



AUTUMN 2023

BABICM

MEMBERS MAGAZINE

IN THIS ISSUE

Criminal exploiters invade vulnerable clients' homes and enslave them

BY MARK PEARSON

4 NEW WEBINARS FOR NOVEMBER

EXPLORING THERAPIES FOR HOLISTIC REHABILITATION



PLUS

COURTROOM
DRAMA IN REVIEW

BLADDER, BOWEL & SKIN
MANAGEMENT IN SCI

BABICM'S DIVERSITY
& INCLUSION PROJECT



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CHAIR'S WELCOME: BABICM MAGAZINE AUTUMN 2023 ISSUE

As summer moves into the busy time that autumn tends to bring to case management, welcome to this issue of your members magazine – I am proud to again introduce the only magazine of its kind that is dedicated to providing and sharing information relevant to those who case manage in the field of brain injury and complexity. You will find in the pages that follow a diverse range of articles and reports to keep you updated with many aspects of clinical practice, regulatory concerns, legal issues and updates on the activity of your membership organisation.

2023 continues to be a very active year for BABICM and since our last issue we have pulled off our biggest ever 2-day annual conference with a programme covering family matters and ethical tightropes. It was fantastic to hear from such a brilliant line-up of speakers – there were too many highlights to mention but in this issue you will find some follow up material from some of the speakers, including Mark Pearson from Exemplary Safeguarding.

On page 34 You can read a summary of the information shared by our speakers at our extremely well-attended CQC Webinar “Perspectives on CQC and Case Management: Keeping it in Perspective” it was good to hear a range of thoughts on aspects of registration relating to case management and I was struck by Jackie Chappell’s reminder of the increase in the number of case management registrations in recent years. It is one of the many notable changes in our sector as it matures and demonstrates standards and monitoring.

Many of you have recently contributed your views and ideas via a survey to some early work around educational pathways and frameworks as we start to scope out the future for our educational offerings. Thank you for contributing your time and thoughts. As the leading provider of education for case managers working with brain injury and complexity, we are keen to explore what will benefit your practice, contribute toward building competency, assist you to demonstrate your scope of practice and support your overall professional development. A short update on the survey findings can be found on page 24.



As we publish this issue your Council has just completed the annual 2-day strategy meeting at which we review the progress made in the past year, set goals and make strategic plans for the year ahead.

Our central focus each year of our duty to you, our members, is the guiding principle of ensuring our work supports you in your duty to your clients. It is our stated intention to ensure all that we do offers and encourages equality, diversity and inclusion. This year we have been working with Positive About Inclusion to support us to develop and embed this across the two days of planning and debating to ensure we are effective in our aims. You can read more about how they are supporting us on page 56.

I hope you enjoy this issue and that you feel the content supports your practice and your development. Please email us with any feedback or comments and your ideas for future issues at janette@babicm.com

Vicki Gilman

BABICM Chair



BABICM CONTENTS IN BRIEF

Welcome to our Autumn magazine. We are reporting on eventful three months, with another successful conference and plenty of training events to keep our members involved and informed. As we march towards the latter part of the year, we can look ahead to some interesting events and more information on the progress made by the IRCM, as we strive towards an official registration for the case management profession.

Coming up in our Autumn edition:

TRIALS AND TRIBULATIONS REVIEW

As case managers know, there is always a possibility that they may one day take the stand to defend their actions and decisions. BABICM were fortunate to secure a unique event that allowed members to experience a real courtroom, complete with barristers and a judge presiding over matters. Our review of this incredible event can be found on [page 10](#).

MEET OUR NEW BABICM FELLOWS

This year two members received fellowship awards for their outstanding contributions to BABICM. Meet Anna Watkiss and Janine Heritage, our newest BABICM Fellows, and find out how both have contributed to the shape and direction of BABICM and supported our continued success over many years on [page 20](#).

NEW WEBINAR EVENT – EXPLORING THERAPIES FOR HOLISTIC REHABILITATION

Our latest series explores the different aspects of holistic rehabilitation.

Over the course of four weeks, experts in the field of holistic rehabilitation will guide case managers and help them understand different options for and with their clients. For more information and how to attend, see [page 28](#).

SAY HELLO TO OUR NEW COUNCIL MEMBERS

BABICM are delighted to announce the appointment of three new members to Council. We caught up with Harvinder Kaur, Daniel Thomas and Abbie Udall as they embark on their journey with BABICM. In the article on [page 6](#), we get to know our new members, their motivations and what they want to achieve as part of the BABICM council.

INSTITUTE OF REGISTERED CASE MANAGERS UPDATE

Over the summer months the registration body for Case Managers, the IRCM, provided two updates on their progress toward opening the register. The double update on [page 22](#) includes the registration eligibility, the effect of registration on trainee and assistant case managers and new documents released by the IRCM.

CQC AND CASE MANAGEMENT REVIEW

In a unique event, BABICM Chair Vicki Gilman hosted a webinar that looked at the relationship between CQC and Case Management. Members heard about the experiences of CQC registration, getting things right with CQC and the legal framework involved. Read our review of the event on [page 34](#).

CONTINUING OUR SERIES ON GOOD CASE MANAGEMENT PRACTICE

On [page 32](#) of this issue the Professional Practice and Management Group shines a light on Competency 7: Personal Attributes with a challenging case study and an exploration of the personal attributes and skills that support the case manager to plan and progress matters for clients whilst avoiding likely 'bear-traps'.

REPORTING BACK ON A MEMBER SURVEY OF REQUESTS TO FACILITATE ACCESS TO SEX WORKERS

We take a look on [page 16](#) at the themes and issues uncovered in our 2021 survey of our members when asked to share their knowledge, experiences and thoughts on the challenges and issues arising in this aspect of their work. Themes of ethical and moral considerations, risk assessment and management issues and Legal and Professional aspects are highlighted.

EVENT REVIEW: BLADDER, BOWEL AND SKIN MANAGEMENT IN SCI: PREVENTION IS BETTER THAN CURE

Take a fascinating journey through the content of this well-attended day, chaired by paralympian Steve Brown with contributions from a fantastic line-up of knowledgeable speakers highlighting facts and figures, prevention measures and life-enhancing approaches following spinal cord injury. Full details and speaker biographies on [page 44](#).

OPTIMISING OUTCOMES: MANAGING THE REHABILITATION PATHWAY FOR TREATMENT OF DISORDERS OF CONSCIOUSNESS

This event report highlights the Optimising Outcomes aim of its title - read about this fascinating day for a small but significant group of case managed clients on [page 48](#). The speakers expertly steered delegates through medical, ethical, legal, assessment and rehabilitative aspects for this client population. Read some of the statistics for this group as well as feedback from this well-received event.

UPDATE ON OUR EDUCATION SCOPING PROJECT

With the member survey completed this issue is a chance to hear back on the overall themes from you, the members, on your thoughts about the

current and future role for BABICM as an education provider for case managers. This important step forward in developing our educational plans can be found on [page 24](#).

'CRIMINAL EXPLOITERS INVADE VULNERABLE CLIENTS' HOMES AND ENSLAVE THEM'

Details behind this shocking truth were shared at our summer conference in a stand-out presentation by Mike Pearson from Exemplary Safeguarding. Mark has kindly written a short article for this issue of our magazine guiding us through the stages of grooming and what to look out for in our practice, skip to [page 14](#) for this important information.

A COLLABORATIVE ORTHOTIC AND PHYSIOTHERAPY APPROACH RAISES THE CEILING OF WHAT COMPLEX TRAUMA

Physiotherapist Connor Murray's article on [page 50](#) makes the case for the value collaborative working can create for complex trauma clients when orthotists and physiotherapists work closely together to create and implement bespoke solutions. He shares a case study demonstrating the impact this can bring to client outcomes.

THE IMPACT OF THE INTRODUCTION OF THE INTERMEDIATE TRACK FOR CASE MANAGERS AND THEIR CLIENTS

Read about the likely impact on clients and case managers of the imminent introduction on 1st October 2023 of the Intermediate Track for cases worth between £25,000 to £100,000. Head of personal injury at RWK Goodman Louise Hart explores the issues likely to arise in her article on [page 54](#).

POSITIVE ABOUT DIVERSITY AND INCLUSION

This year we have been working with Positive About Inclusion to support us to develop and embed this across two days of planning and debating to ensure we are effective in our aims. You can read more about how they are supporting us on [page 56](#).

SAY HELLO TO OUR NEW COUNCIL MEMBERS



ABBIE UDALL



DANIEL THOMAS



HARVINDER KAUR

We are thrilled to announce the appointment of three new members to the BABICM Council, who will bring fresh energy and drive to the organisation and provide new and exciting ideas for moving BABICM forward.

Abbie Udall, Daniel Thomas and Harvinder Kaur are all looking forward to embarking on their journey with the council after being voted by our members to represent them. We caught up with all three to discuss their new role within BABICM and get to know them a little.

WHO ARE OUR NEW BABICM COUNCIL MEMBERS?

Abbie is an OT by trade and gained her clinical experience through working with children and adults with ABI. She began working with the NHS in 2004 and has been a Case Manager for 7 years, starting her own Case Management company, Abbie Udall Associates in 2018.

Daniel has been a professional Music Therapist for over 20 years and co-founded Chroma in 2013. Ten years later, Chroma has over 120 therapists around the UK, with Daniel overseeing their work and advocating for music and drama therapists.

Harvinder also trained as an OT, before completing a master's degree in law, then became a Case Manager in 2015. She has also recently started her own company, Kaur Case Management.

HOW THEY ARRIVED IN THEIR CURRENT ROLES

Abbie admits that her arrival into the world of case management was a complete accident. After 12 years with the NHS, she was looking for something different and started doing locum OT work. Case Management was suggested to her by an OT colleague, she fell in love with it and the rest is history. Abbie enjoys the challenges that case management brings and loves her work as an independent case manager. Since moving into the industry, Abbie has had plenty of ideas about how case management should be and what it should look like going forward.

As a child, Daniel had two main interests. Music was his main passion and he learned to play the piano at 8 years old, and he also had a fascination for how things worked on the inside of the brain which, loosely, led to his interest in psychology. Daniel studied creative arts at university, but a random conversation whilst living in the USA in 1999 introduced him to the music therapy profession.

Returning to the UK, Daniel found and completed a training course in music therapy, has worked in the industry for 21 years and is a member of the Health and Care Professionals Council. Daniel loves his work as it's a rare instance where a person can combine their two passions in life. "Therapies such as music therapy wasn't on the radar 30 years ago, but it is now a recognised profession."

After training as an OT, Harvinder worked in Neuro-Oncology, specialising in brain and spinal tumours, with input and involvement in the subsequent rehabilitation. She intended to follow a path into law, completing a master's degree in medical law but was approached to do some training for a case management company, and she soon realised this was a real area of interest. She interviewed for and was offered a role with a case management company and never looked back, with the clinical director being inspired by her OT background and legal knowledge and experience. "Part of the reason for remaining in a clinical role was a concern about losing face-to-face contact with clients, which case management continues to offer."

WHY BECOME A COUNCIL MEMBER?

Daniel joins the BABICM council as a non-case manager and wants to challenge and help support the profession. Daniel already does a lot of work with case managers and is passionate about working strategically and helping to improve various professions.

"Becoming a council member is a good opportunity to work further within the case management industry."

Daniel says he feels comfortable with BABICM members already, and when it came down to members voting, he was delighted that they thought he could represent them.

Abbie is passionate about Case Management and upholding the membership body's commitment to take ownership and responsibility. BABICM take a strong lead in the profession and Abbie wants to be part of that and make the Case Management industry as good as possible.

"It's all about providing solid guidance for their members and what they want to do. It is extremely important to get it right and be able to check ourselves to make sure we're doing the right thing at all times."

A position on the BABICM council is something that Harvinder has been interested in since starting as a Case Manager. She achieved her advanced practitioner membership in 2019 and has supported BABICM as a volunteer for the peer review process. She appreciates how BABICM continue to uphold the standards, which are a key aspect of the profession and prides herself on practising a gold standard approach in all that she does. Harvinder also likes how BABICM are all about excellence in ABI, and that they are shaping how Case Managers should be working with clients and setting standards.

WHAT DO OUR NEW COUNCIL MEMBERS HOPE TO ACHIEVE?

Supporting ongoing change within the organisation to help it adapt to the ever-changing environment is of interest to Abbie, but she also wants to be at the forefront of the decision-making process. Abbie is passionate about doing things well, and, in her own words, the only way to do this is by being in the thick of it. Looking at the Working Groups, Abbie likes the idea of the research group and may be able to offer something in that area. However, her first responsibility is to attend the strategy meetings and see where her skills lie, and which area will be best for her to focus on. "There are many opportunities to get involved, and I'm determined to see which area will benefit most from my work and support."

Harvinder recognises that there is a lot for her to learn from this experience and she wants to help the BABICM council view things with a fresh perspective. Although she hasn't been a case manager for as long as other council members, she feels there is plenty that she can bring to the council and the organisation. Harvinder can bring a unique perspective and help the organisation strive to achieve an inclusive and diverse culture. She accepts there is a real need for the profession to attract Case Managers from all different backgrounds and that are representative of the clients that are supported.

For Daniel, it's about challenging, supporting and inspiring case managers to think as creatively as possible. This can also mean using creative thinking in other areas of their work. He is also very keen to acknowledge the need for resilience within the Case Management profession, particularly when dealing with the challenging histories of a client, which can take a toll on everyone involved. Case Managers are right in the middle of everything that happens, and there will be opportunities surrounding wellbeing, clinical supervision etc, that will be a part of what Daniel will bring to the council.

AND WHAT ABOUT THEIR FUTURE ROLE?

At some point in the future, Harvinder is hoping to be involved in one of the working groups. She is keen to take a hands-on approach but acknowledges that it may take some time for

her to find her feet and fully understand the dynamics of BABICM and how the organisation works. She is looking forward to her first strategy meeting as she feels it will give more of an understanding of how everything works.

