

Workforce restructure equality analysis form

This form is to be used to monitor the impact of restructures on equality in the workforce to ensure that:

- all decisions and criteria are fair, transparent and non-discriminatory
- no one is treated less favourably than anyone else because of their equality characteristics during a restructure process.

This form should be completed in three stages:

- **Stage 1: Predictive** (complete sections 1, 2 and part of section 4)
You should complete the predictive analysis at the very beginning of the restructure process. This will help you to think about how equality considerations should inform the restructure process and give you time to address issues of inequality.
- **Stage 2: Post-consultation** (complete section 3)
- **Stage 3: Retrospective analysis** (complete sections 4 and 5)
You should complete the retrospective analysis at the end of the restructure process to compare the outcomes with your predictive analysis. You will assess there were any differential impacts on equality and reflect on lessons learned from the process.

A separate equality analysis should also be completed to assess the potential impact of a restructure on service users.

If you have any questions about this form, please contact your Senior Employee Relations Officer.

1. Overview

Department	Adult Social Care
Unit	Care Planning & Support
Team	Mental Health
Responsible manager	Phil Porter
Date of predictive equality analysis	14/07/15
Date of retrospective equality analysis	
Number of employees affected	57 55 staff are affected by changes to team structures, and minor refocus of tasks within their existing role profiles. None of these staff will be subject to redundancy or changes to their existing role profiles. 2 staff will be affected because their posts are being deleted from the new team structure. The consultation paper on this

	change is attached. Because these individuals cannot be identified within the diversity profile, the EA will reflect the data that relates to the entire team.
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Please attach the consultation paper which should summarise the background, key objectives and proposed changes to the workforce.

2. Process – please confirm that you have completed the following steps

Action	Date completed	Comments
Confirmed that all criteria used for redundancies, ring-fenced interviews and new job descriptions are fair and non-discriminatory	June 2015	No ring-fenced posts or new JDs. The preference will be to find suitable roles
Signposted affected employees to support for dealing with stress	July 2015	Included within consultation document
Confirmed if any affected employees are disabled and may need reasonable adjustments during the process	June 2015	No adjustments required
Made reasonable adjustments for disabled employees at each stage of the restructure process	N/A	
Confirmed if any affected employees are pregnant, on maternity leave or due to return from maternity leave and are a priority group for assimilation or redeployment	N/A	No staff are on maternity leave
Ensured that any recruitment panels are representative in terms of race and sex	Yes	
Ensured that all members of any recruitment panels have completed recruitment and selection training either at Brent Council or elsewhere	Yes	Panel staff have all completed CNWL or Brent recruitment and selection training

3. Consultation

Consultation dates	
Who did you engage with?	
What equality issues were raised during the consultation?	
How will you respond to these findings?	

4. Outcomes

If **more than ten** employees are affected, complete this section in full.

If **fewer than ten** employees are affected, only include data on age, race and sex.

If **fewer than five** employees are affected, do not complete this section.

Please contact your Senior ER Officer if there is any risk that individuals could be identified.

a. Workforce diversity profile

		Previous structure (predictive)		New structure (retrospective)	
Snapshot of workforce as at:		January 2015		[Date]	
Total number (no.) of employees		57		[No.]	
Age	Under 21	0	0.00%	[No.]	[%]
	21 – 30	2	3.51%	[No.]	[%]
	31 – 40	11	19.30%	[No.]	[%]
	41 – 50	17	29.82%	[No.]	[%]
	51 – 60	22	38.60%	[No.]	[%]
	61 – 70	4	7.02%	[No.]	[%]
	71+	1	1.75%	[No.]	[%]
Disability	Disabled	3	5.26%	[No.]	[%]
	Not disabled	37	64.91%	[No.]	[%]
	PNTS/ Unknown *	17	29.82%	[No.]	[%]
Race	Asian	7	12.28%	[No.]	[%]
	Black	23	40.35%	[No.]	[%]
	Mixed heritage	1	1.75%	[No.]	[%]
	White	14	24.56%	[No.]	[%]
	Other	1	1.75%	[No.]	[%]
	PNTS/ Unknown *	11	19.30%	[No.]	[%]
Religion or belief	No religion / belief	6	10.53%	[No.]	[%]
	Christian	13	22.81%	[No.]	[%]
	Hindu	4	7.02%	[No.]	[%]
	Muslim	1	1.75%	[No.]	[%]
	Other	1	1.75%	[No.]	[%]
	PNTS/ Unknown *	32	56.14%	[No.]	[%]

