

CONTENTS

INTRODUCTION	2
REFERRAL & ADMISSION POLICY	3
INITIAL ASSESSMENTS	4
• <i>Possibility Assessment</i>	
• <i>Viability Assessment</i>	
COMPREHENSIVE PARENTING ASSESSMENT	6
POSITIVE PARENTING	7
• <i>Assessment</i>	
• <i>Training</i>	
CONTACT ASSESSMENT	8
REHABILITATION HOME ASSESSMENT	9
SPECIALIST AREAS	10
• Psychology and Learning Disability	
• Domestic Violence (victim & perpetrator)	
• Addictions	
REGULATION & STAFF PROFILES	11
FEES	13
CONTACT & REFERRALS	14

Referrals: 020 8639 0319 or 07967 355712 or 07968 304992 1

INTRODUCTION

Jamma Umoja is able to provide **comprehensive multi-disciplinary community based assessments** which address a wide range of concerns e.g. addiction, psycho-social difficulty, domestic and generalised anger/violence, sexual abuse and also those parents who are young and unsupported or care leavers themselves. We also offer services and specialised programmes for parents with learning difficulties or deficits.

Least disruption– All community-based assessments are designed ensuring the level of disruption to the child is minimised. This includes the child's placement during the assessment. The positive and negative aspects of returning the child to the care of the parent/s would be considered. Travel for the child will also be minimised wherever possible.

As better practice is developed in the field of assessment, we have tried to lead by offering **integrated services** to a high standard, whether they are **based around the families' own home or in contact centres**. This has meant significant changes to personnel and operational procedures, which we believe, have been improved considerably.

We provide **rehabilitation-assessment programmes** and support for families where it is being considered that the children will be moved home following a period in care. These will commonly be run in conjunction with positive-parenting assessment programmes and other protocols, when appropriate.

We also have a new **overarching-assessment procedure**, drawing on government and other assessment protocols and our own extensive experience. It reflects the Framework for Assessment documents, the Parenting Manual for Parents with a Learning Difficulty our own assessment protocols and other assessment protocols, as appropriate to each case.

There are no geographical limits to our catchment area, as we work throughout the UK and beyond - with particular links in the Caribbean. We have worked extensively in Scotland, Wales and the North of England, as well as in, and around, our London bases.

REFERRAL & ADMISSION POLICY

Jamma Umoja will always offer an assessment for a family, where instructed by a Court or by a Local Authority. We do not insist on a pre-assessment, where it has been adjudged or considered to be unnecessary. Therefore should a Court or Local Authority wish to instruct Jamma Umoja to undertake an assessment, we would do so. Our only proviso is that we agree a safe level of monitoring and protection.

When offering assessments, we are concerned that they don't continue longer than necessary and we always consider the child's welfare paramount when making decisions about the commencement or extension of any placement. We do not always recommend twelve-week parenting assessment programmes. Instead we often offer programmes which can deliver completed assessments, over a much shorter period - for example possibility or viability assessments. This process also ensures that Court deadlines are met.

To do this we place all our assessments within a framework we call an *assessment timeline*. This is a detailed plan to ensure that, as far as possible, assessments are coordinated and delivered in a logical order.

We believe this approach is beneficial to the child, both during the assessment and beyond, and also provides the parent/s with an opportunity to fully understand any concerns and develop strategies to offer *good enough* care. For example for a parent with a learning difficulty, a cognitive assessment will be completed prior to, or concurrent with, the beginning of an assessment, to allow us to format the assessment in a manner they understand.

The *assessment timeline* usually begins with a referral requesting that Jamma complete a plan of assessment or a paper assessment. Both processes are similar, apart from the inclusion of any orders made, regarding the assessment or agreement for such from a Local Authority.

We will work to that instruction and offer the service required, as we do not insist on a pre-assessment.

All our assessments consider **Delay and Disruption** to the child. Jamma can work to very tight deadlines and will plan the assessment accordingly. We always aim to promote the welfare/benefit of the child in both the short and longer term, by considering the disruption which may be caused.

INITIAL ASSESSMENTS

Possibility Assessment. This will usually be a paper assessment with perhaps one, or possibly two, client interviews. We would also hope to speak with other professionals.

