

The YMCA logo is rendered in a bold, blocky, grey font. It is positioned at the top center of the page, set against a background of overlapping, semi-transparent geometric shapes in various colors including pink, yellow, green, blue, and red.

YMCA

**SUPPORT PATHWAY
(RISK, NEEDS & SUPPORT PLANNING)
POLICY & PROCEDURE**

Effective from:

25 November 2024

APPLICATION OF THIS DOCUMENT

This document sets out YMCA St Paul's Group's Support Pathway which aims to enable all residents and tenants of the Charity to thrive and eventually live independently within their communities. This is achieved by providing a tailored set of support services and opportunities for increasing self-reliance.

The support pathway outlined within this document also sets out our obligation of being a Supported and Exempt Accommodation Provider.

This Policy applies to all legal entities within the Group.

1. Policy Statement

The aim of this policy is to set out the Charity's core Support Pathway which will:

- 1.1 Ensure the services (accommodation and support) we offer are fully aligned with the core aims of the Charity.
- 1.2 Adopt a standardised support framework (Outcomes Star) to map and measure the progress made by the people we work with and the effectiveness of the services we deliver. The Support Pathway is set out in Appendix A and the Outcomes Star model in Appendix B.
- 1.3 Optimise our accommodation configuration and organisational design to maximise the accommodation capacity, and resources available to be able to support as many people as possible.
- 1.4 Be collaborative with both resident and housing staff involvement.

2. Objectives

We will ensure that:

- 2.1 Our residents receive an assessment of their support needs and any associated risks.
- 2.2 Our residents have individually tailored, up-to-date and regularly reviewed outcome stars, goals and risk assessments, and if required risk management plans.
- 2.3 Our Support Pathway and associated assessment and support planning procedures are managed by skilled and well-trained staff, place residents' views at the centre and involve other professionals and/ or carers as appropriate.

3. Definitions

- 3.1 **The Charity:** YMCA St. Paul's Group and all legal entities within the Group
- 3.2 **Applicant:** a person seeking accommodation with/ supported by the Charity
- 3.3 **Support Pathway:** sets out a clear pathway from initial referral to planned move on
- 3.4 **Outcomes Star:** a standardised support framework

3.5 **Inform:** the housing management system used to record all assessments and support records.

4. Scope of Service Offer

4.1 The scope of the Service Offer for the Support Pathway will address all aspects of the challenges a resident may face and the support needs of the individual, and will reflect the ten strands of the Outcomes Star:

1. Where I am living
2. Caring for myself & my space
3. My money
4. Friends and relationships
5. My health
6. My well-being
7. How I spend my time
8. Alcohol and drugs
9. Safety and crime
10. Trust and hope

4.2 An individual may need support in one, many or all of these services, which will be delivered in association with an offer of accommodation, or on a floating support basis, either at a YMCA St Paul's Group scheme, or where the young person is living or residing (this applies to Supported Lodgings for example).

5. Referral and Acceptance Criteria

5.1 The Charity will work with individual Local Authorities and other referral agencies to establish a referral process for identifying people who would benefit from following the YMCA St Paul's Group Support Pathway. The Support Pathway will reflect the core mission of the YMCA to support people to thrive and flourish in the community independently.

5.2 The acceptance criteria may include:

- ▶ Mild learning difficulties
- ▶ Mental health conditions (low risk)
- ▶ Physical disabilities which do not preclude access to the facilities offered to them
- ▶ A history of non-violent drug or alcohol abuse
- ▶ Criminal records and are on probation
- ▶ HIV/epilepsy or other physical illness
- ▶ Unaccompanied asylum seekers
- ▶ Refugees
- ▶ Pregnant (up to 36 weeks gestation)
- ▶ Homeless
- ▶ Mothers and babies (specific to our mother and baby units)
- ▶ Are eligible to be supported via a Local Authority Support Contract, such as Social Services, Homelessness Prevention Team and Housing Solutions

6. Initial Referral

- 6.1 The Charity will ask applicants/external agencies on behalf of applicants to complete an online referral form as part of the process which will help determine the applicant’s support needs, and to assess the level of risk they pose to themselves or others within the YMCA community. Once an online referral form has been completed the applicant will automatically be added to our housing management system ‘Inform’.
- 6.2 Staff utilise ‘Inform’ to collate and complete all support pathway documents. Hard copy documents are no longer in use, however if an applicant / resident wishes to receive a hard copy print out of their documentation, then this can be printed and given to them.

