BABICM

Competency framework for case managers and standards for case management practice.

Introduction:

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

The British Association of Brain injury and Complex Case Management (BABICM) is the representative body providing a structure for the continued professional advancement of case management and promoting best practice to address and manage the needs of people with brain injury and other complex conditions.

BABICM was established in 1996 to promote the development of case management in the field of acquired brain injury (ABI). BABICM's vision is that the needs of people with brain injury and complex conditions are recognised and met through excellent case management.

BABICM seeks to develop an ethical and professional structure in which the discipline can flourish to encourage high standards in training and to promote networking and communication amongst its members for the continued growth, experience and reputation of case management practice.

A separate Code of Ethics and Conduct is available on the BABICM website.

Definition of case management

Case management is a collaborative process, which assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet an individual's health and wellbeing, education and/or occupational needs, using communication and available resources to promote quality, cost effective and safe outcomes.

Aims of BABICM:

We strive to:

- recognise, promote and share knowledge and excellence in brain injury and complex case management
- lead the way promoting research and evidence-based practice relevant to individuals with complex needs
- influence and shape national policy and procedures for individuals with brain injury and complex needs through collaborative working
- maintain the highest professional and ethical standards in everything we do
- deliver an effective service and ensure sustainability of the association

Introduction to the BABICM Competency Framework

BABICM's competency framework provides information to BABICM's members and others interested in the case management of people with brain injury and/or other complex conditions, regarding the key behaviours of case managers that are expected and valued within BABICM. From the work completed in developing this framework, we believe these are the necessary behaviours to benchmark case management practice.

The need for a Competency Framework arose from a drive to further develop and extend the professionalism of brain injury case management and the case management of other complex conditions.

Advanced BABICM members come from at least seven different professions with a health and social care background and each area of practice adheres to different clinical competencies. This document bridges these different professions to provide a common competency framework to guide brain injury and complex conditions case management practice.

The project to compile a competency framework led to the establishment of seven core areas required for effective practice upon which the competency framework and standards of practice have been based:

1. Communication
2. Strategy
3. Coordination and management
4. Monitoring
5. Duty of Care
6. Professionalism
7. Personal attributes

Within the competency framework, each of the seven core competencies are then divided into components which make up that competency. These components each have three distinct levels of experience to illustrate the development of a range of skills and experience belonging to a brain injury or complex conditions case manager.

The BABICM framework is written with the understanding that all practising case managers will have a clinical supervisor. BABICM recognises that supervision being received by practising case managers forms part of best practice; that this represents ethical and professional practice

This framework has been subject to both internal and external review and is now accepted as a benchmark of excellence in brain injury and complex case management.

Summary

- The development of the competency framework affords us a view of what excellence in brain injury and complex case management practice means
- It is a tool both for case managers and supervisors to assist focus and direction in clinical practice, whether that be for those new to the field or those looking to develop their competency.
- It is the core assessment tool used by Advanced Membership Assessors to ascertain whether a BABICM member meets the necessary criteria to become an Advanced member of BABICM, i.e.is practising at level 3 in each of the 7 core competency areas.

