

**AGENDA FOR  
HOUSING ADVISORY BOARD**



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**To: All Members of Housing Advisory Board**

**Councillors :** A Arif, E FitzGerald, D Green, B Ibrahim,  
J Roith and M Walsh

Dear Member/Colleague

**Housing Advisory Board**

You are invited to attend a meeting of the Housing Advisory Board which will be held as follows:-

<b>Date:</b>	Tuesday, 9 June 2026
<b>Place:</b>	Committee Rooms A&B
<b>Time:</b>	5.00 pm
<b>Briefing Facilities:</b>	If Opposition Members and Co-opted Members require briefing on any particular item on the Agenda, the appropriate Director/Senior Officer originating the related report should be contacted.
<b>Notes:</b>	

## AGENDA

**1 APOLOGIES**

**2 DECLARATIONS OF INTEREST**

**3 MINUTES OF THE LAST MEETING** *(Pages 3 - 8)*

The minutes from 05th March 2026 are attached for approval.

**4 APPOINTMENT OF CORPORATE PARENTING CHAMPION**

Each committee meeting is required to have a nominated Corporate Parenting Champion; they will receive training from Childrens Services and will be responsible for advocating for Corporate Parenting matters in each committee. Champions will be appointed by each Committee at their first meeting of the municipal year.

**5 TENANTS VOICE FORUM UPDATE REPORT** *(Pages 9 - 12)*

Report attached. Kimberley Ryan-Dooner, to present at the meeting.

**6 HOUSEMARK REVIEW FINDINGS AND NEXT STEPS** *(Pages 13 - 114)*

Report attached from Sian Grant, Director of Housing.

**7 TEMPORARY ACCOMMODATION STRATEGY** *(Pages 115 - 126)*

Report from Amanda Mullen Manager Homeless and Housing Options attached.

**8 COMPLIANCE ASSURANCE REPORT** *(Pages 127 - 144)*

Report from Ben Tunnicliffe Head of Housing Compliance attached.

**9 PERFORMANCE UPDATE** *(Pages 145 - 188)*

Report from Claire Rogan, Head of Performance, Assurance and Improvement attached.

**10 HOUSING ADVISORY BOARD TERMS OF REFERENCE** *(Pages 189 - 196)*

Report from Sian Grant Director of Housing attached.

<b>Minutes of:</b>	<b>HOUSING ADVISORY BOARD</b>
<b>Date of Meeting:</b>	5 March 2026
<b>Present:</b>	Councillor C Cummins (in the Chair) Councillors A Booth and E FitzGerald Tenants Representative - Stephen Walker
<b>Also in attendance:</b>	Sian Grant, Director of Housing, Kimberley Partridge, Head of Neighbourhoods, Stepping Stone Projects, Claire Rogan, Head of Performance, Improvement and Assurance, Amanda Mullen, Kate Waterhouse, Executive Director (Strategy & Transformation), Kimberley Ryan-Dooner and Chloe Ashworth, Democratic Services
<b>Apologies for Absence:</b>	J Momen, Councillor D Green, Councillor B Ibrahim, K Waterhouse and Councillor I Gartside

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## 1 APOLOGIES

Apologies are noted above.

In addition, members were advised that Jacqueline Jourdan-Stoles is no longer a tenant representative for the Housing Advisory Board. The Chair placed on record the Board's thanks for all the contributions, Jacqueline had provided.

## 2 DECLARATIONS OF INTEREST

There were no declarations of interest made at the meeting.

## 3 MINUTES OF THE LAST MEETING

The minutes of the last meeting held on 06<sup>th</sup> January 2026 were agreed as a correct record following an amendment to Item 4, Tenants Voice Forum Update Report; to add that the board noted that no tenant representatives were present at the meeting and agreed actions will be communicated to tenant representatives following the meeting.

## 4 TENANTS VOICE FORUM UPDATE REPORT

The Board received the March 2026 update from the Tenant Voice Forum. Members were informed that improvements have been noted in the tone, clarity and quality of service communications following training and the introduction of a structured approval process.

The Tenant Voice Forum has requested the establishment of a Communications Review Group and continues to provide feedback on website content, digital channels and accessibility.

Stephen, as representative for the Tenant Voice Forum in attendance reiterated the need for clear, simple and consistent performance data, including monthly dashboards showing trends, targets and a narrative explanation.

The Tenant Voice Forum had raised concerns regarding:

- Transparency and accuracy of complaints reporting.
- Timing and inclusion of Tenants Voice Forum in the policy review cycle.
- Impartiality of Stage 1 complaint responses.
- GDPR restrictions limiting their ability to observe Contact Centre calls.

However, the Tenant Voice Forum welcomed progress made on policy review processes, accessible policy explainer videos and recruitment plans for new Tenant Voice Forum members.

It was agreed that:

1. Members noted the ongoing work to improve communications governance, performance reporting visibility, and tenant involvement in scrutiny activity.
2. Officers will continue developing user-friendly dashboards and strengthening communication standards.

## 5 QUARTER 3 PERFORMANCE UPDATE

A comprehensive Q3 performance report was presented by Claire Rogan, Head of Performance, Improvement and Assurance. Key highlights from the presentation were as follows:

Repairs:

- Non-emergency repairs completed within target declined to 62%, impacted by winter pressures, staff movement, and process changes.
- Emergency repairs performance remained high at 98%.
- A programme of improvement is underway including process reviews, data accuracy checks and backlog reduction.

Tenant Satisfaction Measures:

- Overall satisfaction: 73.29% (target 74%).
- Repairs satisfaction and complaint-handling satisfaction remain below target.

Voids & Re-Lets:

- General needs re-let time: 35 days (target 24).
- Rent loss from voids remains an area to monitor.

Compliance:

- Gas: 99.91%
- Fire Safety: 83.82% (improving but below target)
- Electrical: 94.8%
- All asbestos, water and lift checks remain at or near full compliance.

Income & Rent Collection:

- Rent arrears: £3.047m
- Income collection improved to 98.85% but still under the 100% target.

The Board discussed the need for sustained improvements in repairs performance, communication, and compliance tracking.

It was agreed that:

1. Members noted the performance update.

## **6 SERVICE PLAN**

Sian Grant, Director of Housing presented the Housing Services and Homelessness Service plans for 2026/27. In relation to the Housing Services Plan, Sian Grant, Director of Housing outlined the strategic vision, which is centred on creating satisfied tenants, providing quality homes and fostering united communities. The plan was described as clearly aligned with the Let's Strategy and wider organisational priorities. Sian Grant, Director of Housing, highlighted several key areas of focus for the forthcoming year, including strengthening compliance in relation to Awaab's Law, the Housing Health and Safety Rating System and fire safety; improving repairs governance and operational oversight; enhancing tenant engagement and the communications strategy; and improving data quality, performance management and the use of digital dashboards.

The plan also includes delivery of the twenty per cent rolling stock condition survey programme, alongside work to support culture change, workforce development and customer service standards. Risks identified within the plan were noted as resource capacity, the challenges associated with an ageing housing stock, ongoing financial pressures and the need for continued information technology development.

Sian Grant, Director of Housing then introduced the Homelessness Service Plan, setting out priorities for the development of a new Homeless Prevention Strategy from 2026 onwards, reducing backlogs in housing applications, improving the rate of move-on from temporary accommodation and commissioning services relating to A Bed Every Night, Community Accommodation Services Tier Three and the Rough Sleeping Accommodation Programme.

Further priorities include embedding early prevention roles within the service and strengthening data governance processes, as well as delivering the Bed and Breakfast Elimination Plan and implementing the Renters Rights Act.

It was agreed that:

1. The Board noted both plans and acknowledged the intention to receive progress updates twice yearly.

## **7 2026/27 BUDGET AND BUSINESS PLAN**

The Board received the HRA budget position, noting a 4.8% rent increase (CPI+1%) confirmed by Cabinet on 11 Feb 2026. Rent merging has been delayed until April 2027, with potential uplifts of £1 then £2 per week in subsequent years. A balanced 2026/27 budget has been set, but the 30-year business plan shows pressures emerging beyond year 20.

Members noted significant investment in repairs and compliance reflected in the budget along with efficiency targets (£2m over four years) being built into the business plan.

Members were reminded of the key financial risks remain which are, inflation, tenant arrears, energy costs and capital investment needs.

It was agreed that:

1. The Board noted the update.

## **8 INVESTMENT PROGRAMME 2026/27**

The Head of Housing Property presented the capital investment programme.

The key component of the investment programme noted by the board is that there is a £42m investment over three years, including £31.261m for 2026/27.

The priorities for investment will be:

- Roofing, windows and doors.
- Kitchens and bathrooms.
- Communal area improvements.
- Major retrofit and energy efficiency
- Sheltered housing improvements.
- Compliance-driven works
- Bringing empty homes back into use (Eton Hill, Bronte Ave).
- Continuation of the IT strategy.

It was agreed that:

1. The Board noted the update.

## **9 ANNUAL SELF-ASSESSMENT**

The annual self-assessment was presented for review and assurance. The overall position is amber across the four consumer standards. Members noted that no red ratings had been identified. It was noted that significant improvement activity is underway, however consistency and evidence-tracking does need strengthening. There is also strong governance and tenant influence through the Housing Advisory Board, Tenant Voice Forum and scrutiny arrangements.

Key areas for further improvement were noted as:

- Repairs consistency and evidencing of mitigations.
- Vulnerable tenant policy and data accuracy.
- ASB outcomes monitoring and confidence building.
- Complaints processes and adherence to Housemark recommendations.
- Accessibility, mutual exchange support and engagement assurance.

It was agreed that:

1. The Board endorsed the improvement plan and will monitor progress through regular reporting.

**COUNCILLOR C CUMMINS**  
**Chair**

**(Note: The meeting started at 5.00 pm and ended at 7.05 pm)**

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## Briefing Note

To	Housing Advisory Board
From	Tenant Voice & Engagement
Subject	Feedback from Tenant Voice – June 2026
Purpose	To provide an update on tenant voice activity and influence
Decision required	For information
Status	Not confidential

### Tenant Voice Forum (TVF)

As the Tenant Voice Forum is currently not quorate, formal meetings have been temporarily paused while a recruitment drive is underway with the aim of having members in place by July.

To ensure continuity of tenant engagement and maintain progress on priority service areas, a series of themed tenant review groups have been established over the last few months focusing on areas of the service where performance and satisfaction is not at target

- **Repairs**
- **Complaints**
- **Tenancy**
- **Communication**

Each group will have a tenant lead who will oversee activity within their area, with updates and outcomes reported through to the Housing Advisory Board. This approach ensures that tenant voice continues to influence service delivery and decision-making.

### TPAS Review

The TPAS desktop review is currently being finalised, with findings due to be shared in June and interviews with staff and tenants following this review. Recommendations on strengthening our tenant engagement and scrutiny framework will be shared by late August/early September and monitoring of an action plan will be shared with HAB.

### Scrutiny Activities & Outcomes

#### Repairs Review Update

A tenant-led group is being established to co-design improvements to the repairs service, including policy development, clearer communication and consistent timescales. This work is expected to strengthen service consistency and improve tenant satisfaction.

### **Complaint Review Update**

A TVF scrutiny review made marked improvements on accessibility routes, response quality and consistency, alongside work to simplify processes and reduce escalation. This work will continue with the newly formed tenant complaint group, who have started to create an action plan to work through to improve the service.

### **Tenancy Update**

A review of the ASB action plan will support the actions to be delivered against the Housemark ASB recommendations with a tenant-led panel.

### **Communication Update**

TVF has previously reviewed tenant communications, leading to improved approval processes for SMS and email messaging via CX. They continue to provide oversight of service communications.

Further improvement is required around accessibility with activities planned for all the review groups when deep-diving their specific area. An example of this is the complaints review group identifying that signage relating to making complaints is not accessible to all.

Tenant communication continues to be a recurring theme within complaints, and ongoing training is being delivered to improve the use of CX for timely and appropriate communications. The forthcoming ICS survey is expected to identify further areas for improvement.

### **Performance Update**

Performance information continues to be shared through established channels, including monthly tenant newsletters and quarterly reporting to HAB and on the website. Work on an easy-read format is a focus for the review groups.

### **Policy Influence**

Tenant voice continues to play a key role in co-producing housing policies, ensuring that they reflect lived experience and support improved service delivery.

Whilst recruitment is underway, work in the background has been the reviewing of the policy and strategy register, following the new approval process and has established a programme of tenant-facing policies essential to co-production.

Tenant engagement has been prioritised for policies with direct tenant impact. However, due to the nature of some updates, particularly those driven by Regulatory Standards or compliance requirements, consultation has not been possible in all cases.

Planned areas of policy influence include:

- **Repairs Policy** – tenants will support the co-design of a policy, with a focus on clarity of service standards, communication, and timescales
- **Complaints Policy including compensation guidance** – ongoing tenant input is helping to simplify processes, improve accessibility, and ensure alignment with tenant expectations
- **ASB Policy** – tenant will feed into a review of the policy with key recommendations being fed into wider service improvement plans
- **No Access Policy** – with tenant roadshow planned during summer period

This approach supports a shift towards co-production, with tenants actively influencing policy development rather than reviewing at final draft stage. Outcomes and recommendations from tenant groups will be reported through to the Housing Advisory Board to provide assurance that tenant voice is reflected in policy decisions.

### **TSM Target Setting**

The Tenant Voice Forum (TVF) has reviewed monthly performance against the Tenant Satisfaction Measures (TSMs). Due to the timing of the review the full year end data was not complete. Their discussions around targets have been that the service should aim to stretch itself and increase all the TSM targets reflecting our transitioning services and recruitment to teams.

This was valuable input and there is a shared recognition of the need for continuous improvement.

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Report to	Housing Advisory Board
Date	10/06/2026
Agenda No. & Title	5 Housemark complaints and antisocial behaviour service review
Purpose of the Report	To set out the findings of a review undertaken by Housemark of Bury Housing's approach to complaints handling and antisocial behaviour (ASB)
Status	For approval
Author	Sian Grant Director of Housing
Report Contact	Sian Grant Sian.grant@bury.gov.uk
Appendices	Appendix one – Housemark report Appendix two – Assessment against the Complaints accreditation standard Appendix three – Assessment against the ASB accreditation standard Appendix four – Complaints action plan Appendix five – ASB action plan
Background Documents	None
Recommendation/s	<b>It is recommended that HAB;</b> <ul style="list-style-type: none"> <li>• <b>Discuss the report and assessment of the Bury Housing's approach to complaints and to ASB</b></li> <li>• <b>Approve the action plans developed to address the findings</b></li> </ul>
Corporate Plan Objective	<input checked="" type="checkbox"/> Satisfied Tenants <input type="checkbox"/> Quality Homes <input checked="" type="checkbox"/> United Communities
Risk Implications	Risk H3: Poor tenant satisfaction Risk H8: Failure to effectively manage anti-social behaviour (ASB) cases effectively and in a timely manner. Risk H9: Failure to support vulnerable tenants at risk or victims of anti-social behaviour (ASB) Risk H13: Failure to address tenant dissatisfaction and /or complaints.

	Inability to learn from feedback resulting in recurring themes or high volumes of complaints.
Risk Controls and mitigations	The Housemark reviews of the both services are a key mitigations for these risks and provide third party assurance and review of these services ensuring robust improvement plans are in place.
Assets and Liabilities	None as a result of this report
Resource Implications	None as a result of this report
Customer Impact	The reviews ensure we have identified where we can improve both services to meet customer expectations and ensure we are delivering an excellent service to our tenants.
EDI Implications	None as a result of this report
Sustainability and Environmental Implications	None as a result of this report
Privacy/Data Protection	None as a result of this report
Colleague Impact	The outcomes of the reviews have been shared with staff in each team to ensure they understand the current performance of the service and are aware of the important role they need to play in service improvements. Clear actions plans and performance management are in place in both teams.
Stakeholder Communications and Reputational Impact	The outcomes of the reviews and improvement plans will be shared on the website.
Next Steps	Next steps; <ul style="list-style-type: none"> <li>• Deliver improvement plans and report back to HAB on progress.</li> </ul>

## 1 Background

- 1.1 In Autumn 2025, Bury Council Housing Services commissioned Housemark to undertake a review of its complaints handling and anti-social behaviour services. The review was commissioned as part of a need to strengthen accountability, improve service delivery and create a more consistent and customer focussed housing service following the housing service being brought back in house from the ALMO, Six Town Housing.
- 1.2 Whilst we asked for the review to be carried out against the Housemark accreditation standards for both complaints and ASB, we were upfront with Housemark that neither service was at a stage in their improvement where we would meet the standard for accreditation. The reviews were intended to provide an honest assessment of our current position and understand how services were being delivered in practice. This would enable us to identify and understand our strengths, gaps and opportunities to strengthen operational consistency, improve customer experience and embed learning across the service.
- 1.3 The approach to the review is outlined in the report at appendix one.

## 2 Key findings

- 2.1 The full report is provided at appendix one along with the detailed assessments against the accreditation framework for each service (appendix 2 and appendix 3).
- 2.2 Housemark found that the reviews of both services highlight a service that is moving in the right direction but where improvements are not yet consistently embedded in day to day practice.
- 2.3 The review found that across both service areas there is a consistent picture. We have established the core building blocks of effective service delivery, supported by strong leadership intent, updated policies and a clear focus on improving customer experience and this picture is consistent across all sources of evidence.
- 2.4 The review found that this intent is not yet consistently reflected in operational practice. The gap between how the service is designed to operate and how it is experienced by residents remains an issue.
- 2.5 The review identified a number of consistent themes across both complaints and ASB. These include;
  - Inconsistent application of policies and procedures
  - Gaps in core case management disciplines
  - Variable quality of communication
  - Developing, but not yet mature, performance and assurance frameworks
  - A resident experience that lags behind organisational ambition

### **3 Complaints handling**

- 3.1 The review found that we have a framework that is broadly aligned with expected standards. There is a clear structure in place, supported by defined processes and an understanding of the importance of timely response and customer satisfaction.
- 3.2 However the review found that this framework was not consistently delivered in practice. In particular;
- Complaint investigations are not always sufficiently thorough or clearly evidenced.
  - Responses lack clarity, particularly in setting out findings, decisions and next steps.
  - There is limited evidence that learning from complaints is consistently captured, tracked and used to drive service improvement.
  - Record keeping is not always robust enough to demonstrate how conclusions have been reached.
- 3.3 As a result the complaints process does not always provide the level of assurance or customer confidence that would be expected. Housemark found that this creates inconsistency in the experience of customers, rather than indicating a consistently weak service.

### **4 Anti social behaviour (ASB)**

- 4.1 Housemark found that the findings in relation to ASB are more pronounced. While policies and procedures are in place, there is a more significant gap between expected practice and operational delivery.
- 4.2 Case reviews and staff interviews demonstrated that the service is often reactive with limited evidence of structured case management or early intervention. This is a direct impact on outcomes and on the experience of residents. Key issues include;
- Inconsistent use of risk assessments and limited evidence of risk based decision making
  - A lack of clear and structured action planning with cases.
  - Limited evidence of early intervention or use of prevention tools.
  - Cases progressing without clear direction, review or escalation required.
  - Closure of cases without sufficient evidence that issues have been fully resolved or that residents are satisfied with the outcome.
- 4.3 These issues mean that, in practice the service does not yet consistently demonstrate a proactive, victim centred approach to ASB management.

### **5 Overall assessment**

- 5.1 The report summarises the overall position as;
- The framework exists
  - Leadership intent is strong
  - Policies and training are in place

- Operational application is inconsistent
- Core case management disciplines are not yet embedded
- Resident experience lags behind organisational intent
- Governance visibility exists but assurance is still maturing

5.2 Housemark find that taken together, this reflects a service where core components are in place but where consistent delivery is not yet established across the organisation. They found that this was not apposition of failure, but one of transition.

## **6 Service improvement plans and next steps**

- 6.1 Improvement plans have been developed for both the complaints and ASB service and have been challenged by Housemark to ensure they are robust and will deliver the changes required but are grounded in reality. These are attached at appendix 4 and 5.
- 6.2 Housemark have recommended that the improvement it taken place over the medium term of 12 months rather than rushed to ensure that there is sufficient time for;
- New approaches to be introduced and understood by staff
  - Changes to be tested in live operational environments
  - Inevitable pressures and 'shocks' within the service to be managed
  - Practise to stabilise and become consistent
  - Evidence to build that that improvements are sustained over time.
- 6.3 We will invite Housemark back in 12 months' time to reassess both services and the progress that has been made.



April 2026

# Complaints and Anti-Social Behaviour service delivery and accreditation review

Bury Council Housing Services

## 1. Introduction

This report sets out the findings of a review of Bury Council Housing Services' (BCHS) approach to complaints handling and anti-social behaviour (ASB), undertaken by Housemark.

The review provides an independent, evidence-based assessment of how these services are delivered in practice. It draws on BCHS's self-assessment alongside validation activity, including case file reviews, staff interviews and engagement with residents, to understand both the intended design of the service and the reality of customer experience.

From the outset, BCHS was clear that this work should be as much a service review as an assessment against Housemark's accreditation standards. Drawing on previous experience, there was recognition that accreditation would be a longer-term objective, with the immediate priority being to take an honest view of current practice and identify what needs to improve.

The findings reflect that position. They demonstrate a service with a clear direction of travel, supported by strong leadership intent, improving governance and a genuine commitment to strengthening customer experience. At the same time, they highlight a consistent gap between this intent and day-to-day delivery, particularly in the application of core practices, the consistency of case management, and the experience of residents.

This report should therefore be read as part of BCHS's ongoing improvement journey. It sets out where the service is now, where progress has been made, and where further work is required to embed consistent, reliable practice.

Alongside this report, BCHS has developed improvement plans for both complaints and ASB. These plans reflect the findings of the review and set out the actions required to strengthen operational delivery, improve assurance and build confidence in the service over time.

### 1.1 About Housemark

Housemark is the leading data and insight company for the UK housing sector. As a catalyst and change partner, it supports housing providers to make informed, evidence-based decisions that improve services and outcomes for residents. Housemark combines sector-wide data, benchmarking and practical expertise to help organisations understand their current performance, identify what is possible, and translate insight into action.

Housemark works with housing providers across the UK to support service improvement, performance management and assurance. This includes supporting organisations to assess and strengthen key service areas such as complaints handling and anti-social

behaviour, recognising the critical role these services play in shaping resident experience and trust.

Assessments are carried out by experienced consultants with expertise in housing management, service improvement, policy and practice, and performance. The focus is not only on alignment with sector expectations and good practice, but on how effectively services are delivered in practice and how organisations can drive meaningful and sustainable improvement.

## **2. Background**

Bury Council Housing Services (BCHS) commissioned Housemark to undertake a review of its complaints handling and anti-social behaviour (ASB) services, with a view to progressing towards accreditation in both areas over time.

This review takes place within the context of wider organisational change. Bury Council brought its housing management services back in-house, following the decision to transfer services from its Arms Length Management Organisation (ALMO), Six Town Housing. This reflected a desire to strengthen accountability, improve service delivery, and create a more consistent and customer-focused housing service.

As a result, BCHS is in a period of transition. This includes changes in leadership, a renewed focus on culture and expectations, and a clear emphasis on improving the quality and consistency of front-line services. The direction of travel is positive, with senior leadership driving a reset of standards and a stronger focus on core service delivery.

From the outset, BCHS was clear that this review should be as much a service review as an accreditation exercise. Drawing on previous experience of accreditation, there was recognition that the service was not yet at the stage where accreditation would be appropriate. Instead, the review was intentionally positioned to provide an honest assessment of current practice and identify what needs to improve before accreditation can be achieved.

The purpose of the review was therefore twofold. Firstly, to assess BCHS's position against the relevant accreditation frameworks for complaints and ASB. Secondly, and more importantly, to understand how services are being delivered in practice, identifying strengths, gaps and opportunities to strengthen operational consistency, improve customer experience, and embed learning across the service.

This approach aligns with wider sector expectations, including those of the Regulator of Social Housing and the Housing Ombudsman, which emphasise transparency, learning and continuous improvement.

Following the validation stage of the review, BCHS developed improvement plans for both complaints and ASB. These plans reflect the findings of the review and set out the actions

required to strengthen operational practice, improve assurance, and move the service towards accreditation readiness over time.

This report therefore captures BCHS's position at a point of transition, recognising both the progress made and the work still required to embed consistent, high-quality service delivery.

### **3. Methodology**

The review was carried out using a structured approach designed to provide a balanced and evidence-based assessment of BCHS's complaints and ASB services.

The methodology combined a number of different sources of information to ensure that findings reflect both the design of the service and how it is experienced in practice. This included BCHS's self-assessment, detailed case file reviews, interviews with staff across the service, and engagement with residents.

This approach allowed for triangulation of evidence, ensuring that findings are not based on a single source, but on a consistent picture emerging across documentation, operational practice and customer experience.

Where appropriate, findings reflect common themes across both complaints and ASB. In other areas, they are considered separately to reflect the distinct nature of each service.

#### **3.1 Self-assessment**

In December 2025 and January 2026 BCHS completed detailed self-assessments for both complaints and ASB against the relevant accreditation frameworks.

These provided an initial view of how BCHS considers its services to be performing, including areas of strength and areas identified for improvement. The self-assessments also set out the policies, procedures and frameworks in place to support service delivery.

The self-assessment formed the starting point for the review and was tested through the subsequent validation work, including case file reviews, staff interviews and resident engagement.

#### **3.2 Case file reviews**

A sample of complaints and ASB case files were reviewed in February to assess how services are delivered in practice.

The case reviews focused on key aspects of service delivery, including timeliness, quality of communication, record keeping, evidence of investigation, decision-making, and how cases were brought to a close. Particular attention was given to whether processes

described in policy were consistently applied and whether the resident experience reflected the organisation's intended approach.

The case file review provided a critical insight into operational practice and was a key source of evidence in forming the overall findings.

### **3.3 Staff interviews**

Interviews were carried out with a range of staff across BCHS, reflecting different roles and perspectives within the service. This included Neighbourhood Managers, Housing Officers, specialist roles and colleagues from related service areas.

Those interviewed included:

- Carran O'Grady, Complaints Manager
- Alison Wharton, Independent Living Manager
- Michael Conroy, Enforcement Manager
- Kim Ryan-Dooner, Tenant Engagement Manager
- Andy Weekes, Repairs Manager
- Joanne Payne, Housing Officer
- Bev Hopkinson, Scheme Manager
- Yasmin Poxton, Housing Manager
- Christine Seymour, Contact Centre Manager
- Mubarak Khanporia, Disrepair Manager
- Kim Partridge, Head of Communities and Neighbourhoods
- Claire Rogan, Head of Performance Improvement and Assurance

These discussions provided valuable insight into how services operate day to day, including staff understanding of policies and procedures, confidence in applying them, and the challenges experienced in delivering the service. They also helped to identify areas where practice is working well, as well as where there are inconsistencies or barriers to effective delivery.

We would like to thank all staff involved for their time and openness during the review. In particular, thanks are extended to Kelly Dickinson, Kim Partridge and Claire Rogan for their support in coordinating interviews and facilitating the assessment.

### **3.4 Customer interviews**

In February and March, engagement took place with involved and non-involved residents to understand their experience of BCHS services, including both complaints handling and ASB.

These discussions provided valuable insight into how services are experienced from a resident perspective, including communication, responsiveness, and confidence in

outcomes. They also highlighted the extent to which residents feel able to influence services and whether they see evidence of learning and improvement.

Resident feedback was an important part of the overall evidence base and helped to ensure that the findings reflect not only internal perspectives, but also the lived experience of customers.

#### 4. Summary of findings

The review of BCHS's complaints handling and anti-social behaviour (ASB) services highlights a service that is clearly moving in the right direction, but where improvements are not yet consistently embedded in day-to-day practice.

Across both service areas, there is a consistent picture. BCHS has established the core building blocks of effective service delivery, supported by strong leadership intent, updated policies and a clear focus on improving customer experience. This position is consistent across all sources of evidence.

However, this intent is not yet consistently reflected in operational practice. The gap between how the service is designed to operate and how it is experienced by residents remains the key issue.

##### 4.1 Common themes across complaints and ASB

The review identified a number of clear strengths, including strong leadership intent, established frameworks, and a workforce that is engaged and committed to improving services.

A number of consistent themes emerged across both complaints and ASB. At the heart of these is the need to move from policy and intent to consistent, embedded practice.

Key themes include:

- **Inconsistent application of policies and procedures** – Staff generally understand expectations, but this is not always reflected in consistent action, leading to variation in service delivery.
- **Gaps in core case management disciplines** – Case files do not consistently demonstrate structured investigation, clear action planning, regular review or well-evidenced closure. This limits assurance that cases are being managed effectively.
- **Variable quality of communication** – While there are examples of strong engagement, this is not yet consistent. Residents do not always receive clear, timely or proactive updates, which impacts confidence in the service.

- **Developing, but not yet mature, performance and assurance frameworks** – Governance arrangements are in place and improving, but do not yet provide consistent oversight of case quality, outcomes or repeat issues.
- **A resident experience that lags behind organisational ambition** – Residents want to feel heard, informed and confident that action is being taken. This is not yet consistently the case.

These themes were evident across all sources of evidence and form the basis of the improvement required.

## 4.2 Complaints handling

In complaints handling, BCHS has a framework that is broadly aligned with expected standards. There is a clear structure in place, supported by defined processes and an understanding of the importance of timely response and customer satisfaction.

However, the review found that this framework is not yet consistently delivered in practice. Case file reviews and staff interviews highlight variability in the quality of investigation, response and learning.

In particular:

- Complaint investigations are not always sufficiently thorough or clearly evidenced.
- Responses can lack clarity, particularly in setting out findings, decisions and next steps.
- There is limited evidence that learning from complaints is consistently captured, tracked and used to drive service improvement.
- Record keeping is not always robust enough to demonstrate how conclusions have been reached.

While there are examples of good practice, these are not yet consistent across the service. As a result, the complaints process does not always provide the level of assurance or customer confidence that would be expected. This creates inconsistency in the experience of customers, rather than indicating a consistently weak service.

## 4.3 Anti-social behaviour (ASB)

The findings in relation to ASB are more pronounced. While policies and procedures are in place, there is a more significant gap between expected practice and operational delivery.

Case reviews and staff interviews demonstrate that the service is often reactive, with limited evidence of structured case management or early intervention. This has a direct impact on outcomes and on the experience of residents.

Key issues identified include:

- Inconsistent use of risk assessments and limited evidence of risk-based decision making.
- A lack of clear and structured action planning within cases.
- Limited evidence of early intervention or use of preventative tools.
- Cases progressing without clear direction, review or escalation where required.
- Closure of cases without sufficient evidence that issues have been fully resolved or that residents are satisfied with the outcome.

These issues mean that, in practice, the service does not yet consistently demonstrate a proactive, victim-focused approach to ASB management.

#### **4.4 Context and direction of travel**

It is important to view these findings within the context of a service that is undergoing change. BCHS has taken clear and positive steps to strengthen leadership, reset expectations and invest in improving services.

There is a strong sense from staff and leadership that the organisation is moving in the right direction. The challenge now is to translate this intent into consistent, day-to-day delivery.

This next phase will require a focus on:

- embedding core service standards
- strengthening operational oversight and accountability
- improving consistency of practice across teams
- ensuring that resident experience is at the centre of service delivery

### **5. Overall assessment**

Taking all evidence into account, BCHS is not currently in a position to meet the requirements for accreditation in either complaints handling or ASB.

In line with the Housemark accreditation framework, accreditation requires organisations to achieve a pass across each commitment area. To achieve a pass, there must be a minimum level of compliance across the relevant building blocks within that area. As part

of this review, each building block within both the complaints and ASB frameworks was assessed based on the self-assessment, validation interviews, case file reviews and resident engagement.

This assessment demonstrates that, while BCHS has a number of building blocks in place, there is not yet sufficient consistency or depth of compliance across the commitment areas to meet the required threshold for accreditation. In particular, areas assessed as “in place, but needs improvement” reflect gaps in operational delivery rather than gaps in policy or intent.

The overall position can be summarised as follows:

- the framework exists
- leadership intent is strong
- policies and training are in place
- operational application is inconsistent
- core case management disciplines are not yet embedded
- resident experience lags behind organisational intent
- governance visibility exists but assurance is still maturing

Taken together, this reflects a service where the core components are in place, but where consistent delivery is not yet established across the organisation.

This is therefore not a position of failure, but one of transition. BCHS has established the foundations required for accreditation, but these are not yet sufficiently embedded or evidenced in practice to demonstrate consistent, high-quality service delivery.

## **5.1 Service improvement plans**

Following the validation stage, improvement plans have been developed for both complaints and ASB. These plans are owned by BCHS, with leadership from Claire Rogan and Kimberley Partridge.

My role has been to support and challenge the development of these plans, ensuring they are both comprehensive and grounded in operational reality.

It is important to emphasise that these are not externally imposed plans, but plans that reflect BCHS’s own understanding of its services, informed by the findings of this review. This provides a strong foundation for improvement, as ownership sits clearly within the organisation.

A key consideration moving forward is pace. There is a clear appetite within BCHS to

move quickly and demonstrate progress. While this is positive, there is a risk that attempting to deliver too much, too quickly could undermine the longer-term objective of embedding sustainable change.

The issues identified through this review are not solely procedural. They relate to consistency, confidence, and culture. Addressing these requires time to implement changes, test them in practice, respond to challenges, and ensure they become part of day-to-day working rather than short-term initiatives.

Improvement should therefore be viewed through a medium-term lens. As a minimum, the implementation and embedding of the improvement plans should be considered over a 12-month period. This allows sufficient time for:

- new approaches to be introduced and understood by staff
- changes to be tested in live operational environments
- inevitable pressures and “shocks” within the service to be managed
- practice to stabilise and become consistent
- evidence to build that improvements are sustained over time

Short-term improvement in performance metrics alone will not be sufficient to demonstrate readiness for accreditation. What will be required is clear, consistent evidence that changes are embedded, that practice is reliable across teams, and that resident experience has improved as a result.

With this approach, BCHS is well placed to make meaningful and sustainable progress. Accreditation should therefore be viewed as a realistic future objective, once improvements have been implemented, embedded and evidenced consistently in practice over time.

## **6. Appendices**

The following documents are appended to support the findings and conclusions set out in this report:

- Appendix 1: Complaints self-assessment findings and recommendations
- Appendix 2: ASB self-assessment findings and recommendations
- Appendix 3: Complaints improvement plan
- Appendix 4: ASB improvement plan

These appendices provide the detailed evidence base underpinning the review, including the assessment against accreditation criteria, the outcomes of validation activity, and the improvement actions developed by BCHS. They should be read alongside this report where further detail is required.

## 7. Consultant profile: Stephen Walker

Stephen Walker is an Associate with Housemark and a freelance housing consultant. He works with housing associations and local authorities to review and improve frontline services, strengthen customer experience, and provide independent assurance to Boards and executive teams.

He has over 26 years' experience in the social housing sector, including more than a decade at Director level. His experience spans neighbourhood management, contact centres, complaints, and community services, and includes working closely with Boards and senior leaders on performance, governance and service improvement.

Stephen specialises in service reviews, complaints handling and anti-social behaviour. His work focuses on ensuring that policies and frameworks are translated into consistent, effective practice. He is known for a pragmatic, evidence-based approach, working collaboratively with teams while maintaining a clear focus on outcomes for residents.

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**Housemark ASB Accreditation self-assessment findings and suggested actions**

This review has been undertaken primarily against the Housemark ASB Accreditation framework. However, the scope of the assessment, including the self-assessment review, validation interviews, case file review and engagement with involved residents, also reflects the expectations set out in the Regulator of Social Housing’s Consumer Standards and Code of Practice, particularly in relation to safety, fairness, engagement, accountability and continuous service improvement.

The purpose of this report is not to make a regulatory judgement, but to provide BCHS with an objective, evidence-based view of current practice, identifying both strengths and areas where further development is required. In doing so, the findings and recommendations are intended to support BCHS in strengthening assurance, improving customer experience and demonstrating a clear and structured approach to service improvement.

The evidence gathered shows that BCHS has taken important steps to strengthen its ASB service, including leadership focus, policy development and investment in training. However, the validation work and case reviews also demonstrate that these changes are not yet consistently embedded in operational practice or experienced by residents. The recommendations within this report are designed to support BCHS in closing this gap between intent and delivery, strengthening operational consistency, governance assurance and resident confidence.

Taken together, this report provides BCHS with a clear and structured basis for developing and implementing a service improvement plan, and demonstrates a proactive and transparent approach to understanding current performance and driving continuous improvement, consistent with the expectations of both the Housemark ASB Accreditation framework and the Regulator’s Consumer Standards.

