

Jamma Umoja

Parenting, Assessment & Training Services

Residential
Parenting
Assessments



Home-Based
Parenting
Assessments

Comprehensive & Viability Assessments
Rehabilitation Home
Domestic Violence Work
Positive Parenting Classes
Contact & Supervised Contact
Specialist Addictions Programmes
Psychological Assessment



020 8639 0319

<mailto:karen.green@iamma-umoia.org>



020 8604 1116

CONTENTS	Page
INTRODUCTION	3
ASSESSMENT TIMELINE	4
• Possibility	5
• Viability	6
• Comprehensive	7
REFERRAL ADMISSIONS POLICY	8
PARENTAL EXPECTATIONS	9
ASSESSMENT FOCUS AREAS	11
• Introduction	11
• Learning Difficulties	12
• Positive Parenting	13
• Very Young Parents/Care Leavers	14
• Psychology Assessments	16
• Addictions	16
• Domestic Violence	17
ASSESSMENT LOCATION	19
• Residential Based	19
• Community Based	20
• Risk Management	21
REGULATION & STAFF PROFILES	22
REFERRAL PROCESS	24
• Referral Contacts	24
FEES	25
FINANCE CONTACTS	27

INTRODUCTION

Jamma Umoja has redeveloped its services to take full account of the new requirements of service users, best practice and the recent legal changes as well as Court deadlines.

We have encapsulated these changes into a single method of working that takes account of the complex areas we work in and the need to be skilled across several professional disciplines.

Jamma Umoja remains committed to working according to the requirements and instruction of service users.

Very few of our clients come to us with single or simple assessment requirements; most clients having more than one problem areas such as addictions, lack of parental understanding, learning or psychological difficulties etc.

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 be based around the families own home or one of our centres. This has meant some significant changes to personnel and operational procedures, which we believe, have been improved considerably.

We now have a new overall assessment procedure drawing on government and other assessment protocols and our own extensive experience. We name this protocol the “**Assessment Timeline**” (see below). It reflects the Framework for Assessment documents, the Parenting Manual for Parents with a Learning Difficulty our own assessment protocols and other assessment tools appropriate to each case. .

The purpose of the timeline is to ensure that all assessment areas in assessing children in care proceedings can be covered in a manner, which is beneficial to the child and promotes the best possible outcome with timescales, which promote the welfare of the child and fit Court deadlines.

ASSESSMENT TIMELINE

The purpose of the timeline is to enable assessments to be run in a coordinated and coherent manner with each part of an assessment being planned to run consecutively employing a multi-discipline approach. Using this formula we are able to work logically and chronologically through the various stages of assessment in a timely advantageous and beneficial manner.

Avoiding delay is a central principle, which must to a large extent dictate the timeline. Jamma Umoja can work to very tight deadlines when necessary. **The timeline is used to make the best use of available time where time is tight or to allow for comprehensive planning where time is less restricted.**

Where there is a need for expert assessments such as psychological or psychiatric assessment or perhaps an assessment of drug misuse these can be conducted quickly at the beginning of or before an assessment.

The work conducted by Jamma Umoja is done on a basis of examining the areas of agreed focus using professionals with relevant qualifications and experience and phasing their inputs in a way that is both speedy and appropriate. For example where there are concerns over cognitive ability the psychology testing would be done near the beginning of assessment.

Multi-discipline risk assessments are always a central focus and we conduct these by looking at current and historical risk/protective factors. The risk assessment is always central to the continuation of assessments and decisions regarding the efficacy of continuing assessments are a shared professional and multi-agency responsibility. Overall decisions in matters of child protection are always the responsibility of the relevant local authority with recommendations from Jamma Umoja staff.

The assessment timeline has four major phases, which can be run consecutively. However, this is not a rule but rather is a

guideline. The assessment can begin wherever it is appropriate to do so. The timeline can apply equally to community or residential based assessments and increasingly we are offering a combination of both residential and community based 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. An agreed letter of instruction is also very useful but not absolutely essential.

