



WINTER 2023

# BABICM

MEMBERS MAGAZINE

## IN THIS ISSUE

TRANSITIONING  
FROM CHILDHOOD TO  
ADULTHOOD WITH A  
BRAIN INJURY

LAUNCH OF THE BABICM  
BEST PRACTICE POSTER  
COMPETITION 2024!

THE PERFECT STORM  
CONTINUES: HELPING CASE  
MANAGERS & CARE WORKERS  
REGAIN CONTROL

## PLUS

CAMPAIGN  
FOR CHANGE

MORE PIECES TO THE  
THERAPEUTIC PUZZLE

EVENT REVIEW:  
KEEP UP THE GOOD WORK



# Contents

<b>BABICM CONTENTS IN BRIEF</b>	<b>4</b>	<b>TRANSITIONING FROM CHILDHOOD TO ADULTHOOD WITH A BRAIN INJURY: THROUGH THE LENS OF P'S CLINICAL PSYCHOLOGIST</b>	<b>25</b>
<b>BABICM: OUT AND ABOUT</b>	<b>6</b>	<b>CAMPAIGN FOR CHANGE</b>	<b>27</b>
<b>THE PERFECT STORM CONTINUES: HELPING CASE MANAGERS &amp; CARE WORKERS REGAIN CONTROL</b>	<b>8</b>	<b>EVENT REVIEW: KEEP UP THE GOOD WORK</b>	<b>30</b>
<b>BABICM UPDATE: EQUALITY, DIVERSITY AND INCLUSION</b>	<b>12</b>	<b>UPCOMING EVENTS</b>	<b>34</b>
<b>A LOOK INSIDE THE BABICM ANNUAL CONFERENCE PLANNING PROCESS</b>	<b>14</b>	<b>THE BENEFITS OF BABICM MEMBERSHIP</b>	<b>35</b>
<b>LAUNCH OF THE BABICM BEST PRACTICE POSTER COMPETITION 2024</b>	<b>17</b>	<b>MORE PIECES TO THE THERAPEUTIC PUZZLE</b>	<b>36</b>
<b>BABICM SUMMER CONFERENCE 2024 POSTER PRESENTATION GUIDELINES</b>	<b>18</b>	<b>BABICM SUPPORTS THE CREATION OF A NEW HEADWAY PUBLICATION</b>	<b>40</b>
<b>TRANSITIONING FROM CHILDHOOD TO ADULTHOOD WITH A BRAIN INJURY: THROUGH THE LENS OF P'S DEPUTY AND A CASE MANAGER</b>	<b>22</b>	<b>NEW JOB ROLE: ENGAGEMENT &amp; COMMUNICATIONS OFFICER</b>	<b>49</b>
		<b>CELEBRATING OUR NEW ADVANCED REGISTERED PRACTITIONER MEMBERS</b>	<b>54</b>
		<b>ADVANCED MEMBERSHIP GUIDELINES</b>	<b>56</b>

## CHAIR'S ADDRESS: BABICM MAGAZINE WINTER 2023 ISSUE

As we conclude another fruitful year at BABICM with our Winter issue of our members' magazine, I am delighted to announce a substantial increase in our membership. Notably, the count of Advanced BABICM Case Managers has also risen. Congratulations to all who have joined this membership category in 2023! Throughout the year, we've expanded our repertoire of educational and training events to bolster case management practice. Our annual conference witnessed record attendance by both delegates and exhibitors, and we have actively contributed to research, guidelines, debates, and discussions across the UK. All our endeavours are anchored in a steadfast commitment to enhancing equity, diversity, belonging, and opportunity in everything we undertake.

The past three months have seen the BABICM Council convene in person to deliberate and chart the strategic course for the organisation in the coming year. As a result, we have devised new plans for the upcoming year, including expanding the Advanced Assessor team, upgrading our membership software, and actively engaging in and publishing more research. To support these initiatives, we are adopting fresh approaches to engagement and communication, with a particular focus on our members. We are also enhancing our educational offerings, improving the members' magazine, and creating additional development opportunities across our membership.

I hope you will enjoy the articles and information inside this issue of your member's magazine. The content spans a wide range, offering support for your practice and development, from insights into "The Perfect Storm" of support worker recruitment and retention to guidelines for next year's conference posters. Additionally, Vic Leever and Nicola Simpson provide advice on preparing for Advanced Assessment, there's an update on our EDI work and commitment, team perspectives on the transition from childhood to adulthood with ABI, and reports on recent events related to vocational approaches and holistic therapies.



This year, significant efforts have been invested in enhancing the content and format of the members' magazine. Behind the scenes, further developments are underway to make this publication even more valuable to your practice as case managers dealing with complexity and brain injury. This will include seeking your feedback on what would be most beneficial to your practice and development. In the meantime, please share your feedback, comments, and ideas for future issues with us via email at: [editor@babicm.org](mailto:editor@babicm.org).

All of the work this membership organisation carries out could not be achieved without the generosity of members who volunteer to share their time, expertise and wisdom across our Working Groups, project groups and on the BABICM Council. I also acknowledge that member feedback, attendance at educational events and engagement with our competencies and standards, research and guidance supports and champions what we do. I am fond of describing BABICM as "small but mighty" and "punching above its weight" because I am repeatedly amazed by what we achieve and the impact we have. I would therefore like to take this opportunity to thank each and every one of you – past and present – for your invaluable contributions.

I hope you have a good end to your year and wish you all a peaceful and positive 2024.

*Vicki Gilman*

**BABICM Chair**



# BABICM CONTENTS IN BRIEF

**Welcome to our Winter magazine. We are celebrating another successful year for our industry with plenty of news and events to keep our members involved and informed. As 2023 draws to a close, we would like to offer you our warmest seasonal greetings and wish you all the best for the year ahead.**

**Coming up in our Winter edition:**

## **THE PERFECT STOM CONTINUES: HELPING CASE MANAGERS AND CARE WORKERS REGAIN CONTROL**

This article presents the results of an online discussion organised by BABICM in October 2023. The discussion event featured presentations from leading experts in clinical psychology and acquired brain injury. Here, we highlight the outcomes for our membership. You can read our summary on [page 8](#).

## **BABICM UPDATE: EQUALITY, DIVERSITY, AND INCLUSION**

BABICM has spent the past 3-years developing its understanding and practices in the areas of equality, diversity, and inclusion. On [page 12](#), we present an update on the work we have been doing with our partners, stakeholders and community members.

## **LAUNCH OF THE BABICM BEST PRACTICE POSTER COMPETITION 2024**

Following the success of last year's BABICM Best Practice poster competition, we are pleased to open entries for our 2024 competition. Fostered by the newly named 'Research, Evidence and Publications Group' (REP), poster presentations are designed to open up opportunities for BABICM members by creating opportunities for collegiate working relationships. You will find the full guidelines for our 2024 poster competition on [page 18](#).

## **TRANSITIONING FROM CHILDHOOD TO ADULTHOOD WITH A BRAIN INJURY**

In the first of two perspectives on case management in practice, Stacey Bryant and Caroline Evans discuss the challenges that arise for individuals with a brain injury during the transition from childhood to adulthood, including the impact on the lives of caregivers and parents. Look through the lens on [page 22](#). Dr. Abi Cheeseman discusses the same case from the perspective of clinical psychology on [page 25](#).

## **CAMPAIGN FOR CHANGE**

In this article, we update you on a fight to strengthen the voice of those living with spinal cord injuries. Driven by a partnership between the Spinal Injuries Association and Hudgell -

Solicitors, this campaign for real change aims to increase support and promote high quality living standards for people with spinal cord injuries. Join the fight and show your support on [page 27](#).



### **EVENT REVIEW: KEEP UP THE GOOD WORK**

BABICM welcomed 110 delegates at its 'Keep Up the Good Work' event at the National Conference Centre in Birmingham in December 2023. Intended to promote networking, collaboration and the sharing of best practice, the event celebrated strengthened relationship between case managers and healthcare professional, and legal and finance professionals. You can keep up with the good work on [page 30](#).

### **MORE PIECES TO THE THERAPEUTIC PUZZLE**

On [page 36](#), we present a series of reviews of the BABICM webinar series 'Holistic Rehabilitation: Exploring Therapies as Catalysts for Change'. Designed to best represent the diversity of contexts and lived experiences that those with acquired brain injuries share, our webinar series explored multidisciplinary perspectives on holistic approaches to therapies and rehabilitation.

### **CASE MANAGEMENT AFTER BRAIN INJURY**

Headway, the brain injury association, shares a new resource designed to help those affected by acquired brain injury better understand case management and the invaluable role that

case management plays in achieving successful clinical and therapeutic outcomes. You can find this invaluable resource on [page 40](#).

### **NEW JOB ROLE: ENGAGEMENT & COMMUNICATIONS OFFICER**

BABICM is pleased to announce that we are actively seeking a dynamic and proactive Engagement and Communications Officer. This role requires a creative thinker with strong communication skills and a passion for developing relationships within our diverse and inclusive community. You can find all the details on [page 49](#).

### **CELEBRATING OUR REGISTERED PRACTITIONER MEMBERS**

On [page 54](#), we meet festive spirit with cause for celebration by highlighting some of our registered practitioner members who recently passed their assessments to become BABICM Advanced Practitioner Members.

Are you thinking about applying for your BABICM Advanced Membership? Get all the details and guidelines on [page 56](#).

## **PLUS...**

BABICM are looking forward to presenting a range of webinars, workshops and events over the next few months. See the itinerary on [page 34](#).

Are you getting the most out of your BABICM membership? See [page 35](#) for a summary of all the benefits your membership includes.



# BABICM OUT AND ABOUT

Since our Autumn issue, BABICM has been travelling around the country (and presenting virtually) to raise awareness of best practice in brain Injury and complex case management. Here are some of our highlights.



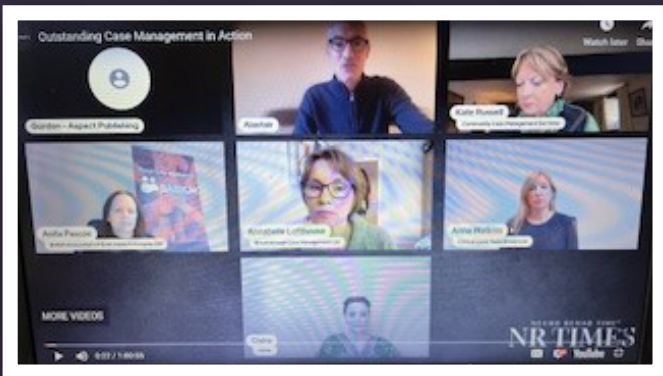
## UKABIF TIME FOR CHANGE SUMMIT

6th November 2023, Janette Mason and Michelle Radford from the BABICM Office team attended the UKABIF Time for Change Summit in Salford Quays.



## MASCIP CONFERENCE

6th November 2023 – BABICM Council members Maggie Sargent and Jenny Whittall brought the BABICM stand to the MASCIP conference in Loughborough.



## NR TIMES WEBINAR

16th November 2023 Anita Pascoe from the Professional Practice and Membership Group, represented BABICM on a round table panel with the NR Times to discuss 'Outstanding Case Management in Action'.

You can watch the [full webinar here](#).



