



Regulatory Standards Annual Compliance Self-Assessment Year Ending March 2025

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1. Introduction

In providing good quality homes and management services to over 20,000 customers across Greater Manchester, Irwell Valley Homes (IVH) seeks to follow the standards and expectations set out in the Regulatory Standards whilst also following relevant legislation and good practice. This document sets out how we comply with the various aspects of the Regulatory Standards by highlighting our activities against the required outcomes as identified within the relevant standard. Additional assurance through other channels (such as the provision of external assurance and key documents) is also provided for each area.

Statement of Compliance by the Chair of the Board

As a responsible business and as part of our commitment to supporting our co-regulatory approach with the Regulator of Social Housing (RSH), we review our compliance with the Regulatory Standards every year to ensure that we continue to meet the expectations of our customers and stakeholders. This includes reviewing compliance against other relevant legislative and governance requirements.

The Board continues to be supported by three IVH delegated committees, the Resident's Scrutiny Panel, and the Board of the group subsidiary, who, along with the main Board, receive assurance on compliance throughout the year through a reporting cycle on the key areas of the Association's internal controls framework. A key element of this framework is the Association's Combined Assurance Framework (CAF) - identifying assurance across our 'top risks' to show how these risks are being effectively managed. Assurance is derived from our "three lines of defence" – ranging from operational policies and processes through to assurance being provided by external providers, including our Internal and External Auditors and our Treasury Advisors. The CAF and wider internal controls provide the appropriate confidence to Board that our assurance is robust and is being appropriately monitored and refreshed. IVH currently has the highest rating for governance (G1) and a compliant rating for financial viability (V2). This, combined with the Board's own internal assessment and an independent review from external auditors Azets, provides confidence to members that effective processes are in place to evidence our compliance. This document helps to evidence our compliance.

Signed on behalf of the Board

Niki Stockton

Chair

Irwell Valley Housing Association Ltd

Regulatory Standards Compliance Overview

Economic Standards

Standard	Compliant Yes/No	Assurance gained from...
Governance and Financial Viability	Yes	Independent legal advice; Board/committee oversight; risk-based internal audit programme; independent reviews; regulatory oversight; external consultants; task & finish groups; external audit; customer scrutiny. NB: see detailed Assurance listed in each section.
Value for Money	Yes	
Rent	Yes	

Consumer Standards

Standard	Compliant Yes/No	Assurance gained from...
Safety and Quality	Yes	Independent legal advice; Board/committee oversight; risk-based internal audit programme; independent reviews; regulatory oversight; external consultants; task & finish groups; external audit; customer scrutiny. NB: see detailed Assurance listed in each section.
Tenancy	Yes	
Neighbourhood and Community	Yes	
Transparency, Influence and Accountability	Yes	

REGULATORY STANDARDS: COMPLIANCE IN DETAIL

2. ECONOMIC STANDARD: GOVERNANCE AND FINANCIAL VIABILITY

Required Outcomes - Governance

1.1 Registered providers shall ensure effective governance arrangements that deliver their aims, objectives and intended outcomes for tenants and potential tenants in an effective, transparent, and accountable manner. Governance arrangements shall ensure registered providers: -

- (a) adhere to all relevant laws
- (b) comply with their governing documents and all regulatory requirements
- (c) are accountable to tenants, the regulator, and relevant stakeholders
- (d) safeguard taxpayers' interests and the reputation of the sector
- (e) have an effective risk management and internal controls assurance framework
- (f) protect social housing assets

Required Outcomes - Financial Viability

1.2 Registered providers shall manage their resources effectively to ensure their viability is maintained while ensuring that social housing assets are not put at undue risk.

Specific Expectations - Governance & Financial Viability

2.1 Registered providers shall adopt and comply with an appropriate code of governance. Governance arrangements should establish and maintain clear roles, responsibilities and accountabilities for the board, chair and chief executive and ensure appropriate probity arrangements are in place. Areas of non-compliance with their chosen code of governance should be explained. Registered providers should assess the effectiveness of their governance arrangements at least once a year.

2.2 Registered providers shall ensure that they manage their affairs with an appropriate degree of skill, independence, diligence, effectiveness, prudence, and foresight.

2.3 Registered providers shall communicate in a timely manner with the regulator on material issues that relate to non-compliance with the standards

2.4 Registered providers shall ensure that they have an appropriate, robust and prudent business planning, risk and control framework

2.4.1 The framework shall ensure:

- (a) there is access to sufficient liquidity at all times
- (b) financial forecasts are based on appropriate and reasonable assumptions
- (c) effective systems are in place to monitor and accurately report delivery of the registered provider's plans
- (d) the financial and other implications of risks to the delivery of plans are considered
- (e) registered providers monitor, report on and comply with their funders' covenants

2.4.2 The framework shall be approved by the registered provider's board and its effectiveness in achieving the required outcomes shall be reviewed at least once a year.

2.5 In addition to the above, registered providers shall assess, manage and where appropriate address risks to ensure the long-term viability of the registered provider, including ensuring that social housing assets are protected. Registered providers shall do so by:

- (a) maintaining a thorough, accurate and up to date record of their assets and liabilities and particularly those liabilities that may have recourse to social housing assets
- (b) carrying out detailed and robust stress testing against identified risks and combinations of risks across a range of scenarios and putting appropriate mitigation strategies in place as a result
- (c) before taking on new liabilities, ensuring that they understand and manage the likely impact on current and future business and regulatory compliance

2.6 Registered providers shall ensure that any arrangements they enter into do not inappropriately advance the interests of third parties or are arrangements which the regulator could reasonably assume were for such purposes.

2.7 Registered providers shall communicate with the regulator in an accurate and timely manner. This includes returns to the regulator, including an annual report on any losses from fraudulent activity, in a form determined by the regulator.

2.8 Registered providers shall assess their compliance with the Governance and Financial Viability Standard at least once a year. Registered providers' boards shall certify in their annual accounts their compliance with this Governance and Financial Viability Standard.

3.1 Registered providers which are parent companies shall, as appropriate, support or assist those of their subsidiaries that are registered providers with a view to ensuring compliance with regulatory requirements

We do this by:

- We review our activities in relation to all relevant law (including core financial controls, data governance / information management and technology, Health & Safety compliance, governance etc.) twice per year, based upon independent legal updates from our advisors. Evidence highlighting how we comply with these laws is reviewed and discussed by the Leadership Team twice per year, with an overview report being presented annually to the Audit & Risk Committee (ARC) annually, thereby providing reasonable assurance that we are working within our legal requirements. These reports also highlight any anticipated future requirements and outline our planned actions to maintain compliance. The Association has prioritised resources and budgets over the last four years to meet the requirements of the latest Fire Safety and Building Safety legislation, this includes investment in the tower blocks and other buildings over 18 metres. Meeting and exceeding minimum fire safety standards to ensure the ongoing safety of customers is a priority for the Board.
- Legal advice is sought, where necessary, to ensure Members can make properly informed decisions across all areas of the business. We also engage external advice when appropriate, including fire safety, employment, and data protection specialists. We have increased our Health & Safety compliance and governance skills in-house in response to the increased building safety requirements.
- A compliance review against our adopted Code of Governance and the associated Code of Conduct is undertaken annually by the Board.
- All reports to Board, committees, and the Leadership Team are required to outline any implications for corporate priorities, existing or emerging risks, customers, financial & value for money, regulatory & legal compliance, reputation & communications, equality & diversity, and environmental & sustainability as well as linking to the Associations' risk appetite.
- To supplement our compliance, we commission independent governance reviews at least every three years - with the latest full review undertaken by David Tolson Partnership and reported to Board in March 2025.
- Our Financial Statements are published as part of our accountability to key stakeholders. During 2024/25, two of our Board members were also residents of the Association. We have a Residents' Scrutiny Panel (RSP) that scrutinises front line service areas of the organisation to provide challenge and identify recommendations for service improvements. The outcomes of all RSP reviews are reported to and discussed by the Board while the ARC track the progress of any recommendations quarterly via the Combined Assurance Framework (CAF) report.
- IVH is led by a strong Board and Leadership Team which match the skills required to meet the needs of our current Corporate Plan. Our current regulatory grading is G1 and V2.
- IVH has a Risk Management Framework approved annually, a live online risk register for managing risks, and the Risk & Assurance Manager supporting the Leadership Team in reviewing and updating risks and controls. Heads of Service manage these documented risk assessments each quarter or as events affect them. Mitigation strategies have been identified and tested to support our Financial Plan. At the end of March 2025, the Board reviewed and approved the latest set of Strategic Risks in the live web-based risk register.

- Assurance is gained annually on our risk register and our management and mitigation of risk, with the Risk Management Framework subject to regular audit by our internal auditors. This includes consideration of the IVH risk appetites and triggers, set by the Board, and the relationship between risks and the Corporate Priorities, all of which are components in the risk register. The Regulator of Social Housing (RSH) publishes an annual Risk Sector Profile, and our auditors also shared an annual profile of current and emerging housing sector risks from across their clients. IVH engages in national risk forums to consider the consistency and relevance of IVH risks with comparable organisations and report an analysis of these in the CAF to ARC. Additionally, IVH undertakes a gap analysis between its risks and the Sector Risk Profile released annually by the regulator for assurance, which is reported to the Board.
- Risk management is monitored quarterly through the CAF and reported to ARC, who oversee key assurance functions on behalf of the Board. This quarterly reporting ensures that Members have a clear line of sight over the management of controls to mitigate our identified key risks.
- Our internal auditors provide an annual statement of their opinion of our internal controls, including our progress with the implementation of identified recommendations. The Board are provided with contextual information on the external political and financial operating environment to help inform Board priorities and their management of risk.
- IVH has a strong track record of risk management and the protection of our assets. We maintain an Asset and Liability Register, reporting to Board on the key aspects of this register, which is subject to an internal audit during a 3-5 year cycle. The register currently has a “green” assurance rating.
- Financial viability is well-managed and monitored with external assurance being received from our treasury advisors (Centrus), our external auditors (Azets Statutory Auditors) and through our internal audit programme (Mazars LLP). We have a good relationship with our lenders and closely monitor our loan covenants to ensure our continued compliance with these requirements, which is reported to Board. The Association has minimal risk exposure from diversification activities and our assets and liabilities are closely monitored. Our market rent and commercial investment portfolio is appraised annually and monitored by the Board, having regard to our Charitable Investment Policy, which is reviewed every two years. We obtain external assurance from external valuers annually.
- The financial capacity of the organisation is assessed at least annually and is linked to the Board’s Risk Appetite. Scenario planning and stress testing is a vital part of our financial planning process, ensuring that we can respond to multiple adverse events whilst protecting our social housing assets. A Mitigation Plan has also been developed with the Board and Leadership Team in the event of risk events happening. The Financial Plan is subject to initial stress testing prior to approval from Board, as well as additional stress test with updated forecasts and any known significant variances to budget, asset management programme and development programme. This is to ensure that the Association could respond effectively to external pressures arising from the operating environment.
- We regularly review forecasts which are discussed monthly by Leadership Team and report any significant reforecasts to Board on a quarterly basis within the Finance report. We also base our covenant compliance during the year on the latest forecast position which is reported in the Treasury appendix to the Finance report. This allows us to identify any issues with viability and compliance as early as possible. We have complied with all covenants during 2024/25.

