensures the most appropriate letting for tenancy sustainment and public protection.

4. Risk Management

MAPPA uses a structured approach to manage individuals who may pose a serious risk to others. There are three levels of risk management, depending on the level of concern and the support needed.

Level 1 – Routine Risk Management is managed by a single agency (e.g. Police or Social Work) using standard procedures.

Level 2 – Multi-Agency Risk Management requires regular coordination between agencies to manage more complex cases.

Level 3 – Multi-Agency Public Protection Panels (MAPPP) is used for the most serious cases where high-level planning and resources are needed.

The three management levels allow for a consistent approach to MAPPA. Cases should be managed at the lowest MAPPA level proportionate to delivering a defensible risk management plan designed to address the risk of serious harm posed by the offender.

Within each level, the Responsible Authorities must then determine the level of risk of serious harm posed by the offender, i.e. low, medium, high, or very high.

Risk Management Levels

| Offender Category | Level 1 - Routine Risk Management | Level 2 - Multi agency Risk Management | Level 3 - Multi Agency Public Protection Panels |
|---------------------------|-----------------------------------|--|---|
| Registered Sex Offenders | X | X | X |
| Restricted Patients | | X | X |
| Other High-Risk Offenders | | X | X |

Understanding Risk Levels

MAPPA uses four categories to assess the likelihood and impact of serious harm:

- **Very High** – The risk is imminent and likely to cause serious harm.
- **High** – There are clear signs that the person could cause serious harm at any time.
- **Medium** – The person could cause harm if circumstances change (e.g. loss of housing, relationship breakdown).
- **Low** – There is no current evidence to indicate a likelihood of causing serious harm.

Serious harm means violent or sexual behaviour that is life-threatening or traumatic, and recovery may be difficult or impossible. Many High or Very High risk cases are managed at level 2, unless they require senior management or exceptional resources.

The level at which an offender is managed, and their risk classification, can change. That's why strong information-sharing processes between Responsible Authorities are vital. This ensures that any changes are considered and that risk management plans remain effective and appropriate. Within the Wheatley Group, this is done through the Group Protection Team, who work closely with partner agencies to support keeping communities safe.

5. Our Role in MAPPA

Our RSLs have a legal duty to cooperate with Responsible Authorities and do not require consent to share this information to support public protection. While RSLs do not assess or manage risk directly, they support the Responsible Authorities to do so by:

- sharing housing information to help assess and manage risk;
- allocating housing that has been approved as suitable by the Responsible Authorities;
- working closely with partners to monitor, report and manage any risks linked to the offender's housing; and
- maintaining clear arrangements with the Sex Offender Liaison Officer (SOLO) and other Responsible Authorities to respond quickly if a property becomes unsuitable.

A staff toolkit will be developed to support staff in managing MAPPA cases, providing extensive support to enable them to effectively deal with any queries in relation to MAPPA.

Managing MAPPA

New Tenants: Our housing application asks applicants whether they or anyone in their household is a registered sex offender. If they are, this is coordinated centrally by our Group Protection Team and there is a clear process to follow that includes:

- liaising with Sex Offender Liaison Officers (SOLOs) to confirm MAPPA involvement; and
- ensuring housing decisions are made with safety and risk management in mind.

Restricted patients, those detained in hospital under mental health legislation, usually apply for housing as they prepare for discharge. These cases are:

- supported through a structured referral process by our Housing Options team; and
- are handled with care and attention.

For other High-Risk Offenders, we would become aware of an individual being managed under MAPPA through a formal notification process by the Responsible Authorities, via the Group Protection Team, who:

- exchanges information;
- identifies suitable housing; and
- manages housing-related risks in cooperation with the Responsible Authorities.

Environmental Risk Assessments: before offering housing to a registered sex offender or restricted patient, an Environmental Risk Assessment will be undertaken. If the Responsible Authorities advise that the risk cannot be safely managed at a specific address, the offer will not go ahead.

Allocation of a Property: when a registered sex offender or restricted patient moves into a property that has been assessed as safe and manageable, an alert is added to that property. This helps us carry out extra checks if a nearby property becomes available in the future.

We recognise that we cannot control every situation. For example:

- a neighbouring property may be privately owned or rented, and not part of our housing stock; or
- changes within neighbouring households, such as someone moving in or a tenant becoming pregnant, may happen without our knowledge.

In these cases, we aim to inform the Responsible Authorities as quickly as possible when we become aware of changes that could affect risk management.

This process helps us balance safety with fairness, ensuring that housing decisions are made responsibly and in partnership with Responsible Authorities.

Existing Tenants: if a tenant is convicted and becomes subject to MAPPA monitoring, we take steps to ensure their housing situation continues to support public safety:

- we share information with Responsible Authorities about the surrounding households, following our established protocols and guidance;
- if the Responsible Authorities assess that the current property is not suitable, we work with them and the tenant to explore alternative housing options; and
- aim to find a safe and manageable solution. This may include helping the tenant move to a different property where risks can be better controlled.

This process ensures that we respond quickly and responsibly to changes in risk, while continuing to support both the individual and the wider community.

National Accommodation Strategy for Sex Offenders (NASSO)

Stable housing and effective monitoring are key to reducing the risk posed by registered sex offenders managed under MAPPA. These individuals live in all types of housing across Scotland, and housing providers play an important role in supporting public safety.

NASSO is part of the MAPPA framework and outlines how housing organisations contribute to managing risk. It focuses on assessing whether a person's housing situation, location, property type, and community help to reduce the risk that they may pose.

Key Principles of NASSO

No blanket exclusions: registered sex offenders cannot be automatically excluded from housing. Everyone aged 16 and over in Scotland has the legal right to apply for housing and be added to the housing waiting list. Blocking access could increase risk, for example, by making it harder to monitor someone who goes missing.

No automatic priority: being a registered sex offender does not mean someone should be given priority for housing. However, if the Responsible Authorities assess that housing would help manage risk and improve public safety, an offer may be made. Any decision to provide housing for a registered sex offender is made in the context of managing risk and improving public safety.

Local housing first: offenders should usually be housed in mainstream housing within the local authority area where they come from. In exceptional cases, they may be housed elsewhere if it helps manage risk more effectively.

This strategy ensures that housing decisions are made fairly, legally, and with public safety in mind.

Access to Housing

We are committed to making our housing services safe, fair, and accessible for all, including individuals managed under MAPPAs. To ensure our housing lists are as accessible as possible:

- we help registered sex offenders in temporary accommodation express interest in suitable properties; and
- support restricted patients in doing the same, especially when a referral under Section 5 of the Housing (Scotland) Act 2001 has been accepted.

This approach ensures that housing decisions are made safely, fairly, and in partnership with Responsible Authorities.

Public interest in Registered Sex Offenders

When a registered sex offender's status becomes public, sometimes the identity or location of a registered sex offender managed under MAPPAs becomes known in the community. This can happen through:

- news or social media;
- community awareness;
- self-disclosure; or
- vigilante groups.

When this occurs, we have a coordinated approach. Through our Group Protection Team we liaise with Responsible Authorities to assess the situation and agree on the best course of action.

If it's decided that the offender (and their family, if applicable) can no longer safely remain in the property:

- a housing options approach is used to assess risk and explore alternative accommodation with partner agencies; and
- if a Band A Management Transfer is recommended, staff must follow the Band A guidance for MAPPA cases.

If the offender chooses to stay, or it's considered safe for them to do so by the Responsible Authorities:

- we will offer wraparound support through services like the Safe and Secure service;
- we will offer and provide additional safety measures, such as door chains or security lighting, and
- the Responsible Authorities may add a STORM marker to the property, ensuring that any police calls receive a priority response.

This process helps protect both the individual and the wider community, ensuring safety is managed with care and professionalism.

Keeping Children Safe – Disclosure Scheme

The Disclosure Scheme was introduced in Scotland in 2011 and is managed by Police Scotland. It allows members of the public to request information about someone who has access to a child, if they are concerned that the person may pose a risk to the child's safety or wellbeing. This scheme is an important part of Child Protection, and efforts continue to raise public awareness of it.

If a registered sex offender's status becomes known in the community, staff can:

- inform concerned customers about the Keeping Children Safe scheme; and
- direct them to official resources for more information and guidance.

This can help reassure the public and ensure concerns are handled appropriately.

Full details of the scheme are available on the Police Scotland website:

<https://www.scotland.police.uk/advice-and-information/child-abuse/the-sex-offender-community-disclosure/>

If there is an immediate threat or risk of harm to a customer, staff must always contact the police by calling 101 or 999, depending on the urgency.

Information Sharing

We work with MAPPA partners to create and regularly review information-sharing protocols. These protocols ensure that all agencies understand their legal responsibilities under:

- General Data Protection Regulation (GDPR);
- Data Protection Act 2018; and
- Other relevant legislation.

Our non-RSL subsidiaries are not legally required to cooperate under MAPPA. If these teams receive a request for information, it must be passed to our Information Governance Team, who will review it in line with data protection laws (GDPR and the Data Protection Act 2018).

Information sharing with private landlords is handled by the police, who decide what to share on a case-by-case basis. If these teams receive a request for information, it must be referred to the Information Governance Team, which will assess the request in line with data protection laws.

We provide clear guidance and procedures for staff to follow when sharing information. This approach ensures that information is shared safely, legally, and effectively, supporting public protection while respecting privacy. See section 11 for further information.

6. A Personalised Approach to MAPPA

We adopt a personalised approach to supporting MAPPA customers, ensuring that they receive the support they need in a way that respects their circumstances and promotes safety for everyone.

This involves working with Responsible Authorities, ensuring that risk management plans are tailored to the specific risks, needs, and circumstances of each offender, using information from various agencies to coordinate monitoring, supervision, treatment, and intervention strategies. This personalised approach supports rehabilitation and helps individuals settle safely into the community.

This approach is based on creating a balance of preventative, supportive, and contingency measures within a shared risk management plan that is regularly reviewed for effectiveness and appropriateness.

We recognise that customers managed under MAPPA may face extra challenges, such as:

- restrictions that limit access to online services; and
- complex needs linked to safety, rehabilitation, or legal conditions.

We will tailor our services to support individuals in overcoming these challenges within the confines of the law and consider any requests for reasonable adjustments in line with the Equality Act 2010.

We also tailor support for restricted patients who may face barriers when preparing to return to the community. To support this transition, we can:

- offer in-hospital interviews to guide them through the housing process; and
- support individuals to express interest in properties and navigate each stage of their application.

Our approach to MAPPA includes consideration of human rights in accordance with the Human Rights Act 1998, as well as considering any children's human rights in line with the UNCRC (incorporation) (Scotland) Act 2024 (where applicable).

We provide advice and practical solutions to improve home security and personal safety, including safety products and guidance on online safety. Where appropriate, safety apps can be demonstrated to help individuals stay protected.

If an individual feels unsafe in their current home, we will respond and offer a Housing Options interview and work with partners to explore safer housing solutions. We will also refer to our Anti-Social Behaviour Policy when needed.

Alongside these measures, we offer wraparound support to individuals who need extra assistance, ensuring they have access to the right services and resources to meet their needs.

7. Measuring our Impact

We will measure our impact in MAPPA by:

- monitoring the number of customers and housing applicants who are subject to MAPPA;
- monitoring the number of cases managed by MAPPA that progress from temporary accommodation to a permanent housing solution, particularly when a referral under Section 5 of the Housing (Scotland) Act 2001 has been accepted; and
- monitor tenancy sustainment for customers subject to MAPPA;

We will use this data to:

- identify trends and patterns in MAPPA-related activity;
- inform decisions about resource allocation;
- highlight training and support needs for staff; and

- strengthen our engagement with Responsible Authorities, especially around housing and risk management under MAPPA and NASSO.

This approach ensures we continuously improve our services and maintain high standards in safeguarding and public protection.

8. Legislation

This policy is based on key Scottish laws and guidance relevant to areas of protection:

- Management of Offenders etc (Scotland) Act 2005
- Children (Scotland) Act 1995
- Children (Scotland) Act 2020
- Children and Young People (Scotland) Act 2014
- Adult Support and Protection (Scotland) Act 2007
- Abusive Behaviour and Sexual Harm (Scotland) Act 2016
- General Data Protection Regulation (Regulation (EU) 2016/679)
- Human Rights Act 1998
- United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024
- Data Protection Act 1998
- Housing (Scotland) Act 2001
- Housing (Scotland) Act 2014
- Criminal Procedure (Scotland) Act 1995
- Scottish Government MAPPA National Guidance 2022
- Scottish Government National Accommodation Strategy for Sex Offenders 2019

9. Policy Review & Consultation

This policy has been developed in consultation with key stakeholders working in statutory agencies. The policy shall be reviewed every three years; however, more regular reviews will be considered where, for example, there is a need to respond to changes in legislation or guidance. Reviews will consider legislative, performance standard and good practice changes.

We will publish this policy on our staff intranet, WE Connect, and on our website. A hard copy is also available on request. Customers may also request a copy of the policy in other formats and community languages, e.g. Braille.

10. Policy Awareness Training and Support

Staff across the organisation are aware of this policy and understand when and the requirement to apply the process contained within when a customer or applicant is subject to MAPPA. Staff who work directly with customers receive

appropriate training on MAPPA processes, ensuring they can recognise concerns and respond proportionately and sensitively.

We recognise that safeguarding and protecting people can be complex and emotionally demanding. Staff are supported through regular line management and supervision, and also have access to our dedicated Wellbeing Team. This service offers confidential advice, guidance and support to help colleagues manage the emotional impact of this work.

11. Confidentiality & Data Protection

Everyone working in our organisation has a duty to help protect children, young people, and adults who may be at risk.

Sometimes, we may need to share personal information with other organisations to keep someone safe. This must follow data protection laws, including the Data Protection Act 2018 and General Data Protection Regulations GDPR.

Before sharing any information, staff should:

- check the Wheatley Group's Data Protection Policy (especially Appendix 2);
- be satisfied that data sharing complies with the General Data Protection principles in Article 5 UK GDPR and that there is a lawful basis for sharing the data;
- record the decision to share, including the reason;
- share only what is needed; and
- ensure an audit trail is kept.

We recognise that MAPPA can involve highly sensitive information. If staff are unsure about what can be shared or how to share it securely, they should contact the Information Governance Team for advice. This helps ensure that any data sharing is in accordance with the UK GDPR, the Data Protection Act 2018 and the requirements of our Data Protection Policy and the Group's Special Category Data Policy.

Any requests for information should be passed to the Information Governance Team so they can confirm the lawful basis for sharing and whether appropriate information sharing agreements are in place.

12. Equal Opportunities Statement

This Policy aligns the Wheatley Group's Equity, Diversity and Inclusion (EDI) and Human Rights Policy. We recognise our pro-active role in valuing and promoting EDI and equity of opportunity by adopting and promoting fair policies and procedures.

We are committed to providing fair and equitable treatment for our stakeholders and will not discriminate against anyone on the grounds of race, ethnicity, nationality, language, religion, belief, age, sex, sexual orientation, gender reassignment, trans history, disability, marital status, pregnancy or maternity. We will endeavour to achieve fair outcomes for all.

As required, we undertake Equality Impact Assessments on relevant policies, strategies, projects and frameworks to help us take appropriate action to address inequalities likely to result from or resulting from the implementation of the policy and procedures and to maximise positive impacts.

13. Complaints

We aim to get things right the first time. However, if a customer is unhappy with this policy or how it's applied, they can make a complaint.

A summary of our Complaints Policy and Procedure is available on our Wheatley Group and subsidiary websites.

