

Community Based Assessment Brochure 2011



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1. Introduction

The purpose of this brochure is to explain the background of this initiative and the function of this service. This information is for professionals, the courts and relevant agencies.

Through our **Community Based Assessment**, we aim to:

- Promote positive change, enhancing timely decision making and better outcomes for children.
- Reduce the length of time a child has a Child Protection Action Plan.
- Reduce the number of children needing to be accommodated because of poor parenting and/or suffering significant harm.
- Reduce the level of stress within a family by maximising their own resources and support the parents in providing a secure care-giving environment.
- Work with families to overcome relationship and parents difficulties that have reached a level where children are suffering harm.
- Provide a range of advice and direct support that will vary according to the individual needs of the families.

2. What is a Community Based Assessment (CBA)?

The **Community Based Assessment** model is a robust alternative to residential provision. It maximises parental/child contact within a multi-agency, modular approach to assessing parenting capacity, ideally within the family's local community.

- Where a parent has problematic **drugs and alcohol** behaviour. A drugs and alcohol worker would use a risk screening tool, take samples and assist with strategies to prevent relapse within the assessment environment.
- Where there is **domestic abuse**. The New Way Service will assess the nature of the abuse, its antecedents, and strategies to avoid violent and abusive behaviour within the home.
- **Adult mental health services** will assist with an assessment of how the parent's illness impacts on their behaviour.
- **The Community Adult Learning Disability Team** will assist parents who have an IQ below 70 and who require additional support.

- **Adult Care Team** will assist with support where the parent has a physical disability.
- **The Senior Practitioner – Intensive Parenting Assessment** will provide an in-depth parenting assessment.
- The **Contact Officer** will have a safeguarding role to protect the child during the supervised contact and take notes regarding interaction between the parent and child.
- We have established a parent/s and child **foster placement** (within BANES), designed to take the child and parent/s. The foster carers will be involved in the assessment and will report on day to day routines and behaviour.

Where there is a safeguarding need to separate parent and child, this model offers a significant element of contact combined with a thorough assessment. It is intended that the assessment will take place either in the family home or if not, in a designed environment that can, as far as possible, replicate a family home. This will require the parent to undertake common tasks – meal planning, tidying up, washing, playing, and communicating with the child and with adults who are in the room. While a significant part of the day will be designed to actively engage the parent in assessment, this will also take the form of passive observation to test out the parent's skills and commitment. The significance of attachment between parent and child must not be underestimated; the senior practitioner will address issues of attachment and incorporate this into the assessment report.

There will also be an element of teaching and learning to equip the parent to improve their parenting capacity and increase their chances of being reunited, or for their child to remain in the care of their birth parent. The parent will also have the opportunity to understand the concept of attachment and how they can improve their relationship with their child.

3. When to commence a Community Based Assessment?

A CBA can be used as a tool to assess parents where there is a **risk** of significant harm or where this has been established, by means off a child protection plan and or the commencement of care proceedings.

One of the main principles of the Public Law Outline is that when applications are presented to court much of the work has been completed. This should result in less time required to give evidence, therefore making hearings shorter and reducing the period of care proceedings and delay for the child.

The model will be used **either** in circumstances where the child/ren are removed from their parents or where they are together on an Interim Order (e.g. Interim Supervision Order).

4. The Community Based Assessment Process

The children's social worker will identify the need for a CBA with their manager. The social worker with their line manager will identify the nature of the assessment, which agencies need to be involved and the timescales. The social worker will liaise with these agencies, identifying named practitioners to be involved in the CBA. The social worker will then complete a referral form with an attached core assessment and only in exceptional circumstances, will a referral be accepted if a core assessment hasn't been completed.

The referral will be discussed in the monthly CBA allocation meeting for consideration. If approved, a professionals meeting will be arranged to discuss the case and agency involvement. This meeting will be chaired by a service manager and a review date organised at the meeting, (the review meeting would be chaired by the social worker's manager). It is the responsibility of the service manager to complete a commissioning letter for each professional who will be involved in the CBA.

The social worker will remind the parents of the content of the Public Law Outline letter they have received, stating the concerns that have been identified. The agencies contributing to the assessment will describe the nature of their assessment model and the duration of their work.

The senior practitioner will coordinate the assessment by ensuring the sessions are planned with the parent/s, and where appropriate involvement from their advocate and the Court appointed Children's Guardian (CAFCASS). A clear statement of measurable objectives will be established and the parent/s will be given written confirmation of the expectations of their attendance. This agreement would also identify at the outset what circumstances would constitute abandonment of the assessment process.