- For the year ending 31st March 2025, the Board adopted the NHF's Code of Governance 2020. The Board receive a report on compliance against the Code annually, using the NHF checklist as a guide and have reported full compliance with the Code. We also annually check our compliance against the latest NHF Code of Conduct, with all colleagues being required to sign off annual compliance.
- IVH undertake regular full external governance reviews every three years, with the last one carried out by David Tolson Partnership and reported in March 2025, resulting in key governance activities being completed - providing robust assurance on our continuing governance arrangements.
- The Board and all delegated committees have their own terms of reference with the responsibilities of each Chair being outlined in specific job descriptions. Our Board members sign up to a Service Agreement which requires them to work in the interests of IVH and its customers.
- An approved Integrity (including Anti-Bribery) Policy is in place, requiring all new and existing Members and colleagues to declare any interest or disclose any connections on an annual basis. Disclosure of interests is a standing agenda item on every Board and Committee meeting to ensure that decisions are made solely in the interests of IVH. Probity arrangements have been supported with annual training through e-learning for Integrity (including Anti-Bribery) and Anti-Fraud & Anti-Money Laundering.
- A Board effectiveness review is conducted on an annual basis and reported to Governance & Remuneration Committee, who feedback the key findings to Board. Board membership is reviewed to ensure that the knowledge and skills of our Board align with our Corporate Priorities and can respond to the challenges faced by IVH. The annual Board Skills, Knowledge & Behaviour survey highlights any areas where skills / knowledge and competencies need strengthening. The outcome of this feeds into Board succession planning, with members ideally being recruited to strengthen skills in relation to key areas where additional skills are required.
- The Board can also co-opt specialists to provide additional support and challenge when required. Development & Major Projects Committee provides oversight and scrutiny of our development and growth programme, which is one of our key risk areas.
- Members' commitment and competency is monitored through an annual appraisal process in line with Code of Governance expectations. A training plan for the Board and separate personal development plans for individual Members are in place.
- Minutes of meetings reflect Board challenge and debate. Each year, the Board hold a Strategy Day to discuss the direction and strategy of the organisation in the context of the external environment and risks. External speakers are invited to the Strategy Days and Board meetings to help Members gain independent in-depth understanding of the current and future operating environment in relation to the decisions that they need to make.
- IVH communicates appropriately with the RSH. We submit returns to the Regulator within the required deadlines and maintain dialogue with the Regulator, as required.
- Our 30-year Financial Plan is updated at least annually. Our financial planning process involves robust testing of the plan based on scenarios which have been identified by the Board and external consultants (including Centrus and the Bank of England). External

assurance is received from several sources providing Board with evidence that financial planning decisions are being made based on reliable information and setting out the level of risk that the Association is willing to take. Controls are in place and are regularly monitored internally and externally to mitigate the worst effects of the risks facing IVH. External assurance through 2024/25 was received from:

- Treasury Advisors.
 - External Auditors.
 - Internal Auditors.
 - Tax advisors.
 - Pensions advisors.
 - Risk and Strategy Consultants.
 - Data Protection People (DPP).
- The Risk Management Framework and Risk Appetite is approved annually by the Board, aligned to the Corporate Plan and Financial Plan.
 - Our CAF identifies lines of assurance for our Strategic and high scoring risks, and illustrates the efficacy of controls and actions, reviewed quarterly by ARC. Areas of increasing / decreasing assurance are identified, discussed, and planned for. Areas of decreasing assurance or other priority areas inform the Internal Audit Plan.
 - Our Treasury Strategy & Funding Plan is reviewed regularly. Our Treasury Management Policy (TMP) is reviewed annually, with assurance provided by our treasury advisors. We report to Board against the TMP and Funding Plan quarterly. Cashflow is monitored weekly allowing IVH to prepare for any major cash outflows and financing costs. Quarterly Treasury Report is discussed by Board as part of the Finance Report, including an update on key actions from the Funding Plan. We understand when we need to access future funding to achieve our Corporate Plan, based on the cash flow forecasts.
 - We take advice from both our treasury advisors and auditors and attend meetings and seminars with the Bank of England to ensure that our financial planning assumptions are based on meaningful and reliable information. Board Members approve these assumptions on an annual basis as a minimum. The Financial Plan is updated to reflect existing and emerging risks evident from the external operating environment. The Treasury Report summarises the treasury activity for the period, forecast liquidity, forecast compliance with funders' covenants and future forecast interest rates and treasury cashflows. This also informs the Board of any exceptions to the areas highlighted in our Treasury Management Policy in relation to the key areas of control.
 - Underpinning these reports is a budgetary monitoring and reporting framework, with regular budget performance reporting with budget holders and quarterly reporting to Board. We reforecast each month as required, so action can be taken quickly if an area is overspent or under-performing. Strong controls are in place regarding spend, with external assurance received that these controls are working effectively through internal and external audit. In addition, development programme updates are included within the quarterly Finance

Report presented to Board and development appraisals are scrutinised more closely by the Development Committee, and if updated scheme appraisals are outside of the approved Board parameters, these schemes are referred to Board for discussion.

- Board set the Risk Appetite for each strategic risk area against our current Corporate and Financial Plans, and the wider environment, at least annually. The Risk Appetite has stated financial limits that can be measured and monitored to ensure that the Association works within its capacity. We use standard Financial Planning software which is widely used across the sector and seek advice from external advisors as required to test new scenarios or stress tests. Our treasury advisors also review our Financial Plan on a regular basis as part of new funding appraisals. Our internal auditors carry out a regular review of our Risk Management Framework as part of their Internal Audit Plan and carry out two follow up reviews to verify that internal audit recommendations have been implemented. We also reviewed our risks against the RSH Sector Risk Profile and against PwC's Sector Risk Profile, to ensure our risks are aligned to the wider environment.
- Financial, regulatory, and risk implications are considered as part of all reports to Board, Committees, and the Leadership Team.
- Covenant compliance is monitored and reported to Board on a quarterly basis. External assurance is received from our external auditors on an annual basis.
- Our framework for treasury, risk, and control are reviewed annually by the Board, with external assurance provided on each. The Financial Plan is developed and approved by Board annually and updated throughout the year for significant changes or emerging risks. Performance against the baseline Financial Plan is reviewed on a quarterly basis by Board. The meetings at which these areas are scheduled to be discussed are embedded in a 'forward agenda'.
- The Risk Management Framework is also reviewed annually by Board, taking account of feedback from the Board Strategy Day, and linked to the Corporate Plan and Financial Plan. Controls are reviewed quarterly by ARC.
- IVH has an Asset and Liability Register which is reviewed and approved by Board annually. Ongoing monitoring of this register, and risks arising from any liabilities, is carried out quarterly (or more frequently if there is a significant change). Colleagues have been trained on the monitoring and upkeep of the register to ensure that this remains a 'live' document.
- The liabilities for the IVH Group have been mapped, and the long-term impact of any new liabilities is assessed.
- As part of our financial planning process, the Board discuss the operating environment and risk at the Board Strategy Day in November, this includes a discussion around the proposed stress test scenarios. This feeds into a report to Board in January or February, where members may suggest further additions or changes to the scenarios based on new or emerging risks. Based on the outcome of the stress testing, we develop a Mitigation Plan which is discussed by Leadership and Board and approved in March alongside the baseline Financial Plan.
- The Risk Appetite is set in relation to the baseline Financial Plan and the Board also discuss and approve the Risk Management Framework. The Risk Appetite varies depending on the strategic risk area and we agree a set of triggers for each.

- IVH has an Integrity (including Anti-Bribery) Policy in place which is reviewed every two years. Key elements, such as gifts and hospitality and declarations of interest are recorded and reported annually to Board. Members must also declare any interests at every meeting. If an interest does exist, the Member will not be involved in any decision-making regarding that item and, if necessary, will not take part in any discussion of that item. Arrangements also exist for colleagues involved in similar decision-making processes. There is e-learning and refresher training for all colleagues, which is completed annually.
- Arrangements with third parties are governed by the Integrity (including Anti-Bribery) Policy, Financial Regulations, and Procurement Strategy, Contract Management Policy and related procedures, including tendering procedures.
- The Financial Regulations are reviewed at least annually and reported to Board. There is also regular external oversight by our Internal and External Auditors to make sure that this framework is being followed.
- The Association is fully aware of its responsibilities to RSH and all returns are submitted within the set deadlines.
- Board is involved in the approval process for the Statistical Data Return (SDR), and the Chief Financial Officer oversees the timely submission of the required information. Board is made aware of our submissions and ongoing compliance and issues that may arise. A report of any fraudulent activity, as informed to ARC throughout the year, is confirmed annually to Board prior to submission to the Regulator.
- During 2023/24, there were a small number of instances when the Association provided additional information to, or sought clarity from, the Regulator to ensure that they are fully aware of the activities of IVH. This was in relation to a severe maladministration finding by the Housing Ombudsman Service, suspected fraudulent activity, building safety issues arising at tower blocks in Haughton Green, and the discovery and response to reinforced autoclaved aerated concrete (RAAC) identified in parts of tower blocks. None of these resulted in any further regulatory engagement, and IVH underwent a formal In-depth Assessment (IDA) from the Regulator. The Association maintains a record of all these communications with the Regulator.
- This self-assessment confirms our compliance with the Governance and Financial Viability Standard and across the other regulatory standards, providing an overview of the assurance that Board receives to enable them to confirm and monitor their compliance. Compliance with the Governance and Financial Viability Standard is confirmed in our annual accounts and signed off on behalf of the Board by the Chair of Board.
- The only subsidiary in the group is our development company, Irwell Valley Developments Limited (IVDL), which delivers of IVH's development schemes.
- The Terms of Reference for the IVHA Board places responsibility on the Board for "establishing the strategic direction for the Association and demonstrating effective management, control, accountability and good conduct of the IVH Group". Directors of IVDL are Executive Officers of IVHA, which helps to ensure that the activities are in line with and support the activities of the parent. The relationship between the IVHA Board and group members forms part of external governance reviews. An Inter-Group Agreement is in place for the Group, as

well as service level agreements between IVHA and IVDL and terms of reference for IVDL. IVHA completes any required returns to the relevant regulatory bodies on behalf of subsidiary organisations.

- The compliance against the regulatory standards includes the activities of IVDL.
- The Chair of IVDL reports to the Development Committee after each IVDL Board meeting. IVH completes any required returns to the relevant regulatory bodies on behalf of subsidiary organisations.

Key documents / evidence:

Controls	Assurance
<ul style="list-style-type: none"> • Corporate Plan Living Well 	<ul style="list-style-type: none"> • Annual Board Strategy Day to set priorities. • Annual review by the Board of the Corporate Plan.
<ul style="list-style-type: none"> • Terms of Reference for Board and Committees • Recruitment, Renewal and Selection of Board Members Policy • Code of Conduct for Members • Board Member Services Agreement 	<ul style="list-style-type: none"> • Annual review of Terms of Reference. • Annual Board Effectiveness Report. • Triennial external Governance review. • Annual Report by the Chair of Audit Committee.
<ul style="list-style-type: none"> • Code of Governance • Code of Conduct 	<ul style="list-style-type: none"> • Annual compliance assurance reports.
<ul style="list-style-type: none"> • IVHA Rules and Articles of Association for IVDL • Shareholder Policy • Intra Group Agreement 	<ul style="list-style-type: none"> • IV Subsidiaries Annual Oversight Review.
<ul style="list-style-type: none"> • Financial Regulations • VFM Strategy • Asset and Liability Register 	<ul style="list-style-type: none"> • Audited Financial Statements and annual VfM Self-Assessment report. • External Audit Management letter. • Annual update on Asset and Liability Register.
<ul style="list-style-type: none"> • Regulatory Returns (Statistical Data Return; Financial Forecast Return; Financial Viability Return; Quarterly Financial Survey; Quarterly Building Safety Survey; Continuous Recording of Lettings (CORE); Annual Fraud Report) 	<ul style="list-style-type: none"> • Latest regulatory viability and governance grading (currently G1 and V2). • Public Register and Public Register Report (including Annual Fraud Report and Annual Return to the RSH).
<ul style="list-style-type: none"> • Risk Management Framework (including Risk Appetite) • Annual Scenario Planning and Stress Testing (as contained in the Long-Term Financial Plan Approval Report) • Integrity (including Anti-Bribery) Policy 	<ul style="list-style-type: none"> • Strategic Risks and Sector Update Reports to Board. • Quarterly Combined Assurance Framework and Update Reports. • Sector Risk Profile Report to Board.

Controls	Assurance
<ul style="list-style-type: none"> • Anti-Fraud Policy & Anti-Money Laundering Policy • Whistleblowing Policy • Pay Policy • Recruitment and Selection Policy & Procedure • Data Governance Policy and supporting policies 	<ul style="list-style-type: none"> • Regular Risk Management internal audit. • Annual Internal Audit Plan. • Annual Internal Audit Report. • Internal Audit Reports. • Annual Internal Controls Assurance Report. • Annual compliance with Regulatory Standards and Legislation reports to ARC.
<ul style="list-style-type: none"> • Health & Safety Committee • Health & Safety Policy and supporting policies 	<ul style="list-style-type: none"> • Health & Safety Committee Terms of Reference. • Health & Safety Committee Minutes. • Health & Safety Bi-annual Update Report to Board. • Health & Safety Compliance Quarterly Update Reports to Board • Policies are reviewed and subject to approval by Health & Safety Committee, Leadership Team, and subject to internal audit.
<ul style="list-style-type: none"> • Resident Scrutiny Panel (RSP) Terms of Reference 	<ul style="list-style-type: none"> • Service Reviews by RSP. • RSP quarterly action report to ARC
<ul style="list-style-type: none"> • Production of the Financial Plan 	<ul style="list-style-type: none"> • Financial Plan assumptions report to Board. • Financial Plan and Budget Report to Board (Inc. Scenario Planning and Stress Testing). • Quarterly Business Plan assumption updates from Centrus, treasury advisors. • Audited Financial Statements. • External Audit Findings Report. • Internal Audit Programme covers core financial controls every year. • Quarterly Finance Report (including covenant compliance) to Board. • Monthly Finance and Operational Performance Reports to Leadership Team • Quarterly Subsidiary Financial Performance Overview • Quarterly Procurement and VfM Update Report to ARC.

Controls	Assurance
<ul style="list-style-type: none"> Treasury Strategy and Funding Plan Treasury Management Policy 	<ul style="list-style-type: none"> Quarterly Treasury Reports to Board. Treasury Management Policy updated annually and approved by Board. Treasury is subject to internal audit every 3 years.
<ul style="list-style-type: none"> Capitalisation and Depreciation Policy Charitable Investment Policy Bad Debt Provision Policy VfM Strategy 	<ul style="list-style-type: none"> Development Programme Monitoring Reports. Review of Charitable Investments Appraisals annually. VfM Metric and Benchmarking annually and updated VfM Strategy metrics. Quarterly IVDL Financial & Performance Report Quarterly Procurement and VfM Update Report Policies are reviewed and subject to approval by Leadership Team, apart from the Charitable Investment Policy which is reviewed every two years by Board.
<ul style="list-style-type: none"> Internal and External Audit contracts 	<ul style="list-style-type: none"> Annual report on Review of Auditors Performance and Re-appointment at AGM. Meetings between the Chair of ARC and the Internal and External Audit Partners.