Group Domestic Abuse Policy

We will provide this policy on request at no cost, translated, in large print, in Braille, on tape or in another non-written format.

We can produce information on request at no cost in large print, in Braille, on tape or in another non-written format. We can also translate this into other languages. If you need information in any of these formats, please call us on 0800 479 7979 or email info@wheatley-group.com

Możemy, na życzenie, bezpłatnie przygotować informacje dużą czcionką, w alfabecie Braille'a, na taśmie lub w innym niepisanym formacie. Możemy je również przetłumaczyć na inne języki. Jeśli potrzebujesz informacji w którymkolwiek z tych formatów, zadzwoń do nas pod numer 0800 479 7979 lub wyślij e-mail na adres info@wheatley-group.com

Podemos produzir informações mediante solicitação e sem custos, em impressão grande, Braille, cassete ou noutro formato não descrito. Também podemos traduzi-las em outros idiomas. Se precisar de informações em qualquer um destes formatos, contacte-nos através do número 0800 479 7979 ou envie um e-mail para: info@wheatley-group.com

يمكننا إنتاج معلومات عند الطلب مجاناً مطبوعة بأحرف كبيرة أو بطريقة برايل أو على شريط أو بتنسيق آخر غير مكتوب. يمكننا أيضاً ترجمة هذا إلى لغات أخرى. إذا كنت بحاجة إلى معلومات بأي من هذه التنسيقات، فيرجى الاتصال بنا على 0800 479 7979 أو إرسال بريد إلكتروني إلى info@wheatley-group.com

در صورت درخواست، می‌توانیم اطلاعات را در چاپ بزرگ، خط بریل، روی نوار یا در فرمت غیرنوشتاری دیگری ارائه دهیم. همچنین می‌توانیم اطلاعات را به سایر زبان‌ها ترجمه کنیم. در صورت نیاز به اطلاعات بیشتر در هریک از این فرمت‌ها، لطفاً از طریق شماره 0800 479 7979 با ما تماس بگیرید یا ایمیلی به info@wheatley-group.com ارسال کنید.

ہم درخواست پر معلومات کو بڑے حروف، بریل، ٹیپ پر یا کسی اور غیر تحریری صورت میں بغیر کسی لاگت کے مہیا کر سکتے ہیں۔ ہم اس کا دوسری زبانوں میں ترجمہ بھی کروا سکتے ہیں۔ اگر آپ کو ان میں سے کسی صورت میں یہ معلومات درکار ہوں تو برائے کرم ہمیں 0800 479 7979 پر کال کریں یا info@wheatley-group.com پر ای میل کریں۔

| | |
|------------------------------------|---|
| Approval body | Wheatley Group Board |
| Date of approval | TBC |
| Review Year | Updated July 2022 Updated March 2026 |
| Customer engagement required | Yes - Implementation |
| Trade union engagement is required | Yes – For info |
| Equality Impact Assessment | Yes |

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1. Introduction

This policy is part of a suite of policies designed to safeguard and protect people. This Domestic Abuse Policy outlines how we will support customers who are either a victim, survivor or perpetrator of domestic abuse and guides both customers and staff in understanding our responsibilities and approaches.

This policy should be read in conjunction with the following policies:

- Adult Support & Protection;
- Child Protection;
- Multi-Agency Public Protection Arrangements (MAPPA); and
- Suicide Risk

As a housing and property management provider, we engage with our customers frequently, placing us in a strong position to offer early support if someone discloses that they have been subject to domestic abuse or if we recognise signs of abuse. We know that the majority of domestic abuse incidents occur in a home or dwelling. This highlights the vital role housing providers play in tackling domestic abuse.

We take all reports seriously and offer person-centred support to victims and survivors. We also recognise the importance of supporting perpetrators who want to change their behaviour, helping them access housing, financial support, and employment opportunities.

We also support staff affected by domestic abuse and have a dedicated staff policy.

The Policy explains how we work with others to protect those at risk or experiencing domestic abuse and support partner agencies whose responsibility it is to investigate abuse or neglect and provide support. As an organisation, we have a duty of care to report any concerns or disclosures about harm. Our staff play a key role in this by working directly with customers in their homes and communities. Through day-to-day contact, tenancy visits, repairs interactions, and routine customer conversations, staff are often well-placed to notice changes, pick up on early indicators of risk, and provide a safe environment for customers to share concerns. It is therefore our expectation that staff use these interactions to support the identification and reporting of harm, helping to safeguard our customers.

Staff will refer to this policy in the course of their work with Wheatley Group.

2. Policy Aims & Objectives

Our Aims

Domestic abuse continues to be a serious issue affecting our communities. In 2023–2024, 63,867 incidents were reported to Police Scotland, with 81% of victims being female and a male identified as the suspected perpetrator¹. However, these figures only reflect reported cases, and many incidents go unreported. Victims often experience abuse multiple times before contacting the police.

This policy has been designed to support staff and customers in understanding our approach to domestic abuse and sets out our commitment to customers who are experiencing, or are concerned about, another individual affected by domestic abuse. The policy aims to support staff to:

- understand domestic abuse legislation;
- recognise the impact that domestic abuse has on the abused person and their family;
- ensure that individuals experiencing or at risk of domestic abuse are aware of the range of support services available to them;
- effectively support those at risk of or affected by domestic abuse;
- uphold the wellbeing and rights of all those who use our services; and
- effectively make referrals to other agencies.

Our Objectives

For an effective approach to managing domestic abuse to be embedded, our objectives are to:

- make sure our policy and supporting processes are clear, practical and easily accessible;
- ensure that relevant staff are aware of their role and responsibilities and that they are clearly defined;
- provide training to relevant staff so that they can confidently recognise and support someone who is at risk or is affected by domestic abuse;
- build partnerships with specialist agencies who can provide specialist support to individuals experiencing domestic abuse, as well as agencies providing rehabilitative support to the perpetrator through regular structured contact;
- identify risks early and make referrals under the Disclosure Scheme for Domestic Abuse Scotland (DSDAS); and
- raise awareness across the organisation and in our communities, focusing on education about the prevalence of abuse, encouraging people to take action to promote social change and to alert individuals affected by domestic abuse to the options and resources available to them.

3. What is Domestic Abuse?

Domestic abuse can happen to anyone. While women and girls are disproportionately affected, abuse can happen - regardless of gender, age, disability, race, religion, sexual orientation, or relationship status.

This policy adopts the nationally agreed definition of domestic abuse as used by the Scottish Government, as:

Any form of physical, verbal, sexual, psychological, or financial abuse including coercive control, occurring within a relationship context, perpetrated by a partner or ex-partner which may amount to criminal conduct. It includes:

- physical abuse: assault and physical attacks involving a range of behaviours;
- sexual abuse: acts that degrade and humiliate women and are carried out against their will, including rape; and
- mental and emotional abuse: threats, verbal abuse, racial abuse, withholding money, and other controlling behaviours such as isolating someone from their family or friends.

This definition recognises that domestic abuse is not limited to physical violence. It includes a wide range of behaviours intended to exert power and control over another person, often leaving lasting emotional and psychological harm.

A common feature of domestic abuse is **coercive and controlling behaviour**. This means using tactics like emotional manipulation, isolation, and intimidation to gain power over someone. These behaviours often happen alongside or instead of physical violence.

Legal Protections in Scotland

- Domestic abuse is a criminal offence in Scotland. The **Domestic Abuse (Scotland) Act 2018** recognises coercive control as a behaviour that will be prosecuted, even when there has been no physical violence.
- The **Domestic Abuse (Protection) (Scotland) Act 2021** was introduced to strengthen protections for victims, especially those living with their abuser. This law allows for **immediate short-term protection** to help victims stay safe while deciding what to do next. It also gives **social landlords** the power to apply to the court to end the tenancy rights of someone abusive in a sole tenancy or end their interests in a joint tenancy, making it possible for the victim to remain in the home should this be their wish.

Guidance from the Scottish Government on how to enact this law is expected by August 2026, with the Housing (Scotland) Bill also addressing Domestic Abuse, ensuring that social landlords provide better support to tenants affected by domestic abuse. Our policies and procedures will thereafter be updated accordingly.

Domestic abuse can take many forms. Below are some common types, with examples of behaviours that may be involved:

Physical Abuse includes all types of assault and physical attacks, such as:

- hitting, punching, kicking, or burning;
- choking or strangulation;
- using objects to cause harm; and
- any form of physical assault.

Sexual Abuse includes a wide range of acts such as:

- unwanted sexual contact or demands;
- sexual name-calling or humiliation;
- using threats, force, or intimidation to obtain sex;
- inflicting pain during sex or combining sex with violence; and
- forcing someone to engage in sexual acts against their will, including rape.

Psychological or Emotional Abuse includes:

- threats of violence or harm;
- constant criticism, name-calling, or verbal abuse;
- controlling where someone goes, who they see, or what they do;
- isolating someone from friends, family, or support networks;
- accusations of infidelity or threats to share private images (e.g. “revenge porn” or intimate image abuse); and
- threatening to reveal personal information (e.g. sexual orientation or health status).

This type of abuse often involves:

- humiliation and degradation;
- making the victim dependent on the abuser; and
- controlling behaviour and limiting independence.

Economic or Financial Abuse includes:

- controlling access to money or bank accounts;
- forcing someone to explain every expense;
- running up debts in the victim's name;
- controlling how money is spent;
- preventing the victim from working or studying;
- controlling access to transport and technology as well as property; and
- stealing money or putting all assets in the abuser's name (e.g. sole tenancy).

Stalking and Harassment includes:

- repeated unwanted contact (calls, texts, emails);
- an increase in threatening behaviour;
- turning up uninvited at home or work; and
- monitoring someone's movements or online activity.

Coercive Control is a pattern of behaviour used to dominate and frighten someone. It may not leave physical marks, but it can have a serious and lasting impact. Coercive and controlling behaviour is at the heart of domestic abuse and can have a significant and long-lasting impact that restricts a person's freedom.

Examples include:

- isolating someone from friends and family;
- controlling what they wear, where they go, or when they sleep;
- monitoring their time or online activity;
- using online communication tools or spyware to monitor movements;
- depriving them of food, medical care, or other basic needs;
- repeatedly putting them down or making them feel worthless;
- humiliating or degrading them;
- controlling their finances; and
- making threats or using intimidation.

4. Our Role in Domestic Abuse

As a leading housing and property management provider, we play a vital role in responding to domestic abuse. Our focus is on:

- raising awareness;
- identifying abuse early; and
- providing tailored support that meets the needs and ensures the safety of those affected.

Domestic Abuse, Stalking, and Honour-based Violence Risk Identification Checklist (DASH RIC), is a risk assessment tool regularly used by professionals to identify high-risk cases of domestic abuse, stalking or honour-based violence, once current abuse is disclosed, to ensure victims receive the appropriate support and are referred to MARAC.

Once domestic abuse has been disclosed to our staff, the member of staff should liaise with the Group Protection team, who will check with the Domestic Abuse Investigation Unit (DAIU) to determine if either the victim or the perpetrator is known to them. We will also confirm if the victim has been referred to MARAC.

For the majority of our customers, statutory agencies or independent domestic abuse advocacy agencies (IDAAs) will have completed the DASH RIC. However, if not done by agencies, then the customer-facing staff should complete the DASH with support from the Group Protection Team if required. A copy of the Dash can be found on the staff Intranet under Protecting People, as well as **Appendix 1** of this policy. Once the DASH has been completed, this should thereafter be forwarded to the Group Protection Team, who will take the required action.

Responding to Domestic Abuse

Once domestic abuse is identified in one of our properties, our staff will:

- engage with the customer;
- offer access to our internal wraparound support services such as Housing Options, financial wellbeing support or safe and secure services; and
- refer or signpost to specialist agencies using established referral pathways with consent of the individual.

In some cases, it may be appropriate to report concerns to:

- Police Scotland; and
- Local Authority Social Work Departments.

Before making a report, we will ensure that we are following the rules regarding data sharing. Where there are adult or child protection concerns, consent for the sharing of information does not need to be sought if there is a safeguarding concern. However, the principles of Data Protection apply. Any information shared must be necessary, proportionate and secure. See section 10 for further information.

We may become aware of domestic abuse through:

- a customer telling us directly;
- a third-party sharing concerns;
- participation in multi-agency forums such as Multi-Agency Risk Assessment Conference (**MARAC**), Multi-Agency Tasking and Coordination (**MATAC**) or Disclosure Scheme for Domestic Abuse Scotland (**DSDAS**);
- staff observations; and
- insights from our customer information.

If someone tells us they are experiencing domestic abuse, they can expect:

- we will believe them;
- we act quickly to offer help and support;
- we will create a safe environment for discussions relating to domestic abuse and can offer options like same-sex staff or translation services;
- we treat everyone with empathy and respect, and without judgment;
- we gain consent to make referrals to specialist services;
- we will ensure careful handling of perpetrator contact, ensuring the victim is not blamed or put at further risk; and
- we explain that while we keep things confidential as far as practicably possible, we may need to share information with social work or police to keep people safe.

Reporting Concerns – our staff will share relevant information with Police Scotland. This is done through secure and agreed procedures and helps support the safety of individuals affected by domestic abuse.

The Police should be called when someone is in immediate danger. In such cases, staff must:

- call **999** in emergencies; and
- call **101** for non-emergencies.

If a **neighbour, another person, or the victim discloses a concern**, we'll usually let the individual concerned know that we're reporting it if it is appropriate to do so, unless it's unsafe or not possible to do so. Staff should speak to their manager or the Group Protection Team if unsure.

Working with Police Scotland - we work closely with Police Scotland's Domestic Abuse Investigation and Safeguarding Units in areas where we operate. Information is shared securely.

This partnership, however, does not replace the need to call the police if someone is at immediate risk.

Special Bail Conditions - courts can impose special bail conditions to protect victims during legal proceedings. These may include:

- banning the perpetrator from contacting the victim;
- restricting access to certain locations; and
- electronic monitoring.

If staff become aware of a breach of these conditions, they must report it to the Police immediately via **101** or **999**, depending on the situation.

It is the responsibility of Police Scotland to enforce special bail conditions. The Police may carry out unannounced visits or make regular enquiries to ensure that the perpetrator does not contact anyone named within the special bail conditions.

Non-Harassment Orders (NHOs) are a court order that prevents a perpetrator from contacting or approaching the victim. It can be issued:

- by a civil court; or
- after a criminal conviction.

Breaching an NHO is a criminal offence. Any suspected breach must be reported to the police immediately via 101 or 999, depending on the circumstances.

Children and Domestic Abuse - the National Guidance for Child Protection in Scotland (2021) recognises domestic abuse as a serious risk factor for children and young people. Children living in households where domestic abuse occurs are at increased risk of significant harm. This harm may result from:

- witnessing abuse;
- being directly abused; and
- living in a disrupted and unsafe environment.

Even if children do not see or experience the abuse directly, it can still affect their emotional, mental, and physical wellbeing. Domestic abuse can undermine a child's sense of safety and stability.

If children are involved:

- staff must assess whether to report concerns to Social Work or Police Scotland in line with the Child Protection Policy; and
- the Group Protection Team should be consulted for advice and support.

Adults at Risk and Domestic Abuse - Some adults affected by domestic abuse may also be considered adults at risk under the Adult Support and Protection (Scotland) Act 2007. This is determined using what's known as the three-point test.

An adult (aged 16 or over) may be at risk if they:

- cannot protect their own wellbeing or rights;
- are at risk of harm; and
- are more vulnerable to harm due to disability, illness, or mental health conditions.