Daniel intends to start by listening in the first instance, reading agendas of meetings and finding out what's going on. There are various working groups that Daniel will be open to joining and this will be a good way to understand BABICM and how they work. There will be opportunities in the future to add value to the meeting and make an effective contribution to the organisation.

For now, it will all be about finding her feet with the BABICM council for Abbie, as she understands how BABICM works, and then will look to inspire and influence change within the organisation. There is a need to be in the circle of understanding that will enable Abbie to put support in place where it is needed.

FINALLY, WHAT DO OUR NEW MEMBERS DO OUTSIDE WORK?

Away from Chroma, Daniel enjoys spending time with his family and has two teenage daughters. He's a keen sport and fitness enthusiast, but his main passions are writing music and going to gigs as often as he can.

When Abbie isn't dedicating herself to her clients, she loves spending time with her family, two boys and dogs which she enjoys taking out for long walks. She is also a keen fitness enthusiast and enjoys eating out, trying different foods whenever possible. Away from family life, Abbie is the director of Headway Teesside, which she undertakes on a voluntary basis.

Outside her Case Management role, Harvinder loves attending the theatre and is a member of the National Theatre. She enjoys checking out all the latest shows and lives in the heart of London, an ideal location for her to indulge in her passion. Harvinder is also a fitness enthusiast and can regularly be seen taking long walks or running through the capital.

We're sure our members will join us in wishing Abbie, Daniel and Harvinder all the very best in their new roles with us.



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IN REVIEW: TRIALS AND TRIBULATIONS

When case managers work with clients during the litigation process there is always the possibility that they could be summoned to court to justify their actions and those of instructed professionals. Case managers can feel unprepared for this and look for support from litigation solicitors.

Recognising the importance of equipping case managers for court, BABICM was able to secure an exciting opportunity to provide courtroom experience, through a mock trial, to deliver training and education on the etiquette required for speaking in court.

Held in June at the Civil Justice Centre, Manchester, **Trials and Tribulations: Courtroom Skills and Etiquette** was designed to replicate the practices undertaken at an actual trial. Attendees spent the day in court, with guest speakers including litigation solicitors, barristers, and case managers, while HHJ Bever presided over the trial.

To give the feel of a real case, the day was coordinated down to the finest detail. The judge and barristers fully played their part, with robes and wigs adorned and when the call of “all rise” was announced by the court usher, attendees rose as Judge Bever entered the room.

The case in question regarded a young male who had suffered significant psychological injuries following an acquired brain injury, with arguments for and against the most appropriate housing and care options for the Claimant being aired.

Louise Sheffield, Case Manager, took to the stand to give evidence on behalf of the Claimant, whilst Jackie Dean was the Defendant’s Care Expert. Sally Hatfield KC cross-examined Louise. Jackie faced Stephen McNamara (Barrister, Byrom Street Chambers) Counsel for the Claimant, and, just like in a real-life trial, neither witness was shown any leniency, yet both gave a determined and unflinching performance.

Attendees gained a true and realistic insight into the type of questions a witness of fact may face.

Judge Bever summed up the case following the cross-examinations, before handing down his judgment, which ultimately went in favour of the claimant expert’s evidence.

UNDERSTANDING THE COURTROOM ETIQUETTE

Whilst the mock trial was the main focus for the event, several key speakers guided attendees through the procedures of the courtroom. Before the trial, Caroline Fox, Partner at JMW, gave a presentation on courtroom etiquette and provided members with an insight into the type of questioning they would face, which was subsequently demonstrated during the trial.



"It was the first time I've been in a court room. The setting was great and made the topic come "alive". It was a really useful course, thank you for arranging it."

(Delegate feedback)



Stephen McNamara, Jackie Dean, Steven Brown, HHJ Bever, Sally Hatfield KC, Sue Brown, Louise Sheffield

Jackie and Louise discussed several critical aspects regarding court proceedings and client representations, in particular, the ethical obligations of expert witnesses to the court and their duty to provide impartial and honest testimony. Highlighting the significance of thoroughly knowing and understanding a case, both Jackie and Louise highlighted the importance of maintaining objective clinical notes. Louise also prepped the court for the mock trial with details of the client's history.

The legal experts Stephen McNamara and Sally Hatfield KC delivered a fantastic presentation regarding cross-examination techniques used in court. These skills were effectively demonstrated during the trial, where both legal teams pressed their witness and were able to extract the complex details and more intricate particulars of the case. It is these essential aspects of the case that prove to be the difference, helping to accurately inform the judge and influence their decision.

"It was amazing it really brought the experience to life and provided an opportunity to see how questions can be posed by the defendant's barristers! I loved attending and found the information shared extremely useful, it was good to be offered the little techniques to use on ensuring you answer the questions asked and nothing more. Also, techniques to use to give you time to think and gather thoughts before answering."

(Delegate feedback)

“Excellent day. Really useful little tips and information. Would make me feel a little more confident if I found myself in court giving evidence.”

(Delegate feedback)

“Thank you, one of the most useful professional events I've attended. If you do more, I would definitely recommend colleagues attend.”

(Delegate feedback)

Thank you to @ByromStreet chambers for gifting us the very talented Sally Hatfield KC and Stephen McNamara who put @LouSheffield and @JackieCDean through their paces. It was also a real honour to have HHJ Bever sit and give judgement as part of the Mock Trial. #casemanagement #babicm

– Browns Case Management via Twitter

SUMMING UP AND VERDICT OF THE EVENT

It is rare for case managers to experience a judge summing up a case and giving their judgement, and the event gave insight into this part of the court process. By securing HHJ Bever to preside over the trial, Trials and Tribulations demonstrated a level of commitment by legal professionals to provide case managers with the knowledge and hands-on experience, of not only witnessing, but understanding how a judge sums up the evidence and delivers a verdict in a civil trial.

The event left members with first-hand knowledge in readiness for the possibility of being called to the stand themselves. The information gained from this unique experience will be an invaluable tool in a case manager's toolkit.

The event was a great success and feedback from delegates and on social media has been very positive.

SPECIAL THANKS

We would like to say a special thank you to Byrom Street Chambers for their incredible work and support in coordinating this event. Without their hard work and determination, this event could not have gone ahead.

Thank you also to Jackie Dean and Louise Sheffield, not only for their presentation but for their incredible performance. Both were happy to take the stand and face a grilling.

A big thank you to Sally Hatfield and Stephen McNamara for their wonderful presentation and for making the mock trial realistic with their thorough cross-examinations. They certainly put Jackie and Louise through their paces!

Finally, we would like to thank HHJ Bever for lending his time to the event and presiding over the trial with professionalism and expertise.





UPCOMING EVENTS

BABICM are looking forward to presenting several events over the next few months.

31 Oct - 12.30-1.30pm

**The Perfect Storm Continues....and the Results are in
FREE WEBINAR**

2 Nov

**New and Would Be (Manchester) - Case Management Foundation Workshop Level 1
Manchester**

8 Nov

**Holistic Rehabilitation: Exploring Therapies as Catalysts for Change - Part 1
WEBINAR**

15 Nov

**Holistic Rehabilitation: Exploring Therapies as Catalysts for Change - Part 2
WEBINAR**

22 Nov

**Holistic Rehabilitation: Exploring Therapies as Catalysts for Change - Part 3
WEBINAR**

23 Nov

**Beyond the Beginnings (Milton Keynes) – Case Management Foundation Workshop Level 2
Kents Hill Park**

29 Nov

**Holistic Rehabilitation: Exploring Therapies as Catalysts for Change - Part 4
WEBINAR**

6 Dec

**Keep up the Good Work!
Birmingham**

18 Jun

**BABICM Annual Conference 2024
Coventry Building Society Area**



CRIMINAL EXPLOITERS INVADE VULNERABLE CLIENTS' HOMES AND ENSLAVE THEM



MARK PEARSON
DIRECTOR
EXEMPLARY
SAFEGUARDING C.I.C.

A term you may have heard in the media is County Lines. The NSPCC describes County Lines as a form of criminal exploitation where urban gangs persuade, coerce or force children, young people and adults to store drugs and money and/or transport them to suburban areas, market towns and coastal towns. It is a form of abuse. A main tactic used is Cuckooing where they invade the homes of clients and enslave them, by using violence and intimidation to force them into storing or dealing drugs and cash.

When considering criminal exploitation, it is useful to understand organised grooming and exploitation through the 'lens of vulnerability'. For example, a young person or adult may be vulnerable due to Special Educational Needs, diagnosed with ADHD or on the Autistic Spectrum.

Personally, I had never considered Acquired Brain Injury (ABI) and Traumatic Brain Injury (TBI) as targeted vulnerabilities until I delivered exploitation training to Case Managers. During training I explained the key signs to look for. It was clear from Case Managers' comments that clients with a brain injury were at risk of Cuckooing too.

SO, WHAT ARE THE STAGES OF GROOMING AND SIGNS TO LOOK FOR?

There are **4 stages** of grooming, firstly, the exploiter will identify and **target** a particular vulnerability, i.e. ABI/TBI.

They will then build the client's **experience** by getting them used to: their lifestyle, use of gang slang, and training them up to conceal, prepare and distribute cash and illegal drugs - mainly cocaine, heroin and cannabis; during this stage they will initially be given free drugs, food, and designer clothes. Clients predisposed to drug use are particularly vulnerable.

Next is the **hooked** stage, where they make the client feel valued as part of the gang family. They will be given responsibilities such as holding increasing amounts of cash and drugs, introducing them to other gang members, and engineering increased reliance on drugs for personal use.

Finally, there is the **trapped** stage; when they use physical violence and threats to coerce and control. Exploiters are smart, they will be manipulative, actively playing on guilt, shame and fear. They will isolate clients from others, coach them in what to say and do when support workers are visiting. Clients often find themselves indebted and be told they owe for the freely given drugs, food and clothes; loading the debt with extortionate interest as well (Debt Bondage). In this sense, the client is enslaved as the exploiter exerts complete control over their home and daily life.

SO, WHAT ARE THE SIGNS TO LOOK FOR?

With the client you may see:

- Increases in money, holding multiple phones and wearing designer gear.
- Reluctance to let the support worker come to the home (meeting elsewhere or refusing to meet).
- Lessening engagement with the support worker.
- Regularly having issues with house keys.
- Exhibiting stress, anxiety, fear and having unexplained injuries.
- Change in appearance, particularly signs of neglect.
- Evidence of drug use.
- Receiving excessive amounts of phone calls and texts – hypersensitivity to calls coming in and hypervigilant.
- They will describe exploiters in the house as ‘friends’ but they will be non-engaging and appear disinterested in the client’s welfare and needs.
- Lots of activity late evening and the early hours, into and out of the house.
- Damage to the front door or door left ajar/propped open.
- Increased drug dependency – falling off script.
- Experiencing financial problems.



WHAT CAN YOU DO TO SAFEGUARD FROM HOME INVASION AND HOME ENSLAVEMENT?

If it is an emergency call 999. You can discuss your concerns and seek advice from the police on 101 but do report to your Safeguarding Lead who will agree with you a course of action.

The Safeguarding Lead will liaise with the local Child/Adult Safeguarding Partnership agencies and services to risk assess the situation jointly. Most Safeguarding Partnerships have Exploitation Risk Assessment Tools freely available on their websites to assist you. Throughout these partnership processes, information sharing will be used to better understand risks.

Joint actions will then be agreed to target and mitigate risks; the focus being on prioritising the client’s safeguarding needs and protecting them from harm and abuse.



MEMBER SURVEY REPORT: REQUESTS TO FACILITATE ACCESS TO SEX WORKERS

IMPORTANT NOTE: case managers should note that the report below is an analysis of the themes arising from the survey responses of BABICM members. The survey was carried out before the Court of Appeal hearing thus the legal landscape has shifted since the survey responses were collected.

Brief report on a Survey of Historic Experiences Following Requests for Support to Facilitate Access to Sex Workers for Case-Managed Clients in the UK.

INTRODUCTION

This report is based on a survey conducted in 2021 and sent to members of three UK case management membership organisations. The aim of the survey was to understand the historical prevalence of and experiences related to requests for case managers and care teams to facilitate access to sex workers for clients.

The survey also set out to determine the level of awareness of the legal position at that time for anyone who chose to assist with access to sex workers. Earlier in 2021 there had been a decision in The Court of Protection that care workers would not commit a criminal offence under the Sexual Offences Act in the theoretical situation that they made practical arrangements for a capacitous man to visit a sex worker. This decision was overturned later in the year by the Court of Appeal and the survey was conducted before the appeal to assist the IRCM who were joined to the appeal as First Intervener.

METHOD

The survey was conducted online, open for 10 days and targeted all members of The British Association of Brain Injury and Complex Case management (BABICM), The Case Management Society of the UK (CMSUK) and the Vocational Rehabilitation Association (VRA). A total of 100 respondents completed the survey, responses were anonymous. The survey consisted of the following 7 questions:

1. Have you had experience of a client wishing to access a sex worker?
2. How often have you encountered such a request?
3. Did you know that might render you and anyone who helped facilitate that access liable to prosecution?
4. How did you resolve the client's request?
5. What are the safeguards for the client you employed in accessing a sex worker?
6. What are the benefits of the client having access to a sex worker?
7. Are there other issues you wish to refer to?

RESULTS

The results of the survey suggest that requests for access to sex workers from clients are relatively common, with 45% of respondents reporting that they had received such a request at least once. 35% reported 5 or more such requests. 50% of respondents reported being aware that to facilitate access to sex workers might render those doing so liable to prosecution, 10% did not know this and 40% did not respond to this question.

ANALYSIS OF THE SURVEY DATA IDENTIFIED THREE OVERALL THEMES:

1. Ethical and moral considerations: Many respondents expressed concern about the ethical and moral implications of facilitating access to sex workers for clients. Some expressed concern about the potential for harm to potentially vulnerable sex workers, others were concerned about the impact on the client's mental and emotional wellbeing.