Overview of competencies for brain injury & complex case management

COMPETENCY	COMPONENT	DESCRIPTOR
1 COMMUNICATION	1a Rapport	Building relationships with client, family and significant others working with them
	1b Listening	Listening with understanding without overlaying opinion/ judgement on what is being heard
	1c Skills of communication	Developing the skills to facilitate the exchange of information
	1d Negotiation	Achieving consensus in the client's best interests
	1e Lines of communication	Establishing clear communication systems for the effective sharing of information
2 STRATEGY	2a Assessment and goal setting	Establishing agreed objectives to work towards a desired outcome
	2b Planning	Designing proactive and effective programmes
	2c Integration	Assimilating new knowledge or information with what is already known
3 COORDINATION AND MANAGEMENT	3a Clinical management	Helping people understand the underlying issues associated with the client's clinical condition, and the strategies or management to meet those needs with timely intervention
	3b Implementation	Actively progressing goals
	3c Project management	Actively coordinating the various elements of the case to create a dynamic process to meet the client's needs
	3d Resourcing	Building an extensive knowledge base of resources and materials
	3e Human resources	Managing teams within the framework of employment law
4 MONITORING	4a Analysis	Evaluating and adjusting Goals
	4b Facilitating change	Recognising the need to adapt case management style to bring about change
	4c Record keeping	Maintaining and Reviewing Documentation
5 DUTY OF CARE	5a Client focused	Prioritising the client's needs in the case management process
	5b Advocacy	Representing the client and their best interest
	5c Guiding decision making	Enabling the client to make decisions within their capabilities
	5d Risk management	Acknowledging the client's right to take risks within a robust risk management system
	5e Managing expectations	Developing strategies to address expectations in clinical recovery
6 PROFESSIONALISM	6a Supervision	Knowing one's own limitations and identifying when supervision is needed to support clinical practice
	6b Consent, capacity and confidentiality	Understanding and managing issues associated with human rights
	6c Boundaries	Setting clear guidelines to separate personal and professional responsibilities according to one's own professional code of conduct
	6d Personal development	Continuing professional development in brain injury and complex case management
7 PERSONAL ATTRIBUTES	7a Leadership	Taking ultimate responsibility; engaging and influencing the whole team
	7b Fostering independence	Promoting independence and maximising potential
	7c Ingenuity and innovation	Learning to be creative to address needs

1 COMMUNICATION

COMPONENTS:

1a Rapport

Descriptor: Building relationships with client, family and significant others working with them		
Level 1	Level 2	Level 3
Have the ability to establish a rapport with client, family and significant others	Demonstrate the confidence and experience to establish rapport with ease; requires support in dealing with complex situations	Evidence the confidence and experience to establish rapport with ease in complex situations

Positive Indicator	Negative Indicator
Client, family and significant others - are ready to take on suggestions and protocols	Client and family - do not buy into case management process
Case manager - has effective working relationship with client and / or family and significant others	Case manager - works inefficiently to engage the client and family
- constructively resolves conflicts harmoniously	- is last to know about family events
- takes less time in the case management process	- avoids communicating with client, family and significant others
- is aware of the impact of family dynamics	Case management - care regime breaks down

1b Listening

Descriptor: Listening with understanding without overlaying opinion/judgement on what is being heard		
Level 1	Level 2	Level 3
Have the ability to listen to the client and family; understands within own frame of reference	Demonstrate the ability to listen objectively to client and family with understanding; requires support to place in client's and family's frame of reference	Evidence the ability to listen reflectively, objectively and with understanding; uses knowledge and experience without overlaying opinion or judgement

Positive Indicator	Negative Indicator
Client and significant others - feel valued and respected and that other people understand	Client and family - are unable to communicate wishes, opinions and intentions
- rapport and trust is enhanced	Case manager - experiences the client's difficulties / needs from his / her perspective and interventions are irrelevant for the client
Case management - relevant goals are set	- misunderstands client and family and forms judgement of family
- there is more likelihood of compliance in the case management process	Case management - rapport deteriorates

1c Skills of Communication

Descriptor: Developing the skills to facilitate the exchange of information		
Level 1	Level 2	Level 3
Have the skills required to read individuals and deliver information within own frame of reference	Demonstrate the skills to read individuals and deliver information; requires supervision to fully understand the implications on those involved	Evidence the skills to read the subtle signs of when to probe, question and challenge; delivers information in individual's frame of reference, with an understanding of how they are likely to interpret information

Positive Indicator	Negative Indicator
Clients, families and significant others - understand relevant details of the case management process	Case manager - does not spot the signs when client or significant others are not engaging
- understand and interpret information in the way it is Intended	- does not recognise where the client is at or how they are likely to understand or interpret information
Case management - relationship is preserved	- is unable to change style or approaches when communication is not working
	- is unable to develop relationships

