Report to:	**ASB Regional & ASB Strategic Forum Groups / Executive Leadership Team (ELT) / Operational Committee**
Report by:	**Pauline Gooden – Head of Housing**
Subject:	**Anti-Social Behaviour (ASB) End of Year Evaluation**
Item Number:	**TBC**
Date:	**13th May 2026**

Executive Summary

This report provides a summary of Anti-Social Behaviour (ASB) performance for April 2025 to March 2026, supported by a detailed End of Year Evaluation Report available upon request. This report reflects ASB activity recorded within the G2 Pyramid ASB system and should be read alongside CYP behavioural incident reporting captured through separate governance arrangements.

A total of **149 ASB cases were recorded**, representing a **33% reduction from the previous year**, with demand primarily concentrated within Adult Services. The service demonstrates **strong operational performance**, particularly in early intervention, with **69.0% of cases resolved within 7 days**, including a high proportion of same-day resolutions

Overall resolution performance remains positive at **58.4%**, with variation across service areas reflecting **case complexity rather than underperformance**.

ASB demand is **concentrated within a small cohort of repeat reporters and perpetrators**, supporting a targeted, intelligence-led approach to case management.

The key risks identified are primarily **system and data-related**, including:

a) high levels of “Not Recorded” data
b) inconsistent delay recording
c) customer satisfaction measures not currently reportable
d) gaps in contact and EDI data

These issues limit full assurance but are recognised, governed, and subject to a consolidated improvement plan with clear ownership and timescales.

Governance arrangements through the ASB Forum provide robust oversight, structured action tracking, and clear accountability, ensuring that risks are actively managed and aligned to Consumer Standards and regulatory expectations. Overall, the report provides assurance that:

a) ASB is being managed effectively and proportionately
b) performance strengths are evident in early intervention and case management
c) key risks are clearly identified and actively addressed

The service is therefore **well positioned to strengthen data quality, customer insight, and system capability** in the next reporting period. This summary report provides a high-level overview of key Anti-Social Behaviour (ASB) performance and assurance outcomes for 2025–26. A comprehensive **End of Year Evaluation Report is available upon request**, which includes detailed KPI analysis, full data tables, and supporting operational evidence referenced throughout this summary.

1. Headline Metrics

1.1 The 2025–26 reporting period demonstrates a **reduction in overall ASB demand alongside sustained operational performance**, with **149 cases recorded (↓33% from 224)**.

1.2 Performance remains **strong in early intervention**, with **69.0% of cases resolved within 7 days**, including a significant number of same-day resolutions, indicating effective triage and frontline response.

1.3 However, **overall resolution performance (58.4%) shows variation across service areas**, with lower outcomes in Housing Management reflecting **case complexity rather than service failure**.

1.4 A key theme emerging from the headline metrics is that **data quality and system limitations now represent the primary constraint on assurance**, particularly in relation to:

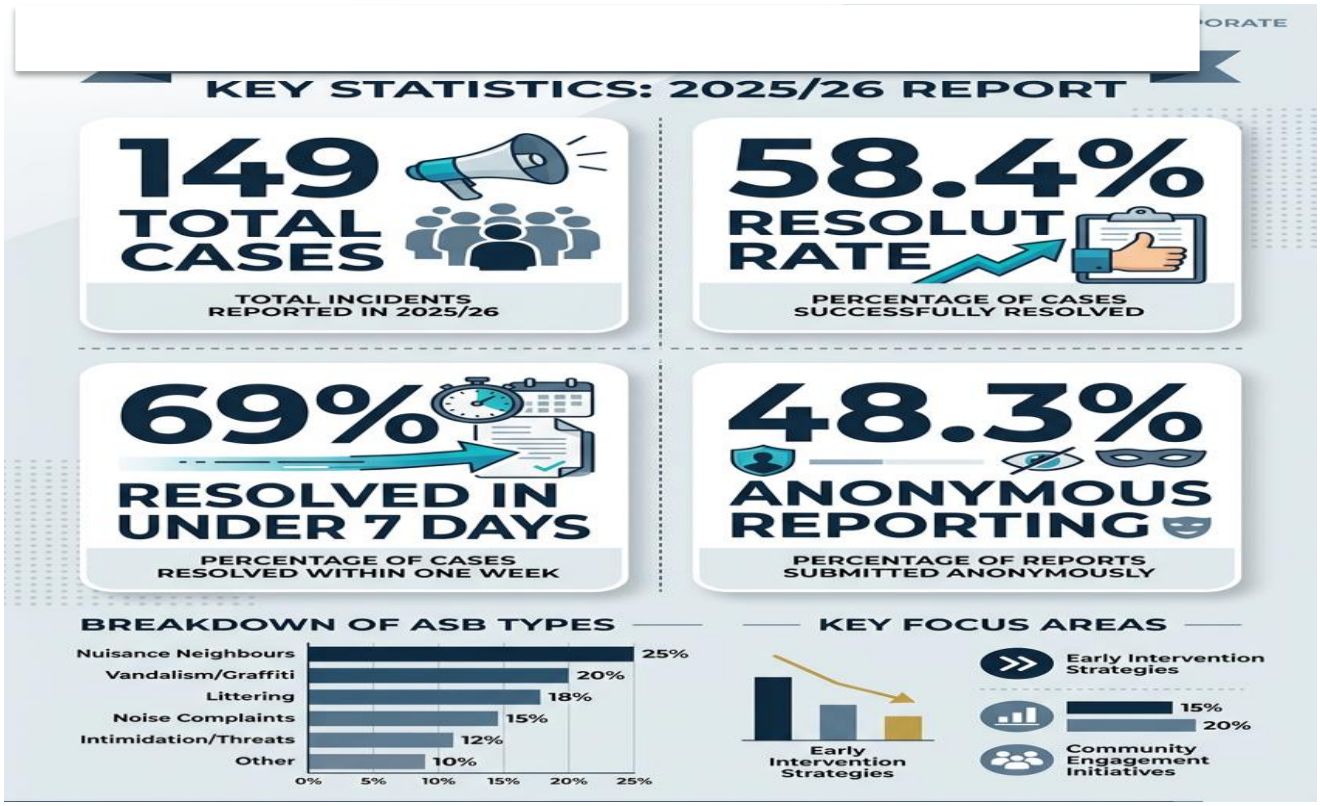
a) "Not Recorded" fields
b) Delay reason recording
c) Customer satisfaction reporting

