#### OFFICER DECISION RECORD 2 FORM

This form should be used to record Officer Decisions which have a financial impact (income/expenditure) between £25k - £100k.

Decision Reference No: e.g. Directorate/Ref No/Year - Learning and opportunities/Educational Psychology/2/1/20

BOX 1.

DIRECTORATE: Learning and opportunities DATE: 2/1/20

Contact Name: Jane Cresswell Tel. No.: 07966243242

Subject Matter: Vacancy creation of part time position Principal Educational

**Psychologist** 

### BOX 2 DECISION TAKEN:

the educational psychology vacancies.

To create a vacancy for a part time (0.5) positon of Principal Educational Psychologist.

#### BOX 3

# REASON FOR DECISION AND ALTERNATIVE OPTIONS CONSIDERED AND REJECTED:

Following the retirement of the previous Head of Service covering SEN and Educational psychology a decision was made to incorporate the educational psychology service within the Virtual School service. The previous head of service for Educational Psychology was also the Principal Educational psychologist.

To lessen the impact on service delivery two senior Educational psychologist posts were agreed, one being temporary until September 2020. Both these posts at present are only filled by 0.5 and 0.6 FTE due to capacity of educational psychologists and the difficulty in recruiting to full time posts. Whilst having a Principal Educational Psychologist is not mandatory it is considered good practice and therefore backed by the association of Education Psychologists as the industry standard.

To not create the vacancy will further damage the reputation of Doncaster within the AEP and educational psychology fields and create further difficulties to recruit and fill

## BOX 4 BACKGROUND PAPERS

BOX 5

NO (If YES please list and submit copies with this form)

INFORMATION NOT FOR PUBLICATION:

There is no exe	mpt or confidential information in	this application.
	resswell Signature:	
BOX 6 AUTHORISATIO	DN:	
Name: Riana Ne	elson <b>Signature</b> :	<b>Date:</b> 12/11/2019
Director of Learn	ing, Opportunities and Skills	
Does this decis Officer?	ion require authorisation by th	e Chief Financial Officer or other
NO		
If yes please aut	horise below:	
Name:	Signed:	Date:
Chief Executive/	Director/Assistant Director of	
Consultation wi	th Relevant Member(s)	
NO		
Name:	Signature:	Date:
Designation		
(e.g. Mayor, Cab	inet Member or Committee Chai	r/Vice-Chair)
Declaration of I	nterest NO	

If YES please give details below:	

PLEASE NOTE THIS FORM WILL BE PUBLISHED ON THE COUNCIL'S WEBSITE IN FULL UNLESS IT CONTAINS EXEMPT OR CONFIDENTIAL INFORMATION

Once completed a PDF copy of this form along with any relevant background papers should be forwarded to Governance Services at <a href="mailto:Democratic.Services@doncaster.gov.uk">Democratic.Services@doncaster.gov.uk</a> who will arrange publication.

It is the responsibility of the decision taker to clearly identify any information that is confidential or exempt and should be redacted before publication.