1d Negotiation

Descriptor: Achieving consensus in the client's best interests		
Level 1	Level 2	Level 3
Have the ability to recognise opinions vary widely in respect of the client's best interests	Demonstrate the skills to listen to varying opinions; requires support to integrate these and achieve agreement in the client's best interests	Evidence the skills to discuss and integrate opinions to achieve agreement in the client's best interests

Positive Indicator	Negative Indicator
Case management - all parties feel they are valued and being heard	Case management - there is no cohesive client-centred plan and people do their own thing
- there are positive relationships in working with everyone	- there is conflict between parties in care package undermining case management process
- case management process works effectively and is going forwards	- case management is not working in client's best interests

1e Lines of Communication

Descriptor: Establishing clear communication systems for the effective sharing of information		
Level 1	Level 2	Level 3
Have the particular communication systems for use in case management	Demonstrate the use of a clear system of communication for the effective sharing of information	Evidence the use of a clearly defined communication system for the timely and effective mutual sharing of information.

Positive Indicator	Negative Indicator
All parties - know their roles, their tasks and what is happening	All parties - do not know the scope of their role and what is happening
- there is clear accountability for all involved	Case management - there are problems due to increased misunderstandings and misinterpretations
	- there is repetition in work undertaken or work is not carried out at all

2 STRATEGY

COMPONENTS:

2a Assessment and Goal Setting

Descriptor: Establishing agreed objectives to work towards a desired outcome		
Level 1	Level 2	Level 3
Have an understanding of the process of assessment and goal setting	Demonstrate the knowledge to assess and set general goals and the means to achieve them; requires supervision to formulate and interrelate goals specific to the client.	Evidence the specialist knowledge to do a detailed assessment and set relevant measurable goals, specific to the client, ensuring there are the means to achieve them

Positive Indicator	Negative Indicator
Client - needs are correctly addressed	Client - residual abilities and needs are not recognised
Case management - an agreed comprehensive rehabilitation plan with clear objectives is established	Case management - there is no coherent plan of the way forward
- relevant goals are set at the right time	- all parties have limited understanding of goals or are working against them

2b Planning

Descriptor: Designing proactive and effective programmes		
Level 1	Level 2	Level 3
Have some knowledge about clinical condition/lifestage, rehabilitation plans and how to develop case management plan	Demonstrate the integration of knowledge about condition/lifestage and rehabilitation processes and develops case management plan with support	Evidence the integration of knowledge of clinical condition/lifestage and rehabilitation approaches to effectively plan

Positive Indicator	Negative Indicator
Case manager - produces clear, concise and well-designed plan	Case manager - is reactive
Case management - case management plan is rehabilitative	- is not focused to client need
	Case management - no clear way forward is identified
	- time is wasted

2c Integration

Descriptor: Assimilating new knowledge or information with what is already known		
Level 1	Level 2	Level 3
Have an understanding of the need to integrate information relevant to developing a plan with recommendations for interventions	Demonstrate the ability to integrate information; requires support to develop well-reasoned plan with recommendations for interventions	Evidence the ability to integrate complex information to provide a fully developed, well-reasoned and valid plan with recommendations for interventions

Positive Indicator	Negative Indicator
Case manager - acts flexibly	Case manager - acts rigidly
- is able to oversee all aspects of case management	- is unable to incorporate new information
- is responsive to new information	- is unable to see the whole picture and / or unable to see the way forward
- is able to readjust plans	- has a 'one plan fits all' kind of approach

3 CO-ORDINATION AND MANAGEMENT

COMPONENTS:

3a Clinical Management

Descriptor: Helping people understand the underlying issues associated with the client's clinical condition and lifestage, and the strategies or management to meet those needs with timely intervention		
Level 1	Level 2	Level 3
Have an awareness of the underlying issues associated with client's clinical condition and lifestage	Demonstrate the understanding of issues associated with clinical condition/lifestage and reactive use of strategies or management to needs	Evidence the understanding of underlying issues associated with clinical condition/lifestage, and the proactive use of strategies or management to meet those needs with timely interventions