7. Applicant Risk Assessment

- 7.1 An applicant risk assessment is carried out with the applicant at interview stage.
- 7.2 Comprehensive and reliable information is the basis for all risk assessments and for making an informed decision. We do not use risk assessments to inappropriately exclude residents, but residents can only be accepted into the service when a comprehensive applicant risk assessment has been carried out and we are sure that we can safely manage any identified risks for the protection of the resident themselves, other residents, staff, and the wider community.
- 7.3 A risk management plan for each risk assessed at a moderate to high level of risk must be collaboratively discussed and documented between the applicant and support worker. This plan must detail agreed strategies to minimise and safeguard against increased risk.
- 7.4 Applicants who were interviewed more than a month before moving in, will require a new applicant risk assessment prior to moving in and risk management plan if appropriate.

The completed Applicant Risk Assessment and Risk Management Plan must be approved by the relevant housing manager or coordinator before an applicant is able to move in.

8. Ladder of Change (Outcomes Star)

- 8.1 The journey to self-reliance that residents will embark on will be mapped against the Outcomes Star Ladder of Change.
- 8.2 The ladder has ten steps, characterised as the resident being:

Stuck (Steps 1 and 2)	Don't have the help they need or not yet ready to engage with it
Getting Help (Steps 3 and 4)	Realising things need to change and getting help some of the time
Believing and Trying (Steps 5 and 6)	Looking forward and believing that things can improve and trying new ways of doing things for themselves with support
Finding what works (Steps 7 and 8)	Finding what works for them and have support to stay on track
Self-reliant (Steps 9 and 10)	Starting to manage without support from the service

8.3 Residents will start on different steps of the ladder for each of the strands of the Service Offer they are being supported on, progress at different speeds, and get off the ladder at different steps. Whilst this is a relatively simplistic approach to mapping what are in reality very complex problems, it provides a framework on which to measure progress and outcomes achieved by the resident and also the effectiveness of the service.

9. Support Planning

9.1 An initial Outcomes Star, to ascertain a starting point on the Ladder of Change, is to be completed with the resident within the first month of residency (under 18's must be completed within 14 days).

9.2 Following the Outcomes Star, goals will be developed which identifies the objectives and goals set by the resident with support from their Housing and Support Officer, therefore offering a Person-Centred collaborative approach.

9.3 Input from other key professionals, such as Social Worker, Medical Professional, Probation Officer, can be drawn upon to support the formulation of objectives and goals. Staff must always seek residents' permission to share personal information unless prior authorisation has been permitted.

9.4 When allocating a Housing and Support Officer to a resident, we will aim to meet the preferences and needs of the resident when requested, where possible. For example, someone from a similar ethnic background/ sexuality or gender etc. or if there are any interpreting needs.

9.5 Our residents are wholly and integrally involved with the assessment and support planning/ risk management process and are viewed as the experts on their own circumstances. However, support staff may utilise assessing skills and motivational interviewing techniques to prompt, appropriately challenge, motivate, and explore support options and objectives, and goal setting with residents.

9.6 A tailored package of support will be drawn from across the services and programmes offered by the Charity and will be augmented with third-party support as required. If a resident is not registered with a GP, Dentist or Opticians, or other required healthcare professional, the support staff must support registration with the required professional service as soon as practicably possible. The mix of services delivered to a person will be drawn from the following YMCA service strands:

- ▶ Housing, Care and Support
- ▶ Education and training
- ▶ Health and Wellbeing
- ▶ Family & Youth work

9.7 The support offered to a person at any point in time will be specific to the step of the Ladder of Change that they are currently on and will help prepare them to move up to the next step of the ladder.