We examine the history of the family from a perspective of future possibilities rather than probabilities. We are always concerned with the no-delay principle and this is applied to the possibility assessment.

We are frequently asked, ‘Is it too late for the child?’ or ‘Is the Court already in possession of all it may need to dispose of a case?’ especially when time is short.

If it is believed that there is a possibility that progress could be made, or in the event that the Court needs the information (even if the final hearing has to be postponed), or where there is sufficient time to conduct further assessment, the Court could order - or the parties agree - to a second phase of assessment, either a Viability or a comprehensive or rehabilitation assessment.

Except in extreme cases, we will not offer a long-term prognosis for a family for whom we have conducted a possibility assessment,

as we don't believe that reading the papers and conducting one interview is insufficient to offer such a prognosis.

Viability Assessment. This is a short assessment of between two and six weeks. It is often used to consider whether a reunification, for the purposes of further assessment, would be positive, or to consider whether a further period of assessment is necessary.

It is our view that in the case of a new-born baby, the child should not be separated from a mother and/or a father, unless the child is deemed to be in immediate danger - and that such danger cannot be contained through risk management.

This can often be the starting point for a viability assessment, particularly in cases where there has been a long history of failure. Viability assessments can be conducted with the child in the care of the parent, or in alternative care.

It may be that a parent can make sufficient changes to lifestyle or parenting - such as to allow for *good enough* parenting - but if the child is returned to the care of the parent/s or remains in the care of the parent/s during an assessment, then the child may suffer harm - if such assessment proves negative.

A viability assessment may be conducted to determine the likely outcome for a longer assessment and to help prevent the harm caused to a child, through a failed or prolonged assessment.

Where separations have already occurred, we work with other professionals to examine the benefit to the child of a reunification for the purposes of an assessment, in a phased manner such as to allow decisions to be made before reunification is attempted.

COMPREHENSIVE PARENTING ASSESSMENT

The most common length of a comprehensive parenting-assessment is 12 weeks. Where Jamma Umoja has additionally undertaken a viability assessment, the length of a full assessment may be varied according to the time available, and to ensure maximum benefit to the child.

However, it is vital that parents have sufficient time to absorb and understand the concerns of professionals and to begin to make the changes necessary to provide *good enough* care. With very young parents, or parents with learning difficulties, this can often take a little longer.

A review schedule is agreed at the commencement of the assessment and this will include key questions as to the direction and efficacy of the assessment, for the child.

Each assessment is specifically geared to the needs of the situation and any time restrictions, and will always be regularly reviewed. This means that all review dates are fixed in advance and are designed to tie in with Court dates, LAC Reviews etc.

Towards the end of an assessment, a meeting of professionals is held to consider the recommendations made following the assessment. A decision can be made to seek alternative care for a child/ren when the assessment has a negative outcome.

Comprehensive-risk and risk-management assessments form a central platform in almost all of our work and include both positive and protective factors in order to ensure balance.

All reports are produced in a format compatible with Court and will be evidenced in Court by relevant, experienced and qualified child-assessment professionals.

POSITIVE PARENTING

General. This is the central tenet used to inform both our comprehensive and support assessment programmes. Almost all of our parents come to us with a history of abuse or neglect in their own childhoods. This has often left them without a good understanding of the needs of a child, and indeed, little *positive parenting* information.

We now have trained staff who use *positive parenting* programmes to both assess and assist parents. This has now become a standard part of all new assessments and involves direct input and observation of parents putting their information and insights into practice.

Positive Parenting Assessment. Many parents come to Jamma with a poor knowledge-base or a difficulty in understanding the concerns of professionals. Where we are being instructed to undertake an evaluation of a parent to provide *good enough* care for a child, we will often examine - with the parents - their parenting methods (perhaps traditionally used in the extended and birth families) which are seen to be central to the problems of their care. This helps the parent understand why their parenting may have been viewed as not *good enough* or why their behaviours would cause the child to suffer harm.

Although a client may, and we hope they do, gain incidental benefit from the process of assessment, our intention is to assess whether the parent can offer *good enough* care to the child, perhaps with further support and training in place, post-assessment.