Sex	Female	37	64.91%	[No.]	[%]
	Male	20	35.09%	[No.]	[%]
Sexual orientation	Lesbian, gay or bisexual	1	1.75%	[No.]	[%]
	Heterosexual / straight	26	45.61%	[No.]	[%]
	PNTS/ Unknown *	30	52.63%	[No.]	[%]
Transgender		No data		[No.]	[%]
Married or in a civil partnership		11	19.30%	[No.]	[%]
Pregnant or on maternity leave		0	0%	[No.]	[%]

* PNTS = Prefer not to say

b. Outcomes diversity monitoring (Retrospective analysis)

	Placed in new structure						Redundancies				Redeployment		Other	
	Grade increased		No change		Grade reduced		Compulsory		Voluntary					
	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]
All staff	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]
Age														
Under 21	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]
21 – 30	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]
31 – 40	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]
41 – 50	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]
51 – 60	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]
61 – 70	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]
71+	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]
Disability														
Disabled	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]
Not disabled	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]
PNTS	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]
Race														
Asian	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]
Black	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]
Mixed heritage	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]
White	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]
Other	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]
PNTS	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]
Religion or belief														
No religion	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]
Christian	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]
Hindu	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]
Muslim	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]
Other	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]
PNTS	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]
Sex														
Female	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]
Male	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]
Sexual orientation														
Lesbian, gay or bisexual	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]
Heterosexual/straight	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]
PNTS	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]
Transgender	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]
Married or in a civil partnership	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]
Pregnant or on maternity leave	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]	[No.]	[%]

5. Summary and lessons learned

What were the main differences between the predictive and retrospective analyses?

Did the restructure have a disproportionate impact on any of the equality groups?

If so, can you justify why there was a disproportionate impact?

What lessons on equality and diversity can be learned from this restructure process?

Please return this form to your Senior Employee Relations Officer for auditing.



Brent

**Staff Consultation Paper on the
Carers Team
July 2015**

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1. Context and Background

Context & Background

The service has been working for the past twelve months on a new designed operations model for the following teams:

- ABT
- Recovery Team
- AOT
- Rehabilitation Team
- Carers Team

The following model has been developed for the service

A Brent Recovery Service will be established, split into two network groups which will deliver a range of functions including;

- Responding to referrals and providing brief treatment as required – providing an initial response to referrals, particularly a face to face response within four hours for urgent access, pending Trustwide work on the development of a HRRTT model, which will be crucial for the networks. The Mental Health system needs this part of the pathway to function effectively so that those referred to the service are seen in a timely manner.
- Assessment Function – a full Core Assessment, Risk Assessment and Carer's Assessment will be carried out in network groups following referral from the screening service. A Social Worker or a Nurse will assess, where Social Care and Health Needs have been identified at the screening stage. A Doctor will only carry out an assessment on service users where Health needs have been identified. There may be a need for joint assessment or two assessments if initial triage at SPA does not accurately identify the needs.
- If after assessment it is determined that a person requires support from the secondary service, the case will be allocated to a Care Coordinator best equipped to work with the service user, and also take into account capacity within network groups.
- An outcome based Care and Support Plan will be put in place for each person, with progress reviewed against this plan on a regular basis by the Care Coordinator. Working towards discharge from the secondary service back to primary care will be a key function of the service.
- The service will engage with people to ensure they are involved with Employment Support Services, training and other activities designed to promote independence and recovery and to avoid social isolation.
- The functions of the Rehab Service will be carried out within the network teams. Care for service users in residential care and supported accommodation services will happen from the networks, and will include -
 - Arranging accommodation placements based on the needs of service users
 - Skills development to help service users live independently