## OT SHOW

22nd November 2023 Vicki Gilman, BABICM Chair was flying the flag for the registration of case managers with the IRCM stand at the OT Show in Birmingham.



## KEEP UP THE GOOD WORK!

6th December 2023 – Training & Education Group members, Steve Brown, Dawn Abernethy and Joanne Foster facilitated the Keep Up the Good Work conference in Birmingham with Michelle Radford and Janette Mason from the BABICM team.



## WEMABIF (WEST MIDLANDS BRAIN INJURY FORUM)

6th December 2023 – Vicki Gilman, BABICM Chair joined speakers from Moor Green (NHS) and Ivan Pitman to present at the West Midlands Brain Injury Forum.

Article written by Ingrid Espinosa

## THE PERFECT STORM CONTINUES: HELPING CASE MANAGERS AND CARE WORKERS REGAIN CONTROL

**On October 31st, BABICM organised an online discussion that continued the conversation around the 'Perfect Storm' - the intensifying issues around care worker recruitment and retention today.**

The event featured presentations from Asst. Prof Alyson Norman, Associate Professor in psychology at the University of Plymouth, and an expert on brain injury and visible difference, and Marcus Williamson of Social Care Recruiting, an organisation that tackles client-focused recruitment in complex care.



**PROF ALYSON NORMAN**  
Associate Professor in psychology



**MARCUS WILLIAMSON**  
Social Care Recruiting

Alyson began the discussion by sharing insights from a survey she conducted with her team which concerned recruitment difficulties with rehabilitation and case management during and following the COVID-19 pandemic. The survey was launched in February 2022 and April this year, and captured insights from 303 respondents, the majority of whom were case managers.

**According to Alyson, Brexit and COVID-19 brewed this 'Perfect Storm', forcing an exodus of many care workers and restricting movement into and around the UK.**

The survey data showed consistent or worsening recruitment conditions. Almost all respondents (180 of 199) reported having difficulties in 2022, with similar results for 2023.

Most respondents said that, apart from recruitment, staff retention had also worsened over time, suggesting the rehabilitation industry's failure to recover after COVID.

Alyson then identified eight themes to paint the picture of the Perfect Storm in rehabilitation and case management:



Staffing cost has surged in the UK (especially in the southeast). Most respondents noted increased hourly rates from 2022 to 2023, resulting from a smaller recruitment pool, as well as higher living costs, and changing expectations on pay. Another factor is client affordability, as settlement figures based on historical costs may no longer suffice for inflation today.

There is also a challenge in recruiting staff with the appropriate skill sets. This includes a lack of people able to speak different languages as well as those whose English is not fluent - Brexit has paved the way for non-European workers who may not be as comfortable speaking English.

Apart from pay, employment incentives have also been lacking. Such benefits – like flexibility, regular hours, and allowances – can help staff to deal with complex pressures and feel valued. Alyson adds:

**“It’s not just about necessarily paying people more appropriately; it’s about making sure that the way that they’re working is more satisfactory”.**



Burnout is another concern and was intensified by the pandemic. Staff had to work “dangerously long hours” and back-to-back shifts to cover for sick colleagues, often for long periods. Vaccine hesitancy further complicated this, as many did not want to undergo mandatory vaccination (as was once considered) nor endanger vulnerable individuals. Many otherwise felt vulnerable with the lack of protective personal equipment.

Families who need to step in when support workers are not available face a similar burden. Vacancies in support result in a gap in safeguarding, and clients become vulnerable to neglect and harm. Residential care has also become a necessity for some, despite many preferring home care.

Given this picture of the Perfect Storm, Marcus proceeded with his proposed solutions.

**Marcus described the situation as being “in the eye of the storm,” noting the reduced effectiveness of traditional methods such as job fairs. Competition is fierce in the current “candidate’s market,” as workers are beckoned to opportunities beyond the care industry.**

Despite the challenge, Marcus remained optimistic and recommended adapting through refocusing and specialisation. To address the gaps highlighted by Alyson, he proposed a focus on pre-screening, candidate-centered conversations, and a strategic approach to pay.

First, pre-screening for skill sets can be a more efficient way to recruit, especially with care workers’ busy schedules. This may also uncover and encourage new carers to join the industry.

Second, centering the candidate and thinking beyond a job description means understanding their motivations, skills, and compatibility with client needs, as well as their struggles and unmet needs. This may also mean “meeting candidates where they are”: talking to them on weekends or evenings when they are available, or on WhatsApp where they may be more comfortable. These actions demonstrate recognition of their value.

Third, a strategic approach should be applied to pay means adjusting rates. This will reflect the skill set for the specific area, ensure that candidates can be retained and minimise the opportunity cost. Marcus noted the value of the latter in candidates’ decisions, especially in conversations with family.

**Marcus closed with a summary of his proposed approach: “People are there because they want to be there, but it needs to be right.”**



Afterward, a brief feedback session invited thoughts and experiences from the audience.

The session ended with a clear recognition of the value of care workers and a renewed commitment to ensuring their importance is felt.

**According to Alyson, “These are individuals who go above and beyond on a daily basis. The work that they do is highly complex. It’s incredibly stressful. It takes huge skill to be able to do...If we’re going to expect people to take those jobs on longer term as an actual career, then we need to treat it as such.”**

Marcus added that simple changes in recruitment and management can make a big impact on retention and result in more satisfied clients, carers, and lower costs in the long-term. He added that we must “allow people to feel in control of their lives, and control over things that’s meaningful to them.”

With these insights in mind, managers, clients, and carers must weather this perfect storm together and navigate safely to the other side.

BABICM plan to host an in-person event in 2024 to take a deeper look at care and support for case managed clients and to develop these themes further.

The Perfect Storm research carried out by BABICM has been written up for academic publication, also expected in 2024.



## WE ARE SEEKING EXPERT WITNESSES

Are you an experienced & highly skilled Case Manager or OT looking for an exciting new challenge?

### WHY WORK FOR US?

- We are an inclusive, award-nominated, family-run business with over 35 years of experience.
- We offer flexible working hours, bespoke training, dedicated support & excellent rates of pay.

### WHAT WE NEED FROM YOU

- Ten years post-qualification ROT or RGN experience specialising in brain injury, spinal cord injury, injury at birth and/or multi-trauma & orthopaedic injuries.
- Excellent report writing & communication skills with a keen eye for detail.



Send your cv to :  
**recruitment@jjaltd.co.uk**  
www.janejamesandassociates.co.uk



# **BABICM UPDATE: EQUALITY, DIVERSITY AND INCLUSION**

## **Update on Our Work to Improve Equality, Diversity and Inclusion Across All That We Do**

Over the past 3 years, BABICM has sought to develop its understanding and practices to improve equality, diversity and inclusion across all that we do, say and are. We have recognised that this work and learning will be open ended because there is always more to be improved upon – the more we develop the more we perceive we can do to support equity, belonging and opportunity for those we serve and those whom we interact with, influence and impact.

This year we have implemented substantial changes across our various platforms, from our website and guidance documents to job advertisements and social media posts. We have integrated ReciteMe software into our website to improve accessibility. We actively communicate our commitment to equality, diversity and inclusion (EDI) to our providers and suppliers, requiring them to commit to work toward the same principles.

Should any provider or supplier refuse to commit (which has so far not been the case) we will end the relationship with them and move to a supplier/provider that does share our EDI values and commitments.

The members of BABICM Council have proactively engaged in training, a workshop and dynamic discussions focussed on understanding equality, diversity and inclusion within our organisation. We have recognised that - alongside more widely recognised and protected characteristics – our organisation needs also to consider BABICM-specific aspects where we can encourage and empower equity and belonging. Examples of this are considering how to increase the feeling of equity and belonging for our Practitioner members, alongside their Registered and Advanced Practitioner peers and encouraging and welcoming applications for positions on Council and in Working Groups in a manner that fosters member comfort and confidence in applying.

The true measure of our success and organisational learning lies in the feedback we receive from our members and others we encounter. We anticipate that the actions we're taking, including the dissemination of articles like this one, will not only foster a greater sense of inclusion but also encourage individuals to share their thoughts, opinions, and feelings. While positive feedback is appreciated, the most impactful insights come from being made aware of instances where, despite genuine efforts, we may have fallen short and inadvertently made someone feel excluded, uncomfortable, or unfairly treated.

Our commitment extends to creating an environment where feedback is welcomed without judgment, and we are resolute in our commitment to hear it, learn from it and improve as a result.

We trust that our efforts on the council are making a discernible difference, contributing to the enhancement of BABICM's value across our membership and beyond. We invite you to engage with us, sharing your perspectives on areas for improvement, and to join us in our ongoing and future endeavours to foster inclusion, promote equity, and support diversity.

### **BABICM WORKING GROUPS EQUALITY DIVERSITY AND INCLUSION COMMITMENT STATEMENT**

To value and embed the principles of equality, diversity and inclusion throughout our organisation and all that we do, BABICM will strive to:

- Work towards a diverse membership, welcoming and encouraging those from under-represented groups and removing any barriers to membership of BABICM
- Ensure representation and participation of its membership in all of the working groups, providing a welcoming environment that supports equity and belonging.
- Facilitate the sharing of knowledge and skills across working groups, creating opportunities for movement between groups and group collaboration.



### **PARTNER & SUPPLIER ED&I COMMITMENT**

BABICM is committed to the principles of equality, diversity and inclusion throughout the extent of our work. Our ambition extends beyond meeting the legal requirements to increase our reach and positive impact.

We are committed to working with all of our stakeholders to advance equality of opportunity, eliminate discrimination, foster good relations and to continue to provide excellent services which are relevant, responsive and sensitive to the individual needs of our customers.

**BABICM values and celebrates diversity and is committed to treating everyone fairly and with respect. We do not tolerate bullying, harassment or intimidation of any individual or group and oppose all forms of discrimination recognising that discrimination creates barriers to achieving equality.**

We require those working with us or supplying services to us, to share our commitments and to work to the same principles. We will challenge those who do not uphold our values or go against our principles on equality, diversity and inclusion and will re-consider our continued relationship with any such person or organisation.

Please confirm, by signing below, that your organisation understands the importance of BABICM's ED&I commitment and that you will:

- ✓ Demonstrate your alignment to the principles detailed above in your role both as an employer and supplier/service provider
- ✓ Comply with all relevant legislation



# A LOOK INSIDE THE BABICM ANNUAL CONFERENCE PLANNING PROCESS

**The BABICM Conference Planning Group convenes regularly to plan each year's conference well in advance. With the venue booked around 2 years ahead, content planning commences as soon as the previous year's conference is wrapped up and the feedback collated.**

BABICM Registered Case Manager and Conference Group member Jenny Whittall, lifts the lid on the planning dynamics for the 2024 conference **"Great Expectations: Spotlight on Clinical Excellence"**

The first thoughts we had were how to create a conference that would achieve the same expectations and feedback that we had achieved in the conference of summer, 2023.

The feedback from the conference was overwhelmingly positive, with requests for more of the same and a myriad of topic suggestions spanning various aspects. We distilled several key points from the feedback several pointers to help us begin the process of planning the conference for 2024.