The parent/s will have contact with their child that is free from a formalised assessment but they will be reminded that the contact officer will be recording notes of his/her observations which will be shared with the parent, (and the court) to help them improve the quality of their interaction.

The aim is for this assessment process to be completed within 8-12 weeks.

At the end of this period the professionals will submit their observations and analysis to the senior practitioner. On completion of the assessment, the senior practitioner will complete a report giving recommendations and signposting to other community based resources.

Where significant differences arise between professionals, with regard to the proposed plan, the Team Manager will liaise with their Service Manager as soon as possible. In the situation of the parent/s not engaging with the assessment process a report will still be submitted by the contributing agency on the work if any that has been completed.

Legal Services will advise on agency reports and those that should be submitted to court as separate statements and those which should be incorporated into the assessment plan.

5. Possible Outcomes

- Concerns have reduced, parents are engaging with services no application is being pursued.
- Further work has been identified and work continues to strengthen parenting capacity.
- Parents are not engaging and there is sufficient evidence of significant harm and the application proceeds.
- Concerns have increased and there is a need to remove the child and move to an early application.
- There is continuing work to be done and the parents voluntarily agree to support in the community and if their child has been accommodated by consent, a plan is drawn up to determine a definitive timetable for reunification.

6. Pre – birth assessments

There may be occasions where due to previous concerns regarding an earlier child that has been removed, or where the parents conduct and behaviour is likely to result in significant harm of their unborn child, a **pre-birth assessment** is undertaken.

The childcare social worker will refer to the unborn baby protocol and complete the **core assessment** designed to respond to the needs of the child.

Other agencies will be asked to complete their assessment and analysis of their contribution as described in the previous section.

In either situation, at any time, the assessment can halt and end or agencies can request additional time, this will be negotiated at a **professionals meeting**.

7. Reviews

It is vitally important that there are regular reviews of the assessment in order that parents can receive clear feedback on their progress or identify areas that can be improved. Parents should be encouraged to offer suggestions about what their needs are and how agencies can best help them. Meetings should be kept to a minimum and **core groups, planning meetings and case reviews** should be brought together.

8. Professional Involvement

8.1 Social Care

Any child or young person who receives a social work intervention will have a core assessment. This is an in depth report that identifies the needs of a child and his/her family and provide services to respond to areas in their life that they might need support with. The core assessment will be used as the social work contribution to the CBA process.

The core assessment examines the parenting capacity, the child's developmental needs and the family and environmental factors relating to safeguarding and the welfare of the child. The social worker records the information they have gathered from a variety of sources, to provide evidence for their professional judgements, facilitate analysis, decision making, (including decisions about which interventions are the most appropriate for this particular child and family) and planning. The completed core assessment is then used to develop the plan for the child or young person. The assessment is expected to be completed within 35 days following an initial assessment that confirms the threshold criteria and eligibility for a social work service.

Assessment Framework Triangle



8.2 Senior Practitioner

The Senior Practitioner offers a parenting assessment with the aim to explore with the parents:

- the way the family is currently functioning
- their parenting behaviours and attitudes
- the needs of the child/ren and the parents capacity to respond to those needs
- to work with agencies to implement desired changes.

This assessment is intended to be separate from the children's social workers assessment, as the senior practitioner will usually have had no previous involvement with the family. It is intended that the senior practitioner will establish a more therapeutic relationship with the parents, too avoid the sometimes adversarial nature that is associated with the Children's Service social worker's position within the court arena.

The assessment will also consider:

- The experiences of the parents of being parented and the influence on their parenting behaviours and attitudes.
- The nature of the relationship between the parents.
- The nature of attachment relationships within the family.
- Intimacy and closeness.
- Stability, security and routines.
- The emotional climate within the family.
- The parent's responses to stress and their 'coping' mechanisms in periods of adversity.
- Parent's willingness/ ability to work with professionals.

The assessment aims to help parents develop a greater understanding of their children's emotional, behavioural and developmental needs and ways to respond to those needs over time. The assessment offers an opportunity for parents to learn and practice new behaviours in a supportive environment.

8.3 Foster Placement

We value the contribution foster carers make to the assessment of parents. We are exploring the best method to capture that information, which would be a combination of diary entries together with a structured framework for additional information. We also ask foster carers what additional support they consider would be helpful for the parents to be able to sustain and develop skills that are necessary to provide good enough care for their child.

Where a foster care placement has been identified, the carer will be invited to the professionals meeting.