Positive Indicator	Negative Indicator
Case manager - has good knowledge of clinical condition and lifestage, the underlying problems and the associated implications	Case manager - misses hidden deficits, associated with clinical condition and implications of lifestage
	Case management - rehabilitation goals are inappropriate and irrelevant
Case management - has proactive and timely interventions	- strategies are poorly applied and goals not achieved
- reduces risks	- there are increased and poorly managed, risks

3b Implementation

Descriptor: Actively progressing goals		
Level 1	Level 2	Level 3
Have an awareness of how to implement goals	Demonstrate the implementation of goals; requires support to appreciate the implications and the best ways to fulfil the client's interests	Evidence the implementation of goals collaboratively and progressively in a way which best fulfils the client's interests

Positive Indicator	Negative Indicator
Case manager - sees goals through	Case manager - demonstrates no or slow follow through
- acts on set goals	Case management - goals are not achieved
- actively reviews goals	- there is lack of progress

3c Project Management

Descriptor: Actively coordinating the various elements of the case to create a dynamic process to meet the client's needs		
Level 1	Level 2	Level 3
Have an awareness of the various elements of case management	Demonstrate the active coordination of the various elements of the case; requires support to meet the client's needs in a cost-effective way	Evidence the taking responsibility for the active coordination of the various elements of the case to develop a dynamic process to meet the client's needs in a cost-effective way

Positive Indicator	Negative Indicator
Case manager - leads the case management process	Case management - case is poorly managed
- responds flexibly	- finances and resources are used ineffectively
- prioritises appropriately	- rehabilitation / care service provision is disjointed and inconsistent
- manages costs	- team is not following goals
	- disharmony increases
	- there is a possible breakdown

3d Resourcing

Descriptor: Building an extensive knowledge base of resources and materials		
Level 1	Level 2	Level 3
Have an awareness of resources relevant to clinical practice	Demonstrate a knowledge of resources relevant to clinical practice and client's specific needs	Evidence an extensive and in-depth knowledge of resources with strategies and persistence to meet client's needs

Positive Indicator	Negative Indicator
Case manager - acquires all resources for clinical practice	Case manager - has closed mind to new approaches and range of resources
- is open to new approaches for meeting client's needs	- 'gets stuck'
Case management - shows a flexible application of relevant resources	Case management - best resources are not applied for client's needs

3e Human Resources

Descriptor: Understand employment law principles and apply them appropriately within your sphere of responsibility		
Level 1	Level 2	Level 3
Have an awareness of employment issues and management of teams	Demonstrate an understanding of employment issues but needs support to integrate that knowledge into their practice	Evidence a working knowledge and experience of employment issues and implementation of that within their practice

Positive Indicator	Negative Indicator
Staff - there is good staff morale	Staff - there are disciplinary and grievance problems
- understanding of client's problems and needs is increased	- staff turnover is high
- relationships are cordial	- wrong staff are recruited
Case management - issues are dealt with proactively	- there is insufficient staff training
- there are clearly written procedures	- staff are unsupported
	Case management - risks are increased
	- costs are increased

4 MONITORING

COMPONENTS:

4a Analysis

Descriptor: Evaluating and Adjusting Goals		
Level 1	Level 2	Level 3
Have an awareness of how to monitor and evaluate goals	Demonstrate the ability to monitor goals, analyse information and evaluate outcomes; requires support about when to seek further information and when to take action	Evidence the ability to monitor goals, analyse all available information in depth, evaluate outcomes and recognise the timing of when to take action and when to withdraw

Positive Indicator	Negative Indicator
Case management - goals are reviewed and adjusted to make progress or maintain client	Case management - ineffective goals are pursued
- demonstrates reflective practice	- rehabilitation gains are not made/possible deterioration
- is cost-effective	- time is wasted
	- money is wasted

4b Facilitating Change

Descriptor: Recognising the need to adapt case management style to bring about change		
Level 1	Level 2	Level 3
Have an awareness of how change can be effected in the case management process	Demonstrate the recognition of how own involvement impacts on the case management process; requires support to adjust style and approach	Evidence the ability to reflect on how own involvement impacts on the case management process, and have the confidence and tools to flexibly adjust approach and style to suit situation