	ASB Accreditation Commitment and Building Block	Level	Findings	Recommendations
1.	We provide an accessible and accountable service			
1.1	All our tenants can easily access our ASB service. We treat tenants (and others who may contact us to report ASB) with fairness and respect and listen to what they are saying to us.	In place, but needs improvement	<p>BCHS provides clear and accessible information about ASB on its website, including what constitutes ASB, how to report it, and what tenants can expect from the service. This information is available and easy to find for tenants who are digitally engaged.</p> <p>In addition, BCHS offers a range of reporting routes for people affected by ASB. This includes by telephone, face-to-face, via estate-based engagement and targeted drop-in sessions. These approaches help reach tenants who may be less confident reporting ASB online.</p> <p>Beyond the website, the ASB offer is less consistently visible. Access relies heavily on time-bound activity (such as action days or surgeries), rather than a small number of clear, repeatable messages about how and when to report ASB. This may contribute to low confidence in the service, reflected in low ASB satisfaction scores. BCHS is looking to counter this by providing more information at sign-up.</p> <p>There is a disconnect between the ASB service described in policy and published information, and the experience reflected in Tenant Satisfaction Measures and case review evidence. The TSMs also suggest that residents do not consistently feel treated with fairness and respect. In 2024-25 BCHS reported 16.7 ASB cases per 1,000 homes. This is significantly low and indicates either under-reporting or that residents are not confident to report ASB.</p> <p>Discussions with senior operational leadership indicate that this position reflects historic informal handling of ASB and variable confidence in recording and escalation, rather than an absence of policy or intent.</p> <p>Case review and staff discussions indicate that while policy expectations are clear, the lived experience of residents has not consistently reflected an accessible, predictable service. Inconsistent recording, variable follow-up and limited evidence of mutually agreed closure weaken confidence in the service and may contribute to under-reporting.</p>	<ol style="list-style-type: none"> <li>Develop and publish a simple “How we handle ASB” service standard, setting out: <ul style="list-style-type: none"> <li>What happens when you report</li> <li>When you will be contacted</li> <li>How risk will be assessed</li> <li>How often you will receive updates</li> <li>How closure is agreed</li> </ul>                     This should be short, plain English, and used consistently by officers.                 </li> <li>Ensure the “How we handle ASB” service standard is included in the sign-up pack.</li> <li>Introduce a mandatory “first contact checklist” for all ASB cases, to ensure: <ul style="list-style-type: none"> <li>Issue recorded in resident’s own words</li> <li>Risk assessed</li> <li>Contact preference agreed</li> <li>Next steps confirmed in writing</li> </ul> </li> <li>Monitor ASB reporting rates by patch and compare against tenancy density and complaints data to identify potential under-reporting hotspots.</li> <li>Include ASB reporting confidence questions in tenant engagement activity (e.g. “Would you feel confident reporting ASB?”) and track this as an improvement measure.</li> </ol>

1.2	We collect information which helps us to understand local demographics and the overall profile of our tenants. We use this information to tailor how the service is delivered to individuals and to demonstrate equality in service provision..	In place, but needs improvement	<p>BCHS makes use of local intelligence and partnership information to respond to specific ASB risks. This includes joint work with the police and other agencies to tackle issues such as cuckooing.</p> <p>This approach works well where issues escalate or become highly visible. It is less clear, however, how BCHS builds an overall picture of who is experiencing ASB, who is reporting it, and who may be living with ASB but not coming forward. Activity appears to be driven primarily by known problem areas rather than a wider understanding of patterns across the tenant population.</p> <p>Operational leadership described a reliance on professional judgement, patch knowledge and partner intelligence to identify risk, which can be effective locally but does not yet provide a consistent, organisation-wide understanding of ASB demand.</p> <p>BCHS also note that hotspots are identified using complaints and ASB data. However, both recorded complaints and reported ASB incidents are significantly below national averages. This suggests the service is more responsive to those who report persistently, rather than shaped by a full picture of need.</p> <p>There is limited evidence demonstrating how equality of access and outcomes is assessed or assured within the ASB service.</p> <p>Interviews with officers confirm that understanding of vulnerability and risk is often rooted in local knowledge and professional judgement rather than consistently recorded demographic data. While this can be effective in individual cases, it limits organisational oversight and consistency.</p> <p>Taken together, this limits assurance that the ASB offer is shaped equally around prevention, early intervention and confidence-building, as well as enforcement. This position is beginning to change through the Knowing Our Tenants work, but this insight is not yet embedded into ASB performance monitoring or service design.</p>	<p>6. Embed demographic data into ASB performance reporting by:</p> <ul style="list-style-type: none"> <li>- Adding protected characteristic fields into ASB case audits</li> <li>- Reviewing ASB reporting and satisfaction by age, ethnicity, disability and tenure type (where data exists).</li> </ul> <p>7. Introduce a quarterly "ASB equality review" where a sample of cases is reviewed to test:</p> <ul style="list-style-type: none"> <li>- Whether vulnerability was identified early</li> <li>- Whether reasonable adjustments were offered</li> <li>- Whether outcomes differ by demographic group.</li> </ul> <p>8. Align the Knowing Our Tenants work with ASB specifically by:</p> <ul style="list-style-type: none"> <li>- Identifying 2-3 priority risk cohorts (e.g. older residents in flatted blocks, young single males at risk of exploitation)</li> <li>- Creating targeted prevention or communication interventions for those groups.</li> </ul> <p>9. Develop a plan to improve data completeness in tenancy records, prioritising fields that support ASB risk identification.</p>
1.3	We provide clear information which sets out what the service is, how it is delivered and how it can be tailored to meet local needs. All information about our services can be made available in a variety of formats and translated into relevant community languages on request.	In place, but needs improvement	<p>BCHS sets out its ASB service clearly on the website, including what constitutes ASB, how cases are assessed, and what tenants can expect from the service. For tenants who are digitally engaged and confident in English, this provides a clear explanation of the service offer.</p> <p>The ASB policy reinforces this approach, with accessibility support offered primarily when requested or when need is identified, rather than being routinely built into the service offer.</p> <p>Interpretation support, including Language Line, is available. However, access to this support relies on tenants first navigating the Council's telephone system in English and successfully reaching a staff member who can then arrange interpretation. There is limited evidence that this support is proactively advertised or explained in advance, meaning tenants who need language support may not know it is available or how to access it.</p> <p>Beyond the website, information about the ASB service is communicated less consistently. What tenants are told about the service, and how clearly it is explained, can vary depending on how they first make contact. This risks creating different levels of understanding and confidence in the service, particularly for tenants with additional communication needs.</p>	<p>10. Review and standardise ASB template letters to ensure they:</p> <ul style="list-style-type: none"> <li>- Clearly explain decisions and rationale</li> <li>- Set out next steps</li> <li>- Confirm review/appeal routes where relevant</li> <li>- Avoid jargon and overly legalistic language.</li> </ul> <p>11. Proactively advertise interpretation and accessibility support on the ASB webpage, sign-up pack and standard ASB acknowledgement letters.</p> <p>12. Introduce a short communication quality audit as part of case review:</p> <ul style="list-style-type: none"> <li>- Are decisions clearly explained?</li> <li>- Is tone respectful?</li> <li>- Is vulnerability acknowledged?</li> </ul> <p>13. Update and republish the Reasonable Adjustments Policy, and ensure it is referenced explicitly within ASB case management guidance.</p>

			<p>Case reviews indicate that written communication to residents does not always clearly explain what action will be taken, what will not be taken, and why. This can undermine the clarity otherwise provided by policy and website information.</p> <p>In the context of low ASB satisfaction, these barriers may contribute to some residents choosing not to report issues at all, rather than reflecting low levels of ASB.</p>	
1.4	There is a range of ways for our tenants, including marginalised/hard-to-reach groups, to be involved in shaping the service. We do this routinely and systematically to support continued service improvements.	In place, but needs improvement	<p>BCHS engages directly with tenants through walkabouts, action days, estate-based activity and informal conversations with residents affected by ASB. The Townside Estate Action Day provides a strong example of this in practice, with issues raised by tenants logged, actions allocated, and tangible outcomes delivered on the day and shortly afterwards.</p> <p>This approach adds clear value at a local level. It enables staff to respond quickly, supports vulnerable residents, and helps build trust through visibility and practical action. Feedback captured during the day shows that residents value regular contact with familiar housing staff and feel listened to when issues are addressed promptly.</p> <p>However, action days can unintentionally exclude some groups. Residents who work during the day may be unable to attend, and the wider enforcement focus of some events may deter others who have a genuine need for support but fear criticism (for example in relation to garden condition). There is an opportunity for BCHS to consider how these events can be made more inclusive, for example through an equality impact assessment and clearer messaging about their purpose.</p> <p>A review of BCHS social media also highlights minor frustrations from residents who have not benefited from similar activity in their area. This creates a risk that some tenants feel overlooked, or perceive a two-tier approach to engagement and enforcement.</p> <p>What is less clear is how learning from action days is used beyond the immediate estate, or how feedback is communicated back to residents. While actions are recorded locally, there is limited evidence showing how themes are brought together, tested against ASB case data, complaints or Tenant Satisfaction Measures, and used to influence wider service priorities.</p> <p>As a result, tenant involvement appears strongest at neighbourhood level, but less developed as a mechanism for shaping the ASB service more broadly. Strengthening how insight from action days is collated, analysed and fed into service planning would improve assurance that local engagement leads to lasting, service-wide improvement.</p> <p>Interviews with involved residents indicate that while there is commitment and willingness to challenge, there is limited structure, clarity of purpose and feedback loop to demonstrate how challenge results in change. This risks frustration and disengagement.</p> <p>A further positive is BCHS' use of a tenant scrutiny panel, commissioned last year to review the ASB service. This included a focus on tenant feedback and reasonable adjustments, and provides a stronger route for structured challenge and learning at a service-wide level.</p>	<p>14. Agree a clear purpose and remit for ASB scrutiny within the Tenant Voice Forum, including:</p> <ul style="list-style-type: none"> <li>- What they can influence</li> <li>- What they cannot</li> <li>- How decisions will be fed back.</li> </ul> <p>15. Introduce a simple "You said / We did" tracker for ASB-related engagement activity, published quarterly.</p> <p>16. Develop an annual ASB engagement plan, ensuring:</p> <ul style="list-style-type: none"> <li>- Geographic spread across estates</li> <li>- Alternative engagement routes for working tenants</li> <li>- Targeted inclusion of under-represented groups.</li> </ul> <p>17. Collate themes from action days and engagement activity and formally report them alongside ASB performance data, rather than as standalone activity.</p>
1.5	We publicise what we and our partners have done to tackle ASB in our communities – both our enforcement	In place, but needs improvement	<p>Communication appears to be issue-led and reactive. There is limited evidence of a simple, consistent narrative that reassures tenants about what the ASB service does day to day, how success is measured, or what "good" looks like from a tenant perspective.</p>	<p>18. Develop a light-touch ASB communications plan, including:</p> <ul style="list-style-type: none"> <li>- Quarterly anonymised case studies</li> </ul>

	<p>activity and the activities we do to prevent ASB occurring. Our approach balances the need to protect communities and build confidence that ASB will not be tolerated.</p>		<p>Case review evidence suggests that while proportionate decisions are being made in some cases, the rationale for action (or inaction) is not always visible beyond the individual complainant. This contributes to a wider perception that little enforcement occurs.</p> <p>This does not require extensive ASB-focused communications, but could be strengthened through light-touch, regular messaging — for example short updates on “you said, we did”, clearer case studies, information on noticeboards, or consistent reassurance within wider housing communications. Without this, positive activity risks going unseen by the wider tenant base.</p>	<ul style="list-style-type: none"> <li>- Clear examples of early intervention and enforcement</li> <li>- Balanced messaging about support and sanctions.</li> </ul> <p>19. Publish an annual ASB summary setting out:</p> <ul style="list-style-type: none"> <li>- Number of cases</li> <li>- Types of action taken</li> <li>- Examples of prevention activity</li> <li>- Lessons learned.</li> </ul> <p>This should be reviewed by HAB and members and published.</p> <p>20. Ensure that where enforcement action is taken (within legal constraints), outcomes are communicated appropriately to affected residents.</p> <p>21. Link ASB communications to wider housing messaging to reinforce consistent standards of behaviour across BCHS.</p>
1.6	<p>We take seriously all complaints about our ASB service. This is demonstrated in our overall approach to handling complaints which are regularly monitored against targets and contribute to the process of continual learning.</p>	<p>In place, but needs improvement</p>	<p>ASB complaints and performance are reported through established governance routes, including leadership teams, portfolio meetings and tenant forums. There is clear evidence that ASB complaints, Ombudsman findings and tenant feedback have driven reflection, training and changes in practice.</p> <p>The briefing to the Portfolio Holder demonstrates a structured ASB action plan, with clear themes covering prevention, enforcement, partnership working, policy review, tenant voice and performance improvement. This includes planned refresher training, improved ASB logging in the Contact Centre, revised policies, targeted partnership work on cuckooing, and renewed focus on prevention and awareness campaigns.</p> <p>Recorded levels of ASB dissatisfaction and complaints remain very low relative to tenant satisfaction scores, raising concern that learning is drawn primarily from the experiences of those who escalate issues, rather than the full range of lived experience.</p> <p>While ASB performance is reported through established governance routes, there is limited evidence that these discussions consistently translate into measurable changes in frontline practice. Case reviews indicate that some of the same themes – contact, recording and agreed closure – continue despite governance visibility.</p> <p>Validation and case review evidence suggests the gap is not a lack of governance or plans, but follow-through into day-to-day practice. The same issues reappear across officers and across time, which points to grip, assurance and accountability rather than knowledge.</p> <p>While BCHS has introduced mandatory training for staff on complaint logging, vulnerability and victim support, there remains a risk that under-reporting limits the organisation’s ability to fully understand and respond to ASB at scale. Strengthening confidence to report ASB, alongside existing governance and action planning, would improve assurance that learning reflects tenant experience more consistently.</p>	<p>22. Introduce a simple quarterly ASB governance dashboard that includes not just volume of cases but quality indicators (e.g. % cases with completed risk assessment within 48 hours, % with agreed action plan, % with documented agreed closure)</p> <p>23. Create a single ASB “quality assurance check” that is completed on a rolling sample of cases each month (e.g. 10 cases), signed off by a named manager, and reported through the same governance route as the action plan. Focus the QA on: risk assessment completed on time, action plan in place, updates evidenced, closure agreed and recorded.</p> <p>24. Add two or three “quality measures” to the governance pack (not just volumes). For example: % cases with risk assessment within 2 working days; % cases with a written action plan shared; % cases with documented update within agreed timescales; % cases closed with resident agreement recorded.</p> <p>25. Make the ASB action plan actions “owned” (named lead + due date + RAG) and require evidence of completion (not just “completed”, but “how we know it’s now happening consistently”).</p>
1.7	<p>We regularly assess satisfaction with the ASB services and gather feedback on what we could do to improve them. We</p>	<p>Not in place</p>	<p>BCHS publishes TSM data and has recently reintroduced ASB-specific surveys. There is a clear intention to use feedback to improve the service.</p>	<p>26. Introduce a simple end-of-case feedback step (text/email/phone) for every closed ASB case, with 3–5 questions max and one free-text box. Add a</p>

	publicise survey results and customer feedback to our tenants.		At present, feedback mechanisms are still bedding in, and the ASB satisfaction score remains significantly below the national average. There is not yet a consistent feedback loop that shows: feedback gathered, themes analysed, actions agreed, and 'you said / we did' reported back to tenants. Without that loop, satisfaction data remains something you report, rather than something that is actively driving day-to-day change.	<p>"dissatisfied but not a formal complaint" category and make sure it's captured and reviewed so you're learning from dissatisfaction before it escalates. Keep it light so it actually happens.</p> <p>27. Report ASB feedback monthly (even if response rates are low at first) and publish a quarterly "You said / We did" ASB update that tenants can see.</p>
1.8	We provide our tenants with regular, robust and appropriate information in a format which has been agreed with them.	In place, but needs improvement	<p>BCHS makes reference to providing information in formats that meet individual needs, primarily through its Reasonable Adjustments Policy. The live policy is currently out of date, having been due for review in October 2025.</p> <p>The evidence provided for this criterion focuses more on policy intent than on how this works in day-to-day ASB case management. There is limited evidence showing that contact arrangements, preferred formats or update frequency are routinely agreed with tenants at the outset of ASB cases and then consistently followed. This has been tested through validation activity and case review. The consistent issue is not policy intent but whether contact expectations are agreed early, recorded clearly, and then reliably delivered.</p> <p>Given the low satisfaction with ASB handling, this is an important area to strengthen, as regular and predictable updates are often central to tenants' confidence in how ASB is being managed. Where updates are inconsistent or not evidenced, residents are left chasing, second-guessing what's happening, and losing confidence even when work is being done behind the scenes.</p>	<p>28. Make "contact agreement" mandatory at the start of every ASB case: preferred channel, update frequency, and what counts as a 'key update'. Record it in the case file and confirm it back to the resident in writing.</p> <p>29. Introduce a simple "update log" expectation: every update is recorded (even if it's 'no change, but here's what we're doing next'). Managers should spot-check this in supervision/case reviews.</p> <p>30. Refresh and re-issue the Reasonable Adjustments Policy (and any linked guidance) and then translate it into a practical ASB checklist so it's not just a policy document.</p>
1.9	Our resident engagement/influencing structures provide a real and credible mechanism by which tenants can challenge us and hold us to account about the delivery and performance of our ASB service.	In place, but needs improvement	<p>BCHS has established governance arrangements for ASB, including reporting to Leadership Team and the Housing Advisory Board (HAB). ASB performance information and assurance papers are presented to HAB, providing senior visibility of activity, risks and emerging issues.</p> <p>However, while evidence confirms that information is shared with HAB, there is limited evidence at this stage of the challenge provided, the questions asked, or how Board-level oversight has directly influenced ASB practice or outcomes. Operational leadership acknowledged that governance focus has historically centred on assurance and visibility, with more outcome-focused challenge and scrutiny still developing.</p> <p>BCHS has commissioned a tenant scrutiny group to review the ASB service. Early feedback from this work highlights important themes relating to lived experience, including perceptions that issues are not resolved, concerns about not being believed, and frustration with the consistency and effectiveness of responses. Validation discussions with involved residents also suggest the current involvement model relies heavily on a small number of committed individuals, without enough structure, support or clarity about what influence looks like in practice. This increases the risk of frustration, mistrust, and involvement becoming more about venting than shaping services.</p> <p>The ASB policy itself was reviewed earlier in 2025. In parallel, an ASB action plan has been developed in response to resident feedback, internal learning and regulatory findings. This provides a clear opportunity to demonstrate how governance and scrutiny are shaping service improvement. Senior operational leadership described this as an emerging area of</p>	<p>31. Require Housing Advisory Board to record challenge questions and actions in minutes, creating a visible audit trail of oversight and response.</p> <p>32. Align the ASB action plan formally to governance reporting, with RAG status and named accountable leads.</p> <p>33. Agree (and publish) a simple involvement "operating model" for ASB scrutiny: purpose, membership, chairing, how agenda items are set, what evidence is reviewed, what decisions/actions come out, and how BCHS reports back.</p> <p>34. Put in place a clear feedback loop from scrutiny to action: a single tracker that shows what was raised, what was agreed, who owns it, and when tenants will see the change.</p> <p>35. Support the involved residents properly: basic training/induction on what they're there to do, what's realistic, and how to hold to account constructively;</p>

		<p>strength, with clearer lines of accountability and follow-through still being established. This limits assurance that senior leaders and governance bodies have full visibility of operational effectiveness, risk exposure and service quality.</p> <p>Strengthening how scrutiny findings and action plan progress are reported, challenged and fed back to tenants would improve assurance that ASB governance is not only robust internally, but also meaningful and credible from a resident perspective.</p>	<p>plus a named BCHS officer responsible for making sure actions don't drift.</p>
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	ASB Accreditation Commitment and Building Blocks	Level	Findings	Recommendations
2.	We adopt a supportive approach to working with vulnerable tenants, reporters, subject of report and witness			
2.1	Our management of ASB cases demonstrates a clear focus on protecting people from harm and on supporting vulnerable tenants, reporters, and witnesses.	In place, but needs improvement	<p>BCHS has a clear framework in place for managing ASB risk. A risk assessment should be completed for all ASB victims, with an action plan created for each case. The templates themselves are well designed and reflect a focus on victim safety and harm prevention. ASB case review evidence indicates that risk assessments are not always completed at the outset of the case, are not consistently refreshed where cases escalate, and are sometimes treated as a formality rather than an active tool for managing harm.</p> <p>Case reviews demonstrate that risk assessments are not consistently used to inform the prioritisation of action, which limits assurance that cases involving higher risk or vulnerability receive an appropriately proactive and protective response.</p> <p>Training for staff on ASB and vulnerability was delivered in October 2025. While this demonstrates recognition of the importance of safeguarding and victim support, there is currently limited evidence on how the impact of this training has been assessed, whether learning has been embedded into practice, or whether this forms part of an ongoing training programme rather than a one-off intervention.</p> <p>Alongside the ASB Policy, BCHS operates a Safeguarding Policy, which was reviewed by the Tenant Voice Forum in 2025. This provides an additional layer of assurance and demonstrates alignment between ASB management and wider safeguarding responsibilities.</p> <p>The framework for protecting people from harm exists. The gap is not design, but consistent operational application and management assurance. Validation and case review evidence suggests that risk assessments and action plans are not yet reliably driving case direction, contact frequency or escalation decisions.</p>	<p>36. Make completion of risk assessment within 2 working days mandatory and system-enforced (case cannot progress without it being completed and manager-visible).</p> <p>37. Introduce a "risk refresh trigger" – mandatory review of risk assessment at:                      – 4 weeks,                      – any escalation in behaviour,                      – or any expression of fear/distress by the resident.</p> <p>38. Require managers to review risk scoring as part of monthly QA sampling, specifically checking:                      – is the score justified by evidence?                      – does the action plan align to the risk level?</p> <p>39. Build risk scoring compliance into supervision – officers should bring one live case to supervision monthly to discuss harm, not just activity.</p>
2.2	We have appropriate measures in place to identify and respond to both the risk to and vulnerability of reporters and witnesses, including repeat victimisation.	In place, but needs improvement	<p>BCHS has a strong framework in place to identify and respond to risk and vulnerability in ASB cases. Risk assessments are completed at the start of each case and reviewed where cases escalate. Action plans are developed, and residents may be asked to complete diary sheets where issues are ongoing rather than one-off. These measures provide a solid basis for identifying repeat victimisation and managing harm.</p>	<p>40. Create a simple "repeat victim flag" on the system – automatic alert if:                      – same household reports 2+ ASB cases in 12 months.</p> <p>41. Produce a quarterly repeat victim report to managers.</p>

			<p>Validation interviews and case review evidence confirm that repeat victimisation is not yet systematically tracked or monitored at service level.</p> <p>There is evidence of wider safeguarding integration. BCHS operates as a hate crime reporting centre, has clear links with MARAC and domestic abuse pathways, and uses management transfers and target hardening where risk is high. Regular engagement with the police, including bi-weekly meetings to review high-risk cases, further strengthens this approach.</p> <p>The ASB Policy sets out clear expectations for prioritisation, with high-risk cases escalated and lower-risk cases acknowledged within five working days. However, where risk assessments are completed towards the end of this window, there is a risk that vulnerabilities may not be identified as early as intended.</p> <p>The BCHS website also clearly sets out a wide range of legal and non-legal tools available to address ASB. While this helps set expectations for residents, it is less clear how consistently these tools are used in practice or how outcomes are experienced by those affected. Low reported ASB volumes, alongside low satisfaction scores, suggest there may be residents experiencing ASB who are not coming forward or are disengaging early.</p> <p>Overall, the right measures are in place and appear well-designed. The key test is consistency and speed. Case review evidence suggests that while risk tools exist, they are not always applied early enough to shape case strategy, and there is limited documented evidence of proactive monitoring of repeat victimisation beyond individual officer awareness.</p>	<p>42. Introduce a vulnerability prompt checklist embedded in the case system, not just a policy reference.</p> <p>43. Set a target for % of cases where risk assessment completed within 48 hours (and report this monthly).</p>
2.3	Our staff are aware of and know how to access the support that is available to assess the needs of reporters and witnesses on a case-by-case basis, particularly where reporters and witnesses are vulnerable.	In place, but needs improvement	<p>BCHS has a broad range of policies, partnerships and support routes that staff can draw on when assessing the needs of reporters and witnesses. This includes tenancy support services, safeguarding pathways, and signposting to external agencies, alongside links with the Bury Safeguarding Partnership. There is some evidence of case reviews where cases are complex or escalating.</p> <p>BCHS provides staff with access to briefings and awareness sessions from partner organisations, including Adult Social Care, hate crime services and ageing well networks. These sessions support staff understanding of vulnerability and the wider support available beyond the ASB service.</p> <p>Operational leadership described staff awareness of support routes as being strongest where officers are experienced, embedded in patch-based working, or closely connected to partner agencies. This provides effective support in many cases, but relies heavily on individual knowledge rather than consistently embedded systems.</p> <p>What is less clear from the evidence is how this knowledge is embedded and sustained across the workforce. There is limited assurance on how new starters are equipped to navigate this landscape, how learning from briefings is captured, or how staff confidence is refreshed over time.</p> <p>The support offer is there. The challenge is not access to services, but consistent application and confidence. Validation discussions suggest capability varies across officers, and there is limited structured assurance that all staff know when and how to escalate for specialist support.</p>	<p>44. Develop a one-page "ASB support map" for officers</p> <ul style="list-style-type: none"> <li>- clear routes for:</li> <li>- safeguarding</li> <li>- domestic abuse</li> <li>- hate crime</li> <li>- mental health</li> <li>- tenancy support</li> </ul> <p><del>45. Introduce a short annual ASB capability refresher session (mandatory, not optional).</del></p> <p>46. Add a supervision question template: "What support options have you considered in this case?"</p> <p>47. Track attendance at vulnerability/ASB training and link to individual performance reviews.</p>

2.4	We ensure that individuals attending court are supported and we liaise with the courts where necessary to minimise any distress and any associated risks	Not in place	<p>BCHS advises that no ASB cases have progressed to court requiring residents to attend as witnesses. As a result, this criterion cannot be tested directly at this stage. BCHS has indicated that, should this arise in future, witnesses would be supported, including practical measures such as transport to court.</p> <p>The absence of recent court-based ASB cases is notable. While this could indicate effective early resolution, it sits uncomfortably alongside low reported ASB volumes and low satisfaction with the ASB service. Taken together, this raises a risk that serious cases are not progressing to formal enforcement, rather than being resolved informally and effectively. Case review evidence suggests that a number of cases close at “no evidence” or early intervention stage without a clearly documented escalation pathway. This raises a question not just about court attendance, but about overall enforcement readiness and confidence.</p> <p>There is limited evidence that staff are currently equipped for managing court-based ASB cases, including supporting witnesses, liaising with courts, or managing associated risks and distress. No guidance or practice notes have been provided to demonstrate how this would work in practice.</p> <p>This represents a gap in readiness rather than intent. Strengthening guidance and staff confidence in managing potential court cases would improve assurance that BCHS could act decisively and safely should enforcement action become necessary.</p>	<p>48. Develop a short “ASB enforcement pathway” document:</p> <ul style="list-style-type: none"> <li>– When do we escalate?</li> <li>– What evidence threshold?</li> <li>– Who signs off?</li> </ul> <p>49. Produce a simple court readiness guide for officers covering:</p> <ul style="list-style-type: none"> <li>– witness care,</li> <li>– statement preparation,</li> <li>– court liaison,</li> <li>– post-hearing communication.</li> </ul> <p>50. Identify a named “ASB escalation lead” within the team for legal progression cases.</p> <p>51. Run one mock case workshop annually to build confidence in progressing to legal action.</p>
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	ASB Accreditation Commitment and Building Block	Level	Findings	Recommendations
3.	We have a clear focus on prevention and early intervention			
3.1	Our policy and procedures for allocations and lettings contribute to preventing ASB and nuisance and promoting neighbourhood sustainability.	In place and effective	<p>BCHS has a clear and credible approach to using allocations and lettings to prevent ASB and stabilise neighbourhoods. The Allocations and Lettings Policy explicitly recognises the role of housing management decisions in reducing risk, and this is supported by practical tools such as sensitive lets, direct lets and management transfers.</p> <p>The examples provided demonstrate that this is not just policy intent. BCHS has used sensitive lettings in response to known ASB and criminality, including pausing certain types of lets in areas affected by cuckooing and organised crime. This shows a proactive and intelligence-led approach, rather than one that waits for problems to escalate.</p> <p>There is also evidence of effective partnership working with GMP and the Council’s ASB team, supported by agreed terms of reference and shared objectives. Taken together, this provides good assurance that allocations and lettings are being used deliberately to prevent ASB and promote neighbourhood sustainability.</p> <p>However, while preventative measures such as sensitive lets are clearly understood and applied at a strategic level, there is limited evidence that the same preventative mindset consistently carries through into day-to-day tenancy sustainment. Case reviews show that early warning signs, vulnerability indicators, and emerging tenancy risks are not always recognised or acted upon at an early stage. This limits the preventative value of allocations decisions once tenancies have commenced.</p>	<p>52. Introduce a formal “tenancy risk review” at 3, 6 and 12 months for all sensitive lets and management transfers, recorded on the housing system.</p> <p>53. Require Housing Officers to document tenancy sustainment contact at least twice in the first six months of sensitive lets, including checks on neighbour relations and emerging risks.</p> <p>54. Develop a simple Sensitive Lets Outcomes Log, reviewed quarterly by Neighbourhood Managers, to assess whether sensitive lets are achieving their intended preventative outcomes.</p>
3.2	Our tenancy agreements set out clearly what we mean by ASB, the standards of behaviour we expect of all tenants and	In place, but needs improvement	The tenancy agreement sets out clear expectations of tenant behaviour and provides a straightforward definition of ASB, nuisance and annoyance. It is publicly available, written	55. Introduce a short “neighbourhood expectations conversation” as a mandatory part of tenancy sign-up, with confirmation recorded on the housing system.

	<p>the sanctions that we may apply to those who behave in an anti-social manner. We reinforce these key messages at tenancy sign-up and set them out in publicity that is available to our tenants.</p>		<p>in clear language and makes explicit reference to sanctions, including enforcement action and eviction where necessary.</p> <p>This provides a strong contractual basis for early intervention and enforcement. In this context tenants could be left in no doubt about what is expected of them and the consequences of breaching those expectations. While the agreement itself is clear, there is limited evidence at this stage about how these messages are reinforced in practice at tenancy sign-up or early in the tenancy.</p> <p>Understanding how consistently expectations are explained, checked and reinforced was tested through validation interviews and case review. Evidence indicates that while expectations are clear in principle, they are not consistently reinforced during tenancy sustainment or when early concerns emerge.</p> <p>While the tenancy agreement clearly sets out behavioural expectations, there is limited evidence that these expectations are consistently reinforced in a meaningful way at tenancy sign-up or during tenancy sustainment. Staff interviews and case reviews suggest that expectations are often understood in principle but are not routinely revisited when early concerns emerge. This reduces the preventative value of the tenancy agreement as a live behavioural framework rather than a one-off document</p>	<p>56. Introduce a standardised early warning intervention process, where tenancy expectations are formally reinforced when early ASB reports or neighbour concerns emerge.</p> <p>57. Update the tenant welcome booklet to include practical examples of acceptable and unacceptable behaviour, and how BCHS will respond.</p>
3.3	<p>We proactively engage with partners to address the causes of ASB and to reduce the opportunities for it (e.g. through the appropriate provision of services such as warden patrols, CCTV and/or other measures)</p>	<p>In place, but needs improvement</p>	<p>BCHS demonstrates strong and well-established partnership working to address the causes of ASB. This includes regular engagement with the police, active participation in community safety and safeguarding boards, and joint working with the Council's ASB and environmental health teams.</p> <p>Operational leadership describes partnership working as one of the service's key strengths, with regular engagement with police, environmental health and safeguarding partners forming part of routine ASB management, not just response to acute risk.</p> <p>The examples provided show that partnership activity has led to tangible outcomes, such as environmental changes, targeted enforcement and the use of CCTV in response to organised criminal activity. This suggests BCHS is willing to use a range of tools where appropriate, rather than relying solely on tenancy enforcement.</p> <p>What is less clear from the evidence provided is how consistently preventative measures such as CCTV, environmental design changes or targeted services are deployed across neighbourhoods, and how decisions are made about when to use them. Further assurance is needed on how partnership intelligence translates into early, preventative action at a wider scale.</p> <p>While partnership working is well developed in response to serious and high-risk ASB, further assurance is needed on how this approach is applied to more routine or lower-level issues.</p> <p>While partnership structures are well established, case reviews show inconsistent evidence that partnership tools and interventions are used proactively to prevent escalation. Referrals to partner agencies, use of mediation, and coordinated interventions are not consistently evidenced in case records, particularly in the early stages of cases. This suggests partnership working is strongest at strategic and high-risk levels, but less embedded as a routine preventative tool in day-to-day case management.</p>	<p>58. Introduce a mandatory "prevention checklist" for all ASB cases open longer than 4 weeks, requiring officers to confirm whether mediation, partner referrals, or support interventions have been considered.</p> <p>59. Introduce quarterly multi-agency hotspot reviews using combined ASB, tenancy, and environmental data.</p> <p>60. Require Neighbourhood Managers to review and evidence use of early intervention tools as part of routine case supervision.</p>

3.4	We work with our tenants and with partner agencies to identify ASB 'hotspots' and use the information to target resources.	In place, but needs improvement	<p>BCHS is able to demonstrate targeted work in response to known ASB hotspots, particularly in relation to cuckooing and organised criminal activity. The evidence provided shows strong partnership working with the police and other agencies, alongside practical interventions designed to disrupt criminal behaviour and protect residents.</p> <p>This work appears effective where the risk is acute and well understood. However, the evidence is weighted towards a specific type of ASB. It is less clear how BCHS identifies and responds to more common or lower-level ASB hotspots, such as noise, neighbour disputes or environmental nuisance, across the wider housing stock. This is particularly relevant as noise issues seems to be a high priority for complainants.</p> <p>Further assurance is needed on how hotspot identification works at a broader level, how data is used to prioritise resources beyond the most serious cases, and how this intelligence informs preventative action.</p> <p>Hotspot identification currently appears driven primarily by visible or escalated issues, such as cuckooing or criminal activity, rather than a systematic analysis of all ASB patterns. Case reviews and staff interviews indicate that low-level but persistent ASB is less likely to be identified as part of hotspot analysis. This limits BCHS's ability to intervene early and prevent escalation, and contributes to a reactive rather than preventative service model.</p>	<p>61. Introduce a monthly ASB hotspot report identifying:</p> <ul style="list-style-type: none"> <li>- repeat locations</li> <li>- repeat complainants</li> <li>- repeat perpetrators</li> <li>- cases open longer than 8 weeks</li> </ul> <p>62. Require Neighbourhood Managers to develop targeted intervention plans for hotspot areas, including preventative engagement and visible presence.</p> <p>63. Align hotspot analysis with estate walkabouts and action days, ensuring proactive deployment rather than reactive scheduling.</p>
3.5	We use a range of early intervention techniques to prevent ASB from escalating.	In place, but needs improvement	<p>BCHS uses a range of early intervention techniques intended to prevent ASB from escalating. This includes staff training such as <i>Eyes Wide Open</i>, engagement with partners, property-based interventions (for example fencing, inspections and carpet provision to reduce everyday living noise), and the offer of mediation where appropriate.</p> <p>BCHS has also developed a Good Neighbourhood Management Policy, although this remains in draft and is not yet live. While the tools and approaches described are appropriate, it is not yet clear how consistently they are applied in practice or how their impact is measured over time.</p> <p>While BCHS has access to a wide range of early intervention tools, case reviews show that these are not consistently applied at the earliest stages of cases. Risk assessments, action plans, and preventative interventions are often delayed, incomplete, or absent altogether. In several cases, the service response appeared reactive to escalation rather than preventative. This significantly reduces the effectiveness of early intervention and increases the likelihood of cases becoming entrenched.</p> <p>Staff interviews confirmed that officers understand the importance of early intervention and have received training. However, there is inconsistent translation of this training into operational practice. This reinforces the need for stronger management oversight and clearer operational expectations to ensure early intervention tools are applied consistently.</p> <p>Overall, BCHS can evidence a broad toolkit for early intervention. The challenge is not the absence of tools, but the consistency and confidence with which they are applied across officers and cases. This remains uneven. Validation interviews and case review evidence confirm that early intervention tools are not yet applied consistently at the earliest stages of cases.</p>	<p>64. Introduce a mandatory Early Intervention Review at day 10 for all open ASB cases, requiring officers to evidence preventative actions taken.</p> <p>65. Require completion of risk assessment and action plan within 5 working days, with system prompts and management escalation if not completed.</p> <p>66. Introduce monthly manager-led case audits focusing specifically on early intervention compliance.</p> <p>67. Create a simple Early Intervention Toolkit checklist embedded into the housing system to guide officers.</p>

3.6	We proactively engage with our tenants and with partner agencies to provide diversionary activities (e.g. facilities for young people) and to evaluate their impact.	In place, but needs improvement	<p>BCHS recognises that this area is not yet fully developed. Some limited activity is taking place through support to community groups and small-scale funding, including youth-focused initiatives, but this appears ad hoc rather than part of a clear preventative strategy.</p> <p>There is currently limited evidence of planned diversionary activity linked specifically to ASB prevention, or of any evaluation of impact. This is an area of opportunity, particularly given the potential role of early engagement in building confidence, reducing nuisance behaviour and strengthening neighbourhood cohesion.</p> <p>While BCHS supports some community-based initiatives and engagement activities, there is no structured diversionary programme specifically linked to preventing ASB or reducing risk among known cohorts. Activities appear opportunistic rather than strategically planned, and there is no evidence of evaluation to assess their impact on ASB prevention or community confidence.</p>	<p>68. Develop a targeted diversionary engagement plan focused on known hotspot locations and vulnerable cohorts.</p> <p>69. Work with community safety partners to identify opportunities for preventative engagement, particularly in areas with repeat ASB.</p> <p>70. Track and evaluate diversionary interventions, linking them to ASB case trends and hotspot analysis.</p> <p>71. Nominate a Neighbourhood Manager to oversee preventative engagement strategy and monitor impact.</p>
3.7	Our staff and contractors are encouraged and supported to identify and report incidents where they have been subject to or have observed ASB.	In place, but needs improvement	<p>BCHS has taken positive steps to encourage staff and partners to identify and report concerns, including through the "Eyes Wide Open" approach and wider safeguarding messaging. This reflects an awareness that ASB is often observed by staff before it is formally reported by residents.</p> <p>However, the current emphasis of this work is weighted towards damp, mould and safeguarding, with ASB playing a secondary role. While this does not undermine the intent, it raises questions about how confident staff and contractors are in recognising and escalating ASB specifically.</p> <p>While training initiatives such as Eyes Wide Open have increased awareness, case reviews and staff interviews suggest inconsistent identification and escalation of ASB concerns in practice. Early warning signs are not always recognised or formally recorded, and opportunities for early intervention are sometimes missed. This limits the preventative impact of staff awareness initiatives.</p> <p>Operational leadership also highlighted the value of stable, patch-based working and long-standing officer knowledge of residents, which supports informal identification of ASB risks, but does not remove the need for consistent formal recording.</p> <p>Case reviews showed staff were inconsistently reporting ASB concerns. There was no evidence in relation to contractors.</p> <p>Staff interviews confirm willingness to identify and report ASB concerns, but confidence and consistency vary across teams. This reinforces the need for clearer operational expectations and stronger management oversight.</p>	<p>72. A brand new structured ASB service improvement plan should be developed with defined actions, ownership, timescales and success measures, supported by regular senior leadership and governance oversight.</p> <p>73. Introduce a simple ASB Concern Reporting function within the housing system to allow all staff and contractors to record concerns easily.</p> <p>74. Require ASB awareness training as part of new starter induction and annual refresher cycles.</p> <p>75. Introduce manager-led review of ASB concerns raised by staff and contractors to ensure appropriate follow-up.</p> <p>76. Include ASB identification responsibilities explicitly in Housing Officer and contractor role expectations.</p>

ASB Accreditation Commitment and Building Block	Level	Findings	Recommendations
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4. We encourage individual and community responsibility (we work with community groups and partners to promote tolerance and responsibility amongst our tenants and the wider community)				
4.1	We use a variety of ways to clearly communicate to all tenants that ASB will not be tolerated.	In place, but needs improvement	<p>BCHS is clear in its tenancy agreement and ASB policy that anti-social behaviour will not be tolerated, and this message is reinforced directly with individuals through warnings and case management activity. Where enforcement action has been taken, BCHS state that outcomes have been communicated to residents to provide reassurance.</p> <p>Beyond individual cases, the wider communication of this message is less visible. There is limited evidence of consistent, public-facing messaging about ASB expectations through routine channels such as social media, newsletters or estate communications. A review of BCHS social media and online content shows little proactive content reinforcing standards of behaviour or demonstrating how ASB is tackled. This creates a gap between what BCHS does in practice and what the wider tenant base sees. Without regular, visible messaging, tenants may be less confident that ASB is taken seriously, particularly in neighbourhoods where issues persist.</p> <p>Case reviews and resident feedback indicate that while BCHS communicates expectations clearly at tenancy sign-up and through formal documents, residents' confidence in enforcement is shaped more by their experience of follow-through than by written standards. Where cases remain open for long periods without clear resolution, or where communication reduces over time, the message that ASB will not be tolerated is weakened in practice.</p>	<p>77. Introduce a visible enforcement framework that explains what action residents can expect at each stage of an ASB case. This should include indicative timelines, escalation routes, and examples of when tools such as warnings, mediation, or legal action are used.</p> <p>78. Publish anonymised case outcome summaries twice per year showing how ASB cases have been resolved, including early intervention, enforcement and partnership outcomes. This builds confidence without relying on individual publicity.</p> <p>79. Ensure tenancy sign-up includes a structured ASB conversation, not just document issuance. This should be recorded on the housing system, confirming that expectations, reporting routes, and support options were explained and understood.</p>
4.2	We can provide evidence of our work with tenants, tenant groups and leaders, and partner organisations to promote tolerance, balancing individuals' liberties with their impact on others and the community (e.g. good neighbourhood agreements, tenants engaging in mediation, and restorative justice schemes).	In place, but needs improvement	<p>There is evidence that BCHS seeks to balance enforcement with tolerance and resolution. The service offers mediation, works with tenant groups in sheltered and extra care schemes, and has used non-legal interventions to reduce conflict between neighbours.</p> <p>This approach aligns with good practice and is reflected positively in at least one Housing Ombudsman determination, where the landlord's use of mediation and community-based solutions was upheld.</p> <p>Resident engagement currently relies on a small number of involved residents, and while their input has led to operational changes, their influence remains limited in scale. Feedback from involved residents and staff interviews indicates that engagement is not yet embedded as a consistent mechanism for shaping neighbourhood expectations or resolving tensions at an early stage.</p> <p>At present, much of this activity appears to be case-specific rather than embedded through a consistent framework. A Good Neighbourhood Policy is in draft but not yet live, and there is limited evidence showing how tenants are routinely engaged in restorative or community-based approaches outside individual cases.</p> <p>While BCHS has demonstrated examples of effective practice, further assurance is needed on how consistently these approaches are used, how tenants are supported to participate, and how learning from both positive and negative Ombudsman findings is captured. Validation interviews and case reviews confirm that mediation and community-based approaches are not yet consistently embedded or applied early enough to maximise preventative impact.</p>	<p>80. Establish a structured early resolution model, where mediation and restorative approaches are actively offered within the first four weeks of neighbour disputes, rather than later in the case lifecycle.</p> <p>81. Track and monitor mediation referrals, acceptance rates, and outcomes. This will allow BCHS to understand whether early resolution tools are being used consistently and effectively.</p> <p>82. Expand involvement beyond the existing Tenant Voice Forum by introducing targeted, time-limited resident focus groups around specific neighbourhood issues, rather than relying solely on standing forums.</p>
4.3	We encourage and facilitate community involvement among tenants, including how individuals can support other members of their community to help us and our partners tackle ASB issues.	In place, but needs improvement	<p>BCHS actively engages with tenants and community groups through tenant and resident associations, PACT meetings, estate-based activity and targeted engagement sessions. Examples such as work at Top of the Fields and Chesham Fold demonstrate how tenant concerns have shaped joint action with partners, including police and community safety teams.</p>	<p>83. Introduce targeted post-case feedback calls for all closed ASB cases. This will ensure resident experience directly informs service improvement.</p>

			<p>These examples show strong local engagement, particularly where motivated residents or groups are present. BCHS also supports community-led activity through clean-ups, social events and advice on accessing grants, helping tenants play an active role in improving their neighbourhoods.</p> <p>What is less clear is how BCHS ensures this opportunity is available consistently across all communities, including areas without active tenant groups or confident community representatives. There is limited evidence showing how insight from community engagement is systematically captured, shared and used to shape ASB priorities more widely. Furthermore, there is a disconnect between this activity and the ASB-related Tenant Satisfaction Measures.</p> <p>Current involvement arrangements rely heavily on a small number of committed individuals. While their contribution is valued, this creates risk that involvement does not reflect the wider tenant population. There is limited evidence that BCHS routinely captures feedback from residents who are not already engaged, including those who may have experienced ASB but have disengaged from formal processes.</p>	<p>84. Develop a structured involvement pathway, allowing residents to move from case-specific feedback to wider service involvement if they wish. This creates a broader and more representative engagement base.</p> <p>85. Provide Housing Officers with clear guidance on identifying and signposting residents who may be suitable for involvement opportunities, particularly those who have constructive insight into service improvement.</p>
4.4	Where appropriate and safe, we encourage 'self-help' options to resolve more minor nuisance issues (e.g. encouraging complainants to talk to perpetrators, seeking to resolve the issue amicably and without recourse to the landlord)	In place, but needs improvement	<p>BCHS promotes early, informal resolution of low-level neighbour issues, including encouraging tenants to speak directly to one another where appropriate. This approach is reflected in online guidance and aligns with good practice for resolving minor nuisance without escalation.</p> <p>However, there is limited evidence showing how decisions are made about when self-help is appropriate and safe. It is not clear whether a risk assessment is routinely undertaken before this advice is given, how vulnerability is considered, or how outcomes are monitored to ensure issues do not escalate.</p> <p>Case reviews indicate that while early resolution approaches are encouraged, the rationale for recommending self-help is not always clearly documented, and risk assessments are not consistently recorded prior to advising residents to approach neighbours directly. This creates risk that residents may be encouraged to resolve issues without sufficient consideration of vulnerability or escalation risk.</p> <p>Given wider findings around vulnerability, confidence in reporting and low satisfaction with ASB handling, this is an area where clearer guidance and stronger assurance would help. Validation interviews and case reviews confirm that self-help approaches are not consistently supported by documented risk assessment or structured decision-making.</p>	<p>86. Require a documented risk assessment before recommending any self-help approach. This should explicitly confirm the resident's safety and willingness to engage.</p> <p>87. Introduce a standard early intervention checklist to ensure Housing Officers consider mediation, support, and proportionality before escalating or recommending self-help.</p> <p>88. Monitor outcomes of early intervention approaches to ensure they reduce escalation rather than delay formal intervention.</p>