- Regular reviews to determine suitability for step down, and the suitability of care packages
 - Ensuring support packages are delivering value for money and renegotiating costs where appropriate
 - Working with providers to ensure care and support meets the needs of service users. Challenging providers if there are problems and working with Commissioning to rectify these.
 - Working with the council's Commissioning Team to ensure there is sufficient supported accommodation for mental health service users, which is meeting needs in Brent.
 - Working with service users in CCG funded institutional care
 - Working with Housing Services to ensure there is access to general needs accommodation for service users and maintaining this relationship.
- The service user will be contacted or seen by appointment as a minimum once a month by their Care Coordinator. If the service user does not need to be seen as frequently as this, thought should be given to discharging them from the secondary service.
 - Home visits should take place for each service user at a minimum of once a quarter, and following the completion of a Risk Assessment.
 - The work of the AOT Service will be mainstreamed into the new service and the stand alone team will be disbanded. However, the clinical pathways for AOT will be retained for those service users who require additional support. In the caseload analysis carried out in preparing the new model, there was not enough evidence to support the retention of a separate AOT – they did not appear, from the analysis undertaken, to be offering anything different to service users than that offered by the Recovery Team. There wasn't evidence that AOT service users were seen any more frequently than Recovery service users and as a result it is felt that there isn't the evidence for a standalone team.
 - ABT will be disbanded; the Single Point of Access (SPA) will be established, and the Assessment and Brief Treatment functions will be included in the network groups.
 - ***The Carers Team is to be disbanded and carers assessments will form part of the core assessment process. This has been factored into the 2000 assessments the service has capacity for each year. Ensuring the service meets its obligations under the Care Act will be critical, and this includes identifying carers and undertaking appropriate carers assessments. Relevant training has taken place with staff on this, and more will be arranged if it is felt this is needed to ensure obligations to carers are met.***
 - A Co-Worker / Buddy System will be implemented so that caseloads are known by two people in case there is a problem with a member of staff, or to ensure that there is some knowledge of cases if a staff member leaves. This is to avoid some of the handover problems that can occur when Care Coordinators change. The service will record the number of inappropriate referrals from the Single Point of Access, to monitor the quality of the service. This will be used to feedback to the SPA Team every quarter.
 - The service will receive direct referrals for service users who have previously been cared for in the secondary service, but discharged for up to 12 months after their discharge (although staff will be encouraged to use their own judgement for service users discharged more than 12 months previously). The majority of service users should be able to be managed in primary care. However, for a few, escalation back to the secondary services may be necessary. It will be more reassuring for service users,

carers and GPs if there is a route back into services after an individual has been discharged. This will need to be worked up, but if the throughput of service users is to improve this may have to be done on the basis that there is an easier route back in for those who have previously been discharged. This does go against the principles of the SPA and means that on a weekly basis some diary time will need to be protected and managed by the local teams to manage this need.

- A “Staying Well Plan” for each service user will be put together at the point of discharge. This will be personalised for each service user, so they are aware of the services available to them in primary care and the voluntary sector, and what to do if they feel they are relapsing.
- A duty system will be established to deal with emergency / urgent cases (that are not MHA based). This does go against the principles of the SPA and means that on a daily basis some diary time will need to be protected and managed by the local teams to be able to respond to such emergencies.

Early Intervention Service

The Early Intervention Service (EIS) will remain a standalone team, but will be hosted within one of the network teams. The importance of recognising the EIS Clinical Pathway and service standards for those experiencing their first episode of psychosis is such that it will remain a separate team providing borough wide coverage. The key service standard that has been introduced since April 2015 is that all those referred to and accepted into the service should not have to wait longer than 14 days from referral to treatment. It will be emphasised that most service users should not be with the team for longer than one / two years.

The EIS Team intends to carry out a review of their function in the coming six weeks, looking at service demand and capacity, ways of working and skill mix within the team. This will be an important piece of work in determining the future direction of the team and making sure it is set up to deliver the standards expected of it, not least referral to treatment targets. The results of this work and the changes arising from it will be reported to the Trust by mid July.

Mental Health Act Team

For the time being it is proposed that the Mental Health Act Team remains as a standalone service, providing coverage across Brent. This includes AMHPs based at Brondesbury Road and Park Royal, who are to be brought together as one team. In time it is proposed that the AMHPs are integrated into the Recovery and Rehab Services leaving only a core Mental Health Act Team, of one AMHP Manager and one permanent AMHP. AMHPs will provide cover on a rota basis as this evolves. The Mental Health Act Team will continue its interface with the EDT, to ensure that there is Mental Health Act cover 24 hours a day in the borough.

Forensic Social Worker

Whilst the Forensic Pathway is developed, the Forensic Social Worker post will be aligned to the Recovery Service and managed from within one of the Network teams.

2. Timescales for Comments

This consultation is for the disbandment of the carers team. The consultation will commence on 15th July 2015 for a period of 30 days and therefore will end on 12th August 2015. Comments are invited from both staff affected within this time period. Written comments can be sent to Mr Ian Currie, Service Manager/Lead Manager at ICurrie@nhs.net. During this period there will be a consultation meeting with both affected staff, this will take place 15^h July 2015 at 9:30 am at 15 Brondesbury Road, London NW6 6BX, Meeting Room 1.

In addition to this, individual staff members will be invited to one to one sessions with Ian Currie, Service Manager/Lead Manager and ? Lead HR Advisor. The DMT will receive feedback from the consultation process and a final decision will be made on 18th August 2015 and communicated to staff on 19th August 2015 for implementation by 1st September 2015

Item 10.5 outlines the timetable for achieving the restructure.