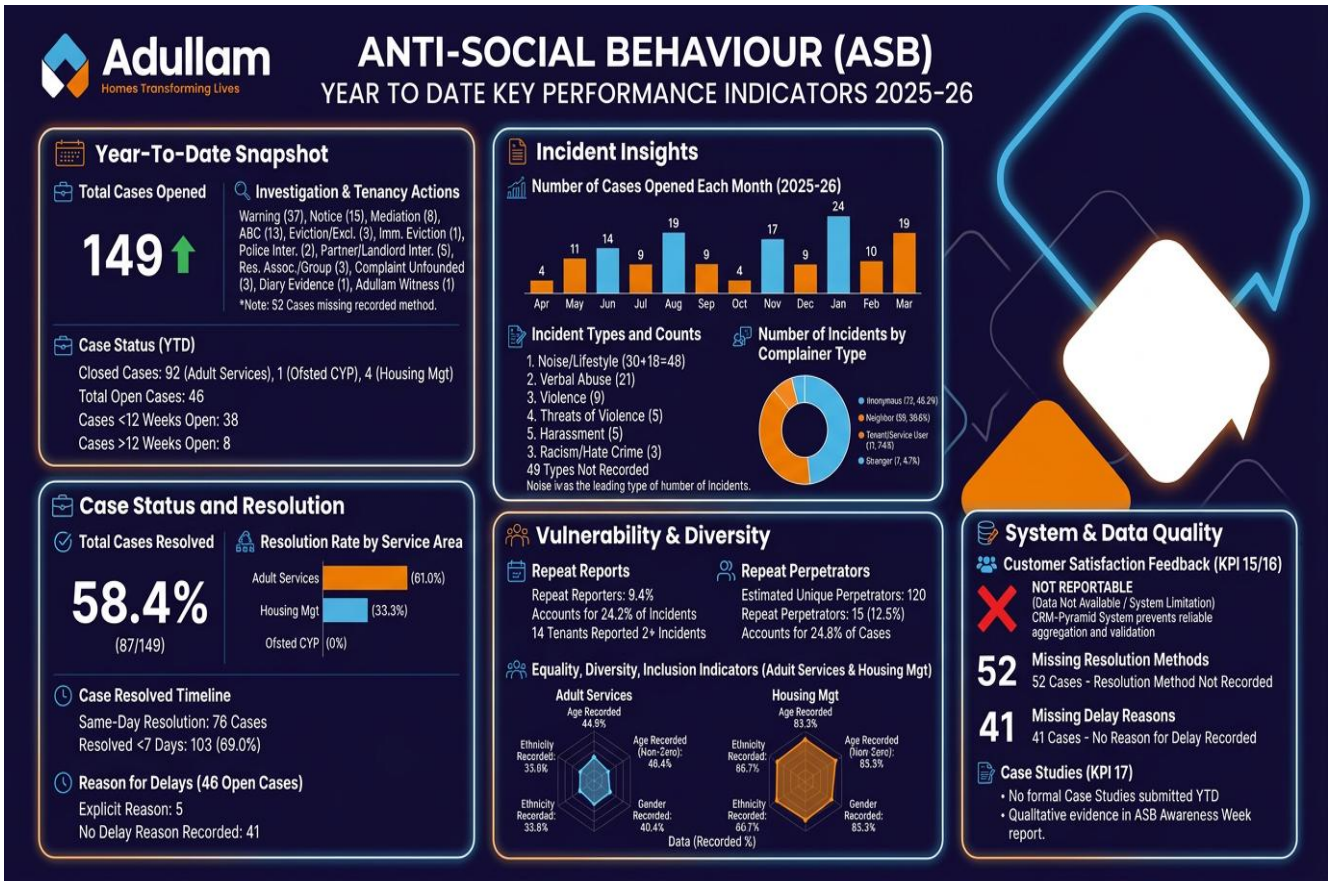
1.5 These issues are **systemic rather than operational** and form the basis of the improvement actions set out in Section 5.

Headline Metrics Table

Measure	2025/26	Commentary	Linked KPI(s)
1) Total ASB cases	**149**	Down from 224 in 2024/25.	KPI 1
2) Resolved (status)	**87 (58.4%)**	Resolution varies by service area.	KPI 7
3) Resolved ≤7 days	**103 (69.0%)**	Includes 76 same-day resolutions.	KPI 13
4) Open cases at year end	**46**	Delay reason recorded in 5; missing in 41.	KPI 14
5) 'Not Recorded' ASB type	**49**	Data quality priority risk.	KPI 4
6) 'Not Recorded' resolution method	**52**	Data quality priority risk.	KPI 5
7) Anonymous reporting	**72 (48.3%)**	High anonymous reporting; confidence and safety considerations.	KPI 9
8) Satisfaction KPIs	**Not reportable**	System limitation currently prevents reliable reporting.	KPI 15–16

Note: Detailed operational tables and charts remain available in the full End of Year report.


KEY STATISTICS: 2025/26 REPORT
149
TOTAL CASES
TOTAL INCIDENTS REPORTED IN 2025/26
58.4%
RESOLUT RATE
PERCENTAGE OF CASES SUCCESSFULLY RESOLVED
69%
RESOLVED IN UNDER 7 DAYS
PERCENTAGE OF CASES RESOLVED WITHIN ONE WEEK
48.3%
ANONYMOUS REPORTING
PERCENTAGE OF REPORTS SUBMITTED ANONYMOUSLY
BREAKDOWN OF ASB TYPES
Nuisance Neighbours 25%
Vandalism/Graffiti 20%
Littering 18%
Noise Complaints 15%
Intimidation/Threats 12%
Other 10%
0% 5% 10% 15% 20% 25%
KEY FOCUS AREAS
Early Intervention Strategies
15%
20%
Community Engagement Initiatives


