

**DERBYSHIRE COUNTY COUNCIL**  
**CABINET MEMBER FOR YOUNG PEOPLE**  
**6 FEBRUARY 2018**

**Report of the Strategic Director for Children’s Services**

**Recruitment of Clinical Psychologist for  
Preventing Family Breakdown Team**

**1. Purpose of Report**

To seek Cabinet Member approval for the creation of a new post of Clinical Psychologist within DCC to be located within the Preventing Family Breakdown Team (PFBT).

**2. Information and Analysis**

The PFBT works intensively with a small number of families where a child is at the ‘edge of care’ or is a Looked After Child, and where, with intensive intervention and support, it is felt that child may be able to remain at or return home. As well as the benefits of this work for children and families, there is the potential to avoid costs through interventions which mean that children do not need to be accommodated. Analysis about the first 18 months operation of the service from September 2015 to February 2017 identified that the service worked with 62 young people, of whom 51 have remained at home, and 11 young people have been accommodated or remained in care. This means a total of 81% of all PFBT interventions have resulted in a child staying at or returning home, set against an original target of 50% as part of the Department for Education Innovations Project. The projected costs avoided have been estimated as being approximately between £915,465–£2,024,848, depending on the level of projected placement costs: with the higher figure including projected higher cost residential placements.

In undertaking this work, the PFBT follows a specific therapeutic and evidence-based ‘multi-modal’ model of intervention: where a multi-agency team offers a combination of psychological, relational and practical support across all of the ‘modalities’ of family life where it is shown targeted support can create change. It is argued that the Clinical Psychologist is essential for this work for three key reasons. First, the Clinical Psychologist provides clinical oversight of the application of the model that PFBT uses and supports other team members in their use of this model. Second, the Clinical Psychologist provides consultation and mentoring, overseeing specific targeted pieces of work that are undertaken, how this work is done, and

supporting the development of staff knowledge and skills. Third, the Clinical Psychologist undertakes direct psychological interventions, therapy and assessment that otherwise could not be undertaken. The input of the Clinical Psychologist is particularly significant given that PFBT generally works with children and families where there are complex mental health and developmental needs.

When PFBT was established, Clinical Psychology input was provided by Morning Lane Associates, and following the end of the Innovations Project funding, DCC continued to buy in this support from Morning Lane Associates until June 2017. This arrangement ended due to considerations of longer-term cost-effectiveness and stability, with the Clinical Psychologists in post at that time giving notice. Work has been undertaken to explore the best way of providing this service, and concluded that there are no existing services in DCC or partner organisations who are able to provide this input, and the costs of an externally-commissioned service are likely to be significantly more than a post established within DCC. It is further proposed that a joint established post between DCC and NHS would appeal to the greatest number of candidates.

### **3. Human Resources Considerations**

Advice has been sought from Human Resources as the nature of the work undertaken by a Clinical Psychologist falls outside of the general DCC pay scales at equivalent salary points. Pay points have therefore been set using the Soulbury Scales in line with the existing Educational Psychology service within Children's Services. Due to equivalency, the Clinical Psychologist role would need to be line-managed by a Head of Service, although day-to-day issues could be delegated to the PFBT Consultant Social Worker, who would also retain responsibility for case management decisions.

Differences between Educational and Clinical Psychology roles mean they could not provide the service directly to PFBT, however following discussion with Educational Psychology Service and in line with their arrangements with Clinical Psychology partners, they could provide clinical supervision and support for the role.

### **4. Financial Considerations**

It is anticipated that the post will be recruited to at Soulbury Scale grade B, with the additional recommendation that spinal pay points ranging from 1–8 are used. This gives a pay range of £44,799–£54,661 which increases to £61,000–£72,000 when on costs are included.

Recruitment to this post will not only assist the team in ensuring that children are not taken into care unless it is the appropriate action to take thus helping the department to avoid ore costly placement expenditure, there are further potential direct savings from the work undertaken by the Clinical Psychologist. Last year the input of the Clinical Psychologist in the south team meant that the cost of an externally-sourced psychology intervention for three children costing over £20,000 was avoided.

Funding for this post is available within the existing allocated service budget for the Preventing Family Breakdown team.

## **5. Legal and Human Rights Considerations**

There has been consultation with Legal Services, and advice given at the point at which the previous arrangement with Morning Lane Associates was ended. The same legal and human rights considerations would apply for the Clinical Psychologist role as any other DCC Children's Services posts.

## **6. Other Considerations**

In preparing this report the relevance of the following factors has been considered: prevention of crime & disorder, equality of opportunity, social value, health, environmental, property and transport considerations.

## **7. Background Papers**

Report for SMT: Update on Preventing Family Breakdown Team 04/10/17

## **8. Key Decision?**

No

## **9. Call-In**

Is it required that the Call-in period be waived in respect of the decisions being proposed within this report?

No

## **10. Strategic Director's Recommendations**

That the Cabinet Member approves the creation of a new post of Clinical Psychologist within DCC to be located within the Preventing Family Breakdown Team (PFBT).

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**Jane Parfremment  
Strategic Director for Children's Services**