Positive Parenting Training. This is a dedicated parenting-improvement programme using both group and individual sessions. This will involve both 'open' groups, to allow parents to begin work as soon as possible, and also groups which are 'closed' and not available to new members once begun. The number of groups will depend upon the demand at any given time. The general length of such assessment or training will be ten weeks.

CONTACT ASSESSMENT

General. This assessment considers whether a child should be returned to the care of a parent, perhaps for the purposes of further assessment/rehabilitation. This would be run along similar lines to the above assessment but would specifically be focused around the parent-child interactions, the behaviours and attachments during contact visits. It would, however, also include other assessment formats compatible with the instructions.

This type of assessment is perhaps most useful where the attachments between the parent/s is problematic or broken. As with other assessments a full report would be made available, with recommendations.

We conduct such assessments largely around the existing contact arrangements to ensure that the child is disturbed as little as possible. This includes Jamma Staff travelling to the contact venue and at the regular contact times.

Assessment of contact. This can be an assessment to appraise if a parent, who is not living with a child, can offer a positive experience to his/her child, during contact. Recommendations could include longer-term supervised-contact arrangements, eventual unsupervised-contact or perhaps respite or holiday care.

Perhaps the most common situation is when one parent is the resident parent and the other parent wishes to play a supportive role in the child's care, but there are problem areas with this - including problems with the parental relationship. The key to success in such cases is to help the parents to work together to offer the best care they can.

Often this situation is complicated by the history of the relationship, or indeed the adversarial nature of some proceedings which can greatly exacerbate existing problems. This assessment can be under the auspices of either **public or private law** proceedings. **We can also offer a venue for such assessment.**

REHABILITATION ASSESSMENT

General. As the title suggests this is an assessment used to consider rehabilitating a child, or sibling group, back into the care of the parent/s living at home, for the purposes of further assessment. Traditionally, this type of assessment commences with a viability assessment which is used to consider if such a move would be in the child's best interests.

Following a viability assessment, an evaluation is made as to whether further assessment would be useful and whether a reunification is the best option for the child, based upon a recommendation that further assessment is more, rather than less, likely to be successful.

Community-based rehabilitation assessment. This assessment is based completely in the community. Monitoring and supervision can be delivered to a heightened degree and include weekend and night monitoring, as well as random and non-random checks and monitoring. We can, in defined circumstances, provide 24hr cover in the community. This type of assessment is often best with larger sibling-groups or school-aged children.

Combination rehabilitation assessment. This is where we conduct a pre-assessment, partly in the community and sometimes partly in residence, before the child/ren join or occasionally before a partner joins, the assessment residentially. If the pre-assessment is sufficiently positive, we will then offer residence to the child or partner and continue the assessment in residence.

This type of assessment is most useful when it is unclear how a child might benefit from being placed back with a parent/s and where the pre-assessment is positive, but there is a need to fully ensure the child's safety. Working in the community and in residence, offers us the opportunity to cover more areas of assessment focus, whilst being able to work flexibly and imaginatively to generate information and maximise positive outcomes.

SPECIALIST AREAS

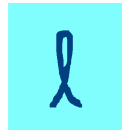
General. We offer assessments which run alongside, or employ methods defined by, specialist staff and complex problem areas. For example, parents with a **learning difficulty** need to be approached in a way they can understand and engage with. Parents dealing with childhood sexual abuse or drug and alcohol or psychological difficulties also require specialist intervention, to run alongside parenting and risk-management assessments.

We also offer assessments addressing domestic violence for both victims and potential abusers.

Please request our brochure of specialist services which includes information regarding; learning difficulties, very young parents, drug and alcohol and domestic violence issues and psychological needs.



**Summary
Brochure**



**Domestic
Violence**



**Learning
Difficulties**



**Very Young
Parents**



**Psychological
Assessments**



**Drug &
Alcohol**

REGULATION AND STAFF PROFILES

Regulation. Although only the residential elements of Jamma Umoja's services are formally regulated by OFSTED, we apply the same principles, required through this regulation, to all areas of our work. This involves inspection by OFSTED, both announced and unannounced. However, we are also governed and inspected under health and safety legislation, fire regulation, planning rules and also by professional bodies, regulating our work.