Sources of external assurance include: Independent legal advice; Board/committee oversight; internal audit; independent reviews; regulatory oversight; external consultants; external audit; customer scrutiny

3. ECONOMIC STANDARD: VALUE FOR MONEY

Required Outcomes - Value for Money

1.1 Registered providers must:

- (a) clearly articulate their strategic objectives
- (b) have an approach agreed by their board to achieving value for money in meeting these objectives and demonstrate their delivery of value for money to stakeholders
- (c) through their strategic objectives, articulate their strategy for delivering homes that meet a range of needs
- (d) ensure that optimal benefit is derived from resources and assets and optimise economy, efficiency and effectiveness in the delivery of their strategic objectives.

Specific Expectations - Value for Money

2.1 Registered providers must demonstrate:

- (a) a robust approach to achieving value for money – this must include a robust approach to decision making and a rigorous appraisal of potential options for improving performance
- (b) regular and appropriate consideration by the board of potential value for money gains – this must include full consideration of costs and benefits of alternative commercial, organisational and delivery structures
- (c) consideration of value for money across their whole business and where they invest in non-social housing activity, they should consider whether this generates returns commensurate to the risk involved and justification where this is not the case
- (d) that they have appropriate targets in place for measuring performance in achieving value for money in delivering their strategic objectives, and that they regularly monitor and report their performance against these targets

2.2 Registered providers must annually publish evidence in the statutory accounts to enable stakeholders to understand the provider's:

- (a) performance against its own value for money targets and any metrics set out by the regulator, and how that performance compares to peers
- (b) measurable plans to address any areas of underperformance, including clearly stating any areas where improvements would not be appropriate and the rationale for this.

We do this by:

- The Value for Money (VfM) Strategy is updated and approved by Board annually in line with the strategic priorities set out in the Corporate Plan and Financial Plan. The VfM Strategy sets the VfM metrics and targets for the year ahead. During 2023/24 the Association achieved

VfM annual savings of £362k, over the contract period of £1,053k against a target of £360k. Performance against VfM targets have reduced within the year due to additional investment in repairs and damp and mould spend following funding from Social Housing Quality Fund (SHQF), as well as fire and building safety remedial works on a number of priority buildings. The year-end results are consistent with forecast results that have been reported to Board and ARC during the year.

- IVH also monitor performance against internal VfM Metrics. The RSH and internal metrics are reported to ARC quarterly All VfM metrics are reported within the self-assessment included in the statutory accounts, and this includes a commentary against targets and peer group performance.
- The Value for Money (VfM) Strategy is updated and approved by Board annually. The VfM Strategy sets the RSH VfM metrics and targets for the year ahead and these are monitored quarterly by ARC. During 2023/24 the Association achieved VfM annual savings of £362k, over the contract period of £1,053k against a target of £360k.
- IVH also monitor performance against internal VfM Metrics, which are linked to our Corporate Plan, via the quarterly reports to ARC.
- Procurement activity is also scrutinised on a quarterly basis by ARC, and all tenders are managed and supported by the Procurement Team, in line with the Procurement Strategy to ensure deliver of VfM efficiencies and best value. ARC also review the social value delivered by contractors, which is a key objective under our Procurement Strategy.
- The annual VfM self-assessment is reported to ARC and Board and included within our Financial Statements.
- The Board receives an annual Charitable Investment Appraisal report, which appraise the costs and benefits of our investment properties and other financial and social investments, and the Charitable Investment Policy is reviewed every two years
- The annual VfM self-assessment is reported to ARC and Board and included within our Financial Statements, this includes a comparison of the performance with our peer group for the metrics set by the Regulator, commentary on the performance and any areas for improvement. In addition to this, the Board receives a report on VfM metrics performance as part of our annual update of the VfM Strategy.
- Our “Vital Few” Performance Indicators are aligned to the VfM metrics and are published as our evidence in our Annual Accounts. We compare our performance to our peer group as well as to our own targets and provide commentary on this. Targets are set annually linked to the Financial and Corporate Plan and regular reports to Members of ARC and Board provide opportunity for the scrutiny of our performance.

Key documents/ evidence:

Controls	Assurance
<ul style="list-style-type: none"> • Corporate Plan 	<ul style="list-style-type: none"> • Annual Board Strategy Day to set priorities. • Annual review by the Board of the Corporate Plan.

Controls	Assurance
<ul style="list-style-type: none"> • Long Term Financial Plan 	<ul style="list-style-type: none"> • Discussed and approved by Board each March
<ul style="list-style-type: none"> • VfM Strategy 	<ul style="list-style-type: none"> • Quarterly VfM and Procurement Reports to ARC. • Annual VfM self-assessment (including VfM metrics within the Financial Statements). • VfM Metrics 2023/24 approved as part of the VfM Strategy and included within the Financial Statements. • Internal Audit Reports (various, as per Internal Audit Plan). • Key Performance Indicators 2023/24
<ul style="list-style-type: none"> • Asset Management Strategy • Growth and Development Strategy 	<ul style="list-style-type: none"> • Annual update on each of these strategies to the Board
<ul style="list-style-type: none"> • Procurement Strategy 2022-24 • Contract Management Policy 	<ul style="list-style-type: none"> • Approved by ARC • Progress against the 3-year Procurement Plan are reported in the quarterly VfM Update to ARC, including progress against the efficiency target and social value delivery.
<ul style="list-style-type: none"> • Charitable Investment Policy 	<ul style="list-style-type: none"> • Annual Charitable Investment Appraisal Report • Policy is reviewed every two years by Board.
<ul style="list-style-type: none"> • Financial Regulations 	<ul style="list-style-type: none"> • Reviewed and approved annually January /February by Board

Sources of external assurance include: external consultants; internal audit; customer scrutiny; regulatory oversight; independent reviews; external audit; Board/committee oversight.

4. ECONOMIC STANDARD: RENT

Required Outcome - Rent

NB: For rents set from 1 April 2024 onwards, the 2023 Rent Standard is not applicable and the 2020 Rent Standard applies in full.

1.1 Registered providers must set rents from 1 April 2020 in accordance with the Government's Policy Statement on Rents for Social Housing 2019 (hereafter Rent Policy Statement) which can be found on the Ministry of Housing, Communities and Local Government (MHCLG) website.

Specific expectations - **2020 limit**

3.2 In the year following the end of the social rent reduction period the maximum weekly rent for an existing tenant is the 2020 limit. "2020 limit" means the amount that is found by:

- a. determining the average weekly rent for the tenant's accommodation in the fourth relevant year specified in section 23(6) of the Welfare Reform and Work Act 2016, and
- b. increasing that amount by CPI + 1%
- c. in this paragraph "average weekly rent" means:
 - i. in a case where the weekly rent changes because the accommodation is re-let after the start of the fourth year, the weekly rent payable by that tenant for that accommodation in respect of the most recent period for which rent was payable at that changed rate provided that that change complies with the requirements of the of the social housing provisions of the Welfare Reform and Work Act 2016 Act and any Regulations made under those provisions; or
 - ii. in any other case, the average weekly rent payable by the tenant of that accommodation in respect of the fourth year.

3.3. This formula for calculating the 2020 limit applies to both Social Rent and affordable rent housing.

Specific Expectations - **Social Rent**

3.4. Where accommodation is not affordable rent housing (see 3.8-3.9 below) the maximum weekly rent for a tenant who is granted a tenancy of the accommodation for the first time is formula rent. Formula rents are exclusive of any service charges.

3.5. The formula rent of accommodation is found in accordance with the method set out in paragraphs 2.4 to 2.6 of the Rent Policy Statement. The rent set may include an upwards tolerance – "Rent Flexibility" – of

- if the accommodation is supported housing, 10% of formula rent; or
- if the accommodation is not supported housing, 5% of formula rent

3.6 As set out in paragraph 2.8 and 2.9 of the Rent Policy Statement, formula rent is subject to the rent cap. The rent cap is determined in accordance with paragraphs 11 and 12 of Appendix A to the Rent Policy Statement.

3.7 Subject to the 2020 limit (see above), the weekly rent of any existing tenant may not be increased by more than:

- CPI +1% in any year; or
- if the tenant's rent exceeds the rent flexibility level, CPI in any year.

Specific Expectations - **Fair rent**

3.8 In the case of tenancies subject to fair rent protection, the maximum weekly rent is the lower of the fair rent set by the Rent Officer and formula rent (subject to both the rent caps and the rent flexibility level).

3.9 Registered providers may not increase the rent of a tenant with fair rent protection by more than CPI +1% in any year (even if the tenant's rent is below the formula rent level and the maximum fair rent is increased by more than that amount).

Specific Expectations - **Affordable rent housing**

3.10 Affordable rent may only be charged where the property in question is provided by a:

- a. registered provider pursuant to a housing supply delivery agreement between that provider and the Homes and Communities Agency (now known as Homes England) or the Greater London Authority and the accommodation is permitted by that agreement to be let at an affordable rent; or
- b. registered provider pursuant to an agreement between a local authority and the Secretary of State and the accommodation is permitted by that agreement to be let at an affordable rent; or
- c. local authority, and the Secretary of State, Homes England or the Greater London Authority has agreed that it is appropriate for the accommodation to be let at an affordable rent.

3.11 In addition to the above, Affordable Rent may be charged where the property has been acquired by a registered provider and was affordable rent housing when it was acquired.

3.12 Where Affordable Rent is being charged, the maximum rent inclusive of service charge for a new tenant under a new tenancy is 80% of the market rent for the tenant's accommodation, subject to 3.13 and 3.14 below.

3.13 If the formula rent is higher than 80% of the weekly market rent (inclusive of service charges) for the tenant's accommodation, the maximum weekly rent is formula rent which is to be set as in paragraphs 3.3-3.6 above and would be exclusive of service charges.

3.14 The rent of an existing affordable rent tenant (including where they have a new tenancy) may not be increased by more than CPI +1% in any year, subject to 3.2 above. 'Existing tenant' in this context means an existing tenant of the specific property concerned. For the avoidance of doubt, the revised rent on re-letting to an existing tenant may only be re-based to 80% of current market value where the resulting rent would be no more than the rent arrived at by a CPI+1% increase.

Specific Expectations - **Moving between types of rent**

3.15 Where a tenancy subject to fair rent protection ends and the property is re-let, that new letting should be at social rent (or Affordable Rent where applicable and permitted. See 3.17a below).

3.16 On re-letting of a property previously occupied by a high-income social tenant, the new letting should be at social rent (or Affordable Rent where applicable and permitted. See 3.18a below).

3.17 Social rent properties may not be converted to:

- a. Affordable Rent (other than in the circumstances set out in chapter 2 of the Rent Policy Statement);
- b. market rent (other than in the circumstances set out in chapter 4 of the Rent Policy Statement); or
- c. intermediate rent.

3.18 Affordable Rent housing must not be converted (including on re-let) to:

- a. market rent (other than in the circumstances set out in chapter 4 of the Rent Policy Statement); or
- b. intermediate rent.

We do this by:

- Our Rent Policy is updated annually and reviewed by Board, in accordance with the Rent Standard Guidance and relevant legislation and guidance (such as Fair Rents).
- We have a Rent Policy which is reviewed annually to make sure that changes to rents reflect the current rent guidance. This is supported by detailed rent setting procedure documents. Compliance is reviewed during the rent setting process in line with the Policy and the relevant assurance checks by authorised individuals is completed.
- Data integrity exercises are carried out by the Finance team, following the documented rent setting procedure. The continual improvement of data quality remains a corporate priority for the Association. Following the changes to the Rent Standard, a Rent and Service Charge internal audit was carried out, this provided IVH with assurance they had adopted the Standard correctly.
- In response to the last internal audit, additional improvements were made to the Rent Policy, a new Service Charge Policy was developed, and procedure and process notes were developed to support the implementation of the policies. RSP also carried out a review of service charge communication and improvements have been implemented to ensure more transparency around charges.
- IVH does apply the 5% tolerance in some cases, this reviewed annually as part of the rents setting process and is referenced in the Rent Policy.
- IVH complies with the Rent Cap as set out in the Rent Policy, reviewed annually as a part of the rent setting process and procedure and any discrepancies are highlighted by the Regulator as a part of the annual Statistical Data Return.
- The Rent Policy is reviewed annually to make sure that changes to rents reflect the current Rent Standard and any supplementary guidance. The Policy covers the rent setting procedures for every tenure, including rent reviews and re-lets, and includes those tenures not covered by the Rent Standard. The appendices to the Policy also reflect the detailed calculations of Formula Rents as set out in the Standard.
- The Board report which accompanies the Rent Policy and proposed rent increase, also includes benchmarking against rents charged by other providers in Greater Manchester, a comparison against Local Housing Allowance levels, and an affordability review against local income levels. We do this for all tenures covered by the Rent Standard.
- The Policy format and rent setting procedure documents were improved following the Rent and Service Charge internal audit carried out in 2020/21 (with another planned for 2024/25) and further improvements were implemented around data quality assurance following the internal audit on the SDR in Q4 2021/22. Compliance is reviewed during the rent setting process, via various levels of assurance checks within the Finance, Risk & Assurance team, in line with the Policy.
- This is reviewed annually as a part of the rent setting process and procedures, and any discrepancies are highlighted by the Regulator as a part of the annual Statistical Data Return. We comply with the Fair Rent as set by the Rents Officer.

