

HOUSING MANAGEMENT CASE HANDLING:
INDEPENDENT INVESTIGATION –

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Executive Summary

- 1.1. This report was Commissioned by L&Q's Resident Services Board (RSB) following a court decision at the end of 2020 which had been extremely critical of the organisation's handling of a case involving serious racial harassment. The RSB wished to be assured that the mistakes that had been made in that case would not be replicated and that changes to practice and procedures introduced over recent years are sufficient to ensure an excellent service is provided to all L&Q residents.
- 1.2. The issues were highlighted by the case of LARA TATE vs London & Quadrant. Although the case, won by the claimant, related to the duty of care by L&Q in respect of a mutual property exchange, the judgement also referred to L&Q's 'over-defensive attitude' and 'lack of proactiveness' in seeking to resolve the complainants housing situation following an incident of serious racial harassment by a neighbour. Whilst the original incident occurred some time ago and current practice has changed, RSB will want to seek assurance that the same lack of support could not happen today, and that L&Q's approach is fully victim centric.
- 1.3. The purpose of the investigation was to get to the heart of the policies and procedures that are currently in place and to test adherence to these in practice. At the same time, it needed to address the culture of the organisation and the ability of staff to deal with residents in a supportive and sympathetic fashion and to show empathy and compassion. Finally, it had to address the role of residents in supporting other residents.
- 1.4. Casework services impact on residents at difficult periods of their lives and those staff working in this area interact with residents daily, often when they are facing exceedingly difficult circumstances. There are many opportunities to get things right and make a real difference to residents' lives but also difficult messages to be delivered especially about the extent of L&Q's powers and the need to work with a sometimes, complex web of external partners working to tightly governed processes.
- 1.5. It is an area requiring skilled, determined, and empathetic individuals, focusing on getting the right outcomes for residents working within a framework of supportive management and good policies, procedures, and systems. Quality control is essential to ensure a consistently excellent service.
- 1.6. Delivering excellent casework is challenging but it would enable L&Q to fully live its organisational values and deliver a resident focussed service.
- 1.7. While L&Q have some of the elements in place to deliver excellent casework the overall approach is not strong enough to ensure that residents consistently experience a good service and have their challenging cases resolved. Throughout the review there was clear evidence that the quality of casework fell short of reasonable resident expectations in several cases.

- 1.8. This brings into question how L&Q is living its values, particularly “Inclusion”, and whether residents feel that the organisation cares about them and takes responsibility to solve problems that are impacting on their quality of life. On the question of race specifically, was evidence gathered in the review of residents experiencing racist abuse who did not think their cases were being handled effectively. The residents in question did not always believe L&Q was a racist organisation. However, if the organisation does not deal with racist incidents in a timely manner, it leaves itself open to the charge that it is enabling racism. This is clearly out of step with the aspiration of the L&Q values.
- 1.9. It is therefore not possible to give assurance that another similar case could not happen again.
- 1.10. The organisation knows that it must learn from the case and some changes are already in place such as the move to direct lets being managed by rehousing managers to ensure that residents are not ‘lost’ in the system. Other elements such as defensiveness and lack of proactive action have featured during the investigation. The deep dissatisfaction from residents with the time it takes to resolve cases was highlighted in the ASB resident satisfaction survey.
- 1.11. There are policies, procedures, and systems of work in place but the web in which these fit together is not necessarily leading to the right outcomes. The way in which racial harassment and discrimination, hate crime, gun and knife crime and other extremely serious incidents are managed as Priority 1 cases but under the banner of ASB (which also includes a range of other issues), does not seem to be assisting the organisation to focus.
- 1.12. One of the facets of the case was that there was insufficient thought given to, and focus on, the outcome for the complainant. The investigation has demonstrated that remains the case; the focus on meeting systems deadlines and processes, rather than (instead of as well as), getting the best outcome featured in the evidence reviewed. Again, these results are inconsistent and there were also good examples of resident focus.
- 1.13. Whilst some of the examples showed staff being confident in having difficult conversations (the handling of one of the complaints dealt with this well), overall, some staff did not appear confident, particularly in relation to hate crime or harassment.
- 1.14. Residents are not yet used in an advocacy role for other tenants but work on this has started, initially planning for groups of residents to come together in an informal setting.
- 1.15. There is no single action which will improve the quality of casework and meet the reasonable expectations of residents, that they will be treated fairly, and their issues will be resolved.
- 1.16. Improvement needs to be driven by the organisation living its values and placing its residents at the heart of the service. A co-ordinated and well led Change Plan is needed