- 9.8 Information on services offered, including Chaplaincy, 1-1 support, 1-1 counselling, progression team, youth work, health & wellbeing, will be given to residents at the induction stage and throughout support sessions.
- 9.9 Support staff are to encourage residents to engage with the progression team throughout their stay, as to benefit engagement with all key internal support services, and links with external services, such as Employment, Training and Education (ETE) opportunities, health and wellbeing and move on.

10. Rolling Assessment of Needs and Risks

- 10.1 A rolling review of progress against the outcome star, goals set, and risk assessment will be undertaken every four to six weeks, or when circumstances change, or in response to an incident. This will be done by completing a Support Review Meeting within Inform. A formal Outcome Star and Risk Assessment review will be carried out every 12 weeks. Ensuring that residents' defined goals are reviewed and updated, and appropriately challenged and encouraged regularly, is integral to their progression.
- 10.2 Changes of circumstances will be reflected on the Outcomes Star. It is vital that the risk assessment and risk management plan are updated immediately following a serious incident, ASB incident, safeguarding alert, in conjunction with follow up action points that will be documented on Inform. Please refer to our Inform process/ user guide, which can be found on the Housing, Care and Support intranet section and specifically details guidance on the processes and timeframes for such reporting.
- 10.3 If a resident is resistant to engage with their support worker in support planning and/or risk management sessions, staff must discuss this with the relevant Housing Manager as soon as possible. Appropriate action, in-line with the Tenure Management Policy and Tenancy Agreement should be taken.
- 10.4 Support staff must make every effort to engage with and support residents, in an understanding and compassionate way, with awareness of the presenting issues that can be projected or play out with associated lifestyle and past traumas. Every opportunity will be offered to residents to engage in support, prior to potential eviction for non-compliance with support.
- 10.5 The active management and progress made by each resident will be a key measure of success of the Support Pathway.

11. Accommodation Pathway

- 11.1 The Accommodation Pathway followed by residents of the Charity is very closely linked to their Support Pathway and is based upon:
- ▶ A Tenure Management Policy & Procedure that provides flexible, time-limited occupancy agreements that support a pathway to independence as rapidly as possible
 - ▶ A Referrals, Assessments and Allocations Policy and Procedure that reflects the entry criteria of the Support Pathway and maximises the number of units let within them
 - ▶ A Resettlement Policy setting out a pipeline of Move-on and Resettlement options that enable residents to move along the pathway at the optimum speed.

12. Accommodation Ladder

12.1 The Accommodation Ladder enables the definition of a potential pathway that leads towards independent living and is aligned with the overarching core Support Pathway. Not all of the Charity’s projects offer the types of accommodation outlined below, so this section should be used as a guide towards encouraging residents to consider potential move on options:

Step 1	Hostel-based shared-accommodation and support services (catering etc.)
Step 2	Hostel-based self-contained accommodation with lower-level support
Step 3	Hostel-environment or remote semi-independent living
Step 4	Independent accommodation (tenancy)

12.2 To support the above, the terms of the Referrals, Assessments, and Allocations Policy ensure that:

- ▶ The most appropriate occupancy agreement (licence or tenancy) is used to let accommodation at each step on the ladder
- ▶ The terms of each occupancy agreement reflect the temporary nature of the accommodation offered and the goal to support as many people as possible into sustained independent living. The duration of the temporary accommodation tenancies we offer is two years maximum.