- Compliance is checked and reviewed annually as a part of the rent setting process and procedures, and any discrepancies are highlighted by the Regulator as a part of the annual Statistical Data Return. We comply with the Fair Rent as set by the Rents Officer and the rent was capped at 7%.
- We currently have 252 homes on affordable rent tenancies; 228 general needs, and 24 supported housing, and as part of the rent setting procedures we check that the rents for these properties are set at 80% of the market rent, and subject to the cap on the annual increase. The Affordable Rent is inclusive of the service charge.
- 10 new affordable property homes were delivered during 2023/24 across Hamilton Avenue, Morris Street, and Chepstow Avenue.
- Our Rent Policy outlines how we set our rents for these properties in line with the guidance as laid out in the Rent Standard, which complies with the maximum of 80% of the market rent. In some cases, we have also reduced rent below 80% of market rent, as appropriate, with a cap at the Local Housing Allowance.
- IVH has complied with the above as per the Rent Policy and procedures, which is set in line with the elements of the Rent Standard noted above.
- We relet properties at the same tenure and rent type. IVH modelled the potential benefits and impacts of implementing a higher rent to higher income customers and chose not to implement this policy.
- IVH has prior agreements for our Affordable Rent homes.

Key documents/ evidence:

Controls	Assurance
<ul style="list-style-type: none"> • Rent Policy 	<ul style="list-style-type: none"> • Policy updated annually and reviewed by the Board. • Rent Increase and Benchmarking Report to Board. • Policies are also reviewed and subject to approval by Leadership Team and RSP • Policy summarised and hyperlinked for access in the 'Your Rent' section on the website. • Policy summarised in the 'Your Rent' section in the customer welcome pack. • Rent & Service Charge subject to regular review by Internal Audit – next review due in 2024/25. • Statistical Data Return data checks.
<ul style="list-style-type: none"> • Service Charge Policy 	<ul style="list-style-type: none"> • Leasehold service charge accounts are reviewed independently.

Controls	Assurance
	<ul style="list-style-type: none"> • Rents and Service Charge audited as a part of the Internal Audit Plan. • Service Charge Policy reviewed and approved by Leadership Team and RSP.

Sources of external assurance include: internal and external audit; independent leasehold account reviews; regulatory oversight; Board/committee oversight; consultancy.

5. CONSUMER STANDARD: SAFETY AND QUALITY

Required Outcomes - Stock Quality

1.1.1 Registered providers must have an accurate, up to date and evidenced understanding of the condition of their homes that reliably informs their provision of good quality, well maintained and safe homes for tenants.

Required Outcomes - Decency

1.2.1 Registered providers must ensure that tenants' homes meet the standard set out in section five of the Government's Decent Homes Guidance and continue to maintain their homes to at least this standard unless exempted by the regulator.

Required Outcomes - Health and safety

1.3.1 When acting as landlords, registered providers must take all reasonable steps to ensure the health and safety of tenants in their homes and associated communal areas.

Required Outcomes - Repairs, maintenance and planned improvements

1.4.1 Registered providers must provide an effective, efficient and timely repairs, maintenance and planned improvements service for the homes and communal areas for which they are responsible.

Required Outcomes - Adaptations

1.5.1 Registered providers must assist tenants seeking housing adaptations to access appropriate services.

Specific Expectations - Stock Quality

2.1.1 Registered providers must have an accurate record at an individual property level of the condition of their homes, based on a physical assessment of all homes and keep this up to date.

2.1.2 Registered providers must use data from across their records on stock condition to inform their provision of good quality, well maintained and safe homes for tenants including:

- a) compliance with health and safety legal requirements
- b) compliance with the Decent Homes Standard
- c) delivery of repairs, maintenance and planned improvements to homes, and
- d) allocating homes that are designed or adapted to meet specific needs appropriately.

Specific Expectations - Health and safety

2.2.1 Registered providers must identify and meet all legal requirements that relate to the health and safety of tenants in their homes and communal areas.

2.2.2 Registered providers must ensure that all required actions arising from legally required health and safety assessments are carried out within appropriate timescales.

2.2.3 Registered providers must ensure that the safety of tenants is considered in the design and delivery of landlord services and take reasonable steps to mitigate any identified risks to tenants.

Specific Expectations - **Repairs, maintenance and planned improvements**

2.3.1 Registered providers must enable repairs and maintenance issues to be reported easily.

2.3.2 Registered providers must set timescales for the completion of repairs, maintenance and planned improvements, clearly communicate them to tenants and take appropriate steps to deliver to them.

2.3.3 Registered providers must keep tenants informed about repairs, maintenance and planned improvements to their homes with clear and timely communication.

2.3.4 Registered providers must understand and fulfil their maintenance responsibilities in respect of communal areas.

2.3.5 Registered providers must ensure that the delivery of repairs, maintenance and planned improvements to homes and communal areas is informed by the needs of tenants and provides value for money, in addition to the requirement at 2.1.2.

Specific Expectations - **Adaptations**

2.4.1 Registered providers must clearly communicate to tenants and relevant organisations how they will assist tenants seeking housing adaptations services.

2.4.2 Registered providers must co-operate with tenants, appropriate local authority departments and other relevant organisations so that a housing adaptations service is available to tenants where appropriate.

We do this by:

- We hold full stock condition survey (SCS) data on our homes and communal areas, with 76% of this being completed by physical assessments in the last five years and externally validated through an auditable quality control process by our appointed Consultants. We will achieve 100% by the end of Q3 2025/26 as reported to Board through our quarterly compliance report. These will continue to be updated to ensure all SCS's meet the requirements.
- The SCS data informs our planned improvement programme and associated financial planning assists us to refine our long-term investment approach on a regular basis through our bespoke asset management software in line with our Asset Management Strategy 2022-2025. The data ensures compliance with health and safety; decency and that properties are allocated to meet specific needs where they are available. During the year 2024/25 we completed a significant programme of planned and investment works to the value of £7.2m which included 140 roofs, 550 doors, 280 kitchens, 142 bathrooms, 300 boilers, and 148 homes with all new windows.
- We have a programme of proactive retrofit assessments of our homes to inform our planning from a sustainability perspective and this data is held and modelled in our sustainability software, to inform our approach to wider investment planning, aligning programmes where possible to achieve efficiencies. In the year, we commenced a programme of retrofit works to 134 properties via the Social Housing Decarbonisation Fund, totalling c. £1.5m in project value.
- All IVH homes that we have reported as being non-complaint with the Decent Homes Standard (DHS) have plans to bring them up to the Standard in a timely manner. Those where customers have refused work have been assessed and will be regularly reviewed with customers to encourage them to allow work to be completed which is managed through our access process.
- The Board and the Executive Team take IVH's landlord responsibilities very seriously and we have a dedicated Health & Safety and Compliance Team. These teams are focused on ensuring that we meet all our statutory requirements for Health & Safety including our Landlord Gas Safety Record (LGSR) programme, fire, water hygiene, asbestos legionella, lift, electrical safety, and the smoke / carbon-monoxide alarm regulations. Health & Safety is a key strategic risk area recognised by the Board, and there are a range of inherent controls built into our compliance management system, as well as external assurance in place.
- The dedicated compliance management system, C365, is where documentation is held for all compliance activity. The system records and automates anniversary dates, collates records and activities to store an audit trail of actions and ensures they are completed within the required timescales.
- Compliance is monitored via our governance process, at our Health & Safety Committee and our Board. The Board receive health & safety property compliance performance information on a quarterly basis. The Board have prioritised resource and budgets for health & safety and have increased these over the last few years to respond to our commitment to ensure that our homes are safe for our customers.
- Audit & Risk Committee also gain assurance through our Internal Audit Plan which includes regular reviews of health & safety compliance areas, with an audit Fire Safety covered within the year.

- To provide additional oversight and assurance that we are meeting relevant statutory requirements for health & safety, we engage external organisations qualified to oversee and confirm the reliability of our compliance work through a mixture of desktop and on-site auditing. The Health & Safety Manager oversees compliance audits across the organisation to support our health & safety compliance and promote a positive health & safety culture.
- In addition to the Board and Health & Safety Committee, IVH have an established major projects team who lead on works associated with Fire Safety remediation work, reporting progress to Board members. We have ensured completion of the quarterly NROSH+ returns in respect of Fire Safety.
- We are continuing to undertake intrusive surveys (Type 4 and Fire Risk Appraisal of External Walls surveys) and liaise with third party stakeholders such as the Fire and Rescue Service. We deliver fire remedial works on risk-based approach, prioritising new fire doors and compartmentation to limit the spread of fire, ensuring that budgetary resource is made available.
- IVH has an ongoing programme of fire risk assessments and monitors the implementation of any actions on a risk basis. In addition, we continue to work with specialist fire engineering companies to identify any further remediation works required on all buildings over 18m, also extended to those below 18m. Work is ongoing to respond to the identified remedial works across our portfolio, with regular updates being sent to affected customers and close work with key external stakeholders.
- We have established a customer Building Safety forum and implemented a Resident Engagement Strategy for each of our qualifying buildings, and this will link into our Building Safety Cases for our high-rise buildings. Customers continue to receive timely safety information to reduce the risk of fires, and we work closely with the Greater Manchester Fire Service and other partners and Registered Providers to discuss emerging risks and the appropriate response to these.
- Standards of design and quality are maintained as required. Our surveyors have undergone further training during the year in relation to Housing Health & Safety Rating system (HHSRS) practitioner methodology.
- We can confirm that we meet the standards of design and quality that applied when the homes were built and that our local offers meet the decent homes guidance which ensures the safety of our customers is always considered.
- We began Phase 1 of our Repairs Transformation Project, which significantly enhanced how we deliver services to our customers during the year. The journey began with a comprehensive review of our Repairs Policy, shaped by valuable feedback from our Resident Scrutiny Panel (RSP). Their insights ensured our services are aligned with the needs and expectations of our customers. The new Repairs Policy provides greater clarity on IVH repairs and maintenance responsibilities and commitment to specified timescales for each area of repair for our customers' homes and communal areas. The new Repairs Policy provides a detailed schedule of works and the appropriate timescales in which this repair will be completed.
- One of the key priorities identified was the importance of completing repairs right first time. We actively monitor this through performance measures, which are monitored daily reported to our Board on a quarterly basis.

- We provide a wide range of ways for customers to report repairs across a variety of channels and allow customers to track their repairs live via our customer portal. This year we improved communication around repairs which our transactional surveys show has improved transparency and satisfaction. We have targeted improving the customer experience against the standard which the year-on-year comparison reflect the improvements made. Satisfaction with the “time taken to complete a repair” increased from 69% to 77%, satisfaction with “being kept informed and communicated with” increased from 59% to 81% and satisfaction with “being treated fairly and with respect” increased from 75% to 87%.
- We continue to gather feedback through Tenant Satisfaction Measures (TSM) and transactional surveys, which help us identify areas for improvement and guide our ongoing efforts. We receive feedback from customers on planned works and communal areas through complaints, TSM’s and transactional surveys. Our Neighbourhood Officers also provide valuable insight and feedback on communal areas. This feedback helps shape strategies and our planned works programmes. Alongside our ongoing communal investment programmes, we’re committed to keeping shared spaces safe, functional, and welcoming through our regular scheduled preventative maintenance. Our customers can report communal repairs using any of our channels. Our teams, including frontline staff and trusted contractors also play a key role by reporting any issues they notice during visits, inspections, or even while passing through communal areas.
- We continue to invite our customers to support us during the communal services tendering process. Our customers are invited to join the panel to score the quality weighting of the tender. By including our customers this ensures that the evaluation process is aligned with the needs and expectations of the end-users, leading to more relevant and satisfactory outcomes. It also enhances transparency and builds trust in the procurement process, supporting stronger relationships between IVH and our customers. Furthermore, customer involvement can highlight crucial aspects of service delivery that might be overlooked by internal stakeholders, improving the overall quality of the chosen solution, thus ensuring Value for Money (VFM) is achieved.
- The 30-year Asset Management Plan covers all capital works and adaptations and is included in the Financial Plan. The Board set an additional VfM metric that monitors the balance between responsive and planned works, and this monitored quarterly by ARC and reported to Board and within the Financial Statements.
- Actual performance as of 31st March 2024 was 45% responsive to planned ratio, 2% higher than target due to the in year agreed reforecast on responsive repairs to address the increased demand and aged WIP. This outcome of which can be seen in improved customer satisfaction and the increase in the number of jobs completed within target time.
- An Aids and Adaptation Policy and associated procedures assists customers who may require alterations to enable them to live well in their home. Information in this regard is promoted on the IVH website and advice is provided to customers on a case-by-case basis. We carry out minor adaptations of £1,000 or less for our customers. For adaptations above this amount, we have agreed contracts with all our local authority partners to contribute 40% to the cost of the works and we aim to respond to requests from Councils within 5 working days.
- Over the course of 2024/25 IVH facilitated major adaptations for 29 households, at a total cost of £88k. Minor adaptations are completed as per IVH’s Repairs Policy; from 2025/26 we will report on the number of minor adaptations undertaken as part of the repairs service.