Further information will be added to this brochure when it becomes available.

8.4 Specialist Child and Family Support Team

The Specialist Child and Family Support Team provide intensive support for families across Bath and North East Somerset, 0-11 years. They aim to prevent difficult situations from getting worse by working together with families, building on existing skills and family strengths. They provide advice and support on the following issues:

- Positive parenting
- Routines and boundaries
- Family relationships
- Building confidence and self-esteem
- Behaviour management
- Managing feelings
- Domestic violence
- Budgeting
- Play

The team has a wide range of experience of working with children and families. They provide an outreach service, working with families in their own homes, in schools or other local venues, as well as supporting group work.

8.5 Early Years and Extended Services

Early Years and Extended Services are part of the Children's Service and provide a range of services that supports day nurseries; pre-schools; nursery classes; reception classes; childminders; before and after school clubs; holiday playschemes and opportunities for play in parks. They also manage Children Centre Services which are based on the principle of early intervention and integrated working. They offer a wide range of services that cover health; early year's education & care; information advice and guidance and family support. They are often run from dedicated buildings but also work in family's homes and in community venues. They work at universal; targeted and specialist levels with children 0-5 years.

8.6 Health Visitors

Health Visitors are specialist nurses working in the community. In Bath & North East Somerset they work in close alignment to Primary Health Care Teams and offer a universal service to families and carers with children aged 0-5 years.

However, increasingly Health Visitors work is targeted towards those more vulnerable families and those with complex needs.

Health Visitors work alongside families, using an empowerment model to facilitate and strengthen individual families coping mechanisms and sustain positive change where indicated.

Health Visitors work across the whole spectrum of need and are thus very well placed to observe and assess the often very subtle nuances in a child and parents interaction.

Health Visitors have skills and knowledge that help them assess a child's development, often using a precise framework (Schedule of Growing Skills).

Health Visitors are very aware of both maternal and infant mental health issues and how these impact on the parent/child attachment.

In assessing Maternal Mental Health a range of tools are used in accordance with NICE (2008) guidelines.

Health Visitors have training in a number of approaches that facilitate the parent and child interaction and help the parent feel more confident in dealing with their child and setting appropriate boundaries for example:

- Solihull Approach.
- Triple P.
- Positive Assertive Parenting.
- Brief Solution Focused Therapy.
- Webster-Stratton.

Health Visitors work with families in addressing domestic violence, acting as an advocate and working in close liaison with specialist services in order to facilitate positive outcomes. e.g. New Way Project, Reachout and Sanctuary Scheme.

Health Visitors increasingly are working with families where drug and or alcohol abuse is a factor. Often the Health Visitor will signpost the substance misuser onto other specialist team's e.g. Drugs & Homelessness Initiative (DHI) and liaise closely with the GP in the treatment programme. Health Visitors often have skills in guided self

help, CBT (Cognitive Behaviour Therapy) and these skills are useful in challenging the patterns of behaviour and thinking associated with addiction whilst helping to address issues of self esteem.

Health Visitors work very closely with GP's and Midwives in order to promote health for the child, family and unborn child. The focus of their work is in early intervention and prevention of adverse health outcomes.

Health Visitors offer help, support and advice over a huge range of issues that impact on the child and family. Often Health Visitors are the first point of contact before referral on to a whole range of other services, for example:

- Children's Centres Services
- Specialist Child and Family Support Team
- Early Relationships Project and CAMHS
- Drugs & Homelessness Initiative (DHI) / Specialist Drugs & Alcohol service (SDAS)
- Community Learning Disabilities Team
- Community Paediatrician
- All the specialist children's therapies

Health Visitors work very closely with the other statutory agencies and have links with:

- Social Service Children's Service
- Police (DAIT and CAIT Teams)
- Housing
- Probation
- Community Mental Health Team
- Education

Because Health Visitors offer a universal service, their contact with families is not perceived as stigmatising and they usually do not have to overcome the barriers that some other services may encounter with families.

8.7 Community Learning Difficulties Service (CLDS)

The service is based at 3 locations: Complex Health Needs Service (CHNS) at Ash House, St Martin's Hospital in Bath; Bath Locality Service at Carrswood and North East Somerset Locality Team at Connections, Radstock.

The service is composed of specialist professional staff from (Bath & North East Somerset Council Social Care Services and the Primary Care Trust) who provide assessment, support, advice and therapeutic intervention to people who have learning difficulties.

The service works to promote independence, rights and choices of Adults with Learning Difficulties.