which links every element of the service to the overall goal of putting residents at the heart of the service and increasing resident satisfaction. All staff need to be signed up to this goal and residents need to be part of the solution. The resident voice needs to be heard and acted on. There are already improvements and innovations underway, and the launch of the new service design planned; these can be slotted into an overall plan with the launch being seen as the beginning of a new journey.

2. Methodology

1.17. As well as reviewing policies and procedures, the investigation considered the ASB Resident Satisfaction Survey, the Draft ASB Assurance Review, the Resident Inspector Review of Complaints and Complaints Data.

1.18. Discussions were held with residents and a wide range of staff at all levels and their perceptions informed the findings of the investigation.

1.19. Findings and recommendations were detailed against three key areas:

- **QUALITY** – is the service good enough?
- **CONSISTENCY** – do residents always get the same high-quality service?
- **FAIRNESS** – is the service provided in an unbiased way that also takes account of differences?

1.20. They were also tested against the organisational core values:

- **PEOPLE** - we care about the happiness and wellbeing of our customers and our employees.
- **PASSION** – we approach everything with energy, drive, determination, and enthusiasm.
- **INCLUSION** - we draw strength from our differences and work collaboratively.
- **RESPONSIBILITY** – we own problems and deliver effective, lasting solutions.
- **IMPACT** – we measure what we do by the difference we make.

2. Findings

The following tables list the positive findings and innovation and the negative findings and challenges discovered during the investigation.

QUALITY – is the service good enough?

Positive/Innovation	Negative/Challenges
Full suite of up to date policies and procedures in place	Policies and procedures require substantial cross referencing – complex matrix for staff to follow in practice
Resident Services Board form part of the corporate governance to scrutinise customer service drawing on insight from the resident network and wider resident base	Insufficient resources at front line to handle cases agreed at all levels, but lack of agreement about how many are needed
Contact Centre perceived favourably by residents	Number of changes to service delivery model over years meaning staff and residents are not clear about roles and responsibilities
Examples of excellent case management uncovered in resident interviews	Poor/irregular communication with residents apparent in number of instances reviewed
Examples of excellent customer focus uncovered in case work reviews.	Poorly drafted letters and emails frequently sent to residents.
Introduction of Power BI (a new, more powerful tool for extracting and analysing case data)	Casework volume increasing
Performance data from systems comprehensive in terms of processing/ timing issues	Complaint volumes increasing
Training Programmes - L&Q invests in staff training relating to issues explored in this investigation	Residents not kept up to date with the progress of their case
Residents find it easy to deal with the organisation on complaints	Cases taking too long to resolve
Direct Lets rather than Choice Based Letting for those needing to move being introduced to stop people “falling between the cracks”	Lack of focus on outcomes
Recent introduction of ASB resident perception survey and evidence of use by management to promote an outcomes and resident-centred approach to case management handling	Poor record keeping
Complaints Learning and Monitoring Group with senior managers from across business promotes culture of learning and continued improvement from residents’ complaints	Residents being asked to repeat their story through multiple touch points
Former resident inspectors programme, which is in the process of being revived, would provide a deep dive into different parts of the system from a resident experience lens	Handover of high priority cases from Contact Centre to Case Manager not as smooth as should be in some cases
	Slow response to queries from other organisations
	Data sharing agreements not always in place

	Low level of joint working with partner agencies
	Systems perceived as supporting management in monitoring more than supporting case workers in the management of cases.
	Poor understanding of when mediation would be appropriate
	No use made of specialist advocates
	Limited use made of third sector organisations
	Lack of empathy evident in communications
	Lack of care and diligence in some cases
	Low level of resident satisfaction with ASB handling
	Low level of resident satisfaction with ASB service
	Action plans not completed or understood by residents

CONSISTENCY – do residents always get the same high-quality service?