This type of assessment has sometimes been called a viability assessment but we take the view that a more in depth assessment may be necessary before a family could be deemed to be without viability even with intensive interventions.

We are examining the history of the family from a perspective of future possibilities rather than probabilities.

We are concerned with the no-delay principle and this is also applied to the possibility assessment; is it too late for the child, is the Court already in possession of all it may need to dispose of a case are frequent questions, especially when time is short.

In the event that there is a reasonable 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 known by us as a Viability Assessment.

Viability assessments can often determine the future of a child and must be considered with the degree of depth such a decision deserves. For this reason they cannot purely focus on history and a couple`

Viability Assessment

This is a short assessment of between two to six weeks. It is often used to consider whether a reunification should occur for the purposes of further assessment or to consider if an assessment should run for the usual 12-week period.

It is clear that separations do have a negative impact on parent/child attachments it is also clear that sometimes separations are necessary due to the risk assessments conducted previously and concurrently.

It is our view that where there is a new birth the child should not be separated from a mother and perhaps a father unless the child is deemed to be in immediate danger and that such danger cannot be contained in a residential setting. This can often be the starting point of a viability assessment particularly in cases where there has been a long history of parental failure.

It may be that a parent can make sufficient changes to lifestyle or parenting such as to allow for good enough parenting but the concern might be that if the child is brought back into 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 harm caused to a child through a failed or prolonged assessment.

Where separations have 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. Again this work is conducted in short and timely but intensive assessment formats and again with a multi-discipline team appropriate to the circumstances.

Comprehensive Parenting Assessment and Reviews

The most common length off a comprehensive parenting assessment is twelve weeks. Where Jamma Umoja has undertaken a viability assessment the length of assessment may be varied and may be varied according to the time available and to ensure 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 each situation and the time available and changes made to the assessment are also part of the review process.

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

Validation/Completion

This is when the reports are drawn up and the final conclusions and recommendations are offered. Where a recommendation is positive we are often asked to validate the assessment by a further short period of assessment back in the families own home and upon their return to their own community. This further work carried out by Jamma Umoja can be carried out for a number of reasons including further assessment, resettlement support and monitoring.

REFERRAL AND ADMISSION POLICY

Jamma Umoja will always offer an assessment of a family where instructed by a Court or by a Local Authority. We also accept referrals from parents' legal representatives as well as children's guardians and solicitors.

We accept parents who have addiction problems and can offer rehabilitation alongside assessment. However, we do insist on abstinence from illicit drugs and or alcohol.

We do have special programmes for high risk families and those with mental health of psychological problems and have both psychiatric and psychological services and support.

We take families of all composition be their large or small traditional or not; men are equally considered for admission whether with a partner or on their own.

We prioritise parents with newborn babies and to young parents who themselves may be Looked After Children.

We have also assessed hundreds of parents who have special needs including learning difficulties and again we do offer special programmes to help these parents understand the process they are engaged in.

We do not insist on a pre-assessment where it has been adjudged or considered to be unnecessary. Our only proviso is that we agree with social services an agreed and safe level of monitoring and protection for the child.

However, we are often asked to undertake a preliminary assessment and to give a prognosis for future assessments. However, continuing separation carries its own risks and where a child can be reunited safely with a parent any preliminary assessment can be conducted with the child in the care of the

parent if appropriate. No assessment plans should be put forward where the assessment itself is likely to exacerbate the problems already identified, attachment problems being a common feature.

When offering assessments we are concerned that they are not prolonged beyond that which is reasonable, that the child's welfare is always paramount in considering if an assessment should commence or continue and that opportunities are offered to the parent in order for them to understand any concerns fully and develop strategies to offer good enough care.

For this reason we do not always recommend twelve-week parenting assessment programmes be commenced. Instead we offer programmes, which can deliver, completed assessments, which we run over a twelve to fourteen week assessment timeline but which are often run over a much shorter period.

