

# Understanding Diverse Needs in Newham Housing Services Summary of Research

December 2025

Draft for consultation



# Contents

<b>Executive Summary</b>	<b>3</b>
Methodology.....	3
Key Findings.....	3
Critical Priorities.....	3
Recommended Actions.....	3
<b>Purpose of the research</b>	<b>4</b>
<b>Participants</b>	<b>5</b>
<b>Methodology</b>	<b>5</b>
<b>Analytical tools</b>	<b>6</b>
Eight Tenant Case Studies.....	6
Eleven Staff Profiles.....	7
Five-Phase Journey Map.....	9
<b>What People Told Us</b>	<b>10</b>
From Tenants.....	10
From Housing Staff.....	10
From Community Organisations.....	10
<b>Findings</b>	<b>11</b>
1. Information Does Not Flow Between Systems.....	11
2. Time Pressures Affect Quality of Support.....	11
3. Getting Passed Around (Transfer Culture).....	11
4. Staff Want to Help But Feel Handcuffed.....	12
5. Repairs Teams Often Arrive Without Information.....	12
6. No Feedback or Follow-Up.....	12
7. Some Needs Are Not Recognised as Vulnerabilities.....	13
<b>The Most Critical Priorities</b>	<b>13</b>
<b>What Will Not Work</b>	<b>14</b>
<b>What Will Work</b>	<b>14</b>

# Executive Summary

This research was conducted to inform Newham Council's Diverse Needs Strategy for Housing following a C4 regulatory rating in 2024. Objectives include compliance with safeguarding duties, equitable access, and improved tenant wellbeing.

## Methodology

The research engaged over 50 participants (tenants, staff, managers, community organisations). It included evidence from 237 complaints, 11 call recordings, staff workshops, case studies, and system mapping. The research was completed over four phases: tenant experience analysis, staff engagement, process mapping, stakeholder validation.

## Key Findings

The research has identified a range of issues including:

 <p><b>Information silos</b> Systems don't integrate; vulnerability data missing in repairs.</p>	 <p><b>Time pressures</b> Staff handle 300+ calls daily; complex cases need more time.</p>	 <p><b>Transfer culture</b> Tenants passed between departments; no ownership.</p>	 <p><b>Staff constraints</b> Lack of authority, training, and tools.</p>
 <p><b>Repairs blind spots</b> Operatives unaware of vulnerabilities.</p>	 <p><b>No feedback loops</b> Poor follow-up; referrals often vanish.</p>	 <p><b>Unrecognised needs</b> Hidden disabilities and language barriers missed.</p>	

## Critical Priorities

- **Urgent:** Integrate repairs system with vulnerability data; basic training for all staff; move Independent Living Team to proper database.
- **Quick Wins:** Intercom protocols, longer door-answer times, visible vulnerability flags.
- **Systemic Fixes:** Feedback loops, protected time for complex cases, authority for staff decisions.

## Recommended Actions

<b>System integration and case ownership.</b>	<b>Information that follows the tenant across services.</b>	<b>Multi-channel contact options.</b>	<b>Strong links with Adult Social Care.</b>	<b>Co-created solutions with staff and tenants.</b>
-----------------------------------------------	-------------------------------------------------------------	---------------------------------------	---------------------------------------------	-----------------------------------------------------

# Purpose of the research

The Council has a number of specific duties as a landlord in around identifying and supporting vulnerable tenants, as well as ensuring equitable access to housing services for tenants with diverse needs. In 2024, the Council was issued a C4 rating from the Regulator of Social Housing, the lowest possible grade, which has made clear that we need to do more to fully comply with our responsibilities.

Our Diverse Needs Strategy for Housing sets out the actions the Council will take to:

- Comply with our legal requirements around safeguarding adults and children, keeping vulnerable tenants safe from disrepair, and fire safety
- Ensure that there is equitable access to our landlord services for tenants and their household members
- Improve safety and wellbeing among all tenants, no matter what their background or characteristics

This research was carried out to inform the strategy, in order to understand:

- What the current processes are for recognising, recording and responding to residents with a range of diverse needs, and how we review that information
- What parts of the current processes are working well and where we need to improve
- Why vulnerable residents are not always getting appropriate support
- What barriers prevent staff from helping people properly
- What needs to change to make our services work for everyone

This work goes beyond just meeting regulatory requirements. It is about making sure everyone who needs support from housing services actually gets it, and that our services are accessible and responsive to all residents.