	ASB Accreditation Commitment and Building Block	Level	Findings	Recommendations
5.	<b>We take swift action to protect communities</b>			
5.1	Our staff are fully aware of the range of tools and powers available to them and our partner organisations and know how to use them appropriately in	In place, but needs improvement	BCHS has delivered a range of training sessions linked to ASB practice, including awareness of available tools, internal processes, partner working and complaint-related learning. This shows an intention to equip staff with the right knowledge and to respond to issues identified through complaints and Ombudsman findings.	89. Develop a simple escalation checklist to be completed at key points in every ASB case (e.g. at 4 weeks, 8

	accordance with our published policies and procedures.		<p>What is less clear is how consistently this knowledge is embedded across the service, particularly for new starters or staff who have not attended specific sessions. There is also limited evidence at this stage of how confident staff are in progressing cases beyond early intervention, including escalation to formal or legal action where appropriate. This will be explored further during validation through staff discussions and case file review.</p> <p>Operational leadership described enforcement as a conscious and proportionate choice, rather than an absence of capability, with confidence in escalation varying across the team</p> <p>However, ASB case reviews indicate that the use of these tools is inconsistent in practice. While staff are aware of available interventions, cases are often managed through informal engagement without clear escalation pathways, documented consideration of formal tools, or evidence of structured decision-making where early intervention has not resolved the issue. This creates a risk that the full range of available powers is not being used confidently or consistently to protect residents and resolve cases.</p>	<p>weeks, and before closure), requiring officers and managers to document:</p> <ul style="list-style-type: none"> <li>- what interventions have been used</li> <li>- what additional tools have been considered</li> <li>- why escalation is or is not appropriate</li> </ul> <p>90. Establish a monthly ASB case review panel chaired by a manager or Head of Service to review open cases over defined thresholds (e.g. open longer than 6 weeks or risk-rated medium/high). The panel should focus on:</p> <ul style="list-style-type: none"> <li>- escalation options</li> <li>- proportionality</li> <li>- consistency of approach</li> </ul>
5.2	We apply consistent and robust processes for managing ASB cases.	Not in place	<p>BCHS has a clear ASB policy and describes regular training and case reviews to support consistent practice. Draft and recently developed processes (including CCTV, lone working and zero tolerance) indicate that learning from complaints and Ombudsman cases is shaping how the service operates.</p> <p>However, ASB case reviews found that core elements of case management, including risk assessments, action plans, regular contact and documented progression, were frequently missing, incomplete or not applied at the required stage of the case. In several cases, there was limited evidence of structured case planning, and closures were not always supported by documented rationale or resident agreement. This indicates that published processes are not yet embedded in operational practice.</p>	<p>91. Define minimum standards for all ASB cases, including:</p> <ul style="list-style-type: none"> <li>- risk assessment within 2 working days</li> <li>- action plan agreed within 5 working days</li> <li>- minimum contact frequency based on risk level</li> <li>- documented closure rationale and resident agreement</li> </ul> <p>92. Require manager sign-off before closure until such time that senior management is confident that there is consistent compliance.</p> <p>93. Introduce monthly file audits, reviewing a sample of cases against defined standards. Report results to:</p> <ul style="list-style-type: none"> <li>- Neighbourhood Managers</li> <li>- Housing Leadership Team</li> <li>- Housing Advisory Board</li> </ul>
5.3	The actions that we take to tackle ASB are carefully considered and are proportionate to the effects of the behaviour on individuals, communities and the environment.	In place, but needs improvement	<p>BCHS outlines that all ASB cases are managed through an action plan and risk assessment, with actions tailored to the impact of behaviour on victims, communities and alleged perpetrators. The ASB policy supports a proportionate approach, balancing enforcement with support and early resolution where possible.</p> <p>Examples provided by BCBS demonstrate thoughtful case-by-case decision making, including consideration of vulnerability, support needs and alternative housing options. Housing Ombudsman determinations cited by BCBS also indicate instances where this balanced approach has been judged appropriate.</p> <p>However, case reviews show limited evidence of documented decision-making explaining why particular interventions were chosen, escalated or discontinued. While staff appear</p>	<p>94. Require officers to record structured decision summaries at key points:</p> <ul style="list-style-type: none"> <li>- after initial investigation</li> <li>- when escalation is considered</li> <li>- prior to closure</li> </ul> <p>These should explain:</p> <ul style="list-style-type: none"> <li>- what options were considered</li> <li>- why specific actions were chosen</li> <li>- why closure is appropriate</li> </ul> <p>95. Deliver further practical workshops using real BCBS case examples to strengthen escalation confidence,</p>

			<p>to exercise professional judgement, this judgement is not consistently recorded, reducing assurance that actions are proportionate, transparent and defensible.</p> <p>The low ASB satisfaction scores and very low reporting levels, raise concern that proportionate decision-making is not consistently felt or understood by residents.</p>	<p>proportionality assessment and defensible decision-making</p>
5.4	We agree action plans with complainants, update them regularly on the progress of their case and inform them directly of all key developments.	Not in place	<p>BCHS acknowledges that agreeing action plans and maintaining regular contact has been an area for improvement. There is evidence that this has been recognised internally, with training delivered and monitoring built into case reviews.</p> <p>This honest reflection is welcome. However, the gap between intended practice and tenant experience remains a concern, particularly in light of previous maladministration findings and low ASB satisfaction.</p> <p>ASB case reviews found that action plans were often absent, incomplete, or not visibly agreed with residents. There was limited evidence of regular structured updates, and case records did not consistently demonstrate that residents were kept informed of progress or involved in decisions about case closure. This reinforces wider feedback from residents and staff that communication remains inconsistent and is not yet embedded as a core case management discipline.</p>	<p>96. Require officers to agree and record contact expectations at case opening, including preferred communication method, frequency of updates, escalation contacts.</p> <p>97. Configure the housing management system to trigger alerts when action plans are overdue, reviews are due, and residents have not been contacted within agreed timeframes</p>
5.5	We have a proactive approach to gathering evidence and utilise a variety of available sources (i.e. multi-agency, non-housing management staff and contractors) to support action to tackle ASB.	In place, but needs improvement	<p>BCHS demonstrates strong multi-agency working, including regular engagement with police, safeguarding teams, environmental health and internal council services. Walkabouts, clean-up days and joint operations show a visible and practical approach to evidence gathering and neighbourhood safety.</p> <p>That said, this activity appears unevenly distributed across estates, with some residents expressing frustration that their areas have not received similar attention. There is limited evidence of a clear, transparent framework for prioritising estates or inviting resident nominations. Strengthening this would help reassure communities that action is fair, planned and responsive, rather than perceived as selective.</p> <p>Operational leadership recognised the reputational risk of uneven visibility across neighbourhoods and the need to be clearer with residents about how and why resources are targeted.</p> <p>Case reviews indicate that evidence gathering is often reactive and dependent on resident reporting rather than proactively driven by structured investigation plans. The use of diary sheets, partner intelligence, and other formal evidence sources was inconsistent, and case records did not always demonstrate a clear investigative strategy. This limits the ability to escalate cases effectively or demonstrate robust enforcement decision-making</p>	<p>98. Require officers to document an investigation plan setting out evidence required, partner engagement needed, and timelines.</p> <p>99. Formalise regular operational meetings with police and partners to review active cases and share intelligence. Ensure outcomes are recorded in case files.</p>

ASB Accreditation Commitment and Building Block		Level	Findings	Recommendations
<b>6. We have in place robust performance monitoring, management and reporting</b>				
6.1	We have performance management frameworks in place to report, monitor and review ASB performance.	In place, but needs improvement	<p>BCHS has a performance framework in place for ASB, with regular reporting to leadership teams, the portfolio holder and the Housing Advisory Board. ASB case volumes and TSM data are included in monthly and quarterly reporting, and there is evidence of ongoing case review activity with enforcement officers.</p> <p>However, the way performance is presented is largely descriptive rather than diagnostic. Measures focus on case numbers rather than timeliness, case age, compliance with</p>	<p>100. Introduce a single integrated ASB performance and assurance framework, reported quarterly to senior leadership and governance. This should combine operational quality measures, resident satisfaction, case audit findings, repeat victimisation data, hotspot analysis, and service learning. The framework should</p>

			<p>agreed processes, or customer experience. The public-facing scorecard, while transparent, offers limited context and does little to explain what the data means for tenants or how performance is improving over time. Given low ASB satisfaction, there is scope to strengthen how performance information is used to drive improvement rather than simply report activity.</p> <p>Validation work and case file reviews indicate that performance reporting has not yet translated into consistent operational control or reliable assurance of case management quality. Core case management requirements, including risk assessments, action plans and structured contact, were frequently absent or incomplete. This suggests that while performance information is available at a strategic level, it is not yet providing sufficient assurance about the quality, consistency and effectiveness of frontline case management.</p>	<p>identify trends, highlight risks, and assign clear ownership for improvement actions, ensuring governance oversight translates into measurable operational improvement.</p> <p>101. Introduce quarterly dip sampling of ASB cases by senior managers to test quality, not just quantity. Findings should be reported to the Housing Leadership Team and HAB.</p>
6.2	We use data from the Tenant Satisfaction Measures and other feedback and survey tools to inform how we improve our ASB service.	In place, but needs improvement	<p>BCHS makes reference to using TSMs, environmental surveys and estate-based feedback to inform service improvements. Local initiatives, such as action days and targeted funding, show that feedback can translate into practical change at neighbourhood level.</p> <p>However, there is limited evidence that Tenant Satisfaction Measures and other feedback are routinely analysed alongside operational case data to identify root causes or target service improvement. While feedback is collected, its use appears episodic rather than forming part of a structured and ongoing improvement cycle.</p> <p>There is limited assurance that learning from TSMs is systematically feeding into the ASB action plan, service standards or performance targets. This is an area that would benefit from clearer line-of-sight between feedback, decisions and outcomes.</p>	102. Ensure the ASB improvement plan is explicitly linked to TSM improvement targets, rather than operating as a standalone document.
6.3	We use data on tenant demographics to give us a more nuanced reading of high-level data. This enables us to make evidence-based decisions in developing and improving our ASB service.	Not in place	<p>BCHS is open that this area is not yet fully in place. The <i>Knowing Our Tenants</i> report provides a strong and honest baseline, clearly setting out gaps in data quality and the risks this presents.</p> <p>While there are examples of demographic insight being used in specific contexts (such as targeted responses to cuckooing), this is not yet embedded in ASB performance monitoring or service design. The report shows intent and direction of travel, but at present there is limited evidence that demographic data is routinely informing ASB prevention, intervention or evaluation. This is a realistic position, but it remains a gap against the criterion.</p> <p>The <i>Knowing Your Tenants</i> work provides an important foundation, but this information is not yet routinely used to shape ASB prevention activity, identify under-reporting, or target communication and engagement with groups less likely to report ASB.</p>	<p>103. Use existing tenant data to identify schemes or demographics with unusually low reporting and areas with repeat incidents</p> <p>Neighbourhood teams should use this to proactively engage those areas, rather than relying solely on reactive reporting.</p> <p>104. Include demographic analysis in quarterly ASB insight reports.</p>
6.4	We set challenging performance targets, and these are reflected in service plans at a team and individual level. Our ASB targets are subject to regular review and demonstrate year-on-year improvement.	Not in place	<p>BCHS has an ASB action plan in place, revised in response to Ombudsman findings and internal review. The plan is detailed and shows a genuine attempt to address cultural, procedural and capability issues within the service.</p> <p>That said, the evidence provided does not demonstrate a clear set of challenging ASB performance targets linked to outcomes for tenants. Reporting focuses more on delivery of actions than on whether those actions are improving timeliness, consistency or customer confidence. There is limited evidence of year-on-year improvement being tracked through defined ASB KPIs, particularly in light of low satisfaction scores. This suggests that the plan is sound, but the performance framework around it is still developing.</p>	<p>105. Introduce clear operational service standards, including:</p> <ul style="list-style-type: none"> <li>- risk assessment completed within defined timeframe</li> <li>- action plan agreed and recorded in all cases</li> <li>- resident contact frequency defined and monitored</li> <li>- supervisory review at defined intervals</li> </ul> <p>These should be embedded into staff supervision and performance conversations.</p>

			While an ASB action plan is in place, there is limited evidence that clear, measurable service performance targets have been established or routinely monitored at team or individual level. This limits assurance that expectations are consistently understood, measured and reinforced across the service.	106. Include ASB service standards within team plans and individual objectives for Housing Officers and managers.
6.5	Information on our performance against ASB targets is readily available and shared across the organisation to drive continuous improvement. It is regularly reported to our senior management, our governing body, partner agencies and our tenants.	In place, but needs improvement	<p>ASB performance information is shared internally and with senior governance structures, and case studies are used to illustrate progress and good practice. This supports visibility at senior level and demonstrates engagement with oversight arrangements.</p> <p>However, the information shared is not yet strong enough to support challenge or assurance at scale. Reporting tends to highlight activity and individual successes rather than patterns, risks or areas of underperformance. There is also limited evidence that ASB performance information is routinely shared with tenants in a way that builds confidence or explains how feedback has led to change. Strengthening the narrative around “what this means” and “what is improving” would support transparency and trust.</p> <p>While performance information is shared with senior leaders and governance bodies, there is limited evidence that residents receive clear, accessible information about ASB performance, service improvements or lessons learned. This limits opportunities to rebuild trust and demonstrate accountability.</p>	<p>107. Introduce a simple quarterly resident-facing update on ASB, including number of cases handled, improvements introduced, actions taken to address hotspots and “you said, we did” examples. This should be shared through newsletters, website and tenant engagement channels.</p> <p>108. Ensure Tenant Voice Forum receives simplified, accessible performance summaries that allow meaningful scrutiny.</p>

	ASB Accreditation Commitment and Building Block	Level	Findings	Recommendations
7.	We ensure that a value for money approach is embedded in our service			
7.1	Value for money is understood and embedded in our work; it is part of our performance management framework, determines resource allocation and is widely communicated to staff who are encouraged to identify value for money opportunities. Resources are used effectively and efficiently.	Not in place	<p>Given the current gaps in operational consistency, performance assurance and outcome tracking identified elsewhere in this review, BCHS is not yet in a position to demonstrate value for money in a structured or evidence-based way.</p> <p>There is currently no structured understanding of value for money within the ASB service. While BCHS applies basic procurement controls (such as seeking multiple quotes for external works and using internal staff where possible), this is transactional rather than strategic.</p> <p>Value for money is not embedded within performance management, service planning or decision-making for ASB. Staff are not routinely encouraged or supported to identify value for money opportunities linked to outcomes. As a result, resources may be used reasonably, but not demonstrably efficiently.</p> <p>Case review evidence reinforces this gap. There is limited evidence that individual case outcomes, patterns of repeat victimisation, or recurring themes are routinely analysed and fed back into service improvement. Validation discussions with operational leadership confirm that while reporting capability has improved recently, the service is still developing its ability to use ASB data proactively to understand trends, identify learning, and drive preventative or operational change. This limits BCHS’s ability to demonstrate that experience is consistently translated into measurable service improvement.</p>	<p>109. Produce a short quarterly “ASB service learning summary” for internal circulation, highlighting:</p> <ul style="list-style-type: none"> <li>- key themes from case reviews</li> <li>- examples of good practice</li> <li>- specific areas requiring improvement</li> </ul> <p>110. Require Neighbourhood Managers to evidence how learning from case audits has been applied in practice, for example through supervision notes, team briefings or revised operational guidance.</p>
7.2	We understand the cost of the ASB service, including elements such as staffing costs, responding to ASB incidents (e.g. criminal damage, graffiti,	Not in place	BCHS has limited visibility of the true cost of delivering the ASB service. While some individual costs (such as target hardening) are understood, there is no overall picture of staffing costs, incident-related expenditure, enforcement activity or preventative interventions.	111. Assign responsibility for maintaining ASB performance intelligence to a named manager, ensuring benchmarking, trend analysis and performance

	fly-tipping) and of making use of various ASB tools.		<p>Without this information, BCHS cannot assess cost drivers, understand where resources are being absorbed, or identify opportunities to reduce cost through earlier or alternative interventions.</p> <p>Validation discussions with operational leadership confirm that the service does not yet have sufficient oversight of its own performance data to confidently identify patterns, trends or comparative performance. Leadership described reliance on partner intelligence, case-level insight and anecdotal experience rather than structured benchmarking or performance analysis. This reinforces the need for stronger performance intelligence to support strategic decision-making and service improvement.</p>	<p>interpretation are embedded as routine management activity.</p> <p>112. Incorporate benchmarking results into Housing Advisory Board reporting, ensuring external comparison informs governance scrutiny.</p>
7.3	We know how we are performing in delivering our ASB service, and how satisfied service users are. Costs, performance and satisfaction are benchmarked against comparative providers and demonstrate value for money.	Not in place	<p>BCHS tracks ASB performance and satisfaction through TSMs and has begun introducing transactional surveys. However, this data is not yet mature enough to support meaningful analysis or benchmarking of value for money.</p> <p>While BCHS understands how it compares to other providers in terms of performance and satisfaction, there is no link between this data and the cost of delivering the service. As a result, BCHS cannot currently demonstrate whether its ASB service represents good value for money.</p> <p>Operational leadership confirmed that while the service can demonstrate impact through individual case examples, there is limited visibility of the overall cost of delivering the ASB service or the relationship between resources deployed and outcomes achieved. This limits the organisation's ability to assess value for money, make evidence-based resource decisions, or demonstrate the wider impact of the service beyond individual case resolution</p>	<p>113. Develop a simple ASB resource and activity profile, capturing the number of staff managing ASB, approximate caseload per officer, number of active cases and number of cases escalated to enforcement. (This does not require full cost modelling but provides a baseline understanding).</p> <p>114. Introduce an annual ASB service effectiveness review, combining performance data, resident satisfaction data, case audit findings, staffing and workload information. Use this review to inform service planning and resourcing decisions.</p> <p>115. Require Neighbourhood Managers to report quarterly on caseload distribution and complexity, enabling earlier identification of workload or capability risks.</p>
7.4	There is an evidence-based approach to budget setting, and this is linked to the annual service improvement plan.	Not in place	<p>ASB costs are not tracked or budgeted for as a discrete service area. Staffing and expenditure are considered at a broader neighbourhood level, which limits transparency and accountability for ASB-specific spend.</p> <p>Although BCHS is seeking to manage costs reactively (for example, by reducing clearance and removal costs), there is no clear evidence that budget setting is informed by ASB demand, risk or improvement priorities. This weakens the link between the ASB action plan and financial planning.</p> <p>Case review evidence highlights that while individual cases are managed to conclusion, there is limited evidence of systematic evaluation of outcomes beyond case closure. There is no consistent mechanism to assess whether interventions have resolved behaviour, improved resident confidence, or prevented recurrence. This reinforces the need for BCHS to move beyond activity-based reporting and develop clearer measures of service effectiveness and impact.</p>	<p>116. Introduce a small set of ASB outcome measures, for example:</p> <ul style="list-style-type: none"> <li>- percentage of cases where behaviour stopped or reduced</li> <li>- percentage of cases where resident agreed closure</li> <li>- percentage of repeat cases involving the same perpetrator</li> </ul> <p>Track these quarterly.</p> <p>117. Introduce a follow-up contact with residents three months after case closure for a small sample of cases, to assess whether issues have genuinely been resolved.</p> <p>118. Use case outcome summaries as part of governance reporting, ensuring oversight focuses on effectiveness, not just volume.</p>
7.5	We know whether we are getting value for money for procured services (e.g. mediation, support services, professional witness services) and we have, where appropriate, done joint	Not in place	BCHS uses external services such as mediation, but there is limited evidence that the value or impact of these services is routinely reviewed. Procurement decisions appear historic rather than actively managed.	119. Develop a simple ASB outcomes framework that categorises case closure outcomes (e.g. resolved through early intervention, partner action, enforcement, resident disengagement, insufficient evidence). This will allow BCHS to move beyond

	procurement and considered shared services.		<p>Without regular review, BCHS cannot be confident that procured services remain cost-effective, appropriately scoped or aligned with current ASB needs. There is also limited evidence of joint procurement or shared service exploration in this area.</p> <p>Case reviews and validation discussions reinforce this gap. While officers and managers are able to describe activity and individual case work, there is limited evidence of systematic analysis of workload, case duration, escalation rates, or outcomes. This makes it difficult to demonstrate whether resources are being deployed effectively, whether interventions are reducing harm over time, or whether recent investment in training and structural change is delivering measurable improvement.</p>	<p>volume reporting and understand whether interventions are achieving meaningful resolution.</p> <p>120. Undertake a six-month retrospective review of closed ASB cases to identify patterns in duration, escalation, and resolution. This will provide a baseline against which future improvement can be measured and will help identify structural barriers to timely resolution.</p> <p>121. Ensure Neighbourhood Managers routinely review caseload distribution across officers and teams, identifying where workload, confidence, or capability gaps may be contributing to delayed progression or inconsistent handling.</p>
7.6	Through tenant scrutiny arrangements, tenants are provided with appropriate information on comparative service costs, performance and satisfaction, enabling evidence-based value for money judgements to be made. Consultation on changes to the service includes a cost-benefit analysis, so tenants can make informed value for money choices.	Not in place	<p>Tenants are involved in scrutinising ASB performance through the Tenant Voice Forum and Housing Advisory Board. However, scrutiny does not currently extend to cost, comparative value or trade-offs between spend and outcomes.</p> <p>Tenants are therefore not provided with sufficient information to make informed value for money judgements or to influence decisions about service change based on cost and benefit. This represents a gap in meaningful tenant involvement in value for money discussions.</p> <p>Operational leadership acknowledged that reporting capability is relatively new, and that historic informal case management limited visibility of service performance. While reporting is improving, there is not yet a consistent framework linking operational activity, resident experience, and service outcomes. This limits BCHS's ability to demonstrate sustained improvement, identify underperformance early, or provide assurance to senior leadership and residents that the service is delivering effective and consistent outcomes.</p>	<p>122. Introduce a formal quarterly ASB performance review meeting chaired by the Head of Service, focused specifically on performance trends, risks, and improvement actions. This should go beyond reporting and include challenge, root cause analysis, and agreed corrective actions.</p> <p>123. Develop a small set of strategic ASB performance indicators focused on effectiveness, not just activity. This should include average time to resolution, repeat victimisation rates, escalation rates, and resident satisfaction following case closure.</p> <p>124. Introduce structured performance objectives for Neighbourhood Managers and officers linked to ASB case quality, timeliness, and resident communication, ensuring that expectations are clear and performance is actively managed.</p> <p>125. Provide senior leadership and elected members with an annual ASB effectiveness report that explains not only activity levels but also what has improved, what remains challenging, and what action is being taken. This will strengthen accountability and build confidence in the service's trajectory.</p>

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	Complaints Accreditation Commitment and Building Block	Level	Findings	Recommendations
1.	Demonstrates leadership and strategic commitment			
1.1	<p>The organisation's values, culture, aims, and objectives are reinforced by its approach to dispute resolution, and this approach is subject to continual review. The approach is based on being fair, striving to put things right, and learning from outcomes. There is a clear focus on customers and learning to improve services.</p>	<p>In place, but needs improvement.</p>	<p>Bury Council Housing Services (BCHS) priorities include 'Tenants at the Heart', with a stated focus on listening, valuing and acting on what residents tell them.</p> <p>BCHS promotes its Complaints Handling Policy on the Council's website, alongside performance and service improvement reports, supporting transparency and compliance. These reports set out learning themes, actions taken and plans in progress.</p> <p>BCHS also has a Tenant Voice Forum to enable resident scrutiny, including scrutiny of complaints handling, which supports the organisation's stated commitment to learning from customer feedback.</p> <p>Despite this, there is a clear tension between the stated values and the outcomes reflected in complaints data. Recorded complaint volumes are significantly lower than sector averages (8.21 complaints per 1,000 homes in 2024–25). BCHS has openly acknowledged concerns about how complaints are identified and recorded within its Annual Complaints Performance and Service Improvement Report.</p> <p>In addition, only 50% of complaints are resolved at Stage 1. BCHS identifies the main causes as actions agreed at Stage 1 not being completed within the timescales provided, and responses not fully addressing the complainant's concerns. This indicates weaknesses in follow-through and resolution quality, which undermines confidence in the effectiveness of early resolution.</p> <p>The current Complaints Handling Policy was approved on 8 January 2025 and states a next review date of August 2025. While the age of the policy is not, in itself, a concern, the missed review date does not instil confidence for customers reviewing the document. An internal review was submitted to the Housing Ombudsman Service in August 2025; however, the policy has not yet been reviewed with the Tenant Voice Forum or Readers' Panel. This is due to take place in early 2026, alongside the Compensation Policy.</p> <p>Overall, BCHS demonstrates a clear commitment to fairness, transparency and learning in principle. However, ongoing issues with complaint identification, resolution quality and policy review arrangements indicate that there is still a gap between stated values and day-to-day practice. Closing this gap will be key to demonstrating that the organisation's approach to dispute resolution genuinely reinforces its values, culture and strategic objectives.</p> <p>This gap between intent and experience is reflected in Tenant Satisfaction Measures, where satisfaction with complaint handling is just 38.6%. This suggests that values are understood at leadership level but not yet felt consistently by residents.</p> <p>Validation interviews with staff and residents reinforce this gap between stated intent and lived experience. Staff consistently described a strong leadership commitment to improving complaints handling and culture, with clear direction from senior leadership and visible support for strengthening the service. However, operational staff also described capacity pressures, inconsistent follow-through on agreed actions, and limitations in systems that made it difficult to consistently deliver high-quality outcomes.</p> <p>Resident interviews highlighted a lack of confidence that complaints would result in meaningful change, with residents describing experiences of not feeling listened to, not receiving clear explanations, and needing to chase responses or escalation. Case file reviews reflected a similar picture, with evidence of</p>	<ol style="list-style-type: none"> <li>1. Introduce routine dip-sampling of Stage 1 complaint responses to check whether the investigation was thorough, the explanation made sense, and the actions promised were actually delivered.</li> <li>2. Make complaint outcomes and learning a regular part of team conversations, so staff can see where things went wrong and what needs to change.</li> <li>3. Be clear with managers that resolving the complaint properly includes making sure agreed actions happen — not just sending the letter.</li> </ol>

			<p>care and intent in responses but inconsistent quality, incomplete follow-through on agreed actions, and variability in how learning was captured and applied.</p> <p>Taken together, this evidence confirms that BCHS has established the strategic intent and leadership commitment required, but that this intent is not yet consistently translating into reliable operational delivery or resident confidence.</p>	
1.2	Resources are identified through the budget setting process, and enough are committed to supporting systems to enable learning from complaints, comments and compliments and ensure continuous improvement across the business.	In place, but needs improvement.	<p>BCHS has recognised that resourcing to support effective learning from complaints, comments and compliments has been a weakness. Additional posts have been approved through the budget-setting process and recruitment is underway, with staff due to start in January/February 2026. While this demonstrates a commitment to addressing capacity gaps, the impact of this investment cannot yet be evidenced. Discussions with senior managers confirm that limited capacity to date has meant the focus has been on maintaining compliance and managing risk, rather than embedding learning consistently across the organisation.</p> <p>BCHS has also invested in improvements to its IT systems to support better data recording, reporting and analysis. These enhancements have the potential to strengthen thematic learning and management oversight, although their effectiveness will depend on sufficient capacity and capability to interpret and act on the data.</p> <p>In addition, BCHS has become a member of the Institute of Customer Service, providing access to sector benchmarking and best practice insight. This offers a positive opportunity to inform continuous improvement, provided learning is systematically embedded across the business and translated into service change.</p> <p>Taken together, these investments indicate an improving position; however, sustained assurance will depend on whether the additional resources and systems result in demonstrable improvements in learning, service standards and customer outcomes.</p> <p>Validation interviews with complaints staff and operational managers confirmed that limited capacity has historically constrained BCHS's ability to move beyond basic complaint handling compliance into systematic organisational learning. Staff described prioritising acknowledgement and response times to meet Housing Ombudsman requirements, with less capacity available to analyse trends, embed learning, or assure follow-through of agreed actions.</p> <p>Case reviews supported this assessment, identifying examples where appropriate responses had been issued but where agreed actions were not consistently tracked or evidenced as completed. This indicates that previous resource limitations have affected not only learning activity but also assurance over delivery of complaint resolutions.</p> <p>The recruitment of additional complaints staff represents a positive and necessary step toward strengthening both compliance and organisational learning.</p>	<p>4. Use the additional complaints capacity to actively track what's being learned and whether agreed actions are happening, rather than focusing only on response times.</p> <p>5. Introduce a simple way of tracking complaint-related actions so nothing gets lost once the response has been sent.</p> <p>6. Make sure learning from complaints is pulled together regularly and shared with the teams that need to act on it.</p>
1.3	The organisation aims to achieve positive outcomes with complaints. Service standards are clearly communicated to customers, and staff/contractors are required to reflect this in-service provision.	In place, but needs improvement.	<p>BCHS adhere to the Housing Ombudsman Services' Complaint Handling Code, detailing within its Complaints Handling Policy compliance with the response times for complaint handling. However, a formal set of service standards are not in place for the wider service. Whilst BCHS has specific policies that detail response times (such as for repairs and ASB), this does not apply for all day to day interactions. Beyond response times, there are not a set of benchmark standards that customers can expect from all interactions.</p> <p>Without clearly communicated service standards, it is difficult for customers to understand what outcomes they should reasonably expect, and for staff and contractors to be held consistently accountable when services fall short. The absence of clear, published service standards beyond</p>	<p>7. Set out clearly what residents should expect when they raise a complaint – how often they'll be updated, who owns it, and what happens next.</p> <p>8. Make sure contractors are held to the same standards, particularly around communication, follow-up and completing work.</p>

			<p>timescales limits BCHS's ability to improve areas where tenant satisfaction is weakest, including feeling listened to and kept informed.</p> <p>There is limited evidence that contractors are consistently required to work to a common, published set of customer service standards beyond those embedded in individual service specifications.</p> <p>Validation interviews and case reviews highlighted inconsistency in how service expectations and responsibilities were understood and communicated in practice. Staff described situations where responsibilities for completing agreed actions were not always clear, and where systems did not provide sufficient oversight to ensure completion of works or follow-up communication with residents.</p> <p>Resident interviews reinforced this finding, with residents describing experiences of unclear communication, uncertainty about what would happen next, and lack of clarity on expected timescales or outcomes. Case reviews similarly identified variability in response quality, particularly in clearly explaining decisions, setting expectations, and confirming completion of agreed actions.</p> <p>This evidence reinforces the importance of developing and publishing clear service standards that define expectations for both customers and staff, and which can be used to assure consistency and accountability.</p> <p>As a minimum BCHS could draw all of the individual statements set out in their various published policies (from the Reasonable Adjustments Policy to the Customer Access Policy. This could be the foundation of a basic set of Service Standards that could be built upon (and clearly published and monitored).</p> <p>BCHS advise that they are working on a 'Staff Customer Charter' with development underway. While the development of a Staff Customer Charter is positive, this does not currently provide customers with a clear, externally published set of service standards against which performance can be measured and complaints outcomes assessed.</p>	<p>9. Use those standards internally so staff are clear on what good looks like, not just what the process says.</p>
1.4	<p>There is a focus on localism for dispute resolution, with an awareness of the role played by 'Designated Persons' and a realistic plan to engage with them.</p>	<p>In place, but needs improvement.</p>	<p>BCHS has a process and timescales in place for responding to both MP and Councillor enquiries which are monitored and tracked at a corporate level.</p> <p>BCHS's Complaints Handling Policy allows for complaints to be raised via MPs and local councillors however there are two conflicting statements. One indicates that the concern will only be logged as a complaint via an MP/Councillor if the customer has explicitly requested it be treated as a complaint (6.1), whilst in another section it states that a complaint that is submitted via third party or representative will be handled in line with this complaints policy. This inconsistency creates a risk that concerns that meet the definition of a complaint are resolved or responded to outside the formal complaints process, reducing transparency, consistency and learning.</p> <p>The Complaints Handling Policy could place a much greater emphasise on the positive role that Designated Persons play as both advocates for residents and as part of the Council's governance structure.</p> <p>There is no clear engagement plan in place with Designated Persons.</p> <p>Councillor and MP enquiry volumes are recorded and reported to the Governance &amp; Assurance Board (e.g. 104 cases in October), with information about the number of cases responded to within targeted timescales. However it is not sufficiently clear how many of these enquiries are also recorded as complaints or treated separately.</p>	<p>10. Make sure anything raised via councillors or MPs is treated as a complaint where appropriate, recorded properly, and tracked like any other complaint.</p> <p>11. Be clearer internally and externally about how complaints raised through elected members are handled and escalated.</p>

			<p>Taken together, these issues create a risk that complaints raised via Designated Persons are not consistently recorded or used for organisational learning, and that opportunities to strengthen local democratic engagement in complaints handling are being missed.</p> <p>Resident interviews provided further evidence that escalation routes and the role of elected members were not always clear or consistently applied in practice. Residents described needing to seek support from councillors or senior leaders to progress their concerns, and uncertainty about how escalation decisions were made.</p> <p>Staff interviews similarly confirmed variability in how concerns raised through councillors or other representatives were classified and recorded, with some issues initially managed outside the formal complaints process before later escalation.</p> <p>This reinforces the importance of ensuring that concerns raised via Designated Persons are consistently recognised, recorded and progressed in line with the Complaints Handling Code.</p>	
1.5	The organisation has carried out a proper assessment of the value added by a 'Designated Tenant Panel' – this includes evidence of dialogue with tenants, an appraisal of the pros and cons of recognising a Panel, the outcomes sought and how it fits in with the general culture of the organisation.	Not in place.	<p>BCHS has not undertaken a formal assessment of the value that could be added by a Designated Tenant Panel, including an appraisal of the potential benefits, drawbacks and outcomes of recognising such a panel. As a result, this Housemark criterion is not currently met.</p> <p>However, BCCHS has developed alternative tenant involvement and scrutiny arrangements, including the Tenant Voice Forum (TVF) and tenant representation through the Housing Advisory Board (HAB). TVF has a standing agenda item at HAB meetings and provides regular updates on its activities, and the Housing Advisory Board receives quarterly oversight of complaints performance.</p> <p>In addition, BCCHS has supported tenant-led scrutiny activity, including a scrutiny exercise of complaints during the year, and has co-produced a refreshed Scrutiny Policy with tenants, including arrangements for remuneration. The engagement of TPAS to support the embedding of tenant scrutiny demonstrates a commitment to strengthening tenant influence and capability.</p> <p>While these arrangements provide evidence of meaningful tenant engagement and scrutiny, BCCHS has not yet explicitly assessed whether a Designated Tenant Panel would add value beyond existing structures, or articulated how its current approach achieves equivalent outcomes. Completing such an assessment would provide clearer assurance that tenant involvement in complaints handling is intentional, proportionate and aligned with the organisation's culture and governance framework.</p>	<p>12. Take a step back and decide whether existing tenant groups are achieving what a Designated Tenant Panel is meant to do, or whether something more formal is needed.</p> <p>13. Be clear how tenants contribute to reviewing complaints handling and shaping improvements.</p>
1.6	The organisation's Board/Council members provide a strategic lead on reviewing the lessons learnt from complaints and ensuring that learning and improvement flow from this.	In place and effective.	<p>There is clear evidence that elected members provide active oversight and scrutiny of complaints performance and learning within BCCHS.</p> <p>The Housing Advisory Board (HAB) receives quarterly complaints reports and provides scrutiny of performance, learning themes and improvement actions.</p> <p>In addition, the Member Responsible for Complaints (MRC) plays a visible and hands-on role, receiving regular performance updates and providing challenge through portfolio meetings and Housing Advisory Board discussions.</p> <p>The Governing Body Response to the Annual Complaints Performance Report and Self-Assessment demonstrates that Cabinet and HAB have reviewed complaints performance, Housing Ombudsman determinations and learning themes in detail.</p> <p>Members have provided constructive challenge on key areas including escalation rates, timeliness, Ombudsman findings (including maladministration and severe maladministration), tenant satisfaction with complaints handling, and the risk of under-reporting linked to low complaint volumes. This</p>	<p>14. Strengthen reporting so members can see not just complaint numbers and themes, but whether agreed actions were actually delivered.</p> <p>15. Use governance to hold services to account for fixing the issues complaints are highlighting.</p>

		<p>indicates a mature and transparent approach to scrutiny, with members seeking assurance on both performance and culture.</p> <p>There is evidence that complaints learning is reported thematically and linked to strategic priorities, with oversight of mitigation actions and improvement plans. Risks associated with complaint handling, accessibility and organisational culture are clearly articulated, and members have sought assurance that appropriate actions are in place, including additional staffing, revised processes and targeted training.</p> <p>Briefing information provided to the MRC shows regular, detailed engagement with complaints data, including trends, upheld rates, Ombudsman outcomes and learning actions, supporting the view that member oversight is informed and ongoing rather than reactive.</p> <p>Staff interviews confirmed strong confidence in senior leadership and elected member commitment to improving complaints handling. Staff consistently described visible leadership support, clear expectations, and a shared organisational understanding of the importance of strengthening complaints culture and learning.</p> <p>However, case reviews and resident interviews indicate that while governance arrangements and oversight structures are in place, the impact of this oversight is not yet consistently reflected in operational delivery or resident experience. Continued focus will therefore be required to ensure that strategic oversight translates into sustained improvement at operational level.</p> <p>Overall, BCHS is able to demonstrate that elected members provide a strategic lead in reviewing complaints performance and learning, and that complaints insight is used to inform service improvement and cultural change. As improvements to resourcing and systems embed, continued focus will be required to ensure that learning is consistently translated into measurable service improvements across all areas of Housing Services.</p>	
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Complaints Accreditation Commitment and Building Blocks		Level	Findings	Recommendations
2.	Has a performance management culture that leads to continual improvement			
2.1	There is a performance management framework in place to monitor, report, and review performance in dispute resolution. Lessons learnt are reflected in service plans and at a team and individual level.	In place, but needs improvement.	<p>BCHS has a developing performance management framework in place to monitor, report and review complaints performance.</p> <p>Complaints performance is reported at multiple levels and frequencies, including monthly, quarterly and annually, with reports shared with the Leadership Team, Housing Advisory Board and Performance &amp; Transformation Board. An Annual Complaints Report is published on the Council’s website, supporting transparency and accountability.</p> <p>Performance data shows strong compliance at Stage 1, with 100% of complaints acknowledged within five working days and responded to within ten working days (2024–25). Stage 2 performance is weaker, with 83.78% of responses issued within the 20 working day target. This reduction in performance has been recognised internally and attributed in part to capacity pressures during the summer period, and has informed the decision to invest in additional complaints resources, due to be in place from February 2026.</p>	<p>16. Put in place a simple process to record what’s been learned from complaints and check that the service actually fixes it.</p> <p>17. Make sure service managers regularly review complaint themes and act on them.</p>

		<p>There is evidence that complaints performance and learning are actively discussed with managers and teams. The Complaints Team presents tailored performance updates to Service Management Teams, focusing on complaint volumes, themes, upheld rates and learning points. Bespoke training has been delivered to specific service areas, including Repairs and Assets, in response to identified complaint trends. This indicates that performance insight is being used to inform targeted intervention rather than remaining at a corporate or high-level reporting stage.</p> <p>Leadership briefings demonstrate a growing focus on organisational learning, accountability and culture, with Ombudsman determinations, learning themes and reflective questions used to prompt discussion and challenge across teams.</p> <p>Complaints learning is increasingly linked to wider service risks, including data quality, record keeping, accessibility and ownership, and there is evidence of senior leadership engagement in addressing these issues.</p> <p>However, while complaints learning is clearly identified and discussed, evidence that learning is consistently embedded into service plans, team objectives and individual performance management arrangements is still emerging. The effectiveness of the performance management framework is currently constrained by capacity and system limitations, with the anticipated complaints dashboard and additional staffing not yet in place. As a result, assurance that learning from complaints is systematically translated into measurable and sustained service improvement at team and individual level remains developing rather than fully embedded.</p> <p>Lower-than-average satisfaction with repairs, safety and ASB indicates that complaints learning is not yet consistently shaping operational performance in the services that matter most to tenants.</p> <p>Case file reviews provided further evidence that learning from complaints is not yet consistently embedded at an operational level. While responses often demonstrated appropriate investigation and intent to resolve concerns, there was limited evidence that learning was routinely captured, tracked, or used to drive wider service improvements beyond the individual case.</p> <p>Staff interviews reinforced this finding, with operational managers describing limited capacity and systems to systematically track actions arising from complaints or to ensure that learning was embedded across teams. Learning activity was often informal, reactive, or dependent on individual managers rather than supported by structured organisational processes.</p> <p>Resident interviews also reflected this gap, with residents describing repeated issues, inconsistent communication, and limited confidence that complaints would result in sustained improvement.</p> <p>This evidence confirms that BCHS has established the foundations of a performance management framework, but that further work is required to ensure that learning from complaints is systematically captured, embedded, and translated into measurable service improvements.</p> <p>Overall, BCHS can demonstrate a clear commitment to monitoring and reviewing complaints performance and to using insight to drive improvement. Continued progress will depend on the successful implementation of planned system improvements, the embedding of learning into service planning and performance frameworks, and the ability to demonstrate the impact of complaints learning on day-to-day service delivery.</p>	
2.2	SMART service standards are monitored, reported, reviewed, and used to drive service improvements because of learning from complaints.	Not in place. The Annual Complaints Report published on Bury Council's website sets out a range of learning themes and associated actions arising from complaints and Housing Ombudsman determinations. These actions demonstrate that BCHS is identifying areas for improvement and seeking to respond to customer dissatisfaction.	18. Set clear expectations for how services should perform, especially in the areas residents complain about most.