Adullam
Homes Transforming Lives
ANTI-SOCIAL BEHAVIOUR (ASB)
YEAR TO DATE KEY PERFORMANCE INDICATORS 2025-26
Year-To-Date Snapshot
Total Cases Opened
149
Investigation & Tenancy Actions
Warning (37), Notice (15), Mediation (8), ABC (13), Eviction/Excl. (3), Imm. Eviction (1), Police Inter. (2), Partner/Landlord Inter. (5), Res. Assoc./Group (3), Complaint Unfounded (3), Diary Evidence (1), Adullam Witness (1)
*Note: 52 Cases missing recorded method.
Case Status (YTD)
Closed Cases: 92 (Adult Services), 1 (Ofsted CYP), 4 (Housing Mgt)
Total Open Cases: 46
Cases <12 Weeks Open: 38
Cases >12 Weeks Open: 8
Incident Insights
Number of Cases Opened Each Month (2025-26)
4 11 14 9 19 9 4 17 9 24 10 19
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
Incident Types and Counts
1. Noise/Lifestyle (30+18=48)
2. Verbal Abuse (21)
3. Violence (9)
4. Threats of Violence (5)
5. Harassment (5)
3. Racism/Hate Crime (3)
49 Types Not Recorded
Noise was the leading type of number of incidents.
Number of Incidents by Complainer Type
Anonymous (72, 46.2%)
Neighbor (59, 38.6%)
Tenant/Service User (11, 7.4%)
Stranger (7, 4.7%)
Case Status and Resolution
Total Cases Resolved
58.4%
(87/149)
Resolution Rate by Service Area
Adult Services (61.0%)
Housing Mgt (33.3%)
Ofsted CYP (0%)
Case Resolved Timeline
Same-Day Resolution: 76 Cases
Resolved <7 Days: 103 (69.0%)
Reason for Delays (46 Open Cases)
Explicit Reason: 5
No Delay Reason Recorded: 41
Vulnerability & Diversity
Repeat Reports
Repeat Reporters: 9.4%
Accounts for 24.2% of Incidents
14 Tenants Reported 2+ Incidents
Repeat Perpetrators
Estimated Unique Perpetrators: 120
Repeat Perpetrators: 15 (12.5%)
Accounts for 24.8% of Cases
Equality, Diversity, Inclusion Indicators (Adult Services & Housing Mgt)
Adult Services
Age Recorded 44.9%
Age Recorded (Non-Zero): 46.4%
Gender Recorded: 40.4%
Ethnicity Recorded: 33.8%
Ethnicity Recorded: 35.6%
Housing Mgt
Age Recorded 83.3%
Age Recorded (Non-Zero): 85.3%
Gender Recorded: 85.3%
Ethnicity Recorded: 66.7%
Ethnicity Recorded: 66.7%
Data (Recorded %)
System & Data Quality
Customer Satisfaction Feedback (KPI 15/16)
NOT REPORTABLE
(Data Not Available / System Limitation)
CRM-Pyramid System prevents reliable aggregation and validation
52 Missing Resolution Methods
52 Cases - Resolution Method Not Recorded
41 Missing Delay Reasons
41 Cases - No Reason for Delay Recorded
Case Studies (KPI 17)
• No formal Case Studies submitted YTD
• Qualitative evidence in ASB Awareness Week report.

2. Demand and Reporting Profile

2.1 Reporting is dominated by anonymous and neighbour complaints. Anonymous reports accounted for **72** cases and neighbour reports for **59**. Tenant/Service User reports were **11** and stranger reports **7**.

2.2 The pattern indicates ongoing reliance on confidentiality and proxy reporting, reinforcing the need to maintain safe reporting routes and communications about victim support and confidentiality.

3. CYP Reporting Context

3.1 CYP service activity is recorded in a separate case management system (Lief) as incidents rather than within the Housing ASB module. Therefore, the CYP figure shown within the ASB dataset does not represent full behavioural incident activity for CYP services. CYP incident data is reported through CYP governance arrangements, and visibility should be ensured through the Safeguarding and Incident Group and ASB governance reporting.

4. Audit & Compliance Review (Case File Testing)

4.1 A targeted audit of ASB case files was undertaken to assess compliance with ASB Policy, Procedure, and case management standards.

4.2 **Key Findings:**

a) Strengths:
   i. Core case fields such as urgency, type, and complainant are generally completed.
   ii. Evidence of active case management and intervention is present.

4.3 **Areas for Improvement:**

a) Case File Documentation – Inconsistent recording of risk assessments, interviews, and warning documentation.
b) Case Status & Closure – Cases identified where status is not updated or resolution fields incomplete.
c) Audit Trail & Evidence – Gaps in supporting documentation including eviction and enforcement evidence.
d) System Use – Reliance on free text notes rather than structured fields.

4.4 Audit Conclusion: The audit confirms that ASB cases are being actively managed; however, compliance with recording standards and audit trail requirements is inconsistent. This presents a governance and assurance risk in relation to Consumer Standards, Housing Ombudsman expectations, and internal audit readiness.

5. Top Risks and Assurances

5.1 **Top 3 Risks:**

a) Data quality gaps (Not Recorded' fields) limiting trend analysis and audit assurance.
b) Delay reason recording inconsistency for open cases limiting transparency and performance insight.
c) Customer satisfaction KPIs not currently reportable due to system limitations and contact data gaps.

5.2 **Top 3 Assurances:**

a) Strong early intervention performance with high proportions of cases resolved within 7 days.
b) Established governance via the ASB Forum with structured action tracking and escalation.
c) Focused management of repeat reporting and repeat perpetration through targeted, proportionate intervention.

6. Consolidated Improvement & Assurance Plan (2026–27)

6.1 Improvement actions are grouped thematically to provide a clear line of sight from issue → action → risk → assurance impact. Priority Risk actions are monitored monthly through the ASB Forum Action Tracker and escalated to Senior Leadership where delivery risks remain or system dependencies impact implementation.

6.2 **The Key Issues Table**: Highlights that the primary risks identified are not linked to service delivery failure, but to data integrity, audit trail completeness, and system utilisation.

6.3 Across all themes, the most significant and consistent issue is the high volume of "Not Recorded" data, which limits:

a) accurate KPI reporting
b) trend analysis
c) audit assurance and regulatory transparency

6.4 In addition, case file compliance gaps, including incomplete documentation and audit trails, present a governance risk in relation to evidencing decision-making and enforcement actions.

6.5 The absence of consistent delay reason recording further reduces visibility of case progression and performance management, despite evidence that cases are actively being managed.