If staff believe that an adult at risk meets the three-point test:

- they should report the concern to Social Work or Police Scotland, following the Adult Support and Protection Policy; and
- the Group Protection Team should be consulted for advice and support.

Multi-Agency Forums – We are recognised as a key strategic partner in the multi-agency response to domestic abuse. Through our Group Protection Team, we actively participate in various forums across the areas where we operate.

These forums allow us to:

- share intelligence and information with other agencies;
- coordinate support for customers affected by domestic abuse; and
- strengthen partnerships to improve safety and outcomes.

By working together with police, social services, and specialist organisations, we ensure that our response is informed, proactive, and aligned with best practice.

Preventative measures

The Disclosure Scheme for Domestic Abuse Scotland (DSDAS) was introduced across Scotland on 1st October 2015. It provides a formal way for individuals to find out if their partner has a history of abusive behaviour.

Partners who are concerned about their relationship, or relatives, friends, or professionals who are worried about someone's safety can make a request.

If the request is considered necessary, lawful, and proportionate, the person at risk, or someone best placed to protect them, will be given the relevant information.

Police Scotland can also proactively inform individuals if they are at risk of abuse from their partner.

The scheme helps people make informed decisions about their relationships and provides support and guidance to those who may be at risk.

Our role is to:

- actively promote DSDAS to both staff and customers;
- if concerned for a tenant's safety, staff can submit a referral with support from the Group Protection Team;
- the Group Protection Team participate in multi-agency meetings related to DSDAS across our housing areas; and
- the identity of the person making the request is never disclosed.

5. A Personalised Approach to Domestic Abuse

We adopt a personalised approach to domestic abuse, tailoring services to each customer's needs. We will ensure that individuals feel empowered to make their own decisions, promoting their choice and control in their lives. To support this approach, we will focus on the following key actions:

- seeking the person's views at the earliest opportunity, focusing on their needs and choices;
- supporting the development of strength-based safety plans in partnership with Independent Domestic Abuse Advocacy services and other specialist services;
- offering holistic and practical support by signposting to specialist services;
- supporting the rehabilitation of perpetrators; and
- consideration of any reasonable adjustment in line with the Equality Act 2010.

Our approach to domestic abuse includes consideration of human rights in accordance with the Human Rights Act 1998, as well as considering any children's human rights in line with the UNCRC (incorporation) (Scotland) Act 2024 (where applicable).

As a housing and property management provider, we are uniquely placed to identify early warning signs and act promptly to protect and support our customers.

We understand that leaving an abusive relationship can be complex and may involve multiple attempts. We will assist customers to re-engage with support whenever they need it, without judgment.

We have a dedicated team which focuses on both strategic planning and day-to-day support. They work with local partners and attend multi-agency meetings to ensure coordinated and informed responses to domestic abuse.

We provide advice and practical solutions to improve home security and personal safety, including safety products and guidance on online safety. Where appropriate, safety apps can be demonstrated to help individuals stay protected.

If an individual feels unsafe in their current home, we will respond and offer a Housing Options interview and work with partners to explore safer housing solutions. We will also refer to our Anti-Social Behaviour Policy when needed.

Alongside these measures, we offer wraparound support to individuals who need extra assistance, ensuring they have access to the right services and resources to meet their needs.

Support for People Leaving Abusive Relationships

Whether the person leaving is a victim or perpetrator, we aim to make their move to a new home as smooth as possible. We provide support before, during, and after the move.

In urgent and extreme cases, we may offer a management transfer—a process that allows an existing Wheatley tenant to move to another property. This is used to avoid homelessness and prioritise safety. Tenants in this priority band are matched to suitable homes in safer areas, as outlined in our Housing Information, Advice and Letting Policy.

Our wraparound Support is available to customers, providing practical help and support as required.

6. Measuring our Impact

We will measure our impact on domestic abuse and ensure that our domestic abuse response is effective by:

- tracking and analysing domestic abuse cases across the organisation;
- identify trends to inform future planning and decision-making;
- allocate resources where they are most needed;
- review the referrals made to our safe and secure service and our wrap-around support, ensuring that vulnerable customers have access to the right support at the right time; and
- track the number of management transfers due to domestic abuse.

This approach ensures we continuously improve our services and remain responsive to the needs of our customers and communities.

7. Legislation

This policy is based on key Scottish laws, guidance and strategies relevant to areas of protection and domestic abuse:

- Domestic Abuse (Scotland) Acts 2011 & 2018
- Matrimonial Homes (Family Protection) (Scotland) Act 1981
- Family Law (Scotland) Acts 1985 & 2006
- Protection from Harassment Act 1997
- Protection from Abuse (Scotland) Act 2001
- Adult Support and Protection (Scotland) Act 2007
- Criminal Justice and Licensing (Scotland) Act 2010
- Abusive Behaviour and Sexual Harm (Scotland) Act 2016
- Antisocial Behaviour etc. (Scotland) Act 2004
- Human Rights Act 1998
- United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024
- General Data Protection Regulation (EU 2016/679)
- Data Protection Act 2018
- Housing (Scotland) Acts 2001 & 2014
- Domestic Abuse (Protection) (Scotland) Act 2021 – *Received Royal Assent on 5 May 2021 but is not yet in force. This law will significantly strengthen the role of housing providers in protecting victims.*
- **Equally Safe (Scottish Government Strategy, 2018)** - a national commitment to end violence against women and girls. It recognises that while men can be affected, women and girls are disproportionately impacted by domestic abuse.
- **Domestic Abuse: A Good Practice Guide for Social Landlords** - Developed by the Association of Local Authority Chief Housing officers (ALACHO), the Chartered Institute of Housing (CIH), the Scottish Federation of Housing Associations (SFHA), Shelter Scotland, and Scottish Women's Aid, and supported by COSLA.

This guide helps social landlords:

- prevent homelessness for women and children;
- provide effective support for victims; and
- hold perpetrators accountable.

8. Policy Review & Consultation

This policy has been developed in consultation with key stakeholders working in statutory agencies. The policy shall be reviewed every three years; however, more regular reviews will be considered where, for example, there is a need to respond to changes in legislation or guidance. Reviews will consider legislative, performance standard and good practice changes.

We will publish this policy on our staff intranet, WE Connect, and on our website. A hard copy is also available on request. Customers may also request a copy of the policy in other formats and community languages, e.g. Braille.

9. Policy Awareness Training & Support

Staff across the organisation are aware of this policy and understand when and how the associated process should be applied, including where a customer has been identified as being a victim or perpetrator of domestic abuse. Staff who work directly with customers receive appropriate training on domestic abuse concerns, ensuring they can recognise concerns and respond proportionately and sensitively.

We recognise that safeguarding and protecting people can be complex and emotionally demanding. Staff are supported through regular line management and supervision, and also have access to our dedicated Wellbeing Team. This service offers confidential advice, guidance and support to help colleagues manage the emotional impact of this work.

10. Confidentiality & Data Protection

Everyone working in our organisation has a duty to help protect children, young people, and adults who may be at risk. In safeguarding situations, the law allows information to be shared without consent where this is needed to keep someone safe.

Sometimes, we may need to share personal information with other organisations to keep someone safe. This must follow data protection laws, including the Data Protection Act 2018 and General Data Protection Regulations GDPR. Data Protection is not intended to prevent safeguarding; it provides a framework to help ensure information sharing is lawful, necessary and proportionate, secure and appropriately recorded.

Before sharing any information, staff should:

- check the Wheatley Group's Data Protection Policy (especially Appendix 2);

- be satisfied that data sharing complies with the General Data Protection principles in Article 5 UK GDPR and that there is a lawful basis for sharing the data;
- record the decision to share, including the reason;
- share only what is needed; and
- ensure an audit trail is kept.

We recognise that domestic abuse can involve highly sensitive information. If staff are unsure about what can be shared or how to share it securely, they should contact the Information Governance Team for advice. This helps ensure that any data sharing is in accordance with the UK GDPR, the Data Protection Act 2018 and the requirements of our Data Protection Policy and the Group's Special Category Data Policy.

Sometimes, we may need to share personal information with other organisations to keep someone safe. This must follow strict rules under data protection laws, including the Data Protection Act 2018 and the General Data Protection Regulations GDPR. Data Protection should not be a barrier to sharing proportionate, necessary information for either adult or child protection and instead provides a framework to ensure information sharing is lawful, secure and documented.

Any requests for information should be passed to the Information Governance Team so they can confirm the lawful basis for sharing and whether appropriate information sharing agreements are in place.

11. Equal Opportunities Statement

This Policy aligns the Wheatley Group's Equity, Diversity and Inclusion (EDI) and Human Rights Policy. We recognise our pro-active role in valuing and promoting EDI and equity of opportunity by adopting and promoting fair policies and procedures.

We are committed to providing fair and equitable treatment for our stakeholders and will not discriminate against anyone on the grounds of race, ethnicity, nationality, language, religion, belief, age, sex, sexual orientation, gender reassignment, trans history, disability, marital status, pregnancy or maternity. We will endeavour to achieve fair outcomes for all.

As required, we undertake Equality Impact Assessments on relevant policies, strategies, projects and frameworks to help us take appropriate action to address inequalities likely to result from or resulting from the implementation of the policy and procedures and to maximise positive impacts.

12. Complaints

We aim to get things right the first time. However, if a customer is unhappy with this policy or how it's applied, they can make a complaint.

A summary of our Complaints Policy and Procedure is available on our Wheatley Group and subsidiary websites.

Appendix 1

| Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned. Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer. It is assumed that your main source of information is the victim. If this is <u>not the case</u> , please indicate in the right hand column | YES | NO | DON'T KNOW | State source of info if not the victim (eg police officer) |
|---|--------------------------|--------------------------|--------------------------|--|
| 1. Has the current incident resulted in injury? Please state what and whether this is the first injury. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. Are you very frightened? Comment: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. What are you afraid of? Is it further injury or violence? Please give an indication of what you think [name of abuser(s)] might do and to whom, including children. Comment: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4. Do you feel isolated from family/friends? ie, does [name of abuser(s)] try to stop you from seeing friends/family/doctor or others? Comment: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5. Are you feeling depressed or having suicidal thoughts? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6. Have you separated or tried to separate from [name of abuser(s)] within the past year? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7. Is there conflict over child contact? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8. Does [name of abuser(s)] constantly text, call, contact, follow, stalk or harass you? Please expand to identify what and whether you believe that this is done deliberately to intimidate you? Consider the context and behaviour of what is being done. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 9. Are you pregnant or have you recently had a baby (within the last 18 months)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 10. Is the abuse happening more often? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 11. Is the abuse getting worse? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 12. Does [name of abuser(s)] try to control everything you do and/or are they excessively jealous? For example: in terms of relationships; who you see; being 'policed' at home; telling you what to wear. Consider 'honour'-based violence (HBV) and specify behaviour. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 13. Has [name of abuser(s)] ever used weapons or objects to hurt you? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 14. Has [name of abuser(s)] ever threatened to kill you or someone else and you believed them? If yes, tick who: <ul style="list-style-type: none"> You <input type="checkbox"/> Children <input type="checkbox"/> Other (please specify) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

| Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer. | YES | NO | DON'T KNOW | State source of info |
|---|--------------------------|--------------------------|--------------------------|----------------------|
| 15. Has [name of abuser(s)] ever attempted to strangle / choke / suffocate / drown you? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 16. Does [name of abuser(s)] do or say things of a sexual nature that make you feel bad or that physically hurt you or someone else? If someone else, specify who. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 17. Is there any other person who has threatened you or who you are afraid of? If yes, please specify whom and why. Consider extended family if HBV. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 18. Do you know if [name of abuser(s)] has hurt anyone else? Consider HBV. Please specify whom, including the children, siblings or elderly relatives: Children <input type="checkbox"/> Another family member <input type="checkbox"/> Someone from a previous relationship <input type="checkbox"/> Other (please specify) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 19. Has [name of abuser(s)] ever mistreated an animal or the family pet? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 20. Are there any financial issues? For example, are you dependent on [name of abuser(s)] for money/have they recently lost their job/other financial issues? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 21. Has [name of abuser(s)] had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life? If yes, please specify which and give relevant details if known. Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Mental health <input type="checkbox"/> | | | | |
| 22. Has [name of abuser(s)] ever threatened or attempted suicide? | | | | |
| 23. Has [name of abuser(s)] ever broken bail/an injunction and/or formal agreement for when they can see you and/or the children? You may wish to consider this in relation to an ex-partner of the perpetrator if relevant. Bail conditions <input type="checkbox"/> Non Molestation/Occupation Order <input type="checkbox"/> Child contact arrangements <input type="checkbox"/> Forced Marriage Protection Order <input type="checkbox"/> Other <input type="checkbox"/> | | | | |
| 24. Do you know if [name of abuser(s)] has ever been in trouble with the police or has a criminal history? If yes, please specify: Domestic abuse <input type="checkbox"/> Sexual violence <input type="checkbox"/> Other violence <input type="checkbox"/> Other <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Total 'yes' responses | | | | |

For consideration by professional

| | |
|--|--|
| <p>Is there any other relevant information (from victim or professional) which may increase risk levels? Consider victim's situation in relation to disability, substance misuse, mental health issues, cultural / language barriers, 'honour'-based systems, geographic isolation and minimisation. Are they willing to engage with your service? Describe.</p> | |
| <p>Consider abuser's occupation / interests. Could this give them unique access to weapons? Describe.</p> | |
| <p>What are the victim's greatest priorities to address their safety?</p> | |

| | |
|---|--|
| <p>Do you believe that there are reasonable grounds for referring this case to Marac?</p> | <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> |
| <p>If yes, have you made a referral?</p> | <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> |
| <p>Signed</p> | <p>Date</p> |
| <p>Do you believe that there are risks facing the children in the family?</p> | <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> |
| <p>If yes, please confirm if you have made a referral to safeguard the children?</p> | <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Date referral made</p> |
| <p>Signed</p> | <p>Date</p> |
| <p>Name</p> | |

| |
|--|
| <p>Practitioner's notes</p> |
| <p>¹Domestic abuse recorded by the police in Scotland, 2023-24 https://www.gov.scot/news/domestic-abuse-recorded-by-the-police-in-scotland-2023-24/</p> |

Group Suicide Risk Policy

We will provide this policy on request at no cost, translated, in large print, in Braille, on tape or in another non-written format.

We can produce information on request at no cost in large print, in Braille, on tape or in another non-written format. We can also translate this into other languages. If you need information in any of these formats, please call us on 0800 479 7979 or email info@wheatley-group.com

Możemy, na życzenie, bezpłatnie przygotować informacje dużą czcionką, w alfabecie Braille'a, na taśmie lub w innym niepisanym formacie. Możemy je również przetłumaczyć na inne języki. Jeśli potrzebujesz informacji w którymkolwiek z tych formatów, zadzwoń do nas pod numer 0800 479 7979 lub wyślij e-mail na adres info@wheatley-group.com

Podemos produzir informações mediante solicitação e sem custos, em impressão grande, Braille, cassete ou noutro formato não descrito. Também podemos traduzi-las em outros idiomas. Se precisar de informações em qualquer um destes formatos, contacte-nos através do número 0800 479 7979 ou envie um e-mail para: info@wheatley-group.com

يمكننا إنتاج معلومات عند الطلب مجاناً مطبوعة بأحرف كبيرة أو بطريقة برايل أو على شريط أو بتنسيق آخر غير مكتوب. يمكننا أيضاً ترجمة هذا إلى لغات أخرى. إذا كنت بحاجة إلى معلومات بأي من هذه التنسيقات، فيرجى الاتصال بنا على 0800 479 7979 أو إرسال بريد إلكتروني إلى info@wheatley-group.com

در صورت درخواست، می‌توانیم اطلاعات را در چاپ بزرگ، خط بریل، روی نوار یا در فرمت غیرنوشتاری دیگری ارائه دهیم. همچنین می‌توانیم اطلاعات را به سایر زبان‌ها ترجمه کنیم. در صورت نیاز به اطلاعات بیشتر در هریک از این فرمت‌ها، لطفاً از طریق شماره 0800 479 7979 با ما تماس بگیرید یا ایمیلی به info@wheatley-group.com ارسال کنید.