Specific aspects raised and grouped here as ethical and moral considerations included;

- Personal values and beliefs
- Duty of care to clients
- Potential exploitation of sex workers
- Stigma and social perceptions of sex work
- Client autonomy and consent
- Promoting client safety and well-being

2. Risk assessment and management: A significant number of survey respondents emphasized the importance of risk management in responding to requests for access to sex workers. Strategies included conducting a risk assessment of the client and situation, educating and providing information about safe sex practices and screening for sexually transmitted infections as well as referring the client to specialist services.

Specific aspects raised around risk management included:

- Assessing client motivations and intentions
- Ensuring safety of clients and sex workers
- Minimizing legal and reputational risks
- Handling sensitive information
- Health and safety concerns
- Seeking DBS checked sex workers

3. Legal and professional considerations: Many respondents highlighted the legal and professional implications of facilitating access to sex workers for clients. Some expressed concern about the potential for criminal liability, others were concerned about the impact on their professional reputation. There were comments regarding the human rights of clients.

Legal and professional themes within the responses included:

- Understanding legal obligations and frameworks
- Assessing capacity in relation to proposed activities
- Ensuring adherence to professional standards and ethics
- Balancing confidentiality and disclosure
- Upholding laws and principles of human rights
- Collaborating with other professionals
- Recognizing potential legal and ethical implications
- Handling complaints and grievances from clients or sex workers

CONCLUSION

The survey results suggest that requests for access to sex workers from clients are raised relatively commonly with professionals working with case managed clients in the UK. This brief analysis of the themes arising highlights the complexity of the issue. The results suggested an often-conflicting range of ethical, moral, risk management, legal and professional considerations in relation to these requests. It is notable that only 50% of respondents responded affirmatively when asked if they were aware of the risk of prosecution for those facilitating clients to access sex workers. The backdrop in 2021 of the Court of Protection decision and subsequent upholding of the appeal to that decision highlights the need for case managers to know the position in law and keep up to date with any changes.

The data collected would benefit from deeper analysis and a further survey across the membership organisations of those who may receive future requests to facilitate access to sex workers may be interesting in determining the impact of the legal changes and challenges in 2021, which have been highlighted across the care and case management sector recently.



THE SECOND ABI GAMES PROVES TO BE A RESOUNDING SUCCESS

The highly anticipated V2 of the ABI Games, a groundbreaking event celebrating adults with acquired brain injuries, concluded last month with resounding success.

This remarkable event at University of Worcester Arena and hosted by Headway Worcestershire, showcased the extraordinary talents and abilities of participants from across the UK.

Generously supported by a substantial two-year grant of £50,000 from the National Lottery Community Fund, known as the primary patron of community initiatives in the UK, the ABI Games paid tribute to Her Majesty Queen Elizabeth II in her Platinum Jubilee year by being titled the 'Queen Elizabeth II Games for People with Acquired Brain Injury.'

The event drew widespread attention as adults with acquired brain injuries demonstrated their creative prowess through remote submissions prior to the event. Over 170 participants took part in an array of 23 activities held on Thursday 3rd August at the University of Worcester Arena.



The activities encompassed a diverse range of **Physical Games**: boccia, bowls, walking tennis, rugby and football plus seated, table and walking cricket.

The **Life Skills** category saw entries for growing the tallest sunflower, wonky fruit or veg, baking a cake, scones, loaf of bread or jar of preserve.

The **Creative Expression** category showcased remarkable entries in pottery, photography, woodwork, drawing or painting, creative writing and crafts.

And the fourth category of **Cognitive Skills** challenged prowess in dominoes, chess, Uno, a memory game and Sjoelbak: a Dutch shuffleboard game.

Mandie Fitzgerald, CEO of Headway Worcestershire, expressed her pride in the success of the second ABI Games, stating:

"I cannot be more proud of our magnificent National ABI Community who came together to celebrate an array of abilities and skills across four categories. The ABI Games were created to ensure it was an all-inclusive event and that there was an event for everyone with an ABI. A big heartfelt thank you to the 60 volunteers who turned up on the day to judge, run an event, MC, befriend and support individuals throughout the day."

The event's remarkable triumph has now set the stage for the third ABI Games. Mandie Fitzgerald enthusiastically shared her anticipation: "Our next games will be held in August 2025 and we are looking for sponsors to ensure we can continue to offer this unique platform to showcase everyone's amazing skills that have been relearnt or newly discovered."

The event was opened by the High Sheriff of Worcester, Louise Hewitt, who said on LinkedIn:

"What a brilliant initiative for those with acquired brain injury... a unique (we do a lot of that in Worcs) special day. I enjoyed judging the creative writing... some interesting poetry. Serious chess games in full flow and good to see Walking Rugby being delivered by the guys [from] Worcester Warriors Foundation and many other activities. A good time had by all. Huge congratulations to Mandie and everyone who made this happen. Roll on 2025 to the next ABI Games!"

For those seeking more information about the ABI Games, and for individuals interested in participating or volunteering for the upcoming event in 2025, please contact Headway Worcestershire via email at abigames@hwtl.org.uk.

Additional details about the project are available at www.headwayworcestershire.org.uk/abi-games or through phone inquiries on 01905 729729.



Stay up to date with our work by following us on social media.



<https://www.facebook.com/HeadwayWorcestershire>



<https://www.instagram.com/headwayworcestershire/>



<https://twitter.com/headwayworcs>



<https://www.linkedin.com/company/headway-worcestershire/>



MEET ANNA WATKISS AND JANINE HERITAGE – BABICM'S TWO NEW FELLOWS

We are delighted to announce that two of our members have been awarded the BABICM Fellowship for their outstanding support and work within the organisation. Anna Watkiss and Janine Heritage were both awarded fellowships and these were presented on stage at the 2023 conference dinner.

A Fellowship is awarded to members who have made significant contributions to BABICM following nomination by other BABICM members. This year, both Anna and Janine received nominations and, considering the tireless efforts of both members, their award is not only justified but fully deserved.



ANNA WATKISS



JANINE HERITAGE

ANNA WATKISS - SETTING THE STANDARDS FOR CASE MANAGEMENT

Anna has been a member of BABICM for over 20 years and was one of the driving forces behind the creation of BABICM's Standards and Competency Framework. Utilising her knowledge and experience in competency development, Anna's significant input to the work paved the way for the standards that BABICM members now follow.

In addition, this framework has been helpful to the Institute of Registered Case Managers (IRCM) in its work to identify standards and competencies across case management in the UK. A testament to the value for the whole case management community and the clients it serves of the work that went into its creation. These competencies are the only framework of their kind to support the practice of case managers, while their structure is also used for BABICM's assessment when assessing and awarding Advanced Membership status.

Anna also made a huge contribution to the joint Code of Ethics and Conduct in Case Management

Practice, which was implemented by BABICM, CMSUK* and the VRA*. This comprehensive code has also been adopted by the IRCM.

In 2018, Anna worked with a small group of members of the Professional Practice and Membership Working Group (PPMG), including Janine, to revise BABICM's current vision and aims. Five years on, her work continues to contribute and inform the strategy of the organisation.

During her time with BABICM, Anna has chaired the PPMG Working Group, served on Council between 2016 and 2022 and has been part of the evolution of BABICM over the years. Her passion for case management and her leadership qualities have inspired the type of effective teamwork that has seen the working group achieve its primary purpose - to champion best practice, promote professional standards and oversee membership of BABICM.

Anna's drive and determination has helped to create guidance documentation for both members and the public, steered and aided the development of the Advanced Membership process and continued to promote and publish examples of good practice within case management.

The work Anna has put into BABICM over the years has left a lasting legacy within the standards for case management across the UK, a huge achievement of which Anna should feel very proud.

JANINE HERITAGE – DRIVING EDUCATION FORWARD

Janine's journey to a BABICM fellowship began in 2010, when she joined the Education Working Group, working to provide training courses and information for our members and became an integral part of the team that explored different pathways into case management. Janine also made huge contributions to a joint working group that involved BABICM, CMSUK and the VRA, working to create the Joint Case Management Framework. Janine has also worked with the IRCM, using the framework alongside BABICM's own standards and competencies documentation as a basis for the new IRCM

standards.

The amazing work that Janine carried out proved to be just the start of her numerous contributions to BABICM. She continued her work between the three organisations, reviewing practice registration and the professionalisation of case management, which was used to ensure all clients are safeguarded and that all work undertaken by case managers is done in the best interests of their clients.

This paved the way for BABICM, CMSUK and the VRA to work together over the years to continue developing the case management profession, which greatly benefits not only case managers, but clients too. All the hard work, effort and vision of this unique group has culminated in the formation of the IRCM and Janine's hard work, drive and determination have been a contributing factor in the creation of the registered body.

In 2015, Janine joined the PPMG group and was on the BABICM Council from 2016 to 2022. Her work has been one of the driving factors behind BABICM's vision and aims and Janine continues to contribute to the PPMG today.

An invaluable member of BABICM, Janine has continually excelled within all the groups she has worked with. Her ability to bring clarity of purpose has helped to keep the main focus of the group in mind, while her determination to not only hear all points of view, but to bring them together to produce a shared commitment and vision has been an essential quality in the overall vision of BABICM.

Janine has proved time and again how important she is to the organisation and to the wider world of case management through the formative stages of the IRCM and can take pride in her Fellowship award and an acknowledgement of these contributions.

We'd like to thank both Anna and Janine for their tireless efforts and congratulate both on their awards.

*CMSUK - Case Management Society UK

*VRA - Vocational Rehabilitation Association



INSTITUTE OF REGISTERED CASE MANAGEMENT UPDATE: MOVING CLOSER TO REGISTRATION



CAROLE CHANTLER
New IRCM Chair

It has been a summer of change for the IRCM as they move closer towards becoming the registered body for Case Management. Angela Kerr announced she was stepping down as chair, introduced Carole Chantler who was taking over from July.

Making her final presentation as chair, Angela announced the registration criteria, the first stage of registration and how this will affect Trainee Case Managers and Assistants.

THE REGISTRATION ELIGIBILITY

Angela explained that for case managers to be registered they must:

- Be a Case Manager working within the health and social care sector, including in vocational rehabilitation.
- Be working primarily in the UK as the IRCM are unable to accept applications from case managers permanently outside the UK due to Professional Standards Authority (PSA) restrictions.
- Meet the IRCM competencies and work in line with the standards of proficiency, which can be [downloaded here](#).

DISPENSATION DURING INITIAL PHASE OF REGISTRATION FOR EXISTING MEMBERS OF BABICM, CMSUK AND VRA

Eligible applicants who are members of one or more of the membership bodies will be the first case managers able to undergo registration. For these applicants and for a limited time there will be an exemption from the first year's fee [this is because these organisations have helped fund the early stages of the registration body on this understanding].

To register, Case Managers who are members of BABICM, CMSUK or the VRA will however still need to meet IRCM's criteria:

- Have a minimum of 5,000 hours, which is 4 years full time equivalent (FTE) experience as a case manager; or
- Have at least 2,500 hours. (2 years FTE) experience as a case manager and
 1. have practised for at least 2,500 hours. (2 years FTE) in a profession regulated by a health and social care regulator overseen by the PSA, or
 2. have been on the BASRAT accredited register and practising in the profession for at least 2,500 hours. (2 years FTE)

Later the register will open to applicants who do not hold membership with one of the three membership organisations.

IRCM are developing an online certificate of proficiency which will need to be completed prior to first registration once available. In addition to holding the certificate applicants will also need to have at least 2,500 hours. (2 years FTE) experience as a case manager. In time all existing registrants will also need to achieve the certificate of proficiency to renew their registration.

HOW REGISTRATION WILL AFFECT TRAINEE CASE MANAGERS AND CASE MANAGER ASSISTANTS

Trainee case managers who have their own caseload and agreed development route may be considered pre-registration case managers as described in the competency framework. They will need to evidence their development and provide a CPD plan and CPD log. Their experience can then be counted towards an application for Case Manager registration.

Where an Case Manager Assistant carries agreed tasks but the caseload is actually carried by a Case Manager this will not be counted towards the experience required for registration.

KEY POINTS OF REGISTRATION

Some of the key points of the registration process include:

- Annual registration will be required, similar to other professions.
- Registrants can be removed from the register if the renewal fee has not been paid.
- Registrants can be removed following a temporary suspension of registration pending an investigation, or by being struck off the register.
- Rejection of an application – reason(s) will be set out for rejecting the application, together with the appeals process.

REGISTRATION

Case Managers will be able to re-register if their registration lapses, however, certain conditions will need to be met that determine how re-registration will take place.

UP TO 6 MONTHS

If a Case Manager's registration lapses by no more than 6 months, re-registration will be completed on request, as long as all the requirements are still met.

6-12 MONTHS

Case Managers whose registration exceeds 6 months but no longer than a year can reapply, but evidence of their continuation to meet the registration CPD requirements will be required, in addition to confirming that they still meet the other requirements.

1-3 YEARS

If the lapse is between 1-3 years, the Case Manager will have to advise of the reason for the lapse and whether they have continued to practice during this period. They will have to meet the criteria set out in the previous points or be required to resit the certificate of proficiency. Discretion will be used by the IRCM and will be based on individual circumstances.

3 YEARS+

Any Case Manager whose registration has lapsed for more than three years will need to resit the Certificate of Proficiency.

PREVIOUSLY STRUCK-OFF APPLICATIONS

Case Managers who have been struck off the list will be able to re-apply after five years, with all applications decided by a panel. Case managers will be required to resit the Certificate of Proficiency and fulfil all the criteria required, as well as any criteria set at the time of removal, before reinstatement.

NEW IRCM DOCUMENTS RELEASED

June's check-in saw the launch of two new documents – Scope of Practice and CPD Policy and Guidance.

- Scope of Practice
- CPD Policy and Guidance

Both documents can be downloaded from [this page here](#).



EDUCATION SCOPING PROJECT (ESP) UPDATE AUGUST 2023

A recent survey targeting BABICM members in relation to the ESP has yielded encouraging outcomes, drawing responses from 91 participants. We extend our gratitude to each contributor for their valuable input.

The results show that most members welcome the development of academic pathways relating to brain and complex injury qualifications, at all levels. The ability for members to access specialist stand-alone modules, was also confirmed.