# Participants

We gathered evidence from around 50 people, including tenants, housing staff, senior managers, and community organisations to make sure we heard from everyone involved in housing services:

- Tenants and residents (four people in workshops, plus many more through complaints and call recordings)
- Housing staff from different teams (around 30 staff across various workshops and meetings) including: Housing Liaison Officers, repairs operatives, contact centre teams, independent living team, housing complaints team, income collection team, and housing specialists
- Senior operational staff from housing and other council services (seven people)
- Voluntary and community sector organisations who support vulnerable residents (four organisations, six people): Magpie Project, Heal Together CIC, Amar Bari Project, and Newham Co-Production Forum
- We also analysed 237 complaints from January to May 2025 and listened to 11 call recordings to understand what tenants experience when they contact us.

# Methodology

We used several different methods to build a complete picture of how housing services currently recognise, record, and respond to diverse needs. This mixed-methods approach was essential because we needed to understand not just what the problems are, but why they happen and what would work in Newham's specific context. By combining data analysis, staff workshops, and resident engagement, we could validate our findings from multiple perspectives and develop solutions grounded in operational reality. We worked in four phases, starting with understanding what tenants experience, then hearing from staff, mapping how the system works, and finally checking our findings with both tenants and community organisations.

- **Phase 1:** Analysed 237 complaints and 11 call recordings to understand tenant experiences and identify patterns in service failures
- **Phase 2:** Held meetings with contact centre teams, repairs operatives, and independent living staff (eight staff). We created tenant case studies (personas) based on real situations to help us understand different needs, and we developed staff profiles to understand the pressures different teams face
- **Phase 3:** Used the journey map, staff profiles and tenant case studies to identify key weaknesses in our processes and opportunities for improvement. Ran two workshops with housing teams (around 22 staff) to understand their challenges and ideas, map the complete journey and understand system failures, and gather staff solutions
- **Phase 4:** Tested our findings with tenants, community organisations, and senior staff from other directorates to validate the research and ensure accuracy from multiple perspectives

# Analytical tools

To help us understand patterns and make sense of what we learned, we created three main analytical tools:

## Eight Tenant Case Studies

These are based on real situations we found in complaints and call recordings. They include people with physical disabilities, mental health needs, autism, language barriers, elderly residents, families in overcrowded housing, and people with multiple complex needs. Each persona is anonymised but grounded in actual tenant experiences. These help us understand what different tenants need from housing services and where our current processes fail them. The tenant case studies are:

### Sarah

57-year-old wheelchair user who lives on the third floor and depends on carers who visit two to three times daily. She's been dealing with chronic hot water issues for months because operatives don't use her intercom system and repeatedly miss appointments. Her case shows how basic accessibility requirements aren't being met even when we know about them.



### Dorothy

A 69-year-old who lives alone on the seventh floor with a walking frame and hearing aid. She represents many older tenants who are gradually becoming more isolated but don't want to be a bother. Her high-rise living creates real challenges during repairs, but there's no proactive support or welfare checks to see how she's managing.



### Claire

A 47-year-old single mother with sickle cell disease whose daughter is autistic. She doesn't label her condition as a disability, calling it a medical condition instead. Her case shows how hidden disabilities often get missed because they're not immediately obvious. When she has a sickle cell crisis, it's not recognised as an emergency by our systems.



### Fatima

A 35-year-old mother living in overcrowded temporary accommodation with mental health needs and heart condition. She's dealing with multiple family vulnerabilities at once – her own health issues plus caring for children in unsuitable housing. Her case shows how different needs can compound each other and how housing conditions directly affect health.



### James

A 62-year-old with mobility issues and chronic pain who uses walking aids. He lives on an upper floor and struggles with stairs during repairs. His case represents residents whose physical disabilities are visible but still aren't properly accommodated in how we deliver services.