ہم درخواست پر معلومات کو بڑے حروف، بریل، ٹیپ پر یا کسی اور غیر تحریری صورت میں بغیر کسی لاگت کے مہیا کر سکتے ہیں۔ ہم اس کا دوسری زبانوں میں ترجمہ بھی کروا سکتے ہیں۔ اگر آپ کو ان میں سے کسی صورت میں یہ معلومات درکار ہوں تو برائے کرم ہمیں 0800 479 7979 پر کال کریں یا info@wheatley-group.com پر ای میل کریں۔

| | |
|------------------------------------|----------------------|
| Approval body | Wheatley Group Board |
| Date of approval | TBC |
| Review Year | March 2029 |
| Customer engagement required | Yes - Implementation |
| Trade union engagement is required | Yes – For info |
| Equality Impact Assessment | Yes |

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1. Introduction

This policy is part of a suite of policies designed to safeguard and protect people.

The Suicide Risk Policy sets out our role in responding to concerns about self-harm and suicide, and the processes for escalating risk to services with statutory responsibility.

This policy should be read in conjunction with:

- Adult Support & Protection;
- Child Protection;
- Multi-Agency Public Protection Arrangements (MAPPA); and
- Domestic Abuse.

As an organisation, we want our staff to be prepared and to know what to do when they become aware of a risk to life through self-harm or suicide in the course of their work. This includes raising concerns, sharing information lawfully and working with statutory partners to reduce harm and support the safety of our customers, staff and communities.

It is not our role to diagnose mental health conditions, assess clinical suicide risk or provide therapeutic interventions. These responsibilities sit with the NHS, social work and other statutory services. However, we want our staff to be able to escalate concerns without delay and work with statutory partners who hold responsibility for assessment and intervention.

This policy explains how we work with statutory and partner agencies, including Police, health and social services who have the authority to assess clinical risk and provide treatment or protective intervention where required when a customer informs us or we become aware of self-harm or suicide ideation

Our staff are often well placed to notice early signs of distress through routine contact such as with our Customer First Centre, tenancy visits, repairs, welfare checks and neighbourhood management activity. These everyday interactions can provide opportunities for individuals to disclose concerns or for staff to identify changes in behaviour or circumstances that may indicate increased vulnerability specific to self-harm or suicided ideation.

Staff will refer to this policy in the course of their work with Wheatley Group.

2. Policy Aims & Objectives

Our Aims

We recognise that self-harm and suicide are complex and deeply personal, and that outcomes cannot always be controlled. This policy focuses on our role in responding with compassion, escalating concerns appropriately, and working with partners to reduce harm and influence positive outcomes when staff become aware of self-harm or suicide risk.

This policy has been designed to support staff and customers in understanding our approach to Protecting Life Critical Incidents Policy. This policy aims to support staff to:

- Recognise and respond to suicide risk;
- Effectively support those who may be at risk of harm by suicide and
- Work effectively with statutory and external agencies;

Our Objectives

For an effective approach to suicide risk when working with customers, our objectives are to:

- Make sure our policy and supporting processes are clear, practical and easily accessible;
- Ensure that relevant staff are aware of their role and responsibilities and that they are clearly defined;
- Provide training to relevant staff so that they can confidently recognise and support someone who may be at risk or is affected by risk of death by self-harm or suicide;
- Build partnerships with specialist agencies who can provide support to individuals experiencing self-harm or suicide ideation,
- Raise awareness across the organisation and in our communities through education about the risks associated with self-harm and suicide ideation, encouraging early action and ensuring that individuals affected are aware of the support options and resources available to them.

3. What is Self-Harm and Suicide?

Self-harm and suicide risk refers to situations where an individual may be at risk of harm to themselves because of distress, crisis or complex personal circumstances. Risk may fluctuate over time and should be understood in the context of a person's circumstances, experiences and access to support, rather than as a fixed or static condition. While outcomes cannot always be controlled, timely recognition and a proportionate response may reduce harm and support safety.

Self-harm and suicide risk may be:

- **Immediate or imminent**, where there is intent, a plan or access to means; or
- **Emerging or escalating**, where someone expresses distress, hopelessness, thoughts of suicide, or engages in, or is at risk of, self-harm.

Our organisation does not diagnose, assess clinical risk or replace health services. Our role is to:

- Take concerns seriously, including expressions of self-harm or suicidal distress;
- Escalate concerns to appropriate services without delay; and
- Avoid inaction where there is a risk to life or serious harm.

Any expression of suicidal thoughts, threats, behaviours or self-harm must be treated as a serious safeguarding concern.

4. Our Roles in self-harm and suicide risk

As a housing and property management provider, our main role is to:

- Ensure customers are provided an appropriate referral, escalation or signposting to statutory or specialist services where a risk becomes known to us;
- Work in partnership with health, social work, police and appropriate social care organisations where relevant; and
- Respond with compassion, dignity and respect at all times.

Where self-harm or suicide ideation risk is identified, staff should consider whether proposed housing or enforcement actions require additional planning, support or co-ordination with support from the Group Protection Team. This supports risk aware and proportionate decision making. Staff should seek management or safeguarding advice where appropriate.

This does not prevent necessary or lawful action being taken. Where action is required, it should proceed alongside appropriate safeguarding escalation rather than being delayed.

If someone tells us there is a suicide risk, they can expect:

- We will believe them;
- We will act quickly to offer help and support;
- We will provide clear pathways and signposting to appropriate external support;
- We will treat everyone with empathy and respect, and without judgment;
- We will explain that while we keep things confidential as far as practicably possible, we may need to share information with police, health or social work to keep people safe.

We have a responsibility to ensure that staff are supported to recognise, respond to and escalate safeguarding concerns, confidently and without fear of blame. Staff will never be criticised for raising concerns in good faith, even where risk is later assessed as low. We are committed to creating an environment where concerns are taken seriously, staff wellbeing is prioritised, and appropriate action is taken to protect individuals at risk.

If a neighbour, another person, or the victim discloses a concern, we will let the individual concerned know that we're reporting it if it is appropriate to do so.

Repeated expressions of self-harm or suicidal ideation must always be taken seriously. Patterns of behaviour may indicate ongoing risk and should be escalated through safeguarding routes rather than managed in isolation.

Staff are not expected to make clinical judgements, manage suicide risk alone, or guarantee outcomes. Their responsibility is to recognise concerns, escalate appropriately and record actions taken.

5. Adult and Child Protection Concerns

When it becomes known to us that a customer is at risk of self-harm or suicide it is important to consider whether adult or child protection processes should be implemented.

Adults at Risk of Self-harm or Suicide

An adult may be at increased risk where self-harm or suicide ideation concerns are present alongside significant psychological distress, persistent feelings of hopelessness, social isolation, recent adverse life events, substance use, physical or cognitive impairment, or previous contact with services due to mental health crisis.

The presence of one or more of these factors does **not automatically** mean an adult meets the criteria for Adult Support and Protection; however, where such factors are present alongside self-harm or suicide ideation, staff should consider whether the three--point test may be met and seek advice. An individual is an adult at risk under the Adult Support and Protection (Scotland) Act 2007. The Act defines harm as including self-harm- and provides the framework for protecting adults who may be unable to safeguard their own wellbeing or rights.

Whether an adult is considered at risk is determined using the three-point- test. An adult (aged 16 or over) may be at risk if they:

- Cannot protect their own wellbeing or rights;
- Are at risk of harm, including self-harm-; and
- Are more vulnerable to harm due to disability, illness or mental health conditions.

If staff believe an adult meets the criteria:

- Concerns should be reported to Social Work or Police Scotland in line with the Adult Support and Protection Policy; and
- The Group Protection Team should be consulted for advice and support.

Children and Self Harm and Suicide Ideation Risk

Self-harm and suicide ideation risk in children and young people is a serious safeguarding concern. The National Guidance for Child Protection in Scotland (2021) recognises that children and young people may be at risk of significant harm where there are indicators of self-harm, suicidal ideation, emotional distress or behaviours that suggest a risk to their safety or wellbeing. Where suicide or self-harm risk is identified-, this must be considered a child protection concern

If children are involved:

- Staff should report concerns to Social Work or Police Scotland in line with the Child Protection Policy; and
- The Group Protection Team should be consulted for advice and support.

6. Responding to a Self-harm or Suicide Risk

This section sets out how we expect staff to act when concerns arise, recognising that staff are not expected to make clinical judgements or manage risk alone.

Responding to a self-harm or suicide risk can be challenging and emotionally demanding and we will provide support to any staff member who requires it. We recognise that situations involving self-harm and suicide risk can be distressing and unpredictable. While staff may respond with humanity and compassion, **responsibility for keeping a person safe, preventing harm, or managing crisis situations rests solely with emergency and statutory services.**

Staff should not interpret compassion as a duty to intervene, remain with an individual, or place themselves at risk.

Our approach prioritises compassion, timely escalation and clear action to reduce risk, while ensuring staff are supported and guided throughout.

Immediate or Imminent Risk

Where there is immediate danger to life:

- Emergency services must be contacted via **999**;
CFC contact
- Where concerns arise during a telephone call, call handlers are asked to explain that emergency services have been contacted and they will take over, where safe and practicable.
Face-to-face situations
- Where a concern arises while a member of staff is on site or in the community, staff are not expected to remain with the individual or intervene. Their role is limited to contacting emergency services and sharing information.
- Managers and the Group Protection Team should be informed; and
- Actions must be recorded clearly and promptly.

Protecting life takes priority over confidentiality.

Non-Immediate but Significant Risk

Where risk is present but not immediate:

- Staff should listen and respond with empathy;
- Encourage engagement with appropriate health services;
- Escalate via safeguarding routes where appropriate; and
- Agree follow-up actions and record clearly.

Responding to a Death by Suicide

While timely action and support can reduce harm, it may not always be possible to prevent a death. A death by suicide (suspected or confirmed) does not mean that staff or services have failed and we recognise that, despite all appropriate actions and support, death by suicide can still occur.

A death by suicide is a traumatic and complex event that can have a significant impact on families, communities and staff. This section sets out how we will respond in a coordinated, compassionate and proportionate way, ensuring that immediate actions are taken to protect others, support those affected and manage the situation with dignity and care. Staff are not expected to manage these situations alone and will be supported throughout the response and subsequent review.

Where we become aware of a death by suicide, or a suspected death by suicide our role is to:

- Ensure emergency services are contacted immediately;
- Work with Police Scotland;
- Support affected tenants, neighbours and staff;
- Manage properties with dignity and sensitivity; and
- Coordinate communications appropriately.

Our focus will be on care, dignity, customer and staff wellbeing, learning and prevention of further harm, including consideration of suicide cluster risk.

Following a death by suicide, we will consider the wider impact on teams and services, including the need for team based debriefs, additional management support and review of practice.

We are committed to learning from incidents, supporting staff and customers affected by suicide risk or loss, and continually strengthening our approach to safeguarding across our homes and communities.

7. Measuring our Impact

We will measure our impact in responding to self-harm and suicide risk by:

- Monitoring the number and nature of self-harm and suicide related concerns raised across the organisation;
- Reviewing referrals made to statutory services and partner agencies to ensure appropriate escalation and timely support;
- Identifying themes, patterns and repeat concerns to inform learning, training and service improvement;
- Reviewing critical incidents, including deaths by suspected suicide, to understand what worked well and where practice can be strengthened;
- Monitoring staff training, support and wellbeing following exposure to self-harm or suicide risk; and
- Using learning from incidents to improve guidance, processes and staff confidence.

This approach supports continuous improvement, strengthens safeguarding practice and ensures that both customers and staff are supported appropriately when self-harm or suicide risk is identified.

8. Legislation

This policy is based on key Scottish laws, guidance and strategies relevant to areas of self-harm or suicide risk:

- Mental Health (Care and Treatment) (Scotland) Act 2003
- Health and Safety at Work etc. Act 1974
- Children and Young People (Scotland) Act 2014
- Adult Support and Protection (Scotland) Act 2007
- Child (Scotland) Act 2020

We have also considered the following national strategies and guidance documents:

- Scottish Suicide Prevention Strategy
- National Guidance for Child Protection in Scotland (2021)
- Adult Support and Protection Code of Practice (2022)

9. Policy Review & Consultation

This policy has been developed in consultation with key stakeholders working in statutory agencies. The policy shall be reviewed every three years; however, more regular reviews will be considered where, for example, there is a need to respond to changes in legislation or guidance. Reviews will consider legislative, performance standard and good practice changes.

We will publish this policy on our staff intranet, WE Connect, and on our website. A hard copy is also available on request. Customers may also request a copy of the policy in other formats and community languages, e.g. Braille.

10. Policy Awareness Training & Support

All staff across the organisation will be made aware of this policy and their responsibility to apply the procedures outlined within it where a risk of self-harm or suicide is identified.

A range of self-harm and suicide risk awareness training is available across the organisation. All staff have access to suicide awareness training appropriate to their role. Customer-facing staff are required to complete mandatory training on suicide risk identification, policy, and associated procedures, to ensure they are confident in recognising risk, responding appropriately, and escalating concerns in line with organisational processes.

We recognise that safeguarding and protecting people can be complex and emotionally demanding. Staff are supported through regular line management and supervision, and also have access to our dedicated Wellbeing Team. This service offers confidential advice, guidance and support to help colleagues manage the emotional impact of this work.

11. Confidentiality & Data Protection

Everyone working in our organisation has a duty to help protect children, young people, and adults who may be at risk. In safeguarding situations, the law allows information to be shared without consent where this is needed to keep someone safe.

Sometimes, we may need to share personal information with other organisations to keep someone safe. This must follow data protection laws, including the Data Protection Act 2018 and General Data Protection Regulations GDPR. Data Protection is not intended to prevent safeguarding; it provides a framework to help ensure information sharing is lawful, necessary and proportionate, secure and appropriately recorded.

Before sharing any information, staff should:

- check the Wheatley Group's Data Protection Policy (especially Appendix 2);
- be satisfied that data sharing complies with the General Data Protection principles in Article 5 UK GDPR and that there is a lawful basis for sharing the data;
- record the decision to share, including the reason;
- share only what is needed; and
- ensure an audit trail is kept.

We recognise that self-harm and suicide risk can involve highly sensitive information. If staff are unsure about what can be shared or how to share it securely, they should contact the Information Governance Team for advice. This helps ensure that any data sharing is in accordance with the UK GDPR, the Data Protection Act 2018 and the requirements of our Data Protection Policy and the Group's Special Category Data Policy.

Any requests for information should be passed to the Information Governance Team so they can confirm the lawful basis for sharing and whether appropriate information sharing agreements are in place.

12. Equal Opportunities Statement

This Policy aligns the Wheatley Group's Equity, Diversity and Inclusion (EDI) and Human Rights Policy. We recognise our pro-active role in valuing and promoting EDI and equity of opportunity by adopting and promoting fair policies and procedures.