Many members agreed that having accessible courses that are delivered via other routes such as apprenticeships was also important.

The IRCM are working on their certificate of proficiency in case management and the accreditation and standards required for achieving the certificate. Once these are known, BABICM will be able to review how BABICM apprenticeships might support non-registered practitioners to achieve their IRCM registration and develop their careers within Brain and complex case management.

These results will serve as valuable guidance as BABICM plans for future education initiatives.

THE FINDINGS WERE AS FOLLOWS:

- Around 9.89% of respondents support the proposal for BABICM to develop an academic case management course. This initiative aims to provide non-registered practitioners with an opportunity to enhance their skills in Brain and Complex Injury case management.
- A notable 47.25% of participants are in favour of BABICM creating academic pathways designed for registered case managers. These pathways could be integrated into formal education programs or offered as standalone CPD modules, with a focus on advancing expertise in case management of brain and complex Injury cases.
- Approximately 6.59% of survey respondents advocate for the establishment of apprenticeship-style courses. These courses could cater to non-registered practitioners, supporting their pathway to become registered case managers and acquire proficiency in brain and complex Injury case management.
- Interestingly, 36.26% of survey participants express support for both the proposed academic case management course (point 1) and the apprenticeship-style courses (point 3).



OUR HEAD OFFICE HAS MOVED

Don't worry, we haven't gone far. Janette and Michelle can be found at:

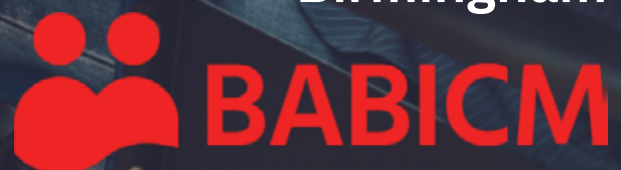
**8F Phoenix House, 100 Brierley Street
Bury, Greater Manchester BL9 9HN**

Keep up the Good Work!

This event explores best practices for facilitating clients' employability and return to work following severe injury, with the intention of promoting the knowledge of case managers and other professionals about vocational rehabilitation.

<https://www.babicm.org/events>

6th December 23
Birmingham





"The night my life was turned upside down"

BARRY'S RECOVERY AFTER A STROKE

Read his story in his own words:

"I went to bed one night and unbeknownst to me, my life was about to be turned upside down. On the 22nd of September, I woke up at 6 o'clock in the morning, and something didn't feel right. I tried to make a phone call, but I could not talk. My friend took me to hospital, where it was discovered that I was having a stroke.

The next four days are a bit of a blur. It affected the right side of my body and my ability to speak. I knew what I wanted to say but my brain wouldn't let me. The stroke affected the left side of my brain and I developed the speech and language impairments, aphasia and apraxia of speech. All of these impairments really affected my confidence. I spent the next four weeks in East Surrey Hospital and the Doctor recommended Queen Elizabeth's Foundation (QEF) neuro-rehabilitation centre.

When I first arrived, I felt scared, alone and very vulnerable.

I couldn't speak and felt unable to express my thoughts and feelings. I also struggled to walk and couldn't move my right arm fully. My first port of call was Donna, who helped me to source a newspaper. A trivial thing, but it meant so much to me at the time. Nothing was too much trouble for Donna.

My room was perfect. After four weeks of being on a hospital ward, I had my dignity back and some sort of privacy. I felt my life starting to get back on track.

The Physio sessions with Penny, Ellie and Kish really helped me to get my stability and the movement back in my right arm. After four weeks of working their magic, I was walking normally and started to catch a ball again. This is something which had seemed impossible before. I feel that I was improving with each passing day.

My Occupational Therapist was Sarah, an unbelievable help in my recovery. She helped to get my confidence back with daily tasks, like going to the shops. She even helped me to cook again, safely! She also arranged for me to have a test, which allowed me to get my driving license back. I couldn't have done this without her.

My Psychology was with Reinhart, Abbey and Jay. The chats we had helped me to sort the things out in my head, regarding my anxiety, and it gave me a different perspective. Instead of getting stressed out, they helped me to see things more clearly. During one of my sessions with Abbey, my emotions got the better of me and my scheduled assessment was put on hold. With Abbey's patience and kindness, we worked through how I was feeling and I really felt as though I had turned a corner.

My Speech and Language Therapy was with Libby, Heather and Liberty. At first, I had given up all hope of ever having a conversation again.

Although my words came out, I wasn't making much sense. After a few weeks with Libby's help, I started to string a few sentences together. I never noticed it myself, but family and friends all of a sudden started to understand me, and said that my speech had become much clearer.

Liberty and Heather made each therapy session fun and we were always laughing. Although I didn't realise it at the time, all of the tasks/activities/games were an important part of my recovery.

Libby encouraged me to practice making phone calls. I remember feeling quite daunted and I felt that I wasn't up to this task. I was scared they might put the phone down and not understand what I was talking about. My fears were proved wrong and Libby's faith in me made me realise the progress that I had been making. All of a sudden, the therapy I had done, made sense to me.

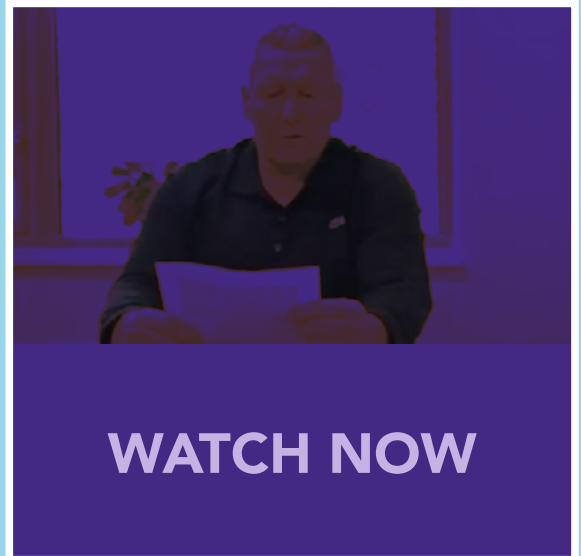
I am amazed at the help and understanding that I received, and the team was second to none. They all made my recovery their priority. Being at QEF has really turned my life around and I don't know where I would be without their help.

In a short space of time, I have achieved being able to walk unaided and have the confidence to enjoy conversations again. I don't feel as though my life has been turned upside down anymore. "



Watch Barry read about his experience of having a stroke and his recovery at QEF's Care and Rehabilitation Centre.

His ability to write his story and read it aloud is one of the things Barry is most proud of from his recovery.



**Queen Elizabeth's
Foundation for
Disabled People**

**QEF, LEATHERHEAD COURT,
WOODLANDS ROAD,
LEATHERHEAD,
SURREY KT22 0BN**

**01372 841100
INFO@QEF.ORG.UK**

REGISTERED CHARITY NUMBER 251051



EXPLORING THERAPIES FOR HOLISTIC REHABILITATION

BABICM are delighted to announce a series of webinars aimed to inspire Case Managers to consider a range of therapies when working with ABI and Spinal Injury clients. Holistic Rehabilitation: Exploring Therapies as Catalysts for Change will focus on therapies that case managers may not often commission, but remain valued therapies and interventions.

Taking place over a series of four webinars in November, the event is designed to help case managers develop an understanding of the different available therapies that will allow them to consider a range of options for and with their clients.

Within the webinars, our guest speakers will summarise the available treatment, the methods used and provide evidence-based information on the effectiveness of the treatment. They will also provide case studies that detail the interventions used and the eventual outcome. Case Managers will also be provided with advice on carrying out their due diligence, with information on what to look out for when instructing a holistic therapist, compliance, and their Continuous Professional Development (CPD).

In addition, the webinars will help to give case managers some understanding of the clinical reasoning behind the therapists' work, which will enable them to justify the costs and demonstrate the benefits to their clients when seeking to instruct.

WHY BRING HOLISTIC THERAPIES TO CASE MANAGERS?

Discussing the reasons behind bringing holistic therapies to case management, Joanne Foster of the Training and Education Group explained that there are many practice trends and innovations across Case Management and the Medico-Legal sectors. These are recognised by the group as potential training topics, and having the ability to commission specialist and holistic therapies for clients is a fundamental part of the case manager role.

“We have selected five therapies that we feel will be interesting to the membership and helpful in expanding knowledge of evidence-based therapy options for meeting our client’s needs.”

HOW TO BOOK

If you're interested in learning more about this new and exciting event or just want to understand how holistic approaches can help you, please email secretary@babicm.org or ring 0161 762 6440 to book your place.

The cost of the four-part webinar series will be £45 for members and £60 for non-members.

WHAT WILL THE WEBINARS COVER?

Starting on 8th November, the webinars will cover many different topics, with four guest speakers now confirmed to host each session.



DAN THOMAS

The first topic looks at Art Psychotherapy and Drama Therapy and will see new BABICM council member Dan Thomas of Chroma taking the reins. This opening session will outline what this therapy includes and how it can help with paediatric and adult clients.

Within this webinar, Dan will detail the evidence that demonstrates the effectiveness of Art Psychotherapy and Drama Therapy and provide case studies to show how the therapies can be used in everyday practice. Dan will also outline what case managers should look for in terms of skill, expertise, and clinical registration of any therapists they wish to instruct.



LIZ WILLIAMSON

Liz Williamson of The Speech Group will present the second session on 15th November. Liz will focus on adults, using case studies to demonstrate how Cognitive Communication Disorder can impact our clients' functional well-being.

Also, to be covered are group and individual activities that may be explored as part of the treatment, and guidance on how to complete your due diligence for therapists.



JO MCMEECHAN

For the third session on 22nd November, we're delighted to invite Jo McMeechan, director of Family Toolkit HQ Ltd. Jo will focus her webinar on Hippotherapy and Equine Facilitated Learning for adults and children. Case Managers will learn about this type of approach, together with the clinical reasoning that justifies this type of therapy. As with other seminars, Jo will use case studies to demonstrate the effectiveness of this approach and provide advice on seeking and instructing appropriately trained therapists.



REBECCA MCMANAMON

Our final webinar takes place on 29th November and welcomes Rebecca McManamon of Urban Dietitian to take the reins. Rebecca will delve into the world of medical nutrition therapy to assist adult clients with complex needs, covering a range of diagnoses that include ABI, SCI and orthopaedics. Rebecca will outline the approach of medical nutrition therapy, and the potential benefits and focus on how this type of therapy can be applied during the rehabilitation journey. As with all other webinars, Rebecca will also advise on sourcing dietetic professionals and what to look out for before instructing.



AND THE WINNERS ARE... BABICM BEST PRACTICE POSTER COMPETITION 2023

BABICM recognise the importance of building research and poster presentation skills and confidence in Case Management practice and continue to support research objectives led by the Research Group.

This year the BABICM Research Group launched the first ever BABICM Best Practice Poster Competition with two £500 prizes up for grabs for best clinical poster and best academic poster categories. Winners would have the opportunity to write an article or present their work next year at conference.

Your Research Group is comprised of healthcare professionals and academics with a common interest in evidence-based practice in Brain injury, complex disability and Case Management.

A key objective for the Research Group is to consider and support BABICM members in becoming more actively involved in research, from an evidence-based approach and in the conducting of research projects.

It has been widely acknowledged that poster presentations are a good way of 'dipping your toe' into the world of research and meeting the objective of the research group for accessible review literature and reporting on research. Posters also open up opportunities for BABICM members to link and network with researchers and clinicians for collegiate work and to identify like-minded individuals.

We were delighted to see such a great uptake in entries for this year, with 14 posters on display. There was an ongoing buzz around the posters throughout the 2 days and delegates could be seen reading the posters and also viewing the poster videos submitted alongside several of the posters.

Members who attended the conference this year were able to cast their vote for the posters on display at the event. This was added to the votes of an expert panel from Council and the Research Group.

Your Research Group is open to approaches about all research projects and ideas of relevance to brain injury and brain injury case management. They can provide a 'signposting' service, providing members with ideas on how to progress research ideas and projects and which academic references may be of interest.

The group are committed to work with BABICM members to continue to build confidence and skills in production of posters and reviewing, engaging with and utilising the evidence base.

We plan to run a virtual workshop in the coming months to consider writing for publication, reviewing research and preparing for poster presentations.

Please visit the [research page here](#) for further information, access to current literature and contacts for further information and support.



WHAT DOES GOOD **COMPLEX CASE** MANAGEMENT PRACTICE LOOK LIKE?

Continuing our series written by the
Professional Practice & Membership Group

FOCUS ON COMPETENCY 7: PERSONAL ATTRIBUTES

PRACTICE ISSUE:

The case manager is working with a 23 year old male, who lacks capacity for managing finance and affairs. He is living in supported accommodation, where staff struggle to maintain his positive engagement and are often manipulated into providing false accounts to the external MDT by the client. He frequently engages with less desirable people in the community which leads him to engage in destructive/illegal acts.

The client recently engaged with a local alcoholic drug dealer, and has then become enmeshed in a world he cannot understand, and cannot retreat from. Adult Social Care do not understand the frontal lobe paradox and explain his behaviour away as being a 'life-choice'. The client's parents are exceedingly concerned. The client ends up stabbing the alcoholic drug dealer, is arrested but released on bail. However, he is then served notice on his placement (with immediate effect) and thought to be in danger of retribution.

The case manager needs to find a way to support the client which will provide the best long-term outcomes, ensuring that the client and all involved are actively participating and in agreement.

CASE MANAGEMENT ACTIONS:

- Liaison with all other parties involved but then determine the best route.
- Consider capacity assessment on this specific area and client's understanding of the position he is in.
- Gather information on the criminal charges, likely outcome, the possible routes and options for the client while the legal process is underway.
- Complete risk assessments for the various scenarios and take action to mitigate risks.
- Seek supervision to support case manager decision making.
- Education and support given to parents around mental capacity, best interests, risk taking and the role of the case manager to establish an agreed way forward if possible.
- Engage services and funders for possible funding options to find placement.
- Agree the best course of action, communicate this in a flexible and dynamic way, using different approaches as required.