Service members work with service users and their carers in identifying their needs. They then involve them in planning their package of care and providing services according to assessed needs.

Eligibility Criteria

This service provides assessment and support to adults (over 18 years) who have a learning difficulty defined as:

'A significantly reduced ability to understand new or complex information, to learn new skills (impaired Intelligence), with a reduced ability to cope independently (impaired social functioning), which started in childhood, with a lasting effect on development.'

The service works with:

- Service users and their families
- GPs and Health Centres
- Health services including hospitals
- Local authority and Independent sector hostels and residential homes
- Nursing and registered care homes
- Supporting independence Teams
- Housing & Social Services Departments
- Day services
- Employers
- Voluntary organisations
- Schools & Adult education colleges

Their aim is to assist people who have learning difficulties to achieve their full potential and enjoy an integrated, varied and fulfilled life.

The CHNS consists of:

- Psychologists
- Health Care Assistants
- Psychiatrist
- Occupational therapists
- Physiotherapists
- Speech and language therapist
- Behaviour nurse Specialist and Practitioners
- Epilepsy nurse
- Family Link service
- Complex case co-ordinator
- Continuing Health Care nurse

And access to:

- Community Dietician
- Forensic psychologist and Nurse

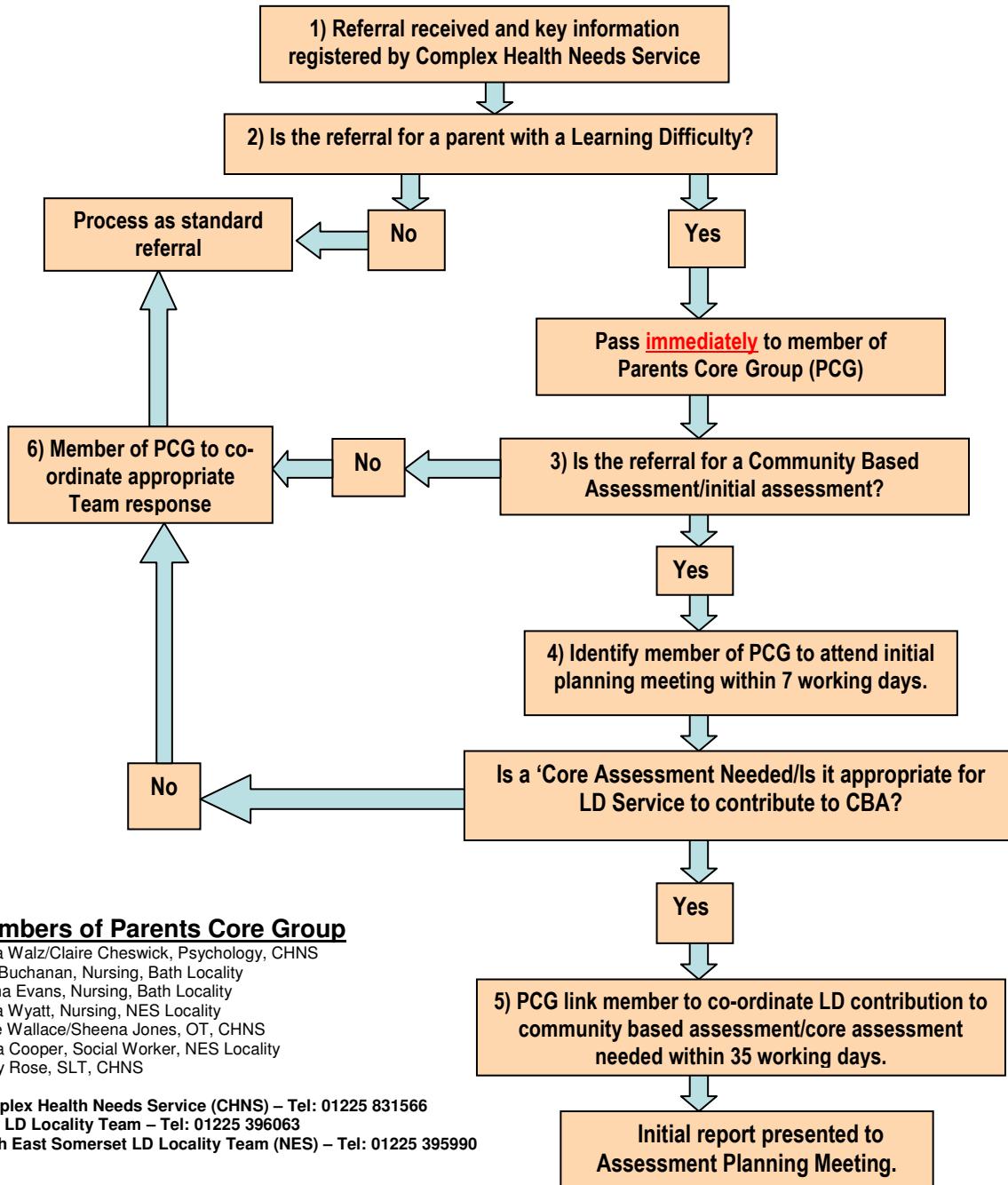
Locality teams consist of:

- Social workers
- Community nurses
- Support service Co-ordinators
- Supported Living Service
- Community Day Services Team
- Day service staff

The team offers help with:

- Medical issues such as epilepsy
- Physical difficulties
- Emotional and Mental Health problems
- Health Education
- Counselling
- Planning for the future
- Personal relationship and sexual health issues
- Communication difficulties
- Challenging behaviour
- Equipment and advice on adaptations
- Eating and drinking
- Access to other services
- Development of Independent Living Skills
- Accessing and use of community services

WORKING WITH PARENTS WHO HAVE A LEARNING DIFFICULTY
Locality Service/Complex Health Needs Service
Referral & Assessment Flowchart
Please see reverse for Additional Notes



8.8 Adult Care and Commissioning Services

The aims of the Adult Care and Commissioning Services are:

- To promote independence, enable people to live in their own homes where possible and to continue, or return to, employment
- To protect vulnerable adults, in partnership with other agencies
- To seek to continually raise standards through improving the consistency and quality of assessments and through developing integrated, innovative and responsible community based services.
- Through our Commissioning Service, we aim to ensure a wide range of choice for service users and carers and to ensure the best use of funds available.

The Adult Care and Commissioning Services provide an assessment service for people living at home and for hospital in-patients over the age of 18. Following an assessment a range of services may be provided for those who are eligible. Some services are provided by internal staff and others are commissioned from private and independent providers, for example private home care agencies and residential homes.

Adults receive assessments under the Community Care Act 1990 in order to determine whether they may be eligible for services. Some services are chargeable, so there may be a financial assessment as well.

A Care Plan is put together, which describes all the services that are required and who will provide them. This is reviewed after 4 to 6 weeks with the service user to ensure they are working well and meeting their needs.

Following an assessment a variety of services may be offered:

- Personal and domestic care to help people manage at home
- Equipment and adaptations to help with daily living
- Residential care for people who cannot be helped to live at home
- Giving carers a break by providing a variety of alternative care for the people they look after
- Helping people when they are discharged from hospital
- Advice and support for people with sight and hearing problems
- Enabling people with a learning difficulty to live independently and find work

8.9 Policy on Support for Disabled Adults in their Parenting Role

Bath & North East Somerset Council, in partnership with BANES Primary Care Trust, recognise that parents who are disabled may need help with parenting tasks for their children. They should receive a response that is prompt and well coordinated, and which is underpinned by person centred and family centred values, respecting the right to a family life and in the best interests of the children.

- Disabled parents who need help with parenting tasks will have those eligible needs met as part of a service to the parent is his/her own right
- Disabled parents will be offered a joint assessment involving Adult and Children and Families Services from the outset as the best way of ensuring a full range of expertise and coordination of services. However there is no assumption that children of disabled parents are automatically children in need.
- Workers from whichever team/agency are duty bound to regard the interests of children as paramount.
- Disabled adults may become parents at any stage in their life and the impact of their impairment will change in accordance with the needs of their child.
- The life chances for children should not be compromised by their parents' disability.
- The primary responsibility for parenting support services for disabled adults will be from adult services.

Young Carers

- a) Where a child or young person under the age of 18 years is taking on a caring role, they should be assessed as a Young Carer. This should not detract from the provision of services to the parent.
- b) The purpose of assessment of a young carer is to ensure that the life chances of a young person are not damaged by any caring role they may adopt. Practitioners should read the guidance in the Adult Care Manual and the Childcare Manual.

Identification of Need

- a) Disabled Parents should be identified at the earliest possible stage, preferably before the child is born. In practice, this may be quite difficult as not all impairments are obvious. GP's, midwives & health visitors need training in identification & knowledge of services available & referral pathways as part of

preparation for implementation of the Common Assessment Framework.

- b) Where professionals identify needs in the early stages of pregnancy, consultation with relevant services should be undertaken.