ASSESSMENT PARAMETERS AND PARENTAL EXPECTATIONS

The processes used apply to all our assessment formats but will vary according to the type, complexity and duration of the assessment.

As with all assessments conducted by Jamma Umoja the assessment formats are determined by the particular problem areas but will also look at general and positive aspects too. **The parent/s too will be given clear guidance as to what is expected of them in relation to engagement, participation and placing their child/s needs first.**

The assessment is guided using this format on what we call the **parameters** (exactly what we are assessing) and **milestones** (the expectations of the parent). The Court and all parties are

participants in setting these conditions and therefore outcomes are easier to delineate and more relevant to the parties.

This is normally commenced with a formal letter of instruction, which lays out in outline detail the question requiring answers from the parties or the Local Authority if not in proceedings. This is further “hardened” at professionals meetings and through reviews internally and in other arenas including the Family Court. The parameters and milestones of assessment are agreed through instruction and discussion with the mother and professionals and form part of the letter of instruction.

We use a general protocol for such assessment based upon the many assessments conducted to date. However, every assessment has specific focus that must form a central core to assessment and this is also the central part of the assessment parameters with the assessment being made of the mother’s ability to deal with any presenting problems and make progress. We also use the framework for assessment protocols and other area specific assessment protocols related to specific problem areas such as cognitive functioning or drug misuse etc. for example.

Care Standards legislations require us to offer support and guidance, which we of course welcome. This means that we must perform two functions at the same time one being the support and improving of families as required by Care Standards and the other primarily focusing on the need to produce evidence to help determine the child’s best long term interests. Although they may seem to clash we do not find meeting these two requirements difficult as we work on the premise that the most important function we perform is assessment. This means that we do offer interventions, which we hope, would be helpful but only at a level where it does not prevent or interfere with our primary focus of providing evidence on the child’s future care, with any benefit derived as incidental.

ASSESSMENT FOCUS AREAS

Introduction

As with all our assessment programmes the purpose is to adduce evidence in the form of an assessment to determine if the care offered to a child is good enough or can become good enough with direct interventions offered by professionals in different disciplines.

Most of the families who come to Jamma Umoja have a history of familial failure either in the care they have offered to a child/ren or in the care they too received as a child; most commonly both these factors interplay.

The concerns centre around the ability and commitment of a parent/s to offer good enough care centring on concerns usually of a historical nature. It is rare that single-issue concerns are at referred and usually there is a constellation of problem areas in play. It is not possible (in most case) to assess the direct care offered during assessment without involving assessments in areas beyond day-to-day care. It is also necessary to fully consider the effect of multiple problem areas such as drug addiction or uncontrolled anger or domestic violence.

Some parents also need more consideration; time and resources in order to assist them understand the need to reach a good enough standard. Very young parents and those with learning difficulties are particularly vulnerable to assessments that do not reflect their special needs and complications.

Most of our comprehensive assessments are led by child protection social workers since most cases centre roundly on child protection. However, most all assessment will have professionals from other disciplines offering conjoined assessment, which also include formats and protocols of different type than those traditionally used by social workers.

Using this approach we are able to offer comprehensive assessment across several disciplines according to the requirements of each situation. Where other external experts are instructed we can also offer close working relationships.

In order to meet the demands of assessing children in the care they receive and where the parents have complex and multiple problems we have developed a range of assessment protocols used with our baseline assessment protocols to closely reflect the needs and challenges of such assessments.

Parents with Learning Difficulties

It is not known how many parents there are with learning difficulties in the population. However, it is generally acknowledged that their number is significant and steadily rising and that they 'represent a sizeable population whose special needs as parents have not been fully understood. Many professionals show a commitment to helping and supporting parents with learning disabilities, wherever possible, to ensure their children gain maximum opportunity to remain in their parent's care. However, parents with learning difficulties are far more likely than other parents to have their children removed from them and permanently placed outside the family home. The English national survey found that 48% of the parents with learning difficulties interviewed were not looking after their own children (Emerson et al, 2005).