SKILLS USED:

7a: Leadership

Accepting responsibility, determines strategic vision and potential pitfalls/difficulties, negotiation

7b: Fostering independence

Active listening, advocacy

7c: Ingenuity and innovation

Utilising large range of resources, innovative approach

POSITIVE INDICATORS DEMONSTRATED:

- ✓ Has a level of independence from the team that is safe but maximises the services to the requirements of the client.
- ✓ Constructive resolution of conflict within the team and services.
- ✓ Makes decisions, communicates these, and negotiates with services to achieve outcomes.
- ✓ Awareness of client, family, and services dynamics, and actively works to resolve conflict.
- ✓ Is aware of and facilitates the client's potential to succeed in the longer term, and was able to communicate this to professionals and family.
- ✓ Understanding where skills and responsibility begin and end for all services concerned (or ascertain this information), exploring and engaging relevant services to their full extent, enhancing their knowledge on the client specific issues (frontal lobe paradox).

BEAR TRAPS AVOIDED:

- ✗ Client disengages due to case manager not communicating the bigger picture
- ✗ Client's inability/lack of capacity to understand choices is ignored/misinterpreted
- ✗ Behaviour is put down as a lifestyle choice, rather than lacking capacity or environmentally led.

- ✗ Case manager is not listened to (especially ABI knowledge)
- ✗ Burn out due to large burden of care/stressors on a regular basis
- ✗ Case manager not being understood and respected.

COMPETENCIES:

- ✓ Personal attributes
- ✓ Duty of care
- ✓ Communication
- ✓ Coordination and management
- ✓ Strategy
- ✓ Professionalism

REFERENCING:

BABICM Code of Ethics and Conduct in Case Management Practice
Mental Capacity Act 2005
Mental Health Act 1983
NHS CHC assessment criteria

PRACTICE REFLECTIONS:

- Sometimes events happen with clients in a rapid manner that require a case manager to work swiftly, flexibly, and draw in support from various sources, then take a strong lead.
- Case managers should use all available support and advice from other professionals, parties and agencies to support decision making and the case management process, and then be able to take responsibility for the decision when no clear/obvious/ideal path is available.
- Case managers will at times be unpopular, however, are able to use their personal attributes to pull a team together by being flexible, innovative, and providing clarity as to why decisions are being made.

The full list of examples for all of the 7 BABICM competencies can be [found here](#).



CQC AND CASE MANAGEMENT: KEEPING THINGS IN PERSPECTIVE

The CQC play a vital role within the care industry, ensuring companies that provide regulated activities are doing so safely and securely, whilst keeping the focus firmly on the service user.

However, there can often be confusion within the case management industry as to what constitutes a regulated activity and whether or not case management companies need to be CQC registered.

To help clarify the relationship between case management and CQC, BABICM chair Vicki Gilman, along with four guest speakers, hosted a special webinar to discuss the issues case managers face when applying for CQC registration, preparing for the inspection and a talk on what it looks like when things go wrong.



THE GOOD, THE BAD AND THE UGLY

Director of Positive OT and Case Management Jackie Chappell gave her personal experience of CQC registration, which had been a somewhat rollercoaster of experience.

Jackie was formerly a registered manager at another company and had attended BABICM CQC Registered Manager events. In 2016 she reported a far smaller number of case management companies were registered with CQC. At these events she recalls discussions as to whether or not companies needed to be CQC registered, with a prevalent view at the time that Case Managers "fell out of the scope of CQC registration as they didn't employ support workers, but supported families to recruit support workers."

Jackie went on to explain the way in which each company must consider the work that it does to determine whether they are required to registrar. She had found the membership bodies' communications with CQC helpful and went on to register her own company with the CQC [[click here](#) to see BABICM's letter to the CQC and their response]. She described the large amount of evidence as part of the application process that is required and her experience during the registration process of the CQC Unregulated Provider Unit sending an enforcement letter, which was somewhat of a shock.

Applications may take some time to process and throughout that period case managers may be asked for further information, particularly for those who are running a business from home. In addition, the interviews may take several hours to complete, so case managers will need to make enough time available to attend.

Jackie reflected that the effort involved to register had been worthwhile, despite the large amount of work required. For her company registration was swiftly followed by an unannounced inspection at a time when some policies and procedures, although managed well on the ground had not been finished on paper. This led to more hard work in a short timescale to achieve the improvements required.

Despite the considerable challenges Jackie's view is firmly that regulation is a positive reinforcement of quality and standards and should be embraced fully for those carrying out regulated activity.

GETTING IT RIGHT WITH CQC

Nemone Jakeman, CQC Registered Manager with West Country Case Management, led the second session, discussing the registration, daily operations and inspection for regulated activities from a case management perspective.

While CQC regulates the activities of care providers, they do not actively seek those who provide such activities. However, if they do discover evidence that an individual or company is providing regulated activities and are not registered, they have the power to issue an enforcement notice. This is to protect the service users and take action to ensure all services provided are to a good and safe standard.

Nemone discussed the reasons for registration with CQC, particularly the legal requirement if providing regulated activity. Case Managers who fail to register can be convicted of a criminal offence and also receive a heavy fine. However, registration can also improve services due to case managers conducting regular audits, improving service developments and being responsive to the client's needs.



VICKI GILMAN
BABICM CHAIR



JACKIE CHAPPELL
DIRECTOR OF POSITIVE OT AND
CASE MANAGEMENT



NEMONE JAKEMAN
CQC REGISTERED MANAGER WEST
COUNTRY CASE MANAGEMENT



MARK QUIGLEY
SINTONS SOLICITORS



SHEILA RAMSHAW
SINTONS SOLICITORS

“Not only should you be auditing and recording daily records and medical charts, but also running comparisons and analysis to help with service development.”

Nemone explained what registration looks like and what is required to make an application. “DBS applications need to be countersigned by CQC.”

They will also ask for a Statement of Purpose, and a key piece of information in this section will be advising if the company has multiple offices, including how much time the Registered Manager will be spending at each location.

Turning to CQC registration regulations, Nemone explains how they help case managers, and their companies, abide by the rules. They are combined with many of the regulations of the Health and Care Act 2014 to create the Fundamental Standards. These are what CQC specifically looks at during inspections.

“Always ensure the CQC ratings are visible in your office and on your website as this will be checked before a visit.”

Case Managers should always be prepared for a visit from CQC. The Provider Information Return (PIR) should be filed on time, providing as much information as possible. All activities should be completed with the Quality Statements, which will eventually replace the Key Lines of Enquiry (KLOEs), in mind and everything should be documented at all times.

CQC have now created a new single standard framework and details of this can be found on the [CQC website](#).

THE LEGAL FRAMEWORK

Our final speakers, Mark Quigley and Sheila Ramshaw from Sintons Solicitors, took us through the various aspects of CQC from the legal perspective and what it looks like when things go wrong with CQC.

The CQC was created as a result of an Act of Parliament, which means its powers and duties are enshrined in statute, with its primary legislation being the Health and Social Care Act 2008. There is an obligation on persons registered by CQC to have regard to guidance issued by CQC in respect of meeting regulations.

Mark focused on the regulations of the Health and Social Care Act and the reasons why they were enacted, before discussing the number of requirements needed to allow registration.

Sheila took over to discuss Section 10 of the Act, which reiterates the requirement of registration and the consequences of providing regulated activities if not registered. Penalties can include a fine and even imprisonment of up to six months if convicted in a Magistrates Court, whereas the Crown Court can issue a fine, sentence of up to 12 months or both. CQC fines are unlimited.

The Act also sets out what the regulated activities are, in the instance of Case Management, it is more likely to be personal care or TDDI that will be regulated. Sheila described the definition of personal care, before moving on to discussing the ongoing direction and control of personal care.

She confirmed Jackie’s earlier comments relating to therapies which fall outside CQC scope;

“Therapy delivered by physios and OTs falls outside the scope of regulated activity.”

Sheila explained that the CQC has a range of enforcement options available to them should an offence be committed under Section 10. These are both criminal and civil sanctions and Sheila discussed the difference between the two.



All enforcement action is published and available on the CQC website.

“Any enforcement action will be published on the CQC website, with the names of individual case managers and companies detailed.”

Mark summed up the presentation by discussing best practice and the importance of being clear about the activities taking place and maintaining dialogue with your local inspector.



<https://www.cqc.org.uk/>



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How technology is transforming Case Management access to support workers

The rising cost of living, rampant inflation and an increasingly transient workforce are all contributing to the current dearth of support workers. These factors have a knock-on effect for both case managers and their clients, impacting the continuity of care, putting increased pressure on client budgets, increasing admin and recruitment costs.

For traditional care agencies, around 50% of care costs are consumed in admin and fees. There is, however, an alternative solution where technology savings are passed back to the support workers (who earn more), as well as the clients (who pay less). Technology also delivers choice and control for case managers and support workers.

Implementing the use of algorithms and AI also rewards support worker engagement, carer reviews and messaging, improving continuity of care and allowing a better match of skills and experience between support workers and clients.

Curam is the UK's largest online care platform, with a fast-growing community of 8,000 vetted and approved support workers and 3m support hours already delivered for clients. To date, over 180 case managers have signed up with Curam. Technology savings allow approved support workers to earn on average 50% more than at a traditional agency. This has attracted a cohort of support workers with, on average, 10 years' experience.

Curam's rigorous approval process for support workers includes a bank level ID check, enhanced DBS check, two references, the right to work in the UK and proof of any care-related qualifications, before an online interview. This ensures everyone who is approved has been correctly verified and vetted.

Case managers can sign up for free, post a job, or browse and message support workers by [clicking here](#).

Access Curam's bespoke portal, designed specifically for case management organisations, to improve oversight and speed.

Added functionality allows case managers to view and arrange support for multiple clients under one login and they can also view all messaging and invoicing for their clients in one place.

This service includes a dedicated account manager to seamlessly get users up and running.



Alex's Story

Hearing real-life stories from clients reflects exactly why Curam's platform is valuable.

Client Alex has benefited by using the technology and quickly finding emergency care on the platform.

He said: "Earlier this year, one of my carers went off sick, so I needed to find someone to cover for them at short notice. I use an agency and hoped they would have someone to help, but they didn't. The best they could do was send someone the following week, which was not ideal. After looking online, I found the [Curam](#) website.



"It's a platform where people can advertise their care needs, and self-employed carers can apply to help - anywhere within the UK. The great thing about it is that you can find carers incredibly quickly - within hours."

"In comparison, getting a new carer through the agency would take weeks. Firstly, you must wait for someone to respond to the advert, which can take a couple of weeks. Then they need to do all the agency paperwork and training, which takes a couple more weeks. I have found that I can't rely on the agency to provide someone in an emergency - they just don't have spare people available.

"I posted my care requirements on [Curam](#), looking for someone to start the following day. Within an hour, I had four people applying who lived locally. If you have an emergency where a carer goes off sick and need cover ASAP, the website is a godsend."

[Curam](#) also receives glowing testimonials from case management companies: Mel J, from a national case management company, said in March 2023:

"[Curam](#) care platform has been a life saver on several occasions when I have been left unable to cover a shift for my client at the last minute. The support workers are flexible and happy to travel because they are self-employed, can set their own rates of pay and manage their own work."

For further information, please contact niamh@curamcare.com

BABICM is pleased to support SIA as it launches its long term strategy.



SPINAL INJURIES ASSOCIATION STRATEGY OVERVIEW

Every day in the UK, seven people will be paralysed for the rest of their lives because of damage to their spinal cord. That is more than 2,500 spinal cord injury cases every year.

Spinal cord injuries can be caused by an accident, an illness or a health condition. They affect not just your mobility and sensation, but also the functioning of your bladder, bowel, skin, and sexual function.

While paralysis is permanent, and the challenges daunting and complex, it is what happens next that is so devastating.

People with a spinal cord injury and their families too often face:

- stretched or inappropriate health and support services, when they need them
- barriers to accessing carers, transport, livelihoods and housing
- and a lack of public awareness on this life-long condition.

This is where we come in. We are Spinal Injuries Association - the expert, guiding voice for life after spinal cord injury. For fifty years, we've been the UK's national association for people with spinal cord injury, their families, and for professionals and organisations in our sector.



We are made up of passionate individuals directly and indirectly affected by spinal cord injury. We have a range of healthcare experts, volunteers, specialist mental health teams and patient advocates who fight for the rights and needs of people nationwide.

And we have built a "STRATEGY 2030" to transform the situation of people living with spinal cord injury across the United Kingdom. At its heart are three ambitious goals:

1. A health and care system that works for people living with spinal cord injury. We want everyone anywhere in the country to be able to access general health and care services without fear.
2. By 2030 we will double our membership. We will ensure every newly diagnosed person can automatically access our health and mental health experts, and a network of life-changing support services
3. A UK government, and public, championing the cause. We will raise the voice of people with spinal cord injury, and engage the government, media and public.

WE WILL ACHIEVE THESE GOALS THROUGH FOUR APPROACHES:

1. Provide critical health and care support for anyone with a spinal cord injury.

We will offer specialist guidance and advocacy for their urgent physical and mental health needs.

2. Coordinate a network of support services nationwide.

We will bring together trusted partners across the UK to support the diverse needs of our members.

3. Build expertise across the health and care sector.

We will train a critical mass of healthcare professionals, and equip people with spinal cord injuries with the knowledge and skills to manage their condition, and advocate for appropriate treatment and care.

4. Campaign for change.

We will lead national and local campaigns to challenge the biggest barriers faced by people living with by spinal cord injury.

This strategy, founded on four core values, aims to reach everyone with a spinal cord injury, to tackle whatever barriers they face, and to connect them to all the help and support they need to flourish in their lives, in the way they want and choose.

Built on decades of lived experience and specialist expertise, at Spinal Injuries Association we believe everyone affected by spinal cord injury can, must and will achieve a fulfilled life.

Help us make this vision a reality.
Join us today.



OUR VISION IS

A fulfilled life for everyone affected by spinal cord injury.