6.6 Collectively, these issues reinforce the need for:

a) mandatory system controls
b) enhanced audit frameworks
c) continued staff training and compliance monitoring

6.7 To ensure full alignment with Consumer Standards and audit expectations.

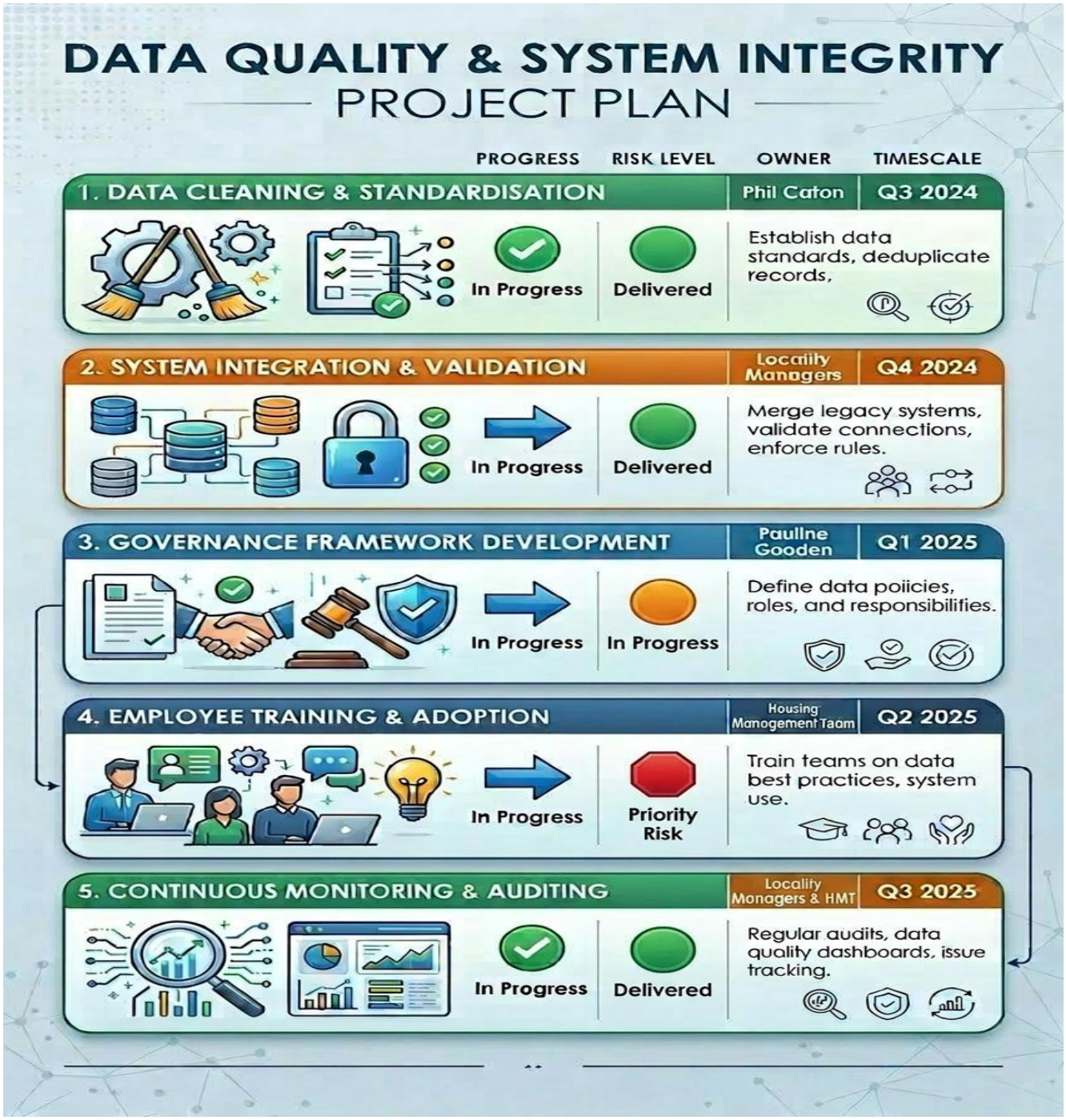
Key Issues Table

Theme	Issue	Action	Risk
1) Data Quality	High 'Not Recorded' fields	Mandatory fields and QA	High
2) Case File Compliance	Missing documentation and audit trail	Introduce case file audit framework and checklist	High
3) Delay Recording	Missing delay reasons	Mandatory delay field	High

Data Quality & System Integrity Table

Action	Status	Risk	Consumer Standard	Owner	Timescale
1) Mandatory fields / validation for ASB type and recording	In Progress	🔴	Transparency, Influence & Accountability	Pauline Gooden / Phil Caton-Byrne	Q1–Q2 2026
2) Mandatory closure fields + QA checks for resolution method	Priority Risk	🔴	Transparency, Influence & Accountability	Phil Caton-Byrne	Q1 2026
3) Mandatory delay reason +	Priority Risk	🔴	Transparency, Influence & Accountability	Pauline Gooden / Service Managers	Immediate + Monthly

	dashboard monitoring					
4)	Mandatory contact fields + audit controls	In Progress	🟠	Neighbourhood & Community	Tavepo Masawi	Q2 2026
5)	EDI prompts + training + audit reporting	In Progress	🟠	Transparency, Influence & Accountability	Claire Sabin / Service Leads	Q2 2026



6.8 **Performance & Service Delivery**: Performance analysis demonstrates that the ASB service is operationally effective, with strong early intervention capability and proportionate case management approaches.

6.9 However, variation in resolution performance across service areas highlights the need for targeted improvement within Housing Management, where lower resolution rates are linked to:

a) increased case complexity
b) longer investigation and monitoring requirements
c) dependency on external partners

6.10 The data also confirms that repeat demand is concentrated within a small cohort of tenants and perpetrators, supporting an intelligence-led approach to case management and early intervention.