When assessing parents with learning difficulties it is an absolute imperative that the methodology used is appropriate and that a needs led assessment is also conducted in respect of the parent, as they will almost always need support which is more often than not provided by the extended family.

We conduct assessments on the basis of the welfare checklist, the framework for assessment and other children in need/protection assessment protocols; but we add to this assessing the actual strengths and weaknesses of learning disabled parents through conducting early and specific

psychological and other assessments (**cognitive but not necessarily and never just IQ tests**) and other testing to gain the best view we can of what are the complications of assessment and how best to assess and assist. Psychological assessment is very important to this process but we do not view such assessment as sufficient on its own.

It is important that this identification of strengths and weaknesses is not seen as a simple matter of relying on indicative testing. The identification of the problem of understanding, communication and parenting should also include an identification of what support and training a parent could benefit from in order to offer good enough parenting and which would also offer direct benefit to the child. This is then used to evaluate the probable outcome if such services were offered and utilised.

It is vital that there is careful planning of the assessment process and the parents understanding by identifying the *parameters* i.e. exactly what is being assessed and *milestones* i.e. what is expected of the parent/s. This has to be done very carefully in order that we know for sure the parent/s understand the concerns and the assessment process.

Positive Parenting

General:- This is a central platform of assessment and will be used in one form or another in most comprehensive assessments or support programmes. Most 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 or indeed little positive parenting information.

We have now trained staff to use positive parenting programmes to both assess and assist parents. This will become a standard part of all new assessments and will involve direct inputs and observations of parents putting into practice information and insights given.

Positive Parenting Assessment:- Many parents come to Jamma with a poor knowledge base or a lack of understanding of the concerns of professionals. Where we are being instructed to undertake an evaluation of a parent to provide good enough care for a child this will often mean examining with the parents their own parenting methods perhaps traditionally used in the extended and birth families which are seen to be central to the problems of care.

This is done in order to help 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 the purpose of such an assessment is to assess whether the parent can offer good enough care to the child, perhaps with support and training given post assessment.

Positive Parenting Training:- This is a dedicated parenting improvement programme with both group and individual sessions. This will also involve groups which are closed in that once we start no new members can join, but will also have open groups to allow for parents to begin as soon as possible. The number of groups will depend up[on he demand at the time. The general length of such assessment or training will be 10 weeks.

Very Young Parents

Almost 40,000 girls became pregnant before they reached 18 in 2004 a significant minority of those young mothers and fathers were “*In Care*”, “*Looked After Children*” or “*Care Leavers*”. Teenage pregnancy is often a cause and a consequence of social exclusion. The risk of being a young parent is greatest for people growing up in poverty and disadvantage or for those with poor educational achievement. 60,000 children in care at any time, less than one in 10 get five good GCSEs, compared with more than half of other teenagers.

Teenage parents tend to have poor antenatal health, lower birth weight babies and higher infant mortality rates. Their own health and their children's is worse than average. Teenage mothers' poor backgrounds contribute to these effects, having a baby makes them worse.

The best place for a very young mother is to be at home with her own mother. However, many young parents have been neglected as children and are separated or estranged from their parents, also some of the birth families of the parents are of themselves likely to cause further concern rather than offer support. Unfortunately many young parents cannot rely on a significant amount of help from their parents and many cannot rely on any a few pose a real danger to both mother and child.

In such circumstances it is not difficult to see why so many young parents are viewed with concern; their lack of appropriate support and role models, their young age and probable history of problems in their own childhood coupled with their lifestyles and the normal adolescent problems make the difficult job of parenting even more difficult.

Young Parents particularly those looked after or leaving care start there parenting careers from a position of great disadvantage which can be passed on to their children in turn. Often they will only be able to achieve their goals of good parenting if they are offered and accept significant help from those professionals engaged in providing services for children in need.