OUR PURPOSE IS TO BE

The expert, guiding voice for life after spinal cord injury.



Watch our strategy explainer video by [clicking here](#).



REVIEW: BLADDER, BOWEL AND SKIN MANAGEMENT IN SCI: PREVENTION IS BETTER THAN CURE

ABOUT THE SPEAKERS



STEVE BROWN - Steve is a former member and captain of the Great Britain wheelchair rugby team that played in the 2012 Olympic Games.



DR SALMAN LARI - A Consultant in Spinal Cord Injury and Rehabilitation Medicine at Southport and Ormskirk Hospital NHS Trust.



JANE STANBRIDGE - Neurogenic Specialist Nurse with JPEL Training.



HESTER DUNNE - Tissue Viability Nurse for the National Spinal Injuries Centre at Buckinghamshire Healthcare.



SUE PADDISON - Clinical Specialist Lead Physiotherapist London Spinal Cord Injury Centre at Royal National Orthopaedic Hospital Trust.

Working with clients affected by SCI brings many unique challenges to case managers, and one of the key areas that require careful attention is the management of bladder, bowel and skin.

Maintaining a healthy bladder is essential for the overall well-being and quality of life of clients, while effective bowel management plays a vital role in promoting digestive health and preventing potential issues. In addition, the significance of proper and effective skin care cannot be overlooked. As the body's largest organ, the skin is prone to many potential issues, which can be amplified for clients with SCI.

To explore the complications and intricacies of medical and therapeutic interventions, the Training and Events Group brought together five specialists in the field of Bladder, Bowel and Skin Management in Spinal Cord Injury for BABICM's unique event in May.

Case Managers were provided with valuable insights and guidance, to enhance the skills and knowledge of our members, with a shared goal to increase the quality of life for clients facing these challenges.

Paralympian Steve Brown, whom himself experienced paralysis following a balcony fall in 2005, took the helm as the event's chair and introduced Dr Salman Lari as the day's first speaker.

INTRODUCTION TO AND THE CHALLENGES OF AGING IN SPINAL CORD INJURY - DR SALMAN LARI

Before delving into the world of SCI, Dr Lari gave a brief overview of SCI Management in the UK and how the National Spinal Injuries Centre came into being. Dr Lari moved on to discuss the advances made in spinal injury, and how the life expectancy of those with paraplegia and tetraplegia have significantly increased. After discussing the main reasons for a non-traumatic SCI, Dr Lari produced some statistics for the causes of Traumatic SCI.

“45-60% of all traumatic SCI cases are caused through road traffic accidents, with 34% as a result of domestic or industrial accidents.”

Dr Salman Lari giving us an introduction to spinal cord injury. #SCI numbers in road traffic accidents are decreasing but SCI in domestic accidents are increasing. Each day, 3 new people sustain an SCI. 50,000 people in the UK and Ireland live with paralysis – Kevin Cross, Case Manager via Twitter.

Continuing the statistics, Dr Lari provided information on the demographics of SCI, before discussing the patient's pathway from injury to restoring functions and rehab. An introduction to the ageing process was followed by a talk on mortality and an in-depth look at the life expectancy of clients with SCI.

Dr Lari dedicated the remainder of his talk to the effects of ageing on the organs, completing the opening session by discussing the psychosocial aspects of ageing.

THE ROLE OF THE SPECIALIST NURSE IN ACHIEVING YOUR CLIENT'S GOALS – JANE STANBRIDGE

Neurogenic Specialist Nurse Jane Stanbridge took the second session, opening her talk by discussing the emotional, psychological and physical effects of SCI on an individual. Jane explained the role of a Neurogenic Nurse, the type of clients they generally work with and what their main focus is.



A detailed discussion on how the central nervous system, spinal cord and reflexes work together and what happens to them should an injury to the spine occur, was followed by three interesting case studies that identified the different effects of the injury.

Jane explained what bladder and bowel management is and how it is important to clients, giving several different impacts of a poor bladder and bowel routine.

It is essential to have a proactive rather than reactive routine.

Jane described how people affected by a neurological condition pass urine, compared to those that don't, and the available products that can help with bladder management.

“We are all born incontinent. Medications designed to prevent muscle spasms in SCI can unfortunately also reduce the function of the bowel. Most spinal injury patients tend to drink excessively- it's been drummed into them” – Kevin Cross, Case Manager via Twitter.

Wrapping up her section on bladder management, Jane discussed the role of the MDT around goals, before dedicating the final section of her talk on bowel management. Explaining how the gut and bowels work, Jane again described the differences between the functions of the bowels of those affected by SCI and those that aren't, along with some advice on how to create a bowel management routine.

Jane completed her section by detailing who can provide bowel care, potential complications and alternative methods for bowel care management.

A SURVIVOR'S EXPERIENCE AND TRAVEL FOLLOWING SPINAL INJURY – STEVE BROWN

Event chair Steve was next to speak, giving a personal account of Spinal Cord Injury, how it affected his life and the battles he fought. His personal experience served as a powerful backdrop for the event, which fully amplified the importance of addressing bladder, bowel, and skin management in spinal cord injury cases.

Steve experienced an SCI following a balcony fall in 2005. However, his remarkable journey of resilience and determination led him to captain the Great Britain Wheelchair Rugby team during the London 2012 Paralympic Games. Steve gave a first-hand experience of SCI, explaining what his life was like before and after his injury.

When Steve did his presentation on hotel rooms, there were things there that maybe you wouldn't think about that affect a wheelchair user. Steve showed his resourcefulness to overcome these issues. He also produced some amusing stories that embraced his disability – Kate Lewis, Case Manager.

SKIN CARE & PRESSURE ULCER PREVENTION – HESTER DUNNE

Hester Dunne opened the afternoon session with some statistics on the cost of wound management to the NHS, and how the average percentage of patients with SCI that will develop a pressure ulcer is between 85-95%. Hester moved on to skin issues, discussing how the functions before SCI, compared to how injury affects the skin. Hester also described further considerations that can affect the skin functions, such as pre-existing conditions and the effects of ageing.

Hester then moved on to discussing prevention strategies, explaining the Assking acronym, before moving on to early intervention and treatment, advising to identify the cause and take action. Hester also reviewed available equipment that can be used with either a physiotherapist, OT or District Nurse.

Skin care and prevention of pressure ulcers is probably a much later thought.

Concluding her talk, Hester focused on two case studies, which were handled in two different ways, culminating in a different outcome for each.

Hester explained how the constant need for skin care is a prevalent aspect of their daily life. It was discussed that every hour, there needs to be two minutes of pressure release on pressure points. It has to be something to be aware of and take into account - Tiago Azevedo, solicitor.

HOW A PHYSIOTHERAPIST INFLUENCES THE MANAGEMENT OF BLADDER, BOWELS AND SKIN IN SCI PATIENTS? – SUE PADDISON

Sue Paddison led us into the day's final session, with a discussion on the team approach and the responsibilities of each member. Sue led the talk from the perspective of the MDT, whilst also detailing the different rehabilitation and reintegration phases for the bladder. Sue provided examples of the types of equipment that can help clients work with physios during the rehabilitation stage.

Moving onto bowel management, Sue explained the differences between a reflex and non-reflex bowel, with a section on the Gastro-Intestinal Tract, with further details of equipment that can help with rehab.

Sue focused on the skin for the final section of her talk, stating that the loss of or reduced sensation below the injury, coupled with the loss of or reduced movement below the injury leads to a reduced ability to balance in sitting.

This leads to the potential for postural deterioration.

Sue explained the factors that can lead to the development of pressure ulcers in people with SCI, before discussing the different types of equipment that are designed to help reduce the chances of pressure sores.

Completing her talk, Sue went into detail on pressure ulcer management, with guidance on available treatment, prevention and reduction.

#preventionisbetterthancure closes with @paddison_sue. "Functional Electrical Stimulation has ++ benefits for bladder, bowel, skin & circulation." Physios are obsessed with making people stand up. Full standing is also good for skin, bladder & bowel" – Kevin Cross, Case Manager via Twitter.

WHAT WAS SAID OF THE EVENT

We discussed the event with case manager Kate Lewis and solicitor Tiago Azevedo.

HAS THE EVENT CHANGED YOUR UNDERSTANDING OF BLADDER, BOWEL AND SKIN MANAGEMENT IN SPINAL CORD INJURY ISSUES IN ANY WAY, OR REAFFIRMED WHAT YOU ALREADY BELIEVED?

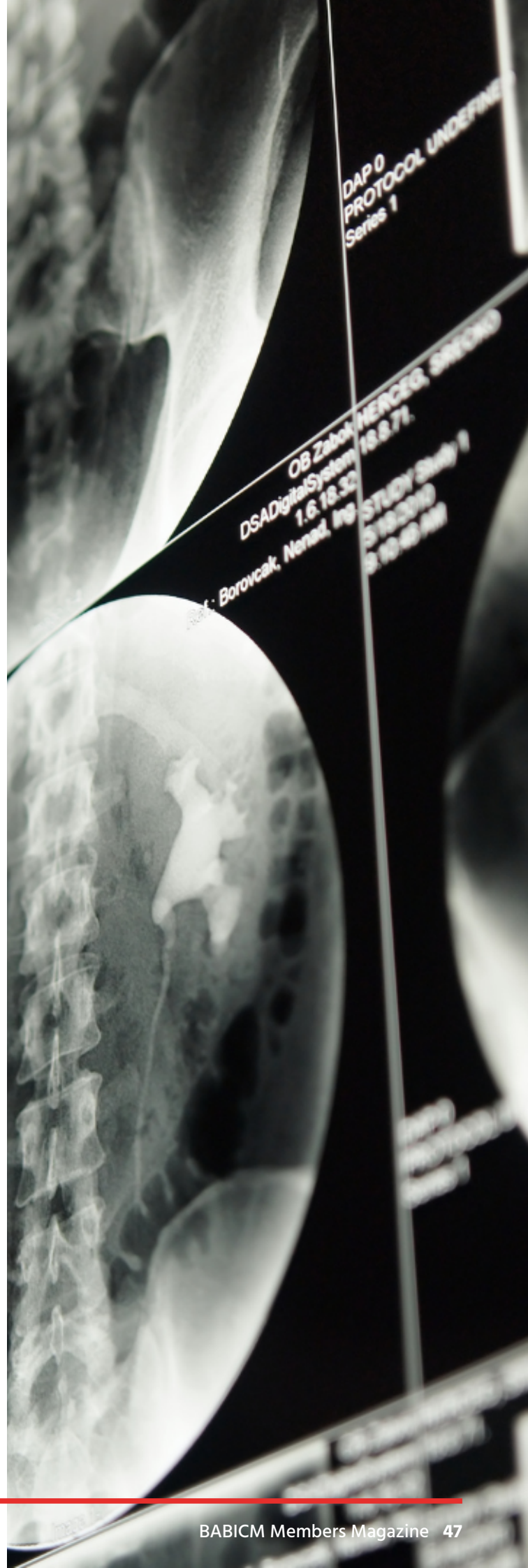
"While the event hasn't changed my understanding of bladder, bowel and skin issues with SCI, it has improved my knowledge. Just bringing it to the forefront of my mind and refreshing my existing knowledge will allow me to implement all the new information from the event. Understanding the routine early on and sticking to it can change things that will improve their life."

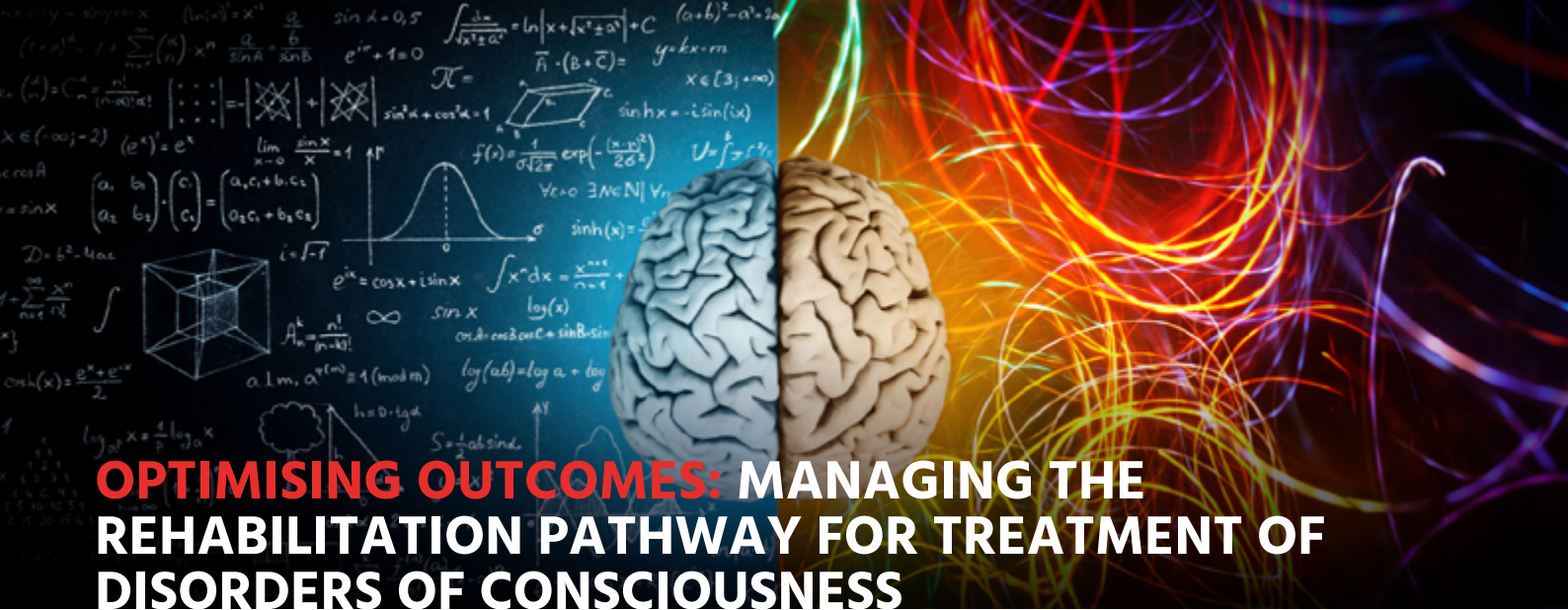
Kate Lewis, Case Manager.