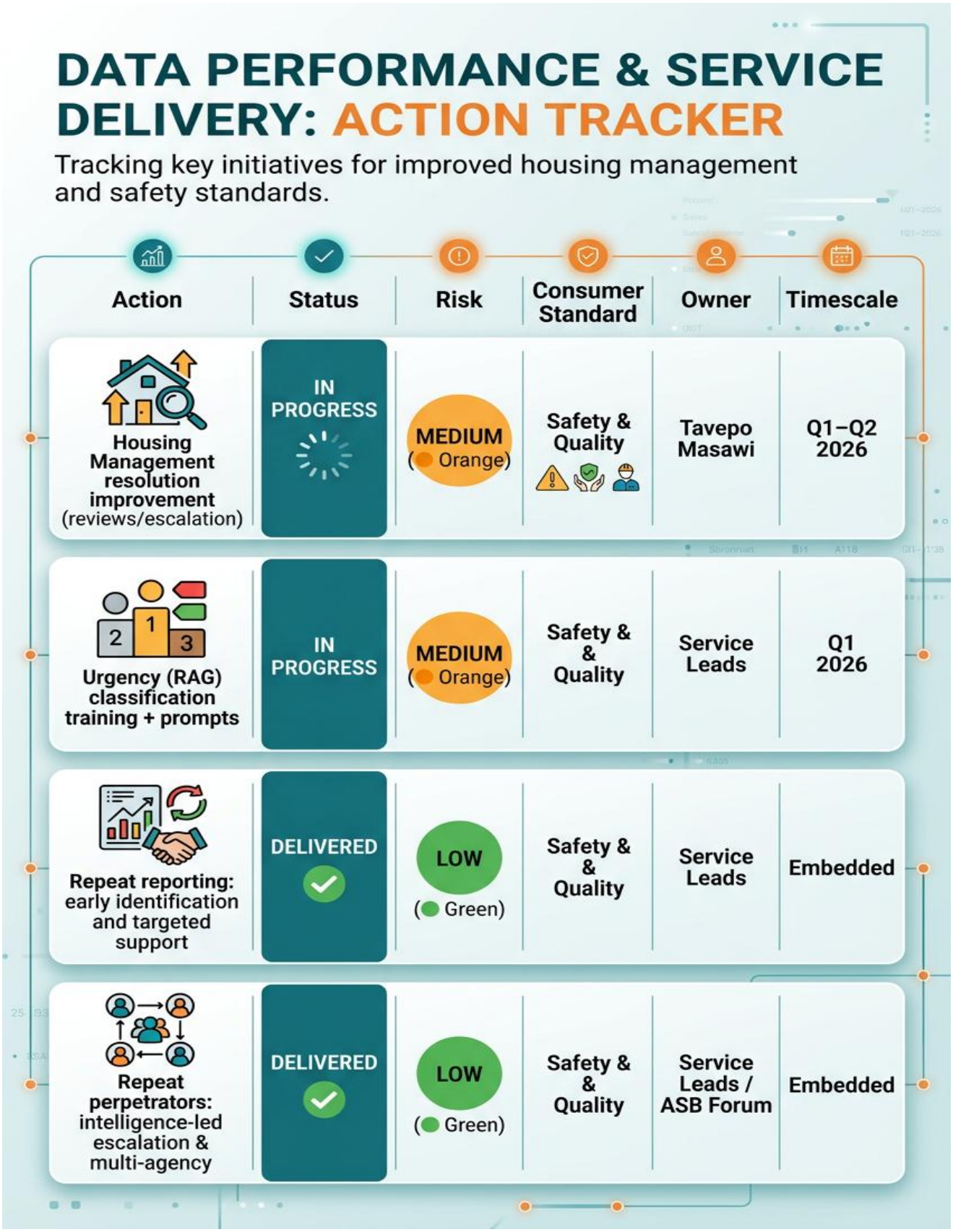
6.11 Improvements in urgency (RAG) classification and consistency of case handling remain in progress, with training and system prompts designed to strengthen:

a) prioritisation accuracy
b) response timeliness
c) risk-based decision making

6.12 Overall, the service is delivering **proportionate, risk-based interventions**, with improvement actions focused on **consistency, escalation, and targeted performance uplift** rather than fundamental service redesign.

Performance & Service Delivery Table

Action	Status	Risk	Consumer Standard	Owner	Timescale
1) Housing Management resolution improvement (reviews/escalation)	In Progress	🟠	Safety & Quality	Tavepo Masawi	Q1–Q2 2026
2) Urgency (RAG) classification training + prompts	In Progress	🟠	Safety & Quality	Service Leads	Q1 2026
3) Repeat reporting: early identification and targeted support	Delivered	🟢	Safety & Quality	Service Leads	Embedded
4) Repeat perpetrators: intelligence-led escalation & multi-agency	Delivered	🟢	Safety & Quality	Service Leads / ASB Forum	Embedded


DATA PERFORMANCE & SERVICE DELIVERY: ACTION TRACKER
Tracking key initiatives for improved housing management and safety standards.
Action
Status
Risk
Consumer Standard
Owner
Timescale
Housing Management resolution improvement (reviews/escalation)
IN PROGRESS
MEDIUM (Orange)
Safety & Quality
Tavepo Masawi
Q1–Q2 2026
Urgency (RAG) classification training + prompts
IN PROGRESS
MEDIUM (Orange)
Safety & & Quality
Service Leads
Q1 2026
Repeat reporting: early identification and targeted support
DELIVERED
LOW (Green)
Safety & & Quality
Service Leads
Embedded
Repeat perpetrators: intelligence-led escalation & multi-agency
DELIVERED
LOW (Green)
Safety & & Quality
Service Leads / ASB Forum
Embedded

6.13 **Customer Insight & Engagement**: Customer insight remains a **key area of development**, with current limitations primarily driven by **system constraints rather than lack of engagement activity**.

6.14 The inability to report on customer satisfaction KPIs reflects:

a) CRM system limitations
b) inconsistent contact data capture
c) reliance on manual processes which have not embedded consistently

6.15 While interim solutions have been trialled, these have highlighted that manual approaches are not sustainable or reliable for KPI reporting. As a result, the strategic focus has shifted towards:

a) automated SMS/email satisfaction surveys
b) system-integrated feedback capture
c) improved contact data completeness

6.16 In addition, the absence of formal case study submissions reflects a capture and governance issue rather than a lack of positive practice, with structured templates and ownership now being introduced.