13. Move-on and Resettlement

13.1 The availability of a range of move-on and resettlement opportunities and the management of the process will be key to the overall success of the Support Pathway, and will enable a steady flow of support recipients through the service:

- ▶ The scope of move on and resettlement pathway application must develop through a collaborative awareness and goal setting and effort between support staff and resident. This process should begin as soon as a resident is ready and no later than 12 months into a residency to enable a year period of exploring and defining accessible move on options. This process will develop capacity within the move-on and resettlement offer and manage individual residents through the process as they approach the point of being ready to move-on. Key professionals involved in the resident’s welfare may support move on planning.
- ▶ Work with partners to deliver more nomination rights and explore flexible solutions (shared accommodation, cross-generational living etc.).
- ▶ Create and explore internal and external initiatives to secure funds to support residents to move on (deposit, loans etc., into the Private Rented Sector). A realistic approach to move on into PRS, must be addressed and discussed with the resident at all stages of the move on process, and all opportunities to prepare residents for independent living, through support planning must be delivered.
- ▶ Funding may come from various sources, such as Leaving Care Grants or external agency donations.

13.2 Enabling residents to move-on as soon as they are ready will be a key measure of success of the Support Pathway. This will in turn increase the throughput of the service, another key measure of success.

- 13.1 **Move On Follow Up:** In some projects the Charity offers a follow-up service once the resident has moved out. We will monitor progress of the resident over a two-year period.

These checks will:

- ▶ Ensure that the level of independent living and self-reliance achieved is being maintained
- ▶ Provide remedial support and advice where needed, and
- ▶ Assess the effectiveness of the service delivered

- 13.2 Sustainment of independent living and self-reliance will be a key measure of success of the Support Pathway.

14. Data Protection and Information Sharing

- 14.1 Assessments, support plans, risk assessments and all relevant resident information are securely documented and stored on the housing management system, Inform. Records are accessible to relevant staff only and the resident.

- 14.2 We will share relevant information with appropriate agencies in line with the most current legislation that governs when and how we can share personal information.

15. Equality and Diversity

- 15.1 We are committed to treating everyone fairly and will act sensitively towards the diverse needs of individuals and communities and will take positive action where appropriate.

- 15.2 We make appropriate arrangements where necessary to ensure that residents and applicants with distinct communication needs are not unreasonably and disproportionately affected. This could involve providing communications in alternative languages or formats or providing interpretative or transcription assistance where appropriate.

- 15.3 Residents may have experience of previous negative support services, which could be a barrier to their engagement. This should not be prejudiced against, and every effort must be made to engage residents in an understanding, professionally caring and compassionate way.

16. Staff Training

- 16.1 We provide staff with support and training in delivering the Support Pathway.

- 16.2 There is a range of staff training targeted to meet the needs of residents being supported and staff are committed to ongoing professional development.

- 16.3 If you are unsure about any aspect of the Support Pathway, please speak to your line manager who will support your query with relevant information, coaching and further training.

- 16.4 We aim to refresh Support Pathway training regularly.

17. Monitoring of the Support Pathway Policy

- 17.1 We will routinely monitor our performance in implementing this policy and report outcomes to the Executive Team and Performance Committee regularly.
- 17.2 We will enable residents to scrutinise performance of the Support Pathway Policy and will act upon recommendations about how performance might be improved.

18. Review of the Support Pathway Policy

- 18.1 We will review our policy every two years to ensure that it is effective and complies with current legislation and good practice.
- 18.2 As an integral part of the review process we will engage with residents in the formulation of the Support Pathway policy, in setting strategic priorities and service standards.
- 18.3 We will conduct regular contentment surveys with new, current and former residents to seek feedback.