Positive Indicator	Negative Indicator
Case manager - enables client to move on	Case manager - does not discharge client from services when appropriate
- knows when to step back and when to challenge	- has one approach for every client
- has self-awareness	Case management - client is 'stuck' or deteriorating
- acts flexibly	- process is static
- changes style for needs of client	

4c Record Keeping

Descriptor: Maintaining and Reviewing Documentation		
Level 1	Level 2	Level 3
Have an awareness of the need for relevant documentation and how to maintain it	Demonstrate the maintenance of accurate, timely and factual records; requires support to review and inform practice	Evidence the maintenance of accurate, timely and factual records by all that facilitate analysis to inform practice

Positive Indicator	Negative Indicator
Case management - provides factual evidence for analysis and evaluation	Case management - contains poor reporting
- shows clear accountability	- lacks information
- has greater continuity	- has inaccurate information
- promotes sharing of information	- duplicates records
- reduces risks	- increases risk

5 DUTY OF CARE

COMPONENTS:

5a Client Focused

Descriptor: Prioritising the client's needs in the case management process		
Level 1	Level 2	Level 3
Have an awareness that one's duty of care is to the client with a clinical condtion and the of the need to work with all interested parties	Demonstrate an understanding that one's duty of care is to the client. Have the ability to evaluate other parties' views; requires supervision to integrate knowledge, prioritise client's needs and develop ways of working with other	Evidence an understanding that one's duty of care is to the client; have the skills and experience to assimilate information and steer all interested parties towards meeting the client's needs

Positive Indicator	Negative Indicator
Client - is central to process	Client - is at risk
- is achieving client goals	- has confused objectives
- is supported and well-protected	Case management - is financially rather than clinically driven
	- money is wasted

5b Advocacy

Descriptor: Representing the client and their best interest		
Level 1	Level 2	Level 3
Have an awareness of the need to represent the client's views and wishes	Demonstrate the ability to recognise the client's views and wishes; requires supervision to integrate the information in order to represent the client within the context of best interests	Evidence the ability to understand the client's views and wishes within context; representing and taking further action in the client's best interest

Positive Indicator	Negative Indicator
Client - feels listened to	Client - view is misunderstood and misrepresented
- feels valued	- vulnerability is increased
- feels more engaged in the process	- is at increased potential risk of harm to self and others
Case management - is client focused	- feels insignificant
	Case management - is not client focused

5c Guiding decision making

Descriptor: Enabling the client to make decisions that are within their capabilities		
Level 1	Level 2	Level 3
Have an awareness of capacity and how a client can make choices and decisions and have control of their lives	Demonstrate the ability to facilitate client's opportunities to make decisions; requires supervision to set this within the scope of their capacity	Evidence the respect and facilitation of client's opportunities to make decisions, whilst considering client's capacity to do so; recognises when it is necessary to seek the views of other professionals

Positive Indicator	Negative Indicator
Client - is able to grow and develop	Client - has his ability to make choices ignored
- is more active in own affairs	- has the choices he makes disregarded
Case manager - respects client's choice	- is more dependent
- recognises the client's ability to make choice	Case manager - is judgemental
- enables client to maximise independence	

5d Risk Management

Descriptor: Acknowledging the client's right to take risks within a robust risk management system		
Level 1	Level 2	Level 3
Have an awareness of the risks associated with an individual's clinical condition and social environment	Demonstrate the knowledge and experience of different elements of risk; requires support to implement risk management systems	Evidence the knowledge and experience to predict the elements of risk in different situations and to establish risk management systems to meet them

Positive Indicator	Negative Indicator
Client, team and others - follow safe practice	Client - is involved in criminal behaviour
- are safeguarded	- has mental health issues
Case management - risks are effectively managed	Client, team and others - are at risk
	Staff - turnover is high
	- stress is increased

