

<b>Policy Title: Homelessness Prevention and Support Policy</b>	
<b>Policy Index Category</b>	<b>Housing Management</b>
<b>Policy Number</b>	<b>5H</b>
<b>Review Cycle</b>	<b>3 years</b>
<b>Equality Impact Assessment completed?</b>	<b>Y</b>
<b>Related documents</b>	<ul style="list-style-type: none"> <li>▶ Policy on Warnings and Ending a Licence / Tenancy Agreement</li> <li>▶ Policy on Nuisance, Harassment, and Antisocial Behaviour</li> <li>▶ Policy on Medication</li> <li>▶ Policy on Drugs</li> <li>▶ Code of Conduct for Staff</li> <li>▶ Policy on Data Protection</li> <li>▶ Single Equality, Diversity, and Inclusion Policy</li> <li>▶ Policy on Health &amp; Safety</li> <li>▶ Policy on Safeguarding Children and Young People</li> <li>▶ Policy on Adults at Risk</li> <li>▶ Brighton &amp; Hove City Council Housing Loss Protocol (2022)</li> <li>▶ Risk Management Procedures</li> </ul>

## 1. Introduction

### 1.1 Purpose of this Policy

YMCA Brighton provides high-quality, Psychologically Informed Environment (PIE) accommodation and personalised support to single homeless people in Brighton and Hove, including individuals who experience multiple and complex needs.

This **Homelessness Prevention and Support Intervention Policy** aims to:

- **Prevent or reduce housing loss** through eviction or abandonment.
- **Emphasise trauma-informed, psychologically informed, and restorative responses** to challenges, rather than formal warnings or evictions.
- **Centre Residents** in all planning, understanding that sustaining accommodation itself is a support need.
- **Collaborate** with Brighton & Hove City Council's Housing Loss Protocol (2022), local partners, and relevant support agencies to achieve and maintain positive outcomes for those we support.

### 1.2 Organisational Responsibilities

Board of Trustees / Leadership	Managers / Heads of Service	Frontline Staff	Residents
<ul style="list-style-type: none"><li>• Provide strategic oversight, ensuring this policy aligns with the organisation's mission and legal/regulatory requirements.</li><li>• Support resource allocation and staff training for effective policy implementation.</li></ul>	<ul style="list-style-type: none"><li>• Champion psychologically informed and trauma-informed approaches within teams.</li><li>• Oversee adherence to this policy, especially before escalating to warnings or evictions.</li><li>• Consult with the Head of Operations (or designated senior) prior to issuing final warnings or notices to quit (NTQ).</li></ul>	<ul style="list-style-type: none"><li>• Develop and maintain trusting relationships with Residents, responding to behaviour through a lens of trauma and psychological awareness.</li><li>• Proactively address triggers, risk factors, and support needs before issues escalate.</li><li>• Thoroughly record and reflect on incidents, decisions, and collaborative interventions.</li></ul>	<ul style="list-style-type: none"><li>• Collaborate with staff, sharing concerns or triggers early on.</li><li>• Engage with co-produced Support Intervention Plans (SIP), meetings (SIM), or referrals to external agencies as relevant.</li><li>• Inform staff about changes in circumstances (financial, health, personal) so that timely support can be put in place.</li></ul>

## 2. Guiding Principles

Below is a concise overview of the guiding principles for this policy. (Full details are contained in Appendix A)

- **Psychologically and Trauma-Informed Practice**

- *Recognise signs of trauma and its impact on behaviour.*
- *Adopt a compassionate, non-judgemental approach.*
- *Resist re-traumatisation by creating calm, consistent environments.*

- **Restorative and Relational Approaches**

- *Focus on repairing harm rather than applying punitive measures.*
- *Emphasise relationship-building and mutual understanding.*

- **Collaboration and Co-production**

- *Involve Residents in decisions about their housing, especially around challenging behaviour or conflict.*
- *Invite (with consent) external agencies, family, or peers to support them.*

- **Equality, Diversity, and Inclusion**

- *Acknowledge and accommodate diverse cultural, linguistic, and neurodiverse needs.*
- *Remain alert to the potential for unconscious bias and strive to ensure equity in how interventions are applied.*

- **Clarity, Accessibility and Communication**

- *Use simple, jargon-free language; adjust communication for individual needs (e.g., easy-read versions, interpreters, advocacy).*
- *Provide transparent information on rights, responsibilities, and possible interventions.*
- *Effective communication is essential for carrying out interventions (and reducing power imbalance). There is a growing understanding of the speech, language and communication needs of people accessing homelessness services, including recognising cognitive impairments*

*around language such as understanding, retention and verbal communication.*

- **Continuous Reflection and Learning**

- *Encourage staff to reflect on outcomes, successes, and areas for improvement (including capturing themes and patterns).*
- *Offer staff debriefing and supervision to maintain resilience and quality of care.*

### 3. Types of Homelessness Prevention Interventions

This section introduces the range of interventions YMCA Brighton may use when a Residents' behaviour or complexity of need poses challenges or potential risks for themselves, the community or toward staff.

The goal is to avoid formal sanctions (warnings, evictions) wherever possible, focusing instead on proactive, proportionate responses.

The table below offers an at-a-glance overview; subsequent sections detail when and how to apply each intervention.