APPENDICES

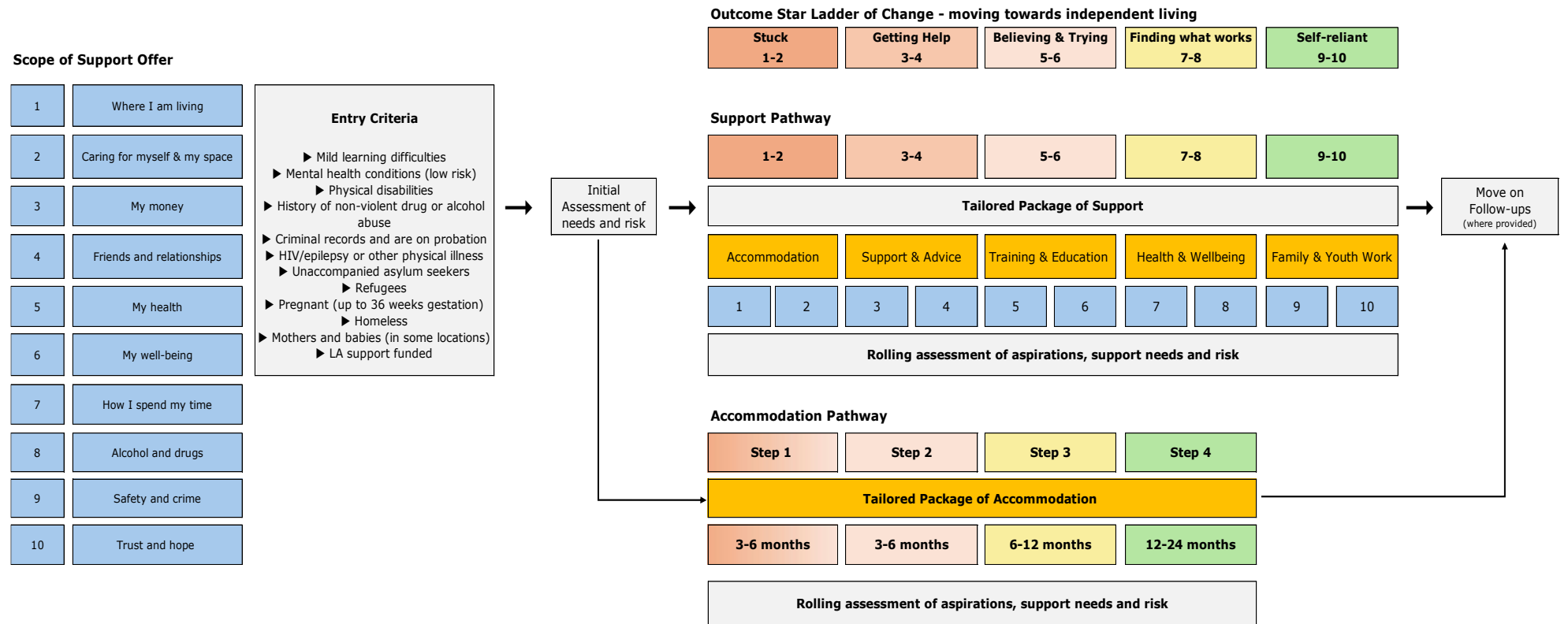
Appendix A Support Pathway

Appendix B Outcomes Star