Key documents/ evidence:

Controls	Assurance
<ul style="list-style-type: none"> Asset Management Strategy/ Asset Management Policy 	<ul style="list-style-type: none"> Annual update against the strategy to the Board. Stock condition surveys and external validation. Asset Management and Sustainability Software Key Performance Indicators. Quarterly progress in the Finance Report to Board. Major Remediation Project Report to Development Committee.
<ul style="list-style-type: none"> Repairs Policy Adaptations Policy 	<ul style="list-style-type: none"> Homes/Assets Board update report. Consultation with customer groups before approval. Subject to internal audit.
<ul style="list-style-type: none"> Damp & Mould Policy 	<ul style="list-style-type: none"> Damp & Mould metrics reported in the quarterly Compliance Report to Board. Damp & Mould internal audit. Damp & Mould RSP scrutiny review.
<ul style="list-style-type: none"> Compliance Management System C365 Fire Safety Policy Health & Safety and Compliance Policies 	<ul style="list-style-type: none"> Full suite of H&S property compliance metrics reported in the quarterly Compliance Report to Board, and monthly to Leadership Team. Health & Safety Committee Meeting Minutes Fire Engineering Reports. Fire Response Group minutes. Building Safety Forum minutes. NROSH+ Fire Safety Quarterly submission. Internal Audit Reports on Asbestos and Electrical Safety. External assurance from Icon gas audits. Quarterly Combined Assurance Framework Update Reports Policies are reviewed and subject to approval by Leadership Team.
<ul style="list-style-type: none"> Environmental Strategy 	<ul style="list-style-type: none"> Annual review by the Board against the Sustainability Framework, which includes environmental measures

Sources of external assurance include: internal audit; customer scrutiny; regulatory oversight; independent reviews; independent legal advice; external consultants; Board/committee oversight.

6. CONSUMER STANDARD: TENANCY

Required outcomes - Allocations and lettings

1.1.1 Registered providers must allocate and let their homes in a fair and transparent way that takes the needs of tenants and prospective tenants into account.

Required outcomes - Tenancy sustainment and evictions

1.2.1 Registered providers must support tenants to maintain their tenancy or licence. Where a registered provider ends a tenancy or licence, they must offer affected tenants advice and assistance.

Required outcomes - Tenure

1.3.1 Registered providers shall offer tenancies or terms of occupation which are compatible with the purpose of the accommodation, the needs of individual households, the sustainability of the community, and the efficient use of their housing stock.

1.3.2 They shall meet all applicable statutory and legal requirements in relation to the form and use of tenancy agreements or terms of occupation.

Required outcomes - Mutual exchange

1.4.1 Registered providers must support relevant tenants living in eligible housing to mutually exchange their homes.

Specific Expectations - Allocations and lettings

2.1.1 Registered providers must co-operate with local authorities' strategic housing functions and assist local authorities to fulfil their duties to meet identified local housing need. This includes assistance with local authorities' homelessness duties, and through meeting obligations in nominations agreements.

2.1.2 Registered providers must seek to allocate homes that are designated, designed, or adapted to meet specific needs in a way that is compatible with the purpose of the housing.

2.1.3 Registered providers must develop and deliver services that seek to address under-occupation and overcrowding in their homes. These services should be focused on the needs of tenants.

2.1.4 Registered providers must take action to prevent and tackle tenancy fraud.

2.1.5 Registered providers must have a fair, reasonable, simple and accessible appeals process for allocation decisions.

2.1.6 Registered providers must record all lettings and sales as required by the Continuous Recording of Lettings (CORE) system.

Specific Expectations - Tenure

2.3.1 Registered providers shall publish clear and accessible policies which outline their approach to tenancy management, including interventions to sustain tenancies and prevent unnecessary evictions, and tackling tenancy fraud, and set out:

- (a) The type of tenancies they will grant.
- (b) Where they grant tenancies for a fixed term, the length of those terms.
- (c) The circumstances in which they will grant tenancies of a particular type.
- (d) Any exceptional circumstances in which they will grant fixed term tenancies for a term of less than five years in general needs housing following any probationary period.
- (e) The circumstances in which they may or may not grant another tenancy on the expiry of the fixed term, in the same property or in a different property.
- (f) The way in which a tenant or prospective tenant may appeal against or complain about the length of fixed term tenancy offered and the type of tenancy offered, and against a decision not to grant another tenancy on the expiry of the fixed term.
- (g) Their policy on taking into account the needs of those households who are vulnerable by reason of age, disability or illness, and households with children, including through the provision of tenancies which provide a reasonable degree of stability.
- (h) The advice and assistance they will give to tenants on finding alternative accommodation in the event that they decide not to grant another tenancy.
- (i) Their policy on granting discretionary succession rights, taking account of the needs of vulnerable household members.

2.3.2 Registered providers must grant general needs tenants a periodic secure or assured (excluding periodic assured shorthold) tenancy, or a tenancy for a minimum fixed term of five years, or exceptionally, a tenancy for a minimum fixed term of no less than two years, in addition to any probationary tenancy period.

2.3.3 Before a fixed term tenancy ends, registered providers shall provide notice in writing to the tenant stating either that they propose to grant another tenancy on the expiry of the existing fixed term or that they propose to end the tenancy.

2.3.4 Where registered providers use probationary tenancies, these shall be for a maximum of 12 months, or a maximum of 18 months where reasons for extending the probationary period have been given and where the tenant has the opportunity to request a review.

2.3.5 Registered providers shall grant those who were social housing tenants on the day on which section 154 of the Localism Act 2011 comes into force, and have remained social housing tenants since that date, a tenancy with no less security where they choose to move to another social rented home, whether with the same or another landlord. (This requirement does not apply where tenants choose to move to accommodation let on Affordable Rent terms).

2.3.6 Registered providers shall grant tenants who have been moved into alternative accommodation during any redevelopment or other works a tenancy with no less security of tenure on their return to settled accommodation.

Specific Expectations - **Mutual exchange**

2.4.1 Registered providers must offer a mutual exchange service which allows relevant tenants potentially eligible for mutual exchange, whether pursuant to a statutory right or a policy of the registered provider, to easily access details of all (or the greatest practicable number of) available matches without payment of a fee.

2.4.2 Registered providers must publicise the availability of any mutual exchange service(s) it offers to its relevant tenants.

2.4.3 Registered providers must provide support for accessing mutual exchange services to relevant tenants who might otherwise be unable to use them.

2.4.4 Registered providers must offer tenants seeking to mutually exchange information about the implications for tenure, rent and service charges.

We do this by:

- In 2024/25 we let 334 homes, 53% of those new customers were previously homeless and 73 of these customers benefitted from additional support through our Neighbourhoods and Tenancy Sustainment Teams. We also supported 38 customers to swap their homes over the course of the year where their current home no longer met their needs and completed 36 Management Moves.
- We have a Home Move (Allocations) Policy, that has been developed in consultation with customers. For general needs homes, we offer 80% nominations via Local Authority Lettings Schemes (100% in Bolton) with the remaining 20% of our available homes being allocated to current IVH customers who have a priority need. Customers apply directly through the Choice Based Lettings (CBL) scheme relevant to the Local Authority. For all CBL allocations, the decision-making and appeals process is handled by the Local Authority, and we work in partnership to ensure effective decision making and equitable allocations.
- Our older persons accommodation is allocated through an internal waiting list. This ensures that applicants meet the eligibility criteria, and we can fully assess their needs to ensure they can live independently with any necessary support in place. Applications for our older persons accommodations are made online or in writing.
- Our supported housing portfolio provides accommodation and support, that is commissioned by Local Authorities to meet specific housing needs including youth homelessness, mental health, dementia and learning disabilities. With supported housing, applicants are referred to us via the Local Authority who assess the needs of the individual, prior to referring. Each scheme has its own allocations policy and makes the decision on whether to allocate based on the known needs and risks presented by the Local Authority at the point of referral. We operate local lettings policies in areas where allocations need to be sensitively let to ensure everyone can live well in their home and community.
- We attend and contribute to local strategic housing partnership meetings and rehousing panels and work with them to meet urgent housing needs. During 2024/25 we continued to support vulnerable households, providing 20 properties to Bury Council to reduce the numbers of families living in temporary accommodation. IVH continues to provide six homes to Manchester and Bury Councils as part of the Rough Sleeper Accommodation Project.
- We allocate homes that are designated, designed, or adapted to meet specific needs by working closely with local authorities and support services to ensure properties are matched appropriately. We assess applicants' needs through detailed housing applications and medical assessments, making sure that adapted or specialist housing is offered to those who require it. This helps us ensure that homes are used effectively and for their intended purpose, meeting the diverse needs of our customers.
- We are committed to ensuring that our homes are allocated in a way that reflects the needs of our customers. We have processes in place to identify under-occupying and overcrowding and work proactively with customers to explore suitable housing options. In 2024/2025 we liaised with 125 customers who were under-occupying to discuss housing options. Six of these customers are now in the process of mutually exchanging. We promote mutual exchanges, offer incentives to downsize, and prioritise transfers where households are

overcrowded. These services are tailored to meet individual needs, with a strong focus on tenant engagement and ensuring that they are supported in sustaining their tenancies and living well in their homes.

- We take tenancy fraud seriously and have robust measures in place to prevent and tackle it. This includes verifying identity and occupancy at the point of application, carrying out regular tenancy audits, and encouraging residents to report any suspicions of fraud. We also work in partnership with local authorities and specialist teams to investigate suspected cases and take enforcement action where needed, making sure our homes are occupied by those who are genuinely entitled to live in them.
- Our tenancy agreement and succession procedure set out succession rights, allowing for the consideration of discretionary succession rights, taking into account the specific circumstances of the household. We recognise the importance of supporting vulnerable household members and carefully assess each case with fairness. This includes reviewing the length of residency, the role of the household member in maintaining the tenancy, and their support needs. We work closely with support services where necessary to ensure decisions are made that prioritise the health, safety, and stability of vulnerable individuals.
- We let around 20% of our homes to existing customers whose circumstances mean that their current property no longer meets their needs, and they require urgent re-housing e.g., a change in medical needs, domestic abuse, or overcrowding etc. These applications are reviewed by our internal Management Move Panel who review the needs of the applicants and carry out a thorough risk assessment to ensure that applicants most in need are prioritised, whilst balancing any known risks to ensure that the customers' needs will be met, and any potential risks mitigated.
- In the rare event that we have low demand for specific homes; we advertise these properties through social media and on our website or via social media. These allocations are made on a 'first come, first served' basis, providing that the applicants are suitably housed i.e., not over occupying.
- Under our Policy, people have the right to appeal a decision. If an appeal is raised this is heard by a senior manager within the organisation who is not directly involved in the lettings process. If customers remain dissatisfied with a decision, this is classed as a complaint under our Complaints Policy which is promoted to customer and applicants if this occurs. As part of our complaints process, people are also made aware of the route to make complaints to the Housing Ombudsman Service.
- Our Tenancy Policy outlines the various tenancies we use and why these are applicable for the type of housing. We also use licences where appropriate in some housing depending on the nature of the service and the support being provided.
- Resident and landlord responsibilities are clearly set out in our tenancy agreement/licence document. To support neighbourhood sustainability and protect our existing customers, we use starter tenancies where applicable. These allow us to closely monitor and support our customers through the first year of their tenancy, with input from our Tenancy Sustainment Team if appropriate, and, if all other approaches have failed, end the tenancy in the most efficient way if the customer is not ready to sustain a tenancy with us
- We issue secure or assured tenancies to all general need's customers, in line with the Tenancy Standard. In most cases, this will either be a lifetime tenancy or a fixed term tenancy of at least 5 years. We only offer shorter fixed term tenancies in exceptional circumstances, and

this would always be clearly explained and documented. Where relevant, a probationary tenancy, known as the starter tenancy agreement, is used first to ensure the customer can sustain their tenancy before we convert their tenancy to a more secure tenancy agreement after 12 months of successful tenancy management.

- Before a fixed-term tenancy comes to an end, we carry out a tenancy review with the customer and provide written notice to confirm whether a further tenancy will be offered or not. This gives the customer clarity and enough time to prepare for the next steps. All decisions are made in line with our policies and take into account the customers behaviour, circumstances and housing need.
- We typically issue a 12-month starter tenancy agreements to new customers and carry out regular tenancy visits during this period. If there are concerns about how the tenancy is being managed, we may extend the starter tenancy agreement for up to 6 more months. In these cases, the tenant will be told the reason in writing and offered the chance to request a review of the decision, ensuring the process remains fair and transparent.
- We are members of House Exchange the UK's leading not-for-profit database of people looking to mutually exchange their home. This is signposted to customers at the point of contact, at community events, and through our website. During the year we also hosted House Swapping events to support customers with registering and finding a suitable match.
- We review our list of customers seeking a management move annually, to understand if customers (who need to move) homes meet the needs of other customers needing to move who are listed on our management move list.
- Supported housing customers are not eligible to use the House Exchange service to ensure we can ensure this specialist housing is effectively meeting the needs of the target client group.
- Our Home Move (Allocations) Policy prioritises customers who are known to live in overcrowded homes. 20% of our available homes are allocated to existing customers needing to move. We also manage expectations and know that in some areas, there is high demand for larger homes and therefore we also signpost customers to other housing providers and provide support regarding mutual exchanges.
- IVH provides and collects information on all our lets and participates in CORE. All lets are inputted directly into the CORE website as required.
- We have an Equality, Diversity, and Inclusion (EDI) Strategy and Action Plan which outlines how we aim to ensure equality of opportunity across our services and throughout our organisation. The way we let our homes supports the three key EDI priorities in our strategy and our action plan supports the delivery of this:
 - Ensuring our services are inclusive and accessible to everyone.
 - Ensuring our homes enable everyone to live well.
 - Providing more affordable housing of different tenures and types to meet the needs of the communities we serve.
 - New customers with additional tenancy support needs are offered tenancy sustainment support at the start of their tenancy.