We considered;

- What the membership of BABICM want
- New and current areas of interest within case management for brain injury and complexity

- Issues of interest and questions raised from organisations outside case management, including CQC and the IRCM
- How continue to raise the profile of BABICM and its members across the field of brain injury and complex case management

As you might imagine, this led to wide ranging energetic discussion and debate to narrow down the field to themes and topics for next year. We reached agreement that the two days would reach out to case managers across two different aspects of their practice:

The first day topics would look at the clinical complexity of client presentations that case managers have to consider, particularly highlighting aspects and presentations which are less well recognised and clinical approaches for clients.

The second day would focus on important areas of day-to-day management, practice and professional development for case managers. This could incorporate research and use of evidence, registration, standards and many more key aspects.

And....so, we had a framework from which to develop our discussions...

## CONSTRUCTING THE PROGRAMME FOR DAY ONE

The conference team come from wide and vastly experienced areas of case management. We able to share unusual presentations, approaches and findings that we had come across in our clinical practice, the challenges we and our clients faced with the presenting issues and what we have learnt from finding and creating solutions to address these.

From the world of spinal injury we considered aspects which case managers may not be familiar with, including the secondary pathologies of post traumatic syringomyelia and autonomic dysreflexia. Both of which can easily be missed and misunderstood, but have a significant bearing upon the health and well-being of a person with a spinal injury. We considered developments in nutrition within the world of rehabilitation, and how important that can be again in the health of an individual with a brain injury

We considered the less frequently encountered open head injuries alongside lesser known approaches and new developments from a brain injury perspective. Discussions ranged across hormonal changes, the input of endocrinologists to new developments in dysphagia and how to spot and manage sleep apnoea in this group.

As our discussion continued around the impact and terminology for visual perception issues, we recognised that even as experienced case managers we varied in our understanding of this area. One of the team had an encountered differences of opinion between an ophthalmologist and behavioural optometrist- so that seemed an ideal opportunity to bring those two professions to the conference to help us understand and guide us to the benefit our clients.

## DEBATING THE CONTENT FOR DAY TWO

This discussion brought out healthy differences of opinion alongside a variety of experiences, and concerns about the professional development needs of experienced case managers, but also for those who are new to the field and those considering joining case management. As a team we recognised, there are many and varied factors for case managers to consider in complex cases, and that there has been an increase in understanding of this by those who instruct us. The driving forces being the BABICM standards and competencies, the upcoming IRCM standards but also existing professional registration standards (such as HCPC, SWE, NMC, BASRAT) and also the requirements of CQC for those registered with the care regulator.

Topics for day two were selected to address practical aspects related to professional development, supporting registrations, and regulatory requirements. The eclectic range of subjects included MDT management, supervision, utilising research findings, goal-setting, therapeutic neglect, and benign non-intervention. Recognising the importance of support alongside humour and laughter in maintaining well-being, the program aims to benefit not only work with clients but also the well-being of case managers themselves.

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**WE ARE PROUD OF THE PROGRAMME WE HAVE DEVELOPED AND WHICH IS NOW NEARLY COMPLETE AND AS A TEAM WE ARE LOOKING FORWARD TO SEEING AND HEARING HOW IT IMPACTS ON ALL WHO ATTEND NEXT JUNE!**

# BABICM Annual Conference 2024


## Great Expectations: Spotlight on Clinical Excellence

18th & 19th June 2024 | Coventry Building Society Arena

Sponsored by



Our annual conference for 2024 offers a packed programme supporting the practice of case management and benefit to clients.



**Day one** will take a look at important and sometimes overlooked clinical aspects for injured clients and consider evidence-based approaches to support progress and recovery.

**Day two** will focus on overarching themes and skill development for case managers and their practice.

As always, this conference will deliver a range of exciting and thought-provoking topics delivered by outstanding speakers. The event will appeal to case managers, therapists, deputies and those involved in personal injury and medical-negligence litigation. We will showcase a diverse range of providers of equipment and services in the exhibition hall and attendees will have many opportunities for networking with friends and colleagues across the sector. This is the conference not to miss in 2024!

[www.babicmp.org/events](http://www.babicmp.org/events)





# BABICM SUMMER CONFERENCE 2024 POSTER PRESENTATION GUIDELINES

BABICM will be presenting their annual conference entitled 'Great Expectations: Spotlight on Clinical Excellence' on 18th and 19th June 2024 at the Coventry Building Society Arena, Coventry.

As part of this conference, we are again calling for poster presentations to highlight good practice in the field of brain & complex injury rehabilitation, case management and care. Please find below guidelines for completing the poster presentation and timeframes for the completion of each stage.

Please note that these timeframes will be strictly adhered to unless otherwise stated via the BABICM office.

This year we are continuing to move digitally, and posters can be presented electronically or as hard copies to be displayed at the conference.

Each poster will be entered and judged in the categories of Academic or Non-Academic.

The winning entry for best Academic poster will be invited to present their research at the BABICM Annual Conference 2025. A £500 cash prize will be awarded to the winning Non-Academic poster. In the event of a tie, the prize money will be shared. Poster entries will be judged by a selected panel of experts.

Please watch the video on the BABICM website for advice on the development of a good poster: [Case studies and poster presentations – top tips from research academics](#).

## STAGE ONE – COMPLETION OF ABSTRACT OF POSTER PRESENTATION.

**Deadline:** Monday 4th March 2024

**Theme of Poster Presentation:** Good practice within brain & complex injury or rehabilitation, case management and care.

We have purposefully kept the theme broad to attract a wide variety of poster presentations. Give the theme of the conference, however, preference, but not exclusivity, will be given to posters addressing work with families, and also complexity in practice.

It is important to note that there is an expectation that the posters are of a high professional standard, with reference to the supporting literature to enhance your discussions/conclusion (please refer to 'Areas to be Covered' section for details on the expected content of the abstract).

It is important to note that the purpose of the poster presentations are to develop/discuss best practice within the field of brain injury. These are not to be used as promotional material for a company, organisation or institution.

Although it is acknowledged that the poster will indirectly advertise the support of your workplace, any abstracts/posters which are found to be primarily promotional in nature will not be considered/included in the conference.



**Areas to be covered:** Within the abstract the author(s) needs to have considered the following areas where applicable:

1. Purpose/relevance of the topic to the theme.
2. Methodology (including data collection techniques).
3. Results/conclusion (making reference to the impact on professional practice, strengths and limitations).
4. References/acknowledgements (if required).

**Please include the title of the poster and the author(s) name(s) in bold at the top of the page.**

N.B. References should be presented using the Vancouver (Numeric) style. Please use the following link for an example as to how this is presented: <https://www.ukessays.com/referencing/vancouver/>

**Submission:** Please send abstract submissions by the deadline as identified above to the BABICM office using the following email address: [secretary@babicm.org](mailto:secretary@babicm.org)

Please ensure that you put 'BABICM conference poster submission' as the subject heading with contact details for the author(s) (email and telephone contact) and category in which the poster is to be judged (Academic or Non Academic).

Please note that we will only take abstracts via email. No other form of submission will be accepted.

**Queries:** Any queries in relation to the abstracts should be directed to Janette Mason (BABICM Director of Operations) via the email below. Please ensure that you provide a contact telephone number should this be required.

**Email:** [janette@babicm.org](mailto:janette@babicm.org)

Source: Referencing guidelines via UKEssays.com

## STAGE TWO – PANEL REVIEW OF ABSTRACT SUBMISSIONS

**Timeframe:** 4th March 2024 – 18th March 2024

N.B. You will be informed if your abstract has been accepted week commencing: 18th March 2024

The abstracts will be reviewed by the BABICM research sub-group during the timeframe above. We will be looking that the author(s) have provided the required details as identified in the 'Areas to be covered' section of stage one and that the area being addressed falls within the theme of 'Brain injury rehabilitation, case management and care'.

During the review process, you may be contacted to amend and re-submit your abstract, should the panel feel this is required.

Please note that you will be provided with a timeframe for the amendments to be completed by at the time of contact.

The Research Group are happy to provide support/mentorship at any stage in this process. Whilst professional rigour and academic critique may form part of this support, essentially, we want to support and encourage you all to write!

## STAGE THREE – COMPLETION OF THE POSTER PRESENTATION

If your abstract has been accepted, you will be required to complete your poster using the following guidelines and submit it by 17th May 2024.

### DIGITAL ENTRIES

**Size:** Please complete your poster by inputting on to a Powerpoint slide (Standard 4:3) To check the slide size go to Design > Slide Size > (standard 4:3).

OR

### HARD COPY ENTRIES

**Size:** A1 size

**Format:** The poster should catch the reader's attention and should be on a suitably strong background to ensure that it remains of a professional standard after it has been transported. We have provided a link below for a company that produce foldable fabric posters. This may be an option to consider as they are easier to transport and there is less chance of the poster being damaged in transit.

<http://www.scienceposters.co.uk/posterprinting.htm>



**Layout:** The poster should be presented in a clear and concise manner, with consideration being given to the font size and type. It will also be important to consider how the material is displayed, so that the reader is clear on the poster's message.

1. Title
2. Author(s) name, designation and institution
3. Introduction – provide an overview of your poster's theme and reasoning for why this was chosen.
4. Aims and objectives
5. Main body – this will include your methodology, conclusions, discussions and any recommendations that can be drawn. It will also be important to comment on how this is applicable to practice within the brain injury field, with a comment on strengths and limitations.
6. References – please see above for details on the referencing system that needs to be used.
7. Acknowledgements (if required)

**Attendance at the BABICM conference:** The posters will be presented over both days of the conference. Whilst you may provide details on your poster for people to contact you, we also hope that you will consider attending the conference to answer any questions that delegates may have, and in order for them to seek you out following viewing of your videos. You may consider producing A4 copies of your poster for people to take away, and please bring these with you if you wish to do so.

**Places can be booked for the conference by following the link:** <https://www.babicom.org/events/babicom-annual-conference-2024-2/>

We hope to see you there and look forward to your submissions!

The winning entry for best Academic poster will be invited to present their research at the BABICM Annual Conference 2025.

A £500 cash prize will be awarded to the winning Non-Academic poster.





Articles written by Jay Chowdhury

## **TRANSITIONING FROM CHILDHOOD TO ADULTHOOD WITH A BRAIN INJURY: THROUGH THE LENS OF P'S DEPUTY AND A CASE MANAGER**

In this pair of articles by Jay Chowdhury, the issues, challenges and opportunities for P are explored through the lens of a conversation between their case manager and COP deputy and from a separate interview with their clinical psychologist.

P is a young brain injured person, approaching adulthood. P has a case manager, Court of Protection deputy (Property and Finance) and clinical psychologist who are all involved in providing input and support to navigate this period of transition.

There is much here that will be familiar and relates to many P's at similar transitional times where truly understanding P's capacity for a range of decisions, supporting the family whilst uncovering P's needs and wishes and keeping P at the centre of it all can be a skilled balancing act for the professionals involved.



**STACEY BRYANT**

Partner and Head of Court of Protection for Enable Law

Stacey Bryant, Partner and Head of Court of Protection for Enable Law, Director and Chair of the Professional Deputies Forum, and Caroline Evans, Case Manager for Westcountry Case Management, together discuss the challenges that arise during the transition from childhood to adulthood for individuals with a brain injury.



**CAROLINE EVANS**

Case Manager for Westcountry Case Management

Caroline highlights a key challenge wherein the young person, referred to as 'P' in this case study, often depends on adults to meet their needs. As they approach 18, there has not been a gradual development of their independence. There is a shift towards having these very adult conversations at 18, which is complicated by an ongoing claim and associated complexities.