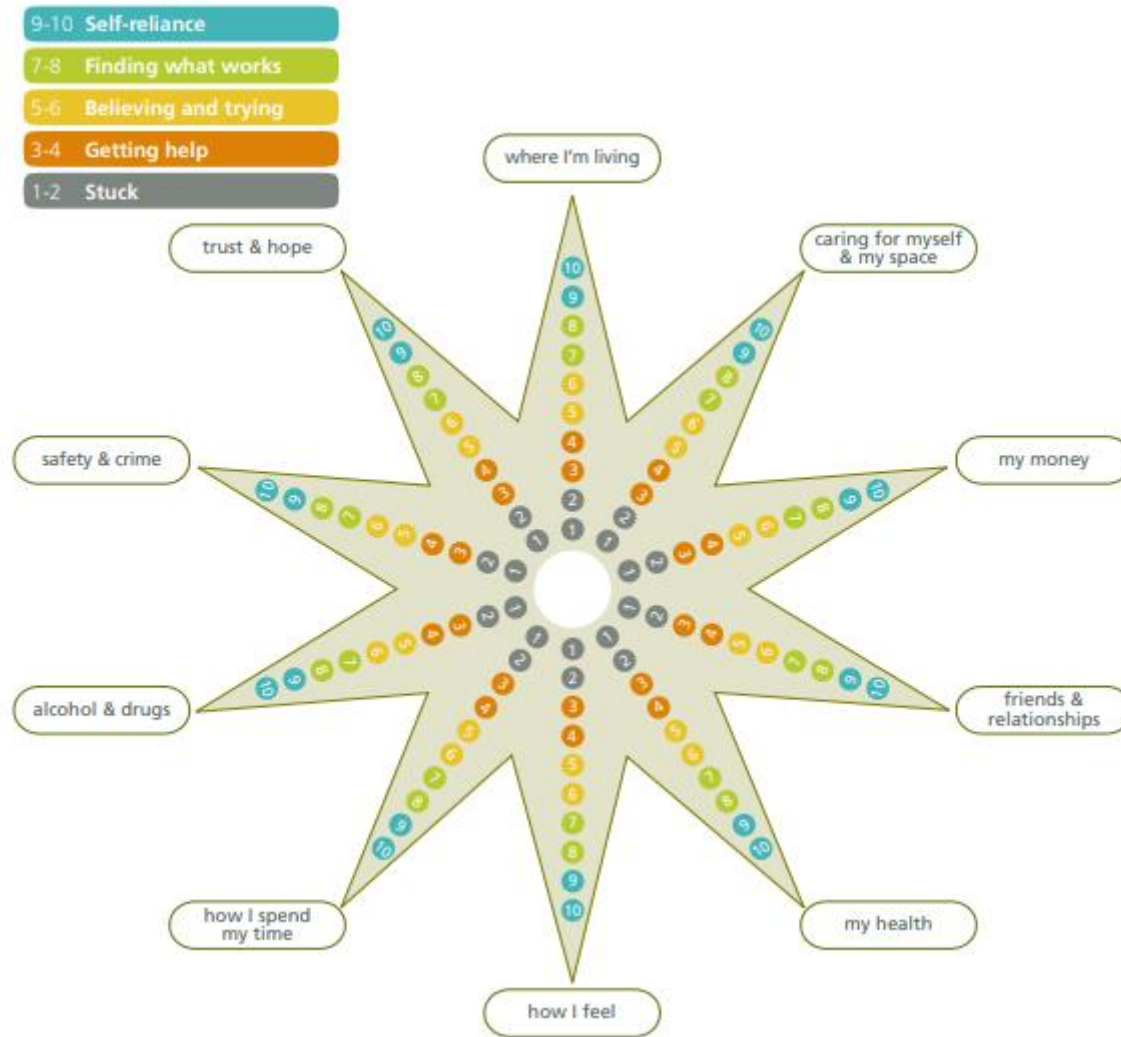
Appendix C Risk, Needs & Support Planning Process & Guidance