### Betty

An 81-year-old with rheumatoid arthritis and lupus who lives on the ground floor. She represents residents experiencing gradual decline in independence through ageing and progressive health conditions. Her needs are changing over time, but there's no system to monitor and respond to these changes proactively.



## Nadia

A resident who faces communication barriers and needs information in different formats. Her case highlights how language barriers and communication needs often get overlooked, making it harder for residents to access services and report problems effectively.



## David

A father whose autistic son was repeatedly hospitalised due to mould-related infections. Despite years of advocacy, the Council explicitly told him they don't recognise autism as requiring special accommodation. His case shows how some needs – particularly neurodivergence – are systematically not recognised as vulnerabilities that require reasonable adjustments.



## Eleven Staff Profiles

These are composite profiles based on real roles and experiences we found through call recordings, meetings, and workshops. They show the different pressures housing staff face - from contact centre advisors dealing with high call volumes to operatives trying to complete repairs quickly to housing officers managing complex cases. We created these profiles to understand system barriers from the staff perspective, not to assess individual performance. They help us see why good, committed staff sometimes struggle to provide the support they want to give. All profiles are anonymised but reflect real patterns we found across teams. What these profiles tell us is that our current system places enormous pressure on individual staff members to bridge gaps that should be filled by proper processes, training, and technology. All staff profiles share challenges related to system integration, lack of training, and authority limitations, despite strong motivation to help tenants.

The staff profiles include:



### The System-Frustrated Professional

A team leader with nearly 30 years' service who understands residents' needs but is constrained by fragmented systems and limited authority. They can see what vulnerable residents need but can't update systems or make necessary adjustments. They handle 400+ daily calls with 36+ people in the queue and feel handcuffed trying to help.



### The Overwhelmed Manager

A operations manager juggling high call volumes with minimal vulnerability training. They're responsible for coordinating multiple teams but lack the tools and authority to prioritise cases based on vulnerability. None of their contact centre team has had actual training on vulnerability recognition.



### The Developing Professional

An officer in a tenant-facing role with just over a year's experience who's proactive in difficult cases but relies on learning from colleagues. They've had poor formal training and develop informal workarounds to help residents, but without proper guidance or tools to record and escalate vulnerability concerns systematically.





### The Email-Dependent Adviser

An adviser who handles 300+ calls daily but relies entirely on email chains with no access to proper databases or vulnerability systems. They get their information via Outlook inbox only, making it hard to track information or see vulnerability flags that other teams use.

---



### The Unprepared Operative

An operative who is not trained in mental health or vulnerability recognition but encounters complex needs daily. They arrive at properties without vulnerability information available and so use informal assessment methods like a 'rationality test' – if someone is upset but understands, they're rational; if they're screaming, it's a mental health flag.

---



### The Overwhelmed Generalist

An officer with broad responsibilities covering property inspections and tenancy audits who encounters vulnerable residents during routine visits but lacks clear guidance on when and how to escalate concerns. They need clearer boundaries and roles in terms of whose responsibility is what for vulnerable tenants.

---



### The Relationship Builder

An officer who conducts thorough fire safety assessments, builds ongoing relationships with vulnerable residents, and coordinates professional meetings with adult social care. They maintain long-term case management for 10-20 residents with complex needs and demonstrate what the system can do when all phases connect properly.

---



### The Multi-Agency Coordinator

A specialist team member who works intensively with vulnerable residents and coordinates across housing teams and external agencies. They use Excel spreadsheets for case management because housing systems don't support their way of working, and they experience significant coordination failures with Adult Social Care.

---



### The Training-Focused Adviser

An officer in a tenant-facing role with prior experience from London Ambulance Service who has mental health crisis training and is multilingual. They have specialist skills that could benefit vulnerable residents but these skills aren't systematically deployed or recognised within housing services.

---



### The Experienced Scheduler

A scheduler who recognises that carer involvement should influence prioritisation and uses common sense to prioritise cases, but is frustrated that operatives don't agree with their emergency assessments. They lack formal processes for escalating vulnerable resident cases.

---



### The Isolated Coordinator

A coordinator or supervisor who knows residents on sheltered housing estates will have needs around independence and tries to make contact adjustments for deaf, blind, or wheelchair users. However, they have no process for escalating issues and just have to keep calling and sending chaser emails when things go wrong.