			<p>However, the actions set out in the report are largely descriptive and do not consistently include clear timescales, measurable outcomes, or defined success criteria. As a result, they cannot be described as SMART, and it is difficult to assess whether improvements have been delivered, sustained, or have resulted in improved customer outcomes.</p> <p>More broadly, BCHS does not currently operate a single, clearly articulated set of SMART service standards against which performance can be routinely monitored and reviewed.</p> <p>While response-time standards exist in some service-specific policies, these are not consistently drawn together or linked explicitly to complaint learning and improvement activity.</p> <p>BCHS recognises that further work is required in this area and has advised that an ICT dashboard is in development to improve the visibility, monitoring and reporting of complaints performance and learning. This has the potential to strengthen oversight and accountability; however, until this is implemented and linked to defined service standards and improvement measures, assurance that learning from complaints is driving measurable service improvement remains limited.</p> <p>Case reviews and staff interviews confirmed that while actions arising from complaints were often identified, they were not consistently supported by clear success measures, defined ownership, or structured follow-up to confirm completion and impact. This limited the organisation's ability to demonstrate that complaint-driven improvements had resulted in sustained service change.</p> <p>Resident interviews similarly indicated that residents did not always see evidence that complaints had resulted in meaningful or lasting improvements, reinforcing the importance of developing measurable service standards and tracking outcomes.</p>	<p>19. When complaints identify problems, be clear about what will change, who will fix it, and how you'll know it's improved.</p>
2.3	<p>Complaints are used to inform staff about learning and development, and this is captured in the annual training plan. Training is tailored to the needs of individual staff members; training outcomes and individuals' competencies are routinely assessed in regular supervisory meetings.</p>	<p>In place, but needs improvement.</p>	<p>BCHS uses complaints insight to inform operational learning and development. The Annual Complaints Report highlights key learning themes, including accessibility, vulnerability and service responsiveness, and openly acknowledges areas where services are not meeting the needs of some customer groups. This demonstrates a willingness to reflect on complaints data and identify learning priorities.</p> <p>There is evidence that learning from complaints is translated into targeted training and upskilling activity. Training is delivered at team and individual level, including bespoke sessions focused on specific service areas such as antisocial behaviour case management, alongside 1-to-1 coaching and short "how-to" training interventions. This indicates a responsive and flexible approach to addressing identified weaknesses.</p> <p>Discussions with managers confirm that this approach has largely been shaped by limited capacity, with learning activity prioritised in response to immediate risks rather than planned systematically across the organisation.</p> <p>However, learning and development arising from complaints is not currently captured within a formal annual training plan. As a result, there is limited assurance that complaints learning is systematically prioritised, resourced and embedded across the service, or that training needs arising from complaints are planned on a consistent and sustainable basis.</p> <p>While training activity is evident, there is limited evidence that training outcomes and individual competencies are routinely assessed beyond initial delivery. The reliance on one-off training sessions and presentations presents a risk that learning is not consistently reinforced, that new starters may not receive equivalent training, and that understanding and behavioural change are not systematically tested or assured through supervision and performance management.</p>	<p>20. Develop and implement a structured complaints training programme linked to identified learning needs and complaint themes.</p> <p>21. Ensure complaints handling competency is assessed and reinforced through supervision, coaching and quality assurance.</p> <p>22. Provide targeted training to staff in areas where complaint quality or resolution consistency is weakest.</p>

			<p>Staff interviews confirmed that while targeted training had been delivered in response to complaint trends, learning was often delivered reactively and was not consistently embedded within structured training plans or competency frameworks. Staff described learning taking place through informal coaching, peer support and management guidance rather than through a planned and monitored organisational approach.</p> <p>Case reviews and resident interviews also identified variability in response quality and communication clarity, indicating that training and learning had not yet resulted in consistently improved complaint handling practice across all teams.</p> <p>Overall, BCHS can demonstrate that complaints are used to inform learning and development activity; however, the absence of a formal training plan and structured competency assessment framework limits assurance that learning from complaints is embedded, sustained and consistently applied across the organisation.</p>	
2.4	Dispute resolution performance is regularly benchmarked with comparable organisations. There is evidence of learning from other organisations.	In place, but needs improvement.	<p>BCHS is able to demonstrate that dispute resolution performance is benchmarked against external sources and comparable organisations.</p> <p>The Housing Ombudsman spotlight reports, plus their determinations and good practice examples are shared with teams, and learning is discussed through leadership briefings and service updates. Benchmarking and Tenant Satisfaction Measure (TSM) benchmarking through user groups are also referenced, with examples provided of changes to communication approaches and service delivery informed by peer learning.</p> <p>There is evidence that benchmarking has informed aspects of policy development and target setting. The recent refresh of the Complaints Handling Policy was benchmarked against the Housing Ombudsman Code and other providers, and complaint targets were developed with input from the Tenants' Voice Forum and scrutinised by the Housing Advisory Board. This demonstrates an awareness of sector standards and external expectations.</p> <p>BCHS has also taken steps to improve internal data quality by revising complaint logging arrangements to enable more detailed analysis by theme and service area. This has the potential to support more meaningful internal benchmarking and learning over time.</p> <p>However, while external benchmarking and learning are clearly referenced, there is limited evidence that all key messages from external sources are consistently translated into organisational action. In particular, Housing Ombudsman learning has repeatedly highlighted the risks associated with low complaint volumes and the under-recording or misclassification of complaints. Although this risk has been acknowledged elsewhere, BCHS has not yet demonstrated clear, measurable action arising from external benchmarking to address this issue.</p> <p>As a result, while BCHS can evidence engagement with external learning and benchmarking activity, assurance that this learning is systematically acted upon – particularly where it challenges established practices or culture – remains developing.</p>	<p>23. Introduce a structured process to review external Ombudsman findings and sector learning and translate these into internal actions.</p> <p>24. Regularly benchmark complaint performance and practices against comparable landlords and sector standards.</p> <p>25. Ensure learning from benchmarking is reflected in policy, training and service improvement activity.</p>
2.5	There are effective IT or manual systems to support frontline staff and to accurately monitor and reliably report dispute resolution activity and performance.	In place, but needs improvement.	<p>BCHS has an established CRM system in place to record and manage complaints, supported by defined complaints processes and regular management oversight. Recent management briefings have been used to reinforce understanding of complaints processes and expectations, indicating an awareness of the importance of system use and data quality.</p> <p>Operational controls have been strengthened through the introduction of a dedicated complaints inbox and the use of daily CRM reports distributed to relevant staff. These measures provide additional assurance that complaints are identified, captured and progressed, and demonstrate a pragmatic response to known pressures and risks.</p>	<p>26. Ensure the CRM system supports consistent recording, tracking and reporting of complaints and agreed actions.</p> <p>27. Strengthen system controls to ensure complaints are recorded accurately and consistently at first contact.</p>

			<p>BCHS has also undertaken recent changes to complaint coding within the CRM system to reflect service changes, introduce additional themes and improve the quality of KPI reporting. This has the potential to support more detailed analysis of complaint trends and learning over time.</p> <p>However, evidence from complaints volumes, Ombudsman findings and wider self-assessment indicates that the effectiveness of current systems has historically been inconsistent. The reliance on inboxes, manual oversight and corrective controls suggests that systems are not yet sufficiently embedded or intuitive to ensure accurate and consistent complaint recording at the point of contact. As a result, assurance that dispute resolution activity is comprehensively captured and reliably reported remains developing.</p> <p>Planned system enhancements, including improved dashboard functionality, should strengthen performance monitoring and reporting once implemented. Until these improvements are fully embedded and demonstrably reduce the risk of under-recording or misclassification, the effectiveness of IT and manual systems in supporting frontline staff and providing reliable management information cannot yet be considered fully assured.</p>	<p>28. Introduce reporting tools that allow service managers to monitor complaint trends and outcomes.</p>
2.6	<p>Information on performance against targets is readily available and is used by frontline staff and managers. It is regularly reported to the executive team, the Board/Councillors, and customers. Targets are challenging</p>	<p>In place, but needs improvement.</p>	<p>BCHS is able to demonstrate that information on complaints performance is widely available and reported at multiple levels. Complaints performance and customer feedback are shared with managers on a monthly basis, reviewed by the Leadership Team, and reported quarterly to the Housing Advisory Board.</p> <p>Performance information is also published on the Council's website through the Annual Complaints Performance and Service Improvement Report, supporting transparency for customers.</p> <p>The Annual Complaints Report provides a clear and accessible overview of performance against key complaints-handling measures, including response times, outcomes, escalation rates and equality data. The report openly acknowledges areas of concern, including very low complaint volumes compared to sector averages and lower performance at Stage 2, demonstrating a willingness to be transparent with customers and stakeholders.</p> <p>There is evidence that performance information is used internally to inform discussion and challenge. Leadership briefings and management updates include complaints data, learning themes and exception reporting, and tailored performance information is shared with service teams to support operational improvement.</p> <p>However, while performance information is available and reported, there is limited evidence that complaints targets are consistently challenging or are used as a primary driver of improved outcomes. Targets relating to complaints handling focus predominantly on compliance with timescales set out in the Housing Ombudsman's Complaint Handling Code, rather than stretching measures that test service quality, effectiveness of resolution, or cultural change.</p> <p>In particular, there is limited evidence of targets designed to address known areas of risk, such as low complaint volumes, high escalation rates to Stage 2, or the completion of agreed actions following Stage 1 complaints. As a result, while performance reporting is robust, the extent to which targets drive continuous improvement beyond procedural compliance remains limited.</p> <p>Current targets focus on procedural compliance rather than improving outcomes in areas where tenant satisfaction is weakest, including complaints handling, communication and ASB.</p> <p>BCHS has identified the need to strengthen the accessibility and usability of performance information for frontline teams, with plans in place to introduce dashboards and scorecards. Once implemented, these should improve visibility of performance at team level and provide greater opportunity to use targets and performance data to drive improvement.</p>	<p>29. Introduce performance measures focused on complaint resolution quality, action completion and resident experience.</p> <p>30. Ensure performance data is accessible and routinely used by frontline managers to drive service improvement.</p> <p>31. Strengthen use of complaint data to identify areas requiring operational improvement.</p>

2.7	Where relevant, there is evidence of a constructive partnership with Designated Persons, as well as of the implementation of determinations by the Ombudsman and of reviews of general Ombudsman cases to learn from them.	In place, but needs improvement.	<p>BCHS is able to demonstrate a constructive and increasingly mature approach to engagement with the Housing Ombudsman Service. Ombudsman determinations are implemented promptly, with compliance and learning reported through quarterly performance reporting and shared with senior leaders and members. Evidence shows that Ombudsman response letters and determinations are routinely reviewed and used to inform discussion, challenge and learning at management meetings.</p> <p>There is also evidence that BCHS considers wider, sector-level Ombudsman learning. Ombudsman spotlight reports and case outcomes are shared with managers, and learning from maladministration findings has informed service and policy changes, including updates to the Anti-Social Behaviour Policy following Ombudsman recommendations. This demonstrates that BCHS is not only responding to individual determinations, but is seeking to apply broader learning to improve practice.</p> <p>External assurance of progress is reflected in BCHS being identified by the Housing Ombudsman Service as one of the most improved landlords in 2024–25, which provides additional confidence that engagement with the Ombudsman is constructive and outcome-focused.</p> <p>However, evidence of a structured and purposeful partnership with Designated Persons is less clear. While councillors and MPs are involved in complaint casework through existing case management arrangements, and tenant representatives and councillors participate in scrutiny through the Tenant Voice Forum and Housing Advisory Board, there is limited evidence of a clearly articulated approach to engaging Designated Persons as partners in dispute resolution.</p> <p>In particular, roles, expectations and routes of engagement for Designated Persons are not consistently defined, and there is limited evidence that learning from Designated Person involvement is systematically captured or reviewed. As a result, while BCHS works constructively with councillors and MPs on individual cases, the partnership aspect of this relationship is more informal than strategic.</p> <p>Overall, BCHS demonstrates strong compliance and learning in relation to Ombudsman determinations and sector-wide Ombudsman insight. Further work is required to strengthen and formalise engagement with Designated Persons to provide clearer assurance that these relationships actively support early resolution, transparency and learning.</p> <p>Case reviews and staff interviews confirmed that Ombudsman determinations and recommendations are taken seriously and used to prompt internal reflection and service improvement. Staff demonstrated strong awareness of Ombudsman expectations and the importance of compliance with the Complaint Handling Code.</p> <p>However, resident interviews indicated that escalation routes and external advocacy were not always well understood or experienced consistently in practice. Some residents described needing to pursue escalation independently or seek support from senior leaders or elected members to progress their concerns, reinforcing the importance of strengthening clarity, accessibility and partnership working with Designated Persons.</p> <p>This evidence supports the conclusion that engagement with the Ombudsman is constructive and improving, but that further work is required to ensure that escalation pathways are consistently accessible, transparent and trusted by residents.</p>	<p>32. Introduce a structured process to capture and implement learning from Ombudsman determinations and sector casework.</p> <p>33. Ensure learning from Ombudsman cases is shared with relevant staff and used to inform service improvement.</p>
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	Complaints Accreditation Commitment and Building Block	Level	Findings	Recommendations
3.	A diverse range of residents can easily access the service			
3.1	The organisation's approach to complaints is widely promoted and advertised using a variety of different communication channels, to ensure fair access to all customers.	In place, but needs improvement.	<p>Persistently low satisfaction with complaints handling suggests that, despite multiple access routes, tenants may not feel confident that complaining leads to fair or meaningful outcomes.</p> <p>BCHS provides multiple routes through which residents can raise a complaint. The Complaints Handling Policy clearly sets out the available channels, and this information is reflected on the Bury Council website.</p> <p>Complaints can be submitted online, by email, in writing, in person, by telephone, via social media (private message), or through a representative, supporting accessibility across a range of communication preferences.</p> <p>There is evidence that the complaints process is promoted through different communication channels. Information on how to complain is displayed prominently within the Housing reception area, supported by posters and newsletter communications.</p> <p>Tenant involvement has also influenced accessibility improvements, with the Tenant Voice Forum reviewing the complaints process and recommending changes to the website, including clearer complaint definitions, improved online accessibility and the introduction of a dedicated digital complaints form. These recommendations have been implemented.</p> <p>However, while the availability of complaint routes is clear, the presentation and framing of complaints information places significant emphasis on distinguishing between service requests and complaints, and on what does not constitute a complaint. This risks creating a perception of gatekeeping rather than encouragement, and may discourage residents from raising concerns, particularly those who lack confidence, have additional needs, or are unsure how their issue will be classified.</p> <p>More broadly, there is limited evidence that complaints messaging actively promotes complaints as a positive and welcomed form of feedback, or that it explicitly reassures residents that raising a complaint will not result in disadvantage. Given the very low complaint volumes reported elsewhere, this suggests that while access routes are available, further work is required to ensure that promotional messaging actively supports fair and confident access for all customer groups.</p> <p>Overall, BCBS can demonstrate that complaints information is accessible through multiple channels and has been subject to tenant-led improvement. To fully meet this criterion, greater emphasis is needed on promoting complaints as a legitimate and encouraged route for resolving dissatisfaction, rather than primarily focusing on classification and process boundaries.</p> <p>Resident interviews provided important additional insight into how accessible and trusted the complaints process feels in practice. While residents were generally aware of how to raise complaints, many described limited confidence that doing so would lead to meaningful resolution. Some residents described needing to pursue complaints persistently or escalate concerns externally before receiving satisfactory responses.</p> <p>Staff interviews similarly confirmed that dissatisfaction is sometimes resolved informally at first contact or managed outside the formal complaints process, particularly where staff seek to resolve issues quickly or where the distinction between service requests and complaints is unclear. This reinforces the risk that complaint accessibility is influenced not only by formal channels, but by staff confidence, judgement and organisational culture.</p>	<p>34. Strengthen communication to actively encourage complaints and reassure residents that complaints are welcomed.</p> <p>35. Ensure complaint information is clear, accessible and focused on encouraging residents to raise concerns.</p> <p>36. Review how complaints are promoted to ensure all residents understand how and when to complain.</p>

			Case reviews and performance data also demonstrate a mismatch between low complaint volumes and relatively low satisfaction levels, suggesting that complaint accessibility is not yet fully translating into confident and consistent use of the complaints process by residents.	
3.2	Communication channels are accessible to all, with the use of translation services, minicom, large print, Braille, digital technology, etc.	In place, but needs improvement.	<p>BCHS recognises the importance of ensuring that communication channels are accessible to all residents, including those with additional communication needs. The Complaints Handling Policy and wider service information reference reasonable adjustments and the availability of support for residents who may require alternative ways to access services.</p> <p>However, at present, there is limited evidence that accessible communication options are consistently and proactively available across BCHS communication channels. While the Council's website includes a general accessibility page, this is not easily located from complaints-related webpages, and does not currently provide clear, embedded options for translation or alternative formats. Residents are instead reliant on guidance to use browser-based tools such as Google Translate, read-aloud functions and zoom features, which places responsibility on the customer rather than the service.</p> <p>Given the diversity of BCHS's tenant population, including residents whose first language may not be English, the current reliance on customer-led translation tools and limited visibility of accessible formats is a particular concern. This may create additional barriers for some ethnic minority groups and risks reinforcing under-representation in complaint data. Improving the proactive availability of translated and accessible communication channels would support fairer access, more representative feedback, and stronger assurance that complaints insight reflects the experiences of all customer groups.</p> <p>BCHS has acknowledged these limitations and has identified short-term mitigations, including the development of instructions to support the use of translation and accessibility tools. Longer-term improvements to website accessibility, including enhanced translation and read-aloud functionality, are being captured within the Communications Strategy, with actions planned for review by June 2026.</p> <p>The Reasonable Adjustments Policy, which underpins accessibility across services, is currently out of date and due for review. While work is underway to refresh this policy, the absence of an up-to-date framework limits assurance that accessibility needs are being consistently identified, recorded and met across all complaint and communication channels.</p> <p>Lower satisfaction scores for safety and communal areas, alongside very low complaint volumes, raise concern that some groups may be experiencing issues without accessing the complaints process at all.</p> <p>Overall, while BCHS demonstrates awareness of accessibility requirements and has plans in place to improve provision, current arrangements rely heavily on interim solutions and future actions. As a result, assurance that communication channels are fully accessible to all residents, including those requiring translation or alternative formats, remains limited at this time.</p> <p>Validation interviews confirmed that staff routinely adapt communication methods to meet individual resident needs, including providing direct contact details, tailoring communication preferences and offering additional support where vulnerability is identified. Case reviews demonstrated examples where communication methods had been adjusted to support resident engagement and resolution.</p>	<p>37. Ensure complaints information is available in accessible formats and clearly signposted.</p> <p>38. Strengthen arrangements to identify and record communication needs and reasonable adjustments.</p> <p>39. Ensure staff consistently adapt communication methods to meet individual resident needs.</p>

			<p>However, resident interviews also highlighted variability in communication quality and consistency, with some residents describing delays, lack of updates, or unclear explanations. This reinforces the importance of ensuring that accessible communication arrangements are applied consistently across all teams and cases.</p>	
3.3	The organisation can demonstrate that customers know the right person to speak to and can contact them easily using a variety of methods.	In place, but needs improvement.	<p>BCHS has taken steps to clarify points of contact for complaints, with the Complaints Team acting as a central signposting function for customers.</p> <p>A dedicated complaints and compliments inbox has recently been introduced, with internal rollout underway and plans in place to promote this channel to tenants and publish it on the website. This has the potential to improve clarity and consistency around how residents contact the service.</p> <p>There is evidence that BCHS seeks to respond to customers using their preferred method of contact, including online, telephone, face-to-face engagement or through an advocate. This supports flexibility and reflects an understanding of differing communication needs once contact has been established.</p> <p>However, evidence that customers currently know who the “right person” is to contact remains limited. While multiple routes exist, the complaints process continues to rely heavily on general access points and internal signposting, rather than providing customers with a clearly identifiable and well-promoted contact for complaints at the outset. The dedicated complaints inbox, while positive, is not yet fully embedded or visible to customers.</p> <p>Planned initiatives, including a ‘Meet the Team’ campaign scheduled for implementation once additional staff are in post, indicate an intention to strengthen visibility and familiarity with the Complaints Team. However, as these initiatives are not yet in place, they do not currently provide assurance that customers are consistently clear about who to contact or how to do so easily.</p> <p>Overall, BCHS can demonstrate improving arrangements for managing and responding to complaints once they are received. Further work is required to ensure that customers clearly understand who to contact and can readily access the appropriate point of contact without reliance on internal navigation or future communications activity.</p>	<p>40. Clearly communicate how residents can contact the complaints team and who is responsible for handling complaints.</p> <p>41. Ensure complaints contact routes are visible, accessible and consistently used.</p>
3.4	An Equality Impact Assessment of the complaints of policy and process has been carried out, and an outcome-focused SMART action plan has been developed. Progress against the action plan is regularly monitored as part of the overall performance management framework.	Not in place.	<p>BCHS has confirmed that an Equality Impact Assessment (EIA) of the complaints policy and complaints handling process has not been undertaken. As a result, there is no outcome-focused, SMART action plan in place arising from an EIA, and no formal arrangements for monitoring progress against such actions as part of the wider performance management framework.</p> <p>While BCHS collects and analyses equality data relating to complainants and has demonstrated awareness of disparities in complaint volumes across different customer groups, this insight has not yet been translated into a formal equality impact assessment of the complaints policy or process.</p> <p>Without a completed EIA and associated action plan, BCHS cannot yet demonstrate assurance that its complaints arrangements are systematically assessed for potential disproportionate impact on different equality groups, or that identified risks are being addressed in a structured and measurable way.</p>	<p>42. Undertake a formal Equality Impact Assessment of the complaints policy and process.</p> <p>43. Develop and implement actions to address any barriers or disparities identified.</p>
3.5	Information is being collected to show an understanding of local demographics and the customer profile. This information is used in tailoring how customers can complain and how	In place, but needs improvement.	<p>BCHS collects and analyses a good range of demographic information about its tenants, including through the complaints process itself.</p> <p>Customer profiling questions are asked at the first point of contact, and complaint data is analysed by age, disability, gender and ethnicity.</p>	<p>44. Use demographic and complaint data to improve accessibility and responsiveness of complaint handling.</p>

	complaint responses are communicated to customers.		<p>The Annual Complaints Performance Report demonstrates a high degree of transparency in identifying differences in who does and does not complain. It clearly highlights under-representation of some groups, particularly older tenants, and over-representation of disabled tenants, and acknowledges that services are not always as responsive to the needs of all customers. This provides a strong evidence base for understanding access and experience.</p> <p>While BCHS demonstrates strong transparency in highlighting disparities, the consistently low satisfaction with complaints and communication suggests that insight is not yet translating into targeted changes that residents recognise.</p> <p>There is evidence that complaint handling is tailored at an individual level once a complaint has been raised, including courtesy calls to confirm household details, communication preferences and tailored service needs.</p> <p>However, there is less evidence that this demographic insight is being used proactively to shape how the complaints process is designed, promoted or adapted for under-represented groups. While differences in complaint patterns are well understood, the resulting changes to access routes or communication approaches are not yet clearly articulated.</p> <p>In the absence of a formal Equality Impact Assessment of the complaints policy and process, assurance that demographic insight is being translated into structured, outcome-focused action remains limited.</p>	45. Ensure services adapt complaint handling approaches to meet the needs of different resident groups.
3.6	Analysis of complaints data against the customer profile and diversity strands is used to tailor the service complained about by targeting resources to ensure that it is improved as a result of complaints received and upheld.	In place, but needs improvement.	<p>BCHS analyses complaints data against customer profile and diversity strands, and this is set out clearly in the Annual Complaints Performance and Service Improvement Report.</p> <p>The report identifies patterns and disparities in who is complaining, including differences by age, disability and ethnicity, and acknowledges where services are not working equally well for all customer groups.</p> <p>Satisfaction levels for ASB (50.7%) and communal areas (55.2%) suggest that, while learning is identified, resource targeting has not yet delivered visible improvements for tenants.</p> <p>There is evidence that complaint themes and upheld complaints have informed service improvement activity, particularly in areas such as repairs, damp and mould, ASB and complaint handling itself. These improvements appear primarily service-led and focused on addressing recurring issues highlighted through complaints.</p> <p>However, there is more limited evidence that demographic analysis is being used to proactively target resources or adapt services specifically for under-represented or disproportionately affected groups. While differences in complaint patterns are well understood, it is less clear how this insight has directly influenced decisions about where to focus additional capacity, support or tailored interventions.</p> <p>Overall, BCHS demonstrates good analysis and transparency, but clearer evidence is needed to show how demographic insight from complaints is systematically driving targeted service improvement.</p> <p>Case reviews and staff interviews confirmed that while complaint themes are well understood at a strategic level, there is less consistent evidence that demographic insight and complaint learning are systematically translated into targeted operational interventions. Staff described responding to issues at an individual case level, but with limited capacity or structured</p>	<p>46. Strengthen use of complaint data to identify recurring issues and target service improvement.</p> <p>47. Ensure complaint learning is used to inform operational and service improvement decisions.</p>

			<p>mechanisms to proactively target resources or adjust service delivery based on demographic trends.</p> <p>Resident interviews reinforced this finding, with residents describing repeated issues relating to communication, repairs and complaint handling, and limited visibility of how complaints had resulted in broader service change. Strengthening the link between demographic insight, resource targeting and measurable service improvement will be key to demonstrating full compliance with this criterion.</p>	
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	Complaints Accreditation Commitment and Building Block	Level	Findings	Recommendations
4.	Customers are encouraged to influence how the service is delivered			
4.1	Customers are actively involved in reviewing and learning from complaints. This is done routinely and systematically, leading to service improvements.	In place, but needs improvement.	<p>BCHS involves tenants in reviewing complaints performance and learning, primarily through the Tenant Voice Forum (TVF). The Complaints Manager provides performance, trend and learning updates to TVF on a half-yearly basis, and tenants are invited to provide feedback on complaint handling through transactional and satisfaction surveys.</p> <p>There is evidence that tenant feedback is influencing aspects of service delivery, including a renewed focus on completing agreed actions within complaint timescales. This indicates that customer insight is being listened to and is beginning to inform improvement activity.</p> <p>However, customer involvement in complaints learning is not yet routine or systematic. Engagement currently relies on periodic updates and surveys, rather than an embedded process through which tenants regularly review complaints data, test learning, or track whether agreed improvements have been delivered.</p> <p>Low satisfaction with feeling listened to (58.6%) indicates that tenant influence is not yet consistently visible to the wider customer base beyond those directly involved in scrutiny.</p> <p>Plans to establish a dedicated complaint review group following the recent TVF complaints review are positive, but as these arrangements are not yet in place, they do not currently provide assurance that customer involvement in complaints learning is consistent or sustained.</p> <p>Resident interviews confirmed that while involvement structures such as the Tenant Voice Forum are valued, residents do not consistently see evidence that their feedback has resulted in meaningful or sustained service change. Some residents described frustration with consultation processes and uncertainty about how their input influenced decision-making.</p> <p>Staff interviews also confirmed that tenant involvement in complaints learning is still developing and not yet fully embedded as a routine part of service improvement processes. While there is clear commitment to strengthening resident involvement, further work is required to ensure that tenant scrutiny is consistently integrated into complaints learning and improvement arrangements.</p>	<p>48. Introduce structured opportunities for tenants to review complaints, learning and improvement actions.</p> <p>49. Ensure tenants are involved in reviewing whether complaint-driven improvements have been effective.</p>

			Overall, BCHS can demonstrate emerging customer involvement in complaints learning, but further work is required to embed this in a structured and ongoing way that clearly links tenant scrutiny to measurable service improvement.	
4.2	As a result of complaints, actions are taken by the organisation and lessons are learned, both of which are publicised.	In place and effective.	<p>BCHS demonstrates that learning from complaints is identified and acted upon.</p> <p>The Annual Complaints Performance and Service Improvement Report includes a clear section on learning themes and actions, setting out where services have fallen short and what has been done in response.</p> <p>There is evidence that this learning is shared beyond internal audiences. Complaints performance, themes and improvements are published on the Council's website, and learning is also communicated through tenant-facing channels such as newsletters. This supports transparency and helps customers see that complaints can lead to change.</p> <p>However, while learning and actions are publicised, it is not always clear how consistently customers are informed about the impact of specific complaints or whether actions have been fully delivered and embedded. Public reporting focuses more on activity and intention than on demonstrating completed outcomes and sustained improvement.</p> <p>Overall, BCHS meets the expectation of publicising learning and actions arising from complaints, though there is scope to strengthen how the impact of those actions is communicated back to tenants.</p> <p>Case reviews and resident interviews indicate that while learning and improvement activity is reported publicly, residents do not always experience or recognise the impact of this learning in practice. Residents described ongoing issues with communication, follow-through and resolution quality, reinforcing the importance of ensuring that published learning translates into visible operational improvement.</p> <p>Strengthening feedback loops between complaints learning, operational delivery and resident communication will help reinforce confidence that complaints lead to meaningful and sustained service improvement.</p>	<p>50. Improve communication to residents on how complaints have led to service improvements.</p> <p>51. Ensure residents are informed when actions arising from complaints have been completed.</p>
4.3	The policy and procedure are consulted on and agreed with customers; it is also subject to continual review in order to capture comments from customers, staff, good practice and changes to regulation and legislation.	In place, but needs improvement.	<p>There is evidence that customers are involved in reviewing the Complaints Handling Policy. The policy is currently under review with tenant involvement, which demonstrates an intention to consult customers and reflect their feedback.</p> <p>However, the policy review is overdue when measured against the stated review cycle. While tenant engagement is taking place, the lapse in review timescales weakens assurance that the policy is being kept up to date in a timely way in response to regulatory change, good practice and customer feedback.</p> <p>In addition, there is limited evidence that the Procedure (where distinct from the Policy) is subject to customer consultation or routine review. While operational changes and improvements are evident, it is not clear that these are captured within a formally reviewed and customer-agreed procedure document.</p> <p>Overall, BCHS can demonstrate customer involvement in policy review, but greater clarity and consistency are needed to ensure both policy and procedure are reviewed regularly, on time, and with clear customer input.</p> <p>Resident interviews confirmed mixed confidence in how resident feedback influences complaints policy and service design. While involved residents recognised opportunities to provide feedback</p>	<p>52. Ensure complaints policies and procedures are reviewed regularly with tenant involvement.</p> <p>53. Clearly communicate how tenant feedback has influenced complaints handling.</p>

			<p>through scrutiny structures, some described limited visibility of how their input influenced policy decisions or operational change.</p> <p>This reinforces the importance of ensuring that policy consultation is not only undertaken, but that outcomes are clearly communicated and demonstrably reflected in service improvement.</p>	
4.4	<p>Feedback and satisfaction are effectively measured in the complaints process and handling; follow-up work is done to understand results, and this contributes to service improvements. Feedback results are widely publicised to Board/Members/Scrutiny panel/forums/customers.</p>	<p>In place and effective.</p>	<p>BCHS demonstrates a strong and transparent approach to measuring feedback and satisfaction in relation to complaints.</p> <p>Customer satisfaction is captured through Tenant Satisfaction Measures (TSMs), a complaints handling survey and wider tenant insight activity. However, sustained low satisfaction with complaints handling indicates that feedback loops are not yet closing quickly or clearly enough for tenants to feel the benefit.</p> <p>Results are routinely reported to senior leaders, members and scrutiny forums, and are published through the Council's website and formal complaints reporting.</p> <p>There is clear evidence that feedback is reviewed and followed up. Satisfaction results and qualitative feedback are triaged to relevant teams and managers, and learning from complaints and tenant insight is reflected in service improvement activity.</p> <p>The Knowing Our Tenants work, in particular, provides a clear and honest assessment of where customers are satisfied and where improvements are needed, and this has been shared with governance bodies alongside agreed actions.</p> <p>BCHS is open about areas of weaker performance, including lower satisfaction with complaints handling through TSMs, and has used this insight to inform discussion, challenge and improvement planning. This demonstrates a mature and self-aware approach to performance transparency.</p> <p>While multiple sources of feedback are in place, further work is underway to better align and reconcile actions arising from complaints data, TSMs and wider tenant insight. Completing this workstream will strengthen assurance that feedback is consistently translated into coordinated service improvement and clearly communicated back to customers.</p> <p>Overall, BCHS meets the expectations of this criterion, with strong transparency and evidence that feedback informs service improvement. The next stage of maturity lies in bringing different feedback sources together more clearly and strengthening how outcomes are communicated to tenants.</p>	
4.5	<p>The organisation has a system for recording compliments and learning from them.</p>	<p>In place, but needs improvement.</p>	<p>BCHS has clear arrangements in place for recording and sharing compliments. Compliments are reported monthly, quarterly and annually, and are shared with service managers, who are expected to acknowledge them. Compliments are also actively promoted internally through initiatives such as 'wall of fame' spotlights at director briefings and within service teams, including operatives' toolbox talks. This supports positive reinforcement and staff morale.</p> <p>There is evidence that compliments data is increasing year on year and that compliments are visible across the organisation, which helps promote good practice and pride in service delivery.</p> <p>However, while compliments are recorded and shared, there is more limited evidence that they are consistently analysed or used to inform service learning in the same way as complaints.</p>	<p>54. Introduce structured analysis of compliments to identify good practice.</p> <p>55. Use compliments data to reinforce positive behaviours and service standards.</p>

			<p>BCHS has acknowledged that transactional feedback is not yet being routinely reviewed to identify compliments, and that manager capability in this area needs strengthening.</p> <p>Planned training for managers in 2026 should help improve consistency in identifying and learning from compliments. Until this is embedded, assurance that compliments are systematically used as a learning tool, rather than primarily as recognition, remains developing.</p> <p>Staff interviews confirmed that compliments are valued and shared internally to reinforce positive behaviours and service standards. However, staff also described limited structured analysis of compliments data to identify transferable learning or best practice across teams.</p> <p>Strengthening analysis and use of compliments alongside complaints learning will help support a more balanced and proactive approach to service improvement.</p>	
4.6	There is evidence that the organisation acts within the regulatory expectations in the HCA's Tenant Involvement & Empowerment Standard, supporting resident scrutiny of and involvement with complaints.	In place and effective.	<p>BCHS have a Tenant Voice Forum whose purpose is structured tenant feedback, including on complaints. The Forum has undertaken a scrutiny project reviewing the complaints handling process, with recommendations provided in September 2025 and implementation of those recommendations underway.</p> <p>Tenant representation is also in place through the Housing Advisory Board, providing an additional route for residents to influence oversight of complaints performance and learning.</p> <p>The engagement of TPAS to support the development of tenant scrutiny further strengthens these arrangements.</p> <p>While these structures are relatively new and still developing, they demonstrate that BCBS is supporting resident scrutiny of complaints and involving tenants in reviewing and shaping how complaints are handled. This aligns with the principles of the Tenant Involvement &amp; Empowerment Standard.</p> <p>As these arrangements mature, further work will be needed to embed tenant scrutiny as a routine part of governance and assurance and to evidence the ongoing impact of tenant involvement on service improvement.</p>	

	Complaints Accreditation Commitment and Building Block	Level	Findings	Recommendations
5.	Ensures timely and effective dispute resolution			
5.1	In applying policies, procedures, and guidelines for dispute resolution, staff can use discretion, and these discretionary solutions are well recorded and transparent.	In place, but needs improvement.	<p>Low satisfaction with complaints handling suggests that early resolution, while well-intended, may not always leave tenants feeling heard or assured.</p> <p>BCBS encourages staff to resolve issues early and to use discretion when things have gone wrong. The Complaints Handling Policy allows for a range of remedies, including apologies, goodwill gestures and compensation, and there is evidence that practical, non-financial solutions are used to meet individual needs.</p> <p>These discretionary actions are recorded within the complaints process, supporting transparency of outcomes.</p>	<p>56. The Complaint Handling Policy would benefit from strengthening in the following areas:</p> <ol style="list-style-type: none"> <li>1. Mandatory recording of dissatisfaction, even if resolved immediately</li> <li>2. Clear instruction that staff must not discourage complaints</li> <li>3. Longer and more flexible Stage 2 escalation window</li> <li>4. Explicit independence at Stage 2</li> </ol>

			<p>However, the strong emphasis on early resolution is not clearly balanced with an explicit requirement to record all expressions of dissatisfaction as complaints, even where issues are resolved quickly. This creates a risk that discretionary resolution takes place outside the formal complaints process.</p> <p>This risk is reflected in complaint volumes that are significantly lower than sector averages, suggesting that some discretionary resolutions may not be consistently logged or reported.</p> <p>Overall, discretion is used positively, but clearer guidance is needed to ensure it supports transparency and learning rather than acting as a barrier to complaint recording.</p> <p>Validation interviews confirmed that staff are committed to resolving complaints quickly and pragmatically, and demonstrated a clear focus on achieving positive outcomes for residents. However, staff also described situations where issues were resolved informally without being formally recorded, particularly where staff sought to resolve concerns quickly or avoid escalation.</p> <p>Case reviews and resident interviews reinforce this finding, with evidence that early resolution is not always supported by consistent recording, follow-through or organisational learning. This creates a risk that opportunities for improvement are missed and that complaint data does not fully reflect resident experience.</p> <p>Strengthening guidance and assurance around the recording of all expressions of dissatisfaction will help ensure that discretionary resolution supports learning and transparency.</p>	<p>5. Recording and monitoring of excluded complaints</p> <p>6. Statement that complaints are welcomed and do not disadvantage residents</p> <p>7. Governance language acknowledging that low complaint volumes require scrutiny</p> <p>57. The policy would benefit from an explicit statement such as "Where a resident expresses dissatisfaction, this will be recorded as a complaint, even if the issue is resolved on first contact".</p> <p>58. Ensure all expressions of dissatisfaction are recorded, even where resolved immediately.</p> <p>59. Provide clear guidance to staff on recording complaints and dissatisfaction.</p>
5.2	Good record keeping is standard practice and demonstrates proper investigation of complaints.	In place, but needs improvement.	<p>BCHS has systems in place to support complaint record keeping once a complaint has been logged. Complaints are recorded and tracked through the CRM system, with supporting folders used to capture investigation notes, evidence, responses, learning and actions, providing a clear audit trail.</p> <p>However, there is less assurance about record keeping at the earliest point of customer contact. The Stage 1 process map focuses on activity after a complaint has been logged, rather than on how expressions of dissatisfaction are identified, recorded and classified at first contact.</p> <p>This creates a risk that staff judgement at the point a customer calls or makes contact is not consistently recorded, and that some complaints may be resolved or redirected without being formally logged. This risk is reflected in complaint volumes that are significantly lower than sector averages.</p> <p>Staff interviews confirmed that complaint recording and investigation processes are robust once a complaint has been formally logged. However, they also confirmed variability in how dissatisfaction is identified, classified and recorded at first contact, particularly where issues are resolved informally or managed outside the formal complaints process.</p> <p>Case reviews similarly identified variability in the recording and tracking of agreed actions following complaint responses, limiting assurance that resolutions were consistently delivered and evidenced.</p> <p>Strengthening recording and tracking arrangements across the full complaint lifecycle will be important to ensure transparency, accountability and organisational learning.</p>	<p>60. Ensure consistent recording of dissatisfaction at first contact.</p> <p>61. Strengthen tracking of agreed complaint actions through to completion.</p>

			<p>The combination of very low complaint volumes and low satisfaction scores increases the risk that dissatisfaction is being resolved quietly rather than learned from.</p> <p>Overall, record keeping is strong once complaints enter the formal process, but greater clarity and consistency are needed at the initial contact stage to ensure all expressions of dissatisfaction are properly captured.</p>	
5.3	There is a proactive approach to gathering evidence across the organisation, with departments/teams being supportive of each other in complaints investigation and resolution.	In place, but needs improvement.	<p>There is evidence of proactive joint working between the Complaints Team and service managers when investigating complaints. This includes sharing evidence, carrying out inspections, moderating responses and agreeing resolutions.</p> <p>The use of Stage 1 and Stage 2 process checklists for managers and heads of service supports a more consistent and collaborative approach to complaint investigation.</p> <p>However, this proactive approach is stronger in some service areas than others, and practice is not yet fully consistent across the organisation.</p>	<p>62. Introduce a simple investigation structure for Stage 1 complaints that requires officers to clearly set out: what happened, what should have happened, what went wrong, and what will now change.</p> <p>63. Require investigating officers to evidence that they have reviewed the case history, spoken to relevant staff, and checked whether previous agreed actions were completed.</p> <p>64. Introduce routine managerial dip-sampling of Stage 1 responses to test investigation depth, clarity of explanation, and whether actions promised are realistic and deliverable.</p>
5.4	The procedure has as few stages as possible, and complaints are escalated through the procedure promptly.	In place, but needs improvement.	<p>Complaints procedures and guidance are currently under review and have been discussed with managers to improve clarity and usability. This reflects an awareness of the need for procedures to be practical and easy to follow.</p> <p>The Complaints Handling Policy states that residents have 10 working days from receipt of a Stage 1 response to request a review, with discretion to extend this where appropriate. While the Housing Ombudsman's Complaint Handling Code does not prescribe a minimum escalation window, a 10-day timeframe is tighter than sector norms and may be perceived as an unnecessary barrier to access.</p> <p>Aligning the escalation window more closely with the 20 working day timeframe used by many landlords would be more defensible and would strengthen confidence that escalation routes are fair, accessible and clearly understood.</p> <p>As the procedure review is ongoing, the extent to which revised guidance will address these issues is not yet clear.</p>	<p>65. Make escalation rights explicit in every Stage 1 response, including how and when a resident can request Stage 2.</p> <p>66. Remove any ambiguity about who decides whether a complaint progresses to Stage 2 – ensure the process is clear, consistent and not perceived as gatekept.</p> <p>67. Monitor Stage 2 themes specifically to identify whether escalation is being driven by poor Stage 1 investigation or failure to follow through on actions.</p>
5.5	Staff are aware of the purpose of each of the stages and how and when a complaint may be escalated to external bodies.	In place, but needs improvement.	<p>There is evidence that staff are made aware of the complaints stages and escalation routes through training, internal communications and targeted briefings. This includes focused input for Contact Centre staff and housing officers who are often the first point of contact for tenants.</p> <p>Complaints processes for Stage 1 and Stage 2 have recently been shared with managers for review and refinement, which should support clearer understanding and more consistent application.</p> <p>However, the strong emphasis on resolving complaints at Stage 1 as a measure of success risks overshadowing clarity about escalation rights, including referral to external bodies. Continued</p>	<p>68. Reinforce through briefing and supervision the difference between a service request and a complaint, particularly where dissatisfaction is expressed.</p> <p>69. Provide short, practical refresher sessions for frontline staff focused on identifying complaints and supporting residents through the process.</p>

			reinforcement is needed to ensure staff understanding balances early resolution with residents' right to escalate where dissatisfaction remains.	70. Ensure managers routinely check that staff are applying the complaints process correctly in day-to-day work.
5.6	Complaints are responded appropriately and, in the timeframes set out in the organisation's policy, but individual circumstances are recognised, and different agreements may be made as appropriate.	In place and effective.	<p>BCHS generally responds to complaints within published timescales, and there is evidence that extensions are agreed and recorded where complaints are complex or require additional investigation.</p> <p>Individual circumstances are recognised, with complaints risk assessed and, where necessary, fast-tracked. Examples provided show appropriate flexibility in response to vulnerability and property-related risks, including urgent action to protect tenant health and safety.</p> <p>Overall, there is evidence of a proportionate and pragmatic approach to timescales, balancing compliance with responsiveness to individual need.</p>	
5.7	When possible, alternative dispute resolution processes and techniques (e.g., mediation, conciliation) are available to staff and used where appropriate.	In place, but needs improvement.	<p>BCHS does not routinely use formal alternative dispute resolution techniques such as mediation or conciliation as part of its complaints process. Instead, resolution tends to focus on apology, explanation and practical action, which is often effective and appropriate.</p> <p>There is no regulatory requirement to offer mediation, and its absence does not in itself represent a failure. However, there is limited evidence that staff are actively encouraged to consider alternative dispute resolution where cases would benefit from a facilitated or restorative approach.</p> <p>Clearer acknowledgement of when mediation or similar approaches might be appropriate, even if used selectively, would strengthen assurance that all reasonable resolution options are considered.</p>	<p>71. Provide clear guidance to officers on when mediation or alternative resolution may be appropriate, particularly in neighbour disputes.</p> <p>72. Ensure mediation is considered early enough to prevent escalation, rather than as a last resort.</p> <p>73. Track outcomes of mediation to understand whether it is resolving issues sustainably.</p>