Appendix D Non-Engagement Process

Appendix A: YMCA St. Paul's Group Support Pathway



Appendix B: Outcomes Star



Appendix C: Risk, Needs & Support Planning Process & Guidance

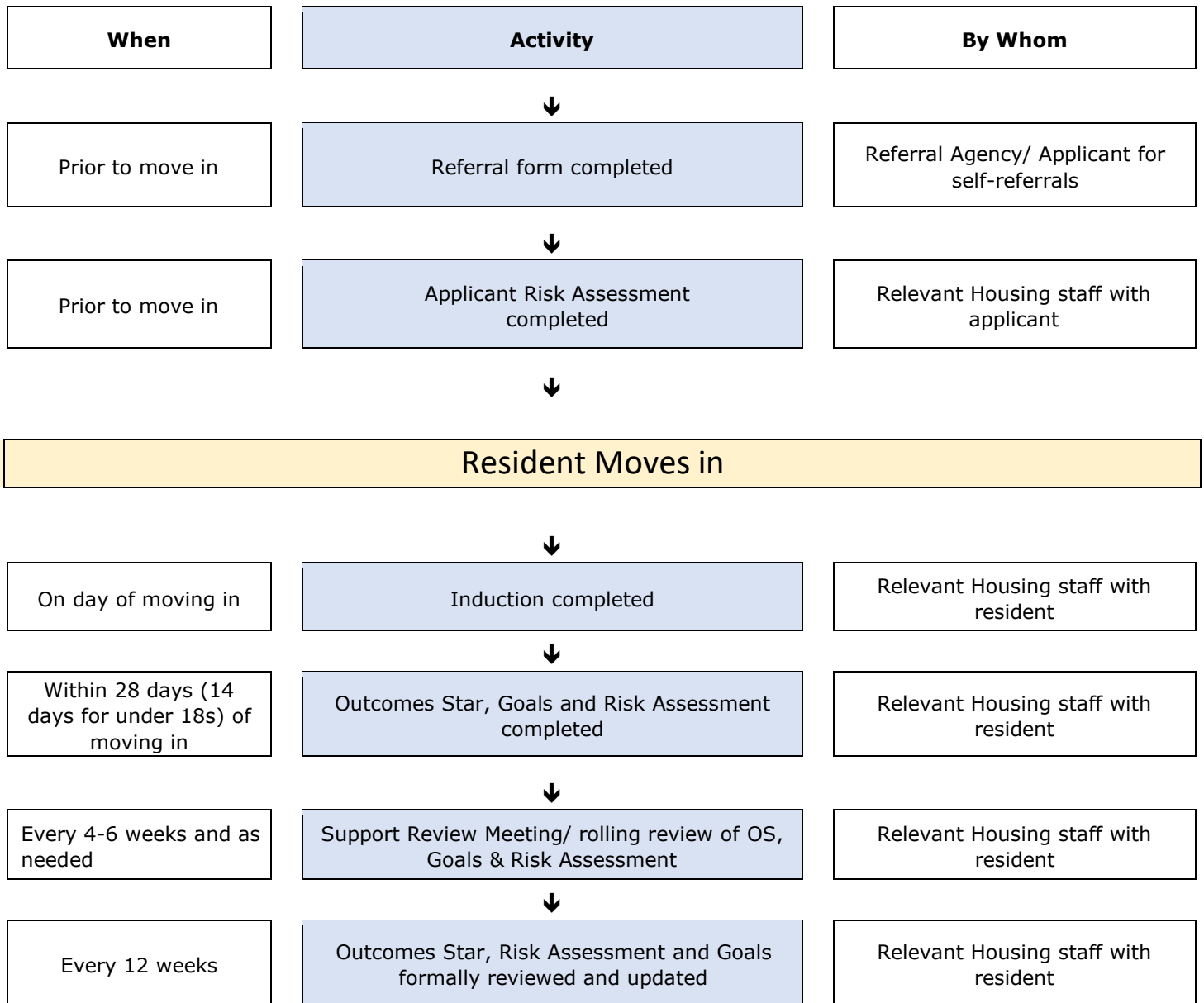
Risk, Needs & Support Planning Process

The Charity accommodates residents from diverse and mixed communities and with varied individual needs. The primary aim of this procedure is to identify the nature and extent of residents' support needs and to address those needs through a comprehensive support planning process.

It is recognised that some residents may have multiple support issues, which need to be addressed but may not always be identified at the point of referral. For this reason, the process of identifying resident support needs is as follows:

1. **The purpose of the assessment must first be explained to the resident at referral stage.** The interviewing officer must carry out an Applicant **Risk Assessment** at referral stage (these forms must be completed online on Inform).
2. Having completed the Applicant Risk Assessment, the result (successful or unsuccessful) must be explained to both the applicant and/or the referring agency by telephone or in writing. The Complaints Procedure should be explained to unsuccessful applicants wishing to make an appeal. Should the referring agency request information from the assessment itself, prior permission must be gained from the applicant.
3. At interview stage, the **Support Pathway Policy & Procedure** should be explained in detail to all applicants, highlighting that it is a condition of their stay with the YMCA that they engage with their support worker, attend key working, resettlement and where provided life skills/progression and basic skills appointments.
4. All new residents should have an Outcomes Star and agreed goals completed **within one month** of arrival at the hostel (within 14 days for under 18s), using the Outcomes Star and Goals online.
5. Where residents have language barriers, appropriate assistance should be provided.
6. After completing each section of the Outcomes Star, the needs identified should be transferred onto the residents Goals immediately.
7. As residents make progress through their goals, they should be asked to provide 'evidence' to prove the action taken and place it in the residents file section on Inform (e.g. completed application forms, letters, training information, leaflets/flyers from events attended etc.).
8. A review of progress against the Outcomes Star, goals set and Risk Assessment should take place every 4 to 6 weeks.
9. Formal Outcomes Star assessments, goals and Risk Assessment reviews should take place at least every 12 weeks.
10. All goals must be completed with the resident. Residents can be given copies of all completed paperwork either in hard copy or by email.
11. Failed appointments should be recorded, re-appointed and noted in the resident's files.