In addition to the assessment services offered it will also be appropriate and necessary to offer very young parents who are often children in need themselves services to mothers and fathers, which reflect their young age and vulnerability. This will include offering the young parent a key worker to share concerns with and whose duty it would be to ensure their well

being in line with good practice and those areas covered within LAC reviews.

An acknowledgement must also be made of the young person's age and immaturity as teenage behaviour does not evaporate with parenthood. It is also to be aware that younger parents are less fixed and capable of change perhaps not possible in much older parents.

Psychological Assessments

We regularly work with parents and sometimes children with significant mental health problems.

For this reason we employ practitioners with extensive mental health experience, including a psychiatric nurse.

Where a parent has problems, be they known or suspected, we can assess the likely impact on parenting, offer parents the opportunity to get appropriate medical help, and when asked provide expert psychiatric or psychological assessments. When the need is identified and funding is available, we can provide treatment and therapeutic input.

Addictions

Parents with addictions to, or problems with, alcohol or drugs, form a significant part of the people we assess. It is of little use assessing the parenting capacity of a parent in isolation from their drug/alcohol issues. Similarly, we believe it is of little use assessing the problem of addiction in isolation, taking the view that a comprehensive assessment is needed of the parents' strengths and weaknesses.

In residence, parents are required to abstain (sample testing is mandatory and charged at cost) **and those that need to detoxify, with a high level of medical input, must receive this before the residential stage of the assessment**

commences. A parent can be undertaking a rehabilitation programme whilst in residence.

The purpose of our work with such parents is to assess their capability to as parent. Their ability to stop abusing drugs or alcohol is central to such assessment.

We recognise that abstinence can be very difficult. We offer what support we can and refer for medical assistance if needed. We can offer a higher level of service than that needed for assessment purposes, and for these input separate funding arrangements can be negotiated.

Domestic Violence

Families where there has been a history of domestic violence rarely offer the children of the family their best or in many occasions good enough care. Children who have witnessed, or suffered domestic violence, or who live in an undercurrent of fear and violence will not thrive. The impact on children of Domestic Violence has been well researched. Being a victim of physical abuse in a situation of Domestic Violence and or being exposed to aggressive conflicts are increasingly grounds for determining significant harm.

Victims of domestic violence tend to become isolated by their partner, suffer loss of self-esteem, be constantly criticized by their partner and belittled. Commonly they will be told it is their fault that the partner is hitting them, e.g. 'you wind me up'. Eventually many women will avoid any confrontation and become completely compliant.

One of the key areas of 'good enough' parenting is having a capacity to *set boundaries*. This is what underpins day-to-day routines, keeps children safe, both physically and emotionally. Setting down boundaries requires: - assertiveness, an ability to negotiate and be flexible, an ability to prioritise in terms of the trivial versus the significant, an ability to show love and

patience, to allow the child to feel heard but to act in their best interests even if they are resistant.

Whilst both men and women are adult victims of Domestic Violence, statistically the majority of adult victims are women. Many women coming to Jamma Umoja have lost children in earlier proceedings through failing to protect them. Often men coming to the centre have lost children because of their history of unmanaged anger, resulting in actual physical abuse and threats of abuse. Their children have learned to live in fear and have seen their parents being beaten, threatened and humiliated.

The purpose of an assessment of the effects on the care of a child who lives in a family where domestic violence is a strong feature is not usually to determine if violence is present, that is nearly always been established first. Rather we are asked to assess if the situation can be changed following the assessment.

This requires some direct interventions to test out the validity or otherwise of the parent's desire, commitment and ability to change. It requires looking at practical, supportive and therapeutic solutions, which produce results of benefit to the child/ren. This requires some direct interventions, which could be used in the longer term to promote beneficial changes.

Women who are victims are best protected and most likely to make significant changes by engaging in all female groups in addition to the normal individual assessment sessions. We therefore use both individual and group assessing sessions, as this is the usual format for dealing longer term with issues of domestic violence.