Stacey emphasises the importance of understanding the young person and their family in the context of a substantial sum, as in P's case.

Caroline asserts: "It is important to be actively undertaking whatever steps necessary to support that person to develop capacity. It isn't enough to do it half-heartedly. There must be tangible things that the case manager and the multi-disciplinary team (MDT) do to give that person the best opportunity to develop capacity". Stacey underscores that it is paramount to ensure the MDT understands what the young person's wishes, feelings and beliefs are.

However, it can be a challenge for P because they have not been given the life experiences necessary to develop their independence. "Part of this process is about supporting them to have those necessary experiences. That can be anything from going on a holiday without a family member, to going to a football match with some friends, to going to college".

Identifying the level of support P needs is crucial, Stacey adds "If they lack capacity, then we must make those decisions for them. However it should be in a supported way. We need to understand exactly what it is P wants and ensure they are as engaged as possible in that decision-making process". Caroline advises on specific challenges that arises with capacity during this transition:

**"When somebody is dependent on carers, they do not have the same opportunity to develop capacity. They are not on their own enough to have the experiences needed".**

Capacity also takes on many forms, as challenges around decisions for a child transitioning into an adult include decisions about money, capacity regarding, sex could be a focus for the client, and internet and social media can come with more things to consider.



Parents' lives can be profoundly impacted from having a child with additional needs. Caroline speaks to the importance of the relationship between the young person and their parents when managing a case like P's. During the litigation process, parents constantly read reports stating that their child cannot do many things and may never be able to do many more. Suddenly when nearing 18, P is slowly being pushed to do things to develop their autonomy and life experiences, which can be jarring and contrary to the narrative parents have understandably developed over the years. This can cause a sense of unease and anxiety in parents which can ultimately affect the relationship with P and the MDT.

Stacey remarks that professionals have a greater understanding of the Mental Capacity Act to constantly weigh up capacity and allow bad decisions to be made if capacity is fulfilled. This goes against the overwhelming natural desire for parents to protect their child from bad decisions. These bad decisions can, however, be an important part of developing and learning as an adult.

**Stacey stresses not to blame parents, instead emphasising the importance of understanding the situation to navigate it.**

Puberty and adolescence pose unique challenges. For individuals with a brain injury, these challenges are enhanced. Stacey's emphasises, "Part of the difficulty is that an adolescent without a disability has gone through a big introduction into that phase of developing. A lot of our clients don't get to do the little things on the way up to bigger experiences, and suddenly, we want them to have these experiences." Caroline adds, "You can think about any situation that might come up with any 18-year-old and we must think, are we giving P that same opportunity? Have they got the opportunity to go on holiday without their family like other 18-year-olds?"

**There's a whole load of expenses involved, but from our perspective it is about giving P that opportunity, and to help push them out into the world".**



Stacey remarks on the importance of P's wishes and feelings, but also the challenge they can present. "It can be hard to get to the bottom of what the young person wants. You can have a client who has always been heavily dependant on family for their care needs, where there is a tendency to always defer to mum, for example.

There is a process of enabling them to build up their confidence, and to give them that safe space where they can start talking about what they themselves actually want. You have to help them investigate that themselves and try to figure it out".

Caroline echoes this, "Sometimes they have communication difficulties, which means they're reliant on other people for communication, which is another complex area. It's about creating a space to enable the person enough time to do it. And some of the things we do is start communicating with P directly instead of P's parents".

Caroline and Stacey clarify that the team still communicates with the parents and involve them in the process, but correspondence is addressed to P to help them develop an understanding of identity and autonomy.

To navigate the challenges explored thus far, Caroline reminds us "Doing as little harm as possible, and keeping all our relationships as a team intact with the family and the young person at the centre of them is important, as well as building a strong team". Stacey asserts

**"It's about keeping P at the centre of things as well. It is really important because it's sometimes easy for their voice to get lost in this".**



# TRANSITIONING FROM CHILDHOOD TO ADULTHOOD WITH A BRAIN INJURY: THROUGH THE LENS OF P'S CLINICAL PSYCHOLOGIST



**DR ABI CHEESEMAN**

Clinical Psychologist &  
Mental Capacity Service  
Lead at Circle Case  
Management Ltd

The journey from childhood to adulthood is a complex and challenging process, particularly when an individual faces the additional hurdle of a brain injury. We delve into the views of Dr Abi Cheeseman, a Clinical Psychologist and Mental Capacity Service Lead for Circle Case Management Ltd. Abi specialises in assessing mental capacity and shares her insights on the challenges associated with transition of a child with a brain injury into adulthood.

**Assessing mental capacity is not a static process. "Capacity is something that always has to be reviewed because it is dynamic. Particularly when you have someone who is in their stage of significant maturation and development, during a period of growth, learning and opportunity."**

Abi's role involves examining the nature and severity of a person's injury or condition and resulting difficulties to determine capacity. She undertakes assessments for children, ranging from under 10-year-olds to teens. Abi is often asked to assess whether the young person is likely to have capacity to manage their property and financial affairs when they turn 18. "This determination is made on the evidence that you have for that child, which might be from an Education, Health and Care Plan, and other written reports as well as from the person themselves and family members".

Abi highlights that capacity is not the whole story. **"Lack of capacity does not mean a lack of autonomy.** The assessment should always explore the extent to which the person can be involved.. For example, for money matters, are there bits of managing their money that they can do safely and effectively, and if so, what do they need?". Rather than being black and white, assessments require a more nuanced, bespoke approach that carefully considers the young person's individual abilities and involves them in the decision-making process.

Adolescence can on its own present with a plethora of challenges for someone to navigate. In the context of a brain injury, Abi emphasises the impact of missing out on experiences that a child, in this case known as P, might have. Whilst encouraging P to have experiences that aligns with their age, there is potential for missed opportunity.

If P did not get to experience sleepovers due to advanced care needs, it may be impractical to suggest sleepovers at 17 or 18. "It's important that you have those relationships with your peers. It's about finding alternatives that are age appropriate. We as psychologists often talk about graded exposure and a step-by-step approach. That is, to promote exposure and opportunity in a graded fashion as a component of treatment and therapy to support the person to be successful." Abi furthers this point by explaining how the multidisciplinary team work closely to carefully coordinate these experiences.

Parents can often feel unsettled or anxious around the transition into adulthood due to factors such as dealing with professionals involved in their parenting and seeing their child go from highly dependent and protected to independence. Abi points out that the young person can be influenced by expressed emotion in the household. **"Parents can feel challenged by some of these issues,** such as when we essentially put their child in a risky position to find out what they can and can't do. That triggers lots of emotions, such as fear, angst and anxiety. Of course P is likely to pick up on those undercurrents beneath how people are reacting and feeling".

"You may get situations where the relationship between P and parent can be interdependent where neither wants to upset the other. Parents might understandably be more cautious around risks and new opportunities to protect P from harm, and you may find P thinking they cannot possibly do something for fear of losing or upsetting mum or dad". There is a delicate interplay that can occur where changing the balance of this bidirectional relationship can have consequences on P's and parents' wellbeing. A nuanced understanding of family dynamics which must be considered, and support for parents may help P as well.

Experiences of the outside world shape our identity and influence what is important to an individual, what their values are, what they like and dislike. If one has an impoverished experience, their identity could be limited or delayed.

## **"P might not have really developed a sense of who they are and what makes them tick until they open that box and go through life experiences.**

You may be looking at an 18-year-old who is about to start exploring who they are and they may not get to feel comfortable in expressing this until their early 20s or beyond". Identity formation and development will impact a young person's capacity and autonomy; however Abi shows that the social restrictions children with brain injuries face can affect this.

The development of a child into an adult has consequences in treatment too. For example, if there is a health crisis and the young person might need urgent treatment, questions over capacity arise. Prior to adulthood, in their paediatric 'era', decisions around treatment would always be made by parents. When a highly vulnerable 18-year-old requires acute care, from a legal standpoint it is ultimately their decision first and foremost, not the parent, potentially making issues of capacity more complex.

"When undertaking capacity assessments, it is essential to look at the minutiae, as the devil is in the detail. That requires knowledge of the condition that the client has, and how their disabilities affects their ability to reason and make decisions. But what's also essential is to have a wide-angle lens. You have to be able to zoom right out and take a very systemic approach.

You are dealing with a multi-layered, multi-faceted system and each element of that system has the ability to impact each and every other part. There is a network of what's going on, understanding who's involved, what each of the roles are and the perspectives of each of those people are and their relationships. So it becomes inordinately complex. Therefore the wide-angle view becomes crucial".



# CAMPAIGN FOR CHANGE



## **Spinal Injuries Association and Hudgell Solicitors join forces to fight for the rights of people with spinal cord injury.**

Hudgell Solicitors and the Spinal Injuries Association (SIA) are joining together as campaign partners to fight for change and to amplify the voice of people living with spinal cord injuries.

In the UK, 2,500 people sustain a spinal cord injury every year – injuries which affect every aspect of their lives, from managing continence to their ability to return to work, yet they often face obstacles impacting on their quality of life, including:

- 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 the life-long condition.

SIA - the expert guiding voice for life after spinal cord injury - has drawn up a seven-year strategy with three clear goals to overcome these obstacles. The goals to achieve are:

- A health and care system that works for people living with spinal cord injury by providing critical health and care support and building vital expertise across the health and care sector.
- To double the number of members accessing SIA's network of services.
- A UK government and public championing the cause through national, localised campaigns and public awareness.

As the SIA's new official campaign partner, Hudgell Solicitors will work alongside the charity to educate and engage the UK public through awareness campaigns, and to mobilise the spinal cord injured community to contest the biggest barriers they face.

The national law firm has fought and campaigned for social injustice head-on in recent years, leading high-profile cases including representing the victims of the Post Office Horizon IT scandal, the families of four young men murdered by serial killer Stephen Port and those injured or who lost loved ones in the 2017 Manchester Arena terror attack.



MARTIN HIBBERT | SIA VICE PRESIDENT

SIA vice president Martin Hibbert, who sustained a severed spinal cord which left him paralysed from the waist down in the Manchester Arena bombing, said: “When I came home from hospital, me being me, I thought everyone got the same support and when I found out that, actually, a large number would be sent home that don’t have the knowledge and education in how to empty their bowel and bladder or look after their skin, I couldn’t cope with it.

**“I wanted to give something back and that’s where my journey with Spinal Injuries Association began. Wherever you live in the country, you should get that help and support. I believe we can change the world and the UK and it’s great to be able to do that with Hudgells.”**

Neil Hudgell, executive chairman of Hudgell Solicitors, said he was proud to be working with SIA.

He said: “Over the past 25 years, through supporting many thousands of clients to find justice, we have had the privilege of fighting many battles alongside some incredibly brave and resilient groups of people, including Martin and the seriously injured survivors of the attack in Manchester.

**“Hudgell Solicitors has always had a reputation in causes and campaigns that can make a difference. This whole issue is about awareness.**

If you listen to Martin, he’s a very good advocate for himself but, there are other people, the silent ones, who possibly get left behind. We’re here to help SIA to fill those substantial voids of support for everyone with a spinal cord injury.