HOW DO YOU THINK YOU WILL USE THE INFORMATION FROM THE EVENT IN YOUR EVERYDAY WORK?

"It will focus attention on maybe more specific questions to ask each expert on bladder and skin viability. There is more of an awareness of the impact of the spinal cord, and solicitors are in a better position to tailor questions to experts. If a client is prone to pressure ulcers, we may be able to advise the expert and ensure it is factored into future costs."

Tiago Azevedo, Solicitor.





OPTIMISING OUTCOMES: MANAGING THE REHABILITATION PATHWAY FOR TREATMENT OF DISORDERS OF CONSCIOUSNESS

Mary Ward House in London was the setting for BABICM's recent event that explored the complexities of Persistent Disorder of Consciousness (PDoC). Chaired by Jackie Waggott and Tracey Clarke of BABICM's Training and Education Group, this unique event brought together several experts to discuss the management, treatment, assessment and rehabilitation of clients affected by PDoC. During the day, we also looked in depth at the ethical and legal issues surrounding this condition, whilst also considering the roles that clinicians, case managers and the court of protection play when working with the families whose lives are impacted by PDoC.

WHAT THE EVENT COVERED

Dr Chris Danbury, Consultant in Intensive Care Medicine at University Hospital Southampton, discussed the effects of the early management of the condition, along with the difficult subject of ethical considerations, such as the use of DNA, CPR, Consent and the role of the family in circumstances of PDoC.

“Some stats from research that revealed 70% of ICU staff members have reported conflicts, and 80% of families, physicians and nurses report conflicts re treatment limitation decisions.”

Dr Chris Danbury

The second talk was conducted by Dr Karen Elliott, a Specialist in Disorders of Consciousness, who also discussed the role of the family in addition to the inclusion of SMART assessments, the direction of therapy in cases of PDoC and a discussion on managing a team as a case manager.

“We must investigate all the different responses a client can give..how do they respond with/without stimuli? ..we categorise 300 responses.. (!) ..what responses are meaningful?”

Dr Karen Elliott

Dr Stephen Ashford, Senior Clinical Lecturer and Consultant Physiotherapist explained how case managers can manage the posture, tone and contractors as well as discussing the PDoC guidelines. He was followed by Dr Sal Connolly, Consultant Clinical Neuropsychologist who focused her talk solely on the role of family and the importance of their support.

“Up to 67% of brain injured clients experience contractures and in PDoC the risk is high.”

Dr Stephen Ashford

“You’re grieving over losing somebody but they’re still there...”

Dr Sal Connolly

Amy Pundole an experienced Clinical Specialist Speech and Language Therapist opened the afternoon session, discussing the assessment of emergence, what case managers should look for and issues surrounding oral intake.

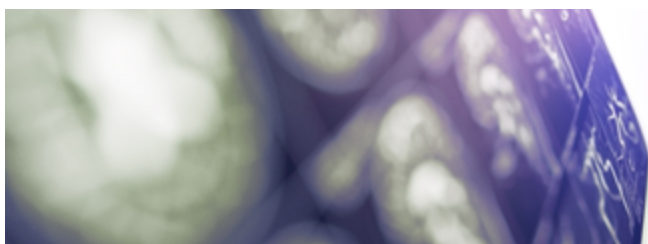
Dr Andrew Hanrahan, Consultant in Neurorehabilitation with the RHN followed, focusing on the removal of nutrition, ethical issues and decisions made in the best interest of the patient, before our final speaker, Matthieu Culverhouse, partner with Irwin Mitchell, discussed the legal side of PDoC. Matthieu’s talk covered the best interests of the client, the role of the Court of Protection, and when and how to engage with case management.

“There are two types of bereavements; when consciousness leaves the body, and when the body dies.”

Dr Hanrahan

“Legal Aid remains available for CoP welfare cases ..official solicitor will likely be invited to be litigation friend ..judge will decide if a treatment pathway or palliative pathway is in P’s best interests.”

Matthieu Culverhouse



THE SOCIAL MEDIA REACTION

A fantastic event summed up by some of our attendees on social media:

“Really great and fascinating topics at the Optimising Outcomes conference, by @BABICMorg attended by our Case Managers today. It’s always fulfilling to be able to learn more to further support the health and wellbeing of our clients. #optimisingoutcomes #pdoc” – Head First Case Management via Twitter.

“Great morning at #optimisingoutcomes with @BABICMorg. So much great information and only halfway! Looking forward to the afternoon focusing more on #PDOC.” – Gail Archer, Neuro OT via Twitter.

“Lunchtime at the @BABICMorg conference, after a very thought-provoking talk from Dr Sal Connolly on the psychological and social impact of prolonged disorders of consciousness on both the family, social network and professionals around the individual #optimisingoutcomes” – Elise Walker, ABI Coordinator, via Twitter.

“Interesting and informative day with Caroline Haynes and Next Steps Neuro Physiotherapy Ltd at BABICM PDOC Day in London. Great speakers and wonderful to meet other professionals interested in optimising outcomes for PDOC clients.#optimisingoutcomes #PDOC #independentSLT” – Aimee Williams, Advanced Speech and Language Therapist via LinkedIn.



A COLLABORATIVE ORTHOTIC AND PHYSIOTHERAPY APPROACH RAISES THE CEILING OF WHAT COMPLEX TRAUMA PATIENTS CAN ACHIEVE



CONNOR MURRAY
SPECIALIST PHYSIOTHERAPIST,
DORSET ORTHOPAEDIC

Complex orthopaedic injuries often require a multidisciplinary approach that includes orthotic and physiotherapy input to optimize healing, minimize complications, reduce pain, and restore functionality. These interventions are tailored to the specific needs of the patient and can have a significant impact on their recovery and long-term well-being.

Having Orthotists and Physiotherapists working together to complete collaborative complementary rehabilitation assessments (CRA) for complex trauma patients is beneficial in ensuring a seamless approach to the patient's care. This combined approach is in fact essential, as even the most comprehensive physiotherapy input cannot compensate for a painful or poorly fitting orthosis. Likewise, even an excellent orthosis will never fully compensate for the dysfunction of a limb and its associated musculature.

CASE STUDY

The success of this model was demonstrated when a complex polytrauma patient was referred to through their case manager. The patient had suffered significant injuries following an RTA:

- Traumatic Brain Injury - Intraparenchymal haemorrhage, traumatic subarachnoid haemorrhage and left occipital haemorrhage.
- Left Ankle Open Fracture – The fracture was managed conservatively but a significant skin graft was conducted that covers most of the dorsal aspect of the foot and ends at the proximal 1/3 of the Tibia. There was also a complete foot drop present with no active dorsiflexion and a reduction in passive range of dorsiflexion to 10 degrees from a neutral position.
- Right Ankle Fracture – This fracture was also managed conservatively. Despite maintaining active dorsiflexion on this side, the patient had a reduction of their active range of movement to 20degrees from a neutral position.
- Right Distal Radius Fracture
- Right Acetabular Fracture
- Fractured Mandible

Following discharge from the acute treating hospital, the patient was transferred to an inpatient rehabilitation ward before eventually being discharge home with support from a community physiotherapy and occupational therapy team.

Despite receiving significant rehabilitation throughout their inpatient stay over the course of several months, they did not receive any orthotic devices to accommodate for the loss of range of movement and lack of dorsiflexion in the left ankle.

As a result, the patient walked with a significantly impaired gait, having to excessively flex their left hip during swing phase in order to gain adequate toe clearance due to the foot drop and their knee hyperextended in stance due to the lack of range in their ankle. As well as this, they were externally rotating the right limb when the foot was planted, due to the lack of right ankle dorsiflexion that is required for normal terminal stance.

Ultimately, the patient was self-conscious about the way that they walked and found that they fatigued quickly when walking short distances.

Private referral for CRA and combined recommendations from orthotist and physiotherapist led to the patient being supplied with a custom Ankle Foot Orthosis (AFO) to support the left foot and thereby preventing the drop foot. The custom AFO would better encapsulate the length of the calf and avoid any contact with the skin grafts.

It was advised that the AFO should be worn with altered footwear built up under the heel to prevent the knee hyperextension and allow easier progression of the right leg and maintain equal leg length. Alongside the AFO, the patient was also recommended to attend for specialist physiotherapy input to improve their lower limb strength and range of movement, as well as for specific gait retraining and guidance towards returning to previous activities that they enjoyed with the end goal of improving their function and quality of life.

The success of this collaborative approach between Orthotist and Physiotherapist can be seen in the patient’s outcome measures below.

Objective Measures	Pre-Orthotic	Mid Orthotic Rehab	Following Orthotic Rehab
Timed up and go	21.97 seconds	8.68 seconds	4.31 seconds
6 Minute Walk Test	175m	250m	400m
BERG Balance Scale	46/56	50/56	52/56

Subjective Measures	Pre-Orthotic	Mid Orthotic Rehab	Following Orthotic Rehab
ABC-UK	46%	73%	82.8%
EQ5D (Health % Only)	50%	65%	90%

These results convey the significant improvement to both the patient’s mobility and health related quality of life. Their distance covered in the 6 minute walk test and huge reduction in time to complete the timed up and go indicate a significant improvement in their walking speed, and the improvement in BERG balance score indicates a reduction in the risk of falling. Improvements in ABC-UK and EQ5D Health scores indicate both an improvement in the patient’s perception of their own health as well as an increase in confidence in completing activities of daily living.

Whilst the patient received quality rehabilitation through the NHS, the lack of prescription of an appropriate orthotic device limited the progress that they were able to make. Fitting appropriate orthotic devices alongside of specialist physiotherapy input raises the ceiling of what complex trauma patients can achieve.

CONGRATULATIONS TO ALL REGISTERED PRACTITIONER MEMBERS WHO HAVE RECENTLY BECOME ADVANCED REGISTERED PRACTITIONER MEMBERS. WE HAVE 6 NEW ADVANCED MEMBERS, A FEW OF WHOM ARE SHOWN BELOW.

For more information on becoming a BABICM Advanced Registered Practitioner [click here](#)



**RACHEL
DODWELL**



**ZOE
BIGINTON**



**ROB
KUSCHEL**



**STEPHANIE
JAMES**

CURRENT AVAILABILITY FOR BABICM ADVANCED REGISTERED PRACTITIONER ASSESSMENTS

16th Oct 23	Online	Nicola Simpson & Karen Jeffreys	Fully Booked
23rd Oct 23	Online	Vic Leever & Delaney Collins	Fully Booked
13th Nov 23	Online	Nicola Simpson & Emily Denny	Fully Booked
24th Nov 23	Online	Vic Leever & Jane Paige	1 Space Available
4th Dec 23	Online	Vic Leever & Helen Brooks	Fully Booked
11th Dec 23	Online	Nicola Simpson & Emma Henty	Fully Booked
12th Jan 24	Online	Vic Leever & Tim Watson	Fully Booked
15th Jan 24	Online	Nicola Simpson & Joanne Roberts	1 space Available
9th Feb 24	Online	Vic Leever & Liz Drummy	Fully Booked
19th Feb 24	Online	Nicola Simpson & Jo Sims	1 space Available
15th Mar 24	Online	Nicola Simpson & Sue Stoten	1 Space Available
18th Mar 24	Online	Vic Leever & Jo Jones	Available
15th April 24	Online	Nicola Simpson & Andrew Patterson	Available
26th April 24	Online	Vic Leever & Sarah Lockwood	1 Space Available
22th May 24	Online	Vic Leever & Ella Cornforth	1 Space Available
10th June 24	Online	Vic Leever & Emma Grant	Available
17th June 24	Online	Nicola Simpson & Amanda Knight	Available

INTRODUCING OUR NEW EXPLAINER VIDEO: **CASE MANAGEMENT CASE STUDIES**



WATCH THE VIDEO BY [CLICKING HERE](#)

Following the success of our first Animated Explainer Video 'What is a Case Manager?' we have another new video to share. This latest video includes real case studies of case management clients which we are using as a tool for education and training purposes. Jess McDonough from Optic Jam talks about the creation of this latest video.

We were delighted that the first explainer video was so well received. When BABICM approached us for a second video, we were more than happy to oblige. We were given an overview of a selection of client case studies, and we chose to work with the three that best represented the client benefits of case management. The cases were difficult to read about. Here were healthy, happy people going about their everyday lives when a catastrophic event caused serious injury.

First up was Mark. Mark had been in a motorcycle accident and suffered a serious head injury. He subsequently struggled with fatigue and impaired memory. It was understandable that Mark felt very low after the incident. However, with the help of his case manager, Mark made great gains in his rehabilitation. We were thrilled to learn that Mark hosted a Remembrance Day event and played 'The Last Post' on his bugle. We had to include this scene in the video because it signified just how far Mark had come. We were sure there wasn't a dry eye in the house that day!

Next up was Jaden – a young man who suffered a brain haemorrhage and optic nerve damage after being in a car accident. It's especially distressing to read about someone so young sustaining such life-changing injuries, but once again, we were moved to discover that Jaden's injuries hadn't held him back.

Despite the cognitive difficulties he experienced as a result of his injuries, Jaden went on to study Sports Rehabilitation at university. The final scene in Jaden's story shows him receiving the Child Brain Injury Trust Award in 2022, a remarkable achievement for both Jaden and his case manager.

Yvonne's case was a little different. Yvonne was living with diabetes and developed diabetic ketoacidosis which left her in a coma, resulting in brain injury and nerve damage. Yvonne's condition left her feeling very isolated and unable to participate in activities of daily living. With the help and support of her case manager, Yvonne's home was fully adapted to meet her needs. This meant she could live more independently as she progressed with her rehabilitation. Yvonne's dream was to have a garden that she could enjoy, and her case manager helped to make this dream into reality.