Complaints Accreditation Commitment and Building Block		Level	Findings	Recommendations
<b>6. Tackles the causes of complaints and puts things right</b>				
6.1	The organisation sets out a clear definition of what constitutes a complaint, in keeping with best practice. This is set out in the variety of publicity available to customers.	In place, but needs improvement.	<p>BCHS sets out a clear definition of a complaint within its Complaints Handling Policy, which aligns with the Housing Ombudsman Code and is published on the Council's website. The definition is accessible and easy to understand.</p> <p>However, despite the clarity of the definition, recorded complaint volumes are significantly lower than sector averages. This suggests that, in practice, the definition is not always being applied consistently, particularly at first contact.</p> <p>As a result, while the definition itself is clear and publicly available, there is limited assurance that it is consistently used to determine what is logged as a complaint.</p> <p>Low satisfaction with complaints handling suggests that tenants' experience does not consistently align with the organisation's stated definition and intent.</p> <p>Staff interviews confirmed that while the definition of a complaint is clear in policy, there is variability in how it is applied in practice. Staff described relying on judgement to determine whether dissatisfaction should be recorded as a complaint or resolved informally, particularly at first contact or within operational teams.</p>	<p>74. Re-brief all housing and contact centre staff on the complaint definition, using real examples to clarify what must be logged as a complaint.</p> <p>75. Remove reliance on individual judgement by introducing clearer prompts within systems to capture dissatisfaction.</p> <p>76. Reinforce the expectation that "fixing it quickly" does not remove the need to record it.</p>

			<p>Resident interviews reinforced this finding, with residents describing situations where dissatisfaction was not initially recognised or progressed as a complaint, requiring further escalation or persistence.</p> <p>This evidence reinforces the importance of strengthening consistency in how the complaint definition is applied in practice.</p>	
6.2	The organisation is committed to the earliest resolution of disputes, and appropriate information is given to customers of local agencies where they may seek independent advice or advocacy services.	In place, but needs improvement.	<p>BCHS places strong emphasis on early resolution, with evidence that tenants are contacted promptly to acknowledge complaints, understand desired outcomes and manage expectations.</p> <p>There is also evidence that complaint responses include signposting to other relevant agencies, such as the police, insurance services or disability-related support, where appropriate.</p> <p>However, the focus on early resolution is not always clearly balanced with reassurance that residents can still pursue a formal complaint if dissatisfaction remains. This creates a risk that early resolution activity unintentionally discourages complaints from being formally recorded.</p>	<p>77. Make clear in guidance that early resolution must still be recorded where dissatisfaction has been expressed.</p> <p>78. Ensure residents are explicitly told when an issue has been treated as a service request rather than a formal complaint – and how they can escalate if they disagree.</p> <p>79. Review a sample of early resolutions to test whether complaints are being appropriately recognised.</p>
6.3	Expressions of dissatisfaction that are resolved at the first point of contact are recorded and used for learning, as well as complaints that are made formally.	Not in place.	<p>BCHS has introduced changes to its process to support early escalation and timely resolution, including a requirement for early review of complaints within 24 hours.</p> <p>However, there is limited evidence that expressions of dissatisfaction resolved at first contact are consistently recorded and used for learning. While BCBS states that all complaints are logged formally, the very low volume of recorded complaints indicates this is not happening consistently in practice.</p> <p>Discussions with senior managers and the Complaints Manager confirm that, historically, a focus on resolving issues quickly has sometimes resulted in dissatisfaction being managed informally rather than logged for organisational learning.</p> <p>Without clear recording of dissatisfaction resolved at first contact, opportunities for learning and service improvement may be missed, and complaint data may not fully reflect customer experience.</p> <p>This risk is reinforced by low satisfaction across multiple service areas alongside unusually low complaint volumes, suggesting under-recording rather than low dissatisfaction.</p> <p>Validation interviews with staff across housing management, repairs and contact centre functions confirmed that dissatisfaction is not always consistently recorded as a complaint at first contact. Staff described situations where issues were resolved informally, managed as service requests, or handled outside the formal complaints process.</p> <p>Case reviews and performance data reinforce this finding, with unusually low complaint volumes relative to satisfaction levels indicating that dissatisfaction is not always captured formally.</p> <p>Resident interviews similarly described situations where concerns were not initially recognised or progressed as complaints, reinforcing the importance of strengthening recording arrangements at first contact.</p>	<p>80. Introduce a clear rule that any expression of dissatisfaction must be logged, even if resolved within 24 hours.</p> <p>81. Strengthen contact centre and frontline scripts to prompt staff to recognise and record complaints consistently.</p> <p>82. Monitor complaint volumes against satisfaction trends to test whether recording practices are improving.</p>

			This evidence confirms that recording of dissatisfaction at first contact is not yet consistently embedded in practice.	
6.4	Systems are in place to identify and analyse recurring complaints about issues, and the information is used to target resources.	In place, but needs improvement.	<p>Persistent dissatisfaction with repairs, safety, ASB and communal areas indicates that recurring issues are not yet being systematically reduced through complaints learning.</p> <p>The Complaints Handling Policy, whilst not wrong, is less explicit than higher-performing organisations about how performance is assured, how learning is reported, and how residents will see learning and complaint themes published (though the policy does commit to an annual complaints performance report).</p> <p>BCHS recognises the importance of identifying recurring complaint themes, but systems to support this are not yet fully developed. Tracking of themes is currently manual and time-consuming, with revised coding structures and automated reporting still awaiting IT changes.</p> <p>While complaint themes are produced and shared, the absence of embedded, automated systems limits assurance that recurring issues are consistently identified and used to target resources. Planned system changes should strengthen this over time, but at present this remains a developing area.</p>	<p>83. Produce a quarterly “recurring issues” report highlighting repeat service failures and what is being done to address them.</p> <p>84. Require service areas with repeat themes (e.g. repairs, ASB, communication) to produce short improvement plans responding directly to complaint trends.</p> <p>85. Track whether recurring complaint themes reduce over time.</p>
6.5	The organisation follows up and keeps promises and undertakings, is committed to putting the right service failures and learning from outcomes.	In place, but needs improvement.	<p>There is evidence that BCHS follows through on actions arising from Housing Ombudsman determinations, with actions tracked and completed within required timescales.</p> <p>However, follow-up of actions arising from Stage 1 complaints is less consistent and relies on individual service teams to complete agreed actions, with the Complaints Team chasing progress.</p> <p>This creates a risk that learning and service improvements are not consistently embedded where complaints are resolved early, particularly given low complaint volumes and reliance on informal resolution.</p>	<p>86. Introduce a simple action-tracking process to ensure commitments made in complaint responses are recorded and followed through.</p> <p>87. Require investigating officers to confirm when agreed actions have been completed, not just promised.</p> <p>88. Include completion of agreed actions as part of complaint quality assurance.</p>
6.6	The organisation has an appropriate and robust approach to managing unreasonably persistent complainants and unacceptable behaviour by customers, while ensuring that it addresses the issues raised by the customer.	In place, but needs improvement.	<p>BCHS has policies in place to manage unacceptable behaviour, including a Zero Tolerance and DNVA policy, which provide a framework for protecting staff.</p> <p>However, current arrangements focus more on enforcement than balance. The development of a Vulnerable Tenant Policy presents an opportunity to better align behaviour management with proportionality, support and continued consideration of the underlying complaint.</p> <p>Until revised arrangements are in place and embedded, assurance that unacceptable behaviour is managed consistently while still addressing the substance of complaints remains developing.</p>	<p>89. Review use of behaviour policies to ensure they are proportionate and do not restrict access to the complaints process.</p> <p>90. Ensure complaints are fully investigated regardless of resident behaviour, separating conduct issues from service failings.</p> <p>91. Monitor cases where behaviour policies are applied to ensure fairness and consistency.</p>

Complaints Accreditation Commitment and Building Block	Level	Findings	Recommendations
<b>7. Provides value for money and financial aspects are clear</b>			
7.1	The organisation can demonstrate it has considered having an adequate financial redress policy for complaints.	In place, but needs improvement.	BCHS has a Compensation Policy in place and has recently reviewed it. However, the updated policy has not yet been published, and the version currently available on the website is out of date.

92. Publish the Compensation Policy.

			Until the revised policy is published and clearly communicated, assurance that financial redress arrangements are current, accessible and fully understood by customers remains limited.	93. Ensure staff understand when financial redress is appropriate and how to explain decisions clearly.
7.2	Where compensation is offered, it is benchmarked against comparative organisations, demonstrates value for money, is proportionate and is offered consistently.	Not in place.	<p>There is limited evidence that compensation levels are benchmarked against comparable organisations or assessed explicitly in terms of value for money.</p> <p>While compensation decisions appear to be made on a case-by-case basis, the absence of benchmarking increases the risk of inconsistency and makes it difficult to demonstrate proportionality or external alignment.</p>	<p>94. Introduce periodic review of compensation awards to test for consistency and proportionality.</p> <p>95. Benchmark compensation levels against recent Ombudsman decisions to ensure they remain appropriate.</p>
7.3	There is an evidence-based approach to budget settings to manage complaints.	In place, but needs improvement.	<p>Poor satisfaction with complaints handling represents a reputational and regulatory risk, which in itself undermines value for money if not addressed.</p> <p>There is evidence that complaints-related costs, including compensation, are considered as part of wider financial oversight, with input from senior managers and finance partners.</p> <p>Compensation decisions are informed by Housing Ombudsman guidance on remedies and focus on impact, duration and severity rather than fixed tariffs.</p> <p>However, there is limited evidence that complaints data is routinely used to inform forward budget planning or to model future demand or risk.</p> <p>Staff interviews confirmed that compensation decisions are generally made thoughtfully and in line with Housing Ombudsman guidance, with consideration given to impact, duration and severity. Case reviews demonstrated examples of appropriate financial and non-financial remedies.</p> <p>However, resident interviews indicated variability in how compensation decisions were communicated and understood, with some residents expressing dissatisfaction with how remedies were explained or applied. Strengthening transparency, benchmarking and consistency arrangements will help improve confidence in financial redress decisions.</p>	<p>96. Analyse compensation payments alongside complaint themes to identify where service failures are driving avoidable cost.</p> <p>97. Use complaint and compensation trends to inform preventative service improvement priorities.</p>
7.4	Costs of the service are regularly benchmarked to demonstrate value for money, and improvements occur as a result of benchmarking outcomes.	Not in place.	<p>BCHS tracks compensation payments by service area and complaint stage, which provides basic oversight of costs.</p> <p>However, there is no evidence of regular benchmarking of complaints-related costs against other organisations, or of using this information to drive efficiency or service improvement.</p> <p>As a result, assurance that complaints handling costs represent value for money remains limited.</p>	<p>98. Compare complaint handling performance and cost with similar landlords to understand relative efficiency.</p> <p>99. Use benchmarking insight to identify where processes could be streamlined without reducing quality.</p>
7.5	The organisation knows whether it is getting value for money from procured services (e.g., training, mediation).	Not in place.	<p>There is limited evidence that BCBS routinely assesses value for money from procured complaints-related services such as training or alternative dispute resolution.</p> <p>Training is largely delivered internally, with external provision used selectively, but there is no clear evaluation of impact or return on investment.</p> <p>As a result, assurance that procured services are delivering value for money is still developing.</p>	<p>100. Review the impact of any externally commissioned complaints training or consultancy to ensure it has delivered measurable improvement.</p> <p>101. Ensure future external support is clearly linked to identified weaknesses and expected outcomes.</p>

Theme	Action	Why It Matters	Risk Level	Timeframe	Owner	Dependency/Notes	Ref	Status	Evidence/Link	Review date 3 month outcome	Review date 6 month outcome	Any further action.	oversight /reporting - where?
Action follow-through & Quality Assurance	<p>Create a single cross-service log of actions promised in complaint responses, with owners and due dates - Sharepoint folders to be set up with team action trackers to update live - sign off box by head of service. This can include learning log. Create a unified cross-service log for all actions committed to in complaint responses.</p> <p><b>Key Components:</b></p> <p>Set up SharePoint folders for each team. Implement live action trackers with: named action owners, target completion dates, Head of Service sign-off box. Include a learning log to capture and evidence service improvements. Long term plan :- QL upgrade - Ensure QL reporting is used consistently to record action outcomes. Deliver CRM training to all relevant staff once the updated system is rolled out to improve tracking, monitoring, and learning records.</p>	Stage 1 resolutions fail due to incomplete follow-through; drives Stage 2.	High	Q1	Complaints Team	Deliver service instructions - invite members to channel - complaints review weekly - escalate risks. Manager to provide next steps for Q1 implementation.	1.1,2.1,6.5	Started	A code has been enabled and tested called all CM_TO to create actions linked to complaints. Complaints with outstanding actions are currently being updated and assigned to key staff. Will be completed End April. Early resolution code will be a classification option.				Leadership team
Compensation & VFM	Publish the updated Compensation Policy and brief managers on use and explanations. Complaint review panel review this with the complaint policy.	Out-of-date web policy; transparency risk.	Medium	Q2	Strategy and Policy Manager	Complaint & Compensation Policy is now in the work plan for TVF - co-production - once approved publish.	7.1	Started	Consultation in progress. Compensation Policy updated with HO's new guidelines.				Complaint review group and LT

Complaint recording & accessibility	Mandate logging of all expressions of dissatisfaction, even if resolved at first contact; update policy wording and frontline scripts accordingly. Piece of work to do around Cllr and MP enquireis. Identify resource (potentially HA's once QL has automated some administration and data input tasks) Create process and accountibilities. Case management to copy in Complaints inbox. triage and log. see action 7.	Under-recording masks issues; very low volumes vs satisfaction indicate transparency and regulatory risk.	High	End of Q2	Complaints Manager/team	Update CH Policy & scripts; comms to Contact Centre; CRM prompt if possible.demonstrate the use of early resolution code. Develop process for logging MP and Cllr Complaints with Coporate Manager	5.1,5.2,6.1,6.2,6.3	Started	Early resolution logging went live February 26. Provide evidence here.				Performance Improvement and Assurance Manager meeting
Action follow-through &QA	Introduce dip-sampling of Stage 1 responses to test investigation depth, clarity and delivery of promised actions. Complaint review group to do this April first meeting - draft audit exercise developed to test at review group who will develop the process.	Quality variance; missed learning; escalations.	Medium	End of Q2	Engagement Manager	Use simple QA checklist; report to HAB quarterly.	1.1,5.3	Started	2 new members so far expressed interest. TPAS to support with the development of the review groups.				HAB
Escalation & Designated Persons	Extend Stage 2 escalation window to 20 working days; make escalation rights explicit in every Stage 1 letter.	10-day window risks perceived gatekeeping; fairness/regulatory risk.	High	Q2	Complaints Manager	Policy edit; template update; staff brief.	1.4,5.4,5.5	Started	It is 20 working days. The first draft in 2023 was wrong and revised in 2024. Audit letters and amenn template if required.				LT

Escalation & Designated Persons	Resolve policy conflict on MP/CIr cases; implement clear process to record and track these as complaints when criteria met.	Inconsistency reduces transparency and learning.	Medium	Q3	Complaint Manager	Amend CH Policy sections; staff comms.	1.4	in progress	Requested access to Caseviewer - coporate system so that elected member/MP "complaints" can quickly be identified and recorded as they are being dealt with but not recorded when they are complaints - CLAIRE IF YOU CAN CHASE AGAIN , THE CODE ALLOWS US TO CAPTURE AND USE A 3RD PARTY BUT AN OUTCOME WOULD BE GOOD UNLESS WE TAKE OVER AS A COMPLAINT.				TVF review group HAB LT	
Complaint recording & accessibility	Add CRM prompts/mandatory fields at first contact to capture dissatisfaction and route to complaints workflow. Improve Contact Centre scripts, deliver awareness training to staff. Include all staff in new QL training (automated fields to guide logging of complaint)	Inconsistent recognition at first contact; reliance on judgement.	Medium	Q4	ICT / QL/ Complaints team	QL design when updated version is delivered. Complaint team to update scripts for CC and training for Staff.	2.5,5.2,6.1,6.3	Planned	All first contacts currently come to inbox but to be logged in QL - ideally this will be done at CC (first point of contact via updated automated version of QL)					
Accessibility & EIA	Undertake Equality Impact Assessment (EIA) of complaints policy/process and implement outcome-focused action plan. Monitor Quarterly.	No EIA; potential disproportionate impact; regulatory risk.	High	Q1	Strategy and Policy Manager	Use complaint demographics & TSM insight.	3.4,3.5,3.6	In progress	Draft to be reviewed with Complaint manager and reccomended actions agreed.					LT
Complaint recording & accessibility	Refresh website and public materials to explicitly welcome complaints; simplify service request vs complaint messaging.	Perception of gatekeeping discourages complaints; equity risk.	Medium	Q3	Complaint team	Coordinate with TVF; add dedicated complaints inbox.	3.1,3.3,6.2	Not started						

Service standards & SMART targets	Make improvement actions SMART with success measures and track via dashboard.	Current actions descriptive; impact unclear.	Medium	Q4	Head of Service	A set of SMART, measurable improvement actions supported by KPIs that can be tracked, monitored, and reported consistently. KPI's drafted.	2.1,2.2,2.6	In progress	Draft KPI's shared with team - review can they be robustly reported against?					LT
Accessibility & EIA	Make accessible formats and translation options visible and proactive on complaints pages; link to Reasonable Adjustments. Separate action re Contact centre translation as this sits outside the Housing Service.	Reliance on user tools excludes some groups.	Medium	Q3	Complaints Manager.	Reasonable Adjustments Policy drafted. Reliance on Contact Centre improvement which sits outside of the Housing Service - this may delay overall completion of this action. However HS actions will improve overall accessibility via all other means.	3.2	Not Started						TVF, LT HAB
Tenant involvement & feedback	Establish a tenant complaint review group to routinely review cases, themes and completion of actions. as above - April	Current involvement periodic; trust gap.	Medium	End of Q2	Tenant Engagement Manager	Build on TVF; publish "you said, we did".	4.1,4.2	Started	Review group to meet April 2026.					TVF LT
Service standards & SMART targets	Publish core customer service standards beyond timescales (updates cadence, ownership, what good looks like). Developing these with the support from the ICS accreditation which is ongoing. Survey work commenced.	Lack of clear expectations undermines accountability and satisfaction.	Medium	Q1 2027	Head of Service	Co-produce with TVF; align with Customer Charter.	1.3,2.2	Planned						TVF LT
Escalation & Designated Persons	Create engagement plan for Designated Persons and assess value of a Designated Tenant Panel.	Missed early resolution & scrutiny benefits.	Medium	Q3	Tenant Engagement Manager	TPAS to assist the development of these groups - however recruitment has started.	1.4,1.5,2.7	Planned						TVF LT HAB
Systems & dashboard	Deliver complaints dashboard for managers incl. action completion rates, Stage 2 drivers, recurring issues.	Limited assurance and oversight currently.	Medium	Q1 2027	Ddat	Align with CRM coding changes.	2.1,2.5,2.6,6.4	Planned						
Training & competency	Create annual complaints training plan mapped to themes; include ASB, investigation skills, vulnerability & communication.	Reactive training; inconsistent competency.	Medium	Q4	Head of Service	Include assessment in supervision & QA.	2.3,5.3,5.5	Planned						LT

Compensation & VFM	Quarterly benchmarking of awards against Ombudsman decisions; review consistency and proportionality. Where can we access this info? Who do we compare ourselves to? Hos webpage have annual awards which we have reviewed against similar sized providers.	Inconsistent awards = fairness risk & VFM.	Medium	Q3	Complaints manager	Feed into budget and prevention plans.	7.2,7.3,7.4	Planned						LT
Compliments learning	Analyse compliments quarterly to extract good practice and share across teams. Utilise the Managers meeting as Complaints is now an agenda item also delivered at LT meeting.	Missed positive learning; culture lever.	Low	Q2	BHS Managers	Include in dashboard pack.	4.5	Not started						LT
Accessibility & EIA	Implement proactive accessible formats: translated web pages, large print, audio, easy-read, BSL.	Current reliance on browser tools excludes some groups.	High	Q3	Head of Service	Website refresh. Dependant on Comms support - coporate core.	3.2	Not started						LT
Compensation & VFM	Introduce quarterly benchmarking of key complaints metrics against similar landlords.	Lack of benchmarking increases inconsistency.	Medium	Q2	Performance/Complaints	Needs external data	2.4	Planned						LT
Compensation & VFM	Benchmark cost of complaints handling and avoidable cost trends.	No VFM assessment in place.	Medium	Q2	Performance/Finance	Budget alignment	7.4	Planned						LT
Alternative dispute resolution	Develop guidance for when mediation(e.g., neighbour disputes) and track outcomes. /ADR should be used and track outcomes.	ADR inconsistently considered; missed early resolution opportunities. Selective use can prevent escalation.	Low	Q3	Complaints Team	Pilot in ASB cases	5.7	Not started						
Complaint recording & accessibility	Publish and promote clear complaints contact routes (dedicated inbox, Meet the Team).	Residents unclear who to contact; accessibility risk.	Medium	Q1	Complaints/Comms	Requires web update	3.3	Not started						
Tenant involvement & feedback	Assess value of establishing a Designated Tenant Panel and report findings to TVF/HAB.	Not assessed; potential missed scrutiny benefits.	Medium	Q3	Tenant Engagement Manager	TPAS support	1.5	Planned						

Service standards & SMART targets	Create and publish contractor customer service standards aligned to BCHS service standards.	Contractors not consistently working to common service expectations.	Medium	Q4	Repairs/Assets/Contracts	Supplier engagement	1.3	Planned					
Escalation & Designated Persons	Develop structured process to capture and implement Ombudsman learning with quarterly reporting.	Learning inconsistently embedded; risk of repeat failings.	Medium	Q4	Complaints Manager	Link with dashboard	2.7	Started					LT
Governance and oversight	Reporting of compliance to leadership team	Provides understanding of where improvements are required, risks are clear.	Medium	Q1	Complaint Manager	Link with KPI's							LT and HAB

<b>Risk_Level</b>	<b>Theme</b>	<b>Action_Count</b>
High	Accessibility & EIA	4
High	Action follow-through & QA	2
High	Compensation & VFM	2
High	Complaint recording & accessibility	3
High	Escalation & Designated Persons	4
High	Complaint Learning	1
Medium	Accessibility & EIA	1
Medium	Compensation & VFM	3
Medium	Complaint recording & accessibility	2
Medium	Escalation & Designated Persons	1
Medium	Service standards & SMART targets	2
Medium	Systems & dashboard	1
Medium	Tenant involvement & feedback	2
Medium	Training & competency	1
Low	Compliments learning	1
Low	Alternative dispute resolution	1

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This action plan sets out the priority improvements arising from Housemark’s independent review of the Housing Services Anti-Social Behaviour (ASB) function. The recommendations from the review have been grouped into clear thematic areas, cross-referenced, and RAG-rated to ensure a structured and transparent approach to delivering change.

The plan aligns these actions with wider organisational learning, including outcomes from complaints, Tenant Satisfaction Measures (TSMs), and tenant voice activity. This ensures that our improvement work reflects the experiences of our tenants and strengthens the quality, consistency, and accountability of the ASB service.

Our aim is to deliver a responsive, victim-centred ASB service that meets regulatory expectations, builds confidence in our communities, and supports safe, thriving neighbourhoods. This action plan provides a clear framework for how we will achieve this and how progress will be monitored.

**RAG Key:**

- **Red – High priority / critical gap**
- **Amber – Medium priority / needs improvement**
- **Green – Low priority / already underway / incremental**

**1. We provide an accessible and accountable service**

**1.1 – Accessibility, fairness, respect**

RAG	Consolidated Actions	Deadline	Personal Responsible	Update
<span style="color: red;">●</span>	Develop and publish a simple “How we handle ASB” service standard, with clear steps,	End of Q1	Hayley Harle	Include – <ul style="list-style-type: none"> <li>• What happens when you report</li> </ul>

	timelines, risk assessment, updates and closure explanation for our tenants. (1.1)			<ul style="list-style-type: none"> <li>• When you will be contacted</li> <li>• How risk will be assessed</li> <li>• How often you will receive updates</li> <li>• How closure is agreed</li> </ul> <p>This should be short, plain English, and used consistently by officers. Ensure the “How we handle ASB” service standard is included in the sign-up pack.</p>
●	Introduce mandatory <b>first-contact checklist for tenants</b> : issue to tenant in tenant’s words, risk assessed, contact preference, written confirmation. (1.1)	End of Q1	Hayle Harle	
●	Include service standard in <b>sign-up pack</b> . (1.1)	End of Q2	Holly Hudson	Handbook with tenant voice to review. Once complete to include.
●	Monitor ASB reporting rates by patch to identify under-reporting. (1.1)  Measure the impact of monitoring from Q4 25/26 to Q1 26/27 to see if any impact and what other actions we may need to consider.	July 2026	Kimberley Partridge	Monitor ASB reporting rates by patch and compare against tenancy density and complaints data to identify potential under-reporting hotspots.  Weekly reviews ongoing to identify and anomalies in data. To report on figures in quarterly ASB report. First report will cover Q1.
●	Add confidence-to-report questions to tenant engagement surveys. (e.g. “Would you feel confident reporting ASB?”) and	April 2026	Jon Lomax	Phone surveys started February 2026. Need to adjust to include “would you report ASB again if needed in the future?” Need to amend tenancy visit to include <i>Do you ever see or experience things around here that feel like anti-social</i>

	track this as an improvement measure. (1.1)	End of Q2	Yaz Poxton	<p><i>behaviour?</i></p> <p>If something was going on here, would you feel able to report it to us?</p> <p>How confident do you feel about reporting anti-social behaviour?</p> <p>What would make you hesitate about reporting something, if anything?</p> <p>Do you know how you'd report ASB if you needed to?</p>
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## 1.2 – Using demographic data

RAG	Consolidated Actions	Deadline	Personal Responsible	Update
●	Embed <b>protected characteristic fields</b> in ASB case audits. (1.2)	End of Q1	Yaz Poxton	<p>To meet Equality act duties and allow us to use to identify can vulnerabilities and to use to assess whether ASB responses, timescales, outcomes, or enforcement actions differ by protected group</p> <p>Evidence that decisions are proportionate and non-discriminatory, show you have “<i>due regard</i>” using real operational data, not assumptions</p>
●	Review ASB reporting & satisfaction by demographic groups. (1.2)	July 2026	Kimberley Partridge	Include in Q1 report - satisfaction and ASB cases by age, ethnicity, disability and tenure type (where data exists).
●	Quarterly <b>ASB equality review:</b> vulnerability identification, adjustments, differing outcomes. (1.2)	July 2026	Kimberley Partridge	<p>Form part of ASB quarterly report. Need to sample of cases is reviewed to test:</p> <ul style="list-style-type: none"> <li>• Whether vulnerability was identified early</li> <li>• Whether reasonable adjustments were offered</li> <li>• Whether outcomes differ by demographic group.</li> </ul>

				If not include the learning and what actions are needed to address any concerns
●	Align “Knowing Our Tenants” with ASB—identify 2–3 priority cohorts & develop targeted interventions. (1.2)	July 2026	Kimberley Partridge	<p>Learning and actions to include in quarterly report</p> <ul style="list-style-type: none"> <li>Identifying 2–3 priority risk cohorts (e.g. older residents in flatted blocks, young single males at risk of exploitation)</li> <li>Creating targeted prevention or communication interventions for those groups.</li> </ul>
●	Improve data completeness in tenancy records. (1.2)	Q4	Holly Hudson	<p>Plan to improve data completeness in tenancy records, prioritising fields that support ASB risk identification.</p> <ul style="list-style-type: none"> <li>Spot checks after completion of tenancy visit and signups to ensure data is being uploaded. Managers to report on % complete.</li> <li>Ensure fields are included in QL upgrade <ul style="list-style-type: none"> <li>Can we include prompted questions in workflows</li> </ul> </li> <li>Clear of expectations with team – consider a checklist of fields that need to be complete.</li> <li>Target of fields complete is 80% and above.</li> </ul> <p><b>What “Good” Looks Like</b></p> <ul style="list-style-type: none"> <li>80% and above fields complete</li> <li>ASB cases opened with known household makeup</li> <li>Vulnerabilities visible before enforcement decisions</li> <li>Fewer emergency escalations</li> <li>Stronger evidence for proportionality</li> <li>Improved tenant trust and satisfaction</li> </ul> <p><b>KPIs to track:</b></p>

				<ul style="list-style-type: none"> <li>• % completeness of fields complete</li> <li>• Number of ASB cases with:             <ul style="list-style-type: none"> <li>○ Unknown vulnerabilities</li> <li>○ Missing household members</li> <li>○ Reduction in repeat ASB linked to “unknown risk”</li> </ul> </li> </ul>
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### 1.3 – Clear communication and accessibility

RAG	Consolidated Actions	Deadline	Personal Responsible	Update
●	Standardise ASB template letters — decisions, next steps, review routes, plain English.	End of Q2	Alison Wharton	Review and standardise ASB template letters and ensure they are imbedded within the new QL to ensure they: <ul style="list-style-type: none"> <li>• Clearly explain decisions and rationale</li> <li>• Set out next steps</li> <li>• Confirm review/appeal routes where relevant</li> <li>• Avoid jargon and overly legalistic language.</li> </ul>
●	Proactively promote interpretation & accessibility support on webpage, sign-up, and letters.	End of Q1 End of Q2	Hayley Harle Holly Hudson	To review in line with point 1.1 “how we handle ASB” Include in welcome pack and sign up.
●	Add a communication quality audit to case review.	End of Q1	Yaz Poxton	Include in 1.2 “Embed protected characteristic fields in ASB case audits.” Introduce a short communication quality audit as part of case review: <ul style="list-style-type: none"> <li>• Are decisions clearly explained?</li> <li>• Is tone respectful?</li> <li>• Is vulnerability acknowledged?</li> </ul>

●	Refresh Reasonable Adjustments Policy and embed in ASB processes.	End of Q2 End of Q2	Claire Rogan Yaz Poxton	Update and republish the Reasonable Adjustments Policy, Ensure it is referenced explicitly within ASB case management guidance and refreshed ASB policy.

## 1.4 – Tenant involvement in shaping the service

RAG	Consolidated Actions	Deadline	Personal Responsible	Update
●	Define the remit & influence of ASB scrutiny within Tenant Voice Forum.	End of Q3	Claire Rogan	Agree a clear purpose and remit for ASB scrutiny within the Tenant Voice Forum, including: <ul style="list-style-type: none"> <li>• What they can influence</li> <li>• What they cannot</li> <li>• How decisions will be fed back.</li> </ul>
●	Publish quarterly “You said / We did” tracker.	End of Q2	Jon Lomax	Publish ASB-related engagement activity, published quarterly. Also include action in 1.7 Publish quarterly “You said / We did” ASB feedback update.
●	Annual ASB engagement plan covering geography, working residents & under-represented groups.	End of Q2	Kimberley Partridge	Develop an annual ASB engagement plan, ensuring: <ul style="list-style-type: none"> <li>• Geographic spread across estates</li> <li>• Alternative engagement routes for working tenants</li> <li>• Targeted inclusion of under-represented groups.</li> </ul> <p>Include action 1.5 Develop light-touch ASB comms plan: anonymised case studies, examples of enforcement &amp; prevention. (1.5)</p>

●	Collate themes from all engagement and report alongside ASB performance.	End of Q2	Kimberley Partridge	To include in quarterly ASB report.
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## 1.5 – Publicising action on ASB

RAG	Consolidated Actions	Deadline	Personal Responsible	Update
●	Develop light-touch ASB comms plan: anonymised case studies, examples of enforcement & prevention.	End of Q2	Kimberley Partridge	<p>Develop a light-touch ASB communications plan, including:</p> <ul style="list-style-type: none"> <li>• Quarterly anonymised case studies</li> <li>• Clear examples of early intervention and enforcement</li> <li>• Balanced messaging about support and sanctions.</li> </ul> <p>Include in action 1.4 Annual ASB engagement plan covering geography, working residents &amp; under-represented groups.</p>
●	Publish an annual ASB summary (cases, actions, learning).	End of June	Kimberley Partridge	<p>Publish an annual ASB summary setting out:</p> <ul style="list-style-type: none"> <li>• Number of cases</li> <li>• Types of action taken</li> <li>• Examples of prevention activity</li> <li>• Lessons learned.</li> <li>• This should be reviewed by HAB and members and published.</li> </ul> <p>To include in June HAB report and then April 2027</p>
●	Ensure enforcement outcomes are communicated back to affected residents	When action is taken	Kimberley Partridge	To be done when enforcement action is taken

	within legal limits.			
●	Integrate ASB messages into wider housing comms.	End of Q2	Kimberley Partridge	To include in “Develop light-touch ASB comms plan: anonymised case studies, examples of enforcement & prevention”

## 1.6 – Complaints driving learning

RAG	Consolidated Actions	Deadline	Personal Responsible	Update
●	Create quarterly ASB <b>governance dashboard</b> including quality metrics (risk assessment timeliness, action plans, closure with consent).	End of Q1	Michael Conroy	Weekly checks being undertaken and monthly reports are being provided. Need to expand current checks to include closure reasons and timescales action plans and risk assessments complete.
●	Introduce monthly ASB <b>quality assurance check</b> (sample reviews).	End of Q1	Michael Conroy	Create a single ASB “quality assurance check” that is completed on a rolling sample of cases each month (e.g. 10 cases), signed off by a named manager, and reported through the same governance route as dashboard. Focus the risk assessment completed on time, action plan in place, updates evidenced, closure agreed and recorded.  Michael to produce a audit checklist  Enforcement Offices to oversee audits whilst we recruit for ASB manager
●	Add quality measures (not volume-only) to governance	End of Q1	Michael Conroy	Add two or three “quality measures” to the governance pack (not just volumes). For example: % cases with risk assessment within 2 working days; % cases with a written

	reports.			<p>action plan shared; % cases with documented update within agreed timescales; % cases closed with resident agreement recorded.</p> <p>Michael to lead on producing the report to enable Head of Service to produce the report.</p>
●	Action plan must have clear ownership, due dates, evidence of completion.	Complete	Kimberley Partridge	Amended Action plan to reflect recommendation.

## 1.7 – Satisfaction measurement

RAG	Consolidated Actions	Deadline	Personal Responsible	Update
●	Introduce <b>end-of-case</b> feedback (text/email/phone).	End of Q1	Jon Lomax	<p>Introduced February. Need to include recommendation in 1.1</p> <p><i>Add confidence-to-report questions to tenant engagement surveys. (e.g. “Would you feel confident reporting ASB?”) and track this as an improvement measure.</i></p>
●	Publish quarterly “You said / We did” ASB feedback update.	End of Q2	Jon Lomax	<p>Report ASB feedback monthly (even if response rates are low at first) and publish a quarterly “You said / We did” ASB update that tenants can see.</p> <p>Include action 1.4 Publish quarterly <b>“You said / We did”</b> tracker.</p>

## 1.8 – Clear, agreed communication formats

RAG	Consolidated Actions	Deadline	Personal	Update
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			Responsible	
●	Make <b>contact agreement mandatory</b> at case start (preferred channel, frequency, key update triggers). (1.8)	End of Q1	Michael Conroy	In place within our action plan. Need to review action plan to include fields to make it easier to complete and document acts a prompt. Monitoring monthly to ensure each case has a
●	Introduce <b>update logs</b> in all cases, subject to managerial spot-checks. (1.8)	End of Q1	Kimberley Partridge	Introduce a simple “update log” expectation: every update is recorded (even if it’s ‘no change, but here’s what we’re doing next’). Managers should spot-check this in monthly case reviews.

## 1.9 – Stronger scrutiny and accountability

RAG	Consolidated Actions	Deadline	Personal Responsible	Update
●	Require HAB minutes to record challenge and follow-up actions.	End of Q2	Claire Rogan	Taking ASB update to HAB in June. Need to discuss how we work with the group to ensure they are able to challenge the data.
●	Align ASB action plan to governance reporting with RAG and ownership.	Complete	Kimberley Partridge	Same action as 1.6. Added RAG and ownership to action plan and have included ASB in forward plan at HLT and HAB
●	Publish an ASB scrutiny operating model (purpose, evidence, actions).	End of Q3	Dawn Woodruff	Agree (and publish) a simple involvement “operating model” for ASB scrutiny: purpose, membership, chairing, how agenda items are set, what evidence is reviewed, what decisions/actions come out, and how BCHS reports back.

●	Create a scrutiny feedback loop with a live tracker.	End of Q3	Dawn Woodruff	Put in place a clear feedback loop from scrutiny to action: a single tracker that shows what was raised, what was agreed, who owns it, and when tenants will see the change.
●	Provide induction/training and assign an officer to support tenant scrutineers.	End of Q3	Dawn Woodruff	Support the involved residents properly: basic training/induction on what they're there to do, what's realistic, and how to hold to account constructively; plus a named BCHS officer responsible for making sure actions don't drift.

## 2. We adopt a supportive approach for vulnerable people

### 2.1 – Protecting people from harm

RAG	Consolidated Actions	Deadline	Personal Responsible	Update
●	Mandatory <b>risk assessment within 2 working days</b> , system-enforced.	End of Q1	Yaz Poxton Michael Conroy	Make completion of risk assessment within 2 working days mandatory and system-enforced (case cannot progress without it being completed and manager-visible).  To include in case audit template and report produced monthly.
●	Introduce <b>risk refresh triggers</b> at 4 weeks, escalation, or new fear/distress.	End of Q1	Yaz Poxton	Include in the above action. Will report on monthly and within quarterly report on case compliance.
●	Managers review risk scoring as part of QA.	End of Q1	Michael Conroy	Require managers to review risk scoring as part of monthly audit sampling, specifically checking: – is the score justified by evidence? – does the action plan align to the risk level?  Include in actions included in 1.6

●	Monthly supervision includes live case risk discussion.	End of Q1	Kimberley Partridge	Build risk scoring compliance into supervision – officers should bring one live case to supervision monthly to discuss harm, not just activity.  To include and recorded in 121 notes
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## 2.2 – Identifying repeat victimisation

RAG	Consolidated Actions	Deadline	Personal Responsible	Update
●	Create <b>repeat victim flag</b> (2+ reports in 12 months).	End of Q4	Yaz Poxton	Include in QL upgrade
●	Quarterly repeat-victim report to managers.	End of Q2	Yaz Poxton	Consider if manual logging is possible whilst we wait for QL upgrade
●	Add vulnerability prompt checklist in case system.	End of Q4	Yaz Poxton	Include in QL upgrade
●	Set & report KPI on risk assessment completion within 48 hours.	End of Q1	Michael Conroy	Already set in Officers PDRs  Michael to lead on producing the report  Managers to include in action 2.1. Head of Service to report on this within quarterly reporting.

### 2.3 – Staff access to support routes

RAG	Consolidated Actions	Deadline	Personal Responsible	Update
●	Develop <b>one-page ASB support map</b> for Officers (safeguarding, DA, hate crime, mental health, tenancy support).	End of Q2	Hayley Harle	Hayley is already working on process map for Hate Crime. Will provide briefing to staff once these are complete.
●	Introduce annual ASB capability refresher.	End of Q3	Yaz Poxton	Complete October 2025 next session due October 2026.
●	Add supervision question: “What support options have been considered?”	End of Q1	Kimberley Partridge	To include in case reviews mentioned in action 2.2 Managers to include in 121s
●	Track training attendance and link to performance.	End of Q3	Yaz Poxton	Mop up and 121 sessions provided to those who missed the training in October 2025. Next session due October 2026.