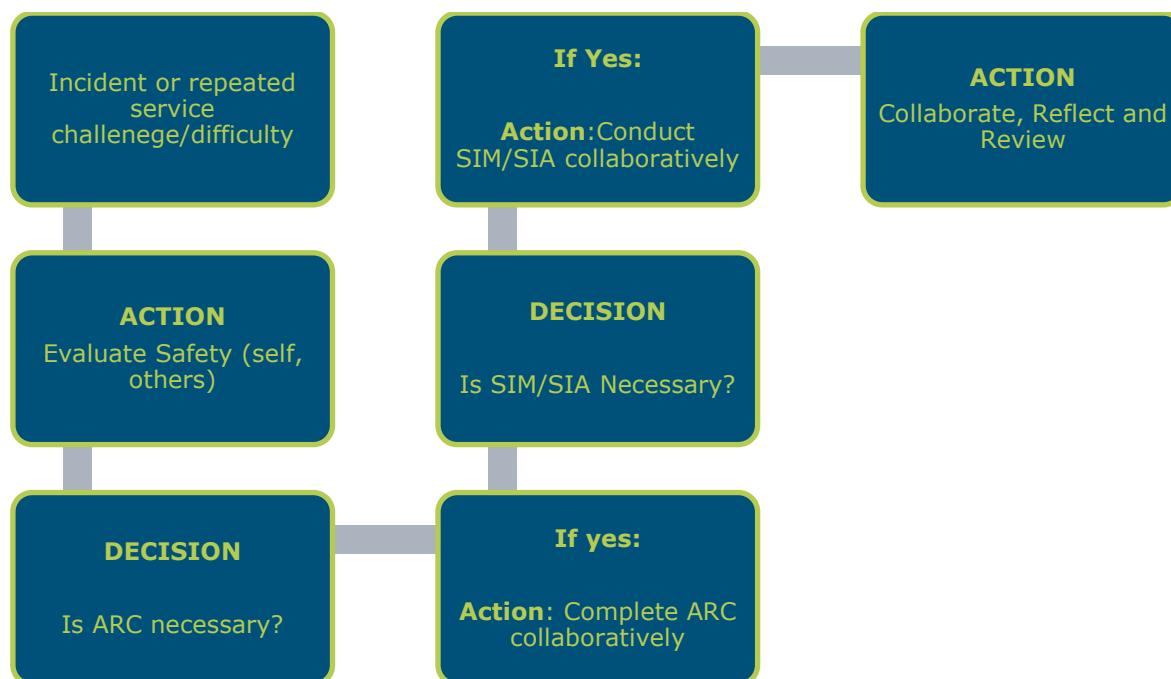
#### 3.1 Overview Table of Possible Interventions

Intervention	When To Consider	Potential Outcome
<b>Support Engagement / Key-working Only</b>	<i>Low-level issues or first-time incidents primarily linked to a support need.</i>	<i>Collaborative problem-solving, updated support plan, or signposting to external services.</i>
<b>Restorative Practice Approaches</b>	<i>Situations where harm has been caused, but the individual is willing to make amends or repair relationships.</i>	<i>Apology letters, restorative circles/conferences, agreements for future behaviour, or reparation action.</i>
<b>Multi-Agency Case Review</b>	<i>Where additional expertise or support is needed (e.g., mental health, substance misuse, probation).</i>	<i>Coordinated, holistic plan that addresses underlying issues and maintains the person in accommodation.</i>
<b>Sideways Move</b>	<i>Where alternative accommodation within YMCA or externally is more suited to the user's needs.</i>	<i>Minimises risk or conflict by placing the individual in a better-fitting service environment.</i>

Intervention	When To Consider	Potential Outcome
<b>Formal Warnings</b>	Repeated breaches or serious incidents after all reasonable alternative responses have been tried.	Official notice of unacceptable behaviour with clear conditions for improvement.
<b>Eviction/Notice to Quit</b>	Only when behaviour poses severe ongoing risk, or all other interventions have failed.	Ending of licence/tenancy (following YMCA Brighton's policy and relevant legal frameworks).  Integrate rent arrears management or benefit support into the ARC/SIM discussion.
<b>Rent Arrears &amp; Financial Challenges</b>	When service charge/Housing benefit arrears are deemed an imminent threat to placement ending/loss to housing	Aim to resolve benefit delays, consider discretionary housing payments, or re-arrange rent repayment plans before escalating to warnings or evictions.
<b>Alternative Response Checklist (ARC)</b>	Collaborative checklist created when the service has identified and concluded, after serious incident or repeated difficulties, that further collaborative preventative conversations (Support Intervention Meeting) and associated Support Intervention agreement (SIA) should be initiated, in order to prevent homelessness or reduce risk of harm.	Support Intervention Meeting initiated and associated agreements put in place to safeguard from further homelessness or harm
<b>Support Intervention Meeting (SIM)</b>	After it has been agreed by services that a collaborative meeting should take place in order to support positive change and prevent homelessness or further harm.	Support Intervention Agreement established with co-produced targets and goals
<b>Support Intervention Agreement (SIA)</b>	Conducted during SIM meeting to establish clear, sensitive and relevant expectations alongside Resident in order to prevent homelessness or further harm.	Repeated non-engagement with actions may lead to formal warning process