Eligibility

Disabled parents have a right to have help with parenting as a service for themselves if they meet Bath and North East Somerset criteria under Fair Access to Care (FAC). **This service is generally assessed, and provided by Adult Care. Charging may apply in accordance with Community Care Services charging policy.**

There is practice guidance available for adult and child care staff on their responsibilities regarding assessment of parents with mental health concerns. The Adult Care Community Care Manual also provides a section on drugs and alcohol risk screening for this group of parents.

Where an urgent assessment of the disabled parent's needs is required, for example on discharge from hospital, this may need to take place before the Children and Families Service are able to respond. In this case a fuller review/assessment, including input from children and families, will take place later but without undue delay.

8.10 Adult Mental Health

Mental health services in Bath & North East Somerset are provided through integrated health and social care Teams. The Local Authority together with **Avon & Wiltshire Mental Health Partnership NHS Trust.**

These services, known as “secondary services”, are provided for people with severe and enduring mental illness. Also, within the service are tertiary services, local specialist mental health services which are accessed by the main community teams. In addition, local services can refer to services which are provided centrally by the Mental Health Trust (such as the eating disorder service) and to other providers elsewhere in the country for very specialist needs.

There are eligibility criteria to decide whether someone is entitled to an assessment and/or a service from the mental health services. These criteria are the Threshold Assessment Grid (known as TAG) and the Local Authority's Fair Access to Care Services.

Once a person is referred to the mental health service, assessment of needs and any risks, and care planning and reviewing processes, are carried out under the Integrated Care Programme Approach (ICPA). This combines Health's Care Programme Approach with Social Services' NHS & Community Care Act responsibilities.

Mental Health Services provide the following:

- Assessments of need and any risks
- Assessments under the Mental Health Act 1983 (amended by the Mental Health Act 2007)
- Care plans to enable people to live as independently as possible
- Monitoring and reviews of care plans
- Practical and emotional support
- Social activity groups, day care services for people with severe mental illness
- Support to access training, vocational, employment and leisure opportunities
- Support to carers
- Medication
- Therapeutic interventions
- Talking Therapies
- Family Work
- Occupational Therapy
- Art Therapy
- Psychotherapy
- An intensive service targeted at keeping people out of hospital
- Residential facilities
- Hospital in-patient care
- A liaison service with the Royal United Hospital

- Support services for people from black and other minority ethnic communities.

8.11 Drugs and Alcohol Services

Drugs Homeless Initiative (DHI)

DHI is a charity that challenges social exclusion by supporting people to achieve their potential and contribute to the richness and well being of their community.

DHI provide a comprehensive range of services to the communities of Bath and North East Somerset, South Gloucestershire, Mendip, Wiltshire and Swindon including Drugs and Alcohol Services, Housing and Support Services, Families and Carers Services, Criminal Justice Services and Information and Brokerage Services.

Their strength is being able to respond to clients needs by offering programmes tailored to the individual. DHI deal not only with the health and emotional well being of their clients but also with real practical issues such as housing, social exclusion, lack of basic education and employable skills. Empowerment, education and community involvement are key components of DHI's service and philosophy.

Specialist Drugs and Alcohol Service (SDAS)

A free at the point of delivery treatment service for those requiring input from a specialist drug and alcohol service. This includes counselling, psychological therapies, advice and information for people with alcohol or drug related problems. Dependent on an assessment of individual needs this includes:

- Counselling, Assessment, Referral, Advice and Throughcare' (CARAT) services in prisons
- Rapid Access Prescribing service
- Advice, information and individual psychological therapies
- Substitute prescribing/prescribing facility
- Tranquilliser withdrawal
- Referral on to residential rehabilitation services
- Detoxification and stabilisation in hospital or at home
- Syringe and needle exchange where we are commissioned to do so (also available at some pharmacists)
- Drug Rehabilitation Requirement (via joint agency specific team)
- HIV, Hepatitis B and C testing service, Hepatitis B vaccination
- Relapse Prevention Group
- Duty worker for advice and information
- Specific alcohol counselling and advice service via Police and Courts
- Advice and counselling for Women
- Advice and counselling in the Prison Service.

Our services are provided at 13 sites across Bath and North East Somerset (BANES), Bristol, North Somerset, South Gloucestershire and Wiltshire. We also provide services to prisons in Dorset, Gloucestershire, Devon, Wiltshire, Somerset and Bristol. Referrals are received via single point of entry.

Both SDAS and DHI are motivated to work closely with Children's Service to improve outcomes for parents with substance misuse problems. We are exploring the best way to achieve closer working relationships including dedicated family worker time.