- We match customers to properties that are right for them and provide tailored support them through the process based on their individual needs. This may include dedicated support from our Tenancy Sustainment Team, installing aids or adaptations in properties prior to move in, or providing translation services throughout the application process. We also work with Local Authority partners to develop specialist housing for people with additional needs.
- Where we are re-letting a home that has been adapted previously, for example with a wet room, we will advertise the property as adapted. We will review our Management Move list to see if it meets the needs of anyone waiting for a move. We only accept nominations from applicants who need an adapted property which meets their needs.
- We also reserve some types of housing, exclusively for specific applicants. For example, our supported housing schemes are exclusively for those who have identified care and support needs, and our older persons accommodation is exclusively for people over 55.
- Our Tenancy Policy reflects this requirement, and independent legal advice has been sought in relation to this policy to gain assurance over its provisions.
- This requirement is stated within our Tenancy Policy.
- IVH subscribes to House Exchange, the UK's leading not-for-profit database of people looking to mutually exchange their home. This is available on our website, promoted through our customer welcome guide and information is sent to customers looking to move.
- Colleagues in our Customer Service and Communities Teams support customers to access this service. We also work with House Exchange to promote this service to customers and host events within communities to support customers to access it. Home visits and one-to-one support via the community events are offered to anyone who has not got access to the internet to use the service themselves.

Key documents/ evidence:

Controls	Assurance
<ul style="list-style-type: none"> • Tenancy Policy • Tenancy Agreements • Home move (Allocations) Policy • Local Lettings Policies • Customer welcome pack • House exchange online service • Complaints Policy 	<ul style="list-style-type: none"> • Key Performance Indicators. • Internal Audit Reports. • Consultation with customer groups on all key policies. • Policies are reviewed and subject to approval by Leadership Team. • Reviewed against Housing Ombudsman Service (HOS) Codes where applicable and adherence comes under scrutiny in any HOS complaints.

Sources of external assurance include: Independent legal advice; Board/committee oversight; internal audit; independent reviews; regulatory oversight; external consultants; external audit; customer scrutiny

7. CONSUMER STANDARD: NEIGHBOURHOOD AND COMMUNITY

Required Outcomes - Safety of shared spaces

1.1.1 Registered providers must work co-operatively with tenants, other landlords and relevant organisations to take all reasonable steps to ensure the safety of shared spaces

Required Outcomes - Local co-operation

1.2.1 Registered providers must co-operate with relevant partners to promote social, environmental and economic wellbeing in the areas where they provide social housing.

Required Outcomes - Anti-social behaviour and hate incidents

1.3.1 Registered providers must work in partnership with appropriate local authority departments, the police and other relevant organisations to deter and tackle anti-social behaviour (ASB) and hate incidents in the neighbourhoods where they provide social housing.

Required Outcomes - Domestic abuse

1.4.1 Registered providers must work co-operatively with other agencies tackling domestic abuse and enable tenants to access appropriate support and advice.

Specific Expectations - Local cooperation

2.1.1 Registered providers, having taken account of their strategic objectives, the views of tenants and their presence within the areas where they provide social housing, must:

- a) identify and communicate to tenants the roles registered providers play in promoting social, environmental and economic wellbeing and how those roles will be delivered; and
- b) co-operate with local partnership arrangements and the strategic housing function of local authorities where they are able to assist local authorities in achieving their objectives.

Specific Expectations - Anti-social behaviour and hate incidents

2.2.1 Registered providers must have a policy on how they work with relevant organisations to deter and tackle ASB in the neighbourhoods where they provide social housing.

2.2.2 Registered providers must clearly set out their approach for how they deter and tackle hate incidents in neighbourhoods where they provide social housing.

2.2.3 Registered providers must enable ASB and hate incidents to be reported easily and keep tenants informed about the progress of their case.

2.2.4 Registered providers must provide prompt and appropriate action in response to ASB and hate incidents, having regard to the full range of tools and legal powers available to them.

2.2.5 Registered providers must support tenants who are affected by ASB and hate incidents, including by signposting them to agencies who can give them appropriate support and assistance.

Specific Expectations - **Domestic abuse**

2.3.1 Registered providers must have a policy for how they recognise and effectively respond to cases of domestic abuse.

2.3.2 Registered providers must co-operate with appropriate local authority departments to support the local authority in meeting its duty to develop a strategy and commission services for victims of domestic abuse and their children within safe accommodation.

We do this by:

- Over the course of 2024/25, we developed a new Communities Strategy with customers, setting out the three-year objectives to ensure IVH fulfils this consumer standard and our mission to support customers to live well in their homes and communities. We carried out significant customer consultation to understand customers priorities in relation to their neighbourhood and community, this primarily focused around the 'Big Conversation' roadshow. Insight was also gathered from the TSM feedback, complaint learning, transactional survey feedback, and our involved customer groups. The new strategy focuses on 4 key goals:
 - Safety of shared spaces – we work co-operatively with our customers, other landlords and relevant organizations to take all reasonable steps to ensure the safety of shared spaces.
 - Local cooperation – we co-operate with relevant partners to promote social, environmental, and economic wellbeing in the areas where they provide social housing.
 - Anti-social behaviour and hate incidents – we work in partnership with appropriate local authority departments, the police, and other relevant organisations to deter and tackle anti-social behaviour (ASB) and hate incidents in the neighbourhoods where they provide social housing.
 - Domestic abuse – we work co-operatively with other agencies tackling domestic abuse and enable tenants to access appropriate support and advice.
- The strategy is shared on our website and updates communicated to customers as progress is made against objectives. Progress is reported to board every six months.
- We aim to create neighbourhoods that are clean and safe because we know this is a big priority for our customers. Neighbourhood Officers conduct quarterly estate inspections to identify issues and hazards. They are supported by an Estates Team, that carries out a wide variety of tasks to make sure our neighbourhoods remain safe and clean, including the removal of fly tipping and graffiti. We host and promote neighbourhood clean-up days and use colleague volunteering days to carry out small neighbourhood improvements such communal garden

make-overs. During the year we continued to use our Neighbourhood Champions and Building Champions surveys to encourage customers to hold us to account on the standards of our cleaning and grounds maintenance services. Customers were able to report issues directly using an online survey (including photos and comments) which then flagged actions for our cleaning and grounds maintenance contractors,

- We co-operate with our Local Authority partners and other stakeholders as necessary. We are members of the Greater Manchester Housing Providers Partnership and members of locally based strategic housing partnership with the Local Authorities in Tameside, Trafford, Salford, Bolton, Bury and Manchester.
- Members of our Assets Team also carry out routine cyclical health & safety checks in all our blocks to ensure we are meeting all our health & safety requirements. This includes testing fire alarms and fire doors and taking meter readings. These regular checks also provide another opportunity for us to assess the condition of communal areas. In addition, we have a customer 'Building Safety Group' who we engage with about building safety works and communications, as part of our obligations under the Building Safety Act.
- We work with our local authority partners, police, local fire authorities, other providers, and agencies to address specific concerns across our neighbourhoods. We continue to be active participants of the Greater Manchester Providers Group to help inform strategy across Greater Manchester to guide and influence priorities.. We have a dedicated Community Safety Team, Tenancy Sustainment Team, and Neighbourhood Officers who work collaboratively, and with our partners across Greater Manchester, to address complex and serious Anti-Social Behaviour (ASB).
- We work with a wide range of partners across the public, voluntary and charitable sectors. Over the year we worked with voluntary and community groups and our strong relationships with statutory, community and voluntary sector partners have enabled us to respond collaboratively to emerging issues with focused neighbourhood interventions to tackle specific challenges.
- We have a charitable investment fund, The Irwell Valley Foundation, which provides grant funding to support customers and community projects working in the neighbourhoods where we have homes. The customer-led panel oversaw the delivery of more than £86,500 in grants this year, supporting 25 customers and 76 community projects. With cost-of-living pressures continuing to impact on our customers, our teams have continued to provide support to maximise income and connect residents with other partner agencies who can help.
- During the year, we supported customers to unlock an extra £542,631 in income they were entitled to. We also continued to support customers through our own Cost of Living Support Fund and set up a new 'starter pack' initiative to help new customers cover the costs of moving into their first or new home.
- We also continued to be Principal Partners of Resolve Poverty (formerly Greater Manchester Poverty Action) demonstrating our support for strategic policy reform aimed at tackling and preventing poverty in our region.

- We continued to support food projects across the communities we serve and delivered 2,420 free meals for children during the school holidays from our community café.
- Our Oasis Community Resource centre continued to work as a valued community hub serving local people in a variety of different ways. Hosting around 13,500 visits each year, it offers everything from advice around finding employment to support with mental health, outreach services for parents and digital inclusion programmes.
- Social value offers are embedded in our procurement process and aligned to relevant customer-facing strategies and our procurement strategy. Suppliers and contractors pick from a menu of offers with the value of the offer determined by the contract value. Offers utilised this year ranged from cash donations to our Cost of Living Support fund to apprenticeships.
- This year we supported 9,008 people with help towards training and employment, including via regular jobs fairs held at The Oasis and through the DWP Jobs Hubs which are hosted there. We also employed 10 apprentices, either directly or through our contractors as part of social value offers and have supported work experience placements and volunteering through our community centre and café.
- Working together with our statutory, community and voluntary sector partners we work to maximise our impact in our neighbourhoods – this year supporting the delivery of 3,467 hours of volunteering in our communities, including through Irwell Valley Homes colleagues volunteering in the neighbourhoods where we have homes.
- We are a trusted partner in our neighbourhoods and this year developed new community partnerships with the Endeavour domestic abuse charity in Bolton and Healthwatch in Bury, re-purposing commercial units for community use and widening their access into our neighbourhoods.
- We also launched our first ever Heart of the Community Awards, inviting nominations from our customers and helping us to recognise and celebrate the work that goes on across the areas where we have homes.
- We continued to move forward with our £50m regeneration of the Sale West estate in Trafford, where we have to date completed 101 new affordable homes, including 10 'adaptable ready' homes which are in short support in Trafford. Alongside the new homes and investment in existing homes, we have worked in partnership with community and local authority partners, to continue to deliver significant community investment through the Irwell Valley Foundation and social value offers.
- We are committed to tackling neighbourhood issues and Anti-Social Behaviour (ASB) in 2024/25, we managed over 400 ASB cases, with over 150 of these being Cat A ASB. ASB is tackled by our Community Safety Officers and Neighbourhood Officers. All high-risk cases are tackled by our specialist Community Safety Officers, with input from our Tenancy Sustainment Team. Our Community Safety Officers also provide guidance to our Neighbourhood Officers to ensure they are tackling and preventing ASB in our neighbourhoods in accordance with legislation and internal policies but also working in partnership with the relevant agencies to achieve the best outcomes for our customers.

- Customers can contact us through a variety of methods, including by phone, email, live chat, face to face or via our customer portal, 24 hours a day to discuss or report ASB issues. We acknowledge ASB cases promptly and inform customers who will be dealing with their case within strict time deadlines. Where we are unable to help, we will signpost customers to the relevant agency. We have a range of tools and legal powers at our disposal to tackle anti-social behaviour, including Acceptable Behaviour Contracts (ABCs), Good Neighbour Agreements, injunctions, Community Protection Notices (CPNs), closure orders, and, where necessary, possession proceedings.
- We work in partnership with Local Authority and other agencies to deliver positive outcomes, such as injunctions and prosecuting perpetrators of fly tipping. We attend and are active in relevant Crime and Disorder Reduction Partnerships and are a member of Resolve ASB, a national membership group that enables us to access training, best practice, and practical tools to tackle ASB. We advocate mediation between neighbours where this is appropriate through an external mediation service.
- Where possible, our new customers sign a Starter Tenancy, which we use to protect our existing customers and to closely monitor the conduct of new ones. We provide support to new customers to help them to understand their rights and responsibilities, and these are clearly discussed with customers at sign up and through their first year in their home. We operate local lettings policies in areas with ASB issues to prevent known issues escalating and rate our tenancies on a traffic light system, to identify those customers most in need of support, so we can work with them to maintaining a successful tenancy. To further support our customers and to work with our partner agencies we also have a Safeguarding Policy and a Hoarding Policy. Relevant colleagues have been trained on these procedures to enable them to highlight and respond to any concerns. Colleagues have also been trained on dealing with hate crime, safeguarding, domestic abuse as well as undertaking trauma informed training.
- We assess our tenancies to identify those customers that need extra support from us to help them to manage their tenancy. Our policies help colleagues support our vulnerable customers.
- We focus on prevention and support and advise our customers to speak to us at an early stage. Colleagues are trained in triaging and dealing with ASB and are supported by more specialist colleagues (Community Safety Officers) and through an ASB legal advice service.
- We are clear on what is and what isn't ASB and the categories of ASB, we log complaints and have procedures and timescales for response depending on the nature of the complaint. To support victims and resolve ASB we use several of tools including external mediation, our own noise monitoring equipment, specialist CCTV companies, a noise app, professional witnesses, and specialist organisations, including Witness Support and Resolve ASB. We send a sample of cases to external ASB specialists for review and to validate the actions taken in resolving the cases. Our Tenancy Sustainment Team also play an important role in supporting customers who are experiencing serious ASB.
- We take a firm and proactive approach to tackling hate incidents. We have a dedicated ASB team that responds promptly to reports, offering early intervention, mediation, and robust enforcement when necessary. We make full use of legal tools and powers available to us, such as injunctions, Community Protection Notices, and possession proceedings where appropriate. Our approach is trauma-informed and victim-focused, ensuring support is provided to those affected while working in partnership with local agencies to ensure an effective response.