### 3.2 Homelessness Prevention Intervention Decision Pathways (Flow Chart)

Figure 1: Overall Homelessness Prevention Intervention Pathway



## 4. Proactive Homelessness Prevention Interventions

### 4.1 Early and Pro-Active intervention: Principles, aims and rationale

- **Prevention:** Prevent housing loss by addressing root causes of conflict and change early (financial, health, addiction, offending, interpersonal).
- **Relationships:** Build relationships from the start via a clear induction and creating an inclusive environment.
- **Comprehensive Documentation:** Ensure that referrals are fully complete and up to date, including any other relevant documentation such as support plans and associated risk/safety assessments.
- **Pre-Tenancy Discussions or visits:** Engage individuals in conversations about the environment and potential triggers before they move into the service. This preparation helps them manage difficult experiences and scenarios, and

also enables staff to inquire how individuals prefer staff to respond when they are distressed or exhibit challenging behaviour.

- **Early Meetings and Safety Plans:** We will conduct early meetings to discuss pertinent risk information. Once trust is built, complete a fuller/formalised safety plan with the individual. This plan should be collaborative and involve the residents' input on strategies to prevent potential tenancy, safety or relational issues.
- **Transparency and Responsibilities:** Provide clear, jargon free information to residents about their responsibilities, the conditions of their licence/tenancy agreement, the types of behaviours that may jeopardise their housing placement, and the supporting process to address issues. We will emphasise the collaborative nature of this process to engage those we support in maintaining their housing.
- **Positive Engagement:** We will focus support on proactive engagement to make accommodation something the Resident wants to keep. This includes ensuring support addresses the Resident base' wide and diverse needs, and help them adhere to the expectations of staying with us.
- **Additional Considerations:** We will expand on clear communication strategies, recognising the speech, language, and communication needs of people accessing our homelessness services. We will include or adapt pertinent documents for developing these strategies wherever possible and necessary, such as:
  - *Understanding speech, language and communication needs*
  - *Autism and homelessness*
  - *Brain injury and homelessness*

## **4.2 Specific Actions in relation to Pro-Active Homelessness Prevention Interventions**

- **Referrals & Welcome**

- Check that all referrals are complete, up to date and detailed. At move-in, hold a strength-based “safety plan” meeting to identify potential triggers.
- “Welcome Meeting” approach: clarify house “expectations” instead of “rules” to reduce power imbalances.

- **Support-Focused Induction**

- Ensure the Resident knows about rent responsibilities (avoiding arrears), behavioural expectations, the type of support they will receive (frequency, duration, specific processes such as welfare checks), the types of internal processes they may encounter (rent monitoring, H&S room checks etc), local support services, and how to contact staff and the service.
- Proactive Rent Arrears Support: Start the conversation about benefits or budgeting from day one.

- **Positive Relationship-Building**

- Encourage staff to engage informally (restorative, relational language) to build rapport.
- Promote family/friend/community links if safe and in line with user’s wishes—peer or volunteer involvement can strengthen support networks.

- **Collaboration**

- If complex needs become evident early within a residents’ stay, we will reach out early to relevant partner agencies (mental health, probation, safeguarding) for a joined up, specialist, partnership led approach.



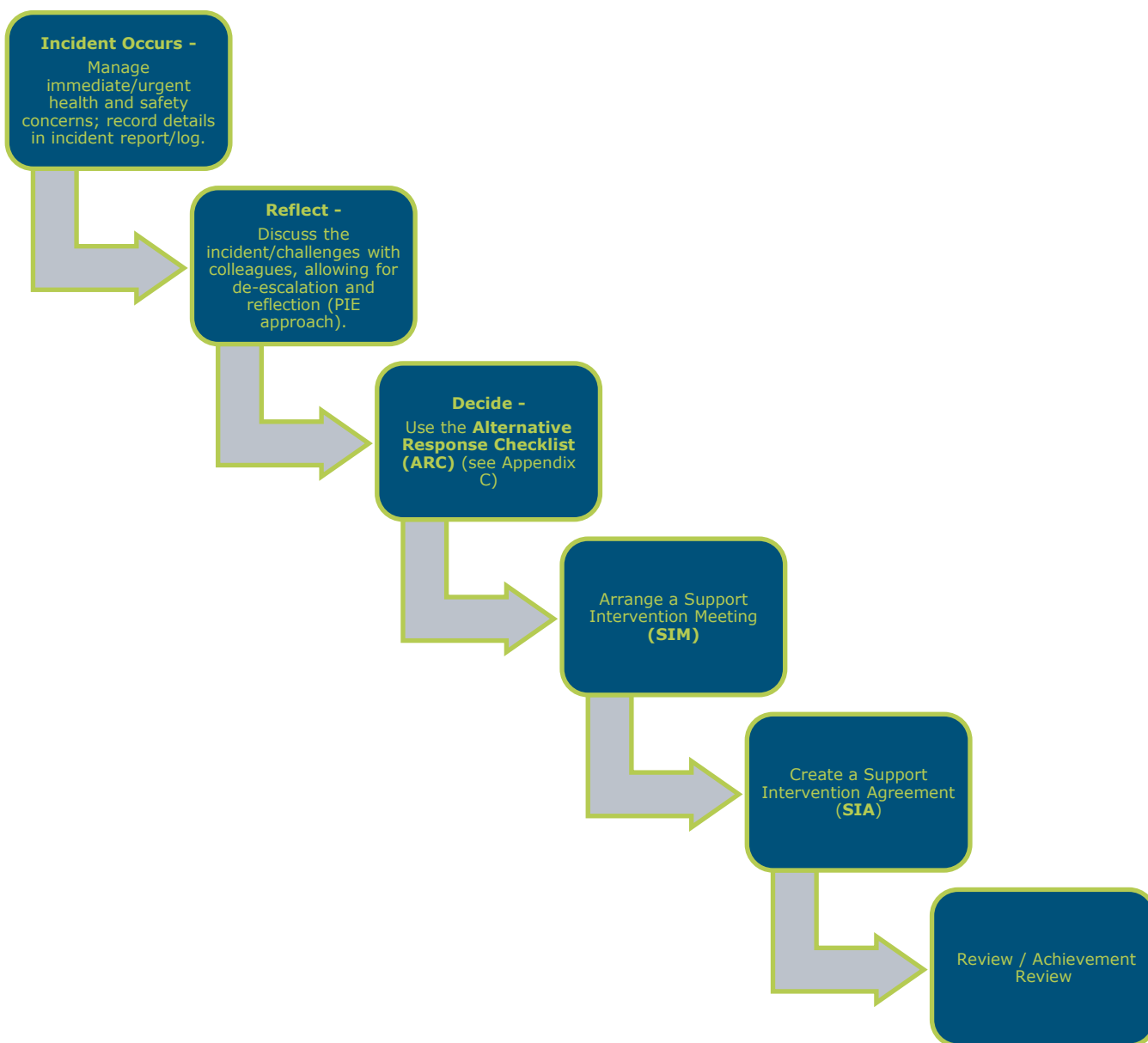
## 5. Reactive / Responsive Homelessness Prevention Support Interventions