### 2.4 – Court readiness

RAG	Consolidated Actions	Deadline	Personal Responsible	Update
●	Develop <b>ASB enforcement pathway</b>	End of Q1	Kimberley	One in place. To review and brief the team.

	(thresholds, sign-off, evidence). (2.4)		Partridge	
●	Create court readiness guide for officers (witness care, statements, liaison).	End of Q4	Hayley Harle	
●	Identify ASB escalation lead (already in place – Enforcement Officers). (2.4)	Complete	Kimberley Partridge	In place with patch-based Enforcement Officers
●	Hold annual mock legal case workshop.	End of Q4	Kimberley Partridge	

### 3. We have a clear focus on prevention and early intervention

#### 3.1 – Allocations/lettings preventing ASB

RAG	Consolidated Actions	Deadline	Personal Responsible	Update
●	Formal tenancy risk reviews at 3, 6 and 12 months for sensitive lets.	End of Q3	Holly Hudson	Ensure at least 2 x intro tenancy visits are carried out including management transfers and any other sensitive lets, recorded on the housing system.
●	Record two tenancy sustainment visits in	End of	Holly Hudson	Ensure at least 2 x intro tenancy visits are complete and include checks on neighbour relations

	first 6 months.	Q3		and emerging risks on sensitive lets or in areas of high level ASB or criminality.
●	Create Sensitive Lets Outcomes Log for quarterly review.	End of Q3	Holly Hudson	Purpose to assess whether sensitive lets are achieving their intended preventative outcomes.

### 3.2 – Behaviour expectations & tenancy agreements

RAG	Consolidated Actions	Deadline	Personal Responsible	Update
●	Introduce mandatory <b>neighbourhood expectations conversation</b> at sign-up.	End of Q2	Holly Hudson	To include in sign up checklist and tenant handbook
●	Standardised early-warning intervention for early concerns. (3.2)	End of Q3	Jon Lomax	Introduce a standardised early warning intervention process, where tenancy expectations are formally reinforced when early ASB reports or neighbour concerns emerge.
●	Update tenant welcome booklet with behaviour guidance & ASB response.	End of Q2	Holly Hudson	In progress. Currently being reviewed by tenant voice.

### 3.3 – Partnership working to reduce ASB

RAG	Consolidated Actions	Deadline	Personal Responsible	Update
●	Introduce mandatory <b>prevention checklist</b> for cases open >4 weeks.	End of Q2	Jon Lomax	Introduce a mandatory “prevention checklist” for all ASB cases open longer than 4 weeks, requiring officers to confirm whether mediation, partner referrals, or support interventions have been considered.
●	Quarterly multi-agency hotspot reviews.	End of Q2	Yaz Poxton	Monthly meetings with GMP and Public Service reform meetings. Need to add standard agenda item.
●	Managers to evidence early intervention tools in case audits.	End of Q1	Michael Conroy	Form part of case reviews carried by Enforcement Officers. To develop checklist to cover what’s required as part of a case review. Also included in action 1.6

### 3.4 – Hotspot identification

RAG	Consolidated Actions	Deadline	Personal Responsible	Update
●	Quarterly hotspot report: repeat locations, complainants, perpetrators & cases open longer than 8 weeks.	End of Q1	Kimberley Partridge	To develop quarterly report to include hotspot report. Next report due to HAB in June 2026.
●	Targeted intervention plans for hotspot areas.	End of Q1	Kimberley Partridge	We have 2 in progress for Redvales and Radcliffe. Recommendations on what areas to focus on will be outlined in the quarterly report as we will be led by the

				data.
●	Align hotspot data with walkabouts & action days. (3.4)	End of Q1	Kimberley Partridge	<p>This are currently led on HO/ILO feedback. During February and March 2026, we have complete targeted events in Radcliffe (clean up led by volunteers and support by Housing and the wider council) a Walkabout in Redvales following increase in ASB and criminality. Also conducted a walkabout in Prestwich following Complaints regarding ASB and fly tipping</p> <p>I will include in quarterly report areas of activity and areas of focus moving forward</p>

### 3.5 – Use of early intervention

RAG	Consolidated Actions	Deadline	Personal Responsible	Update
●	Introduce mandatory <b>Early Intervention Review at day 10.</b>	<p>End of Q1</p> <p>End of Q4</p>	<p>Michael Conroy</p> <p>Yaz Poxton</p>	<p>Include in case review checklist and enforcement to carry out case reviews. Lead on producing report to allow managers to raise in 121. Action linked with 1.6 and 3.3</p> <p>Managers to raise in 121s</p> <p>To review fields in QL with upgrade.</p>
●	Mandatory risk assessment + action plan within <b>5 days</b> (align with 2-day RA requirement).	End of Q1	Michael Conroy	<p>Include in case review checklist and enforcement to carry out case reviews. Lead on producing report to allow managers to raise in 121</p> <p>Managers to raise in 121s</p>

●	Monthly case audits focused on early intervention compliance.	End of QL	Michael Conroy	Include in case review checklist and enforcement to carry out case reviews. Lead on producing report to allow managers to raise in 121
●	Add Early Intervention Toolkit checklist to system.	End of Q2 End of Q4	Jon Lomaz Yaz Poxton	To include in prevention checklist action 3.3 To review with QL upgrade.

### 3.6 – Diversionary activity

RAG	Consolidated Actions	Deadline	Personal Responsible	Update
●	Develop targeted diversionary engagement plan for hotspots/vulnerable cohorts.	End of Q4	Claire Rogan	
●	Work with partners to identify opportunities and evidence activity.	End of Q4	Kimberley Partridge	Work with community safety partners to identify opportunities for preventative engagement, particularly in areas with repeat ASB. To include in quarterly reporting.
●	Track & evaluate diversionary initiatives.	End of Q4	Kimberley Partridge	Linking them to ASB case trends and hotspot analysis. To include in quarterly reporting.
●	Assign manager to lead	End of	Kimberley Partridge	ASB Manager once appointed

preventative engagement. (3.6)	Q4		
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### 3.7 – Staff/contractor reporting

RAG	Consolidated Actions	Deadline	Personal Responsible	Update
●	Develop new <b>ASB service improvement plan</b> with defined ownership, timescales & measures.	End of Q1	Kimberley Partridge	Developed action plan with clear ownership. Quarterly reporting to be developed for HLT and HAB
●	Add ASB Concern Reporting tool for internal & contractor use. (3.7)	End of Q3	Dawn Woodruff	QL alerts in place. To review policy and process and provide refresher training
●	Annual ASB awareness induction + refresher.	End of Q3	Dawn Woodruff	
●	Manager review of ASB concerns to ensure follow-up.	End of Q3	Kimberley Partridge	Introduce manager-led review of ASB concerns raised by staff and contractors to ensure appropriate follow-up.
●	Add ASB identification to role expectations.	End of Q3	Kimberley Partridge	Include ASB identification responsibilities explicitly in Housing Officer and contractor role expectations.  To include in zero tolerance training to contractors

## 4. We encourage individual & community responsibility

### 4.1 – Communicating zero tolerance

RAG	Consolidated Actions	Deadline	Personal Responsible	Update
●	Publish visible <b>enforcement framework</b> with escalation steps.	End of Q2	Hayle Harle	Introduce a visible enforcement framework that explains what action residents can expect at each stage of an ASB case. This should include indicative timelines, escalation routes, and examples of when tools such as warnings, mediation, or legal action are used. To include action 1.1
●	Publish anonymised case outcomes twice per year.	End of Q4	Yaz Poxton	Publish anonymised case outcome summaries twice per year showing how ASB cases have been resolved, including early intervention, enforcement and partnership outcomes. This builds confidence without relying on individual publicity.
●	Structured ASB conversation at tenancy sign-up.	End of Q3	Holly Hudson	Ensure tenancy sign-up includes a structured ASB conversation, not just document issuance. This should be recorded on the housing system, confirming that expectations, reporting routes, and support options were explained and understood. Include actions from 3.2

#### 4.2 – Promoting tolerance & mediation

RAG	Consolidated Actions	Deadline	Personal Responsible	Update
●	Establish early resolution model offering mediation within 4 weeks.	End of Q1	Michael Conroy	Include in audit checklist To include a tick box in action plan to Officers can ensure its offered.
●	Track mediation referrals, outcomes, acceptance rates.	End of Q1	Jon Lomax	Report monthly in a report.

●	Use time-limited resident focus groups for neighbourhood issues.	End of Q4	Kimberley Partridge	Expand involvement beyond the existing Tenant Voice Forum by introducing targeted, time-limited resident focus groups around specific neighbourhood issues, rather than relying solely on standing forums.
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#### 4.3 – Community involvement

RAG	Consolidated Actions	Deadline	Personal Responsible	Update
●	Post-case feedback calls for all closed ASB cases.	End of Q1	Jon Lomax	In place from February 2026. Need to review questions and include in quarterly reporting
●	Create involvement pathway from case feedback → service involvement.	End of Q4	Alison Wharton	Develop a structured involvement pathway, allowing residents to move from case-specific feedback to wider service involvement if they wish. This creates a broader and more representative engagement base.
●	HO guidance on identifying residents for involvement opportunities.	End of Q4	Alison Wharton	Provide Housing Officers with clear guidance on identifying and signposting residents who may be suitable for involvement opportunities, particularly those who have constructive insight into service improvement.

#### 4.4 – Self-help for minor nuisance

RAG	Consolidated Actions	Deadline	Personal Responsible	Update
●	Require documented risk	Q2	Jon Lomax	Require a documented risk assessment before recommending any self-help approach.

	assessment before advising self-help.			This should explicitly confirm the resident's safety and willingness to engage.
●	Add early intervention checklist before recommending self-help.	Q1	Michael Conroy	To include in early intervention checklist
●	Monitor outcomes to ensure self-help does not delay escalation.	Q1	Michael Conroy	To include in case review checklist

## 5. We take swift action to protect communities

### 5.1 – Staff understanding of tools & escalation

RAG	Consolidated Actions	Deadline	Personal Responsible	Update
●	Develop escalation checklist at 4 weeks, 8 weeks & pre-closure. (5.1)	End of Q2  End of Q4	Jon Lomax  Yaz Poxton	Develop a simple escalation checklist to be completed at key points in every ASB case (e.g. at 4 weeks, 8 weeks, and before closure), requiring officers and managers to document:  what interventions have been used what additional tools have been considered why escalation is or is not appropriate to be considered in QL upgrade

●	Monthly ASB case review panel for medium/high-risk/open >6 week cases. (5.1)	End of Q2	Kimberley Partridge	<p>Establish a monthly ASB case review panel chaired by a manager or Head of Service to review open cases over defined thresholds (e.g. open longer than 6 weeks or risk-rated medium/high). The panel should focus on:</p> <ul style="list-style-type: none"> <li>• escalation options</li> <li>• proportionality</li> <li>• consistency of approach</li> </ul>
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## 5.2 – Consistent & robust case management

RAG	Consolidated Actions	Deadline	Personal Responsible	Update
●	Define minimum standards: 2-day RA, 5-day action plan, risk-based contact, closure with agreement.	End of Q1 End of Q1	Michael Conroy Kimberley Partridge	To be include is audit check list and reported on monthly  Compliance to reported on within quarterly reporting to provide assurance to HAB and HLT cases are being managed effectively
●	Manager sign-off for closures until compliance improves	End of Q1	Kimberley Partridge	All closed cases to be passed to managers from HO for sign off until such time that senior management is confident that there is consistent compliance.
●	Monthly file audits reported to managers, HLT & HAB.	End of Q1	Kimberley Partridge	Checklist to be complete and audit carried out by Enforcement Officers with oversight of Managers  To be reported on within quarterly reporting to provide assurance to HAB and HLT cases are being managed effectively

## 5.3 – Proportional, well-documented decisions

RAG	Consolidated Actions	Deadline	Personal Responsible	Update
●	Require structured decision summaries at key points.	End of Q2	Yaz Poxton	<p>Require officers to record structured decision summaries at key points:</p> <ul style="list-style-type: none"> <li>• after initial investigation</li> <li>• when escalation is considered</li> <li>• prior to closure</li> </ul> <p>These should explain:</p> <ul style="list-style-type: none"> <li>• what options were considered</li> <li>• why specific actions were chosen</li> <li>• why closure is appropriate</li> </ul> <p>to include as case notes within the case and reviewed during audits and case closure</p> <p>Need to brief team on change in case management</p>
●	Deliver practical case-based workshops on escalation & defensible decisions. (5.3)	End of Q3	Yaz Poxton	Deliver further practical workshops using real BCHS case examples to strengthen escalation confidence, proportionality assessment and defensible decision-making

## 5.4 – Agreed action plans & updates

RAG	Consolidated Actions	Deadline	Personal Responsible	Update
●	Mandatory contact agreement at	End of	Michael	Duplicate of 1.8 but critical

	start of case	Q1	Conroy	
●	Configure system alerts for overdue actions, missed reviews or missed contact updates.	End of Q4	Yaz Poxton	To form part of QL upgrade

## 5.5 – Proactive evidence gathering

RAG	Consolidated Actions	Deadline	Personal Responsible	Update
●	Officers must document investigation plan (evidence, partners, timelines).	End of Q2	Yaz Poxton	To form part of new ways of working briefing to the team. Include action from 5.3
●	Formalise regular operational meetings with police	End of Q2	Yaz Poxton	Monthly meeting in place Review how we document meeting needs to reviewing
●	Ensure outcomes logged in case file.	End of Q2	Yaz Poxton	To form part of new ways of working briefing to the team. Include action from 5.3

## 6. We have robust performance monitoring & reporting

### 6.1 – Performance framework

RAG	Consolidated Actions	Deadline	Personal Responsible	Update
●	Create integrated ASB performance & assurance framework combining quality, satisfaction, repeat victims, hotspots, learning.	End of Q2	Kimberley Partridge	Produce a flow chart to demonstrated integrated ASB performance and assurance framework includes quarterly reporting to HLT and HAB, monthly audits. The framework should identify trends, highlight risks, and assign clear ownership for improvement actions, ensuring governance oversight translates into measurable operational improvement.
●	Quarterly dip sampling by senior management.	End of Q2	Kimberley Partridge	Findings should be reported quarterly to the Housing Leadership Team and HAB.

### 6.2 – Using feedback to improve service

RAG	Consolidated Actions	Deadline	Personal Responsible	Update
●	Link ASB action plan to TSM targets.	Complete	Kimberley Partridge	This action plan is to drive satisfaction and will include reviews of the TSM and learning from this data

### 6.3 – Using demographic insight

RAG	Consolidated Actions	Deadline	Personal Responsible	Update
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●	Identify low-reporting groups/schemes to target proactive engagement.	End of Q1	Kimberley Partridge	Use existing tenant data to identify schemes or demographics with unusually low reporting and areas with repeat incidents  Neighbourhood teams should use this to proactively engage those areas, rather than relying solely on reactive reporting.  Include in quarterly reporting, learning and actions moving forward
●	Include demographic analysis in quarterly ASB insight reports. (6.3)	End of Q1	Kimberley Partridge	Include in quarterly reporting, learning and actions moving forward

## 6.4 – Setting challenging ASB targets

RAG	Consolidated Actions	Deadline	Personal Responsible	Update
●	Introduce measurable service standards (RA, action plans, contact frequency, supervision).	End of Q1	Michael Conroy	Monthly check in place. Checklist to be complete to support completing audits
●	Embed standards into staff objectives.	End of Q3	Yaz Poxton	In place but will brief team on new ways of working recommended in this action plan

## 6.5 – Transparent performance reporting

RAG	Consolidated Actions	Deadline	Personal Responsible	Update
●	Quarterly resident-facing ASB update with “you said / we did”.	End of Q4	Dawn Woodruff	Introduce a simple quarterly resident-facing update on ASB, including number of cases handled, improvements introduced, actions taken to address hotspots and “you said, we did” examples. This should be shared through newsletters, website and tenant engagement channels.
●	Provide simplified performance summaries to Tenant Voice Forum.	End of Q1	Kimberley Partridge	Quarterly reports will be provided to HAB

## 7. We ensure value for money is embedded

### 7.1 – Embedding VFM

RAG	Consolidated Actions	Deadline	Personal Responsible	Update
●	Quarterly internal <b>ASB service learning summary</b> (themes, good practice, improvement needs). (7.1)	End of Q2	Kimberley Partridge	Produce a short quarterly “ASB service learning summary” for internal circulation, highlighting: <ul style="list-style-type: none"> <li>• key themes from case reviews</li> <li>• examples of good practice</li> <li>• specific areas requiring improvement</li> </ul>
●	Managers must evidence how	End of	Yaz Poxton	Require Neighbourhood Managers to evidence how learning from case audits has been applied in practice, for example through

	audit learning is applied.	Q2		supervision notes, team briefings or revised operational guidance.
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## 7.2 – Understanding service cost

RAG	Consolidated Actions	Deadline	Personal Responsible	Update
●	Assign a manager responsible for ASB performance intelligence & benchmarking. (7.2)	End of Q4	Kimberley Partridge	Currently recruiting to ASB Manager
●	Include benchmarking in HAB reporting.	End of Q3	Kimberley Partridge	

## 7.3 – Benchmarking cost, performance & satisfaction

RAG	Consolidated Actions	Deadline	Personal Responsible	Update
●	Create ASB resource & activity profile (staffing, caseload, activity).	End of Q2	Kimberley Partridge	Develop a simple ASB resource and activity profile, capturing the number of staff managing ASB, approximate caseload per officer, number of active cases and number of cases escalated to enforcement. (This does not require full cost modelling but provides a baseline understanding).

				In place for HO currently working on oversight of Enforcement Officers
●	Annual ASB service effectiveness review.	End of Q4	Kimberley Partridge	Introduce an annual ASB service effectiveness review, combining performance data, resident satisfaction data, case audit findings, staffing and workload information. Use this review to inform service planning and resourcing decisions.
●	Quarterly caseload distribution reporting.	End of Q1	Yaz Poxton	Ensure Neighbourhood Managers routinely review caseload distribution across officers and teams, identifying where workload, confidence, or capability gaps may be contributing to delayed progression or inconsistent handling.  Monthly reviews of workload in place. Consider how we record this

## 7.4 – Budget & service improvement link

RAG	Consolidated Actions	Deadline	Personal Responsible	Update
●	Introduce ASB outcome measures (behaviour stopped, agreed closure, repeat perpetrators).	End of Q2	Kimberley Partridge	Introduce a small set of ASB outcome measures, for example: percentage of cases where behaviour stopped or reduced percentage of cases where resident agreed closure percentage of repeat cases involving the same perpetrator Track these quarterly. To add into KPIs
●	Follow-up sample residents 3	End of	Jon Lomax	Introduce a follow-up contact with residents three months after case closure for a small sample of cases, to assess whether issues have

	months after closure.	Q2		genuinely been resolved.
●	Use outcome summaries in governance reporting	End of Q2	Kimberley Partridge	Use case outcome summaries as part of governance reporting, ensuring oversight focuses on effectiveness, not just volume.  Include in quarterly report to HAB and HLT

## 7.5 – VFM of procured services

RAG	Consolidated Actions	Deadline	Personal Responsible	Update
●	Develop ASB outcomes framework for closure categories. (7.5)	End of Q3	Kimberley Partridge	Develop a simple ASB outcomes framework that categorises case closure outcomes (e.g. resolved through early intervention, partner action, enforcement, resident disengagement, insufficient evidence). This will allow BCHS to move beyond volume reporting and understand whether interventions are achieving meaningful resolution
		End of Q1	Michael Conroy	To include in case closure audits
		End of Q4	Yaz Poxton	To include in QL upgrade

## 7.6 – Tenant scrutiny of VFM

RAG	Consolidated Actions	Deadline	Personal Responsible	Update
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●	Quarterly ASB performance review chaired by Head of Service. (7.6)	End of Q2	Kimberley Partridge	<p>Introduce a formal quarterly ASB performance review meeting chaired by the Head of Service, focused specifically on performance trends, risks, and improvement actions. This should go beyond reporting and include challenge, root cause analysis, and agreed corrective actions.</p> <p>Quarterly reporting to be provided to HLT and HAB</p>
●	Introduce strategic ASB KPIs (resolution time, repeat victimisation, escalation, satisfaction). (7.6)	End of Q3	Kimberley Partridge	<p>Develop a small set of strategic ASB performance indicators focused on effectiveness, not just activity. This should include average time to resolution, repeat victimisation rates, escalation rates, and resident satisfaction following case closure.</p>
●	Performance objectives for managers/officers linked to ASB quality.	End of Q3	Kimberley Partridge	<p>Introduce structured performance objectives for Neighbourhood Managers and officers linked to ASB case quality, timeliness, and resident communication, ensuring that expectations are clear and performance is actively managed.</p>
●	Publish annual ASB effectiveness report for leadership & tenants.	End of Q4	Kimberley Partridge	<p>Provide senior leadership and elected members with an annual ASB effectiveness report that explains not only activity levels but also what has improved, what remains challenging, and what action is being taken. This will strengthen accountability and build confidence in the service's trajectory.</p> <p>Link with action 7.3.</p>


Report to	Housing Advisory Board
Date	09/06/2026
Agenda No. & Title	Add agenda item no Temporary Accommodation Strategy
Purpose of the Report	The Temporary Accommodation Strategy sets out a three-year plan to deliver safe, secure, and good-quality temporary accommodation within the borough, with a strong focus on improving the quality of life for households in need. It outlines a clear and structured approach to reducing the current costs associated with temporary accommodation, supported by forecasted demand data and the introduction of caps on the number of properties to be mobilised. The strategy brings together a range of delivery models, including leasing and repairs, property acquisition, and partnership working with Registered Providers
Status	For Discussion
Author	Amanda Mullen Manager Homeless and Housing Options
Report Contact	a.mullen@bury.gov.uk
Appendices	
Background Documents	
Recommendation/s	For HAB members to discuss and provide scrutiny.
Corporate Plan Objective	<input type="checkbox"/> x Satisfied Tenants <input type="checkbox"/> x Quality Homes <input type="checkbox"/> x United Communities
Risk Implications	Choose an item.
Risk Controls and mitigations	<ul style="list-style-type: none"> <li>The ongoing Complaints and Repairs Review, aimed at strengthening service delivery and accountability.</li> <li>The commissioning of Wordnerds, which provides independent analysis of tenant feedback to validate our understanding and identify emerging risks or areas for further improvement.</li> </ul>

	These actions collectively reinforce our proactive approach to managing reputational and service delivery risks.
Regulatory/ Governance /legal implications	N.A
Assets and Liabilities	Not applicable to this report
Resource Implications	NA
Customer Impact	NA
EDI Implications	NA
Sustainability and Environmental Implications	N/A
Privacy/Data Protection	N/A
Colleague Impact	N/A
Stakeholder Communications and Reputational Impact	NA
Next Steps	



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## Briefing Note

	
<b>To:</b>	Housing Advisory Board
<b>From:</b>	Amanda Mullen, Manager, Homelessness and Housing Options
<b>Date:</b>	09/06/2026
<b>Report Subject:</b>	Position Statement- Homelessness and Housing options – Temporary accommodation

### 1. Introduction

- 1.1 Bury Council's Homelessness and Housing Options Service delivers a wide range of statutory and non-statutory functions to prevent homelessness across the borough. It also provides interim temporary accommodation for individuals and families who are homeless and eligible for support under housing legislation.
- 1.2 Since April 2021, demand for statutory homelessness services has risen sharply. The service now receives an average of 350 contacts per month from the public seeking help with homelessness. Between September 2025 and January 2026, an average of 70 applications per month were accepted as either threatened with homelessness or already homeless.
- 1.3 In August 2023, Bury's dispersed temporary accommodation stock could no longer meet the growing demand from households needing support. As a result, the council had to start using bed and breakfast accommodation (B&B). By October 2024, 67 households were placed in B&Bs - 22 single people and 45 families with children.
- 1.4 In March 2025, Bury reported spending £1.5 m on temporary accommodation, which included expensive B&B placements. Spends have been forecasted to rise even further, reaching around £2.5m by the end of March 2026.
- 1.5 In September 2024, in response to increased demand, the service began developing its first commissioned temporary accommodation to help ease these pressures. This became the Huntley House and Silver Street service, which provides 19 single units and 8 family units for a five-year period
- 1.6 The service also developed a private rented offer to better engage the private rented sector and introduced an internal lease-and-repair scheme, working with landlords to lease their properties for use as temporary accommodation.

- 1.7 In October 2024 the service was then issued with a bed and breakfast action plan from the Ministry of Housing, Communities and Local Government (MHCLG) due to a high number of families with children accommodated in B&B for more than 6 weeks
- 1.8 The service began addressing the requirements of the bed and breakfast action plan by introducing short-term alternatives to replace B&B accommodation, integrating a step down model. This included mobilising "pay-nightly" options with local landlords on ad hoc basis. These placements are slightly cheaper than B&B and offer better living conditions, as they provide self-contained units with access to cooking facilities

## **2. Current Position**

- 2.1 Over the last 14 months, the service has increased its pay-nightly units to 59 self-contained units for families and has also commissioned a further 8 family units and 10 single units to be used as temporary accommodation (please see service proposal for current stock)
- 2.2 Our recent data shows that this approach has helped reduce both the number of families placed in B&B accommodation and the number staying longer than six weeks. In January 2025, there were 42 families in B&B, with 23 staying beyond six weeks. By January 2026, this had fallen to 9 families, with only 4 exceeding the six-week limit.
- 2.3 Although the data shows a positive reduction in the use of B&B, a review of the last six months reveals significant fluctuations in demand of new households being placed into temporary accommodation. Numbers ranged from the lowest being 13 households in December 2025 to the highest being 32 in January 2026. Based on the 12-month average, the service is placing around 15 families into temporary accommodation each month
- 2.4 To highlight, although the service is under pressure to prioritise reducing the number of families in temporary accommodation, in line with legislation and statutory duties, the service is still relying on B&B placements for single people experiencing statutory homelessness. In January 2026, 19 single people were placed in bed and breakfast accommodation, in comparison to 8 in January 2025. Based on 12-month average, the service is placing 10 singles into temporary accommodation per month.
- 2.5 A key challenge for the service is moving households on from temporary accommodation. New placements exceed move-on numbers. Data shows an average of 12 families and 8 singles moving on each month from our temporary accommodation.

### **3. Service approach**

#### ***Family households***

- 3.1 The service proposes to focus on targeting the 59 pay-nightly family units by replacing them with alternative temporary accommodation options that can reduce temporary accommodation costs and is at decent and safe standard for all households
- 3.2 We will cap these additional units at 59 at the end of the three-year delivery plan, as the data in the report indicates that this is the level of temporary accommodation the service currently requires. This cap will be kept under review to mitigate risks due to pressures or demand change
- 3.3 When an alternative property is mobilised for use as temporary accommodation, it will replace an existing pay-nightly unit. As each new unit comes online, we will step down a pay nightly placement to ensure the total number of additional family units remains capped at 59 at the end of the three-year period.
- 3.4 The reason for capping the number of family units at 59 is to ensure we do not oversaturate the borough with temporary accommodation. Without a cap, we risk continually increasing supply simply to respond to rising demand, rather than addressing the underlying causes of homelessness or strengthening prevention.
- 3.5 Once the service has achieved zero use of the 59 pay-nightly family units, a further targeted approach will be implemented to reduce and replace the remaining families in bed and breakfast, 25 confirmed as of 31<sup>st</sup> March 2026. This will move the service closer to the agreed outcome of no families being accommodated in bed and breakfast by 2029.
- 3.6 Increasing provision without clear limits risks creating the impression that the service can absorb ongoing increases in demand. This gives a misleading picture, reduces shared responsibility across services, and shifts focus away from the core objective of preventing homelessness and reducing the number of households requiring temporary accommodation in the first place
- 3.7 However, we must also consider that our data shows that even if we focus solely on replacing the 59 pay-nightly units for families, and monthly placements remain consistent over the next three years, demand will continue to exceed the number of households moving on from temporary accommodation. Based on this data, the service would require an additional 36 temporary accommodation (on top of current supply) by the end of each year.

### ***Single households***

- 3.8 The service will use the same approach as outlined within the point 3 “family households” sections in this report. We will target the 29 single households currently in B&B by mobilising units to reduce temporary accommodation cost ensuring that they are safe and adequate.
- 3.9 We will cap these additional units at 29 over the next three years, as the data in the report indicates that this is the level of temporary accommodation the service currently requires and for the same reason why as outlined in 3.4-3.5 of this report This cap will be kept under review and adjusted if pressures or demand change

## **4 Three Year Temporary accommodation mobilisation plan**

- 4.1 The table below sets out a three-year temporary accommodation delivery plan. It summarises each initiative or project, the number of units to be mobilised, whether the funding is internal or external, the delivery costs, and the average pay-nightly costs.
- 4.2 The average pay-nightly cost reflects the current amount the service pays per unit, taking account of eligible housing benefit cost recovery. For family accommodation, costs are based on an estimated nightly rate of approximately £60, with an assumed 40% recovery rate. Single bed and breakfast costs are based on an average nightly spend of £55, also with a 40% recovery rate. The calculations are based on the number of units proposed under each initiative or project over a three-year period and include an annual 3% inflationary increase and VAT
- 4.3 The costs outlined in each initiative relate only to the grant-funding investment and based on estimation. They do not reflect the full direct or indirect costs of delivering the initiatives or the wider mobilisation plan. These additional costs have also not been included when estimating the projected reduction in temporary accommodation expenditure
- 4.4 Providing these units will not only reduce the overall cost of temporary accommodation but will also bring long-term benefits for the organisation, statutory and public health services, and most importantly residents and children across the borough. This approach offers a strong social return on investment, delivering both tangible and intangible value while helping the service meet its corporate priorities and strengthen its commitment to Bury’s Let’s Do It values.
- 4.5 Bury Homelessness and Housing Options current temporary accommodation stock as of 31<sup>st</sup> January 2026

### ***Family Households***

- 120 Dispersed units
- 8 Silver Street units – 5-year commissioned service

- 59 pay nightly units – ad hoc basis
- 14 bed and breakfast placements

#### *Singles Households*

- 11 self-contained units at Huntley House
- 29 Bed and Breakfast placements

- 4.6 It is proposed that a total number of family units to be mobilised over the three-year period is 80 circa. This may change, as circumstances, delivery timescales, and outcomes can shift over time due to both internal and external factors.
- 4.7 By the end of the three years, the service would like aim to keep the number of the family units capped at 59. This would allow 21 units (from lease-and-repair schemes) to be repurposed for long-term move-on options. However, this is unpredictable due to homelessness demand.
- 4.8 The service also proposes to secure 6 self-contained units for single households, to be mobilised in Year One. Data shows that we will need to place greater focus on sourcing additional single units to meet the target of 29 set out in this report.
- 4.9 Three Year Initiative/Proposals

**Local Authority Housing Fund (LAFH) Tranche 3** – Funding from MHCLG, linked to the Afghan resettlement programme, provides a grant allocation of £0.447m which has been match funded to acquire six family temporary accommodation units and one resettlement property. The grant must be committed by 31 March 2026. These units will reduce reliance on costly nightly-paid accommodation. Estimated savings reflect the reduced nightly costs once the six properties are operational, with first-year figures adjusted to reflect acquisition and scaled up timescales.

#### **6x Family temporary accommodation units**

**2026/2027** Reduction in temporary accommodation spends circa [£0.039m](#)

**2027/2028** Reduction in temporary accommodation spends circa [£0.081m](#)

**2028/2029** Reduction in temporary accommodation spends circa [£0.083m](#)

**Local Authority Housing Fund (LAFH) Tranche 4** - Funding from MHCLG, linked to the Afghan resettlement programme, provides a grant allocation £1,1m which will be match funded (TBC) to acquire a total of ten properties, of which 5 will be allocated for family temporary accommodation units and 5 for resettlement to be delivered over a 4 year period. These units will reduce reliance on costly nightly-paid accommodation. Estimated savings reflect the reduced nightly costs once the 5 properties are operational, with each-year figures adjusted to reflect acquisition and scale up timescales.

#### **5x Family Temporary accommodation units**

**2026/2027** Reduction in temporary accommodation spends circa [£0.019m](#)

**2027/2028** Reduction in temporary accommodation spends circa [£0.040m](#)

**2028/2029** Reduction in temporary accommodation spends circa [£0.041m](#)

**GMCA Lease and Repair/Empty Homes** - GMCA have awarded the service £0.300m to deliver a lease and repair programme, targeting empty homes enabling us to bring 16 empty private rented properties into use as family temporary accommodation during 2026/27. This grant is supported by an additional £0.113m in revenue funding to recruit two Empty Homes Officers, whom will identify suitable properties. GMCA have indicated verbally that this funding will continue for a further two years at a similar allocation. Our service have an established and effective lease-and-repair model, in partnership with Property Services and Legal Services. This new funding provides an opportunity to strengthen that offer further and reduce reliance on costly nightly-paid accommodation. Estimated savings reflect the reduced nightly costs once the annual 16 properties are operational, with each-year figures adjusted to reflect acquisitions and scale up time

**16 x Family Temporary accommodation units**

**2026/2027** Reduction in temporary accommodation spends circa [£0.105m](#)

**2027/2028** Reduction in temporary accommodation spends circa [£0.216m](#)

**2028/2029** Reduction in temporary accommodation spends circa [£0.223m](#)

**Irwell Valley/Family Temporary accommodation** – The Council submitted an expression of interest to work with a registered provider to deliver 10 family temporary accommodation units over five years, supported by a £0.160m grant to bring long-term voids and properties needing major works back into use. Irwell Valley has expressed interest, having successfully delivered 20 similar properties under the HALP scheme. They will provide 10 two and three-bed homes within 12 months, refurbished to meet a decent standard. The Council will retain full nomination rights for five years, while Irwell Valley manages the properties and supports households, funded through enhanced housing benefit at no additional cost. Estimated savings reflect the reduced nightly 10 properties are operational, with each-year figures adjusted to reflect acquisitions and scale up time.

**10x Family Temporary accommodation**

**2026/2027** Reduction in temporary accommodation spends circa [£0.065](#)

**2027/2028** Reduction in temporary accommodation spends circa [£0.135m](#)

**2028/2029** Reduction in temporary accommodation spends circa [£0.139m](#)

**Old School House – TBC – 13 Family Temporary Accommodation Units**

Following approval an expression of interest will be submitted to partner with a Registered Provider who can deliver the housing management function under exempt housing benefit. There is no grant allocation attached to this proposal. Bury would retain 100% nomination right and provide the move-on support for households placed in these units estimated savings reflect the reduced nightly 10 properties are operational, with each-year figures adjusted to reflect acquisitions and scale up time.

**13x Family Temporary accommodation**

**2026/2027** Reduction in temporary accommodation spends circa [£0.085m](#)

**2027/2028** Reduction in temporary accommodation spends circa [£0.175m](#)

**2028/2029** Reduction in temporary accommodation spends circa [£0.181m](#)

**Silver Street/Huntley House additional units** – The service has partnered with a developer who is delivering two additional family temporary accommodation units. These units will be incorporated into the existing Stepping Stones contract at no additional cost to the original award of £0.825m (5 years). This expansion will increase the Silver Street/Huntley House provision to a total of 8 family units and 19 single units, with 10 of the single units allocated for statutory homeless singles. Estimated savings are based on the reduced nightly-paid costs once all units are operational.

**8x Family and 10x Single temporary accommodation.**

**2026/2027** Reduction in temporary accommodation spends circa £0.131m for families and £0.114m for singles

**2027/2028** Reduction in temporary accommodation spends circa £0.135m for families and £0.117 m for singles

**2028/2029** Reduction in temporary accommodation spends circa £0.139m for families and £0.121m for singles

**Inclusion Supported accommodation** – The service has partnered with a registered provider to deliver six self-contained units for single people owed a statutory homelessness duty, reducing reliance on bed and breakfast accommodation. The provider will deliver the housing manage function funded through exempt housing benefit and our service retain 100% nomination rights and will provide move on support Estimated savings are based on the reduced nightly-paid costs once all units are operational.

**6x Single self-contained temporary accommodation**

**2026/2027** Reduction in temporary accommodation spends circa £0.036m

**2027/2028** Reduction in temporary accommodation spends circa £0.074m

**2028/2029** Reduction in temporary accommodation spends circa £0.076m

**Silver street Family Temporary Accommodation** – The service has partnered with the same developer who delivered the Silver Street and Huntley House units. The developer has acquired an additional commercial section of Silver Street and is converting it into eight family temporary accommodation units for the service. Delivery costs are to be confirmed.

**8x Family temporary accommodation**

**2027/2028** Reduction in temporary accommodation spends circa £0.054m

**2028/2029** Reduction in temporary accommodation spends circa £0.111m

**Temporary accommodation units mobilised over three years**

Financial Year	Family Accommodation	Single Accommodation
2026/2027	50	6
2027/2028	8	
2028/2029	1	
<i>Overall</i>	59	6

**Overall reduction in temporary accommodation costs (circa)**

Financial Year	Reduction in Temp cost
2026/2027	Circa £0.653
2027/2028	Circa £0.973
2028/2029	Circa £1m

## 5 Potential risks

- 5.1 If the service does not set a clear baseline for prevention and strengthen early prevention work in a more systematic way and if move-on numbers do not improve there is a risk that the agreed cap on sourcing additional units will not be sufficient. This would push the service back into reliance on B&B accommodation for both families and single households, even on top of the additional stock already being mobilised.
- 5.2 Worst case: If the number of homelessness cases needing temporary accommodation increased by just 2 family households and 2 single households, we would require an additional 38 single units and 50 family units each year, on top of current temporary accommodation supply
- 5.3 Best Case: if we were to prevent an additional 2 families and 2 singles households and increase move on by 1 family and 1 single from temporary accommodation per month, data suggests that we will reduce our current supply of temporary accommodation by 36 single units and 22 family units per year.

Report to	Housing Advisory Board
Date	09/06/2026
Agenda No. & Title	Compliance assurance report
Purpose of the Report	This report provides members of the Housing Advisory Board and Senior Leadership Team with an update to work undertaken regarding Housing Compliance for assurance purposes.
Status	For assurance
Author	Ben Tunncliffe Head of Housing Compliance
Report Contact	Ben Tunncliffe b.tunncliffe@bury.gov.uk
Appendices	Appendix A – Housing Compliance Update – June 2026 Powerpoint Document
Background Documents	N/A
Recommendation/s	For HAB members to discuss and provide scrutiny.
Corporate Plan Objective	<input checked="" type="checkbox"/> Satisfied Tenants <input checked="" type="checkbox"/> Quality Homes <input type="checkbox"/> United Communities
Risk Implications	H6: Failure to meet governance requirements for STH and BC stock
Risk Controls and mitigations	This report details our existing controls and actions, including routine inspections and certified documentation, that help mitigate the risk from six critical areas of health and safety that require strict statutory oversight.
Assets and Liabilities	Not applicable to this report
Resource Implications	Not applicable to this report
Customer Impact	Tenants directly benefit from comprehensive preventative maintenance, mitigating life-threatening hazards like gas leaks and

	fire risks.
EDI Implications	Not applicable to this report
Sustainability and Environmental Implications	Not applicable to this report
Privacy/Data Protection	Not applicable to this report
Colleague Impact	Not applicable to this report
Stakeholder Communications and Reputational Impact	The report attached has been shared with the Tenants Voice Forum and HAB. The report will also be shared at the Governance and Assurance Board for information.
Next Steps	HAB members to discuss and provide scrutiny.

<b>MEETING:</b>	<b>Housing Advisory Board</b>
<b>DATE:</b>	<b>9<sup>th</sup> June 2026</b>
<b>SUBJECT:</b>	<b>Compliance Assurance Report</b>
<b>REPORT BY:</b>	<b>Ben Tunnicliffe – Head of Housing Compliance</b>

## **1. SUMMARY**

- 1.1. This report provides members of the Housing Advisory Board and Senior Leadership Team with an update to work undertaken regarding Housing Compliance for assurance purposes. The data in this report is correct as of the 21<sup>st</sup> May 2026.

## **2. BACKGROUND**

- 2.1. The Housing Compliance Team are a new team within Housing Services with overall responsibility for the management of:
  - Fire Safety
  - Electrical Safety
  - Asbestos Management
  - Legionella Prevention and Water Safety
  - Lifts
  - Gas Safety
- 2.2. Previously each area was managed by other teams with no single team responsible for ensuring compliance. These teams included Repairs, Neighbourhoods, Sustainability & Investment and other teams within the wider Bury Council such as Facilities Management and Support at Home.
- 2.3. All the above areas were audited by our internal auditors between 2024-26 and all outstanding actions identified have now been evidenced by the new Housing Compliance Team.
- 2.4. The Housing Compliance Team continues to use The Compliance Workbook (TCW) which is currently live for Gas and Electrical. LOLER Certification is planned to be included on TCW this year as well for passenger lifts, stairlifts and hoists.
- 2.5. In addition to TCW we have also recently partnered with Risk Base which is a cloud-based fire risk management and compliance platform designed to streamline building safety inspections, risk assessments and remedial actions. It digitizes the entire compliance process, from surveying with mobile apps to tracking actions which allows us to manage fire safety better than ever before with a clear electronic evidence trail which is perfect for audit purposes. Including Asbestos and Legionella assets onto the platform is also being explored by the team this year.

- 2.6. The aim of the Housing Compliance Team is to ensure Bury Council meets or exceeds its legal obligations, providing upper or top quartile performance, in respect of the aforementioned areas and this aligns with both the Council's LET'S strategy and Housing Services stated vision.
- 2.7. The new Housing Compliance Team consists of 10 permanent members of staff, a Head of Service, two Compliance Managers, five Compliance Specialists and two Business Support Officers.