- We have a Domestic Abuse Policy and procedures which stress the importance of collaborative working with local authorities, the police and other relevant agencies. Specialist colleagues in our community safety and tenancy sustainment teams provide expert guidance to other frontline colleagues to safely manage and support vulnerable families at risk, with a nominated Safeguarding colleague lead, available to advise and guide on cases. Monthly complex case meetings bring experts from our teams together to help resolve and support case management. Spot checks on case ensures effective and reliable management of DAV cases. Over the course of 2024-25 13 cases were raised with local safeguarding/MARAC arrangements to advance our concerns about families at risk.
- Senior colleagues engage with local authority partners to help develop strategies and commission services for victims of domestic abuse and their children within safe accommodation – this has included supporting the launch of new local authority commissioned DAV service and promoting it with frontline colleagues and engaging in safeguarding adult review processes and contributing to the development of improved multi-agency risk management procedures. We report on Safeguarding activities (including domestic abuse and violence) is reported to Board on a quarterly basis.

Key documents/ evidence:

Controls	Assurance
<ul style="list-style-type: none"> • Neighbourhood Management Policy 	<ul style="list-style-type: none"> • Customer Annual Report
<ul style="list-style-type: none"> • Sustainability Framework 	<ul style="list-style-type: none"> • IV Foundation Annual Report • Annual Charitable Investment Appraisal Report • Annual update on progress against the Sustainability Framework to the Board
<ul style="list-style-type: none"> • Procurement Strategy 	<ul style="list-style-type: none"> • Quarterly VfM and Procurement update including social value
<ul style="list-style-type: none"> • Domestic Abuse Policy • Safeguarding Policy • Hoarding Policy • ASB Policy & Procedure 	<ul style="list-style-type: none"> • Key Performance Indicators • Internal Audit Reports • Consultation with customer groups • Policies are reviewed and subject to approval by Leadership Team • Safeguarding subject Internal Audit Report (PwC)

Sources of external assurance include: customer scrutiny; regulatory oversight; independent legal advice; Board/committee oversight.

8. CONSUMER STANDARD: TRANSPARENCY, INFLUENCE AND ACCOUNTABILITY

Required Outcomes - Fairness and respect

1.1.1 Registered providers must treat tenants and prospective tenants with fairness and respect.

Required Outcomes - Diverse needs

1.2.1 In relation to the housing and landlord services they provide, registered providers must take action to deliver fair and equitable outcomes for tenants and, where relevant, prospective tenants.

Required Outcomes - Engagement with tenants

1.3.1 Registered providers must take tenants' views into account in their decision-making about how landlord services are delivered and communicate how tenants' views have been considered.

Required Outcomes - Information about landlord services

1.4.1 Registered providers must communicate with tenants and provide information so tenants can use landlord services, understand what to expect from their landlord, and hold their landlord to account.

Required Outcomes - Performance information

1.5.1 Registered providers must collect and provide information to support effective scrutiny by tenants of their landlord's performance in delivering landlord services.

Required Outcomes - Complaints

1.6.1 Registered providers must ensure complaints are addressed fairly, effectively, and promptly.

Specific Expectations - Diverse needs

2.1.1 Registered providers must use relevant information and data to:

- a) understand the diverse needs of tenants, including those arising from protected characteristics, language barriers, and additional support needs; and
- b) assess whether their housing and landlord services deliver fair and equitable outcomes for tenants.

2.1.2 Registered providers must ensure that communication with and information for tenants is clear, accessible, relevant, timely and appropriate to the diverse needs of tenants.

2.1.3 Registered providers must ensure that landlord services are accessible, and that the accessibility is publicised to tenants. This includes supporting tenants and prospective tenants to use online landlord services if required.

2.1.4 Registered providers must allow tenants and prospective tenants to be supported by a representative or advocate in interactions about landlord services.

Specific Expectations - **Engagement with tenants**

2.2.1 Registered providers must give tenants a wide range of meaningful opportunities to influence and scrutinise their landlord's strategies, policies and services. This includes in relation to the neighbourhood where applicable.

2.2.2 Registered providers must assist tenants who wish to implement tenant-led activities to influence and scrutinise their landlord's strategies, policies and services. This includes in relation to the neighbourhood where applicable.

2.2.3 Registered providers must provide accessible support that meets the diverse needs of tenants so they can engage with the opportunities in 2.2.1 and 2.2.2.

2.2.4 Registered providers must support tenants to exercise their Right to Manage, Right to Transfer or otherwise exercise housing management functions, where appropriate.

2.2.5 Registered providers, working with tenants, must regularly consider ways to improve and tailor their approach to delivering landlord services including tenant engagement. They must implement changes as appropriate to ensure services deliver the intended aims.

2.2.6 Where a registered provider is considering a change in landlord for one or more tenants, or a significant change in management arrangements, it must consult affected tenants on its proposals at a formative stage and take those views into account in reaching a decision. The consultation must:

- a) be fair and accessible
- b) provide tenants with adequate time, information and opportunities to consider and respond
- c) set out actual or potential advantages and disadvantages (including costs) to tenants in the immediate and longer term, and
- d) demonstrate to affected tenants how the consultation responses have been taken into account in reaching a decision.

Specific Expectations - **Information about landlord services**

2.3.1. Registered providers must provide tenants with accessible information about the:

- a) available landlord services, how to access those services, and the standards of service tenants can expect
- b) standards of safety and quality tenants can expect homes and communal areas to meet
- c) rents and service charges that are payable by tenants, and
- d) responsibilities of the registered provider and the tenant for maintaining homes, communal areas, shared spaces and neighbourhoods.

2.3.2 Registered providers must provide tenants with accessible information about tenants' rights in respect of registered providers' legal obligations and relevant regulatory requirements that registered providers must meet in connection with the homes, facilities or landlord services they provide to tenants. This must include information about:

- a) the requirement to provide a home that meets the government's Decent Homes Standard;
- b) the registered provider's obligation to comply with health and safety legislation;
- c) the rights conferred on tenants by their tenancy agreements including rights implied by statute and/or common law, in particular -
 - (i) the right to a home that is fit for human habitation; and
 - (ii) the right to receive notice of a proposed visit to carry out repairs or maintenance or to view the condition and state of repair of the premises; and
- d) the rights of disabled tenants to reasonable adjustments.

2.3.3 Registered providers must communicate with affected tenants on progress, next steps and outcomes when delivering landlord services.

2.3.4 Registered providers' housing and neighbourhood policies must be fair, reasonable, accessible and transparent. Where relevant, policies should set out decision-making criteria and appeals processes.

2.3.5 Registered providers must make information available to tenants about the relevant roles and responsibilities of senior level employees or officers, including who has responsibility for compliance with the consumer standards.

Specific Expectations - **Performance information**

2.4.1 Registered providers must meet the regulator's requirements in relation to the tenant satisfaction measures set by the regulator as set out in Tenant Satisfaction Measures: Technical requirements and Tenant Satisfaction Measures: Tenant survey requirements.

2.4.2 Registered providers must:

- a) collect and process information specified by the regulator relating to their performance against the tenant satisfaction measures. The information must be collected within a timeframe set by the regulator and must meet the regulator's requirements in Tenant Satisfaction Measures: Technical requirements and Tenant Satisfaction Measures: Tenant survey requirements
- b) annually publish their performance against the tenant satisfaction measures. This should include information about how they have met the regulator's requirements set out in Tenant Satisfaction Measures: Technical requirements and Tenant Satisfaction Measures: Tenant survey requirements. This information must be published in a manner that is timely, clear, and easily accessed by tenants; and
- c) annually submit to the regulator information specified by the regulator relating to their performance against those measures. The information must be submitted within a timeframe and in a form determined by the regulator.

2.4.3 In meeting 2.4.1 and 2.4.2 above, registered providers must ensure that the information is an accurate, reliable, valid, and transparent reflection of their performance against the tenant satisfaction measures.

2.4.4 Registered providers must provide tenants with accessible information about:

- a) how they are performing in delivering landlord services and what actions they will take to improve performance where required
- b) how they have taken tenants' views into account to improve landlord services, information and communication
- c) how income is being spent, and
- d) their directors' remuneration and management costs.

Specific Expectations - **Complaints**

2.5.1 Registered providers must ensure their approach to handling complaints is simple, accessible and publicised.

2.5.2 Registered providers must provide accessible information to tenants about:

- a) how tenants can make a complaint about their registered provider
- b) the registered provider's complaints policy and complaints handling process
- c) what tenants can do if they are dissatisfied with the outcome of a complaint or how a complaint was handled, and
- d) the type of complaints received and how they have learnt from complaints to continuously improve services.

Specific Expectations - **Self-referral**

2.6.1 Registered providers must communicate in a timely manner with the regulator on all material issues that relate to non-compliance or potential non-compliance with the consumer standards.

We do this by:

- Our homes, services, support, and employment are tailored around people's individual needs. We know people can face challenges in relation to accessing housing, support, and employment. We are committed to changing this, EDI is embedded into all our strategies and policies and are Equality Impact Assessments drive our action plan along with our customer and colleague insights and data.

Engagement with tenants

- We provide opportunities for customers to influence services and hold us to account in a wide range of ways at a strategic and operational level. These are widely promoted to customers via different channels.
- We actively recruit customers onto our Board of Management and our current member also chaired the Resident Scrutiny Group and our Charitable Foundation Group during the year. Another board member sat on the Customer Standards Group during the year, providing a route for communications and insight between the two groups.
- Every board paper has a section for Customer Implications where officers highlight the impact for customers and how they have been engaged with the subject matter. Customers also attend our Board Strategy Days providing first-person insight and experience to help guide the strategic direction of the organisation.
- We have an effective Resident Scrutiny Panel who carry out scrutiny reviews of services, reporting their recommendations and report directly into the Board. In 2024/25 RSP completed reviews into Anti-social Behaviour, Accessing and Prioritising Services and Voids and Lettings. Audit and Risk Committee then oversees the completion of the improvement action plans resulting from their reviews. The recommendations and action plans are also shared on our website so customers can see the impact of customer involvement.
- During the year the Customer Standards Group monitored our performance and held us to account– analysing performance data, satisfaction surveys and Tenant Satisfaction Measures results. In 2024-25 they also provided input on our two transformation projects around improving repairs and customer experience.
- The Building Safety Group is made up of customers who live in our high-rise buildings and ensures we are listening to customer voice and experience around building safety works, advice and communications. This year members of the group sat on the tender panel for the recruitment of a contractor to remove the render from three high-rise buildings. They also provided insight and feedback into various communications and engagement materials produced ahead of the works beginning.
- The Irwell Valley Foundation oversees how we invest and make a difference in our communities, through the allocation of grant funding for customers and neighbourhood projects. In 2024-25 they oversaw the investment of more than £86,500.
- Members of our formal customer engagement groups receive training in the National Housing Federation Code of Conduct. Training opportunities and conferences are also promoted with members. Support, information and sign-posting is also provided to customers who wish to set up their own groups, for example Tenants and Residents' Associations.

- We support customers in exercising their Right to Manage, Right to Transfer, or take on housing management functions by providing clear information, advice, and practical support. Where customer's express interest in formal rights like Right to Manage, Irwell Valley offers tailored guidance and will assist with forming tenant groups.
- Customer-facing policies are reviewed by our Customer Policy Group who review the content and presentation of key customer-facing policies before they are approved. In 2024-25 policies reviewed by this group included decants; managing unacceptable behaviour; compensation; gas servicing access and asset management.
- Key customer communications are reviewed by our Customer Communications Group who ensure materials are inclusive, accessible, easy to understand, presented clearly and are representative of the communities we serve. In 2024/25 this included the customer annual report, rent and service charge increase letters, customer newsletters, the new customer Welcome Pack and letters around gas servicing access.
- Customers are also involved in procurement of key customer-facing contracts and the recruitment of customer-focused colleagues. In 2024-25 this includes the recruitment of our new Head of People, in recognition of this as a key role within our leadership team responsible for the culture of the organisation and the values and behaviours of our colleagues.
- We also arrange consultation and engagement opportunities in response to specific needs or projects, including new housing developments. In 2024-25 this included a customer engagement roadshow – The Big Customer Conversation- which gathered feedback and insight around customers' top priorities for their neighbourhood. The material formed the basis of our new Communities Strategy. It also included engagement around phase 3 of the Sale West regeneration, including the site set-up and interim access arrangements whilst works are ongoing.
- We learn and share good practice in customer engagement with other registered providers across Greater Manchester. In 2024-25 we also joined with other members of Greater Manchester Housing Providers to organise our first regional focus group welcoming engaged customers from different registered providers, exploring the subject of reasonable adjustments.
- We promote the support we can provide to customers to enable them to take part in engagement activities – for example, providing transport, printing materials where customers don't have digital access and offering training to boost skills and confidence.
- We share the impact of customer involvement on our website; through direct communications with both engaged customers and our wider customer base, and via our annual report.