At Jamma Umoja we have also successfully worked with men who are both perpetrators and victims of domestic violence through individual work and also within a separate men's group. Both groups also focus on other areas of parenting.

ASSESSMENT LOCATION

Residential or Community? Assessment can be conducted residentially or in the community (family's own home). We have **no restricted geographical catchment-area** and often work with clients based far from London; including in the family's own location, be it Westminster or Llanelli. Assessments may commence in the community and finish in residence, or vice-versa.

The purpose of a community or residential assessment is essentially the same. The process for choosing the most appropriate route is based upon many factors. For example; the levels of supervision needed, if the children are settled in a local school, if there is a large sibling group, if highly intensive interventions necessary etc.

RESIDENTIAL ASSESSMENT

Jamma Umoja operates two residential family centres in London. Both are registered with **OFSTED** who are the regulatory authority.

The centres can accommodate any size or composition of family and will accept referrals from couples with children as well as single mothers or fathers.

Residential assessments are normally of twelve week duration and operate in a phased manner with regular reviews where decisions to promote the welfare of children can be made.

Both our centres are subject rigours health and safety polices and practices which are overseen and audited by external health and safety professionals.

Although we have a no illegal drugs or alcohol prohibition policy we will accept parents who are trying to abstain, who need help and are willing to accept such help.

COMMUNITY ASSESSMENT

As better practice is developed in the field of assessment, we have tried to lead by offering **integrated services** to a high standard, **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.

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.

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. Community based assessments are frequently used to determine if a reunification assessment should be undertaken to determine if the children can safely return and be cared for appropriately after the assessment is completed.

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.

Risk Management

The first part of an assessment with Jamma Umoja is to assess the level of risk of significant harm to the child, and the level of risk in which the parents place themselves. This includes an assessment of the demonstrated behaviour, which has come to the attention of professionals, prior to during the course of, assessment.

The first period will see a high level of monitoring and supervision, as agreed by the Local Authority. Once the initial risk-assessment has been completed, a new level of monitoring will be agreed and then continually reviewed.

By assessment of risk, we are referring to the risk to the child of likely, or actual, significant harm in the context of child protection concerns. Risk has to be assessed on a continuum; it is ongoing and needs to be continually under review, as it is neither linear nor static.

A strategy/professionals meeting will be called when identified concerns are considered to be high risk, and when the parents' behaviour, or their levels of competence, indicate that they are unlikely to provide 'good enough' parenting for their child/ren within their child/ren's timescales.

A recommendation that indicates that a family may have demonstrated 'good enough' parenting within the assessment timeframe would mean that they had successfully completed all five phases of the assessment cycle.

To successfully complete an assessment, parents need to demonstrate that they are also able to work with professionals in order to continue demonstrating that they are able to sustain the required lifestyle changes.

REGULATION AND STAFF PROFILES

Regulation:- Although only the residential elements of Jamma Umoja services are formally regulated by OFSTED we apply the same principles required through regulation to all our areas of work.

This involves inspections by OFSTED 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.

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 regulator 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 qualifications on a regular basis.

Staff profiles:- Most all our assessments involve team work from different grades of staff and 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.

All our staff have individual training profiles, they are also subject to yearly and rigour appraisal. Where there are shortfalls in training or performance these are dealt with in a sympathetic but serious manner.

Our staff reflect the cosmopolitan and ethnic demography of London with staff who cultural heritage is very diverse. This enables us to work empathetically with parents from all corners of the world.

We employ professionals in the areas most commonly associated with the problems we deal with, including:

- a.) **Social Workers** (between 15 to 20 at any one time) all the directors of Jamma Umoja are social workers with scores of years of experience.
- b.) **Service Directors** with social work qualifications, and management qualifications. The directs have well over 100 years social work experience
- 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 assess and to work therapeutically with children.
- e.) **Domestic violence assessors**, holding qualifications directly related to working in this area.
- 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.
- h.) **Assessment practitioners**, these staff come with a variety of qualifications many to degree level. The minimum requirements are laid down by OFSTED.