We are committed to providing fair and equitable treatment for our stakeholders and will not discriminate against anyone on the grounds of race, ethnicity, nationality, language, religion, belief, age, sex, sexual orientation, gender reassignment, trans history, disability, marital status, pregnancy or maternity. We will endeavour to achieve fair outcomes for all.

As required, we undertake Equality Impact Assessments on relevant policies, strategies, projects and frameworks to help us take appropriate action to address inequalities likely to result from or resulting from the implementation of the policy and procedures and to maximise positive impacts.

13. Complaints

We aim to get things right the first time. However, if a customer is unhappy with this policy or how it's applied, they can make a complaint.

A summary of our Complaints Policy and Procedure is available on our Wheatley Group and subsidiary websites.

Appendix 1

The following services are provided by third-party organisations and therefore eligibility, opening times and availability will be subject to change. A more comprehensive list is available through ALISS.

| Organisation Name | Additional information | Website and/or Email Plus service opening times | Contact Number |
|---------------------------------|--|--|--|
| Breathing Space | Breathing Space offers free and confidential advice for people experiencing low mood, depression or anxiety, whatever the cause. | Web: https://breathingspace.scot/ Weekdays: Mon – Thur 6pm – 2am; Friday 6pm – Monday 6am | 0800 83 85 87 |
| Childline Scotland | Childline Scotland is a counselling service for children and young people. Online and on the phone at any time | https://www.childline.org.uk/ This Service has 1 2 1 Counsellor Chat under the “Get Support” heading on the main page. | 0800 1111 |
| Cruse Bereavement Care Scotland | Free bereavement support for anyone struggling with the loss of someone close. | Open weekdays 9am-8pm & weekends 10am-2pm https://www.crusescotland.org.uk / | Free Helpline: 0808 802 6161 |
| HOPELINE UK | Advisers work to understand why thoughts of suicide might be present. They also want to provide a safe space to talk through anything happening that could be impacting on someone’s ability to stay safe. For children and young people under the age of 35 who are experiencing thoughts of suicide Anyone who is concerned that a young person could be thinking about suicide | https://www.papyrus-uk.org/ Or email: pat@papyrus-uk.org 9am to midnight every day of the year, including weekends and bank holidays | Free phone 0800 068 41 41 (charges from mobiles will apply) text: 077860 039 967* You do not have to give your name or whereabouts |

| Organisation Name | Additional information | Website and/or Email Plus service opening times | Contact Number |
|---|--|--|----------------|
| National Self Harm Network | Offers support to individuals who self-harm to reduce emotional distress and to improve their quality of life. The forum provides crisis support, information and resources. | www.nshn.co.uk Use link to access forum, closely monitored 24/7. | |
| NHS 24 | For the provision of urgent health advice when GP surgeries are closed. You should also be encouraging the individual to link in with their GP for tailored, localised support within their community. | Web: https://www.nhs24.scot/ 24 hours per day, 7 days per week. | 111 |
| NHS Living life Free phone | A free telephone support service, based on Cognitive behavioural therapy approach, available to anyone over the age of 16 feeling low, anxious or depressed. Can be accessed with be GP referral or phoning the number directly. | www.nhs24.scot/our[1]services/living-life/ Monday – Friday 1-9pm | 0800 328 9655 |
| PETAL Support (People Experiencing Trauma and Loss) | For people affected by homicide or suicide they provide one to one counselling and other therapies. The service provision includes children and young people. | Web; www.petalsupport.com Email: info@petalsupport.com Mon- Thur 9am - 5pm Fri 9am - 4pm | 01698 324502 |

| Organisation Name | Additional information | Website and/or Email Plus service opening times | Contact Number |
|---|---|---|----------------|
| Samaritans | Provide confidential, non[1]judgemental support for people who are experiencing feelings of distress or despair. They also have a self help which customers can download. It can be used to “Track Mood” and look for patterns as well as creating a safety plan, help with techniques to cope with challenging situations. It also tracks helpful activities and suggests new things to try. It can be used on smartphones or on computer and requires an account set up to operate. | 24 hours a day, 7 days per week. | 116 123 |
| Scottish Association for Mental Health (SAMH) | SAMH is Scotland’s Mental Health Charity, and they work with adults and young people providing mental health social care support. | Web: https://www.samh.org.uk/ Email: info@samh.org.uk Monday – Friday 9am-6pm except Bank Holidays | 0344 800 0550 |
| SHOUT | Shout is a free confidential, 24/7 text support service for anyone in the UK who is struggling to cope. Our trained volunteers are here to listen at any time of the day or night, and messages won’t appear on your phone bill. | https://giveusashout.org/get[1]help/how-shout-works/ To start a conversation, text the word “SHOUT” to 85258 | 85258 |

| Organisation Name | Additional information | Website and/or Email Plus service opening times | Contact Number |
|------------------------------|--|---|--|
| SOS Suicide | Emotional health, suicidal thoughts, emotional wellbeing & mental health, bereavement, isolation, struggling to fit into the world, have a terminal illness or simply need to hear another voice. | 4pm until midnight on Saturday and Sundays Every night 8pm-midnight https://sossilenceofsuicide.org/#1 668177077935- eae401b2-3119 | Freephone: 0808 115 1505 |
| Staying Safe | StayingSafe.net offers compassion, kindness and easy ways to help keep people safer from thoughts of harm and suicide, seek support and discover hope of recovery through powerful videos from people with personal experience. | https://stayingSAFE.net/home | |
| Touched by Suicide Scotland, | <p>They are a self-help organisation, made up of people who have been 'touched by suicide' and exist to meet the needs and break the isolation of those bereaved by the suicide of a close relative or friend.</p> <p>Services available includes a confidential telephone helpline, support information, help by e-mail, and group meetings Shettleston, Scotstoun, Airdrie, Lanark, Whitburn and Glenrothes Monday – Friday 9 – 5pm someone will get back to them.</p> | <p>Web: http://touchedbysuicidescotland.org</p> <p>Email: touchedbysuicidescotland@hotmail.co.uk</p> <p>They run groups in:- Irvine, Girvan, Largs Ayr, Kilbirnie, Kilmarnock</p> | <p>01294 229087</p> <p>01294274273</p> <p>Glasgow office 0141 5845754</p> <p>It could potentially be an answer phone, but if the individual leaves a message</p> |

| Organisation Name | Additional information | Website and/or Email Plus service opening times | Contact Number |
|--------------------------|---|---|---|
| Young Minds | Committed to improving the emotional wellbeing and mental health of children and young people. Provides information on coping with self-harm and suicidal feelings. | www.youngminds.org.uk Crisis | Text service also available 24/7 Text YM to 85258 a Parents Helpline: 0808 802 5544 Mon – Fri 9.30am – 4pm. |

Report

To: Wheatley Housing Group Board

By: Alan Glasgow, Group Director of Housing

Approved by: Steven Henderson, Group Chief Executive

Subject: Group Income Arrears and Debtors Framework

Date of Meeting: 30 April 2026

1. Purpose

1.1 This report provides the Board with an overview of the review undertaken of the Income, Arrears and Debtors Framework (“**the Framework**”) and seeks approval of the updated Framework.

2. Authorising and strategic context

2.1 Under the Group Standing Orders, the Board is responsible for approval of this Framework and each of the RSL Subsidiary Boards is responsible for approval of a subsidiary-specific Income, Arrears and Debtors Policy.

2.2 The subsidiary-specific Policies were considered and approved at Subsidiary Board meetings in March 2026, subject to Group Board approval of this Framework, with no material changes required to the subsidiary-specific policies. The Framework is brought to the Board for approval now, as part of the regular three-year review cycle.

3. Background

3.1 The Framework has been reviewed in line with our standard three-yearly review cycle. This allows us to reflect on how the policy has operated and reconsider any changes in our operating context that should be incorporated into the policy.

4. Discussion

4.1 The Framework reflects changes to the suite of advisory services available to customers by placing more focus on the need for financial wellbeing through the introduction of Financial Wellbeing Officers to complement the services provided by Welfare Benefit Advisors. Our Annual Tenant Visits (“**ATVs**”) enhance our ability to provide early intervention supports.

4.2 We have also strengthened operational support for staff dealing with income related operations via our Rent Matters Toolkit, considering the ever-changing landscape of welfare reform including the ‘at scale’ managed migration of customers on legacy benefits to Universal Credit which began in 2024.

- 4.3 The revised Framework was reviewed by our external legal advisors, which led to the following updates:
- Updates to the legal context section to reflect all key laws relating to rights;
 - Revisions to the Framework aims which clarify that the document has been developed in accordance with recognised good practice and relevant statutory requirements; and
 - Additional language throughout the document to ensure appropriate consideration of:
 - Vulnerabilities, disabilities, and family circumstances;
 - The views of customers and, where applicable, their families; and
 - Amended to definitions, for example to capture all household compositions, moving from referring just to "families" and "children", to wider definitions of "those who live with customers".
- 4.4 The aim of the Framework is to prevent debt accruing where possible and to reduce it quickly and effectively where it does occur. We achieve this by quickly identifying customers who are having challenges with payment and ensuring that they have access to the appropriate personalised wraparound and support services. We will continue to support our customers throughout their journey to help them move back to a positive payment status as quickly as possible.
- 4.5 It is essential that we demonstrate how we will secure income and clearly set out our expectations from the outset around payment of rent in advance and from day one, using our preferred method of Direct Debit where possible.
- 4.6 The amended Framework is more reflective of our current operating model. We want our customers and our business to be financially resilient and able to withstand any challenges that come up in terms of rent and income collection/payment.
- 4.7 We also want customers to feel supported and able to benefit from the lived experiences of other customers we have worked with, showing them there is a positive way forward and out of debt should this occur.
- 4.8 The language has been updated throughout and sections have been reorganised and amended to ensure clarity and emphasise our commitment to ensuring that customer experience is central to how we approach income and debts.
- 4.9 Some sections have had minimal changes such as contemporised language and links to other policies, while other sections have been amended to reflect legislative changes and rights-based principles in particular the incorporation of references to the UNCRC (Incorporation) (Scotland) Act 2024.

4.10 These changes are summarised in the table below:

| Policy Area | Key Change |
|------------------------------------|--|
| Key Principles | Updated to underline our commitment to customer experience and our duty to consider customer wellbeing. Staff thinking differently to find solutions embodies our ethos of 'Think Yes'. |
| Starting the Customer Relationship | Although the key statements in both these sections remain relevant, we have updated this to include 'those who live with customers' as an important inclusion in our approach to customer engagement. This has been expanded upon in the Customer Engagement section of this paper. |
| Building the Relationship | |
| Our Approach to Debt Recovery | This section details how we will approach the recovery of debt and deliver wraparound support services. The offer of 'fuel advice' has been removed as it is no longer relevant and aligns with the changes of the newer financial wellbeing offering. It also details our approach to making reasonable adjustments for customers with some examples provided. |
| Legal Framework | <p>This section is now "Legal and Regulatory Considerations" and has been expanded to include reference to:</p> <ul style="list-style-type: none"> ▪ The Equality Act 2010 ▪ The Housing (Scotland) Act 2025 ▪ The Human Rights Act 1998, ▪ United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024 <p>This will ensure that the wellbeing and rights of customers and their households are considered when providing services. This includes taking into consideration an individual's personal circumstances, such as being a victim of domestic abuse.</p> |

5. Customer Engagement

- 5.1 To inform this Framework review, we sought to engage customers across all Registered Social Landlords to give their views on their experience as a customer and their own journey in relation to rent, income and making payments. The survey topics covered 'clarity / understanding of the 'responsibilities to pay rent'. We also asked customers if they observed anything missing and any suggested improvements.
- 5.2 Getting help earlier and partnership working were highlighted to get the customer the right support. Customers also highlighted the importance of clarity and accessibility adding that an 'easy read' version of the Framework would be beneficial and to be provided to customers at the start of their new tenancy. 81% of the 102 respondents found it was clear and easy to follow with 99% of the respondents reporting that they were clear in their responsibilities to pay rent.

5.3 We will continue to engage with our customers, taking account of their views and experiences to shape and co-create our services, helping us to build on and sustain positive relationships with customers.

6. Environmental and sustainability implications

6.1 There are no environmental or sustainability implications associated with this report.

7. Digital transformation alignment

7.1 The Framework supports the Group's digital transformation strategy by embedding data-driven, customer-centric approaches into income and arrears management whilst supporting ongoing digital service enhancements for staff and customers. The Framework promotes the use of digital payment methods and opportunities to interact and provide feedback through digital methods.

8. Financial and value for money implications

8.1 There are no financial implications associated with the Framework document. However, failure to effectively implement debt management could pose a risk both financially and in terms of value for money given it relates to collection of income and arrears recovery across the Group.

9. Legal, regulatory and charitable implications

9.1 We will comply with legislation and good practice in relation to dealing with tenants in the recovery of rent arrears. The relevant legislation is as follows:

- UK General Data Protection Regulations;
- The Data Protection Act 2018;
- Housing (Scotland) Act 2001;
- Homelessness etc (Scotland) Act 2003;
- Housing (Scotland) Act 2010;
- Housing (Scotland) Act 2025;
- Equality Act 2010;
- The Property Factors (Scotland) Act 2011;
- Debt Arrangement (Scotland) Act 2002;
- The Social Housing Charter;
- The Human Rights Act 1998; and
- United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024.

9.2 In cases where raise court action for repossession, appropriate legal advice and support resource is in place to handle each case and ensure that all legal requirements are complied with.

10. Risk Appetite and assessment

- 10.1 The Group risk appetite related to income collection is **cautious**, defined as wanting to maintain our strong credit rating and manage our financial risk. Therefore, we prefer to take safe delivery options which will protect our current position.
- 10.2 Regular review of the Framework mitigates the risk of outdated practice, reduced compliance or any negative impact on income collection.

11. Equalities implications

- 11.1 The Framework sets out a fair and supportive approach for all customers. It ensures that individual needs are recognised and that customers are treated with dignity and respect. The incorporation of the UNCRC strengthens our commitment to recognising the rights of children within affected housing.

12. Key issues and conclusions

- 12.1 This review confirms that the Framework remains appropriate and effective, with only minor updates required. The revisions enhance clarity, reinforce our approach to income management and ensure compliance with current legislation.
- 12.2 The Group Framework mirrors the individual subsidiary-specific policies and any proposed changes to the Framework will be incorporated into those policies ahead of their publication.

13. Recommendations

- 13.1 The Board is asked to:
 - 1) Approve the revised Group Income, Arrears and Debtors Framework; and
 - 2) Note that individual subsidiary policies reflect the Group Income, Arrears and Debtors Framework

LIST OF APPENDICES:

Appendix 1 – Updated Draft Group Income, Arrears and Debtors Framework

Group Income, Arrears and Debtors Framework

We can produce information on request in large print, Braille, tape and on disk. It is also available in other languages. If you need information in any of these formats please contact us on Freephone 0800 479 7979.

如果你向我們提出要求，我們可以為你提供本資訊的其他語言的版本，或者是盲文或磁帶。如果你需要本資訊的任何一種這些版式的版本，請聯繫我們，電話號碼是 0800 479 7979。

Si vous nous le demandez, nous pouvons vous remettre ces informations en d'autres langues, en braille ou sur cassette. Si vous souhaitez que ces informations vous soient fournies sous l'un de ces formats, contactez-nous en composant le 0800 479 7979.

چنانچه مایل باشید می‌توانید این مطالب را به فارسی یا زبان‌های دیگر و همچنین بریل و یا بر روی نوار کاست دریافت دارید. در صورت نیاز خواهشمندیم با شماره تلفن 0800 479 7979 با ما تماس بگیرید.