Each of these case studies demonstrates how these brave individuals overcame adversity and so it was important to us that this video was upbeat and positive. This video truly is a celebration of the amazing work case managers do and the difference they make in their clients' lives.

We hope that watching this short animation leaves you feeling as inspired as us.



Jess McDonough
Creative Director at Optic Jam
www.opticjam.com

CLAIMING Procedure for the happening of an accident and the Police a

THE IMPACT OF THE INTRODUCTION OF THE INTERMEDIATE TRACK FOR CASE MANAGERS AND THEIR CLIENTS



BY LOUISE HART
Head of Personal Injury,
RWK Goodman

The way that legal costs are paid for Personal Injury claims worth less than £100,000 is changing. Cases worth less than £25,000.00 will still fall into the fast-track and cases worth more than £100,000 will still fall into the multi-track and those cases will be unaffected by the reforms.

However, for accidents which occur after the 1st October 2023 cases worth £25,000 - £100,000 will fall into something called the Intermediate Track. Costs for cases in the Intermediate Track will be calculated through Prescribed Fixed Costs.

These costs are much lower than the costs which a Claimant can currently recover from a Defendant for a case which currently settles for between £25,000-£100,000.

The Intermediate Track is intended to affect all areas of Civil Law where cases have a value of £25,000-£100,000, subject to a few exceptions.

WHAT ARE THE EXCEPTIONS TO THE INTERMEDIATE TRACK?

There are a number of exceptions for Personal Injury claims, namely:

- 1.** If the Trial will last longer than three days.
- 2.** Where the Parties have permission for more than two experts to give oral evidence at Trial.
- 3.** Where there are more than two Defendants. (i.e. Where there are more than two separate negligent Parties).

No doubt the Claimant's Solicitors will seek to establish that a case is exceptional and should fall outside the Intermediate Track whilst the Defendant's representatives will argue that it should fall within the Intermediate Track.

Claimant's Solicitors will push for more than two experts or for Trials lasting longer than three days but any such arguments will be hotly contested by the Defendant.

However there are a number of exclusions from the Intermediate Track, including:

- a.** Mesothelioma or asbestos lung disease claims.
- b.** Claims for Clinical Negligence where both breach of duty and causation are admitted.

- c. Claims for damages in relation to harm, abuse or neglect of or by children or vulnerable adults.
- d. Claims where the Court could order a Trial by Jury.
- e. Claims against the Police involving an intentional or reckless action or relief in relation to the Human Rights Act 1998.

Protected Parties (being individuals who lack capacity to conduct proceedings) are also excluded from the Intermediate Track but Vulnerable Parties are included within it and therefore children are included.

There is a lot of uncertainty within the rules as they stand and the Association of Personal Injury Solicitors have issued Judicial Review proceedings against the Lord Chancellor.

HOW WILL THE INTERMEDIATE TRACK AFFECT ACCESS TO JUSTICE?

Sadly, the implementation of the Intermediate Track is likely to mean that Access to Justice is denied and some cases will be under settled.

Two Claimants could have precisely the same injury but their claims for loss of earnings may well mean that the Claimant who earns less will have a case that falls into the Intermediate Track whereas the Claimant who earns more will have a case that falls outside the Intermediate Track, meaning that their Solicitor will recover a much higher level of costs for the work undertaken. The Claimant who earns the higher income will receive a much better level of service.

Some Personal Injury Solicitors may not be able to afford to undertake cases worth less than £100,000 due to the low level of Fixed Costs that will be recovered from the Defendant.

It is likely that many Claimants will be inadequately represented and their claims will be under settled.

Early offers are likely to be made and claims may well be settled before the full extent of the injuries and their effects is apparent.

WHAT DOES THE INTERMEDIATE TRACK MEAN FOR CASE MANAGERS?

The cost of joint instructions to Case Managers under the Rehabilitation Code does not form part of the settlement amount and will not be taken into account when assessing whether the Claimant's damages falls over or under the £100,000 mark.

Solicitors are likely to try to instruct Case Managers unilaterally rather than under the Rehabilitation Code in order to maximise the awards for damages in the hope of tipping the total settlement amount over £100,000.

The difficulty will be obtaining funding for Case Management on a unilateral basis. In order to seek an interim payment, the Defendant may well request some disclosure. There will be a risk that by giving any disclosure at an early stage, the Defendant may make an early offer when it is too early for the Claimant's representative to value the claim.

Alternatively, the Defendant may seek to instruct the Case Manager by way of joint instruction under the Rehabilitation Code which will take the Claimant's case back into the Intermediate Track.

The playing field is about to get much less level for Claimants.





POSITIVE ABOUT DIVERSITY AND INCLUSION



POSITIVE ABOUT INCLUSION



LUCY MALARKEY



KAREN FAULKNER

Diversity and inclusion is certainly a hot topic - hardly a week goes by without a story in the news with a diversity or inclusivity angle. And across every sector, organisations are focussing more on the subject as the benefits are becoming increasingly understood.

Embracing diversity and creating an inclusive environment where everyone feels that they are being heard, understood and listened to has numerous benefits - greater creativity and problem solving, increased engagement, improved satisfaction and better decision making. The list could go on!

Like many forward-thinking organisations, the team at BABICM have been keen to improve their approach to diversity and inclusion, and are delighted to announce their exciting partnership with a specialist diversity and inclusion consultancy and training provider, Positive About Inclusion.

Positive About Inclusion is a social enterprise, established in 2020 when the co-founders, Lucy Malarkey and Karen Faulkner, took the opportunity to pivot from their long careers at a senior level in the public sector to follow their passion for inclusivity.

The company works with public, private and third sector organisations throughout the UK providing a diverse range of services - from delivering training and development workshops, to health checks and audits, from completing listening exercises with colleagues and customer groups to undertaking policy reviews.

As Lucy explains

“Having worked for some time in the public sector, we wanted to use the expertise we had gained to enhance inclusivity cross-sector.

It was important to us both that Positive About Inclusion should be values driven and so we set up the company as a profit-for-purpose social enterprise, using the profit generated from the work we do to provide pro bono training, advice and guidance to the voluntary and community sector.”

BABICM has been working with Lucy and Karen since early 2023 with an initial project to establish a position statement on BABICM’s approach to diversity and inclusion. This position statement identified BABICM’s existing positive practice as well as suggested areas for improvement.

Findings were presented in a report in the summer of 2023 which considered how BABICM operates in the context of three key areas

- **Visible Commitment**

Is the BABICM commitment to this agenda visibly demonstrated and consistently articulated?

- **Stakeholder Engagement and Communication**

Is the BABICM commitment to diversity and inclusion amplified through the work with stakeholders?

- **Data Collection and Monitoring**

Is there evidence of data being used to effectively inform interventions or to track progress being made?



As the BABICM Chair, Vicki Gilman observed

“I welcome the recommendations made by Lucy and Karen from their review of our approach which included our aims and objectives, working groups, competency framework, online presence and quarterly magazine. Their report really helped to crystalise our thinking in terms of the range of improvements we could make to enhance our approach to diversity and inclusion. Some of their recommendations are relatively straight-forward to introduce, some will require more focus but now we have a ‘to do’ list in effect from independent subject matter experts.”

And some of the enhancements recommended are already in the pipeline! The BABICM website will have enhanced accessibility with the introduction of an on-demand accessibility tool, Recite Me, from September 2023.

Over 1 billion people worldwide encounter barriers when trying to read and understand online content. This can be due to disabilities, learning difficulties, visual impairments, or if English is spoken as a second language. By adding Recite Me to the BABICM website from September 2023, accessibility will be enhanced and the website more user-friendly for individuals with disabilities, situational challenges and language support.

BABICM’s work with Positive About Inclusion continues as Lucy and Karen will be facilitating an interactive and outcome focussed workshop at the upcoming BABICM Council Away Day, using the feedback from their work so far to support Council members to co-create an action plan prioritising key actions and solutions suggested to advance BABICM’s diversity and inclusion commitment.

Recite^{me}



BABICM INTRODUCES RECITE ME ACCESSIBILITY TOOLS ONLINE



We are thrilled to announce the adoption of Recite Me assistive technology on our website. This new and innovative accessibility toolbar on our website helps to ensure all our website visitors can read and understand the content on our website, in a way that best suits their needs.

This assistive toolbar on our website includes screen reading functionality, multiple reading aids, customisable styling options an on-demand live translation feature that boasts over 100 languages including 65 text-to-speech and styling options.

Make sure to give the toolbar a try by clicking the Accessibility Options at the top of our landing page on our website <https://www.babicom.org>

We look forward to you all trying it out and hearing your feedback. Please do let us know if you have any questions or feedback by sending an email to Janette@babicom.org.

DIGITAL ACCESSIBILITY

Recite Me believes in accessibility for all, allowing everyone the opportunity to use the internet in the way that it is intended.

We pride ourselves on being an organisation always looking to improve communication and quality of service for our case management community. To fulfil this mission, we now provide Recite Me assistive technology on our website, which enables our visitors to customise their experience in a way that best suits their individual needs.

RECITE ME WEB ACCESSIBILITY AND LANGUAGE TOOLBAR

Recite Me is innovative cloud-based software that lets visitors view and use our website in a way that works best for them.

We've added the Recite Me web accessibility and language toolbar to our website to make it accessible and inclusive for as many people as possible.

It helps 1 in 5 people in the UK who have a disability, including those with common conditions like sight loss and dyslexia, access our website in the way that suits them best.

It also meets the needs of the 4.2 million people in the UK who speak a language other than English at home, by translating our web content into over 100 different languages.

HOW DO I ACCESS THE RECITE ME TOOLBAR?



You can open the [Recite Me Accessibility Toolbar](#) by clicking on the Accessibility Options in the top left corner of the page.

This button now appears in the top corner of every page of our website.

After you click on the Accessibility Options the Recite Me toolbar opens and displays a range of different options for customising the way the website looks and ways you can interact with the content.

HOW DOES RECITE ME HELP ME ACCESS THIS WEBSITE?

Recite Me helps people access our website and customise the content in a way that works best for them. The Recite Me toolbar has a unique range of functions. You can use it to:

- Read website text aloud (including PDFs)
- Download the text as an MP3 file to play it where and when it suits you
- Change font sizes and colours
- Customise background-colours
- Translate text into more than 100 different languages
- Access a fully integrated dictionary and thesaurus

RECITE ME USER GUIDE

Play Audio

- Back: Rewind to the previous paragraph of text
- Play: Click the play button to read the text aloud
- Forward: Skip forward to the next paragraph of text

Text Options

- Decrease: This will decrease the text size
- Font: You can change the font that displays on the page
- Increase: This will increase the text size

Colour, Ruler and Mask

- Colour: Change the background, text, and link colours
- Ruler: Click to enable the reading ruler
- Screen Mask: Will create a letterbox for focused viewing of a section of the page

Dictionary, Translation, and Magnifier

- Dictionary: Highlight and click on this to view the definition of the word
- Translation: Translate text into a different language
- Magnifier: Click and drag the magnifying glass to magnify text on the screen

Margins, Plain Text Mode, and Download Audio

- Text Mode: Remove images to view content in plain text mode
- Margins: Change the text dimensions by narrowing the width of the text column
- Download Audio: Highlight the text then click the button to download the text as an audio file

Settings

- Settings: Adjust your Recite Me toolbar settings
- Reset: This will restore the default settings
- User Guide: This will give you an overview of the Recite Me toolbar features

FREQUENTLY ASKED QUESTIONS

Q. Do I need to download anything to enable Recite Me?

A. No. Recite Me is cloud-based software so there is no need to install anything on your computer.

Q. How do I launch the Recite Me Toolbar?

A. To Launch the Recite Me Web accessibility toolbar you will need to click on the Accessibility Options. This will then launch the toolbar, which will appear at the top of the page.

Q. How Do I Disable the Auto Read?

A. To disable the auto read you need to click on the button marked "Settings". This will give you a list of 3 functions to choose from. You need to click on the bottom to the Right of the option marked "Autoplay" This will then disable auto-read.

Q. Does Recite Me work across different operating systems and mobile devices?

A. Yes. Our software works on multiple devices and operating systems including Android, iOS, Linux, Mac, and Windows devices.

Q. Can I save my Settings?

A. The Recite Me toolbar uses cookies to save user settings.

Q. How do I change the Language?

A. To change the language of the website that you are viewing you need to select the button marked "Languages". This will then produce a drop-down list of all the languages that Recite offers. Find the language that you want from the list and press on it, the site will then be converted to that language.

Q. How do I create an MP3?

A. To create an MP3, first, turn off the Autoplay option located within the settings button. Highlight the section of Text that you wish to create into an MP3. Once highlighted select the Download Audio button from the toolbar. You will then see a message telling you that your file is being created. Once created you will see the file appear ready at the bottom of the web page. You can now either listen to the file created or save it to a location of your choice.

Q. How do I Turn Recite Me Off?

A. To Close the Recite toolbar simply click on the icon marked "Close" to the right of the Toolbar.

Q. Why is Accessibility Important to Us?

A. Accessibility is important to us as it provides all users with equal access and opportunities, regardless of their individual circumstances. We are committed to online accessibility and this can be achieved with the use of the [Recite Me Accessibility Checker](#) and Assistive Toolbar.

WHERE CAN I FIND SUPPORT FOR RECITE ME?

If you have any questions about Recite Me you can contact them via email at info@reciteme.com or call 0191 432 8092.



BABICM Fellowship Awards 2024

BABICM Fellowship Awards 2024

Do you have a colleague who has made an outstanding contribution to BABICM?

Recognise them at the Fellowship Awards 2024

**Nominations now being accepted
until **Dec 31st 2023****

**For full details and how to nominate visit
<https://www.babicmp.org/fellow/>**

Definition:

A Fellowship can be awarded to a member in recognition of exceptional service or outstanding contribution to BABICM, following a process of nomination and review by a fellowship committee and council. In certain cases (such as a Chair who has served a full term) a member can be awarded an Honorary Fellowship by Council; without the need to go through the formal nomination process.



BABICM

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