6.17 These actions will strengthen:

a) Tenant Satisfaction Measures (TSMs) compliance
b) Housing Ombudsman alignment
c) overall customer insight and service learning

Customer Insight & Engagement Table

Action	Status	Risk	Consumer Standard	Owner	Timescale
1) Automated SMS/email satisfaction surveys at closure	Priority Risk	🔴	Neighbourhood & Community	Claire Sabin / ICT Lead	Q2–Q3 2026
2) Quarterly case study capture using simple template	In Progress	🟢	Transparency	Communications Team	Q2 2026

6.18 **Governance, Oversight & Assurance:** Governance arrangements during 2025–26 provide strong assurance that ASB performance and improvement activity are subject to effective oversight and accountability.

6.19 The ASB Forum continues to operate as a **robust thematic governance group**, with:

a) structured action tracking
b) clear ownership and escalation routes
c) regular monitoring of priority risks

6.20 This ensures that all identified issues are **actively managed and not reliant on individual service areas**.

6.21 A key governance development is the recognition of **data visibility gaps across service areas**, particularly in relation to Children & Young People (CYP), where behavioural incidents are recorded outside the ASB system.

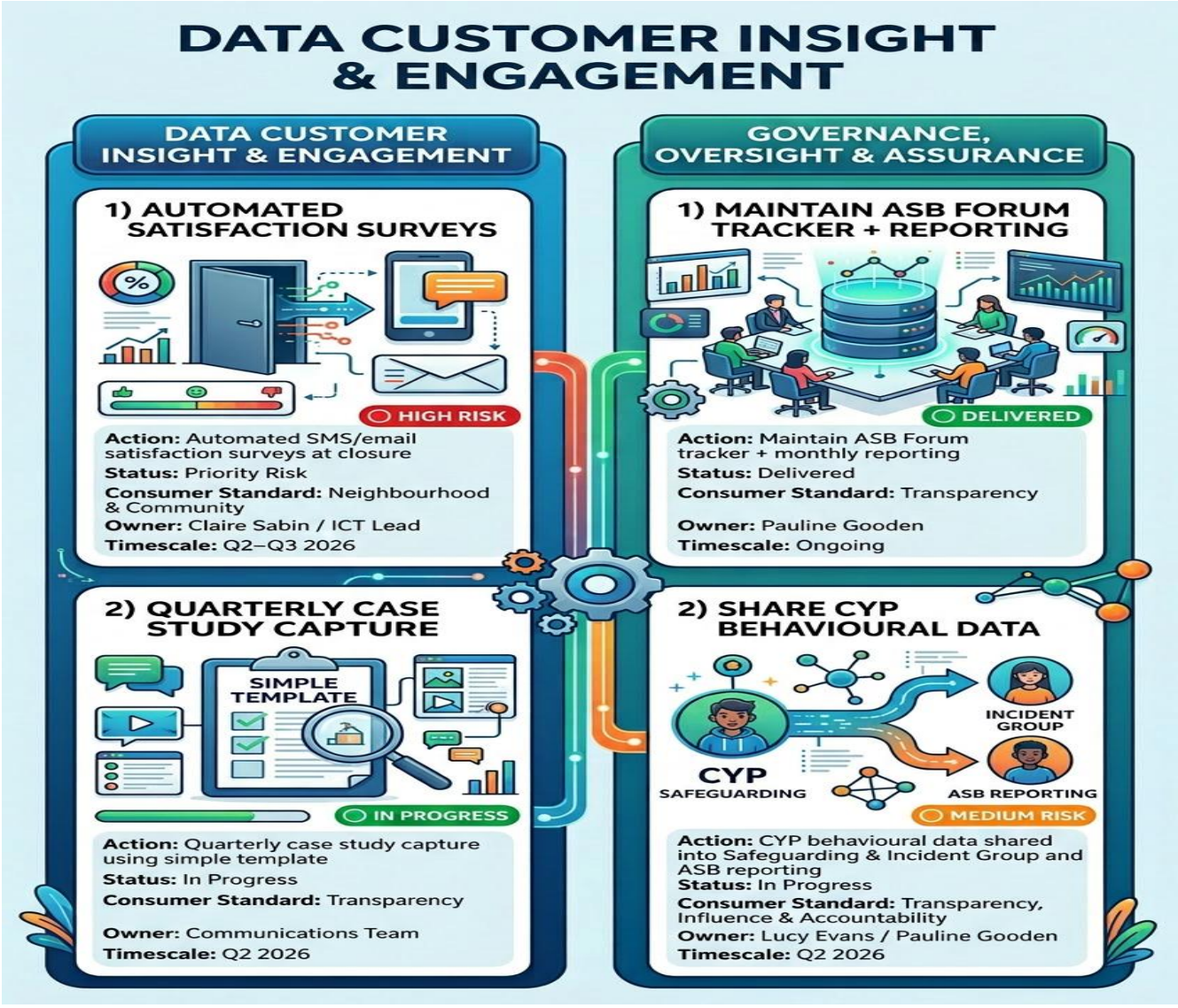
6.22 Actions to align CYP reporting into corporate governance frameworks will:

a) improve organisational visibility of demand
b) strengthen safeguarding oversight
c) enhance Board-level assurance

6.23 Overall, governance is mature, transparent, and aligned to Consumer Standards, with improvement actions clearly linked to risk, KPI impact, and assurance outcomes.

Governance, Oversight & Assurance Table

Action	Status	Risk	Consumer Standard	Owner	Timescale
1) Maintain ASB Forum tracker + monthly reporting	Delivered	●	Transparency	Pauline Gooden	Ongoing
2) CYP behavioural data shared into Safeguarding & Incident Group and ASB reporting	In Progress	●	Transparency, Influence & Accountability	Lucy Evans / Pauline Gooden	Q2 2026