5e Managing Expectations

Descriptor: Developing strategies to address expectations in clinical recovery		
Level 1	Level 2	Level 3
Have an awareness of the 'perceptions' and 'expectations' people might have in relation to recovery	Demonstrate an understanding of clinical recovery; requires supervision to develop strategies to manage expectations	Evidence the suspension of own expectations and manage those of individuals and all involved in working with them

Positive Indicator	Negative Indicator
Case manager - is working on realistic goals	Case manager - is working towards own misdirected or unrealistic expectations
Case management - realistic view is held by all	- is working towards other parties' expectations
- clear understanding from all involved about what is achievable	Case management - is seen as failing
- outcomes are successful	

6 PROFESSIONALISM

COMPONENTS:

6a Supervision

Descriptor: Knowing one's own limitations and when supervision is needed to support clinical practice		
Level 1	Level 2	Level 3
Have an awareness of one's own limitations and requires supervision to support clinical practice	Have the knowledge of one's own limitations and knows when to seek supervision to resolve particular issues	Evidence the knowledge and experience of one's own limitations and judgement of knowing when to seek advice and from whom

Positive Indicator	Negative Indicator
Client - is well supported	Case manager - does not recognise need for supervision
Case manager - maintains objective perspective	- does not refer on when appropriate
- considers increased range of options	- does not recognise poor practice
- has increased knowledge and confidence	- does not know when to discharge
- receives regular and appropriate supervision	- is not developing knowledge and skill set

6b Consent, Capacity and Confidentiality

Descriptor: Understanding and managing issues associated with human rights including for clients with cognitive impairment		
Level 1	Level 2	Level 3
Have an awareness of consent, capacity and confidentiality in relation to the clinical condition of the client including those with t cognitive impairment	Demonstrate the knowledge of the complexities associated with consent, capacity and confidentiality; requires supervision to manage them	Evidence the understanding of the complexities associated with consent, capacity and confidentiality and a repertoire of skills to manage them

Positive Indicator	Negative Indicator
Case manager - shares relevant details to inform others	Case manager - breaches privacy
- protects privacy	- puts client at risk
- safeguards client	- acts without client's agreement
- knows when to breach confidentiality	
case manager acts in accordance with current practice in relation to relevant legislation and guidance	-case manager does not work aaccordance with current practice in relation to relevant legislation and guidance

6c Boundaries

Descriptor: Setting clear guidelines to separate personal and professional responsibilities according to one's own professional code of conduct		
Level 1	Level 2	Level 3
Have an awareness of the need to set boundaries and requires assistance to keep clinical practice within them	Demonstrate the ability to set boundaries but requires supervision to stay within them	Evidence the ability to clearly set boundaries and manage clinical practice within them

Positive Indicator	Negative Indicator
Case manager - has objective view of client and family	Case manager - is too involved with client and family
- is able to maintain perspective to guide case forwards	- is unable to switch off
	- is over-involved with others working with client

6d Personal Development

Descriptor: Continuing professional development in clinical case management		
Level 1	Level 2	Level 3
Have an awareness of the need for supervision in order to identify areas of personal and professional development	Demonstrate the ability, with supervision, to review, reflect and learn from clinical practice and identify areas for personal and professional development	Evidence the ability to review, reflect and learn from clinical practice; taking responsibility for own personal and professional development

Positive Indicator	Negative Indicator
Case manager - follows best practice	Case manager - fails to assign time to self-development
- has up-to-date CPD folder	- does not attend training courses
- keeps up-to-date with literature / information	- does not believe training is needed
- has self-awareness of training and personal development needs	- has no appreciation of the need for personal development

7 PERSONAL ATTRIBUTES

COMPONENTS:

7a Leadership

Descriptor: Taking ultimate responsibility; engaging and influencing the whole team		
Level 1	Level 2	Level 3
Have an awareness of the need for leadership of the case management process and the component skills required for working with others in a team	Demonstrate the ability to take responsibility for the case management process; display the skills and persistence to manage people and resources to fulfil overall goals	Evidence the knowledge, experience, confidence and persistence to utilise all resources, make key decisions and steer the team to fulfil the overall goals