## Five-Phase Journey Map

This shows the whole process from when someone first contacts housing services through to their issue being resolved. It highlights where things go wrong, where information gets lost, and where vulnerable residents fall through gaps between teams.

The five phases are:



### Phase 1: Initial Contact

This is where tenants first reach out to us or where we first spot them. People contact us through lots of different entry points like the housing hub, phone calls, inspections, rent arrears contact, or complaints. The problem is that things like age, health conditions, and physical disabilities often get missed at this first contact point. We're being reactive rather than proactive – only spotting vulnerability when someone tells us about it rather than actively looking for the signs.



### Phase 2: Assessment and Triage

This is where we should be doing thorough evaluations and properly documenting what we've found. We have good assessment tools like fire safety assessments when they're used, but there's a critical gap in our vulnerability flagging system in Northgate – staff told us it's not used correctly and notes can't be read properly.



### Phase 3: Team Coordination

This is where different housing teams and external agencies should be working together to plan support. However, we uncovered major problems here. Staff said there are significant coordination failures between teams.



### Phase 4: Service Delivery

This is where we actually provide the support that's been planned. The evidence shows that operatives often aren't briefed about vulnerabilities, and we use standard appointments regardless of individual needs.



### Phase 5: Follow-Up and Review

This is where we should continue recognising changing needs, recording new information, and responding with adjusted support. Our research found that proactive follow-up is largely missing – mainly just welfare checks for delayed repairs affecting vulnerable tenants.

# What People Told Us

Here are some of the things tenants, staff, and community organisations said:

## From Tenants

One of the biggest challenges we have is having to repeat your story at every juncture, every time.

A lot of the people, there is no middle ground, management level and people who pick up phones, but no one to follow up.

I have had experience, my daughter, she is autistic. They knew this before, but still they are still the same. I would not say ignorance, but maybe lack of training or sensitivity training.

## From Housing Staff

If you sit in the shoes of that person, you would feel really fed up, wouldn't you? And it could lead to depression and mental health issues because you are just not being listened to.

We are handcuffed trying to help someone.

People come and you have seen the same person there literally for six hours (library staff describing residents waiting on hold for housing).

The first thing is that we would not know that someone has got a vulnerability unless it is on Northgate... we will not know until we get there (repair operatives).

## From Community Organisations

Clients coming to them in tears after spending hours on phone with council.

Highlighting how overcrowding affects mental health, and mental health problems make it harder to deal with housing issues.



# Findings

Our research identified several key problems that affect how well housing services work for people with additional needs:

## 1. Information Does Not Flow Between Systems



When tenants tell one person in housing services about their needs, that information often does not reach the next person they speak to. This means tenants have to repeat themselves over and over again. The council uses different computer systems (Northgate, NEC, Eclipse, NELPM) that do not talk to each other properly. Information gets captured in one system but stays trapped there.

### What this means for tenants:

Tenants might explain their situation to their housing officer, but when the repairs team comes out, they do not know about the tenant's needs. Or tenants tell the contact centre they need written communication, but staff keep calling them. In the worst cases, approximately 50% of repair operatives arrive at properties with no information about tenant vulnerability.

## 2. Time Pressures Affect Quality of Support



Staff who answer phones deal with over 300 calls a day, with about 36 people waiting in the queue at any time. They are supposed to handle calls in 10 minutes on average, but people with complex needs often need 20-30 minutes to explain their situation properly. When staff are rushed, tenants do not get the time they need.

### What this means for tenants:

Tenants might feel rushed on the phone or like staff are not really listening. Or tenants get passed to different departments because no one has time to deal with their whole situation. Staff want to help but face impossible choices between hitting targets and helping people properly.

## 3. Getting Passed Around (Transfer Culture)



Our complaints data showed 47 cases where people complained specifically about being passed from person to person. Each time tenants are transferred, they have to start their story again, and no one takes ownership of helping them. By the time tenants reach the right person, they are understandably frustrated, which can then be labelled as difficult behaviour.