Positive/Innovation	Negative/Challenges
Housing Management system promotes consistency	Review of high priority Casework not carried out regularly/consistently by regional managers
In-House lawyers case work sessions used to promote consistent handling of complex cases	Bar for closing cases inconsistent at regional manager sign-off
Assistant Directors' joint working for newly established "people" service	Cases not closed in a timely manner – some too soon and not agreed by resident but some too late
Regional Managers fortnightly Forum for sharing experiences	Practice inconsistent between regions
ASB Quality Assurance Review as part of newly established policy assurance review process	Performance management standards for acting on poor performance inconsistent
Performance reports from housing management system comprehensive and used by managers	Joint work with local authorities, police, health etc. varies between regions
Dashboards in new "power BI system"	No consistency on referrals to other organisation
Policy Assurance Framework includes customer insight to provide assurance that a policy cannot be assessed as compliant when resident experience suggests otherwise	Quality Assurance review found inconsistencies across the whole range of case work activities
	No performance management trend data for management of staff
	Training records not available to determine that all staff have been trained

FAIRNESS – is the service provided in an unbiased way that also takes account of differences?

Positive/Innovation	Negative/Challenges
Focus on Domestic Violence and Abuse strong	Staff not understanding what proposed DAHA accreditation will mean (it is a whole organisation approach to Domestic Violence and abuse but is perceived as a training course)
Working towards external (DAHA) accreditation on domestic abuse	Lack of focus on Hate Crime and/other forms of serious cases other than domestic violence.
Organisational Values embedded in recruitment, appraisal, and performance review process	Insufficient challenge in racial harassment cases
Emerging work with resident groups for mutual support and to become champions	Resident perception that organisation does not know how to deal with racist incidents
Corporate approach to Diversity and Inclusion including mandatory training including unconscious bias, staff equalities networks	Residents complaining about harassment, by neighbours or other perpetrators, on the basis of race, sexuality, gender, and disability
	Poor understanding of mental health issues
	Inability to have difficult conversations
	Lack of focus on vulnerability in cases reviewed
	Level of proof needed for managed moves to get residents out of challenging situations high and inconsistent with resident centred approaches
	One offer only policy for managed moves limits options to resolve complex situations effectively
	Decision required from a vulnerable person in 24 hours for a major housing decision
	Lack of understanding, by some staff, of the legal basis of discrimination Inconsistent working knowledge of equalities legislation and its operational application among resident facing teams at different levels
	Lack of focus on LGBT+ issues
	Perceived bias towards families with children e.g., no evictions no matter how serious the ASB is
	Inability to deal decisively and quickly with serious ASB
Staff well-being not fully addressed through management approach, especially for case managers who are dealing with emotionally challenging cases on a regular basis	

L&Q Values

- 2.1. These findings challenge the organisation and its values. It is impossible to state that it has lived by its values when there are challenges on collaborative working, resident satisfaction, staff wellbeing, inclusion, service delivery, consistency, quality and problem solving. Some good examples of casework have been provided where it was apparent that staff are operating by the values of the organisation but because there is such inconsistency in quality it is apparent that this does not pervade the whole organisation. However, these values will be a strength in implementing the change that is required.