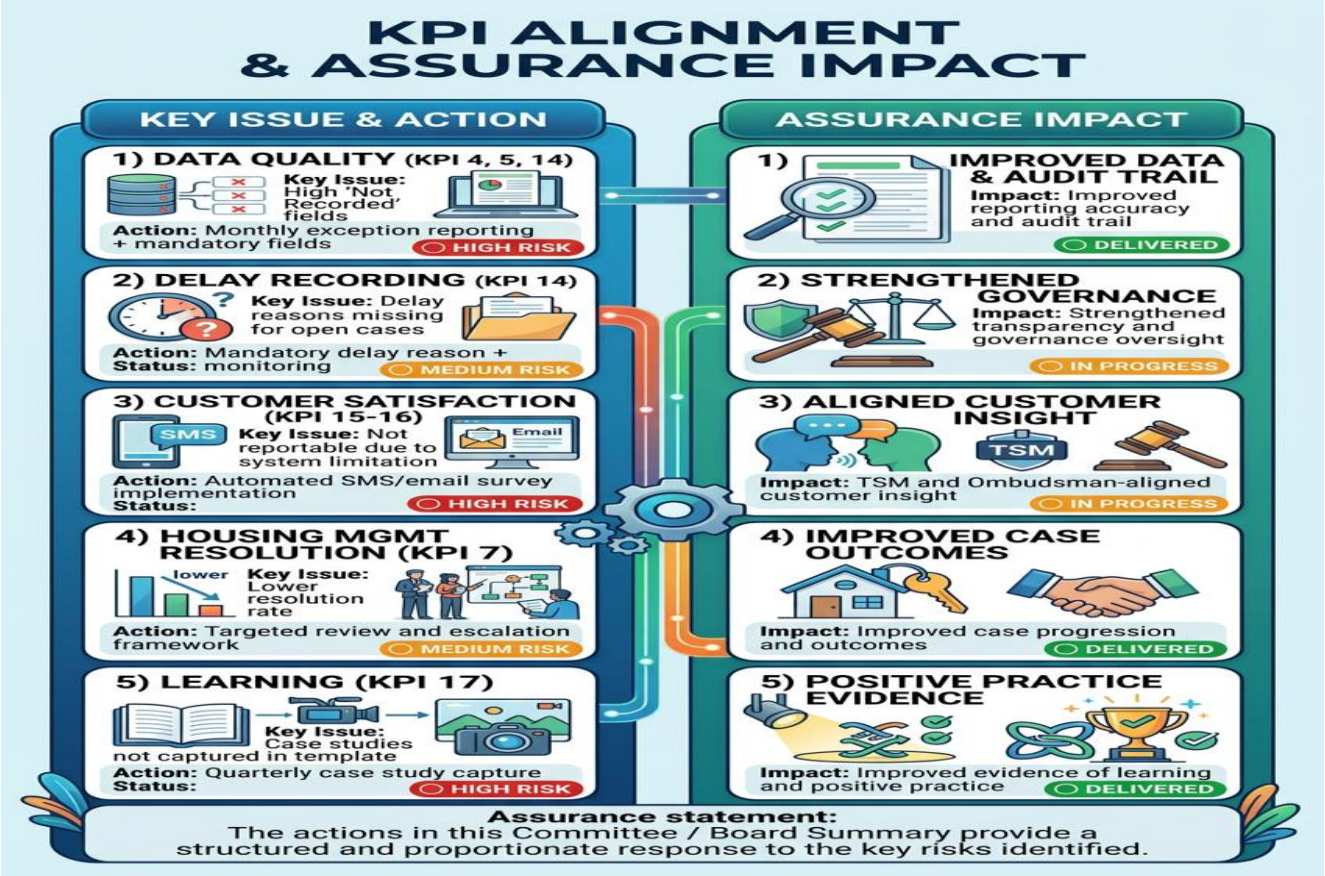


7. KPI Alignment & Assurance Impact Summary

7.1 The actions in this Committee / Board Summary provide a structured and proportionate response to the key risks identified. Priority Risk actions will remain under enhanced oversight through the ASB Forum, with escalation where delivery risks persist or system dependencies impact implementation.

KPI Alignment & Assurance Impact Table

KPI Area	Key Issue	Action	Assurance Impact
1) Data Quality (KPI 4,5,14)	High 'Not Recorded' fields	Monthly exception reporting + mandatory fields	Improved reporting accuracy and audit trail
2) Delay Recording (KPI 14)	Delay reasons missing for open cases	Mandatory delay reason + monitoring	Strengthened transparency and governance oversight
3) Customer Satisfaction (KPI 15–16)	Not reportable due to system limitation	Automated SMS/email survey implementation	TSM and Ombudsman-aligned customer insight
4) Housing Mgmt Resolution (KPI 7)	Lower resolution rate	Targeted review and escalation framework	Improved case progression and outcomes
5) Learning (KPI 17)	Case studies not captured in template	Quarterly case study capture	Improved evidence of learning and positive practice