### 5.1 Overall Approach

When incidents or repeated difficulties and challenges occur, the **default** is to handle these in a **trauma-informed and reflective** manner.

The service should only escalate to warnings or evictions if other interventions fail, or risk is deemed unmanageable after following the below process (wherever possible).

### 5.2 Decision Flow to support staff: ARC → SIM → SIA



### 5.3 Alternative Response Checklist (ARC)

The ARC ensures staff:

- Reflect on **context** (trauma history, triggers, staff approach).
- Consider if the behaviour is **primarily a support need**.
- Explore **creative responses** (restorative or partial sanctions, multi-agency help).
- Evaluate **risks** to the service and to the client if no action is taken.

A detailed and quality ARC should capture:

- Recording/capturing of client reflections on the challenge or incidents
- What existing support/safety plan is in place and how this relates to the incident
- Consider the incident from a physical safety perspective
- Consider the incident from a psychological safety perspective
- Consider the incident from an empowerment perspective
- Consideration of diverse needs

### 5.3 Support Intervention Meeting (SIM) & Support Intervention Agreement (SIA)

Where the ARC indicates further action is needed (e.g., a restorative approach, a formal warning, or possible eviction), arrange a Support Intervention Meeting (SIM) (Please see Appendix D)



#### **5.4 Co-Producing a Support Intervention Agreement (SIA) in the meeting**

- Co-produce the SIA with the Resident. Use accessible, non jargonistic language and highlight each party's roles and responsibilities.
- Update any relevant support/risk management plans accordingly internally, and ensure all staff are aware of the final agreed approach to promote a whole team approach and consistency, as we attempt to prevent housing loss.
- If the Resident does not attend, proceed with attempts to involve them creatively (e.g., phone, external worker) before issuing any formal sanction or action. Ensure that residents are fully informed about all potential support interventions, taking into account their communication needs.
- Adopt a collaborative approach by involving residents in the creation of a clear and mutually understood agreement, rather than a plan. This agreement should outline the responsibilities of both residents and staff to maintain safety.
- Ensure that key workers communicate the agreed actions to all team members to maintain consistent service delivery during incidents.
- Establish a clear process for disseminating this information within the organisation and to external partners if necessary and if appropriate consent has been granted.
- Prior to implementation, review and refine the Alternative Response Checklist to include considerations such as client reflections, existing support/safety plans, and the incident's impact on physical, psychological, and empowerment perspectives, as well as diverse needs.

## **5.5 Review / Achievement Review**

1. Schedule a follow-up (using Appendix D) to celebrate progress and review outstanding actions.
2. Reflect as a team on any lessons learned, noting how staff responses might be improved in future.

## **6. Managing Risk**

### **6.1 Immediate Safety Concerns**

If an incident poses imminent risk to staff, residents, or the wider community:

1. Take urgent action (e.g., call emergency services, de-escalate).
2. If safe to do so, temporarily separate the individual from the immediate situation if safe and feasible, whilst decisions are undertaken.
3. Document the actions taken and rationale.

### **6.2 Ongoing or Potential Risk**

- Update risk assessments and collaborate on safety plans to reflect emerging or increasing risks.
- Collaborate with external agencies for risk management (e.g., police, mental health crisis teams).
- Consider a multi-agency meeting if risk is significant but potentially manageable with additional support.

### **6.3 Criminal Activity**

If an incident involves or may constitute a serious criminal offence:

- Inform the police (especially for assault, hate crime, drug supply, or other offences endangering others).
- Communicate with commissioners or relevant external partners as needed.

- Continue to explore supportive solutions where appropriate (e.g., bail support, alternative accommodation).