Risk & Needs Assessment & Support Flowchart



Appendix D: Non-engagement Process & Guidance

Non-engagement Process

Our residents' needs are of paramount importance and as supported accommodation, the support that is provided is designed to enable residents to successfully move on to independent living. It is therefore important that staff ensure that residents are clear that not engaging with the support provided puts them in breach of their tenancy or licence.

This procedure for support staff and service managers therefore provides guidance in the management of cases of non-engagement by residents. It is however important that when this procedure is to be followed there is clear evidence of the following:

1. There must be an accurate and up to date risk and needs assessment to ensure that changes in support needs are identified.
2. Confirmation (written or verbal) of intention not to engage with support by the individual.
3. Reasons for non-engagement are identified.
4. Accurate record of actions taken to engage with the individual.

Where there is clear evidence of the above, the following steps shall be taken:

Stage 1

- a. Staff raises concern and presents evidence of non-engagement to the line manager at supervision meeting, team meeting or any other meeting as might be necessary.
- b. The line manager shall arrange a service level meeting within the earliest possible time with the resident and the support staff. Concerns raised and evidence provided by the support staff shall be used as a backdrop for discussion at the meeting.
- c. It is important that other agencies involved in the support service delivery to the resident are made aware and involved in all conversations and effort at bringing the resident to engage with support offered.
- d. Action plan for engagement and agreed timescale might be agreed at this meeting, and the notes/minutes of the minute should be signed by all participants.
- e. Depending on the individual support needs identified, non-formal programmes/activities may be considered/used to encourage engagement.

Stage 2

In the event of the individual failing to adhere to agreed engagement plan from stage 1, the support staff with the knowledge and approval of the line manager might do the following:

- a. Review the situation to establish reasons for non-compliance.
- b. Issue a non-engagement level 1 warning letter if the individual has failed without good reasons to attend two consecutive support meetings. An example of good reasons would be but not limited to other meaningful engagements, appointments relating to wellbeing, education, employment or training, physical, emotional or mental ill health, etc.
- c. Issue a non-engagement level 2 warning letter for the next support appointment missed after the issuance of a level 1 warning.
- d. Issue a non-engagement level 3 warning letter if the individual is still not engaging after the level 2 warning was issued.

- e. Again, it is important that other agencies involved in the support service delivery to the resident are made aware of the steps taken and involved in all conversations and effort at bringing the resident to engage with support offered.

Stage 3

Where the steps in stage 2 above have been taken with no positive engagement by the resident, the service manager might issue notice of intention to terminate the tenancy or licence agreement if satisfied that:

- ▶ The support needs of the resident are still relevant, and likely to present significant risks to the individual and service.
- ▶ The resident is clear that the non-engagement constitutes breach to his or her tenancy or licence agreement.
- ▶ However, if at the point of issuing or before the expiration of notice to terminate occupancy the resident resumed engagement, the notice is to be set aside, and this shall be replaced by an agreement stating the terms of engagement.
- ▶ It is important that other agencies involved in the support service delivery to the resident are made aware of the steps taken and involved in all conversations and effort at bringing the resident to engage with support offered.

Residents should be reminded that they risk losing their accommodation without an up-to-date Action Plan, or for not complying with it. Officers must refer all non-compliance cases to the Housing Manager for decision.