NEIL HUDGELL | EXECUTIVE CHAIRMAN HUDGELL SOLICITORS

“As a business and as lawyers we sometimes have to remind ourselves of our very purpose and to try and help with the really difficult situations where people suffer life-limiting or life-changing injuries and demonstrate where we can help make a difference.”

Mark Ridler, director of programmes at the SIA, added: “Having Hudgell Solicitors alongside us in our campaign for change is a real boost for us. They are renowned for being fiercely committed to the causes they back and I am confident that their support will help us to make systemic change.”

Watch Martin and Neil talking more about what needs to change and why they are joining forces [by clicking here](#)



### **About the Spinal Injuries Association (SIA)**

The Spinal Injuries Association (SIA) is the expert guiding voice for life after spinal cord injury.

Its range of services offer support to everyone who needs to access expert information, advice and support when they need it most.

SIA aims to be the go-to place for everyone affected by spinal cord injury, so that it can quickly connect them to a vast network of people, organisations and services they need.

It has a vision of a world where every person with spinal cord injury gets the chance to lead a fulfilled life.



### **About Hudgell Solicitors**

Hudgell Solicitors are a leading specialist litigation practice helping people across England and Wales to right the wrongs caused by others.

The firm was established in 1997 by Neil Hudgell and represents clients in personal injury, medical negligence, criminal injuries, civil liberties, abuse and travel litigation claims.

It is a collaborative practice with senior solicitors directing growing teams of specialists. It has offices in Hull, Manchester and London.



# EVENT REVIEW:

# KEEP UP THE GOOD WORK

Article written by Scarlett Parr-Reid

The power of collaboration to support return to occupation, vocation and education after acquired brain injury.

On Wednesday 6th December, BABICM held their 'Keep Up the Good Work' event at the National Conference Centre in Birmingham.

BABICM welcomed 110 attendees from a range of professions including case managers, healthcare professional and legal and financial professionals to network and collaborate and learn, sharing their experience, knowledge, and thoughts on vocational aspects for people with acquired brain injury (ABI).



## MARK DUFFELL

Head of Business Development, Marketing and Communications at [CFG – More than Law](#)

The day kicked off with words from the event chair, Mark Duffell, Head of Business Development, Marketing and Communications at [CFG – More than Law](#).

Mark set the tone for the day, describing the firm's name change from its previous title 'CFG Law', emphasising that legal affairs never happen in a vacuum. Legal practice, or any other component of supporting someone who has faced an ABI, intersects with financial matters, medical and mental aspects of a client's wellbeing, for example.

In this way, all areas of support that are required for someone who has had an ABI interrelate. Celebrating these interrelationships is precisely the purpose of events like 'Keeping up the Good Work'.



**HELEN VALLS-RUSSELL**  
 Director of ErgoCom Vocational  
 Rehabilitation Services

Helen Valls-Russell, Director of [ErgoCom Vocational Rehabilitation Services](#) followed this with the salient point that **a person’s vocation is wrapped up in their identity.**

Helen summarised it this way, “When someone says, ‘what do you do?’, you say ‘I am a teacher’, not ‘I do teaching’, for example”. Those who are out of work may begin to question their sense of identity and how to reconcile their previous identity with their new circumstances.

**1 in 3 people with long term health conditions do not discuss them with their employer. As case managers, ensuring that there is support for someone with an ABI to return to work safely and have open conversations with their employer is critical to their wellbeing both inside and outside of the workplace.**

Helen recommends that case managers help their client become informed about their employee rights, benefits, and health insurance. In addition to this, tailoring rehabilitation to their job demands, for example manual handling, can help them both access, and stay in, work. Helen emphasised that, “worksite assessments give you the privilege of having a window to see into so many areas of a person’s life.” These not only inform the case manager and occupational therapists, but of course the individual and their line manager.



**DR DAVID LEE**  
 Director of Sleep Unlimited

The day continued with a talk from Dr David Lee, Director of the company [Sleep Unlimited](#).

He cited the statistic that 53% of those with an ABI experience sleep disturbance. Improving sleep can enhance the rehabilitation trajectory and vocational performance of those with an ABI. He shared some ways that those with an ABI can improve their sleep, including practicing meditation, pacing themselves with activities, spending frequent time outdoors in natural light, and setting structured routines that include low stimulus activities. Dr Lee also shared the value of Cognitive Behavioural Therapy (CBT) for insomnia/ sleep difficulties, which has a growing evidence base.



**ADRIAN  
 HENDERSON**  
 Associate at RWK  
 Goodman



**TIM  
 GOFTON**  
 Senior Associate at  
 RWK Goodman

Later in the day, Adrian Henderson, Associate, and Tim Gofton, Senior Associate from the law firm [RWK Goodman](#) discussed the importance of the Equality Act 2010 as a tool for getting people with an ABI back into work. They shared that disabled people are almost twice as likely to be unemployed than non-disabled people, and three times as likely to be economically inactive, according to the disability charity Scope.

Adrian and Tim emphasised the three key areas of focus when someone with an ABI is first returning to work: creating open dialogue with their employer about their disability, ensuring the presence of a case manager in capability meetings at work, and referring to the Equality Act 2010 where necessary.

They highlighted that “the Equality Act is a living and breathing tool that is used all the time in workplaces, and is an automatic component of the workplace. The act is not just a day-one right, but exists and can be used before you even start a job”.

Adrian and Tim also emphasised the main compensations under the Equality Act 2010 for someone who thinks they may have been wrongfully denied access to a job or wrongfully dismissed from it: injury to feelings, financial loss such as loss of earnings, and recommendations to prevent employment tribunals in future. They described workplace disability discrimination as a broad spectrum, ranging from indirect discrimination such as a lack of disabled access to an office, to unfavourable treatment because of a consequence of a person’s disability, such as taking several sick days off work.

**Discrimination is not just something that someone with an ABI or other disability may face themselves, but can be associative, such as when someone is discriminated against for having a disabled child or dependent, for example.**

If you are a case manager looking at how reasonable adjustments may be implemented in the workplace for your client, Adrian and Tim refer you to the [EHRC statutory code of practice for reasonable adjustments](#). There is also the [Access to Work](#) government tool in the UK which provides access to funding for practical support in the workplace and with interviews, etc.

In the afternoon, attendees had the opportunity to hear from Jaden Payne and his mother Suzanne Dottin-Payne, on their lived experience of an ABI. Jaden, who attended the event via video call on Zoom, was involved in a road traffic collision at the age of 14, and experienced blood clots on his brain. He also lives with sickle cell disease, a genetic blood disorder that causes fatigue and pain. He was in hospital for six weeks following his ABI, and returned to school after four months of rehabilitation. His school, advised by the [Child Brain Injury Trust](#) (CBIT), made every accommodation they could, including moving his classroom from the 3rd floor of the school building to the ground floor.

Now in his final year at St. Mary University, London, studying a BSc in Sport Rehabilitation, Jaden is on his clinical placements and is looking forward to life in the world of work.

For him, and others like him, that means pacing himself and planning, for example considering how part-time placements and work allow him to rest and recover. Since his injury, Jaden has become a para-athlete and disability cricketer, and had this to say when the audience asked him how he copes with his disability:

**“to anyone who has experienced a brain injury, I would say you will get there. You might take a different path to others, and it might take a little longer, but you will get there if you believe it”.**

Jaden did not achieve these his goals alone, but with the ongoing support of his mum Suzanne, and the wider team including his physiotherapist, support worker, case manager, university tutor and others.





**DR PAULA HOLLAND**  
Senior Lecturer in Public Health  
at Lancaster University



**CATHY LEECH**  
Solicitor at JMW  
Solicitors



**SARAH KHATOON**  
Solicitor at JMW  
Solicitors

Just as Jaden is finding in his transition through university and into work, Dr Paula Holland, Senior Lecturer in Public Health at Lancaster University, outlined in her talk the work we must do in creating an inclusive workplace. Still today, 47% of UK workplaces do not have Equality, Diversity, and Inclusion (EDI) policies in place, according to a 2022 Chartered Institute of Personnel and Development (CIPD) survey. Without robust EDI policies in the workplace, the 20% of people in the UK who are disabled are increasingly likely to be unemployed or take early retirement.

Those that are in work may not disclose their disabilities because of fears and stigma. Dr Holland referred attendees to [‘The Changing Workplace’](#) report by Lancaster University and The Work Foundation, highlighting experiences of hybrid and remote working amongst disabled people, and recommendations for workplace support for those with disabilities.

The day was rounded off with a talk from Cathy Leech and Sarah Khatoon from [JMW Solicitors](#), who addressed the common question amongst many people with brain injuries ‘...but is it good for my claim?’.

There is a misconception that returning to work may negatively impact a compensation claim following a brain injury. Cathy and Sarah shared a case study that highlighted this question. Lizzie, who had a brain injury at the age of 10, struggled at school and moved from job to job, but eventually got a job she loved in passenger assistance at OCS, and later a job with Manchester United Football Club where she currently works. She said this: “Because of what my case did, I can get a little job and don’t have to worry about being supported [by earned income]”. The UK government recently released their 2023 Autumn statement, which details an investment of £2.5 billion in their ‘Back to Work’ plan, to help get disabled people back into work. Keep an eye out for our future articles, as we look at how the ‘Back to Work’ plan will be rolled out and what that might look like, but until then, you can read about it [here](#).

**‘Very interesting and motivating talks from Helen Valls-Russell & Dr Lee. I will be implementing their recommendations. The personal story of Suzanne and Jaden was very insightful and a great positive story’**

**- conference delegate**

Overall, the event was an informative space, and a platform for collaboration and celebration. Chris Edwards, Motability Specialist at the wheelchair-accessible vehicle company Lewis Reed, and one of the event exhibitors, said this about the value of events like this: **“It is vital to have this platform where we can all come together and learn from our combined experiences.”**



# UPCOMING EVENTS

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

## **WEBINAR**

**15 Jan 24**

**Sexual Offences Act - Understanding the Nuances When Supporting P**

## **WEBINAR**

**26 Jan 24**

**Criminal Justice System – Capacity, Understanding the System, the Role of a Deputy/Case Manager and How Best to Support Your Client**

## **WEBINAR**

**07 Mar 24**

**New and Would Be (Milton Keynes) - Case Management Foundation Workshop Level 1  
Kents Hill Park**

**19 Mar 24**

**FND Masterclass  
Manchester**

**21 Mar 24**

**Beyond the Beginnings (Manchester) – Case Management Foundation Workshop Level 2  
Novotel Manchester City Centre**

**18 & 19 Jun 24**

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



# THE BENEFITS OF BABICM MEMBERSHIP

## DID YOU KNOW?

As a member of BABICM you already have access to many benefits. Including:

- A digital copy of the BABICM Competency Framework & Standards
- A copy of the BABICM, CMSUK and VRA Code of Ethics for Case Managers
- Discounted rates to attend BABICM events, training and conferences (including access to further discounted 'Earlybird' rates)

Members can also access our exclusive members area of the BABICM website to benefit from:

- Specialist news
- Best practice guidance
- CPD guidance and competency toolkit
- Video resources
- Case management resources
- BABICM governance documents
- Access to the members only online forum

- Opportunity to apply for advanced practitioner membership of BABICM
- A regular copy of the BABICM magazine
- Opportunity to become involved in a BABICM working group or on council
- Membership of an organisation promoting best practice in case management and influencing brain injury and complex disability policy
- Opportunities to stay up to date with brain injury and complex case management
- Opportunity for inclusion in the list of Advanced members on the website
- Access to the professional practice and membership group (PPMG) for answers to specific queries about practice
- Membership of an organisation specialising specifically in brain injury and complex case management
- Tax relief on membership fees, as BABICM is listed on the HMRC approved list of professional organisations and learned societies
- Permission to use the relevant BABICM logo in your work, in accordance with the BABICM policy



Article written by Scarlett Parr-Reid

# MORE PIECES TO THE THERAPEUTIC PUZZLE

## A review of the BABICM webinar series 'Holistic Rehabilitation: exploring therapies as catalysts for change'.

Case management by its nature recognises the heterogeneity of contexts and lived experiences those with acquired brain injuries (ABIs) come from. Each person involved in the care of someone with an ABI, from an occupational therapist or psychotherapist to a physiotherapist or financial professional, is a piece of the puzzle making up a case. This multidisciplinary perspective on care underpins the latest BABICM series, 'Holistic Rehabilitation: Exploring Therapies as Catalysts for Change', hosted by James Creak, Director, and Clinical Lead of neurophysiotherapy at [Physio 4 You](#).