Managers, staff and Residents must be clear on expectation and how to respond to criminal activity within their services, including when the police should be informed of incidents and severe boundary violations. These expectations should be explicitly detailed on both staff and Resident inductions into the service in order to both comply with statutory duty, but also to develop services and relationships that are trauma aware and psychologically informed via open and transparent sharing of information relevant to the lives of those we support, and to those who work in our services.

There is a balance to be struck between supporting Residents to modify their behaviour and involving the police, but providers should not attempt to resolve serious criminal issues unilaterally.

Behaviour that may warrant police involvement is:

- Drug supply and other activities under Section 8 of the Misuse of Drugs Act 1971
- Assault
- Racism and Hate Crimes
- Criminal Damage

## **6.4 Sanctions**

If all other homelessness prevention options have been explored, warnings, Notice to Quit or Notice Seeking Possession maybe be issued to a Resident. Please refer to the Policy on Warnings and Ending a Licence -Tenancy Agreement in these instances.

Final Warning and Notice to Quits should only be issued by the project manager and/or deputy managers and in every case discussed with the Head of Operations before any action is taken.

## 7. Temporary and Permanent Moves

YMCA Brighton are committed to managing all moves and transitions, whether temporary or permanent, planned or unplanned, with the utmost dignity and respect for our residents.

Our approach is rooted in trauma-informed and psychologically informed principles to ensure that every move is conducted with sensitivity and compassion, understanding the impact that change can have on those who have experienced Trauma.

### Guiding Principles

- **Respect and Dignity:** Every resident move will be managed with respect and consideration for their individual needs and circumstances.
- **Trauma-Informed Care:** Our staff are trained to recognise and respond to the signs of trauma, ensuring that the process of moving is handled in a way that avoids re-traumatisation.
- **Psychologically Informed Environment:** We create environments that promote emotional well-being, considering the psychological impact of change on our residents.
- **Clear Communication:** Residents will be fully informed about the reasons for their move, the process involved, and any support available to them throughout.
- **Support and Assistance:** We will provide comprehensive support to help residents transition smoothly, including emotional support, practical assistance, and access to relevant services.
- **Individualized Approach:** Each residents move is tailored to their specific needs, risks, and preferences, ensuring a Trauma- aware and person specific approach.
- **Collaboration:** We will work intensively with partner agencies, staff, and residents to coordinate moves effectively and ensure all stakeholders are involved appropriately in order to safeguard and provide continuing care.

## **7.1 Hospital or Prison**

When a Resident enters hospital or prison, the situation should be assessed on a case-by-case basis.

Staff must consider the Residents' needs carefully, while balancing the needs of potential new Residents on the waiting list for supported housing.

This assessment should involve:

- Gathering information from public services and associated partner agencies to understand the expected duration and impact of the hospital or prison stay.
- Maintaining clear and consistent communication with the Resident or their chosen advocates in order to keep them informed about their status and any further support options.
- Ensuring the Resident is aware of any changes in relation to their tenancy and service charge commitments and exploring whether these can be met through housing benefit, welfare benefits or other funding streams.

## **7.2 Hospital Admission**

When a Resident is admitted to hospital, consider the following:

- Whether the hospital stay duration is disproportionate to their expected length of stay in the service.
- The impact on the Residents' ability to meet tenancy and service charge commitments, and whether these can be met through welfare benefits or other funding sources.
- The service's capability to meet the Residents' needs upon discharge, considering mobility, access, and increased physical or mental health support.

## **7.3 Prison Admission**

When a Resident enters prison, consider the following:

- The likely prison stay duration and whether it is disproportionate to their expected length of stay in the service.

- The impact on the Residents' ability to meet rental and service charge commitments, and whether these can be met through welfare benefits or other funding sources.
- The nature of the offence and its impact on the service and other Residents, including how any issues could be managed upon release.
- Notifying Housing Benefit authorities about the situation.

Staff play a critical role in managing these situations by maintaining communication with public services and partner agencies, advocating for Resident needs, and ensuring benefits and support are appropriately managed throughout the period of planned or unplanned absence, with the aim of preventing homelessness.

Multi-agency meetings should be convened under the following specific circumstances:

- When transitions to or from the service are planned, especially for those leaving prison, hospital, or other institutional settings.

If the Resident is unable to attend the meeting, their views should be proactively sought and represented by a designated advocate, other partners involved in their care or family members, if given explicit consent.

## 7.4 Ending a Residents' Right to Occupy

Decisions to end a resident right to occupy should be made through a structured and transparent process with management input:

- **Assessment:** Conduct a thorough assessment of the reasons necessitating the termination, considering the impact on the Resident, their support network and other residents.
- **Consultation:** Wherever possible, hold a consultation meeting involving key stakeholders, including any social services, housing officers, and any other relevant stakeholder parties involved in the individuals care and support.
- **Notification:** Provide the resident with a clear written explanation of the decision, including the reasons for termination and the process followed.



- **Support:** Offer support to the resident in transitioning to alternative accommodation, ensuring that they are aware of their rights and available support services.

YMCA Brighton will manage these processes with sensitivity and respect, ensuring that all actions are documented meticulously.

## 7.5 Managing Endings

This section outlines the procedures for ending a license or tenancy agreement, and encourages staff to reference the Policy on Warnings and Ending a License-Tenancy Agreement in conjunction with this section of the policy.