### **3. Fire Safety**

- 3.1. We have had a new permanent team in post since April 2026.
- 3.2. Fire Safety works have continued to improve in 2025-26. The newly formed Compliance Team have taken ownership of fire risk actions and associated remedial works. The team have the correct skill set to continue to improve the safety of our tenants, colleagues and buildings.
- 3.3. An ongoing approach to delivering compartmentation works in general needs and sheltered schemes has continued with primary focus around escape routes and central compartment lines. This includes works in hard to access areas such as loft spaces. Investigations into 'flat to flat' compartmentation is planned to take place in the near future, for additional assurance.
- 3.4. Recruitment of a full time 'Fire Safety Specialist' is now completed bringing in a team member with a wealth of knowledge to the organisation. Fire risk assessments have been and will continue to be managed on recommended cycles set by competent assessors. The internal fire specialist will work closely with fire risk assessors to address issues at source and tackle potential issues as early as possible.
- 3.5. Introduction of RiskBase software to monitor fire risk assessment cycles and manage the end-to-end evidence for closing actions arising from the risk assessments. An import of fire actions from the latest risk assessments has been loaded into RiskBase. This provides live tracking and full traceability for closing and evidencing actions. In addition, an asset tagging function allows recording of assets and questionnaire suite to carry out inspections on monitored cycles.
- 3.6. Fire doors. Continued fire door improvement works have included replacement and overhauls to communal fire doors and upgrades to flat entrance fire doors. For ongoing inspection and maintenance, the asset tag system is to be introduced to inspect, manage and maintain existing doors. Inspections will primarily be undertaken 'in house' on recommended cycles. Repairs will be issued to accredited contractors.
- 3.7. With the implementation of RiskBase more detail and accurate data can be recorded for managing work streams. Actions and works streams can be split and categorised to help direct remedial workflows quickly and efficiently. The data collection will begin to provide a closer understanding of future requirements and potential future works. This accurate data collection is vital for reporting and to gain a holistic view of our buildings. An approach to collating accurate and current information is fundamental to the teams' goals.

- 3.8. A procurement exercise was successfully completed at the end of 2025 for a contractor to carry out the latest round of Fire Risk Assessments. Procurement for a contractor to carry out fire remedial works is planned to be completed this year and this will be closely monitored and managed by the Housing Compliance team to ensure we get value for money, along with building strong working relationships.
- 3.9. Regular testing of firefighting equipment has been undertaken by competent persons. Testing and maintenance will continue to be managed by the Compliance Team but will be overseen by the Fire and M&E Specialists. Testing cycles will run in line with Government guidance.
- 3.10. Greater Manchester Fire and Rescue Service carried out two block inspections in FY 25-26 which identified areas for improvement. Individual issues have since been addressed but we are continually working to improve our standards and relationships with Greater Manchester Fire and Rescue Service. We are expecting further inspections throughout the year.

#### 4. Electrical Safety

- 4.1. We have had a new permanent team in post since December 2025.
- 4.2. The Electrical Installation Condition Reports (EICR) programme previously experienced limited movement due to several operational challenges. The absence of a dedicated compliance team created gaps in oversight and momentum. In addition, concerns regarding the accuracy of legacy electrical data meant the programme could not progress effectively without a thorough validation and cleansing process.
- 4.3. Since forming the new Housing Compliance Team, substantial effort has been directed towards cleansing, validating and restructuring the electrical data across the full asset portfolio and clear and positive progress is now visible. The current data set provides a more accurate picture of true compliance levels and risk areas.
- 4.4. We have had a new permanent team in post since December 2025 and their main focus has been on data cleansing to ensure we are working towards being fully compliant with the recent updates to the Electrical Safety Standards in the Private Rented Sector (England) (Amendment) (Extension to the Social Rented Sector) Regulations 2025.
- 4.5. These regulations require us as a landlord to have the electrical installations in our properties inspected and tested by a qualified person at least every 5 years. We must obtain a report from the qualified person and provide a copy of this to our tenants.
- 4.6. The updated regulations came into force for the social rented sector on 1st November 2025 and apply to social housing tenancies granted after 1st December 2025. For social housing tenancies granted before 1st December 2025, the regulations come into force on 1st May 2026. There is transitional provision set out in the regulations for such tenancies, which requires social landlords in the first instance to:

1. Ensure electrical installations are inspected and tested by a qualified person before 1st November 2026.
2. Ensure electrical equipment is checked by a qualified person before 1st November 2026.
3. Where the record indicates that electrical equipment is not safe for continued use, the landlord must, as soon as reasonably practicable and no later than 28 days after the check, ensure that remedial work is carried out or replace the equipment.
4. Subsequent inspections and tests of electrical installations and checks of electrical equipment must be undertaken at least every 5 years.

4.7. A new 5-year contract for EICRs has been procured and awarded to the successful contractor AB Building & Electrical Ltd which commenced in April 2026.

4.8. Currently 86% of homes have an electrical safety check less than 5 years old. 1043 electrical safety checks are currently non-compliant out of a total of 7250 on the current programme. 94 are due to being over 5 years old, 758 are without satisfactory documentation and 191 where additional remedial works are required. These are currently being prioritised by our contractor AB Electrical. Figures accurate as of 21<sup>st</sup> May 2026.

4.9. Further collaboration with the Neighbourhoods team is helping us with access issues and to understand any further tenant vulnerabilities and explore supportive interventions prior to considering enforcement action.

4.10. Electrical safety data is produced using The Compliance Workbook (TCW). Work has been undertaken to ensure asset lists is correct and up to date and regular meetings attended. All documents in the system are now assigned to the relevant address. Work is ongoing with TCW to check and progress unassigned documents.

4.11. A new External Audit regime has been implemented which aims to audit 5-10% of EICRs carried out. This is carried out by ICON Training and Assessment who are based locally in Bury and the most recent audit report shows AB Electrical to be performing extremely well, rated in first position, with an overall performance of 100% against the twenty-six clients currently audited by ICON for April 2026.

## 5. Asbestos Management

5.1. We have had a new permanent team in post since January 2026. Following the restructure, we have recruited a Compliance Manager but have also lost a team member who was the 'Asbestos Specialist'. We have since recruited a replacement who joined the team on the 26<sup>th</sup> May 2026. The new role includes 'Communal Safety' to help maximise resource and pick up inspections not currently being completed such as Fire Door inspections.

5.2. Asbestos Re-inspection Compliance currently at 100% with 224 sites on the current programme. Areas identified for remedial works have been addressed following any recommendations arising from re-inspection surveys.

5.3. Accurate asbestos information and sharing has improved this year. Sharing data and information through SharePoint has been implemented and solutions to fully integrate data with the current and new QL have been successful.

- Continued work to get up to date asbestos information shared throughout the service.
- Working more closely with internal teams like voids and capital investment to streamline activities and combine information and resource for more productive ways of working.
- Introduction of working processes to have a greater oversight of asbestos activities and contractors. This will include implementation of Safety Culture application for completing and recording site safety audits.

5.4. There have been procurement exercises to help deliver consistency and value for money

- Procurement of UKAS accredited asbestos analysis and surveying contractor to provide services and data completed and due to be awarded.
- Procurement exercise currently in progress to have one licensed asbestos contractor delivering works for closer control and oversight.

5.5. Internal audit was undertaken with few areas of improvement highlighted. Follow up actions have been implemented to satisfy the audit outcomes.

5.6. The Health & Safety Executive (HSE) completed an audit of Bury Council on its management of Asbestos as predicted last year. The latest audit did not include Housing Services.

## **6. Water Hygiene & Legionella Prevention**

6.1. We have had a new permanent team in post since January 2026.

6.2. Legionella Risk Assessments Compliance currently at 100% with 18 sites on the current programme.

6.3. The contract is currently managed via a long-standing historic Service Level Agreement with Bury Council FM Team using their contractor IWS. SLA currently under review by Compliance and FM teams.

6.4. Several legacy remedial actions are being investigated and worked through by the teams, many of them relate to historical poor access and poor contract management.

## **7. Lift Safety**

7.1. We have had a new permanent team in post since January 2026.

7.2. Passenger lift servicing compliance currently at 100% with 11 sites and 13 passenger lifts on the current programme.

- 7.3. It is currently managed via a long-standing historic Service Level Agreement with Bury Council FM Team using their contractor Orona but recent performance has been inconsistent. SLA currently under review by Compliance and FM teams. New contractor TJ Lifts assisting where service from Orona has been poor recently.
- 7.4. A new lift was successfully installed at Taylor House within this financial year following total failure of the lift. Health checks are currently being completed on every lift so future replacements can be planned more accurately by the capital investment delivery team to reduce the impact on tenants.

## **8. Gas Safety**

- 8.1. We have had a new permanent team in post since January 2026.
- 8.2. Gas Compliance remained consistently high throughout the year with compliance currently at 99.83% with 13 properties currently overdue out of 7455 properties on the current programme. Figures accurate as of 21<sup>st</sup> May 2026.
- 8.3. Although compliance is high, access continues to be an issue. Regular meetings with Neighbourhoods Team including enforcement officers to review access issues and to improve access process.
- 8.4. The commercial asset portfolio is currently 100% compliant.
- 8.5. Dilapidation surveys of all commercial heating systems were carried out at the end of 2025 and two (Taylor House and Clarks Hill) have been included for renewal within the capital investment programme for the 2026/27 financial year. This work will also factor in any requirements included as part of the new Heat Network Regulations.
- 8.6. External Auditors continue to audit 5-10% of LGSRs carried out by our current contractor Sureserve. This is carried out by ICON Training and Assessment who are based locally in Bury and Sureserve consistently perform well regularly featuring in the top 10 of the twenty-two groups currently audited by ICON.
- 8.7. The Housing Compliance Team is also responsible for the responsive repairs' element of the Gas contract. During FY 25/26 Sureserve performed well in delivering this service, with 98.24% of jobs completed within timescale and 95.95% of jobs completed on the first visit (Right First Time).
- 8.8. 279 boilers were replaced in the last financial year with newer more efficient boilers.
- 8.9. Sureserve are currently in their final year of the current contract. Procurement for Gas Compliance, Repairs and Maintenance has commenced and included on the Cabinet Agenda for June 2026. The new Contract is proposed to commence from April 2027 onwards. This contract is classed as Gold Tier in the Procurement Contract Management Strategy due to its high importance and high value >£1m.

- 8.10. Gas safety data is produced using The Compliance Workbook (TCW). Work has been undertaken to ensure asset lists is correct and up to date and regular meetings attended. All documents in the system are now assigned to the relevant address.
- 

**Appendix A – Housing Compliance Update – June 2026 Powerpoint Document**

**Contact Details: -**

*Jamie Cunningham (Compliance Manager) - [jamie.cunningham@bury.gov.uk](mailto:jamie.cunningham@bury.gov.uk)*

*Tommy Garrett (Compliance Manager) - [t.garrett@bury.gov.uk](mailto:t.garrett@bury.gov.uk)*

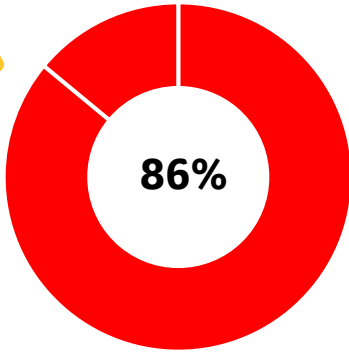
# Housing Compliance Update

(figures correct as of 21<sup>st</sup> May 2026)

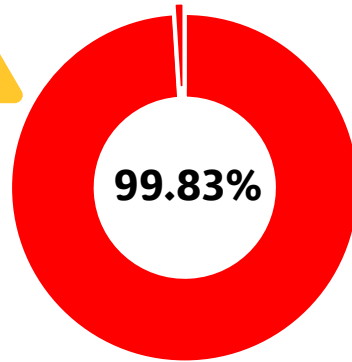
**Document:** Appendix A – Housing Compliance Update – June 2026  
**Updated:** 21/05/26

**Produced By:** Ben Tunncliffe – Head of Housing Compliance

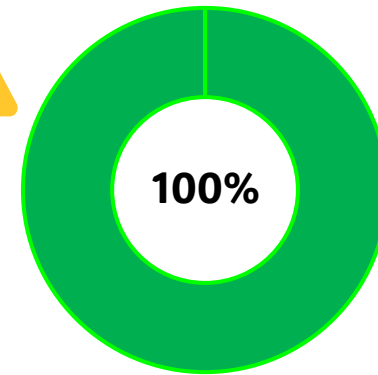
# COMPLIANCE MEASURES



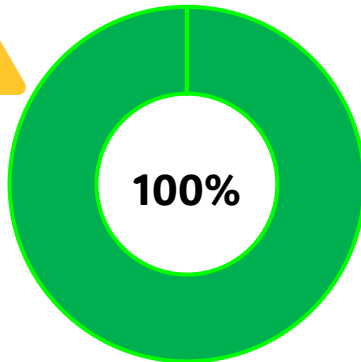
ELECTRICAL SAFETY



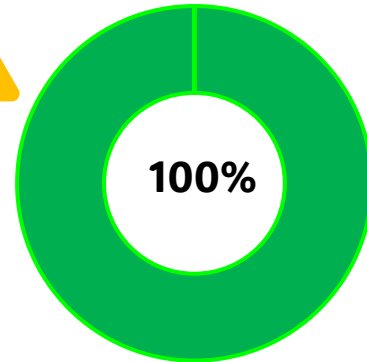
GAS SAFETY



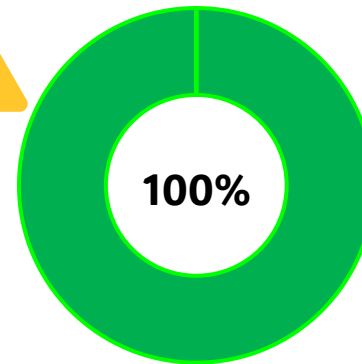
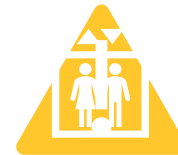
ASBESTOS  
RE-INSPECTIONS



LEGIONELLA RISK  
ASSESSMENTS



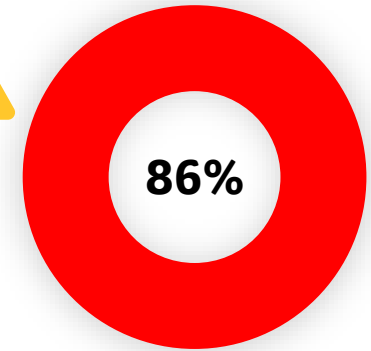
FIRE RISK  
ASSESSMENTS



PASSENGER LIFT  
SERVICING

# Electrical Safety

- We have had a new permanent team in post since December 2025 and their main focus has been on data cleansing to ensure we are working towards being fully compliant with the recent updates to the [Electrical Safety Standards in the Private Rented Sector \(England\) \(Amendment\) \(Extension to the Social Rented Sector\) Regulations 2025](#).
- These regulations require us as a landlord to have the electrical installations in our properties inspected and tested by a qualified person at least every 5 years. We must obtain a report from the qualified person and provide a copy of this to our tenants.
- The updated regulations came into force for the social rented sector on 1st November 2025 and apply to social housing tenancies granted after 1st December 2025. For social housing tenancies granted before 1st December 2025, the regulations come into force on 1st May 2026. There is transitional provision set out in the regulations for such tenancies, which requires social landlords in the first instance to:
  1. Ensure electrical installations are inspected and tested by a qualified person before 1st November 2026.
  2. Ensure electrical equipment is checked by a qualified person before 1st November 2026.

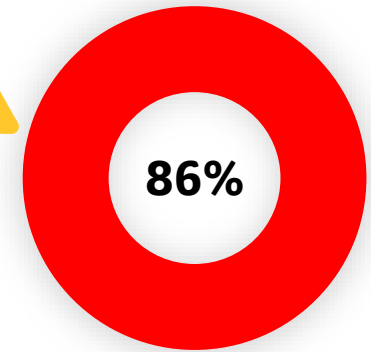


# Electrical Safety

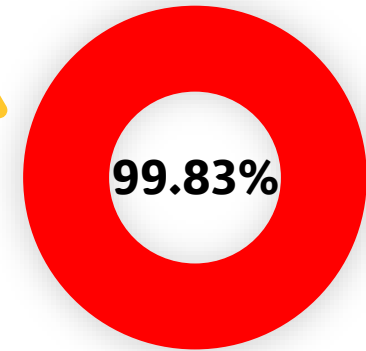
3. Where the record indicates that electrical equipment is not safe for continued use, the landlord must, as soon as reasonably practicable and no later than 28 days after the check, ensure that remedial work is carried out or replace the equipment.

4. Subsequent inspections and tests of electrical installations and checks of electrical equipment must be undertaken at least every 5 years.

- A new 5-year contract for EICRs has been procured and awarded to the successful contractor AB Building & Electrical Ltd and commenced in April 2026.
- Currently 86% of homes have an electrical safety check less than 5 years old
- 1043 electrical safety checks are currently non-compliant out of a total of 7250 on the current programme. 94 are due to being over 5 years old, 758 are without satisfactory documentation and 191 where additional remedial works are required. These are currently being prioritised by our contractor AB Electrical.
- Further collaboration with Neighbourhoods is helping us with access issues and to understand any further tenant vulnerabilities and explore supportive interventions prior to considering enforcement action.
- Electrical safety data is produced using The Compliance Workbook (TCW). Work has been undertaken to ensure asset lists is correct and up to date and regular meetings attended. All documents in the system are now assigned to the relevant address. Work is ongoing with TCW to check and progress unassigned documents.



# Gas Safety

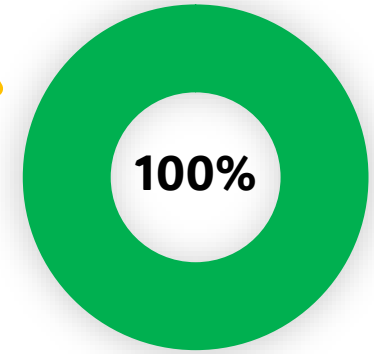


- We have had a new permanent team in post since January 2026.
- Compliance currently at 99.83% with 13 properties currently overdue out of 7455 properties on the current programme.
- Access continues to be an issue. Regular meetings with Neighbourhoods Team including enforcement officers to review access issues and to improve access process.
- The commercial asset portfolio is currently 100% compliant.
- Commercial system at Taylor House is currently supported by temporary plant until the new system is designed, procured and delivered by the Investment Delivery team.
- Sureserve are currently in their final year of current contract. Procurement for Gas Compliance, Repairs and Maintenance has commenced and included on the Cabinet Agenda for June 2026. New Contract is proposed to commence from April 2027 onwards. This contract is classed as Gold Tier in the Procurement Contract Management Strategy due to its high importance and high value >£1m.
- Gas safety data is produced using The Compliance Workbook (TCW). Work has been undertaken to ensure asset lists is correct and up to date and regular meetings attended. All documents in the system are now assigned to the relevant address.

# Asbestos Re-inspections



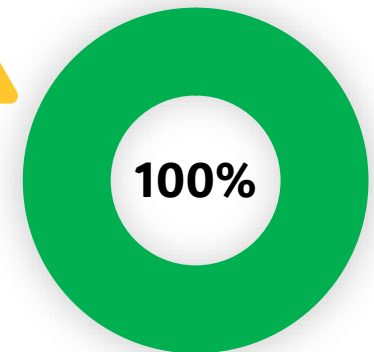
- We have had a new permanent team in post since January 2026.
- Asbestos Re-inspection Compliance currently at 100% with 224 sites on the current programme.
- Two subcontractors currently in place – Pennington Choices (Asbestos Surveys & Monitoring) and Amianto Services (Asbestos Removal) Neither are in contract but work with procurement is ongoing to address this.



# Legionella Risk Assessments



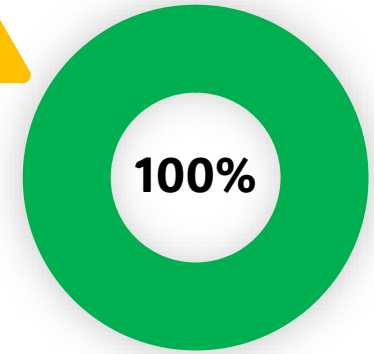
- We have had a new permanent team in post since January 2026.
- Legionella Risk Assessments Compliance currently at 100% with 18 sites on the current programme.
- Currently managed via a long-standing historic Service Level Agreement with Bury Council FM Team using their contractor IWS. SLA currently under review by Compliance and FM teams.
- A number of legacy remedial actions being investigated and worked through by the teams, many of them relate to historical poor access and poor contract management.



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# Fire Risk Assessments

- We have had a new full permanent team in post since April 2026.
- Fire Risk Assessments Compliance currently at 100% with 294 properties on the programme.
- A new Fire Risk Assessment programme commenced at the end of 2025 as numerous FRAs had been identified as being out of date.
- Out of date FRAs and a lack of confidence in the Fire Remedial Action numbers previously reported resulted in us self referring to the Housing regulator on the 27<sup>th</sup> October 2025.
- Fire Risk Assessments are currently programmed and carried out on a risk basis approach as follows:
  - 1 year: 13 properties in total
  - 2 years: 249 properties in total
  - 3 years: 32 properties in total
- Pennington Choices are currently in contract to complete Fire Risk Assessments and all actions from these are recorded into RiskBase.
- RiskBase has been recently introduced by the new team to monitor fire risk assessment cycles and record the closure of FRA actions. This provides live tracking of actions and full traceability for closing and evidencing actions.

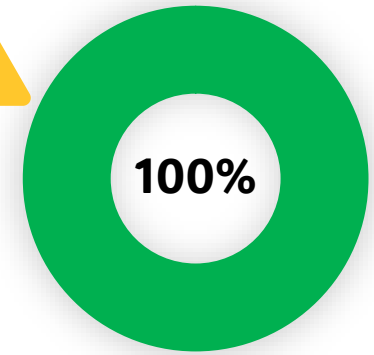
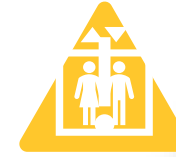


# Fire Safety – Remedial Actions

- An issue was identified with the reporting of the completion of fire remedial actions.
- Fire remedial actions are the actions that are identified from the Fire Risk Assessments and assessed by risk according to the surveyor.
- A review of the historic data has identified that a number of actions were originally recorded as recommendations rather than actions and therefore not addressed properly.
- The revised figure recorded in RiskBase now encapsulates the new FRA actions as well as ongoing remedial work from the older Fire Risk Assessments.
- The fire remedial work is currently being carried out by the contractors HPH and Frank Rogers. Both are very experienced and suitably qualified, but neither are currently in contract and conversations with the Procurement Team have already commenced to address this.
- The priorities are the Sheltered Schemes / Extra Care blocks as these house higher at-risk residents.
- Continued fire door improvement works have largely included full replacement, overhauls to existing communal fire doors and upgrades to flat entrance fire doors. Plans for ongoing inspection and maintenance, the asset tag system, linked to RiskBase is to be introduced to inspect, manage and maintain existing doors. Inspections will primarily be undertaken 'in house' on recommended cycles. Repairs of these doors will be issued to accredited contractors only.

# Passenger Lift Servicing

- Passenger lift servicing compliance currently at 100% with 11 sites and 13 passenger lifts on the current programme.
- Historically managed via a long-standing historic Service Level Agreement with Bury Council FM Team using their contractor Orona. SLA currently under review by Compliance and FM teams. New contractor TJ Lifts assisting where service from Orona has been poor recently.
- Health checks of all passenger lifts are currently being completed and Health Reports produced shared with the Investment Delivery team to allow future programming of lift replacement projects in a priority order.



Report to	Housing Advisory Board
Date	09/06/2026
Agenda No. & Title	8 Year-End Performance 2025/26 and Performance Targets 2026/27
Purpose of the Report	To provide the Housing Advisory Board with an overview of performance for the 2025/26 financial year and to present the proposed performance indicators and targets for 2026/27. The report supports scrutiny of performance, highlights key areas of risk and improvement, and outlines the strategic direction for the year ahead.
Status	For review and approval
Author	Claire Rogan
Report Contact	<a href="mailto:c.rogan@bury.gov.uk">c.rogan@bury.gov.uk</a>
Appendices	Appendix 1: Year End Performance Report Appendix 2: Performance Indicators and Targets 2026/27
Background Documents	N/a
Recommendation/s	<ul style="list-style-type: none"> <li>• Note the 2025/26 year-end performance position and associated challenges</li> <li>• Approve the proposed performance indicators and targets for 2026/27</li> <li>• Endorse the key improvement priorities and areas of focus for the coming year</li> <li>• Review new suggested PI's highlighted in the target setting report.</li> </ul>
Corporate Plan Objective	<ul style="list-style-type: none"> <li>• Improve the quality and safety of our homes</li> <li>• Improve customer service and increase customer influence</li> <li>• Ensure a sustainable business plan</li> <li>• Prevent and reduce homelessness and support communities</li> <li>• Improve tenant satisfaction</li> </ul>
Risk Implications	<ul style="list-style-type: none"> <li>• Continued underperformance in repairs and customer satisfaction</li> </ul>

	<ul style="list-style-type: none"> <li>• Increasing rent arrears above sector benchmarks</li> <li>• Capacity and recruitment challenges impacting service delivery</li> <li>• Data quality and system limitations affecting reporting and efficiency</li> </ul>
Mitigations/Controls	<ul style="list-style-type: none"> <li>• Service restructures and targeted recruitment across key areas</li> <li>• Implementation of improvement action plans (e.g. income management, ASB, repairs)</li> <li>• Strengthened compliance oversight through a dedicated compliance team</li> <li>• Introduction of new systems (e.g. Housing CRM) to improve efficiency and data quality</li> <li>• Ongoing performance management using sector-aligned KPIs</li> </ul>
Financial and Value for money implications	Right first time and rent income figures are indicators to ensure both cash flow and efficient services for value for money.
Regulatory/ governance and legal implications	The report demonstrates alignment with regulatory expectations, including the Housing Ombudsman Complaint Handling Code and emerging requirements such as Awaab's Law. Performance monitoring and benchmarking against Housemark support transparency and assurance
Assets and Liabilities	Asset Management indicators are key to ensuring oversight of the assets and liabilities.
Resource Implications	Performance has been impacted by resourcing challenges, including recruitment and retention pressures. Recruitment to key service areas is now largely complete, with improved alignment between demand and capacity expected in 2026/27.
Customer Impact	<p>Customers have experienced variability in service delivery, particularly in repairs, communication, and access to services. However:</p> <ul style="list-style-type: none"> <li>• Complaint handling performance has improved</li> <li>• Safety and compliance performance remains strong</li> <li>• Service changes and planned improvements are expected to enhance customer experience</li> </ul>

EDI Implications	This report does not have a negative impact from an EDI perspective
Sustainability and Environmental Implications	There are no sustainability or environmental impacts of this report. Specific indicators monitor the EPC rating for the stock.
Privacy/Data Protection	N/A
Colleague Impact	There are no impacts on colleagues.
Stakeholder Communications and Reputational Impact	Performance below sector benchmarks in key areas may carry reputational risk. However, transparent reporting, clear improvement planning, and engagement with tenants (e.g. Tenant Voice Forum) and visibility upon publishing performance support trust and accountability
Next Steps	<ul style="list-style-type: none"> <li>• Implement and monitor delivery of service improvement plans across key areas</li> <li>• Embed new systems (e.g. CRM) to improve efficiency and customer experience</li> <li>• Track performance against 2026/27 targets, including stretched TSMs</li> <li>• Continue benchmarking against Housemark and sector peers</li> <li>• Provide regular performance updates to the Housing Advisory Board.</li> </ul>

## 1. Overall Summary

1.1. The 2025/26 year-end position reflects a service in transition, with performance challenges alongside improving foundations. Appendix 1 gives further details and commentary.

1.2. The 2026/27 TSM targets detailed in appendix 2 are deliberately ambitious, reflecting the gap to sector benchmarks and a strong commitment to continuous improvement. Together, these documents provide a clear framework for driving improved outcomes for tenants and moving towards the 5-year corporate goals.

## 2. Tenant Voice Forum Input

2.1. The Tenant voice forum reviewed the targets for the Tenant Satisfaction Measures. Their discussions around targets have been that the service should aim to stretch itself and increase all the TSM targets reflecting our transitioning services and

recruitment to teams.

2.2. The leadership team reviewed the TVF suggestions and welcomed the challenge. Whilst recognising the need to encourage improvements, targets have been set as achievable if planned actions are put into place. It is recognised that change and improvements in services can take a long time to embed and perception to change. Therefore, 9 out of 12 have increased, with 4 remaining the same, where the target had not been achieved in 2025/26.

### 3. Performance Indicators

3.1. Performance indicators have been selected to provide overview of regulatory requirements and key services without being burdensome. The performance indicators have been reviewed by HLT.

3.2. The number of PIs has been reduced in order to increase focus on each area. These indicators such as the Repairs and Tenancy Management ASB indicators will still be monitored by Heads of Service. This will be supplemented by more detailed reports on service areas throughout the year including, ASB, Health and Safety and Compliance.

3.3. A number of new indicators have been included (highlighted in orange in appendix 2):

3.3.1. Awaab's indicators following the introduction of Awaab's Law in October 2025. In order to ensure compliance to new timescales. These can be escalated once HLT and HAB are assured the new process is embedded.

3.3.2. Transactional satisfaction surveys which give a more immediate understanding of satisfaction with key areas ASB, Repairs and Complaints, but have previously had too low a return rate for significant analysis.

3.3.3. New Repairs Pi's following increased focused on performance by the New Head of Repairs.

3.3.4. New Stock condition PIs to support the new asset management approach to ensure the data on the stock is up to date.

3.4. Individual Directorates have operational performance indicators which can be escalated to HLT if there are ongoing concerns highlighted through complaints, risk or ongoing poor performance.



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## Bury Housing Services Appendix 1 Performance indicators – 2026/27

### High level Performance Indicators

To be reported to HLT, HAB and Housing Portfolio

No.	Indicator	Area	Frequency	Actual 2025/26	Target 2026/257	Upper Quartile <sup>1</sup>	Corporate Priority	Notes
AM01	Proportion of homes that do not meet the Decent Homes Standard	Asset Mgt	Quarterly /annually	0.01%	Annual figure produced 100% Targets for carrying out the work: Qtr 1 10% Qtr 2 30% Qtr 3 30% Qtr 4 30%  0% at year end	0.5%	Improve the quality of our homes	Snapshot See report on new reporting practice
AM01a	Homes (dwelling units) that have had a stock condition survey in the last 2 years	Asset Mgt	Monthly	13.83%	Info only		Improve the quality of our homes	Cumulative/ snapshot

<sup>1</sup> If available Benchmark HouseMark English LAs (excl. London) 5k-10k stock

No.	Indicator	Area	Frequency	Actual 2025/26	Target 2026/257	Upper Quartile <sup>1</sup>	Corporate Priority	Notes
AM01b	Homes (dwelling units) that have had a stock condition survey in the last 5 years	Asset Mgt	Monthly	82.95%	Info only		Improve the quality of our homes	Cumulative/snapshot
NEW PI	Volume of stock condition surveys completed in year	Asset Mgt	Monthly		Target at start of year based on 20% of BC stock figure having had a survey by end of year		Improve the quality of our homes	
AM08	% of homes with an EPC rating of C or above.	Asset Mgt	Quarterly/Annual	69.13%	80%		Improve the quality of our homes	Snapshot
CH01a	Number of stage one complaints received (per 1,000 homes)	PIA	Monthly	25.17	27.4	23.7	Improve customer service and increase customer influence in our service delivery	This is a cumulative PI
CH01b	Number of stage two complaints received (per 1,000 homes)	PIA	Monthly	0.58	Info only	3.9	Improve customer service and increase customer	This is a cumulative PI

No.	Indicator	Area	Frequency	Actual 2025/26	Target 2026/257	Upper Quartile <sup>1</sup>	Corporate Priority	Notes
							influence in our service delivery	
CH02a	Proportion of stage one complaints responded to within the Housing Ombudsman's Complaint Handling Code timescales (%)	PIA	Monthly	100%	100%	93.3%	Improve customer service and increase customer influence in our service delivery	This is a cumulative PI
CH02b	Proportion of stage two complaints responded to within the Housing Ombudsman's Complaint Handling Code timescales (%)	PIA	Monthly	100%	100%	95.1%	Improve customer service and increase customer influence in our service delivery	This is a cumulative PI
BS02	Proportion of homes for which all required fire risk assessments have been carried out (%)	Compliance	Monthly	100%	100%	100%	Improve the quality of our homes	This is a cumulative / snapshot PI
BS03	Proportion of homes for which all required asbestos management surveys or re-inspections have been carried out (%)	Compliance	Monthly	100%	100%	100%	Improve the quality of our homes	This is a cumulative / snapshot PI

No.	Indicator	Area	Frequency	Actual 2025/26	Target 2026/257	Upper Quartile <sup>1</sup>	Corporate Priority	Notes
BS04	Proportion of homes for which all required legionella risk assessments have been carried out (%)	Compliance	Monthly	72.22%	100%		Improve the quality of our homes	This is a cumulative / snapshot PI
BS05	Proportion of homes for which all required communal passenger lift safety checks have been carried out (%)	Compliance	Monthly	100%	100%	100%	Improve the quality of our homes	This is a cumulative / snapshot PI
CM06	Percentage of Tenanted Properties with Valid Electrical Safety Certificate	Compliance	Monthly	94.47%	100%		Improve the quality of our homes	This is a cumulative / snapshot PI
BS01	Proportion of homes for which all required gas safety checks have been carried out (%)	Compliance	Monthly	99.97%	100%	100%	Improve the quality of our homes	This is a cumulative / snapshot PI
NEW PI	Number of properties that we have been notified as capped and due for intervention with tenant to verify they have the means to heat and eat	Neighbourhoods	Monthly	TBC	0		Improve the quality of our homes	This is a snapshot PI
FM1	Total rent arrears (Bury Council Stock) Current and Former tenants	Finance	Monthly	£2892,656	Information only		Ensure we have a	

No.	Indicator	Area	Frequency	Actual 2025/26	Target 2026/257	Upper Quartile <sup>1</sup>	Corporate Priority	Notes
							sustainable business plan	
FM4	Percentage of rent arrears of current tenants	Finance	Monthly	5.47%	4.5%		Ensure we have a sustainable business plan	Incremented drop to 2.5% over the next 3-4 years
FM7a	Cumulative rent loss from vacant LA homes	Repairs	Monthly	1.35%	1.07%		Ensure we have a sustainable business plan	
RM01	Work in Progress figures	Repairs	Monthly	1838	1000		Improve customer service	Snapshot in time
NEW PI	% overdue WIP	Repairs			10%		Improve customer service	
Rp02a	Percentage of non-emergency repairs completed within the landlord's target timescale	Repairs	Monthly	68.98%	90%	89%	Improve the quality of our homes	
Rp02b	Percentage of emergency repairs completed within the landlord's target timescale	Repairs	Monthly	97.18%	100%	99.4%	Improve the quality of our homes	

No.	Indicator	Area	Frequency	Actual 2025/26	Target 2026/257	Upper Quartile <sup>1</sup>	Corporate Priority	Notes
RM03	Repairs completed right first time	Repairs	Monthly	75.29%	85%		Improve customer service and ensure we have sustainable business plan	
NEW PI	Average time taken to complete non-urgent responsive repairs	Repairs	Monthly	26.16 days	20 days		Improve customer service	
NEW PI	Average time taken to complete urgent repairs	Repairs	Monthly		5 days		Improve customer service	
NEW PI	Average time taken to complete subcontracted repairs	Repairs	Monthly		20 days		Improve customer service	
NEW PI	Average age of backlog appointment repairs	Repairs	Monthly		20 days		Improve customer service	
NEW PI	Awaabs Law % of Emergency repairs completed in landlords timescale	Repairs	Monthly		100%		Improve the quality of our homes	
NEW PI	Awaabs law % of Significant repairs completed in the landlords timescale	Repairs	Monthly		98%		Improve the quality of our homes	

No.	Indicator	Area	Frequency	Actual 2025/26	Target 2026/257	Upper Quartile <sup>1</sup>	Corporate Priority	Notes
Nm01a	Number of anti-social behaviour cases opened (per 1,000 homes)	Neighbourhoods	Monthly	15.85%	2.58%		Improve customer service	This is a cumulative / snapshot PI
Nm01b	Number of anti-social behaviour cases that involve hate incidents opened (per 1,000 homes)	Neighbourhoods	Monthly	1	Info only		Improve customer service	This is a cumulative / snapshot PI
TM3	Average time taken to re-let local authority housing	Voids	Monthly	45	39		Ensure we have a sustainable business plan	This is a cumulative / snapshot PI
HACC001a	Number of household in temporary accommodation on the last day of the month (B&B)	Homelessness	Monthly	TBC	Info only		Prevent and reduce homelessness and rough sleeping	This is a cumulative / snapshot PI
HSKPI008	Number of B&B move on's per month to positive outcomes (with a breakdown of outcomes)	Homelessness	Monthly	TBC	Info only		Provide safe and decent temporary accommodation	This is a cumulative / snapshot PI
HSkPI015	Overall number of confirmed Rough sleepers per month	Homelessness	Monthly	TBC	Info only		Prevent and reduce homelessness and rough sleeping	This is a cumulative / snapshot PI

No.	Indicator	Area	Frequency	Actual 2025/26	Target 2026/257	Upper Quartile <sup>1</sup>	Corporate Priority	Notes
NEW PI's	Transactional surveys <ul style="list-style-type: none"> <li>• Satisfaction with call centre-transaction survey</li> <li>• Satisfaction with complaint handling transaction survey</li> <li>• Satisfaction with how ASB case was handled transactional survey</li> </ul>						Improve customer service	To be discussed

## Tenant Satisfaction Measures

To be reported to HLT, HAB and housing portfolio on a quarterly basis

No.	TSM	Actual 2025/26	Target 2025/26	Target 2026/27	Upper Quartile	Corporate Priority
TP01	Overall satisfaction	73.91%	74%	77%	74.9	Improve customer service
TP02	Satisfaction with repairs	72.87%	80%	Static 80%	77.5	Improve customer service
TP03	Satisfaction with time taken to complete most recent repair	71.19%	75.5%	Increase 78%	74.0	Improve customer service
TP04	Satisfaction that the home is well maintained	71.19%	69.4%	Increase 79%	73.7	Improve the quality of our homes
TP05	Satisfaction that the home is safe	75.03%	76%	Increase 80%	80.4	Improve the quality of our homes
TP06	Satisfaction that the landlord listens to tenant views and acts upon them	58.43%	58.9%	Increase 65%	63.4	Increase meaningful engagement with customers
TP07	Satisfaction that the landlord keeps tenants informed about things that matter to them	68.12%	76%	Increase 77%	72.7	Increase meaningful engagement with customers
TP08	Agreement that the landlord treats tenants fairly and with respect	75.95%	76.3%	Increase 80%	78.3	Increase meaningful engagement with customers

TP09	Satisfaction with the landlord's approach to handling complaints	47.78%	50%	Increase 55%	35.8	Increase meaningful engagement with customers Improve customer service
TP10	Satisfaction that the landlord keeps communal areas clean and well maintained	49.3%	65.5%	Static 65.5%	70.9	Improve the quality of our homes
TP11	Satisfaction that the landlord makes a positive contribution to neighbourhoods	58.12%	62.5%	Static 62.5%	65.7	Improve the quality of our homes
TP12	Satisfaction with the landlord's approach to handling anti-social behaviour	52.59%	60.4%	Static 60.4%	60.3	Improve customer service

**Bury Council**  
**Year End Scorecard**  
**2025-26**

**Version : Final**  
**Updated 28/05/26**  
**Data as 31<sup>st</sup> March 2026**  
**Produced by. S. Farnworth / C.Rogan**

Code	Tenant Satisfaction Measures	2024/25 Value	2025/26 Value	2025/26 target	Year on year trend	Annual variance (Percentage points)	Benchmark HouseMark English LAs (excl. London) 5k-10k stock	Benchmarking GMHP <sup>1</sup>
TP01	<b>Percentage of tenants satisfied with the overall service their landlord provides</b>	70.59%	73.91%	74%	↑	+3.32%	Q2	Q3
TP02	<u>Satisfaction with repairs</u>	74.55%	72.87%	80%	↓	-1.68%	Q4	Q4
TP03	<u>Satisfaction with time taken to complete most recent repair</u>	72.76%	71.19%	75.5%	↓	-1.57%	Q3	Q4
TP04	<u>Satisfaction that the home is well maintained</u>	66.78%	71.19%	69.4%	↑	+4.41%	Q4	Q4
TP05	<u>Satisfaction that the home is safe</u>	69.94%	75.03%	76%	↑	+5.09%	Q4	Q4
TP06	<u>Satisfaction that the landlord listens to tenant views and acts upon them</u>	58.08%	58.43%	58.9%	↑	+0.35%	Q3	Q4
TP07	<u>Satisfaction that the landlord keeps tenants informed about things that matter to them</u>	64.98%	68.12%	76%	↑	+3.14%	Q3	Q4
TP08	<b>Agreement that the landlord treats tenants fairly and with respect</b>	74.94%	75.95%	76.3%	↑	+1.01%	Q2	Q4

Code	Tenant Satisfaction Measures	2024/25 Value	2025/26 Value	2025/26 target	Year on year trend	Annual variance (Percentage points)	Benchmark HouseMark English LAs (excl. London) 5k-10k stock	Benchmarking GMHP <sup>1</sup>
TP09	<b>Satisfaction with the landlord's approach to handling complaints</b>	37.6%	47.78%	50%	↑	+10.18%	Q1	Q1
TP10	<u>Satisfaction that the landlord keeps communal areas clean and well maintained</u>	55.16%	49.3%	65.5%	↓	-5.86%	Q4	Q4
TP11	<u>Satisfaction that the landlord makes a positive contribution to neighbourhoods</u>	56.06%	58.12%	62.5%	↑	+2.06%	Q4	Q4
TP12	<u>Satisfaction with the landlord's approach to handling anti-social behaviour</u>	50.8%	52.59%	60.4%	↑	+1.79%	Q3	Q4

### TSM Year-End Summary

Overall tenant satisfaction has improved and is now above the sector average, showing early signs that service changes are being recognised. However, most other measures remain below average compared to similar landlords, particularly in repairs, communication, and property condition, where performance sits in the lower benchmarking quartiles.