**JAMES CREAK**

The four-part webinar series featured professionals with different therapeutic approaches to managing the needs of those with an ABI, exploring the impacts of these therapies through case studies.



**DANIEL THOMAS**

## 'ART AND DRAMA THERAPY AS CATALYSTS FOR CHANGE'

The first webinar featured guest speaker Daniel Thomas, Managing Director, and Music Therapist at the award-winning company Chroma. Chroma is the UK's only national provider of art therapies, with over 120 art therapists nationwide who work with individuals from the age of six months onwards.

Daniel emphasised the growing evidence base and recognition of art therapy in benefiting both wellbeing and motor function in those with an ABI. Daniel cited the high levels of adherence to art therapies, especially in ex-military populations. Art therapy is inherently different for each individual, and opens a door for those in rehabilitation from an ABI to explore how their identity sits in their new life compared with their lives before injury.

The process of creating art or taking part in drama or music is an opportunity to externalise the internal feelings that come with that significant life change.

**Diminished hand function or dexterity following injury may be a perceived barrier to taking part in art therapies such as painting or drawing. Daniel described the ways in which art therapy can be adapted to the needs of the individual, for example removing the need for grip by using the finger as a paintbrush.**

Daniel recommended engaging in conversations with art therapists and reviewing case studies to understand the impact art therapy can have for cases like yours. To begin this conversation, you can follow the Twitter/X thread, [#AskingCATH](#), can arts therapies help.



LIZ WILLIAMSON



HAYLEY SOPER

### **'WHAT LURKS BENEATH: COGNITIVE COMMUNICATION DISORDERS AND THE MYSTERIOUS UNSEEN'**

The second webinar was presented by Consultant Speech and Language Therapist Liz Williamson, and Speech and Language Therapist, Hayley Soper, both from [The Speech Group](#). The session focused on the speech and language interventions available to those with Cognitive Communication Disorders (CCDs). CCDs can arise in areas right across the brain, whereas primary speech or language deficits specifically arise in the speech and language centres in the left side of the brain. CCDs occur on a spectrum, ranging from mild to advanced. Liz and Hayley reiterated that CCDs occur in both verbal and non-verbal individuals, so assessments for CCD can vary.

For example, in non-verbal children, assessment may be based on social interactions, play, turn-taking, eye contact and self-regulation, etc. For these reasons, Liz and Hayley described the presentation of CCD as that of an iceberg. Speech and language therapists look underneath the surface to understand what a person's capabilities were before their injury; the person's lifestyle, educational level, and cognitive ability, which they intend to regain.

These contextual factors were exemplified in a case Liz and Hayley shared of a 40-year-old individual returning to a writing job. Aspects of their brain function that may impact their ability to complete their job include their emotional state, whether they had planned for the task, and whether they understood the purpose of the writing. As such, speech and language therapies consider a wide range of contextual factors.

The [2023 INCOG](#) (International group of Cognitive researchers and Clinicians) 2.0 Guidelines recommend that speech and language therapies are contextualised and culturally responsive.

**Instead of occurring primarily in a clinical setting through, for example, a workbook, speech and language therapies can be provided alongside an individual's daily life, such as whilst going to the shops.**

If you are looking for a referral tool for an individual who is suspected to have CCD, Liz and Hayley recommend the [Cognitive Communication Checklist for Acquired Brain Injury](#).



**JO MCMEECHAN**

### **'EQUINE-FACILITATED THERAPIES; ARE THEY A GAME CHANGER FOR REHABILITATION?'**

This webinar was presented by Jo McMeechan, Paediatric Physiotherapist, Advanced Practitioner in Hippotherapy and Equine-Facilitated Therapy, and Founder of the non-profit [SenStory Group](#).

Hippotherapy, originating from the Greek word 'Hippos' meaning horse, is a physical, occupational and speech therapy that uses the natural movement and gait of a horse to provide motor and sensory input.

This blend of different types of therapeutic modalities has an evidence base showing improved engagement, motivation, and participation for those with an ABI.

As hippotherapy and equine-based therapies take place outside of the clinical environment, they can help children with an ABI manage barriers that cannot be dealt with in the clinical setting, such as preparing food (for the horse), and overcoming emotional challenges. Horses and their environments are facilitators of learning.



Jo explained that hippotherapy can involve both simulated and real horses, depending on a child's individual needs. Mechanical horses can be tailored with varied walk, trot, and canter paces. The simulated horses have sensors all over them that provide feedback to adapt to the needs of the user. Many children start off on simulated horses, then progress to real horses.

**Even just five minutes on a walking horse can stimulate as many as 500 neuromotor inputs, an example of how powerful this type of therapy can be for those with an ABI.**

There is growing regulation for equine therapies, through ACCPH (Accredited Counsellors, Coaches, Psychotherapists and Hypnotherapists) and the HEIR (Human-equine Interaction Register).



REBECCA MCMANAMON

### REGISTERED DIETITIANS – KEY HOLISTIC PROFESSIONALS IN REHABILITATION AND RECOVERY'

The final webinar was presented by Rebecca McManamon, Consultant Dietitian. Rebecca started by distinguishing dietitians from nutritionists; the title of nutritionist is not currently legally protected. Dietitian, however, is a legally protected title, meaning all dietitians must complete one of the Health and Care Professions Councils (HCPC) approved degree programmes and will be on the HCPC register. For case managers, this difference is critical to acquiring dietary support those with an ABI.

The role of a dietitian can involve requesting blood tests, ordering medication, and managing an individual's goals, such as managing bowel management and fatigue.

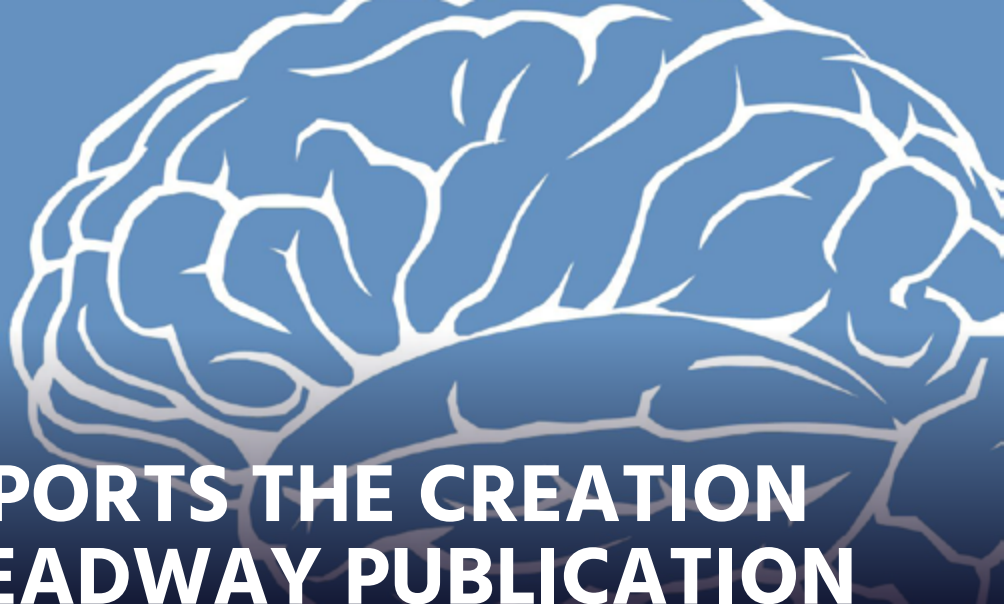


**These considerations are highly prevalent amongst those with an ABI, as at least 42% of people with ABIs become overweight or obese following their injury. In fact, some adults showed a doubling of their body weight following injury where there was inadequate weight monitoring.**

Rebecca highlighted MUST, the Malnutrition Universal Screening Tool, which can help prevent dramatic weight gain from occurring following an ABI. Weight gain, especially an increase of 5%, in those who use a wheelchair following an ABI must be addressed immediately, as it may impact the person's ability to use their wheelchair. Rebecca pointed out that an ABI can also lead to weight loss, for example due to bowel or thyroid problems, or undiagnosed eating disorders.

If you are looking for a dietitian as part of your case, Rebecca recommends finding members of the BDA (British Dietetic Association).

**You can find the webinar series and other previous webinars on the [BABICM website here](#).**



# BABICM SUPPORTS THE CREATION OF A NEW HEADWAY PUBLICATION

**We are delighted to have worked so closely with BABICM to produce this new resource, which we hope will be helpful to people affected by acquired brain injury.**

The complex nature of brain injury means that many brain injury survivors require specialist support from professionals with expert knowledge in this area and awareness of the various ways in which it can affect multiple domains of life.

The challenges of living with a hidden disability are numerous and permeating, and it is often of immense benefit and relief to survivors and their families to have a single point of contact who can help them to navigate their new life.

For many, the employment of a case manager with expertise in handling brain injury cases as this single point of contact can make all the difference with navigating such complexities of life post-brain injury, such as arranging care and rehabilitation, identifying future prospects and coping with the emotional consequences of a life so thoroughly changed.

We at Headway aim to improve life after brain injury and are proud to have added this resource to our library of award-winning publications, all of which are available for free download from our website.

While we recognise that not everyone has the funds to access a case manager due to outcomes and circumstances being so varied after brain injury, we hope that this new resource will enable brain injury survivors who are in a position to explore this option to understand how a case manager can support them, when a case manager can be accessed and how to select a case manager, all with an emphasis on case managers with specialist knowledge in brain injury.

Headway – the brain injury association is a UK registered charity that offers information and support to people affected by brain injury, through services such as their nurse-led helpline, network of support groups and branches, a Brain Injury Identity Card, an Emergency Fund, a Justice Programme, publications, training, among others.