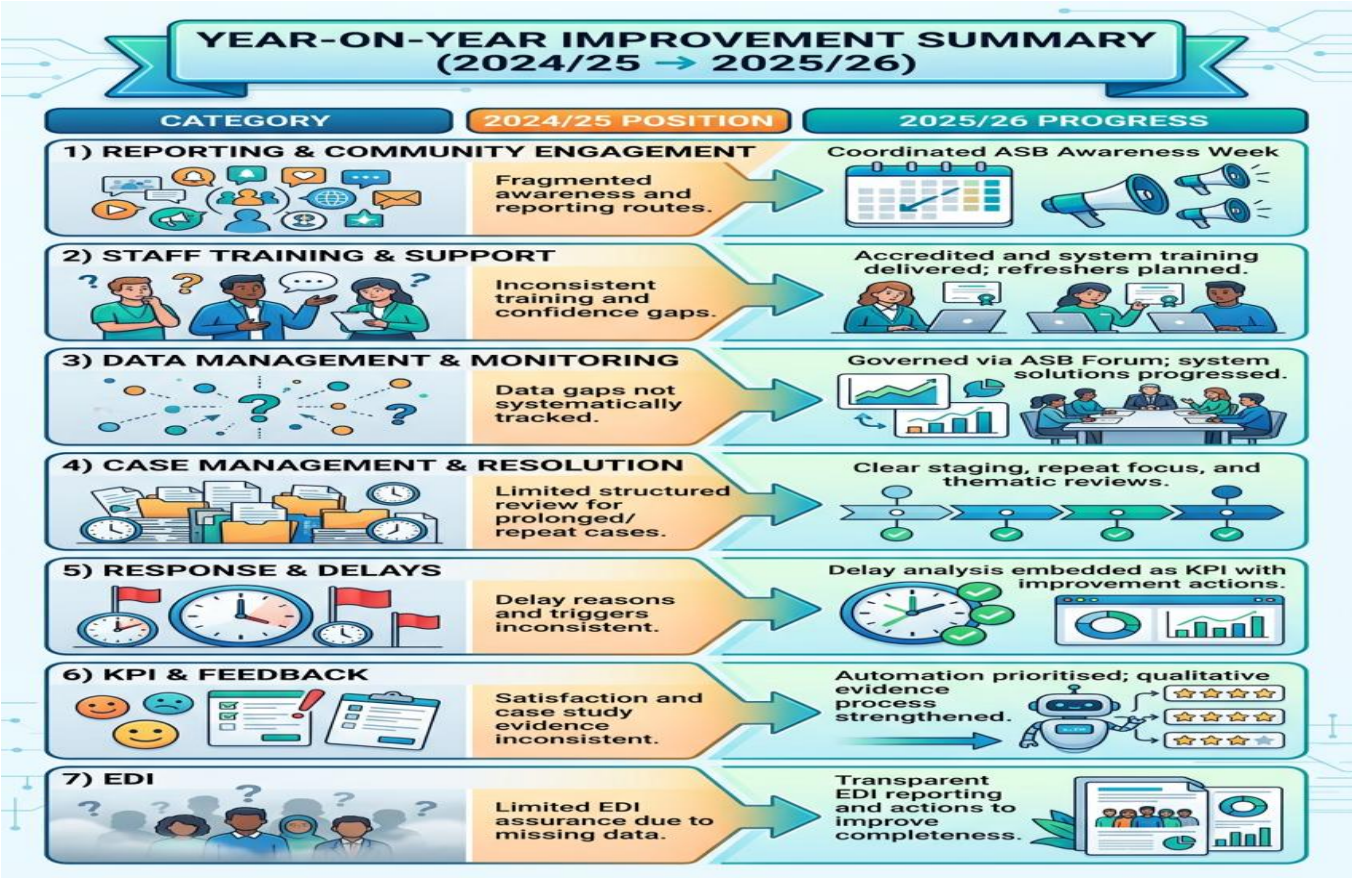


8. Year-on-Year Improvement Summary (2024/25 → 2025/26)

8.1 Overall, the service has transitioned from fragmented processes and limited assurance to structured governance, improved capability, and transparent performance management, with remaining gaps clearly identified and actively addressed.

Year-on-Year Improvement Summary Table

Category	2024/25 Position	2025/26 Progress
1) Reporting & Community Engagement	Fragmented awareness and reporting routes.	Coordinated ASB Awareness Week and multi-channel reporting promotion.
2) Staff Training & Support	Inconsistent training and confidence gaps.	Accredited and system training delivered; refreshers planned.
3) Data Management & Monitoring	Data gaps not systematically tracked.	Governed via ASB Forum; system solutions progressed.
4) Case Management & Resolution	Limited structured review for prolonged/repeat cases.	Clear staging, repeat focus, and thematic reviews.
5) Response & Delays	Delay reasons and triggers inconsistent.	Delay analysis embedded as KPI with improvement actions.
6) KPI & Feedback	Satisfaction and case study evidence inconsistent.	Automation prioritised; qualitative evidence strengthened.
7) EDI	Limited EDI assurance due to missing data.	Transparent EDI reporting and actions to improve completeness.



9. Conclusion

9.1 The 2025–26 ASB evaluation demonstrates a service that is operationally effective, governance-led, and increasingly mature in its approach to performance and assurance.

9.2 The reduction in overall case volumes, combined with strong early intervention performance, provides confidence that ASB is being managed proactively and proportionately.

9.3 Variations in performance across service areas reflect case complexity rather than service failure, with evidence of appropriate escalation, investigation, and multi-agency working where required.

9.4 The primary risks identified relate to:

a) data quality
b) system capability
c) reporting completeness, rather than frontline service delivery.

9.5 These risks are **clearly understood, owned, and subject to structured improvement actions**, providing assurance that the organisation is actively strengthening:

a) transparency
b) audit readiness
c) regulatory compliance

9.6 Overall, the ASB service is well-controlled, improving, and aligned to Consumer Standards, with a clear trajectory towards enhanced data integrity, customer insight, and governance assurance in the next reporting cycle.

10. Decision / Assurance Panel

10.1 The ELT / Committee are asked to:

Option	Description
Approve(Recommended)	Approve the ASB End of Year Evaluation (2025–26) and the Consolidated Improvement & Assurance Plan
Note	Note the report and request further assurance on specific areas (e.g. data quality, satisfaction KPI delivery)
Challenge / Defer	Defer approval pending additional information, clarification, or evidence

10.2 The report is presented for formal approval, noting the assurance provided and the improvement actions identified. Approval is recommended on the basis that:

a) **Strong Operational Performance:**
   i. Reduction in ASB cases (↓**33%**) with sustained service delivery
   ii. High levels of **early intervention (69% ≤7 days)**
   iii. Evidence of **proportionate, risk-based case management**

b) **Clear Governance & Oversight:**
   i. Established **ASB Forum governance structure** with action tracking and escalation
   ii. Alignment to **Consumer Standards, TSMs, and Ombudsman expectations**
   iii. Transparent reporting of both strengths and gaps

c) **Risks Clearly Identified and Owned:**

i. Primary risks relate to:
    1. Data quality ("Not Recorded" fields)
    2. Delay recording
    3. Customer satisfaction reporting

d) **Robust Improvement Plan in Place:** Consolidated plan provides:
    i. Clear Issue → Action → Risk → Assurance mapping
    ii. Defined owners and timescales
    iii. Monthly monitoring via governance structures
    iv. Focus on systemic improvement (not reactive fixes)

10.3 The Committee should note the following **priority assurance risks**:
a) Data quality and completeness (ASB type, resolution, delay fields)
b) Customer satisfaction KPIs not currently reportable
c) System dependency (CRM Pyramid limitations)

10.4 These do **not indicate service failure**, but impact:
a) audit assurance
b) transparency
c) regulatory reporting

10.5 The report provides reasonable assurance that Anti-Social Behaviour (ASB) services are being effectively managed, governed, and continuously improved, with identified risks appropriately controlled and subject to structured improvement actions.

11. Next Steps (Post-Decision)

11.1 Subject to approval:
a) Continue monthly oversight via ASB Forum
b) Deliver priority risk actions (Q1–Q3 2026)
c) Report progress through:
    i. ASB Strategic Forum
    ii. ELT
    iii. Operational Committee

In the event of any queries please contact the report author prior to the meeting.

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