8.12 Child & Adolescent Mental Health Service (CAMHS)

Where there are concerns about the emotional well-being of a child, and in particular, where trauma and abuse has featured in a child/young person's life, the Child and adolescent mental health service (CAMHS), may be asked to assist with the community assessment model. CAMHS are designed to promote the mental health and psychological wellbeing of children and young people, and provide high quality, multidisciplinary mental health services to all children and young people with mental health problems and disorders to ensure effective assessment, treatment and support, for them and their families.

CAMHS is a specialist child and adolescent mental health services operating at Tiers 2, 3 and 4 of the four-tier strategic framework (see chart on following page). The four-tier strategic framework is widely accepted as the basis for planning, commissioning and delivering services.

All children and young people, from birth to their eighteenth birthday, who have mental health problems and disorders, have access to timely, integrated, high quality, multidisciplinary mental health services to ensure effective assessment, treatment and support, for them and their families.

The standard outlines the following vision for the future:

- An improvement in the mental health of all children and young people
- That multi-agency services, working in partnership, promote the mental health of all children and young people, provide early intervention and also meet the needs of children and young people with established or complex problems
- That all children, young people and their families have access to mental health care based upon the best available evidence and provided by staff with an appropriate range of skills and competencies

CAMHS four-tier strategic framework chart



8.13 New Way Service

This service was set up in 2006, to respond to high levels of domestic abuse.

New Way is based upon a harm minimisation model. The intervention focuses on working with perpetrators and victims to establish a new way for them to resolve their conflict in less damaging ways. The intervention with the victim is to empower them to safeguard their children and themselves. This may result in separation between the adults, which will impact on the children, but enable them to separate in a more constructive way and resolve issues of contact.

New Way works with parents to reduce the risk to the children from domestic violence and abuse. The service supports the non-abusive parent to be better placed to engage in new adult relationships and reduce the potential for further victimisation. The non-abusing parent takes this learning with them to avoid future abusive relationships.

The perpetrator of domestic violence is invited to reflect upon their behaviour and consider strategies to avoid violent expressions of conflict. They are asked to consider the impact of their behaviour on the children and to consider their own childhood and the impact of any trauma upon their own development. The intention being that they are given space to re-evaluate the nature of adult relationships and the importance of parenting

8.14 Probation Services

Where offending is an issue with regard to parenting capacity the Probation Service may contribute to this process. Where there are convictions of crimes of violence including domestic violence, sexual offending and physical assault, they may have a key role to play in helping parents cope with issues of contact, reunification of families and rehabilitation.

Protecting the public and reducing offending are the primary objectives of the Probation Service. The Probation Service works closely with offenders and as such are often party to information about their whereabouts, which may impact upon the level of risk posed to children with whom that offender has contact.

When working with a member of a family where child abuse is known, or thought to have occurred, The Probation Service will:

- liaise closely with Social Services and any other relevant agencies to protect the child; and
- attend child protection conferences.

When working within the prison system, probation officers will:

- notify the Local Authority when an offender, convicted of an offence against a child, is about to be released and is planning to reside at an address in the Bristol area.

Where a Probation Officer undertakes supervision of a person convicted of an offence against children, they will:

- pay vigilant attention to any possible risk of harm to children residing at the same address or nearby; and
- Ensure that the Local Authority is also aware of the situation by notifying details of the offender to the Child Protection Register.

9. Conclusions

The **Community Based Assessment** is designed to provide the court with a comprehensive assessment from a range of relevant agencies. It is envisaged that this model will offset the need for families to be sent to residential facilities and or the need for additional court appointed experts. Residential parenting assessment centres do not always have the range of expertise needed, they can be a long distance from the originating community, but most importantly they are not able to assess the parents within their home environment.

The **Community Based Assessment** fits well with the PLO providing all parties with clear information and evidence of what needs to change, together with experts in their field, who provide reports identifying risks and capacity for change, when this is likely to be achieved and what would be required to sustain these changes.

The social worker needs to use their analytical skills to ensure that the reports from the relevant agencies provide sufficient evidence to support the Local Authority's care plan for the child.

This approach can work alongside parents whose children have been removed, children who are placed with either, foster parents or extended family members. On occasions, in particular with young parents we can provide foster placements for parents and their child together, the foster carers in these circumstances will be invited to contribute to the assessment.

This model will endeavour to make the experience for the parent, as comfortable as possible, making the sessions a positive contact experience for parent and child as well as providing opportunities for observation and assessment.