Information about landlord services

- We provide information about our services and the policies and procedures which sit behind them in a variety of ways including the Irwell Valley Homes website; through the new customer Welcome Guide and tenancy agreement; via newsletters issued with rent statements; through localised community newsletters; in the customer annual report and through targeted multi-media campaigns shared across email bulletins, text messages, social media and direct mail.

- In 2024/25 we attracted 58,000 visitors to our IVH website; distributed 350 Welcome Packs; issued around 3,000 emails each month and sent more than 35,000 text messages. We also issued 4 rent statement newsletters and 20 community newsletters.
- These provide information about what customers can expect from us as their landlord, raising awareness and empowering customers with information so they can hold us to account. The information covers all key services – from how we keep homes safe to how we set and collect rent and maintain our neighbourhoods.
- We also use these channels to provide further information about customer and partner roles and responsibilities, to highlight how we work in partnership to deliver the homes and services people need and expect. This helps to ensure customers understand their rights and responsibilities.
- The information shared – which includes a library of policy publications on our website - also supports customers in raising concerns and complaints when services have fallen short of what we and customers expect.
- The website includes information about how we comply with the Consumer Standards and the member of the executive team who is responsible for this. It also contains information about members of our board of management, executive team and the chair of our Resident Scrutiny Panel, including directors' remuneration. Information about how income is spent is included in our customer annual report.
- We provide a wide choice of contact channels to suit different communication preferences and needs. Customers can contact us through our online service, website, live chat, telephone, email or social media. We also have a 24-hour service for reporting ASB and repairs. The Contact Centre, managed by the Customer Service Team, provides a central point of contact for customers.

Performance information

- We collect and provide a range of information to support effective scrutiny of our performance by our customers.
- This includes our Tenant Satisfaction Measures Survey. The 2024/2025 survey was carried out as a snap-shot survey during July/August targeting a sample of customers in Low Cost Rental Accommodation (LCRA). Data collection was carried out by telephone interviews conducted by an independent research company. Supported housing surveys were carried out in-house using a face-to-face approach. Data analysis was carried out in-house using Qualtrics survey software.
- The survey questionnaire followed the format as set out in the technical requirements, with the addition of two open text questions which were included to seek more detailed feedback from customers in respect of our services and reported levels of satisfaction.
- A total of 1,301 surveys were completed giving a confidence interval of +/-2/6%. This falls within the required maximum of +/- 4% for organisations with 2,500-9,999 dwelling units.
- An assessment was carried out to consider how far the sample is representative of the relevant tenant population in terms of key demographic characteristics (age, gender, ethnic group, disability) and geography (local authority area). The sample was found to be broadly representative with no material over or under-representation. Results were not therefore weighted.

- TSMs, including Tenant Perception survey results and management information, were submitted to the Regulator along with supporting documentation (summary of approach and questionnaire) within deadline.
- During 2024/25 we carried out benchmarking of our previous years' results through Vantage benchmarking group. Results were also benchmarked against full TSM data published by the regulator and against the National Tenant Survey.
- The results from 2023-24 were published on our website in June 2024 and then updated in June 2025 to reflect the survey results from July/August 2024.
- We worked with members of our Customer Standards Group on how the performance information should be presented – bringing together three strands of feedback and insight covering transactional survey results: TSM results and key performance data.
- Members decided the performance metrics that would be most meaningful for customers, and this was presented alongside the survey data to build a more rounded picture of how the organisation was performing across different areas.
- Specific survey results and performance data relating to individual services and teams was also scrutinised by RSP as part of their service reviews.
- Along with the IVH website, the performance information was shared in the 2024-25 annual report – created with the Customer Communications Group and printed and mailed to all customers and shared on our website. The document highlighted our compliance with the Consumer Standards and outlined how we were working to improve in areas which were not performing as well.
- Our transactional survey programme collects detailed feedback on the customer experience for seven core service areas (ASB, Complaints, Gas Servicing, New Homes, New Customers, Responsive Repairs, Planned Works).
- All customers receiving a service are sent a survey following a transaction and are asked to rate their experience and - if they choose - provide further comment about the service they received. Where a customer states they are very or fairly dissatisfied with a service, a ticket is generated to alert the relevant team to ensure customers' concerns are addressed and responded to.
- In 2024/25 we received 1,382 responses across our transactional survey programme. Results are made available to teams through a live dashboard, reported monthly in the KPI report. A more detailed analysis of results is presented to Board through the quarterly Customer Insight Report.
- Results of the transactional surveys are also monitored each quarter through the Customer Standards Group. Issues are then explored further with relevant heads of service/service managers to better understand the context and seek assurance on actions being taken to improve or resolve issues of under-performance. As outlined above, key survey results are also shared on our website each quarter, along with other performance information.

Complaints

- Our Complaints Policy is in line with the Housing Ombudsman Complaint Handling Code and is shared on our website.

- We published our self-assessment against the Code in June 2025 along with our annual performance on complaints. This included what we have learnt from them and the changes we have made because of them.
- Information about ways to make a complaint are set out on our website. Customers are offered a variety of ways to submit a complaint, including in person, by telephone, email, live chat and via the customer portal as per Housing Ombudsman guidelines. We share with customer's how they can escalate their complaint if they are not satisfied and also share the Housing Ombudsman's details at each stage of the complaints process.
- All complaints are acknowledged and investigated at stage one by a dedicated Customer Complaints Team who keep customers informed about the progress of their complaints. At stage two, all complaints are investigated by a member of our Leadership Team or a Senior Manager.
- Levels of satisfaction are monitored and reported to both Leadership and Board, along with the performance data about the time it takes to respond to complaints. In addition, learnings from complaints are tracked through the HIVE and outcomes fed back to customers via our website. Complaints learning is discussed at Leadership Team monthly and reported to board quarterly.
- Customer Board member is the member of the governing board who is appointed as the Complaints Lead (Member Responsible for Complaints).
- The MRC is responsible for complaints to support a positive complaint culture. The MRC is responsible for ensuring the governing body receives regular information on complaints that provides insight on the landlord's complaint handling performance.
- Two of our involved customers are members of the Housing Ombudsman Service's Residents' Panel. We are committed to learning from our mistakes. After every complaint a learning form is completed which identifies the cause of the complaint. These are reviewed by an Action Learning Panel, a group of colleagues which is facilitated by our Business Improvement Team. The Panel delve deeper into the cause and identify learning and actions needed to improve customer experience. The learning is grouped into four themes: Service Standard, Communication, Policy and Process, and Culture and Behaviour.

Diverse needs

- Our homes, services, support, and employment are tailored around people's individual needs. We know people can face challenges in relation to accessing housing, support, and employment. We are committed to changing this and our EDI action plan, embedded through our customer, community and people strategies and equality impact assessments help us to do to this. All colleagues have taken part in EDI training over the year to support this. Our EDI priorities for customers are:
 - Ensuring our services are inclusive and accessible to everyone.
 - Ensuring our homes enable everyone to live well.
 - Providing more affordable housing of different tenures and types to meet the needs of the communities we serve.

- Improving equality of opportunity within the communities we serve.
- Being an ally and supporting marginalised groups in the communities we serve.
- We have an action plan that supports EDI with clear outcomes over three years that over three years linked to these priorities.
- We have an Equality and Diversity Forum (which is supported by a Board Member, the CEO, and residents) who oversee the delivery of our Equality and Diversity action plans. Progress is also monitored by the Leadership Team, with progress and outcomes being reported to Board.
- As part of our key Customer, Community and People Strategies, we regularly collect and update the personal information we hold about our customers to ensure that we can tailor our services to meet their needs. We incentivise customers to share this information with us annually as part of a targeted campaign. In 2024/25 809 customers updated their circumstances as part of our annual census.
- We also give customers direct access to update this themselves via our secure online customer portal.
- Customer data collected is populated on our housing management system using an alerts and warnings system which highlights customer circumstances and requirements to colleagues. It is used to provide services tailored to the customers' needs and enables us to contact them in the way in which they prefer.
- We also pass relevant information onto our contractors, as appropriate, to ensure they are also informed.
- We use an accessibility tool on our website called 'Access Angel' to help us communicate with customers who have additional communication needs. This software can combine various communication needs e.g., language translation and large format to ensure we have a solution that works for customers.
- Customers have the right to be represented by an advocate or representative when interacting with our services and have the right to add a permission to discuss onto their account. If requested, we will send a copy of any communication sent to the customer to the advocate or representative.
- We also use 'Big Word' translation services when communicating with customers directly and can arrange documents in braille as required.
- Our Customer Communications Group reviews key customer communications to ensure they are inclusive and accessible.
- Colleagues work flexibly and offer customers appointments out of normal office hours to suit the customers' needs. We know that a high percentage of our customers are in employment and that this is an essential service for them
- We match customers to properties that are right for them and provide tailored support them through the process based on their individual needs. This may include dedicated support from our Tenancy Sustainment Team, installing aids or adaptations in properties prior to move in, or providing translation services throughout the application process. We also work with Local Authority partners to develop specialist housing for people with additional needs.

- We reserve some types of housing exclusively for specific applicants. For example, our supported housing schemes are exclusively for those who have identified care and support needs, and our independent living schemes are for people over 55.
- Every year we review our customer satisfaction results by the protected characteristics to ensure that there are no differences between the satisfaction of particular groups.
- In 2024/25 this identified that overall satisfaction was 10% lower than average for customers with a disability. All customers with a known vulnerability, who had expressed dissatisfaction with our services, were contacted to understand the root cause of the dissatisfaction. The feedback enabled us to make changes to services to make them more accessible:
 - Customers with hearing loss were struggling to access our out of hours services (as this was telephone only) to report repairs. An out of hours live chat solution has been sourced and implemented.
 - We observed a customer (who is a wheelchair user) moving around the building she lives in to understand the obstacles she faces. We have since made changes including lowering notice boards, removed bollards and gates and completed groundworks to paths.
 - Contacted all customers who we know have hearing impairment and where they do not have digital access, provided tablets through the foundation, so they can access our online services.
- We have several policies to support vulnerable customers, including our Hoarding Policy, Domestic Abuse Policy and Safeguarding Policy. Colleagues receive training on these policies in line with the requirements of their roles. Customers were consulted, reviewed and helped shape all these policies.
- Our Tenancy Sustainment Team offers bespoke support for customers who are struggling to manage their tenancy due to financial hardship and/or issues around poor mental/physical health and wellbeing. During 2024/2025, the team supported 278 households.
- The Tenancy Sustainment Service has:
 - maximised customers' income to the value of £542,631
 - of this £433,235 this has been generated back into the business through housing-related benefits such as DHP's and APAs.
 - successfully applied to the HACT Fuel Fund to gain £31,113 worth of energy vouchers for 83 customers, and help a further 50 customers with £31,901.61 to reduce monthly bill debts
- To support our colleagues in the delivery of this standard and meeting diverse needs, we have clear behaviours linked to performance reviews and continue to provide 'Mary Guber International' Customer Service training across all our teams to improve customer experience.
- We continue to support colleagues with their communications through the advice, support and input from the Communications and Engagement team.

- We monitor colleague behaviour through our transactional survey results – which are based on the TSM metrics. In 2024-25 73% of customers agreed they were treated with dignity and respect.

Key documents/ evidence:

Controls	Assurance
<ul style="list-style-type: none"> • Equality and Diversity Strategy and Action Plan 	<ul style="list-style-type: none"> • EDI Action Plan updates. • Key Performance Indicators. • Equality Impact Assessments • Customer satisfaction results analysed by protected characteristics.
<ul style="list-style-type: none"> • Customer Strategy • IVH Website • Resident Scrutiny Panel • Customer Standards Group • Customer Policy Review Group • Communications Review Group • Building Safety Group • Irwell Valley Foundation Panel • Transactional survey programme • Tenant Satisfaction Measures 	<ul style="list-style-type: none"> • RSP report directly to Board on service reviews Customer Annual Report • Quarterly monitoring of RSP action Plans at ARC • Residents’ Scrutiny Panel Feedback Reports. • Residents’ Scrutiny Panel Minutes. • Customer Insight Reports to the Board. • Key Performance Indicators. • Customer Satisfaction Reports. • Mystery Shopping Reports.

Sources of external assurance include: Independent legal advice; Board/committee oversight; internal audit; independent reviews; regulatory oversight; external consultants; external audit; customer scrutiny