For more information, visit:  
[www.headway.org.uk](http://www.headway.org.uk)



**TAMSIN  
KEYES**

**Publications and  
Research Manager**





# FACTSHEET

CASE MANAGEMENT AFTER BRAIN INJURY

HELPLINE: 0808 800 2244

EMAIL: [HELPLINE@HEADWAY.ORG.UK](mailto:HELPLINE@HEADWAY.ORG.UK)

WEB: [WWW.HEADWAY.ORG.UK](http://WWW.HEADWAY.ORG.UK)

Headway's publications are all available to freely download from the [information library](#) on the charity's website, while individuals and families can request hard copies of the booklets via the [helpline](#).

Please help us to continue to provide free information to people affected by brain injury by making a donation at [www.headway.org.uk/donate](http://www.headway.org.uk/donate). Thank you.

**Acknowledgements:** Many thanks to British Association of Brain Injury and Complex Case Management (BABICM) for providing substantial support with the drafting and production of this publication.



## Introduction

After a brain injury, it might be necessary to appoint a case manager to help with making practical arrangements and managing the co-ordination of care.

This publication has been written to explain what a case manager is, how case managers can be accessed and how they can support brain injury survivors.

## What is a case manager?

A case manager is responsible for overseeing, co-ordinating and managing the overall care and/ or rehabilitation of their client. Case managers working with brain injury survivors should have specialist knowledge of brain injury, as well as knowledge of health and social care, rehabilitation and other professional support.

Case managers can come from a variety of professional backgrounds, such as social work, occupational therapy, physiotherapy or nursing.



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There are case managers working in statutory services (NHS or social care), medico-legal settings and independent practice. However, most brain injury case managers are privately funded so may only be accessible through private referrals and interim compensation payments.

Different clinical bodies might use different names for case managers, for instance, integrated commissioning boards (ICBs) might call case managers 'neuro navigators'.

## What do case managers do?

A brain injury is a life-changing event, and a case manager can help brain injury survivors to adjust to their new situation and to navigate various services and options available.

Examples of this might include:

- Providing information about brain injury and local services
- Assisting brain injury survivors with applying for financial support, funding or welfare benefits
- Organising relevant care and support services
- Identifying appropriate rehabilitation services

- Supporting and educating family members
- Identifying solutions to practical challenges such as property adaptations, vehicle and equipment needs
- Accompanying the brain injury survivor to specific medical appointments as required

Brain injury case managers will work closely with the brain injury survivor and their family to find out what is important to the survivor now and what might be important to them in the future. Using their specialist knowledge of brain injury and local services, they will work with the survivor to address areas of difficulty, and where possible they will try to support the survivor with returning to meaningful activities that they had before the injury.

Tailored care plans or treatment programmes are prepared for each brain injury survivor, which are designed to meet the survivor's specific health, social and emotional needs. These care plans are continually reviewed so that the case manager can continue to provide support as life changes.

Brain injury case managers can use their specialist knowledge to make clinical recommendations for potential treatment, therapy, equipment or support.



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They can act as a central point of communication for the multiple professionals who may be involved in a brain injury survivor's care.

A brain injury case manager can work with their client at any time during their lifetime, potentially for up to many years.

## How is it funded?

Most brain injury case managers are privately funded.

If a compensation claim is being pursued, the costs of the case manager should be included in the claim. Case managers are health and social care professionals, and as such, are not a direct part of the litigation process. They have a professional duty of care to their client (the injured person) regardless of who funds their input.

In some instances, private case management may be funded by a local authority or the NHS to meet specific client needs, although this is not particularly common.

A case manager usually has an hourly rate and charges for time they spend visiting you, writing reports, telephone conversations and for dealing with other people on your behalf, or if they are organising things for you.

Each case manager should provide you with details of their terms and conditions and hourly rates, for professional and travel time.

## Choosing a case manager

### Check professional registration and membership

There are many case management companies to choose a case manager from, but it is important to select someone who has experience in supporting clients with acquired brain injury. They should also have the appropriate professional registration, such as registration with the Institute of Registered Case Managers (IRCM), the Health Care Professions Council (HCPC), Nursing & Midwifery Council (NMC) or Social Work England (SWE). Case managers who direct care packages must also be registered with the Care Quality Commission (CQC) or Care Inspectorate Wales (CIW).

Case managers may also be members of or registered with bodies relevant to their professional background, such as the Chartered Society of Physiotherapy if they are a physiotherapist by background, or the Royal College of Occupational Therapy if they are an occupational therapist by background.



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It is also useful to check that they belong to a case management membership body such as BABICM (British Association of Brain Injury and Complex Case Management), Case Management Society UK (CMS UK) or Vocational Rehabilitation Association (VRA).

## SEARCHING ONLINE

You can search for a case manager in your area online. Many case management companies will have search functions so that you can select a case manager in your local area with a specific area of expertise, such as brain injury.

You can also use BABICM's online directory, which specifically features case managers with experience in supporting clients with brain injury.

This is available at [www.babicom.org/practitioners](http://www.babicom.org/practitioners).

## QUESTIONS TO ASK

As well as checking the case manager's credentials, it is important to select a case manager who can satisfactorily answer any questions you have so that you can be sure they are the right case manager for you.

Some suggested questions are as follows:

- What experience and qualifications do you have in working with people with a brain injury?
- How often will you be able to visit me in person?
- How can you reassure me that you're providing me with the best service?
- What is your availability for calls and email contact?
- What arrangements are in place when you are away on holiday?
- Do you or the company you work for have relevant insurance?
- How long does the case management process go on for, and is it periodically reviewed?

## Making a complaint

The majority of people will have a good experience of being supported by a case manager. However, there are instances where a brain injury survivor or their family may be dissatisfied with the case manager's care, and it may be necessary to make a complaint.

It is always helpful to begin with a local resolution.



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This means talking to the case manager about the nature of your complaint and seeing if things can be resolved with an open and honest discussion.

If a local resolution does not help or is not possible, you might need to make a formal complaint. The process of raising a complaint against a case manager will depend on the type of case manager you are working with.

You should keep a written record of all key dates and details of the nature of your complaint as this should help with the process.

If your complaint is against an NHS case manager, you will need to raise a complaint through the local Integrated Care Board (ICB) that is responsible for the brain injury survivor's care.

A list of Integrated Care Boards with contact details is available at [www.nhs.uk/nhs-services/find-your-local-integrated-care-board/](http://www.nhs.uk/nhs-services/find-your-local-integrated-care-board/). ICB websites should list details of their complaints process.

If your complaint is against a social care case manager, you will need to raise a complaint with the Local Social Care and Government Ombudsman. More information about the complaints process is available at [www.lgo.org.uk](http://www.lgo.org.uk).

If your complaint is against a case manager from a case management company, follow the company's complaints process, which should be available on their website.

You can make a complaint on behalf of a brain injury survivor who does not have capacity to make a complaint themselves. If the brain injury survivor does have capacity to make a complaint, you can still complain on their behalf but you should include their consent to complain in your complaint letter.

## Summary

Case managers can provide a very helpful and personalised service to brain injury survivors. We hope that the information in this publication has helped you to understand the role of a case manager, as well as how to find the right case manager for you.

For more information about brain injury and its effects, visit our website at [www.headway.org.uk/information-library](http://www.headway.org.uk/information-library).

Please tell us how helpful this publication has been by filling in our short survey at [www.surveymonkey.co.uk/r/hwpublications](http://www.surveymonkey.co.uk/r/hwpublications).

First published 2023. Next review 2025.

## Clever Design, Innovation and Craftsmanship Deliver an Outstanding Solution for the Edwards Family

Having accrued decades of experience in the field of [Wheelchair Accessible Vehicles \(WAVs\)](#) – owning 7 different models over a span of 23 years – The Edwards Family knew just what to look for when setting out for what would be their eighth.

Their search ended at the [Brotherwood Tigon](#) – a lowered floor WAV conversion for the Toyota Proace Verso. With a flat, level lowered floor and inclusive, central travelling position for Megan; the Brotherwood conversion was perfectly suited to their needs.

Mr Edwards writes:

“Over the past 23 years we have purchased seven WAVs. This, our eighth, is the first one purchased from Brotherwood.

Over the years, our knowledge, experience and learning has grown in relation to the specific needs we have from a WAV and so, when we decided to make our latest purchase, we knew exactly what we required, and conversely, and in so many ways far more importantly, what we didn't.”

We spent quite a bit of time looking around the market and there was always something we had to compromise on. That was until Brotherwood turned up a with the Toyota Proace Verso demonstrator.”

“The moment the rear tailgate was opened and we could see the seating position for our daughter, in between the two custom built rear passenger seats nearer to the driver and front passenger, so that as a family unit we were closer together and more connected – it was a done deal.

Couple this, with the excellence of the Toyota base vehicle design and the clever design accents with the Brotherwood conversion, their attention to detail, bespokeing the vehicle for our specific needs, and the aftercare package just made complete sense.”



***“It’s just a delight to deal with a company who really puts the customers needs first and foremost through taking pride in evolving clever design, product innovation and high quality craftsmanship to ensure a no compromise customer service.***

***Consequently, as a family, we highly recommend Brotherwood.”***



## About the Brotherwood Toyota Proace Verso WAV

The Brotherwood wheelchair access conversion for the Toyota Proace Verso provides the space and versatility a family needs. With a tall, wide, and inclusive central wheelchair location, the wheelchair user travels centrally on the **flat, level lowered floor** with ample headroom – even for taller wheelchair users.

The lightweight rear access ramp is counterbalanced, so that it can be lifted with minimal effort by foot or hand, and is finished with a high-traction surface that makes access easy for manual or power chairs.

The optional air suspension system can also be lowered, reducing the angle of the access ramp to just 9° for easier wheelchair access. A remote-controlled, powered front restraint system, also assists loading a wheelchair and passenger without the need to push.

The Brotherwood conversion can safely transport the heaviest of powered wheelchairs, and is robustly engineered to restrain large wheelchairs up to 200kg.

## About Brotherwood

Brotherwood are the UK's Wheelchair Accessible Vehicle (WAV) Specialists and are recognised as the market leader in Wheelchair Accessible Vehicle Design. We believe that every WAV should prioritise comfort, inclusion, and safety for the wheelchair user.

Offering a range of new Wheelchair Accessible Vehicles for sale, as well as factory refurbished WAVs; Brotherwood also offer flexible, long or short-term accessible vehicle hire.

Brotherwood offer free, no-obligation home demonstrations across the UK, and work in conjunction with Case Managers and Occupational Therapists to deliver mobility solutions for wheelchair users.

Brotherwood are also a certified CPD Member, offering free training sessions, study days and workshops to healthcare professionals involved in the provision of accessible transport; ensuring that Case Managers are equipped with the knowledge to enable them to perform transport needs assessments, and ensuring their client's needs are accurately measured and met.

Brotherwood are also members of WAVCA (The Wheelchair Accessible Vehicle Convertors Association) and are approved suppliers to the Motability scheme.

For more information contact Brotherwood today on 0330 1747 555 or visit [Brotherwood.com](http://Brotherwood.com).



# FELLOWSHIP AWARDS

## **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.





# NEW JOB ROLE: ENGAGEMENT AND COMMUNICATIONS OFFICER

## JOB TITLE

Engagement and Communications Officer

## ORGANISATION

British Association of Brain Injury & Complex Case Management (BABICM)

## LOCATION

Predominantly remote working with some requirement for in-person attendance across the UK at events and meetings. Head office based in Bury, Greater Manchester.

## JOB TYPE

Part time, 24 hours per week, with some flexibility to working hours.