There will be sessions that are for the purposes of contact only, but the supervising officer will make notes regarding the quality of the contact and these will be shared with the parents.

The **Community Based Assessment** can be conducted in a range of venues, but in the first instance at The Honeycomb Room as this facility has been designed for this purpose. It will be necessary for the senior practitioner and other professionals to assess the family in their own home if the work is progressing well and it is agreed by the social worker that this is a necessary step for purposes of the assessment.

The **Community Based Assessment** will also consider the potential of any extended family members who offer themselves as potential long term carers. This will sit alongside assessment of these family members within their own home, but any contact in the meantime can be arranged in this venue, to maintain continuity for the child.

Appendix 1- Community Based Assessment Referral Form

Request By:																																																																																							
Child/ren's Details <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3">Forename (s)</td> <td colspan="2">Surname</td> <td colspan="3">Date of Birth / Expected Delivery Date</td> </tr> <tr> <td colspan="3"></td> <td colspan="2"></td> <td colspan="3"></td> </tr> <tr> <td>Male</td> <td><input type="checkbox"/></td> <td>Female</td> <td><input type="checkbox"/></td> <td>Ethnicity</td> <td></td> <td>P No.</td> <td></td> </tr> <tr> <td colspan="3">Forename (s)</td> <td colspan="2">Surname</td> <td colspan="3">Date of Birth / Expected Delivery Date</td> </tr> <tr> <td colspan="3"></td> <td colspan="2"></td> <td colspan="3"></td> </tr> <tr> <td>Male</td> <td><input type="checkbox"/></td> <td>Female</td> <td><input type="checkbox"/></td> <td>Ethnicity</td> <td></td> <td>P No.</td> <td></td> </tr> <tr> <td colspan="3">Forename (s)</td> <td colspan="2">Surname</td> <td colspan="3">Date of Birth / Expected Delivery Date</td> </tr> <tr> <td colspan="3"></td> <td colspan="2"></td> <td colspan="3"></td> </tr> <tr> <td>Male</td> <td><input type="checkbox"/></td> <td>Female</td> <td><input type="checkbox"/></td> <td>Ethnicity</td> <td></td> <td>P No.</td> <td></td> </tr> <tr> <td colspan="2">Child resides with:</td> <td colspan="6"></td> </tr> </table>								Forename (s)			Surname		Date of Birth / Expected Delivery Date											Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Ethnicity		P No.		Forename (s)			Surname		Date of Birth / Expected Delivery Date											Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Ethnicity		P No.		Forename (s)			Surname		Date of Birth / Expected Delivery Date											Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Ethnicity		P No.		Child resides with:							
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Purpose of Assessment: <div style="height: 150px; border: 1px solid black; margin-top: 10px;"></div>																																																																																							
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Agencies to be invited to the Professionals meeting:				
Name	Job Title	Agency	Address	Brief Overview of any previous involvement

A Service Manager will chair the initial professionals meeting. The Senior Practitioner – Intensive Parenting Assessments and the case holding Social Workers’ line manager will be automatically invited.

Please return completed form to:

Kate Townsend, Administrative Manager, Children’s Service, Riverside
The referral will be discussed at the monthly allocation meeting.

Appendix 2 – Commissioning Letter Template

**Bath & North East
Somerset Council**



CONFIDENTIAL

Address

Children's Service
Children YP & Family Support Svcs
Riverside, Temple Street,
Keynsham, Bristol BS31 1DN
Telephone : (01225) 394230
Facsimile : (01225) 39
E Mail : kate_townsend@bathnes.gov.uk
Our ref: P
Date:

Dear.....,

Re: Commission for a Community Based Assessment

Please find below details to commission your services for a Community Based Assessment.

Name of Child:	
Start Date of Assessment:	
Number of sessions required:	
Sessions with:	
Deadline for report:	
Report to be submitted to:	Trina Shane, Service Manager, trina_shane@bathnes.gov.uk Dinah Perry, Specialist Social Worker Dinah_perry@bathnes.gov.uk ,Allocated Social Worker
Review Date:	

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Assessment criteria:

If the parent/s are not engaged with this process and fail to attend 3 sessions without an acceptable reason, please cease assessment. Please still write report on any sessions attended, however if no sessions have occurred please inform the Social Worker and Specialist Social Worker who will incorporate this into their report for court.

Yours sincerely

Trina Shane

Trina Shane
Assessment and Family Support Service Manager

cc. Parent/s, Deputy or Team Manager, Legal, Service Manager, Allocated Social Worker, Specialist Social Worker