ਜੇ ਤੁਸੀਂ ਸਾਨੂੰ ਬੇਨਤੀ ਕਰੋ ਤਾਂ ਅਸੀਂ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਹੋਰ ਭਾਸ਼ਾਵਾਂ, ਬ੍ਰੇਲ (ਨੋੜਹੀਣਾ ਲਈ ਭਾਸ਼ਾ) ਵਿੱਚ, ਜਾਂ ਟੇਪ ਉੱਪਰ ਦੇ ਸਕਦੇ ਹਾਂ। ਜੇ ਤੁਹਾਨੂੰ ਇਨ੍ਹਾਂ ਵਿੱਚੋਂ ਕਿਸੇ ਰੂਪ ਵਿੱਚ ਚਾਹੀਦੀ ਹੋਵੇ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਡੇ ਨਾਲ 0800 479 7979 ਨੰਬਰ ਤੇ ਸੰਪਰਕ ਕਰੋ।

Na Pana/Pani życzenie możemy zapewnić te informacje w innych językach, alfabetem Braille'a lub na kasecie. Jeśli chciał(a)by Pan(i) uzyskać te informacje w którejś z tych form, prosimy skontaktować się z nami pod numerem telefonu 0800 479 7979.

Haddii aad na weydiisato waxaanu warbixintan kugu siin karaa iyadoo ku qoran luuqad kale, farta ay dadka indhaha la' akhriyaan ama cajalad ku duuban. Haddii aad jeclaan lahayd in warbixintan lagugu siiyo mid ka mid ah qaababkaas, fadlan nagala soo xidhiidh telefoonka 0800 479 7979.

По вашей просьбе данная информация может быть предоставлена на других языках, шрифтом Брайля или в аудиозаписи. Если вам требуется информация в одном из этих форматов, позвоните нам по номеру 0800 479 7979.

| | |
|---------------------------------|--|
| Approval body | <i>Group Board</i> |
| Date of approval | |
| Review Year | <i>2028</i> |
| Customer engagement required | <i>No – Engaged customers via survey</i> |
| Trade union engagement required | <i>No Circulated for information</i> |
| Equality Impact Assessment | <i>No</i> |

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1. Introduction

Wheatley Group is Scotland's leading housing, care and property-management group. We own or manage over 97,000 homes and deliver award winning services to over 215,000 people across 19 local authorities in Scotland. This Framework sets out our group-wide approach to managing the collection of rent and other charges which are payable to us (our income), as well as our approach to arrears and debt.

This Framework applies to all entities in our group. It also makes clear the support we will provide around income maximisation, and the role of Wheatley Group staff in supporting our customers.

We are committed to supporting our customers from the earliest opportunity, and in doing so seek to ensure there is a culture of positive payment throughout the duration of the contractual agreement. Where a customer finds themselves unable to pay rent due for any of our RSL subsidiaries – Wheatley Homes Glasgow, Loretto Housing Association, Wheatley Homes East and Wheatley Homes South, we will endeavour to ensure they have access to appropriate personalised services at a time and place that suits them to help them move back into a positive payment status as quickly as possible.

Wheatley Group complies with all applicable legislation and follows good practice principles in managing income and any associated debts.

- We provide services to our customers that are in line with the Social Housing Charter and our supporting strategies.
- We will make sure our customers and, where applicable, those who live with customers are treated with respect and dignity at all times.
- We recognise that housing decisions impact the customer's whole household, and we consider the needs, views, and wellbeing those affected by our decisions in our decision-making where appropriate.
- We will work with our customers to understand their needs and take particular account of any vulnerability that they may have. For instance, this may include changes to the welfare system which affect them, disabilities or support requirements.
- Our staff will provide advice, information and support in the best interests of the customer and make referrals on their behalf, to other agencies that can provide additional support.

2. Framework Aims and Objectives

Rent payments and service charges are our main source of income. Managing collection of these payments and charges is crucial to us and our customers. If we do not receive rent and charges that are owed to us, then it could impact our ability to provide services to our customers.

The aims of this Framework are to:

- Demonstrate how we will secure income
- Ensure customers are clear about their responsibility to pay rent and other charges from the beginning of their relationship with us to prevent debts accruing
- Promote a positive payment culture that supports customers to pay their rent and charges in full and on time in line with their agreement
- Work with customers who find themselves in arrears to repay these debts as quickly as possible, using a tailored and personalised approach
- Ensure that our approach to preventing debt and collecting arrears is carried out legally and fairly
- Assist and support customers to maximise their income
- Help customers to build financial resilience, encourage good money management and provide support for those who need it including through our financial wellbeing services.
- Demonstrate our commitment to meeting our legal duties and responsibilities and aligning with best practices.

3. Key Principles

Based on this Group-wide framework we will have subsidiary specific arrears and debtors policies which are adapted to suit each one's unique customer base and circumstances.

Customer experience is at the heart of how we approach income and debts. The following key principles underpin this Framework:

- Prevention
- Early intervention
- Personalised support
- Respect of rights
- Consideration of wellbeing of customers and those affected by our decisions
- Positive payment culture
- Building financial resilience
- Harnessing technology;
- Consistency of approach;
- Staff thinking differently to find solutions; and
- Easy access to good advisory services including our wrap around support from welfare benefits advisors and financial wellbeing officers.

4. Starting the Customer Relationship

Our customers will be clear on what they have to pay, when they have to pay, how they will be charged and available payment methods.

We want customers to understand the importance of starting their agreements positively and continuing in this manner during their relationship with us, including customers who are living in our supported accommodation. We will make sure customers know they have a responsibility to pay their rent and charges to us, in full and on time as per the terms of their agreement. We will clearly set out our expectations around payment of charges or rent in advance and from day one of the agreement, using our preferred method of Direct Debit where possible.

We will clearly explain any obligations and responsibilities and specifically:

- The relevant terms and conditions of the agreement.
- The total cost of any rent or charges,
- When rent or charges should be paid
- Any expected deposits or charges that have to be paid
- That Direct Debit is our preferred payment method and;
- The alternative methods of payment available if they are unable to set up a Direct Debit.

Where we confirm with the customer that there is a charge to be paid from the outset and/or in advance, we will work with the customer to ensure this charge is paid. In all cases, we will consider the individual circumstances of the customer and negotiate each case individually where required.

If we decide that a charge must be increased, we will give appropriate written notice of the change.

Our customers will be clear on what services are provided for the charge they pay. We aim to always provide Value for Money.

We will confirm with the customer any services that will be provided under the agreement; how these services will be delivered and the charges that will apply.

Our customers will be made aware of the consequences of not keeping to their agreement to pay the charge due.

All customers will be informed about the consequences of non-payment. Where a customer falls into debt we will make sure they are aware of all the support that is available to them, both internally from the Wheatley Group, and from relevant external organisations to help them manage their account to clear any monies owed and prevent further debt accruing.

We will follow all appropriate Pre-Action Requirements as outlined in relevant legislation, working with customers who are experiencing financial difficulties to access support and assistance.

We want our customers and our business to be financially resilient and able to withstand any challenges that arise in terms of rent and income collection/payment and beyond.

Our customers will be given access to advice and information to help them ensure they can afford the services we offer.

Staff will refer and signpost any customer for appropriate support and advice where there may be a concern about vulnerability or ability to pay. We will encourage customers who may experience difficulties to contact us at the earliest opportunity, so that we can help to prevent debts from accruing, increasing or becoming difficult to manage

We will support our customers throughout their journey with us.

Our customers will have access to a variety of wraparound support services, working with our partners to create opportunities for our customers that will include help to:

- Maximise their income through our welfare benefits service;
- Minimise issues of fuel insecurity, fuel poverty and energy efficiency where possible through our financial wellbeing officers;
- Access employment and training opportunities through our employability services; and
- Receive the best possible support, advice and information where required from our own teams and through work with partner agencies

5. Building the Relationship

We are committed to building and sustaining positive relationships with all our customers.

We aim to do this by:

- Staying in touch regularly with all of our customers
- Making sure we have accurate profile information about our customers
- Working to understand each customer and their needs
- Helping our customers through any changes in their circumstances
- Engaging with our customers, taking account of their views and lived experiences to help shape and co-create our service (including those who live with customers as appropriate).

Our discussions will capture essential customer data, for example in our RSL subsidiaries we will capture data in relation to household composition and support needs, to help us to provide the most appropriate services, options and support where required. This data will be used to help us develop tailored approaches and any subsequent collection, prevention, management and recovery of debts and charges. We will comply with the UK General Data Protection Regulations (UK GDPR) and Data Protection Act 2018.

6. Our Approach to Debt Recovery

Our staff focus on delivering outstanding customer service to each individual customer. They are empowered to make decisions on a case by case basis, and to make reasonable adjustments - for example, where a significant life event has taken place which has impacted on the customer's ability to pay.

There will be occasions when a customer either cannot or will not maintain payments to their account. If that happens, we will:

- Aim to make contact at the earliest opportunity after the payment due date to establish the reason for non-payment and to avoid the debt becoming unmanageable
- Discuss payment of the debt in full and/or agree an appropriate and affordable repayment arrangement.
- Provide/signpost customers to support services tailored to suit individual requirements e.g. money advice, employability support, where required, in order to help them meet the charges they are due to pay
- Making clear the consequences of non-payment and providing advice at all stages to customers
- Meeting our legal obligations to provide appropriate advice and guidance as part of our Pre-Action Requirements
- Make any decision on a case by case basis, informed by our knowledge of our customer's circumstances
- Enforce sanctions where appropriate – this includes but is not restricted to: withdrawal or limitation of service, court action, interest charges or deduction of payments from compensation.

Where collection from a customer is required, we aim to:

- Make sure every officer has a clear set of procedures to follow when dealing with the collection and recovery of monies
- Contact customers quickly where a debt occurs
- Apply all payments timeously to relevant accounts (within 48 hours unless technical difficulties arise)
- Adhere to any time limits set in recovery procedures.

Where a customer accrues a debt, we will aim to:

- Engage with the customer to help them identify any debt and payment issues early
- Agree an appropriate and affordable repayment arrangement which takes account of the customer's personal circumstances where payment in full cannot be made
- Negotiate arrangements for a single payment to cover all indebtedness to Wheatley Group where a customer may owe multiple debts. Examples may include but are not restricted to: current charges, former account charges, sundry debts, court costs, repair charges.
- Confirm any arrangement in writing
- Honour any reasonable agreement made to discharge a debt before escalating any recovery action
- Use any credit in an account within the Group, to offset any debt owed to the Group.

If a customer fails to engage with us or no agreement is reached, we will escalate action as necessary to recover the outstanding sum owed.

We have a Debt Recovery Team, who will attempt to contact customers referred to them and who assist officers in the collection or pursual of any debts owed.

We may use various methods to attempt collection of a debt. This may include (but is not limited to):

- Court Action
- Wage Arrestment
- Levying of charges or inhibitions
- Enforcing decree for eviction and payment

7. Ending the Relationship

When either party gives notice to end the agreement, we aim to:

- Conduct an exit interview and/or inspection of the property
- Conduct a full debt check and if a debt is identified, agree a final payment plan
- Provide any documentation where appropriate
- Provide tenancy references upon request
- Refund credits (after deductions for any Group debts)
- Notify third parties for the return of deposit balances subject to any claims that we may have.

In circumstances where there is current court action and where we have contact information, we will endeavour to remain in close contact with the customer until proceedings have concluded. We will review the case throughout the duration and may alter our planned actions in agreement with the customer.

We will consider all options available to us for managing and recovering the debt, up to and including eviction and inhibitions.

Each case will be managed individually, taking into account the circumstances of the case and the reason for ending the agreement.

Where a customer leaves a debt at the end of their agreement, we will issue a final bill and continue to pursue this debt using various contact methods, including passing the case to our Debt Recovery Team.

We may use the services of third-party tracing agents:

- Where there are outstanding debts, and an address is not known for the customer
- Where full payment has not been made
- Where no arrangement has been made

Customers with outstanding debts will be made aware of the consequences for any future contract with the Group, should they fail to make or keep to a repayment plan. This could include future requests for services being refused or restricted by Wheatley Group and/or its subsidiaries.

8. Writing Off Debt

A debt may be considered for write off where it has been deemed to be irrecoverable. Defined criteria have been set out to assist officers in deciding whether a debt is deemed recoverable or not. Cases will be assessed on an individual basis and arrears may be written off where all options for recovery have been exhausted.

If a debt is to be written off, this will take the form of an adjustment to the associated account at the end of the relevant balancing period.

Where a debt has been written off this will not prevent future pursual, for example, where a customer wishes to rent another property and has an outstanding debt for a former tenancy

9. General Matters

Each entity of Wheatley Group reserves the right to apply charges for additional costs associated with the management of the agreement. For example, this may include storage costs or court costs.

10. Legal and regulatory considerations

This Framework has been developed taking into account the various legislation and regulations governing the different Group companies, for example,

- The Property Factors (Scotland) Act 2011
- Debt Arrangement (Scotland) Act 2002
- The Housing (Scotland) Act 2001
- The Social Housing Charter.
- The Equality Act 2010
- The Housing (Scotland) Act 2025
- The Human Rights Act 1998,
- United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024

This Framework has been informed by relevant legislation and rights-based principles. We keep rights in mind in relation to the development of relevant policies and practices including when exercising functions under this Framework and accompanying policies.

We recognise that our decisions can affect not just individual customers but entire households, and we aim to uphold the wellbeing and rights of all those impacted by our services, where appropriate and applicable.

11. Performance Monitoring

Regular monitoring of key indicators, for example, satisfaction levels, income collected, and arrears accrued or debt written off will take place through a variety of means. Regular reports, statistics and trend analysis will be made available to the Wheatley Group Board and subsidiary Boards.

12. Framework Review/Consultation

We will review this Framework every 3 years. More regular reviews will be considered where, for example, there is a need to respond to new legislation/policy guidance.

13. Links With Other Policies

This Framework links with our RSL Arrears and Debtors policies, our Group Housing Information, Advice and Letting policy. The framework has also been written to align with the principles of our Equity, Diversity and Inclusion and Human Rights Policy.

14. Confidentiality

We are committed to protecting the privacy of our customers. We process personal information in accordance with the requirements of the UK GDPR, the Data Protection Act 2018, Wheatley Group privacy notices and the Wheatley Group Data Protection Policy.

You can find more information about how we look after personal information by reading our privacy notices at <https://www.wheatley-group.com/home/privacy-notices>

Report

To: Wheatley Housing Group Board

By: Anthony Allison, Group Director of Governance and Business Solutions

Approved by: Steven Henderson, Group Chief Executive

Subject: Group Engagement framework

Date of meeting: 30 April 2026

1. Purpose

1.1 The Board is asked to approve the revised Customer Engagement Framework (“**the Framework**”) for consultation with Registered Social Landlord (“**RSL**”) tenants.

2. Authorising and strategic context

2.1 Under our Group Standing Orders, the Group Board is responsible for approving Group Wide Frameworks. As part of the Strategic Governance Review it was agreed that relevant subsidiary Boards would be asked to review any updated or new Group Frameworks (or policies) and provide their agreement that they progress to the Group Board for formal approval.

2.2 Our RSL Boards considered the draft revised Framework at their March meetings and all agreed to recommend it to this Board for approval and consultation with tenants.

2.3 A key element of our 2026-31 strategy is a continued focus on customers having the opportunity to engage with us and influence how we make decisions. As part of this we recognised that customers wish to engage in different ways and that our approach to engagement needs to respond to those needs.