3. Current Structures and/or Working Arrangements (Janet please add in here)

The carers assessors service comprises of two Local Authority employed staff who report to a CNWL Manager. One staff member is employed on a part- time basis (22hrs) and the other full- time (36hrs).

All assessments take into account the impact of caring on the carers physical, social and mental health well-being, which is further supported by an individualised support plan. Based on the outcome of the assessment a number of carers have been eligible to receive either £250 or £300 one off respite payment from Brent Council. There is also funding for a number of carers to embark on a three day residential retreat. Cares assessments are conducted annually however, day to day support can be provided by either a care coordinator or a carers assessor.

The team's main function is to aid independence and encourage recovery and community involvement. The team works with individual carers.

The team operates Monday – Friday, 09:00 – 17:00 and is based at Brondesbury Road.

Referrals are made directly to the team from any of the Community Teams in Brent. There is no referral form process, and Care Coordinators can call the team directly to make a referral for any carer who has eligible needs.

The total budget for the team is £75,168.65 and consists of 2 staff.

4. Budgets/Savings (Debbie please add in here)

Year	Savings (£)
1 (Sept. 2015 to March 2016)	£21,700.00 + £25,043.27 = £46,743.27
2	£32,237.33 + £42,931.32 = £75,168.65
3	£32,237.33 + £42,931.32 = £75,168.65
4	£32,237.33 + £42,931.32 = £75,168.65

5. Proposal for New Structure/Service/Working Arrangements

The change is being made as carers assessments will form part of the core assessment process. This has been factored into the 2000 assessments the service has capacity for each year. Ensuring the service meets its obligations under the Care Act will be critical, and this includes identifying carers and undertaking appropriate carers assessments. Relevant training has taken place with staff on this, and more will be arranged if it is felt this is needed to ensure obligations to carers are met.

6. Existing & Proposed Staffing

The tables below show the proposed changes to existing posts;

Existing Post/Structure	Grade	Change (<i>specify whether</i>)
Mrs Jasvanti Patel	S01	Delete Post
Ms Sybil Brown	S02	Delete Post
TOTAL POSTS 2		
New Post/Structure	Grade	Change (<i>specify whether</i>)
Please list all posts		
TOTAL POSTS 0		

7. Accommodation

N/A

8. Assimilation and ring fencing (think we can go for slotting in to two posts.)

8.2.1 Assimilation applies where an employee is matched to a post without the need for an interview and a:

- New or existing post is available in the same service/unit and the post is substantially similar to the post which is being deleted or changed;
- New or existing post's grade is no more than one above or one below that of the post being deleted or changed;
- There is the same number or fewer potential redeployees than available matching posts.

8.2.2 Competitive assimilation applies where substantially similar roles are available within the same service/unit or Council wide if looking at functional groups but there are more potential redeployees than available matching posts;

- Employees will need to be interviewed to decide which of them are appointed to the job(s), and other forms of assessment may also be used.
- As with assimilation, staff must be considered for roles that are one grade up or one grade down from the grade of their existing post.

- 8.2.3 Ring-fenced interviews will take place where a new post is substantially different to the role the employee is currently undertaking but where there is recognition that some similarities exist;
- The new or existing post's grade will be no more than one above or one below that of the post being deleted or changed
 - The employee will be required to attend a ring-fenced interview and other forms of assessment may also be used.
 - In some instances no appointment will be made.

9. Selection Criteria

- 9.1 The proposed selection criteria would include a combination of;
- a) a formal interview

10. Voluntary Redundancy

- 10.1 The council is committed to mitigating the risk of compulsory redundancies where possible and will consider applications for voluntary redundancy from all staff affected by these proposals.
- 10.2 Through this document, affected staff may submit expressions of interest for voluntary redundancy, using the form (Appendix 1) by 26th June 2014. Written estimates of redundancy payments and the process for formally applying for redundancy will be provided in the following week.
- 10.3 Applications will be considered and applicants will be notified of decisions by the end of the consultation period. In cases where the Council agrees that a voluntary redundancy request can proceed, the employee will need to formally accept the redundancy by a date which will be notified.
- 10.4 The decision on voluntary redundancy applications will be made by a panel representing the Strategic Director, Adult Social Services, the Chief Finance Officer, and the HR Director.