Assurance based on findings

- 2.2. The organisation knows that it must learn from the case and some changes are already in place such as the move to direct lets being managed by rehousing managers to ensure that residents are not 'lost' in the system. Other elements such as defensiveness and lack of proactive action have featured in some of the cases and discussions during the investigation. The deep dissatisfaction from residents with the time it takes to resolve cases was highlighted in the ASB resident satisfaction survey.
- 2.3. There are policies, procedures, and systems of work in place but the web in which these fit together is not necessarily leading to the right outcomes. The way in which racial harassment and discrimination, hate crime, gun and knife crime and other extremely serious issues are managed under the banner of ASB, even though these are treated as "P1" (High Priority) cases, does not seem to be assisting the organisation to focus.
- 2.4. One of the facets of the case was that there was insufficient thought given to and focus on the outcome for the complainant. The investigation has demonstrated that remains the case, the focus on meeting systems deadlines and processes, rather than, (instead of as well as), getting the best outcome featured in some of the discussions, in the policy compliance assurance report, in the complaints sample and are presumably drivers in the satisfaction survey. Again, these results are inconsistent and there were good examples of resident focus. Training is being organised on Tone of Voice.
- 2.5. Whilst some of the examples showed staff being confident in having difficult conversations (the handling of one of the complaints dealt with this well) overall, some staff did not appear confident particularly in relation to hate crime or harassment. One of the complaint files showed a tenant who was accused of harassing a neighbour evading any conversation with the case worker for almost a year. A further case of racial harassment and intimidation had been ongoing for 3-4 years.
- 2.6. Residents are not yet used in an advocacy role for other tenants but work on this has started, initially planning for groups of residents to come together in an informal setting.
- 2.7. In conclusion it is not possible to give assurance that another similar case could not happen again.

3. Recommendations

Overview: the need for a comprehensive change programme

- 3.1. The response to these findings needs to be bold, not piecemeal and it must be comprehensive. Improvement needs to be driven by the organisation living its values and placing its residents at the heart of the service. A comprehensive Change Plan is needed which links every element of the service in the overall goal of **putting residents at the heart of the service and increasing resident satisfaction. L&Q needs to regain the trust of its residents.** All staff need to be signed up to this goal and residents need to be part of the solution. The resident voice needs to be heard and acted on. There are already improvements and innovations underway, and the launch of the new service design planned; these can be slotted into an overall plan with the launch being seen as the beginning of a new journey. The risk of not taking a comprehensive approach is that individual actions and improvements will fail to interact with each other in a way that leads to the desired outcome of better services and more satisfied residents.
- 3.2. **Key drivers of the Change Plan should be:**
- Organisational Values
 - Resident focused services
- 3.3. **Key objectives of the Change Plan should be to:**
- Regain the trust and confidence of residents
 - Inspire staff
 - Reduce reputational risk
- 3.4. **To reconnect with residents and rebuild trust they will need to see and feel improvements to:**
- The quality, consistency, and timeliness of case work
 - ASB handling
 - Complaints handling
 - Equity and fairness
- 3.5. The drive for excellence needs to be relentless and consistently link every element of the service and every tool that is used to provide the service back to the twin drivers of the Organisation Values and Resident Focused Service. To be successful the work needs to constantly check that each change step is linked properly to the whole e.g. a change in policy must always be linked back to the IT systems.
- 3.6. Staff motivation is crucial, and the teams need to be inspired to see the benefits to them of the change plan (reduced complaints, fewer difficult conversations, more enjoyable interactions with residents). Staff are tired after a difficult year and need consistent

leadership; the new Assistant Director Team seems well placed and already motivated to seek continuous improvement. Staff must be involved and engaged throughout the process.

Detailed recommendations 1: Leadership, Governance and Co-ordination of the change programme

- 3.7. Appropriate Senior Managers are to develop and lead the change plan, setting a challenging but attainable timetable, resourcing plan and budget. The elements in the following recommendations are not sequential but the leading senior managers need to ensure there is capacity in the service to achieve change alongside running the service and other corporate change programmes. The recommendation is not to overstretch and fail – the programme should be thought of as a medium-term plan to achieve excellence. A direct report of a Group Director should be named as programme sponsor with a clear line of sight to the Executive Leadership Team.
- 3.8. The work must be set in the context of the organisation’s governance and planning methodology and agreed reporting protocols. Progress should be reported regularly to the Resident Services Board and consideration should be given as to how best to involve RSB members in the governance structure.
- 3.9. Identify at the start who will co-ordinate the elements of the work, identify bottlenecks and keep track of progress, reporting back to the programme leads on any issues as they arise. Keep the grit in the programme and ensures energy, drive, determination, and enthusiasm.