3. Background

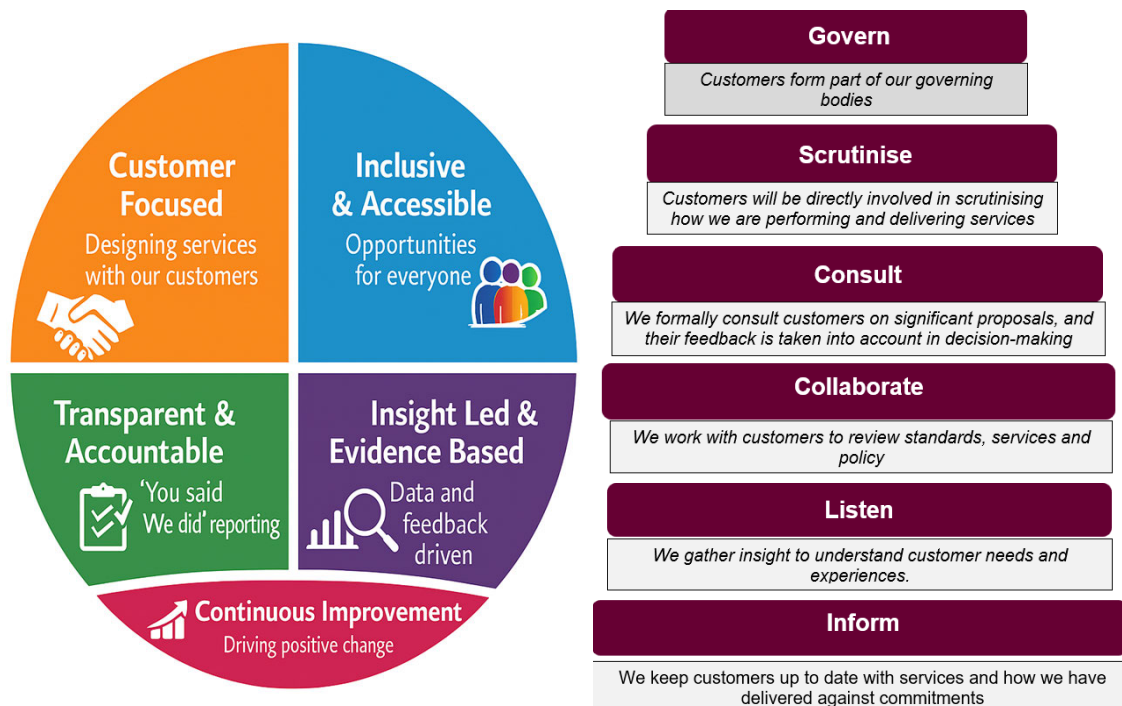
3.1 Since the introduction of the current Engagement Framework, we have significantly strengthened the reach and impact of customer engagement through enhanced scrutiny activity, real-time feedback and increased digital engagement.

3.2 These approaches have influenced service improvement and investment decisions and have been externally recognised for good practice. Customer expectations and organisational capability have continued to evolve, and the periodic review of the Framework provides an opportunity to refine our approach to ensure it remains effective, proportionate and aligned to how customers wish to engage.

4. Discussion

- 4.1 The key elements of our approach to customer engagement are operating effectively, with 99% of Wheatley tenants satisfied with their opportunities to participate (vs the 86% Scottish average). The Group Scrutiny Panel has been externally recognised with awards at the Tenant Participation and Advisory Service (“**TPAS**”) National Good Practice Awards in June 2025, and the Chartered Institute of Housing Awards in November 2025.
- 4.2 We have, however, seen a trend of customers increasingly wishing to engage with us digitally. We have seen evidence in recent years of the impact of increasing the use of digital and tailoring our approach to preferences. Customer behaviour has shown a clear appetite for digital interaction, with strong evidence of increased reach and participation, including through:
- **Rent Consultation – text/email reminders:** Using customer preference-based text and email reminders led to a significant uplift in consultation responses, shown by over 11,430 returns this year compared to 8,354 in 2025. This demonstrates customers’ willingness to engage digitally and the value of personalised, well-timed prompts;
 - **Digital surveys to inform policy:** We have increased the use of digital surveys to support and shape policy development, for example, our Group Arrears and Debtors Framework. This has delivered broader participation across demographics; faster turnaround times for insight; and richer data to support decisions;
 - **Video content:** Short videos were used on our social media to promote strategy engagement and improve understanding of the purpose and impact of customer involvement. This helped us receive over 5,900 responses to our strategy development digital survey; and
 - **Targeted email campaigns:** Data-led campaigns, including pilots in Wheatley Homes Glasgow during satisfaction tracking and to promote strategy engagement, have supported higher engagement by targeting specific groups with tailored messaging.
- 4.3 Together, this provides strong evidence that customers are willing and motivated to engage digitally and this will be an area of focus for our engagement in future.
- 4.4 The revised Framework, attached at Appendix 1, retains the key elements of the existing Framework, however, the structure of the document and how we express those elements have been updated.
- 4.5 This marks the next step in our approach, evolving from our previous proposals and commitments around engagement. The key changes from the existing Framework were as follows:
- Clearer articulation of our legal and regulatory obligations and tenant rights;
 - Removing elements that we have not deployed regularly;
 - Clearer distinction between our principles of engagement and engagement model;
 - A stronger focus on digital engagement to reach all tenants, with reduced reliance on Customer Voices as the primary mechanism.

- 4.6 A key purpose of the Framework is to set a clear, consistent set of principles and model of engagement that applies across the Group and act as each RSL’s “tenant participation strategy” as required in law. As such we will require to formally consult tenants on the Framework before it comes into effect.
- 4.7 The proposed principles and model for engagement under the Framework are as follows:



- 4.8 A specific requirement of the Framework is that each RSL Board agrees a specific Engagement Plan for their subsidiary. The feedback from RSL Boards was that this is an important addition to ensure the Framework is translated from principles into practice with their own tenants.
- 4.9 This approach intentionally strengthens the level of oversight the Board will have on our engagement activity. The RSL-level Engagement Plans will translate the principles and model into a plan which reflects:
- Local priorities e.g. around investment and regeneration;
 - Neighbourhood Plans and Wheatley/Lowther Standards;
 - Customer safety e.g. Community Improvement Partnership approach; and
 - Key local service developments.
- 4.10 Subject to the Board’s agreement the next step will be to formally consult with tenants. We will then provide RSL Boards with the outcome of the consultation alongside a draft Engagement Plan for approval in August. An update will be provided thereafter to this Board at its August or September meeting.

5. Customer engagement

- 5.1 Customer engagement continues to be at the heart of our 2026-2031 strategy. The level of engagement in developing the strategy has exceeded our expectations and provided us with important insight for the refreshed Framework. We will now consult with our customers on our proposals before agreeing the final Framework and subsidiary-specific engagement plans.

6. Environmental and sustainability implications

- 6.1 We understand that investment in homes, particularly to ensure energy-efficiency, is a priority for customers. Our refreshed Framework will support us to engage customers around this, including setting standards as we shape our Wheatley Standard and a refreshed Sustainability Framework.

7. Digital transformation alignment

- 7.1 Our refreshed Framework aligns with our digital ambitions. We understand an increased digital appetite from customers, albeit balancing this with other engagement channels. Our evolving data maturity supports us in garnering insight from all forms of engagement to support us making informed decisions and improving services.

8. Financial and value for money implications

- 8.1 We understand that keeping rents fair and transparent is a priority for customers; our annual rent consultation is a key element of our engagement approach under 'Consult'.

9. Legal, regulatory, and charitable implications

- 9.1 Our key legal duties around engagement are to:
- Publish and review a tenant participation strategy [the Framework];
 - Consult tenants on changes to housing services;
 - Maintain and publish a register of Registered Tenant Organisations;
 - Provide accessible information; and
 - Support tenant participation.
- 9.2 This Framework supports our compliance with participation duties as set out in the Housing (Scotland) Act 2001, supported by the Housing (Scotland) Act 2010, and in particular meet Scottish Social Housing Charter Outcome 3, as well as the requirements of the SHR Regulatory Framework.

10. Risk appetite and assessment

- 10.1 Effective customer engagement is critical to delivering our strategy and meeting regulatory expectations. Key risks include uneven participation across customer groups, over-reliance on single engagement channels, and failure to clearly evidence customer influence on decisions. The revised Framework mitigates these risks through diversified engagement methods, strengthened scrutiny arrangements and clearer governance and reporting.

11. Equalities implications

- 11.1 A draft Equality Impact Assessment has been undertaken to inform the draft Framework and will be further refined post customer consultation. A key principle is to be inclusive and accessible.

12. Key issues and conclusions

- 12.1 The revised Customer Engagement Framework seeks to form the basis to strengthen and modernise our existing approach, responding to changing customer expectations for increased digital engagement. It provides a consistent, outcome-focused framework across the Group and strengthens our ability to evidence customer influence on decisions, service improvement and investment priorities.
- 12.2 The Framework will strengthen transparency, scrutiny and reporting, and introduces clearer Board oversight through individual RSL Engagement Plans. Subject to Board feedback, progression to customer consultation will enable tenants to shape the final Framework prior to adoption.

13. Recommendations

- 13.1 The Board is asked to approve the revised Customer Engagement Framework for consultation with tenants.

LIST OF APPENDICES:

Appendix 1: Customer Engagement Framework

Making homes and lives better, together

Customer Engagement Framework 2026

We can produce information on request at no cost in large print, in Braille, on tape or in another non-written format. We can also translate this into other languages. If you need information in any of these formats please call us on 0800 479 7979 or email info@wheatley-group.com

Możemy, na życzenie, bezpłatnie przygotować informacje dużą czcionką, w alfabecie Braille'a, na taśmie lub w innym niepisanym formacie. Możemy je również przetłumaczyć na inne języki. Jeśli potrzebujesz informacji w którymkolwiek z tych formatów, zadzwoń do nas pod numer 0800 479 7979 lub wyślij e-mail na adres info@wheatley-group.com

Podemos produzir informações mediante solicitação e sem custos, em impressão grande, Braille, cassete ou noutro formato não descrito. Também podemos traduzi-las em outros idiomas. Se precisar de informações em qualquer um destes formatos, contacte-nos através do número 0800 479 7979 ou envie um e-mail para: info@wheatley-group.com

يمكننا إنتاج معلومات عند الطلب مجاناً مطبوعة بأحرف كبيرة أو بطريقة برايل أو على شريط أو بتنسيق آخر غير مكتوب. يمكننا أيضاً ترجمة هذا إلى لغات أخرى. إذا كنت بحاجة إلى معلومات بأي من هذه التنسيقات، فيرجى الاتصال بنا على 0800 479 7979 أو إرسال بريد إلكتروني إلى info@wheatley-group.com

در صورت درخواست، می‌توانیم اطلاعات را در چاپ بزرگ، خط بریل، روی نوار یا در فرمت غیرنوشتاری دیگری ارائه دهیم. همچنین می‌توانیم اطلاعات را به سایر زبان‌ها ترجمه کنیم. در صورت نیاز به اطلاعات بیشتر در هریک از این فرمت‌ها، لطفاً از طریق شماره 0800 479 7979 با ما تماس بگیرید یا ایمیلی به info@wheatley-group.com ارسال کنید.

ہم درخواست پر معلومات کو بڑے حروف، بریل، ٹیپ پر یا کسی اور غیر تحریری صورت میں بغیر کسی لاگت کے مہیا کر سکتے ہیں۔ ہم اس کا دوسری زبانوں میں ترجمہ بھی کروا سکتے ہیں۔ اگر آپ کو ان میں سے کسی صورت میں یہ معلومات درکار ہوں تو برائے کرم ہمیں 0800 479 7979 پر کال کریں یا info@wheatley-group.com پر ای میل کریں۔

| | |
|---------------------------------|----------------------|
| Approval body | Wheatley Group Board |
| Date of approval | |
| Review Year | 2029 |
| Customer engagement required | Yes |
| Trade union engagement required | Yes – For info |
| Equality Impact Assessment | Yes |

Contents

1. Introduction
2. Policy aims
3. Legal and regulatory context
4. Engagement principles
5. Engagement model
6. Engagement channels
7. Key roles and responsibilities
8. Measuring success and reporting
9. Equalities

1. Introduction

We are committed to our strategic purpose of ‘making homes and lives better’ and ensuring that our customers’ priorities, experience and opinions shape how we design and deliver services, prioritise improvements and make decisions.

2. Aims

The key aims of our Engagement Framework are:

- Customers influence how we design, deliver and improve services;
- Engagement is embedded across our organisation — locally, strategically and at Board level;
- Customers are kept informed about services and decisions and satisfied with the opportunities to participate;
- We are transparent and accountable with customers in how we have listened, learned and acted on their feedback; and
- To comply with our legal and regulatory duties.

3. Legal and regulatory context

As a Registered Social Landlord (“RSL”) in Scotland, we are regulated by the Scottish Housing Regulator. An RSL must comply with the participation duties set out in the **Housing (Scotland) Act 2001**, supported by the **Housing (Scotland) Act 2010**, and must meet **Scottish Social Housing Charter Outcome 3**. As part of the Annual Return on the Charter, each RSL must measure and report on two tenant perception related indicators: being kept informed about services and decisions, and opportunities to participate in decision-making. It must also comply with the requirements of the SHR Regulatory Framework.

Our key legal duties are to:

- publish and review a tenant participation strategy [this document];
- consult tenants on changes to housing services;
- maintain and publish a register of Registered Tenant Organisations;
- provide accessible information; and
- support tenant participation.

This requires us to inform, involve and consult tenants about housing services, support tenants to participate in engagement activities, and evidence tenant influence in decision-making, including improvement activity.