Positive Indicator	Negative Indicator
Case manager - accepts responsibility for the case management process	Case management - is uncoordinated and disjointed
- integrates and coordinates all involved	- has a haphazard approach
- gains trust and commitment from all involved	- others are leading
	- loses momentum/direction

7b Fostering Independence

Descriptor: Promoting independence and maximising potential		
Level 1	Level 2	Level 3
Have an awareness of rehabilitation approaches to facilitate independence	Demonstrate an understanding of different rehabilitation approaches and ways of fostering and facilitating client's independence; requires supervision to decide when and how to enable client to make own decisions	Evidence the knowledge, experience and understanding of when and how to enable client to make own decisions to attain optimum independence

Positive Indicator	Negative Indicator
Client - has a safe level of independence	Case manager - is unaware of being autocratic
- is making decisions	- controls the client relationship
- is achieving a quality of life	- fosters client dependence
Case manager - facilitates client potential	

7c Ingenuity and Innovation

Descriptor: Learning to be more creative to address needs		
Level 1	Level 2	Level 3
Have an awareness of the need for an open-minded approach to different ways of fulfilling needs.	Demonstrate a knowledge of client's condition and lifestage but needs supervision to create and consider a variety of approaches to fulfil needs	Evidence the knowledge and experience of clinical condition/lifestage to understand the underlying problems, and the ability to design and evaluate a variety of imaginative approaches to fulfil needs

Positive Indicator	Negative Indicator
Case manager - has a flexible, innovative approach	Case manager - has a rigid approach
- changes styles and approach when client gets stuck	- believes that one style fits all clients
- utilises a greater range of resources	- is unaware of different models of practice
	- believes their approach works without evidence

Introduction to Practice Standards for Brain Injury & Complex Case Managers

Following the development of the Competency Framework BABICM agreed to develop Practice Standards which together with the competencies would form a complete picture of the level of brain injury and complex conditions case management practice that BABICM expects from its members. The goal was to establish minimum standards for case management, which could be achieved by all case managers working in the field whether working in statutory services or in the independent sector.
As part of the development of the standards the working party drew not only upon their own expertise in brain injury and complex conditions case management but were also informed by national and international standards documents across the relevant professions.

The Practice Standards follow the structure of the same seven domains as the competency Framework:

1. Communication
2. Strategy
3. Coordination and management
4. Monitoring
5. Duty of Care
6. Professionalism
7. Personal attributes

The Practice Standards are divided into sub-sections and the standard statements detail what standard of practice is expected in each domain. The rationale or "why" we have that standard is the second area. This is followed by "how" the standard should be met in the essential criteria and finally the examples of evidence which are documents that can be used to demonstrate how the standard is met. These can be the procedures used, documents prepared, notes taken, letters/emails written or evidence of invoicing and CPD. This is not an exhaustive list.

Summary

This document gives practice standards for brain injury and complex conditions case management in the UK designed to be used by case managers. It has been developed to be used in conjunction with the BABICM Competency Framework and is complementary to it.

The development of the standards is a step on the way to achieving BABICM's goal of case management as an accepted profession with its own registration process. This is the goal being pursued by the joint working party between BABICM, CMSUK and VRA.

BABICM Standards for Brain Injury and Complex Case Management

Standard 1 Communication

a) The case manager establishes and maintains a working relationship with the client, their family and relevant others while developing a team approach to meet the client's needs

b) The case manager has clear, open and effective communication and reporting systems within the case management process

Standard 2 Strategy

a) All clients, who are referred for case management require and, if appropriate, receive a valid assessment

b) Where case management is required, information from the assessment or from the review is used to set goals for the development of a case management plan integrating all relevant information

Standard 3 Coordination and Management

a) All clients receive clinical case management that is well-managed, specific to their needs and lifestage, timely, actively progressed / maintained and with the effective use of available resources

b) The services coordinated by the case manager, including rehabilitation and care, are specific to the client's needs within the context of their environment