Repairs and ASB continue to be the main drivers of dissatisfaction, with both quality and timeliness declining and performing poorly against peers and case management for ASB.

There are some positives:

- Complaints handling has improved significantly and is now top quartile compared to other landlords
- Perceptions of safety and home condition are improving, although still below average

Several important service changes have been implemented during the year to strengthen delivery. These include the reorganisation of the repairs service, the establishment of a dedicated compliance team, and targeted recruitment to address capacity and capability gaps. In addition, Housemark reviews of antisocial behaviour (ASB) and complaints have provided valuable insight and are helping to inform ongoing improvements.

Work has also commenced towards accreditation with the Institute of Customer Service, which will provide a clear and consistent framework for communication with tenants, managing expectations, handling dissatisfaction and complaints, and supporting staff to deliver high-quality customer outcomes.

The Tenant Voice Forum has played an active role in shaping targets for 2026/27. As a result, targets have been proportionately stretched across 9 of the 12 Tenant Satisfaction Measures (TSMs), reflecting both the performance to date and the service's ambition to drive further improvement.

Code	Asset Management	2024/25 Value	2025/26 Value	2025/26 target	Year on year trend	Annual variance (Percentage points)	Benchmark HouseMark English LAs (excl. London) 5k-10k stock	GMHP
AM01	<a href="#">Homes that do not meet the Decent Homes Standard</a>	0.58%	0.01%	0%	↑	-0.57%	Q1	Q4
AM01a	Homes (dwelling units) that have had a stock condition survey in the last 2 years	N/A	13.83%	Info Only	N/A	N/A	N/A	N/A
AM01b	Homes (dwelling units) that have had a stock condition survey in the last 5 years	N/A	82.95%	Info Only	N/A	N/A	N/A	N/A
AM01c	Homes (dwelling units) that have had a stock condition survey in the last 10 years	N/A	87.07%	Info Only	N/A	N/A	N/A	N/A

Code	Asset Management	2024/25 Value	2025/26 Value	2025/26 target	Year on year trend	Annual variance (Percentage points)	Benchmark HouseMark English LAs (excl. London) 5k-10k stock	GMHP
AM01d	Homes (dwelling units) that have had a stock condition survey over 10 years ago	13.97% <sup>2</sup>	13.63%	Info Only	↑	-0.33%	N/A	N/A
AM08	% of homes with an EPC rating of C or above.	57.66%	69.13%	60%	↑	+11.47%	Q1	Q3 <sup>3</sup>
AM09	<a href="#">Delivery of capital programme (percentage measure)</a>	N/A	28.45%	100%	N/A	N/A	N/A	N/A
AM09a	<a href="#">Capital programme - forecast spend versus resources</a>	N/A	54.27%	100%	N/A	N/A	N/A	N/A
ADAP04	<a href="#">Cumulative monthly % of spend against the budget (Adaptations)</a>	N/A	48.5%	100%	N/A	N/A	N/A	N/A

At year end there was one property non-decent property. The property has an old gas boiler, although currently in date for the annual Gas servicing check we have identified replacement in 2026/27.

From April 2026, our approach to reporting housing decency will move to a more predictive and forward-looking model. This will give us a clearer view of properties that are likely to fall into non-decency, enabling earlier planning of inspections and the timely scheduling of capital works where appropriate. This shift will support more proactive asset management and better prioritisation of investment.

EPC ratings have encouragingly increased and hit target year end, a positive position entering 2026.

A number of factors influenced delivery of the capital programme during 2025/26, including a carry-over of schemes from 2024/25, unforeseen delays resulting from Cabinet approval not being secured until September, and procurement delays which affected the timely progression of the

capital programme. In addition, there were significant delays during Q4 linked to legal approval of contracts (December–March), alongside resource pressures arising from recruitment challenges.

The asset management restructure is now complete, with recruitment to the revised structure largely finalised. To strengthen future delivery, the service is working more closely with the procurement team to mitigate anticipated delays and ensure earlier engagement. Future investment works are being scoped and prioritised more robustly, ensuring alignment with the Decent Homes Standard and strategic asset priorities. There is also a clear commitment to reducing the scale of annual programme carry-overs, providing a stronger delivery position year on year.

To support improved planning, oversight and assurance, the service has introduced Scanmaster, a new contract management reporting system that enables earlier visibility of contract performance and renewal planning. In addition, Verto, a new project management system for capital investment, is being implemented to support more efficient monitoring, reporting, and control of investment programmes across the lifecycle of delivery.

Code	Complaints	2024/25 Value	2025/26 Value	2025/26 target	Year on year trend	Annual variance (Percentage points)	Benchmark HouseMark English LAs (excl. London) 5k-10k stock	GMHP
CH01a	<a href="#">Complaints relative to the size of the landlord - Stage 1</a>	8.09	25.17	27.4	↑	+17.08	Q1	Q1
CH01b	Complaints relative to the size of the landlord Stage 2	0.37	0.58	Info Only	↑	+0.21	Q1	Q1
CH02a	Complaints responded to within Complaint Handling Code timescales - Stage 1	100%	100%	100%	-	0%	Q1	Q1
CH02b	Complaints responded to within Complaint Handling Code timescales - Stage2	100%	100%	100%	-	0%	Q1	Q1
CH03a	Stage 1 complaints Figures	60	190	Info Only	↑	+130	N/A	N/A

Code	Complaints	2024/25 Value	2025/26 Value	2025/26 target	Year on year trend	Annual variance (Percentage points)	Benchmark HouseMark English LAs (excl. London) 5k-10k stock	GMHP
CH03b	Stage 2 complaints Figures	31	54	Info Only	↑	+23	N/A	N/A
CH06	Number of Housing Ombudsman maladministration determinations received	4	19	Info Only	↑	+15	N/A	N/A

The 2025/26 year-end complaints position shows strong compliance and improving performance, underpinned by Housemark accreditation and an external Housing Ombudsman Service review of landlord complaints policies, which together have provided a clear set of improvement actions to be delivered over the year. It is encouraging to see that tenant satisfaction with complaint handling is at a good level and improving year on year. Housing Ombudsman data, including the number of determinations and maladministration findings, continues to provide an important source of external insight.

During the year, the organisation has recruited two Complaints Investigation Officers, increasing capacity and resilience within the service. The focus now is to refresh, improve and relaunch complaints processes in line with Housemark recommendations, while continuing to embed learning, strengthen ownership, and support cultural change across services.

We have had 7 Housing Ombudsman cases YTD of which 2 were historical and included 5 maladministration's and 2 severe maladministration's associated to a damp and mould case. As a result a lettable standard damp inspection was introduced by the way of embedding learning.

There is a theme around ASB complaints and Housing Ombudsman enquiries. Case management and record keeping is a learning outcome that has been identified and

Code	Compliance	2024/25 Value	2025/26 Value	2025/26 target	Year on year trend	Annual variance (Percentage points)	Benchmark HouseMark English LAs (excl. London) 5k-10k stock	GMHP
BS02	Fire Safety Checks	100%	100%	100%	↓	0	Q1	Q1
BS03	Asbestos safety checks	100%	100%	100%	-	0	Q1	Q1
BS04	<a href="#">Water safety checks - Legionella</a>	95.89%	72.22%	100%	↓	-23.67%	Q4	Q4
BS05	Lift safety checks	100%	100%	100%	-	0.00%	Q1	Q1
CM06	<a href="#">Percentage of Tenanted Properties with Valid Electrical Safety Certificate</a>	95.97%	94.47%	100%	↓	-1.5%	N/A	N/A
CM12	Outstanding fire-safety follow-up actions	1145 <sup>4</sup>	893	Info Only	↑	-252	N/A	N/A
BS01	<a href="#">Gas Safety Checks</a>	99.98%	99.77%	100%	-	-0.13%	Q4	Q4
CM06a	<a href="#">Percentage of Tenanted Properties with Valid 10-Year Electrical Safety Certificate</a>	N/A	87.2%	100%	↓	N/A	N/A	N/A
CM06b	<a href="#">Percentage of Tenanted Properties with Valid 5 Year Electrical Safety Certificate</a>	N/A	94.91%	100%	↓	N/A	N/A	N/A

Recruitment to the permanent compliance team has now been completed, however limited resource capacity earlier in the year did present challenges to delivery.

The regulator has closed down further monitoring following the self-referral, having been satisfied that appropriate controls and governance are now in place. We will, however, continue to provide updates should there be any change to this position. The underlying compliance position is actively managed and improving, with currently no unmanaged high-risk exposure identified.

Fire safety performance was affected by data cleansing activity and legacy remedial actions, but 100% of Fire Risk Assessments are complete and all actions are being addressed by priority. A new in-house compliance team, supported by new RiskBase software, is strengthening oversight and prioritisation of the new actions produced from the most recent Fire Risk Assessments.

Electrical safety compliance reflects historic data inaccuracies, access challenges, and delays prior to the establishment of the compliance function. Since then, data accuracy has improved significantly, contracts have been formalised, and a clear programme is in place to transition all properties to 5-year EICRs, supported by TCW software and access processes.

Water safety remains just below target due to a small number of outstanding assessments and access issues, all of which are short-term and under active management.

Gas safety performance remains high, with only a small number of short-dated certificates outstanding which are progressing and supported by TCW software and access processes.

Overall, the red indicators largely reflect legacy issues and improved data transparency, rather than declining safety performance. The establishment of a dedicated compliance team, strengthened processes, and improved assurance systems place the service in a much stronger position for 2026/27.

Code	Finance (Rents)	2024/25 Value	2025/26 Value	2025/26 target	Year on year trend	Annual variance (Percentage points)	Benchmark HouseMark English LAs (excl. London) 5k-10k stock	GMHP
FM1	Total rent arrears (Bury Council Stock) Current and former tenants	£2,607,307	£2,892,656	Info Only	↓	+£285,349	N/A	N/A
FM2	Total rent arrears (Bury Council Stock)	£1,836,546	£1,997,518	Info Only	↓	+£160,972	N/A	N/A
FM3	<a href="#">Rents - Cash Collection (Cumulative Year to Date)</a>	99.53%	99.01%	100%	↓	-0.52%	99.97%-100% (typical)	N/A
FM4	<a href="#">Percentage of rent arrears of current tenants</a>	5.01%	5.47%	4.5%	↓	+0.46%	2.5%	N/A
FM5	<a href="#">Proportion of rent collected (BURY properties only)</a>	100.73%	98.11%	99.5%	↓	-2.62%	99.7%-100% (typical)	N/A
FM6	Proportion of True rent arrears (Bury Council stock)	101.12%	98.17%	98.15%	↓	-2.95%	N/A	N/A
FM7	<a href="#">Cumulative rent loss from vacant LA homes</a>	1.17%	1.35%	1.07%	↓	-0.18%	N/A	N/A
FM7a	Rent loss from vacant LA homes	£407,360	£507,339	Info Only	↓	+£99,979	N/A	N/A

### Year-End Performance Summary – Income Management

The 2025/26 year-end position indicates that performance across key income management measures remains below both internal targets and sector benchmarks. Where targets have not been achieved, this has contributed to a continued increase in rent arrears over the year.

This position reflects the combined impact of ongoing cost of living pressures affecting tenants, alongside operational challenges within the service as it undergoes a period of transformation.

Housemark benchmarking indicates that the national median rent arrears position closed 2024/25 at approximately 2.5–2.6%, with average rent collection rates typically exceeding 99% across the sector. While some landlords have reported recent improvements, driven by a strengthened focus on income management and early intervention, performance locally has not yet aligned with these trends, however the prevention method is being embedded by the team.

An improvement action plan is in place, overseen by the Head of Revenues and Benefits, which sets out key areas of focus for the year ahead. This includes a structured and incremental approach to reducing rent arrears from the current year-end position towards the sector benchmark of approximately 2.5% over the next three to four years.

Code	Repairs & Maintenance	2024/25 Value	2025/26 Value	2025/26 target	Year on year trend	Annual variance (Percentage points)	Benchmark HouseMark English LAs (excl. London) 5k-10k stock	GMHP
RM01	Work in Progress figures	N/A	1,838	Info Only	N/A	N/A	N/A	N/A
RM02	Number of all repairs completed in month	12,098	14,854	Info Only	↑	+2,756	N/A	N/A
RM02a	<a href="#">Percentage of non emergency repairs completed within the landlord's target timescale</a>	78.73%	68.98%	100%	↓	-9.75%	Q4	Q4
RM02b	<a href="#">Percentage of emergency repairs completed within the landlord's target timescale</a>	98.37%	97.18%	100%	↓	-1.19%	Q3	Q4
RM03	<a href="#">Repairs completed right first time</a>	-16.24	75.29%	95%	↓	-14.6%	N/A	N/A
RM04a	<a href="#">Average time taken to complete appointment repairs</a>	N/A	26.16	20	N/A	N/A	N/A	N/A
RM04b	Average time taken to complete planned repairs	N/A	41.21	50	N/A	N/A	N/A	N/A
RM04c	Average time taken to complete urgent repairs	N/A	6.32	5	N/A	N/A	N/A	N/A
RM04d	Average time taken to complete subcontracted repairs	N/A	13.34	20	↑	N/A	N/A	N/A
RM01a	Average age of backlog appointment repairs	N/A	19.38	20	N/A	-18.33%	N/A	N/A
RM05	Repairs - proportion of responsive to planned	93.47%	88.41%	85%	↑	-5.06%	N/A	N/A
RM05a	Repairs - proportion of emergency to responsive	27.2%	28.04%	Info Only	↓	+0.84	N/A	N/A
CM09	Number of Active Disrepair Claims Received Relating to Damp	144	165	Info Only	↓	+21	N/A	N/A
CM10	Number of properties where damp identified	179	237	Info Only	↑	+58	N/A	N/A
CM13	Outstanding damp and mould actions excluding mould washes	268	199	Info Only	↓	-69	N/A	N/A
CM13a	Number of open Damp & Mould cases	N/A	205	Info Only	N/A	N/A	N/A	N/A
CM13b	Cases overdue by < 1month Damp & Mould	N/A	12	Info Only	N/A	N/A	N/A	N/A

Code	Repairs & Maintenance	2024/25 Value	2025/26 Value	2025/26 target	Year on year trend	Annual variance (Percentage points)	Benchmark HouseMark English LAs (excl. London) 5k-10k stock	GMHP
CM13c	Cases overdue by 1 - 3 months Damp & Mould	N/A	14	Info Only	N/A	N/A	N/A	N/A
CM13d	Cases overdue by 3 - 6 months Damp & Mould	N/A	0	Info Only	N/A	N/A	N/A	N/A
CM13e	Cases overdue by 6+ months Damp & Mould	N/A	0	Info Only	N/A	N/A	N/A	N/A

During 2025/26, repairs performance has been impacted by a combination of legacy backlogs, capacity pressures, data quality issues, and service transformation activity. While performance indicators remained below target at year end, much of the volatility reflects a year of resetting the service to align with regulation, best practice, and a clearer understanding of demand and resource. It is recognised that periods of structural change and data cleansing often result in short-term performance dips before recovery and stabilisation.

Non-emergency repairs closed at 68.9813%, with March performance particularly low due to a legacy backlog of routine repairs, capacity constraints, and delays linked to parts availability and follow-on works. Emergency repairs remained strong overall at 97.18%, although a small number of cases did not hit target due to access issues and increased repair complexity.

Right First-Time performance ended the year at 75.29%, affected by repeat visits driven by incomplete initial diagnoses, parts availability, and cross-trade dependencies. The average time to complete appointment repairs exceeded target at 26.16 days, reflecting high outstanding volumes and constrained appointment capacity.

During the year, the service undertook a full review of staffing and repairs data, aligning ways of working with regulatory expectations and sector best practice. This process surfaced historic under-reporting and ageing repairs, resulting in a short-term dip in reported performance but establishing a far more accurate and reliable baseline.

Recruitment has since taken place to better align resource with demand, informed by improved data quality. Recovery actions are now focused on backlog clearance, tighter job triage, improved diagnostics, enhanced scheduling, and strengthened management oversight, providing a more stable platform for performance improvement into 2026/27.

Since Awaab's Law came into force in October 2025, it has been recognised that Bury Council's Housing Repairs service was not fully prepared to meet the new statutory requirements. At go-live, processes were underdeveloped, and staff roles and responsibilities in relation to compliance were not clearly defined. During the final quarter of the year, significant progress has been made, including the recruitment of appropriate roles and the establishment of dedicated resource to oversee and manage compliance with the legislation. While overall performance is not yet at the required standard, the service is now on a stronger footing, with improving performance trends and assurance levels being maintained as compliance arrangements continue to mature.

Code	Tenancy Management	2024/25 Value	2025/26 Value	2025/26 target	Year on year trend	Annual variance	Benchmark HouseMark English LAs (excl. London) 5k-10k stock	GMHP
NM01 a	<a href="#">Anti-social behaviour cases relative to the size of the landlord</a>	17.57	15.85	2.58	↓	-1.72	Q1	Q1
NM01 b	Anti-social behaviour cases relative to the size of the landlord that involve hate incidents	3	1	Info Only	↓	-2	Q1	Q1
NM03	ASB Track numbers per month - cumulative	129	116	Info Only	↓	-13	N/A	N/A
NM04	Tenancy Support cases overall. (includes DV, hoarded properties, neglect)	N/A	189	Info Only	N/A	N/A	N/A	N/A
TM1	Number of Tenancies Failing within the first 6 months	0	1	Info Only	↓	+1	N/A	N/A
TM2	Number of tenancies failing in first 12mths	0	3	Info Only	↓	+3	N/A	N/A
TM3	<a href="#">Average time taken to re-let local authority housing</a>	45	45	39	▬	0	N/A	N/A
TM4	<a href="#">Average time taken to re-let local authority housing in days (General Needs properties only)</a>	31	38	24	↓	+7	N/A	N/A
TM5	Average time taken to re-let local authority housing in days (Adapted properties only)	38	47	40	↓	+11	N/A	N/A
TM6	<a href="#">Average time taken to re-let local authority housing in days (Sheltered properties only)</a>	77	68	50	↑	-9	N/A	N/A
TM7	No. of Evictions carried out (all reasons)	4	7	Info Only	↑	+3	N/A	N/A
TM7a	No. of Evictions carried out due to Rent Arrears	N/A	7	Info Only	N/A	N/A	N/A	N/A
TM7b	No. of Evictions carried out due to ASB	N/A	0	Info Only	N/A	N/A	N/A	N/A
TM7c	No. of Evictions carried out (other)	N/A	0	Info Only	N/A	N/A	N/A	N/A
TM8	Number of hard to let properties	19	7	Info Only	↑	-12	N/A	N/A

Anti-social behaviour (ASB) reporting has declined at year end slightly from last years position. Over the past year, and particularly in the last quarter The Housing team has increasingly focused on early intervention, addressing concerns through tenancy support before they escalate

into Anti-Social Behaviour (ASB) cases. This shift is reflected in our tenancy support figures. Tenancy support case management has more than doubled since Q3, reflecting a more robust and proactive approach to performance management. This increase demonstrates improved recording, review, and reporting of tenancy support activity, rather than a rise in underlying need, and provides stronger assurance that support is being targeted and tracked effectively.

Low-level nuisance issues—such as noise, neighbour disputes, and lifestyle differences, are now more frequently recorded and managed as tenancy support cases rather than formal ASB.

Improved partnership working with the police, social care, and health services has also contributed to this change. Through joint case management, some issues are being appropriately managed outside of Housing ASB systems. As a result, reported ASB figures have reduced, although overall demand has not decreased but instead been redistributed across services.

We have continued to encourage accurate reporting, particularly in relation to crime-related incidents. This has led to an increase in reporting during Q4, and we aim to sustain this progress into the coming year.

Insight from complaints data and TSM feedback has informed a full review of the ASB service and the development of a clear ASB improvement action plan.

This work has been strengthened by an external Housemark review, which provided clear recommendations to further improve the ASB offer. In response, we have delivered targeted ASB training internally and with external partners, increased partnership working, reviewed ASB processes and ways of working across housing and enforcement and recruited an additional enforcement officer. More intensive performance management arrangements have also been introduced to ensure ASB cases are handled in line with policy and consistently monitored. Delivery against the ASB action plan will continue throughout 2026/27.

### **Relet times**

From Q2 onwards, both internal repairs pressures and contractor performance issues had a significant impact on re-let times. Property condition at termination was a key contributing factor, with poorer condition homes requiring additional time to bring up to a lettable standard, extending void turnaround periods.

In response, pretermination visits have been introduced to better manage expectations with tenants and identify required works earlier. We have also increased the frequency of tenancy condition visits, enabling a more proactive approach to managing property condition ahead of termination. These visits are now subject to active performance management to ensure consistency and effectiveness.

Reletting within sheltered and extra-care schemes continues to present challenges, driven by the size of properties and the overall condition of the schemes. These schemes are currently under review to determine their long-term use and future investment needs, ensuring decisions are aligned with demand, sustainability and value for money.

Code	Call Centre	2025/26 Value	2025/26 target	
CC01	<a href="#">85% of calls answered</a>	59.34%		
CC02	85% of calls answered in 10 mins	100%	85%	

### Year-End Exception Report – Call Centre Performance

The 2025/26 year-end position for the Call Centre has been significantly impacted by ongoing resourcing challenges, including difficulties with recruitment and staff retention. These pressures have affected service capacity and consistency throughout the year, contributing to performance falling below expected levels in some areas.

Operational inefficiencies have also been a factor, particularly the requirement for double handling of data across both the Housing Management System and corporate systems. This has increased processing time, created avoidable duplication, and limited the ability to operate as efficiently as possible.

Mitigating actions have been implemented during the year to reduce pressure on frontline staff. These include the introduction of a dedicated complaints inbox, enabling complaints to be sent directly for triage and reducing demand on Call Centre resource. In addition, Repairs Planners have provided cross-service support by assisting with the triage of repairs during peak and critical periods, helping to maintain service continuity. Looking ahead, the introduction of the upgraded Housing CRM system presents a clear opportunity for improvement. As functionality develops, there is potential to streamline processes, reduce duplication, and enable greater automation, which should support improved productivity and service efficiency going forward.

**Note:** Benchmarking data has been added from Housemark and GMHP with the updated quartile shown in the next column.

NA – represents New PI's

Springs Year end scorecard.

[Springs scorecard Q4'26 V1.1 CR updated .doc](#)

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Report to	Housing Advisory Board
Date	25/06/2025
Agenda No. & Title	Housing Risk Register Review Against RSH Sector Risk Profile 2025
Purpose of the Report	To provide the Housing Advisory Board with an overview of the Housing Risk Register, assess alignment with the Regulator of Social Housing (RSH) Sector Risk Profile 2025, and highlight key areas of assurance, risk, and improvement. The report also identifies priority areas requiring further scrutiny and Board assurance
Status	For information and assurance
Author	Claire Rogan
Report Contact	Cc,rogan@bury.gov.uk
Appendices	Appendix 1: Housing Risk Register Appendix 2: <a href="https://assets.publishing.service.gov.uk/media/690a1a19b04a520c50518467/20251106_Sector_Risk_Profile_2025.pdf">https://assets.publishing.service.gov.uk/media/690a1a19b04a520c50518467/20251106_Sector_Risk_Profile_2025.pdf</a>
Background Documents	RSH Sector Risk Profile 2025
Recommendation/s	<ol style="list-style-type: none"> <li>Note the current Housing Risk Register and overall assurance position</li> <li>Review and discuss key areas of risk where assurance remains limited, particularly data quality, governance, tenant voice, and repairs</li> <li>Consider whether the current level of assurance is sufficient to meet regulatory expectations</li> <li>Endorse the proposed approach to strengthening assurance frameworks, governance, and reporting</li> </ol>
Corporate Plan Objective	<ul style="list-style-type: none"> <li>Improve the quality and safety of our homes</li> <li>Improve customer service and increase tenant influence</li> <li>Ensure a sustainable and well-governed housing service</li> <li>Support communities and vulnerable residents</li> </ul>
Risk Implications	The report identifies a number of high and medium risks within the Housing

	<p>Risk Register, including:</p> <ul style="list-style-type: none"> <li>• Property safety and compliance risks</li> <li>• Repairs delivery and disrepair claims</li> <li>• Data quality and system assurance</li> <li>• Rent arrears and financial pressures</li> <li>• Governance and oversight arrangements</li> </ul> <p>While mitigation is in place, several areas remain high risk, particularly repairs, disrepair, and data-related risks</p>
Mitigations/Controls	<p>A range of mitigating actions and improvement programmes are in place, including:</p> <ul style="list-style-type: none"> <li>• Housing CRM (QL) transformation to improve data quality and reporting</li> <li>• Repairs service transformation and backlog reduction</li> <li>• Workforce training to improve data accuracy and service consistency</li> <li>• Tenant engagement improvements, including TPAS review and tenant scrutiny groups</li> <li>• Strengthened compliance oversight and verification processes</li> <li>• Enhanced data governance and system alignment</li> </ul>
Financial and Value for money implications	<p>Risks relating to disrepair, homelessness demand, and rent arrears present potential financial pressures. Effective risk management and mitigation are essential to minimise long-term financial impact.</p>
Regulatory/governance and legal implications	<p>The report demonstrates alignment with the RSH Sector Risk Profile; however:</p> <ul style="list-style-type: none"> <li>• Assurance in governance, tenant voice, and data remains limited</li> <li>• Evidence of Board-level oversight and effective scrutiny requires strengthening</li> </ul> <p>This represents a key regulatory focus for the coming year.</p>
Assets and Liabilities	<p>Risks relating to property safety, compliance, and asset condition could impact the Council's housing stock and associated liabilities if not effectively managed.</p>
Resource	<p>Delivery of mitigating actions and improvement programmes is</p>

Implications	dependent on sufficient capacity and capability. Workforce development and recruitment remain key enablers of improved assurance.
Customer Impact	<p>The risks identified directly impact tenants, particularly in relation to:</p> <ul style="list-style-type: none"> <li>• Repairs and property condition</li> <li>• Safety and compliance</li> <li>• Customer satisfaction and service quality</li> <li>• Support for vulnerable tenants</li> </ul> <p>Improving assurance and control effectiveness will lead to better outcomes for tenants.</p>
EDI Implications	This report does not have a negative impact from an EDI perspective
Sustainability and Environmental Implications	There are no sustainability or environmental impacts of this report.
Privacy/Data Protection	The report highlights data quality and information governance as key risk areas, with improvements in place to strengthen compliance and assurance
Colleague Impact	Service improvement and transformation activity will require continued engagement and performance management of colleagues. Training and system improvements are expected to support staff in delivering improved outcomes.
Stakeholder Communications and Reputational Impact	Failure to effectively manage and evidence risk and assurance may impact regulatory confidence and organisational reputation. However, transparent reporting and a clear improvement programme support strong governance and accountability.
Next Steps	<ul style="list-style-type: none"> <li>• Embed Consumer Standards within performance and risk reporting</li> <li>• Improve data quality and system reliability</li> <li>• Enhance Board-level oversight and scrutiny</li> <li>• Monitor delivery of key improvement programmes and risk mitigation actions</li> </ul>

## 1. Purpose of the Report

1.1. This report provides:

- An overview of the Housing Risk Register
- An assessment of alignment with the RSH Sector Risk Profile 2025
- An evaluation of assurance across key risk areas
- Identification of opportunities to strengthen governance, assurance, and regulatory compliance

## 2. Summary

2.1. The [Sector risk profile](#) is intended to help boards have a better understanding of the risks organisations face, in an increasingly complex and diverse sector. Each year it is updated to reflect the current operating environment. Reviewing the risk register against the profile provides assurance that the service is mitigating and addressing current and emerging risks.

2.2. The Housing Risk Register demonstrates strong alignment with the Sector Risk Profile 2025, particularly in:

- Property safety and compliance
- Homelessness and demand pressures
- Neighbourhood management and safeguarding

2.3. The Council has reasonable assurance over key operational risks, supported by active mitigation and improvement programmes. However, assurance remains limited in:

- Data quality and system reliability
- Governance and Board-level oversight
- Tenant voice and Consumer Standards compliance

2.4. A coordinated improvement programme is in place to address these areas to provide increased assurance.

2.5. The service is stable but transitional, with several high risks improving but not yet fully controlled.

## 3. Key Themes

- Continued focus on health and safety compliance, including electrical and CDM risks
- Ongoing challenges in repairs delivery, disrepair, and asset management
- Sustained pressure from homelessness demand and temporary accommodation

- Increasing recognition of data quality as a system-wide risk
- Strong operational performance in ASB, safeguarding, and vulnerability
- Reliance on service redesign and transformation/ improvement plans

#### **4. Evidence of Mitigating Controls**

4.1. Mitigating controls are proactive or reactive measures designed to reduce the severity, likelihood, or impact of a risk when a threat cannot be fully eliminated. Assurance is currently derived from:

- Performance monitoring at HLT and HAB (repairs, compliance, ASB, complaints, homelessness)
- Operational oversight and service management
- Internal audit and independent validation
- Compliance verification (e.g. safety checks)
- Complaints analysis and Ombudsman learning
- Tenant Satisfaction Measures (TSMs)

#### **Key Mitigating Actions for 2026/27**

- 4.2. There are a number of planned actions which once implemented will provide further control and reduce risk further in particular:
- 4.3. System upgrade underway to update QL (CRM) which will significantly improve data quality, reporting, and assurance capability. This will lead to enhanced records management and strengthening data reliability for decision-making.
- 4.4. Workforce Training Programme to support improved system use and data accuracy strengthening operational consistency and control
- 4.5. Full end-to-end review of Repairs Service, repairs data reviewed and cleansed and new ways of working implemented
- 4.6. Independent review of engagement and scrutiny arrangements underway by TPAS Recommendations to strengthen compliance with Consumer Standards. Tenant Review Groups have been established in Complaints, Repairs and ASB to provide targeted tenant scrutiny in areas of lowest satisfaction

#### **5. Summary of the Risk Register**

Risk	Title	Current	Target	Trend	Status	Assurance Commentary
H1	Unsafe Homes	High	Medium	Improving	High	Strong controls, assurance dependent on verification of completion
H2	Homelessness	High	Medium	Stable	High	Demand-driven risk, financial pressure ongoing
H3	Tenant Satisfaction	Medium	Medium	Stable	Medium	Linked to repairs and complaints performance
H5	Information Governance	Medium	Low	Stable	Medium	Compliance-focused, assurance gap on data use
H6	Governance	Medium	Low	Improving	Medium	Structures in place, assurance still developing
H8	ASB	Medium	Low	Stable	Medium	Well managed operationally
H9	Vulnerable Tenants	Medium	Low	Stable	Medium	Good focus, workforce dependent
H10	Safeguarding	Medium	Low	Stable	Medium	Controls present, consistency required
H11	Rent Arrears	Medium	Low	Stable	Medium	External economic pressures
H12	Repairs Delivery	High	Medium	Improving	High	Transformation underway, not yet stable
H14	Repairs Data	High	Medium	Improving	High	Data limiting assurance, improvements underway
H19	Disrepair Claims	High	Medium	Increasing	High	Legal and financial risk rising
H25	Disrepair Backlog	High	Medium	Improving	High	Reducing but still material
H35	Data Quality	High	Medium	Improving	High	Key cross-cutting assurance risk

## 6. Review Against the RSH Sector Risk Profile

SRP Theme	Coverage	Assurance Position
Safety & Quality	Strong	Moderate → Improving
Homelessness Demand	Very strong	Moderate
Repairs & Assets	Strong (transitional)	Limited → Improving
Data & Business Management	Cross-cutting risk	Limited
Governance	Partial	Limited
Tenant Voice	Underdeveloped	Limited
Neighbourhood	Strong	Moderate

## 7. Highest Risk Areas

- 7.1. Property Safety remains a high-risk area but there is strong alignment with regulatory expectations. However, there is a gap for consistent evidence of completed remediation
- 7.2. Data quality and assurance data quality have been identified as a critical cross-cutting risk, impacting performance, compliance, and governance. The current position reflects limited assurance, although this is improving through the ongoing QL transformation programme
- 7.3. Repairs and disrepair present a significant operational and financial risk and are closely linked to levels of complaints and tenant satisfaction. While performance in this area is improving, it is not yet stable.
- 7.4. Regulatory Compliance and Governance structures have been established however, there is limited evidence to demonstrate robust board-level assurance, effective challenge and scrutiny, and fully integrated Consumer Standards reporting. As such, the overall position is developing but not yet fully effective.

## 8. Alignment with Consumer Standards

The Risk Register aligns broadly with the four Consumer Standards:

- **Safety and Quality:** H1, H20, H34, H37
- **Transparency, Influence and Accountability:** H3, complaints
- **Tenancy:** H9, H10
- **Neighbourhood and Community:** H8, H9, H10

## 9. Conclusion

The Housing Risk Register is well aligned with the Sector Risk Profile 2025, with strong coverage of key operational risks.

However, it remains operationally focused and must evolve into an assurance-led framework, demonstrating control effectiveness, evidence of compliance and improved outcomes for tenants.

## 10. Recommendations to Board

The Board is asked to:

1. Note the current assurance position
2. Consider whether assurance is sufficient, particularly in relation to:
  - Data quality
  - Governance and oversight
  - Tenant voice and accountability
3. Agree the approach to strengthening assurance, for example:
  - Developing a clearer assurance framework
  - Strengthening governance and scrutiny
  - Elevating data as a strategic risk
  - Embedding Consumer Standards in reporting
  - Demonstrating evidence of control effectiveness

Report to	Housing Advisory Board
Date	10/06/2026
Agenda No. & Title	9 Annual review of HAB Terms of Reference
Purpose of the Report	To review and discuss any changes to the terms of reference for Housing Advisory Board and to advice of meeting dates for 2026/27
Status	For approval
Author	Sian Grant Director of Housing
Report Contact	Sian Grant Sian.grant@bury.gov.uk
Appendices	Appendix one – HAB terms of reference
Background Documents	None
Recommendation/s	<p><b>It is recommended that HAB;</b></p> <ul style="list-style-type: none"> <li>• <b>Discuss and recommend the revised Terms of Reference to the council for approval</b></li> <li>• <b>Note the meeting dates for 2026/27</b></li> </ul>
Corporate Plan Objective	<input checked="" type="checkbox"/> Satisfied Tenants <input checked="" type="checkbox"/> Quality Homes <input checked="" type="checkbox"/> United Communities
Risk Implications	H6: Failure to meet governance requirements for STH and BC stock
Risk Controls and mitigations	The Housing Advisory Board terms of reference will help mitigate this risk by providing clear structure and rules for the Housing Advisory Board including membership and how the Housing Advisory Board fits in the wider council governance structure.
Assets and Liabilities	None as a result of this report
Resource Implications	None as a result of this report
Customer Impact	The terms of reference ensure that the tenant voice is heard at a strategic and decisions making level within housing services and that the tenants are able to influence the delivery of services. The terms of

	reference also ensure that the tenant's voice is represented on HAB and is able to represent the views of tenants at a strategic level.
EDI Implications	None as a result of this report
Sustainability and Environmental Implications	None as a result of this report
Privacy/Data Protection	None as a result of this report
Colleague Impact	None as a result of this report
Stakeholder Communications and Reputational Impact	The terms of reference ensure that the work of HAB will be shared with all councillors and tenant organisation. The meeting papers and minutes of the meetings will be published on the council's website.
Next Steps	To report any changes to the terms of reference to the council for approval.

## 1 Background

- 1.1 The terms of reference (ToR) for the Housing Advisory Board (HAB) define the purpose and structure of HAB and support the good governance of HAB. They also set out how HAB sits within the Council's wider governance and decision making structure.
- 1.2 The current terms of reference were initially agreed in February 2024 and revised in June 2025 as part of the annual review of the ToR.
- 1.3 The Terms of reference have been reviewed and a number of changes are proposed to make the terms of reference more robust.

## 2 Proposed changes

- 2.1 The following changes are proposed to the ToR;
  - Overhaul of the purpose of the Housing Advisory Board to make it stronger
  - Overhaul of the role and functions of the Housing Advisory Board to make it clearer and more robust, setting out in detail the role of the Housing Advisory Board and the areas it will cover.
  - Removed reference to the Tenant Voice Forum in relation to tenant members so tenants can be appointed from the wider tenant

body

- Added in that no more than one tenant member can be a leaseholder.
- Add in more details about the recruitment process.
- Added in more details about meeting arrangements.

2.2 If the Housing Advisory board are happy with the proposed changes, the changes will be reported to council for approval.

### **3 Meeting dates 26/27**

3.1 Below are the dates for the Housing Advisory Board for 2026/27. All meetings are 5pm – 7pm;

- Tuesday 28<sup>th</sup> July 2026
- Thursday 10<sup>th</sup> September 2026
- Wednesday 18<sup>th</sup> November 2026
- Thursday 7<sup>th</sup> January 2027
- Thursday 4<sup>th</sup> March 2027.

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## **HOUSING ADVISORY BOARD TERMS OF REFERENCE**

### **1. Purpose**

The Housing Advisory Board (HAB) is a non-executive advisory body established to:

- Provide strategic advice and assurance to the Cabinet Member for Housing
- Ensure that the voice of tenants and residents informs housing policy, service design and delivery
- Support continuous improvement in housing services in line with the Regulator of Social Housing Consumer Standards

The Housing Advisory Board operates alongside, and does not replace:

- Overview and Scrutiny
- Audit Committee
- Cabinet
- Six Town Housing Board

### **2. Role and Functions**

The HAB will act as a strategic advisory and co-production forum, and will provide:

#### **2.1 Strategic Advice**

- Provide input into the development and review of:
  - Housing Strategy
  - Homelessness Prevention Strategy
  - Asset Management Strategy
  - Tenant Engagement Strategy

#### **2.2 Performance and Assurance**

- Review and provide assurance on:
  - Compliance with Housing Regulatory Standards
  - Tenant Satisfaction Measures (TSMs)
  - Complaints handling performance
  - Building safety and regulatory compliance
  - Delivery of the Housing Revenue Account Business Plan

#### **2.3 Tenant Voice and Engagement**

- Ensure:
  - Tenant feedback is effectively captured and acted upon
  - Diverse tenant voices are represented
  - Co-design principles are embedded in service delivery

#### **2.4 Service Delivery Oversight (Advisory)**

- Consider performance relating to:

- Repairs and maintenance
- Neighbourhood management
- Housing allocations and lettings
- Homelessness prevention

### **2.5 Pre-decision Input**

- Provide early advice on key housing policies prior to Cabinet consideration

### **3. Membership**

Membership of the Board will be as follows:

#### **3.1 Core voting members:**

- 5 Elected Members (to include 2 opposition members to sit on the Board)
- Cabinet member for Housing to Chair the Board – this would ensure that the Board would be assured that there is a clear connection between it and Cabinet.
- 4 Tenant members appointed from the wider tenant body (not more than one of which can be a leaseholder)
- 2 Independent Members – one of who should bring skills and experience related to housing, tenancy management and customer service and the other to bring skills and experience related to asset management, repairs and building safety.
- Officers attending on an ex officio basis (Director of Housing Operations, any Council officer as the HAB may require.)

Tenant and independent members will be recruited through an open and transparent process.

For tenant members, the positions will be advertised to the wider tenant body and any tenant who does not have an active Notice Seeking Possession, can apply for the role. Applications will be shortlisted and interviewed based on the tenant member role profile.

For independent members, the positions will be advertised on Greater Jobs and other platforms to attract suitable candidates. Applicants will be shortlisted and interviewed based on the tenant member role profile.

#### **3.2 Co-opted Members**

The Board may invite additional participants in a **non-voting advisory capacity** for specific items.

Substitutes are permitted for elected members in line with Council procedures.

### **3.3 Chairing Arrangements**

- The Cabinet Member for Housing will chair the Board
- In their absence, a Chair will be elected from elected members present

### **4. Meetings**

4.1 The Housing Advisory Board will meet every 2 months.

4.2 The date and timings of the meetings will be fixed in advance by the Council, as part of the agreed schedule of meetings.

4.3 Additional meetings may be convened at the request of the Chair, and with the agreement of the Council Leader.

4.4 The meeting will be Chaired by the Cabinet Member for Housing. In the absence of the Chair - A replacement Chair will be elected for the duration of the meeting from the Core Membership.

4.5 A quorum of three will apply for meetings of the Housing Advisory Board including at least one elected member and one other member.

4.6 Members will adhere to the agreed principles of the Council's Code of Conduct.

4.7 Declarations of Interest – Any personal, prejudicial or pecuniary interests held by members should be declared in accordance with the Councils Code of Conduct on any item of business at a meeting, either before it is discussed or as soon as it becomes apparent. Interests which appear in the Council Register of Interests should still be declared at meetings, where appropriate.

4.8 Decisions are to be taken by consensus. Where it is not possible to reach consensus, a decision will be reached by a simple majority of those present at the meeting. Where there are equal votes the Chair of the meeting will have the casting vote, there will be no restriction on how the Chair chooses to exercise his/her casting vote.

4.9 The Director of Housing Operations will act as the lead officer.

4.10 Workload – Work Programme to be determined annually by the Board.

4.11 The agenda and supporting papers shall be in a standard format and circulated at least five clear working days in advance of meetings.

4.12 The work of the HAB will be shared with all Councillors and, tenant organisations and placed on the Councils web site, minutes of the meetings will be shared with all members.

4.13 Meetings will be clerked by a representative of Democratic Services.

4.14 The Board may decide to establish short term task and finish groups to undertake specific pieces of work.

4.15 Members of the Board will be required to attend training to assist in undertaking the role as an advisory Board member.

#### **5.1 Review of Terms of Reference**

These Terms of Reference will be reviewed annually to ensure continued effectiveness.

February 2024  
These terms and reference will be reviewed annually  
Revised May 2025 then on May 2026