HOW DO I MAKE A REFERRAL?

It couldn't be easier; phone, fax, or e-mail us to start the process. **Our flexible approach means that we will accept emergency admissions and short notice referrals.**

Who to make a referral to:

Head Office	23 Haling Park Road London CR2 6NJ
Telephone:	020 8639 0319
Fax:	020 8604 1116
Karen Green Residential Director	020 8464 3882 mailto:karen.greene@jamma-umoja.org
Hugh Hill Residential Director	020 8239 6122 mailto:hugh.hill@jamma-umoja.org
Iain Forbes Community Director	07968 304992 mailto:i.forbes@blueyonder.co.uk
J.U. Director: Ron Crosbie	07967 355712 mailto:ron.crosbie@jamma-umoja.org
Referrals: (admin) Emma Freeman	020 8639 0319 mailto:e.freeman@jamma-umoja.org
Referrals: (admin) Michelle Gbadebo	020 8464 3882 mailto:m.gbadebo@jamma-umoja.org
General	info@jamma-umoja.org

FEES

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

We achieve comparability by ensuring that 90% of our staff is employed in providing front line services to families. The fees are regulated by Company's Accountant using accountancy practices which 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 are available on the internet.

Fees:- Fees are calculated according to the composition of a family, including family size and ages of the children. Any additional fees are based on the complexity of need and a requirement for specialist services including enhanced monitoring. In Residence if two rooms are needed they will attract a higher fee.

The provision of accommodation constitutes only a part of the cost of a residential assessment; staff is a major cost with a significant contribution from other costs such as insurance, heat and lighting and regulatory fees.

If an assessment ends early there is a cancellation (2 weeks residential 1 week community) fee 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.

All fees are agreed in advance with the service commissioners and will not be adjusted by Jamma Umoja with out the prior agreement of the commissioners.

Possibility/Paper assessment fees:- Are usually undertaken by a director of Jamma Umoja or by a senior manager. The fees are based upon an hourly rate as per instruction. A maximum cost estimate is given where requested but we only charge for time taken. We will not invoice for work not approved or incur costs not agreed.

Other team assessment fees:- Are calculated entirely on an hourly basis with different grades of staff attracting different fees. Since most all our assessments have staff from different disciplines we detail who has undertaken what tasks to ensure that work invoiced for can be clearly shown. We also give a weekly cost estimate when requested as it is often a useful guide to customers.

Residential invoicing:- Invoices are generated at the end of every month and are expected to be cleared within 28 days. Once the assessment is completed a final report is delivered and an invoice sent to include all work in the residential centre.

The basic charges levied include a half day in Court by the report writer but there may be a charge for Court attendance where more than one staff member is summoned. The cost also includes a final assessment report; where a request is received for an **interim report** this may be **charged** at an hourly rate according to instruction.

Other assessment invoicing:- Where an assessment is less than four weeks the invoice for the work done will be sent at the end of the assessment with an expectation that it would be cleared within 28 days.

Other work will be invoiced for at the middle of an assessment and at the end. The cost also includes a final assessment report; where a request is received for an **interim report** this may be **charged** at an hourly rate according to instruction.

CONTACT FOR FINANCIAL MATTERS

In order to meet its commitments to staff and suppliers Jamma Umoja requires invoices to be paid within a reasonable timeframe. Failure to pay or very late payment drives up the cost of an assessment and therefore penalty charges may have to be levied.

Any queries are best dealt with by the staff below who are best placed to deal with such.

The finance & administration team:

Head Office **23 Haling Park Road**
Croydon
London
CR2 6NJ

Telephone: **020 8639 0319**
Fax: **020 8604 1116**

Residential
Alice O'Shea **020 8639 0319**
[Mailto:alice.oshea@jamma-umoja.org](mailto:alice.oshea@jamma-umoja.org)

Other
Emma Freeman **020 8639 0319**
<mailto:e.freeman@jamma-umoja.org>