

Family Psychology Mutual was established as a new company by staff who previously worked in Cambridgeshire and is known as a Public Service Mutual. Our values and employee owned status have created a motivated and skilled workforce.

With an expanding portfolio of work **FPM** is driven to deliver high quality evidence based interventions, particularly for young people at risk of entry into public care or custody.

Our focus is on the effective engagement of families and young people to enable lasting change. We are a direct provider of services and also advise and programme manage a number of services across Eastern England and in London.

Some of our services are delivered through social investment, social impact bonds and outcome based contracts.

We are interested in being commissioned for services and would be happy to meet with commissioners and children's services leads to discuss opportunities.

CONTACT US

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A staff owned social enterprise specialising in the delivery of evidence based interventions for young people and their families.

An experienced provider of Multi Systemic Therapy and of Functional Family Therapy.

Able to provide programme management, consultancy and implementation advice and support

Outcome focused, strengths based and innovative

Functional Family Therapy (FFT)

We can provide

A phased evidence based, licensed model which builds family capacity for change. Developed and built upon recognised family therapy techniques FFT is a phased model that creates lasting change for families through changes to relational dynamics.

FFT engages young people and their families in therapeutic work as they progress through the three phases of treatment: engagement and motivation, behavioural change and then generalisation. Each of these phases plays a critical role in helping families rethink the nature of their relationships and build on their existing strengths.

Suitable for young people aged 11–17
FFT typically lasts for 5-6 months with weekly sessions taking place at home.

FFT-CW

Family Psychology Mutual is seeking to introduce a clinical variant of FFT for Child Welfare (FFT-CW) which is more focused on child protection cases and has a 0–18 age range.

Multi Systemic Therapy for Problem Sexual Behaviour (MST PSB)

We can provide

An evidence-based, licensed model for working with young people aged 10–17 who display harmful sexual behaviours. An intensive home-based intervention built on effective engagement with the family including 24/7 on-call telephone support, delivered at home over 5–7 months.

A pathway to reduce risk which enables young people to live at home and repairs family relationships. Collaborative work with professionals as clinical lead. Structured case management including safety planning for home, school and community. Individually tailored interventions including the impact of victimisation, social skills work and sex education. Challenge of denial and minimization.

Detailed summary reports of the work undertaken, progress made and recommendations for further intervention and support

Risk Assessment and safety planning

A structured psychological risk assessment which involves meeting with the young

person and their family at home over 2–4 appointments using of empirically guided risk assessment tools, that consider the strengths and weaknesses within the systems surrounding the young person.

Multi Systemic Therapy for Young People with Antisocial Behaviour

We can provide

An evidence-based licensed model for young people at high risk of out of home placement (care or custody). An intensive intervention that addresses the multiple determinants of serious antisocial behaviour and offending.

A strengths focused, home based, family model that supports positive change of the referral behaviours typically lasting 3–5 months. Coaching and modelling of new approaches for families, supported by their MST worker and 24/7 on-call telephone support.

Highly structured, pragmatic intervention goals Empowerment of families for long term sustained changes. High internal supervision and quality assurance of clinicians. End summary report with recommendations for further interventions if required.