## 7.6 Support:

Always offer support to the resident in transitioning to alternative accommodation or otherwise, ensuring they are aware of their rights and available support services.

- Identify who should lead the managing of support needs and transitioning these, the types of needs to be considered, and the actions to be undertaken.

**Documentation:** Manage these processes with sensitivity and respect, ensuring that all actions are documented meticulously and communicated using the below guide:

Scenario	Actions
Returning to rough sleeping	Contact CGL's Street Outreach Service and other relevant services. Provide support and details of planned sleep sites.
Staying with family/friend	Ensure access to medication, welfare services, and benefits. Provide necessary support and follow-ups.
Sideways move/re-referral to supported housing	Make full referrals to both Housing Options and the Supported Housing Panel. Coordinate with the Commissioning Team's Move on Coordinator.
Emergency accommodation	Provide details and support for accessing emergency accommodation if eligible.
Unmet care needs exceeding support	Refer for a package of care or review an existing care package before arranging the MDT meeting.

## **7.7 Support Management**

- Ensure the Resident is aware of their rights and available support services to them at the time of transition.
- Coordinate with already engaged support services to ensure continued support during the transition period.
- Address rent/service charge arrears by agreeing on revised payment plans or alternatives where applicable.
- Provide clear information on how the Resident can be supported back into YMCA accommodation if they would like to return.
- Document all actions and communications, making them available to Commissioners on request.

## **7.8 Unplanned Moves and Endings**

### **1. Multi-Agency Planning**

- Involve relevant services (e.g., outreach, day centres) early if an eviction or unplanned move is likely.
- Encourage any solution that avoids homelessness wherever possible.

### **2. Communication**

- Clearly explain to the Resident the reasons for a possible ending, what would need to change for re-referral in the future, and what support is available if they leave.

### **3. Immediate Evictions**

- Staff should aim to avoid ending a licence/tenancy at weekends or bank holidays, unless safety is at risk.
- If an immediate eviction is unavoidable, ensure staff provide advice on local services and attempt contact with outreach/homelessness services to safeguard the individual from further harm and trauma caused due to losing accommodation.

- The only exception to this is if the risks are perceived as too high for the service to contain in which case the police may need to be contacted if a criminal sanction is appropriate.
- Wherever possible/practicable, risk management must be considered to allow someone to remain accommodated until services re-open on Monday - options include increased cover staff, the use of security staff, manager/senior on call arrangements etc.

Where a Resident has been asked to leave the project immediately or within a very short time frame the following must happen:

<b>Step</b>	<b>Action</b>
1	Resident Asked to Leave
2	Provide referral details to BHCC and CGL SOS Team, including planned sleep sites and event details
3	Opportunity for CGL's SOS to meet the Resident before departure
4	Referral copies to Housing Options & Supported Housing Panel, including updated risk assessment/safety plan
5	Provide welfare service access advice: SOS, First Base Day Centre, welfare benefits, medication, and support services (face-to-face if safe, otherwise in writing)
6	Inform support services and provide contact details given by the Resident
7	Document actions in case file for Commissioners

## **8. Organisational Reflection and Review**

### **8.1 Capturing Data and Trends**

- Managers must record all incidents, interventions, and outcomes (including every time ARC and SIM are used).
- Regularly review patterns (e.g., repeated issues with the same triggers, repeated rent arrears, incidents in a specific project location).

### **8.2 Staff Debrief and Support**

- Team debriefs after serious incidents to share learning, support staff welfare, and identify improvements.
- Supervision and reflective practice sessions enable staff to integrate trauma-informed approaches continually.

### **8.3 Policy Review**

- The policy should be reviewed at least every 2 years or sooner if significant changes in legislation, commissioning requirements, or identified best practice arise.
- Involve Residents and staff in co-producing updates, gathering feedback on what works well.

## 9. Appendices

### Appendix A: Expanded Guiding Principles – Rationale and Evidence

YMCA Brighton's Homelessness Prevention and Support Policy reflects national best practice and also draws on national and international research, showing that specific approaches lead to better outcomes for people who have experienced homelessness, trauma, or complex needs.

Below we discuss the six guiding principles in detail, presenting the data, research, and practice evidence that have informed YMCA Brighton's focus and approach.

#### 9.1 Psychologically and Trauma-Informed Practice

A psychologically informed environment (PIE) recognises that many people accessing homeless services have histories of trauma, adverse childhood experiences (ACEs), and/or multiple complex needs. Trauma-informed care (TIC) means staff actively look for and respond to signs of trauma, aiming to avoid re-traumatisation by fostering safety, trust, choice, collaboration, and empowerment.

#### Why YMCA Brighton Uses It

**High prevalence of trauma among homeless individuals:** Research by the Department for Communities and Local Government (DCLG, 2012) found that people experiencing homelessness often report disproportionately high rates of childhood abuse, neglect, and/or traumatic events.

**Improved engagement and outcomes:** Evidence from Homeless Link (2024) shows that services adopting PIE/TIC approaches see higher rates of sustained tenancies, better mental health outcomes, and reduced evictions.

**Better Staff-Resident relationships:** Trauma-informed practice helps staff understand that challenging behaviours often reflect underlying trauma or unmet needs, rather than the perception of 'non-engagement'.