### What this means for tenants:

Tenants spend hours on the phone repeating the same information. A resident might explain their situation to Person A, get transferred to Person B (start again), B transfers to C (start again), and C says the tenant actually needs Person A.

## 4. Staff Want to Help But Feel Handcuffed

Housing staff have good instincts about when someone needs extra support, but they often do not have the authority, training, or time to actually provide it. Many staff told us they feel handcuffed by systems and procedures. The contact centre manager told us: None of us in the contact centre have had actual training on vulnerability despite handling 300+ calls daily.



### What this means for tenants:

The person tenants speak to might recognise they need help but cannot do anything about it. Staff might lack the authority to make adjustments, or they might not know what adjustments to offer because they have not received proper training. Individual staff heroics are compensating for systemic failures.

## 5. Repairs Teams Often Arrive Without Information

Operatives (the people who come to do repairs) often arrive at properties without being told about tenant needs. The vulnerability information is in the housing system but does not reach the repairs system, so operatives are working blind. Operatives told us: The first thing is that we would not know that someone has got a vulnerability unless it is on the system we will not know until we get there.



### What this means for tenants:

If tenants need specific arrangements (like using the intercom, a family member present, or appointments at certain times), the repair person might not know, even though the tenant has already told housing several times. Standard appointments are given regardless of disability or other needs.

## 6. No Feedback or Follow-Up

When tenants make a complaint or report a problem, there is often no follow-up to check if things improved. When staff refer tenants to other services like Adult Social Care, they often hear nothing back about what happened. One operative told us about reporting an elderly woman without heating - a year later, they returned to the same property with the same situation.



### What this means for tenants:

Tenants do not know if their feedback made any difference. And services that should be working together to help tenants are not communicating with each other. This leads to learned helplessness - staff stop reporting concerns because nothing happens.

## 7. Some Needs Are Not Recognised as Vulnerabilities



We found 67 cases involving mental health needs that were not properly recognised, 89 cases with physical disabilities where basic accessibility needs were ignored, 42 cases involving elderly residents where isolation warning signs were missed, and 31 cases with language barriers where translation was not offered consistently.

### What this means for tenants:

If tenants have autism, mental health needs, or other conditions that are not immediately visible, staff might not recognise that they need adjustments or support. Staff rely on common sense and experience rather than formal

# The Most Critical Priorities

Based on the research, the following are the most urgent issues that need fixing. We identified these priorities by analysing the frequency and severity of issues across all our evidence sources - complaints data, call recordings, staff workshops, and resident feedback. These are the problems that appeared consistently across multiple data sources, affected the highest number of tenants, created the most significant barriers to accessing services, and where addressing them would create systemic improvement rather than just fixing individual cases.

- **URGENT:** Repairs system integration - vulnerability information must reach operatives before they attend properties
- **URGENT:** Basic vulnerability training for all housing staff
- **URGENT:** Move Independent Living Team off Excel spreadsheets onto proper database
- **Quick wins:** Intercom protocols, longer door answering times (10 minutes not 5), bright red vulnerability flags
- Protected time for complex cases so staff are not penalised for spending longer with people who need it
- Feedback loops so staff and residents see their input makes a difference



# What Will Not Work

Our research also showed us some approaches that will not solve the problems:

- ✗ **Just training staff without changing systems** – if the computer systems do not work, training will not help
- ✗ **Adding more paperwork** – staff are already overwhelmed
- ✗ **Blaming individual staff** – these are system problems, not bad people
- ✗ **One-size-fits-all solutions** – different people need different things

Solutions imposed on frontline without their involvement

# What Will Work

- ✓ Based on the research, here is what tenants and staff told us would actually help:
- ✓ Fix the systems so they enable rather than prevent good service
- ✓ Integrate repairs as absolute priority - operatives need vulnerability information
- ✓ One person taking ownership – not passing you around departments
- ✓ Information that follows you – recorded once, accessible to everyone who needs it
- ✓ Staff having authority to make decisions – not having to ask permission for everything
- ✓ Multiple ways to contact us – not just phone
- ✓ Proper links between housing and other services like Adult Social Care (referral pathways have broken down completely)
- ✓ Quick wins to build credibility while longer-term transformation happens