## PROBATIONARY PERIOD

6 months

## SALARY

£17K-£19K (27k-30K Full time equivalent)

## JOB DESCRIPTION

**About the Organisation:** The British Association of Brain injury and Complex Case Management (BABICM) is the leading membership organisation for professionals working in brain injury and complex case management.

BABICM provide a structure for the continued professional advancement of case management, promoting best practice to address and manage the needs of people with brain injury and people with other complex conditions.

Our aim is to support our members by sharing knowledge and promoting excellence in brain injury and complex case management for adults, children and young people.

BABICM is significant in the case management community providing standards of brain injury professional practice and competencies for case managers. We offer training and education opportunities for case managers and others working in the industry. We provide up to date news and updates relevant to the work of our members. We promote evidence-based practice, collaborate in research and provide information to influence policy and legal decision making relating to the consequences of life changing injuries which lead to complex needs requirements for case management.

## Summary of role:

We are actively seeking a dynamic and proactive Engagement and Communications Officer in this new role to join our inclusive team.

As the Engagement and Communications Officer, you will play a pivotal role in developing and implementing strategies to understand, enhance and develop member engagement, communication, and overall satisfaction.

This position requires a creative thinker with excellent written and communication skills and a passion for fostering strong relationships within our diverse and inclusive membership community.

## KEY RESPONSIBILITIES

### Member Engagement:

- Run consultations with BABICM members and potential members to understand key issues impacting their work and professional development, collecting data, identifying themes and feeding back to BABICM Council on key topics
- Gather feedback to assess member satisfaction and identify areas for improvement.
- Develop and execute engagement strategies to enhance the overall experience of BABICM members through high quality engaging content for the website, internal communications, printed and digital materials, social media and conferences.
- Collaborate with BABICM working groups to create and implement programs, events, and initiatives that add value to our membership base.
- Develop the BABICM engagement strategy for the future.

## Communications:

- Develop and implement a comprehensive communication strategy that resonates with and effectively reaches and engages all categories of BABICM members.
- Create and contribute to compelling and inclusive content across our internal and external communication channels, including social media and the quarterly Members Magazine.
- Ensure consistent and cohesive messaging that aligns with the organisation's commitment to inclusivity, equity and diversity.

## Event Participation:

- Participate in exhibiting at events to foster and support member interaction, networking, and professional development.
- Work closely with the Training & Education Group and Annual Conference Group to ensure member requirements are met across conferences, webinars, workshops, and other relevant activities.

## Collaboration and Relationship Building:

- Cultivate and maintain positive relationships with members, stakeholders, and key partners.
- Collaborate with BABICM Working Groups and Council to align engagement and communication efforts with organisational goals and with our commitment to equality, diversity and inclusion.
- Maintain a professional and engaging social media presence.

## Data Analysis and Reporting:

- Monitor and analyse engagement metrics, ensuring that data collection is inclusive and representative of all members.
- Prepare regular reports for directors, management and Council highlighting areas for improvement in relation to member engagement and communications.
- Contribute to the development of key performance indicators for the organisation's engagement and communications endeavours.

## Qualifications and Experience

### Essential:

- Bachelor's degree in Communications, Marketing, Public Relations, or a related field or a minimum of 5+ years of relevant experience.
- Strong written and verbal communication skills with an emphasis on inclusive language.
- Familiarity with social media platforms and digital communication tools with an understanding of their impact on diverse audiences.
- Excellent organisational and project management abilities with a commitment to inclusive practices.
- Ability to work collaboratively in a team-oriented environment as well as working alone to develop aspects of projects and strategies.
- Strong problem-solving skills and attention to detail.
- Experience of working to tight deadlines and dealing with people at all levels of organisations.
- Flexibility to travel within the UK from time to time on a planned basis.

## Desirable

- Proven experience in engagement and communications roles within a membership organisation or other non-profit organisation.
- Experience of working with volunteers.
- Background knowledge of the case management profession.
- Experience of working with IT software platforms such as Mailchimp, Canva, Glueup.



## HOW TO APPLY

At BABICM, we continue to build an inclusive culture that encourages, supports and celebrates the diverse voices and experiences of our colleagues. We welcome the unique contributions that you can bring and we encourage people from underrepresented communities and backgrounds to apply to join our team.

Please submit your CV, cover letter, and give an example of relevant work to: [Janette@babicm.org](mailto:Janette@babicm.org)

The deadline for applications is 5th January 2024.



## 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.**



Curam's innovative new feature, CuramMeet, has made it possible for Case Managers to connect with support workers, within minutes, via a one-on-one video/audio call.

Calls are all made within the Curam app meaning there is no need to swap numbers or any personal information.

Curam also receives glowing testimonials from case management companies:

“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.”

Mel J, from a national case management company, March 2023

Are you looking for skilled, vetted and local support workers?  
Look no further, [click here](#) to explore over 8,000 experienced support workers.

For further information, please contact [niamh@curamcare.com](mailto:niamh@curamcare.com)



**A huge congratulations to some of our Registered Practitioner members who recently passed their assessments to become Advanced Registered Practitioner members.**

**BIRGIT RICHARDSON RATHJE**  
**Karen Burgin Ltd**

**BRIEFINI PERKINS**  
**Westcountry Case Management**

**MARY TAVINOR**  
**Circle Case Management**

**SARAH PETTYFER**  
**Harrison Associates**

**CARLA TURNER**  
**Social Return Case Management**

**KAY TAYLOR**  
**CA Case Management**

**KATI INNES**  
**Kati Innes Case Management and OT**

**NICKI DAVIS**  
**North Star Case Management Ltd**

**BECKY STRANGE**  
**Community Case Management Services Ltd**



## CURRENT AVAILABILITY FOR BABICM ADVANCED REGISTERED PRACTITIONER ASSESSMENTS

12th Jan	Online	Vic Leever & Tim Watson	Fully Booked
15th Jan	Online	Nicola Simpson & Joanne Roberts	1 space Available
9th Feb	Online	Vic Leever & Liz Drummy	Fully Booked
19th Feb	Online	Nicola Simpson & Jo Sims	Fully Booked
15th Mar	Online	Nicola Simpson & Sue Stoten	1 Space Available
18th Mar	Online	Vic Leever & Jo Jones	1 Space Available
15th April	Online	Nicola Simpson & Andrew Patterson	Available
26th April	Online	Vic Leever & Sarah Lockwood	Fully Booked
13th May	Online	Nicola Simpson & Paula Foster	1 Space Available
22th May	Online	Vic Leever & Ella Cornforth	Fully Booked
10th June	Online	Vic Leever & Emma Grant	1 Space Available
17th June	Online	Nicola Simpson & Amanda Knight	Fully Booked

**FOR MORE INFORMATION ON BECOMING A BABICM ADVANCED REGISTERED PRACTITIONER [CLICK HERE](#).**

## ADVANCED MEMBERSHIP

### Are you thinking about applying for your BABICM Advanced Membership?

BABICM's Advanced Membership Assessors Vic Leever and Nicola Simpson have provided an overview of the application and assessment process and some tips to help you with your assessment.

If you are a BABICM Registered Practitioner Member and have more than 3500 hours of case management experience working with clients with complex conditions now is the time to consider your Advanced Membership application.

Candidates will need to demonstrate through the submission of a folder of evidence, presentation and a virtual interview that their practice is commensurate with level 3 in each component of all 7 BABICM competency areas. Candidates will need to be familiar with the BABICM Standards and Competencies.

Dates are available on the BABICM website to select from and once you have completed the online application form, your assessment date and competency component area to base your competency presentation will be provided and the online link to begin uploading your folder of evidence will be available.

### THE ASSESSMENT

The assessment is led by one of the BABICM paid advanced assessors who regularly complete the assessments. They are supported by a volunteer assessor who is also an Advance Member. Both assessors will spend approximately one and a half hours together reviewing the candidate's application, references and folder of evidence prior to the online interview. The review is completed ensuring the submitted evidence demonstrates level 3 practice in all areas, with the assessors referring to the competency component descriptors and indicators.

The virtual interview will start with introductions and an explanation of how the interview will be structured. We then invite the candidate to discuss their competency presentation/case study. This lasts for approximately 10 minutes and in most cases provides a platform for further discussion and questions in relation to case management practice and experiences.

Following the review of the folder of evidence, the assessors will have generated a variety of questions and areas of discussion about this evidence. This provides an opportunity to gain greater insight into the evidence provided and deeper exploration of cases and scenarios from the applicant, to showcase their best practice at level 3.

### SUBMITTING YOUR EVIDENCE

Once you receive the link to upload your evidence you have until 2 weeks before your assessment to add your evidence. The folder is set up to enable evidence to be submitted into each competency component as well as evidence of Continued Professional Development.

Helpful points for your folder of evidence include:

- Limit evidence to 2 or 3 clients, it is helpful if you are also able to provide a very brief overview of the client's that can be read by the assessors alongside your folder of evidence .
- Demonstrate progress, goals and outcomes within your evidence.
- If submitting a large document such as a report, highlight the most relevant part in the document to the competency area or extract that section from the document to submit.
- You can use the same piece of evidence in more than one competency area.



- Please do not submit company policies or blank templates.
- Ensure all evidence is anonymised and ask your supervisor to review the file to gain their view that you have evidenced level 3 in all areas.
- CPD evidence must be relevant to the last two years.
- Ensure you demonstrate how training and CPD activity has impacted on your clinical practice.



## COMPETENCY PRESENTATION

Ahead of the assessment date you will be provided with the competency component to focus your presentation on. If you would prefer to submit this as a pre recorded video prior to the assessment this is now an option.

Please be reassured that we are not assessing your presentation skills, you do not need to prepare a PowerPoint presentation, a verbal presentation is adequate. The presentation is a further opportunity to demonstrate your practice at level 3 and this is an opportunity to expand upon areas and elements of case management which may not be obvious through your written documentation.

### HELPFUL POINTS FOR THE PRESENTATION:

- It must be no longer than 10 minutes.
- Provide some background, introduction to the client but we do not need a full history.
- Use an example from the selection of clients you have used in your folder of evidence.
- Ensure your example covers the competency area you have been given.
- Use specific examples of situations, incidents, or focused pieces of work.
- Detail what you did as a case manager to manage the situation.

## THE VIRTUAL INTERVIEW

The virtual interview will incorporate questions based on your folder of evidence and presentation, we want to see and hear about your practice at level 3 as a case manager, working with clients with complex conditions and challenging situations. These questions are not designed to catch anyone out, we genuinely want you to pass and become an advanced member. We often find that once the candidates begin discussing their practice in the interview, they answer many of the questions we had following the evidence review. The interview usually generates natural discussion about the case manager's practice.

### FOLLOWING THE ASSESSMENT

The candidate is informed of the outcome by email within 7 days.

Once advanced membership is achieved you will be listed as an Advance Registered Practitioner on the BABICM website.

All advanced members are expected to volunteer to assist the advanced membership assessors with the assessment process when requests are made for volunteers.

If you have any further questions or would like to discuss the advanced process further please e-mail Michelle at the BABICM office at **[michelle@babicm.org](mailto:michelle@babicm.org)** and she will share your questions with us.



**We would like to wish all of our  
members a very merry Christmas and a  
happy, healthy 2024!**



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