## Key Data Points

- 70–80% of individuals in supported housing services may have experienced multiple ACEs (Homeless Link, 2024).
- Services employing trauma-informed strategies often see a significant drop in eviction rates (No One Left Out, 2015).

## 9.2 Restorative and Relational Approaches

Restorative practice focuses on repairing harm rather than assigning punishment. Relational approaches view trust and connection as central to promoting change and resilience. Methods can include mediation, written apologies, restorative circles, or conferencing.

### Why YMCA Brighton Uses It

- **Efficacy in reducing conflict and repeat harm:** The Restorative Justice Council (2015) found that restorative interventions can reduce reoffending and build stronger community ties by involving all parties in solution-focused dialogue.
- **Alignment with “Restorative City” goals:** Brighton & Hove Community Safety Partnership endorses restorative principles to address conflict, build empathy, and reduce antisocial behaviour.
- **Enhances psychosocial well-being:** Relational approaches acknowledge each person’s need for connection and belonging, creating a supportive atmosphere that can encourage behavioural change without heavy reliance on sanctions.

## Key Data Points

- Restorative approaches can reduce reoffending by up to 14–27% in justice settings (Restorative Justice Council meta-analyses).
- People who experience a relational response when in crisis are more likely to remain engaged with the service and work on underlying issues (Homeless Link, 2024).

### 9.3 Collaboration and Co-production

Collaboration across different agencies—health, social care, probation, mental health—and co-production with Residents ensures that all voices (especially those of individuals with lived experience) shape decisions. Co-production goes beyond consultation; it means joint ownership of problems and solutions.

#### Why YMCA Brighton Uses It

- **Complex needs require multi-agency expertise:** A single service often cannot address every factor contributing to homelessness (mental health, finances, family breakdown, substance misuse). Cross-sector working avoids gaps.
- **Better engagement and tailored solutions:** Involving Residents in designing interventions leads to higher trust, improved motivation, and stronger commitment to sustaining their accommodation.
- **National best practice:** Government and sector-wide guidance (e.g., Lankelly Chase reports, Homeless Link’s co-production toolkit) consistently advocate for user involvement and integrated support to achieve lasting outcomes.

#### Key Data Points

- 85% of supported housing providers in a 2021 Homeless Link survey reported that multi-agency collaboration was “vital” to reducing unplanned exits and evictions.
- Co-production efforts can increase project satisfaction and reduce Staff-Resident conflict (Homeless Link, 2024).

### 9.4. Equality, Diversity, and Inclusion (EDI)

EDI ensures that all Residents, regardless of background or identity, have equal access to support, feel respected, and can participate fully in shaping their environment. This may involve adapting policies and communication for linguistic differences, disabilities, neurodiversity, or cultural considerations.

## Why YMCA Brighton Uses It

- **Overrepresentation of minority groups in homelessness:** Data from Crisis (2022) and Shelter frequently highlights that people from Black, Asian, and minority ethnic backgrounds and/or LGBTQ+ communities are disproportionately affected by homelessness.
- **Neurodiversity and communication needs:** Evidence suggests a significant percentage of homeless individuals have communication impairments, learning disabilities, or autism spectrum conditions that traditional 'one-size-fits-all' responses may miss.
- **Legal and moral imperative:** The Equality Act 2010 mandates reasonable adjustments and non-discriminatory practice.

## Key Data Points

- People with undiagnosed or unaddressed communication needs are more likely to disengage from services or breach tenancy conditions (Royal College of Speech and Language, 2019).
- Embedding EDI principles in policy fosters trust and safety, reducing barriers to accessing support (Shelter, 2021).

## 9.5 Clarity and Accessibility

Clarity and accessibility focus on plain language, visual supports, and open, jargon-free communication. This includes ensuring staff check Residents' understanding of guidelines, expectations, responsibilities, and available support.

## Why YMCA Brighton Uses It

- **Common communication barriers:** A high proportion of people in homelessness services may have literacy difficulties, cognitive impairment, or English as a second language.



- **Prevents misunderstandings/conflict:** Many disputes or tenancy breaches stem from unclear communication about what is expected, or how to seek help.
- **Supports trauma-informed practice:** People who have experienced trauma may feel overwhelmed by formal or complex processes; simplifying language can reduce anxiety and confusion.

## Key Data Points

- Homeless Link (2019) found that up to 70% of homeless Residents surveyed had either limited literacy or an unmet communication need.
- Improved clarity in support plans significantly increases user engagement in at least two-thirds of cases (Homeless Link, 2024).

## 9.6 Continuous Reflection and Learning

A systematic process of reviewing practice, learning from incidents, and adapting policies or approaches as needed. This includes staff debriefings, training, team supervision, and data analysis.

### Why YMCA Brighton Uses It

- **Reduces repeated unhelpful patterns:** By regularly reflecting on escalations, staff can identify triggers or environmental issues that lead to conflict.
- **Staff wellbeing:** High stress and burnout are common in homelessness services; reflective practice and debriefing help manage secondary trauma and maintain staff resilience, in turn improving outcomes for those we support.
- **Quality improvement:** Data-driven reflection ensures updates in policy/practice are evidence-based rather than reactive or anecdotal.