Beyond this, we employ external professional consultants in the areas of training, health and safety, employment and professional supervision, as well as play therapy, psychotherapy and psychiatry.

Our work areas are governed by a required document known as a **Statement of Purpose**. This document sets out in great detail our competencies to undertake the work we do and this is also part of the regulatory work undertaken by OFSTED. We also hold all the insurances required to undertake the work we do. The insurance companies themselves form another area of quality assurance as they too inspect our premises and personnel regularly.

Staff profiles. Almost all of our assessments involve teams consisting of different grades of staff, from different, but related, backgrounds. We do this because most of families come with a variety of complex problems, whose combined effect has led to a breakdown in the care of the child/ren.

In order to best understand the family and gauge what help may transform or ameliorate their situation, we employ professionals in the areas most commonly associated with the problems we deal with. For example problems with addictions, forming attachment, domestic violence, psychological or psychiatric disorders, immaturity, sexual abuse etc.

We cannot directly employ all the specialists needed for every family assessment, but we do directly employ the following:

- a.) **Social Workers** (between 15 to 20 at any one time) All the directors of Jamma Umoja are Social Workers with scores of years' experience.
- b.) **Service Directors** with Social Work qualifications, management qualifications, and therapeutic qualifications.
- c.) **A Chartered Psychologist** and his assistant psychologists. We also employ a number of staff with degrees in psychology and or child development.
- d.) **Attachment Specialists** with qualifications to work therapeutically with children.
- e.) **Domestic Violence Assessors**, holding qualifications directly related to working with families in which domestic violence is a central feature.
- f.) **Positive Parenting Assessors and supporters** These staff are trained to work with groups of parents, or to work in one-to-one scenarios.
- g.) **Addictions** Staff trained to support, assess and counsel parents with addiction problems. This includes directly linking addiction to mental health problems caused and/or exacerbated by drugs or alcohol.
- h.) **Assessment practitioners** with a variety of qualifications, many to degree level. The minimum requirements for qualification are laid down by OFSTED and will vary according to exact roles, but all staff will be qualified to the minimum standard.

FEES

Jamma Umoja is a private company which, endeavours to provide a highly professional service that takes account of value for money. Although Jamma Umoja is totally reliant on fees generated and has no other regular source of income our charges are comparable to similar organisations some of which have other funding streams.

We achieve comparability by ensuring that most of our staff is employed in providing direct services to families. The fees are calculated by the Companies Accountants using standard accountancy practices to comply with regulatory requirements and ensure that our commitments to families, commissioners and staff are met. As a limited company our accounts are open to public scrutiny and summarised versions are available on the internet.

Assessment Fees:- Fees are calculated according to the composition of a family, including family size and the complexity of the assessment including any need for specialist services such as psychological assessment or if we are asked to contribute significantly to monitoring arrangements.

Charges are based upon an hourly rate and agreed with the fee payer in advance, no extra charges will be levied without specific approval.

If an assessment ends early there is a cancellation fee as agreed at commencement, except when the early end of placement occurs during the last two weeks of an agreed placement term when the cancellation fee will be for the number of remaining days.

REFERRALS

How do I make a referral?

It couldn't be easier; phone, fax, or e-mail us to start the process and we can take it from there. **Jamma Umoja's flexible approach means that we will accept emergency admissions and short-notice referrals.**

If you have an urgent request, we can take the details by phone and let you have an outline proposal within 24 hours, in a format that can be used in court or at a funding panel.

Who to make a referral to:

Head Office	Central Administration 23 Haling Park Road London CR2 6NJ
Telephone:	020 8639 0319
Fax:	020 8604 1116
Referrals Admin Emma Freeman	020 8639 0319 email: e.freeman@jamma-umoja.org
Community Referrals Director - Iain Forbes	07968 304992 email: i.forbes@jamma-umoja.org
Jamma Umoja Director - Ron Crosbie	07967 355712 email: ron.crosbie@jamma-umoja.org

Referrals: 020 8639 0319 or 07967 355712 or 07968 304992