4. Engagement principles

Our approach to customer engagement will be underpinned by the following key principles:

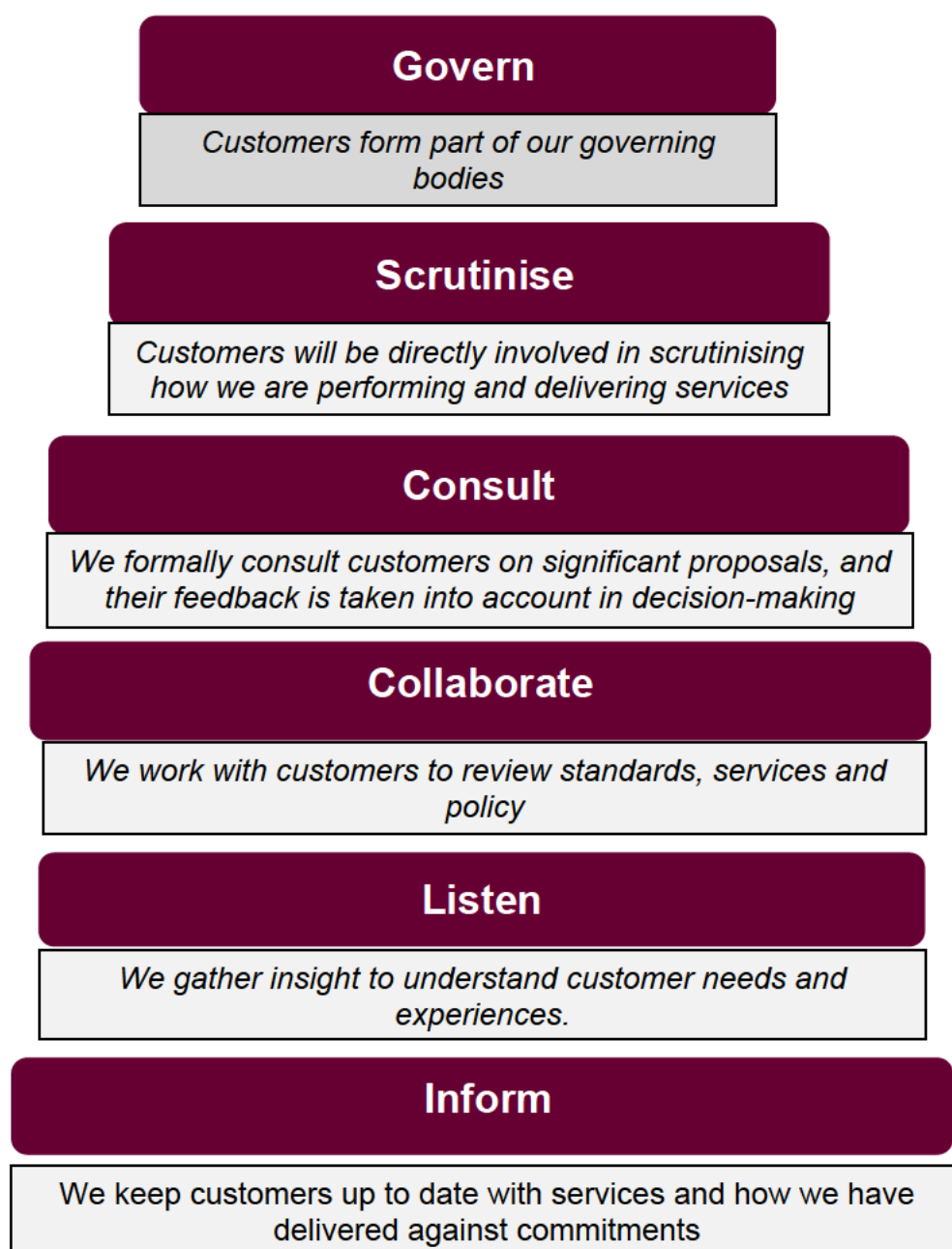


5. Engagement model

Different levels of engagement and varied engagement and insight channels will help us to strengthen the customer voice across our organisation.

In all cases, we will support individual customers to engage by applying reasonable adjustments and supporting accessibility. Where an engagement opportunity is not open to all, we will make the target audience clear.

To support customer choice in how and when they engage with us, we will offer six levels of engagement.



Registered Tenant Organisations (RTOs)

To qualify as an RTO, a tenant group must demonstrate a clear constitution, democratic operation, transparent financial management, a defined representative area, and commitment to promoting tenants' housing interests. These criteria are set nationally by the Scottish Government.

We will publish our register of RTOs as well as information on how to apply for registration and how we will support any applications on individual RSL websites. Information will also be available on request in alternative formats.

Scrutiny panel

Our scrutiny approach is designed to be independent, formal and effective and reflects Scottish Government guidance.

Our Scrutiny Panel activity will operate with clear terms of reference, agreed priority areas against the Charter, access to performance information and a defined reporting route to governing bodies. Scrutiny recommendations will be recorded in a tracker, with agreed actions, timescales and published responses explaining what we will do and why.

6. Engagement Channels

We will provide customers with a range of channels through which they can engage with us, including:

| Channel | Summary |
|--------------------|---|
| Digital engagement | Surveys, consultations, local updates, websites and social media facilitated digitally |
| Local engagement | Walkabouts and local events focused on investment, regeneration and the environment |
| Focus groups | Independently facilitated focus groups and customer journey mapping to explore set topics and experiences |
| Scrutiny | Regular review of RSLs performance against the Charter, including where appropriate a more in-depth thematic review |
| Governance | Tenant Board Member pathway programme and Board membership |

Customers who wish to be involved in engagement activities for specific topics and methods can become a **Customer Voice**. By registering as a Customer Voice, customers will be invited to get involved in the activities in which they have an interest.

In addition to this, we will consider and learn from other routes that customers provide us with feedback on our services, including:

- Complaints;
- Independent Satisfaction Surveys; and
- Annual Tenant Visits.

7. Key roles and responsibilities

The roles and responsibilities for the implementation and delivery of this framework are as follows:

| Role | Responsibility |
|--|---|
| Governing bodies | <ul style="list-style-type: none"> ▪ Receive customer feedback summarises and reports from the Scrutiny Panel ▪ Ensure that customer feedback and Scrutiny Panel recommendations are considered in its decision making ▪ Agree RSL specific engagement plans which set out specific areas of focus for engagement. |
| Executive Team | <ul style="list-style-type: none"> ▪ Oversee the delivery of this framework and RSL specific engagement plans |
| Customer experience & engagement teams | <ul style="list-style-type: none"> ▪ Design and facilitate engagement opportunities, including provision of the necessary support for customers to participate |
| Operational teams | <ul style="list-style-type: none"> ▪ Raise awareness of opportunities to participate ▪ Local engagement with customers on services, investment and neighbourhood plans. Provide insight and feedback to enable continuous improvement |

8. Measuring success and reporting

We will monitor and report against this framework through the following key performance outcomes:

| Success Category | Direct Monitoring ➤ Associated strategic measures |
|------------------|--|
| Participation | Provision and uptake of engagement activities <ul style="list-style-type: none"> ➤ 90%+ of customers satisfied with opportunities to participate ➤ 90%+ of customers feel treated fairly and with respect |
| Influence | ‘You said, We did’ publications Thematic reviews - Percentage of agreed recommendations implemented <ul style="list-style-type: none"> ➤ 90%+ customer satisfaction with listening to views and acting upon them ➤ 100% of customer facing policies and strategic projects informed by customer insight |
| Impact | RSL engagement plans will demonstrate tangible impact at a local level, such as neighbourhood and property improvements <ul style="list-style-type: none"> ➤ 90%+ of customers satisfied with our contribution to the management of neighbourhoods at a locality level ➤ 90%+ customer satisfaction with the quality of their home ➤ 90%+ of our customers feel safe and secure in their home |

We are committed to maintaining customer trust by demonstrating clear action and transparent reporting. Each RSL will report on customer engagement and insight publicly as follows:

- Annual Report to Tenants against the Charter;
- Annual Engagement Plan progress update;
- Annual complaints insight report;
- Scrutiny Panel thematic reports; and
- Customer consultation outcomes.

9. Equalities

We will remove barriers to participation by providing reasonable adjustments and covering agreed out-of-pocket expenses (such as travel, childcare or care costs) in line with our expense guidance.

We will also provide training and support so that customers involved in scrutiny and governance roles can participate effectively.

To: Wheatley Housing Group Board

By: Anthony Allison, Group Director of Governance and Business Solutions

Approved by: Steven Henderson, Group Chief Executive

Subject: Wheatley Homes South windows and doors installations

Date of meeting: 30 April 2026

1. Purpose

1.1 The purpose of this report is to seek Board approval to award windows and doors investment works contracts, on behalf of Wheatley Homes South (“**WHS**”), for three years, with an optional 12-month extension.

2. Authorising and strategic context

2.1 Under the Scheme of Financial Delegation (“**the Scheme**”) any Wheatley Homes South contracts exceeding £3.5m in capital expenditure require approval from the Group Board. The proposed contract has a total estimated value of £12.7m over four years (including the optional extension and VAT). The proposed contract award has been reviewed and approved by the Wheatley Homes South Board and is recommended to the Group Board for approval.

2.2 The pricing submitted is fixed for the first 12 months. The contractors may apply for an annual price increase. Any uplift will only be considered if the contractor can provide evidence of increased costs, or in line with the Consumer Price Index (“**CPI**”) and would require our prior agreement.

3. Background

3.1 We require a labour-only contractor to support the implementation of our windows and doors investment programme. Our delivery model is to engage an external contractor, as we do not carry internal resources for this type of work. City Building (Glasgow) had previously installed windows and doors for us, but they are not in a position to continue to do so on terms that represent value for money for either party. On this basis, we initiated a tender process to appoint an external contractor.

3.2 A key component of this contract is product logistics and work planning. The contractor, Wheatley Homes South and Royal Strathclyde Blindcraft Industries (“**RSBi**”) manufacturing will work closely to ensure that the contract is delivered efficiently. This includes the contractor having access to storage facilities in the region to minimise transport and maximise the delivery of installations.

4. Discussion

- 4.1 We expect to deliver over 1,800 windows and nearly 200 doors through this contract, with the highest volumes occurring in years 3 and 4. The contract is aligned with the Wheatley Homes South planned investment cycle. A breakdown of properties included is set out in the table below:

| Component Replacement Profile (WHS) | | | | | |
|-------------------------------------|---------|---------|---------|---------|-------|
| Workstream | 2026/27 | 2027/28 | 2028/29 | 2029/30 | TOTAL |
| Windows | 205 | 321 | 642 | 642 | 1,810 |
| Doors | 49 | 49 | 49 | 49 | 196 |
| TOTAL | 254 | 370 | 691 | 691 | 2,006 |

- 4.2 After evaluating potential procurement routes, we determined that the best fit was to procure through the Scottish Procurement Alliance (“SPA”) ‘Refurbishment and Modernisation’ framework, due to the suitability of their regional pool of pre-qualified suppliers. The SPA conducted an Expression of Interest process on our behalf. This returned three positive responses and we proceeded to conduct a mini-competition tender process.
- 4.3 SPA’s procurement and selection process employs a thorough and compliant evaluation framework to help ensure quality, capability, and value for money. Assessments encompass legal status, technical performance, sustainability, pricing, and equality, fully aligned with The Public Contracts (Scotland) Regulations 2015.
- 4.4 Before inviting tenders, we held a bidder information session to clarify our requirements, particularly the mandatory requirement for RSBi to supply windows and doors.
- 4.5 Since the bidders were pre-approved by SPA we used a weighting of 60% quality and 40% price when assessing the bids received. The quality-related questions were designed to rigorously evaluate both technical expertise and customer service capabilities, on the basis that one successful bidder would be appointed.
- 4.6 The quality component of the tender was based on the following criteria:
- **Previous Experience Delivering Windows and Doors Investment contracts** – Two examples of past projects were requested to assess the bidders’ capability to deliver within the geography and at the scale required for this contract;
 - **Method Statements & Risk Assessments** – Examples of these were requested to further assess the capability to deliver all health & safety requirements whilst carrying out works;
 - **Project Team** – Details of the project team and their capability to oversee the management and delivery of these works;
 - **Communication** – Description of how managerial staff will communicate with staff operatives and our tenants during the contract;

- **Contract Management** – Details on how they would manage this contract, including work planning, how they would work with RSBi, product logistics and additional work requests;
- **Environmental Management Procedures** – How they would recycle, reduce waste to landfill, dispose of waste materials, minimise noise and plant and machinery usage; and
- **Community Benefits** – The range of community benefits they can offer during this contract.

4.7 One bid was received from Procast Building Contractors Ltd (“**Procast**”), which was evaluated. The tender achieved a score of 85.00 out of 100. Overall, the bid was deemed a compliant bid. The mandatory requirement for any bidder to use RSBi products and the geographic location were factors in there being a single bidder.

Winning Bid - Quality elements

4.8 From the quality submission, the bidder demonstrated several key quality indicators including:

- Experience in investment projects of similar size and scale, including other housing associations;
- The provision of bespoke Method Statements and Risk Assessments that cover all the work requests we require;
- Expertise, skills and qualifications held by staff members, ensuring they have the capability to carry out the work;
- Experience working with RSBi on other projects, understanding their manufacturing processes and product lead times;
- Utilisation of local supply chains, including hosting an annual supply chain event in Dumfries; and
- A commitment to supporting the local community through employment opportunities, training programmes and donating to Wheatley Foundation.

4.9 We will invite Procast and RSBi to attend pre-start meetings. These will provide an opportunity for our staff to engage with the contractor and product supplier before the commencement of this contract. During these meetings, we will discuss work planning (including manufacturing), customer engagement principles, the Servitor job management system, on-site quality, and health and safety matters.

4.10 Procast currently has a team of 25 employees and operates a depot in Dumfries. As part of this contract, Procast will employ two more staff and an apprentice. The apprenticeship will be delivered in conjunction with Dumfries and Galloway College. Four structured work placements will also be offered to school leavers and/or college students.

4.11 Procast has an existing relationship with our trade materials partner, Stark Group. As part of the pre-start process, we will look to ensure that Procast utilise the hub in Dumfries, for any ancillary products that may be required. The materials supplied will be from our approved catalogue, aiding in the standardisation of materials used in our homes. Stark Group has committed to donating 1% of this spend to our community benefit initiatives.

Winning Bid – Price

- 4.12 The labour rates submitted align with those provided by Procast for Wheatley Homes East. Some slight differences in the rates are due to variations in stock profiles and programme volumes between regions. Under the WHS contract, the contractor will handle tenant liaison services and carry out asbestos-related checks. In addition, the contractor will use their existing Dumfries facility as a delivery and storage depot to support the installation programme.

5. Customer Engagement

- 5.1 The tender response detailed how Procast intends to communicate and engage with customers prior to any work taking place. We will provide information to the contractor in advance of works commencing, to ensure that work is carefully planned around the needs of vulnerable customers. This may include the need for two-person visits to flagged properties.

6. Environmental and sustainability implications

- 6.1 Procast is working in line with ISO 1400, which includes the following:
- Continue to comply with relevant Acts like the Environmental Protection Act 1990, Control of Pollution Act 1974, and Control of Noise at Work Regulations 2005;
 - Careful ordering of materials to ensure waste is minimised;
 - Reuse materials that may be left over;
 - Recyclable waste is returned to the contractors' premises for appropriate reuse/recycling via a third-party waste carrier;
 - Limit the use of plant and machinery to ensure that these are only used where necessary for environmental and noise pollution reasons; and
 - Reduce mileage between jobs and seek to use energy-efficient vehicles where possible.

7. Digital transformation alignment

- 7.1 There are no digital transformation implications associated with this report.

8. Financial and value-for-money implications

- 8.1 The tendered costs, leveraging the high volume projected on our investment plan, are lower than the outturn costs of similar work in recent years.
- 8.2 Budget provision for these works has been included within our Investment Plan, and the tendered rates fall within current business planning assumptions. The tendered rates also provide sufficient cost certainty to deliver the target output volumes within our approved business plan for core investment.

9. Legal, regulatory and charitable implications

- 9.1 Procuring through a mini-competition tender procedure under SPA's frameworks has ensured this is a fully compliant process. The likelihood of a procurement challenge is deemed low, and the contract award will proceed upon receiving approval to enter into agreement with the successful contractor.

10. Risk Appetite and assessment

- 10.1 Our risk appetite in respect of Laws, Regulations and Covenant Compliance is averse, i.e. avoidance of risk and uncertainty is a key organisational objective. The award of this contract is fully compliant with all relevant procurement legislation and presents no increased risk to the Group.
- 10.2 An Equifax finance report was conducted for the proposed contractor, with Procast receiving an acceptable credit grade of B-.

11. Equalities implications

- 11.1 There are no equalities implications for this report.

12. Key issues and conclusions

- 12.1 We require an experienced and reliable labour-only contractor to deliver planned investment works, within our target timescales for customers. The contract supports partnership working with Procast, RSBi and Stark, allowing us to benefit from established relationships and operational efficiencies that will support effective delivery of the investment programme.

13. Recommendations

- 13.1 The Board is asked to approve the appointment of Procast Building Contractors Ltd for the investment works contract, with a three-year term and an option to extend for an additional 12 months starting in May 2026.

LIST OF APPENDICES:

None