## **Key Data Points**

- Services that conduct regular staff debriefs show lower turnover and improved consistency of service delivery (No One Left Out, 2015).
- Ongoing training and reflection can decrease unplanned evictions by up to 25%, according to multi-year analyses from national housing providers (Homeless Link, 2024).

## **Summary of Guiding Principles**

By embedding all six principles, YMCA Brighton aligns with evidence-based good practice. This re-enforces our commitment to:

1. Reduced Evictions and Abandonments.
2. Greater Engagement by Residents, leading to more stable tenancies.
3. Improved Wellbeing for both residents and staff, promoting a safer community environment.
4. Compliance with legal frameworks (Equality Act 2010, safeguarding, commissioning requirements).
5. Alignment with the Brighton & Hove "Restorative City" vision and national sector standards (Homeless Link, DCLG, etc.).

These principles underscore every aspect of the Homelessness Prevention and Support Policy, from Initial Referrals/Induction, to incident response and ongoing reflection, ensuring YMCA Brighton's approach is compassionate, equitable, and grounded in the latest evidence on homelessness support.

## Appendix B– Types of Restorative Practice Interventions

The types of interventions used include:

### **Restorative conferences:**

Bringing together into one space the people involved in a conflict situation such as the people harmed and the people that caused harm (often a mixture of both) to share their experiences of the situation and to hear of the experiences of others with the intention of it helping everyone involved to move on;

### **Impact statements:**

The person harmed may write an impact statement of how a conflict situation affected them and then it is shared with the person that caused harm;

### **Apology letter:**

The person who caused harm may write an apology letter to the person that they caused harm to so that they can see there is genuine remorse about what happened;

### **Restorative circles:**

These circles remove all existing power or hierarchy structures and place every person in the circle with an equal footing. They can be used by staff teams, residents, etc. and provide a space for each person to listen and to speak.

## Appendix C – Alternative Response Checklist (ARC)

Client Name:	
Does the resident have any specific (communication, cultural needs, emotional, neurological etc) that may have either led to the incident/challenge or may impact their ability to undertake any resulting actions or expectations? (If yes, please detail)	
Staff involved in ARC:	
<b>Reflection</b>	<b>Notes</b>
What is staff perspective of the challenge or specific incident?	
What is the resident perspective on the challenge or incident?	
What are the considerations around safety (Physical, Psychological, Emotional) that have arisen from this challenge or incident to the resident themselves, other residents, staff and visitors/stakeholders/members of the public	
<b>Factors affecting the response</b>	<b>Notes</b>
Does our planned response have the potential to re-traumatise via highlighting unhelpful service power dynamics (warnings/evictions)? If so, please detail how this can be addressed.	
Can the issues/behaviours be resolved through discussion only? (If yes, support only may be the best option)	
Is the issues/behaviour primarily a support need? (If yes, support only may be the best option)	
What support can be offered?	
Would we evict if there was a repeat? (If no, look at alternatives to warnings / eviction)	
What other motivation could work for this client?	
Has this happened before?	
Is there a continued threat?	
Can a combination of responses be used, or an option put to the client?	

<b>Risks</b>		
	<b>Risks to Service</b>	<b>Risk to client</b>
If a warning / eviction is issued?		
If a warning / eviction is not issued?		
<b>The Response</b>	<b>Notes</b>	
What response is recommended?		
<b>Next</b>		
Now set up a Support Intervention meeting using the information in this ARC.		

## Appendix D: Support Intervention Meeting (SIM) / Support Action Plan & Review

- Be aware that neurodiversity issues may impact on a Resident understanding this process due to language or other issues.
- In the interests of a PIE approach, it may be necessary to be less formal and dispense with a document.
- Please ensure that no 'shaming' or 'labelling' of the Resident occurs and that the process is a two-way learning process and that the service may need to implement changes.
- Please also make room for joint reflection and ensure that the meeting takes place in a neutral space.
- Ensure that the Resident has access to an agency/person as support.

Support Intervention Meeting	
Date	
Name of Resident	
Staff Member(s) Present	
External Partners Present	
Event Leading to SIM	
<b>Resident feedback</b>	
What happened?	
What led to the event?	
What could people involved have done differently?	
How am I feeling?	
Who has been affected – In what way?	
What needs to happen now?	
What support do I need?	
<b>Staff feedback</b>	
What happened?	
What led to the event?	
What could people involved have done differently?	
How am I feeling?	
Who has been affected – In what way?	
What needs to happen now?	
What support can staff give?	
Any changes to the service needed?	

<b>External partner feedback</b>		
What do I think you should do?		
What can I do to support you?		
<b>Co-Produced Agreement</b>		
<i>Action:</i>	<i>Proposed Achievement Date:</i>	<i>Support available from:</i>
1.		
2.		
3.		
4.		
5.		
6.		
<b>Next steps</b>		
Possible consequences of not following the support plan?		
Review date		
<b>Signed</b>		
Resident		
Staff		
External partner		
<b>Agreement Achievement Review</b>		
Date		
Name of Resident		
Staff Member(s) Present		
External Partners Present		
Resident feedback		
Staff feedback		
External partner feedback		
<b>Follow up agreements (if required)</b>		
<i>Action:</i>	<i>Proposed Achievement Date:</i>	<i>Support available from:</i>
1.		
2.		
3.		
4.		
<b>Next steps</b>		
Possible consequences of not following the support plan		
Review date		
Signed		
Resident		

Staff	
External partner	