10.5 Timetable for Achieving Restructure

Activity	Start date	End date
Borough Director signs off consultation report	04/07/2015	04/07/2015
Strategic Director ASC signs off consultation report	06/07/2015	06/07/2015
DMT signs of consultation report	07/07/2015	07/07/2015
HR Director signs off consultation document	10/07/2015	10/07/2015
Chief Finance Officer signs of report	10/07/2015	10/07/2015
Send proposals to unions – GMB & Unison	10/07/2015	10/07/2015
Meeting with affected staff	15/07/2015	15/07/2015
Consultation starts	15/07/2015	12/07/2015
Staff and unions submit comments on consultation paper	15/07/2015	12/08/2015
Meeting (1-2-1) with affected staff	17/07/2015	17/07/2014
Consultation ends	12/08/2015	12/08/2015
Review and update consultation paper	13/08/2015	13/08/2015
Borough Director and HR signs off final consultation report	13/08/2015	13/08/2015
Strategic Director ASC signs off final consultation report	14/08/2015	14/08/2015
Final consultation report issued to staff	17/08/2015	17/08/2015
Interviews with ring fenced staff	21/08/2015	21/08/2015
Implementation date	01/09/2015	01/09/2015

Appendix 1:

Voluntary Redundancy Application Form

Please note that by completing this application form the council is not making an offer of redundancy. Formal applications MUST be submitted by 25th June 2014. You will be notified after the close of the consultation period whether or not your application has been agreed by deciding officers.

Please return your application form by either:

- *Paper copy to: Natalie Fox, Borough Director, Park Royal Centre for Mental Health Central Way, Off Acton Lane, London NW10 7NS*
- *Email copy to Natalie.Fox@nhs.net*

Personal details:

Surname..... First name

Date of birth Post title Payroll number

National Insurance number Department

Brent council employment start date

Local authority continuous start date

Local authority breaks of service period: From To

Name of Unit

Name of Head of Service.....

Name of Assistant Director.....

Please tick

- I am interested in the possibility of voluntary redundancy

Preferred last date of service ___ / ___ / 2014

Signed..... Date

Supporting Staff Through Change

Employee Assistance Programme (EAP)

Lifestyle Action - A free and confidential 24 hour a day, 7 days a week helpline (0800 116 4368) offering expert advice, specialist counselling (face-to-face & telephone) and support on issues including:

- debt, tax and financial management
- family and personal
- starting a new job
- moving location
- staying healthy
- coping with change
- career and development transition

Global Solution Services and Personal Career Management

Brent Council is working with Global Solution Services (GSS) and Personal Career Management (PCM) to support staff during the difficult period of career transition.

All Brent Council staff, whose post has been identified as being at risk, can access support from GSS. GSS are experienced at supporting individuals through the transition that possible redundancy initiates. If you would like to attend the first of GSS's ½ day workshops - **Proactive Job-Search and the Hidden Job Market and CV and Interview Skills** or any other workshop in the series, please register your interest via ETWeb.

PCM's services are available for managers (PO6 and above) who have been issued with notice of compulsory redundancy. PCM is one of the UK's leading career management and outplacement companies. Managers can access a range of support in the form of workshops, face to face coaching and online resources.

Staff should contact **Elaine Tomlinson** via email or telephone (02089371343) for further information.

Brent Learning Hub – E-Learning

A number of e-learning modules (listed below) are available on the Brent Learning Hub accessed through the intranet at your convenience. If you require assistance please contact the Corporate Learning and Development Team on 020 8937 3912 or email Learning and Development support@brent.gov.uk

- **Self Development & Career Management** - these more general modules show how to develop and implement a career plan for the longer term. They provide a structured approach to assessing your own development needs, developing a plan and appraising your progress.
- **Impact of change for Employees** - completing this module will help you to consider the impact of change. It will also help you to understand the need for change and how to cope with it.

- **Impact of change for Managers** - completing this module will help you to consider the impact of change for you and your team. It will also enable you to prepare your team members for change and support them through the change process.
- The modules below are aimed at those who may be facing redundancy or a change of jobs as a result of organisational change:
- **Reviewing career options** - this module is aimed at those at risk of, or considering choosing redundancy. It will help you take stock of where you are in your career, and analyse your skills and personal attributes. The module also focuses on how training can help you prove and improve your skills and appreciate other possibilities like self-employment, volunteering, further education, or career break travel.
- **Searching for Jobs** - in this module we offer key points that will enable you to use formal and informal sources of new job information, recognise the positives and negatives of self-employment and appreciate the possibilities of volunteering.
- **Applying for Jobs** - this module is on applying for jobs. It offers tips on preparing a good CV, completing paper and on-line application forms and responding to advertisements by letter and on-line.
- **Writing a CV** - this module offers valuable insight into putting together a quality CV. What to include, the problems you may face and the importance of tailoring for each specific job.
- **Preparing for Interviews** - this module offers insight into conducting a successful interview. It outlines the different types of interview and the questioning techniques commonly met with. The module also highlights the importance of effective preparation and the steps to take should you not be successful at interview.