Detailed recommendations 2: Quality and Consistency

a) Policies, Procedures and Systems

- 3.10. Review the main ASB and related policies and procedures – simplify them wherever possible - determine whether it is effective to have such a wide range of behaviours in one policy or how to group them more effectively - create process maps for every policy and process to test for compatibility, ease of use, clean hand offs between policies and between processes and congruence with organisational values and resident focus.
- 3.11. Develop customer journey mapping for each element of casework and complaints – involve residents in working through each customer journey – test the customer journey mapping against the process mapping - agree changes and redraw each (but the resident is the focus, and the best process is the one that benefits the resident) - test them against the housing management system and the performance metrics – agree changes and implement.
- 3.12. Agree processes to improve consistency (or enforce the ones that are already in place) – get buy-in from all staff - add these to the process maps – test them against the housing

management system and the performance metrics – add additional performance metrics if required – be relentless in eliminating inconsistency and promoting excellence.

- 3.13. Introduce trauma informed practice where it is relevant - test against policies, procedures and process mapping and customer journey mapping.
- 3.14. Determine where changes need to be made to the housing management system to optimise its use as a case handling system – test the proposed changes against the process maps – agree changes to process and redraw the process maps - plan and implement changes to D365- agree training and support.

b) Supervision and Support

- 3.15. Develop a training programme which covers every element of the change plan, cost it, implement it, evaluate it, keep excellent training records.
- 3.16. Support staff to have difficult conversations with residents, have difficult conversations within the organisation in a safe space – engage with other housing providers and colleagues. Engage with external organisations that can add expertise.
- 3.17. Introduce structured supervisions and support groups for case managers with a heavy workload of difficult/traumatic cases.
- 3.18. Check that all staff are having regular 1-1s and team meetings in line with the organisation’s management routines.
- 3.19. Provide regular feedback to all staff on progress and welcome staff ideas and input at every stage.

c) Performance Management and monitoring

- 3.20. Agree and implement performance management metrics – test these against the process maps and housing management system – agree changes and redraw the process maps - plan and implement changes to Power BI (performance reporting tool).
- 3.21. Plan how to use data effectively to drive up resident satisfaction – consider customer segmentation and how it could be used to increase satisfaction e.g., are black residents less satisfied than white residents -if so, why? Are older tenants more satisfied than younger leaseholders – what does that tell us and how do we tweak services to fit?

Detailed recommendations 3: Fairness

- 3.22. Research best practice in combatting race and religious-based hate crime and improving service delivery - involve residents in the discussion – involve specialist organisations and advocates in the discussion - develop a plan which includes zero tolerance - test this against the Policy and procedures - test this against the process - test it against the customer journey maps – roll out the new way of working.
- 3.23. Research best practice in combatting homophobia, transphobia, and LGBT+ hate crime and improving service delivery – involve residents in the discussion – involve specialist organisations and advocates in the discussion - develop a plan which includes zero tolerance – test this against the policies and procedures – test this against the process maps – test it against the customer journey maps – roll out the new way of working.
- 3.24. Develop the plan to achieve DAHA accreditation – involve the whole organisation – involve residents -test this against the process maps, the performance metrics and D365 amend as required.
- 3.25. Research best practice in working with residents with mental health issues – involve residents in the discussion – involve specialist organisations and advocates in the discussion test this against the policies and procedures -test this against the process mapping – test it against customer journey maps – roll out the new way of working.
- 3.26. Review how the organisation works with residents with disabilities – involve residents in the discussion - involve specialist organisations and advocates in the discussion, develop an improvement plan.

Detailed recommendations 4: Measures of success

- 3.27. Establish measures of success for the change programme that are monitored through its implementation. The following are suggested:
 - RSB endorsing progress and seeing the change to a resident focused service.
 - Increased resident satisfaction with ASB case handling and outcomes
 - Reduction in complaints.
 - Fewer cases going to Housing Ombudsman.
 - Fewer legal challenges.
 - Increased staff satisfaction.
 - External recognition.