Standard 4 Monitoring

The case manager has accurate, chronological records of on-going communication, which detail time spent, goals and reviews thereby allowing analysis and adjustment of the case management process

Standard 5 Duty of Care

Case management is client focused, promotes autonomy and acts in the client's best interests, whilst being aware of vulnerability, capacity and the need for protection

Standard 6 Professionalism

The case manager is knowledgeable, informed about the effects of the client's clinical condition an lifestage, skilled and experienced and ethical in their approach

Standard 7 Personal Attributes

The case manager is responsible, robust, dynamic, resourceful and emotionally intelligent and leads the case management process

Standard 1	Communication

Standard Statements

a) The case manager establishes and maintains a working relationship with the client, their family and relevant others while developing a team approach to meet the client's needs

b) The case manager has clear, open and effective communication and reporting systems within the case management process

Rationale:

To respect and value the client and facilitate the process of information sharing to gain mutual understanding for a consistent and consensual approach

	Essential Criteria	Examples of evidence
1.1	The case manager has the ability to establish a rapport with client, family and significant others	Case management notes Feedback survey
1.2	The case manager has an effective communication system with the client, their family and all those involved in the process	Case management records Case management correspondence
1.3	The case manager has an effective reporting system with the client, their family and all those involved incorporating frequency, style and means of communication	Case management plan Case management records Feedback survey
1.4	The case manager provides the client (and/or representative) with written documentation about the role of the case manager, description of the case management service, costs and how to complain	Case management plan Case management reviews Statement of purpose Service user guide Service agreement Timely invoices
1.5	The case manager has effective referral procedures, including written criteria for eligibility for their case management service	Referral procedure Service agreement
1.6	The case manager has effective referral procedures for commissioning services on behalf of the client	Commissioning procedure
1.7	The case manager provides relevant documentation to ensure an effective handover / discharge procedure	Handover / discharge procedure
1.8	The case manager is aware of and appropriately responsive to, race, age, gender reassignment, sex and sexual orientation, religion or belief, disability, marriage and civil partnership, as well as culture socio-economic status and language.	Assessment report Case management plan Case management records

Standard 2	Strategy

Standard Statements

a) All clients, who are referred for case management require and, if appropriate, receive a valid assessment

b) Where case management is required, information from the assessment or from the review is used to set goals for the development of a case management plan integrating all relevant information

Rationale:

To guide and inform the case management process and to positively effect outcome

	Essential Criteria	Examples of evidence
2.1	Case managers conduct a comprehensive and objective assessment actively involving the client and significant others accurately recording and integrating all relevant information which should include: • Pre-morbid factors, social and health background, injuries sustained and treatment to date • Client's home environment, functional abilities and risks • Social economic status • Sensory, physical, communication and psychological abilities • Financial and vocational factors, plus protected characteristics; age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation. • Client's expectations, learning capabilities and their potential for independence, community reintegration and work	Assessment proforma Assessment report
2.2	As part of the assessment process case managers should consider relevant information from all available sources, for example, medical, psychological and therapists' opinion	Assessment report Case management records
2.3	Case managers have worked with the client to set goals, which are documented	Client goal plan
2.4	The case manager has a client-centred, ethical and interdisciplinary approach to goal setting, which focuses on the attainment of specific, measureable, achievable, realistic, time-specified goals and is recorded in the case management plan	Case management goals Case management plan
2.5	The case management plan incorporates the recommendations for the client to establish a structured and purposeful lifestyle	Case management plan Support workers' guide
2.6	The case manager explains their reasoning for any interventions and the need for any resources	Case management records

Standard 4	Monitoring

Standard Statements

a) All clients receive clinical case management that is well-managed, specific to their needs and lifestage, timely, actively progressed / maintained and with the effective use of available resources

b) The services coordinated by the case manager, including rehabilitation and care, are specific to the client's needs within the context of their environment

Rationale:

To facilitate independence and improve / maintain quality of life within a context of the client's wishes and needs

	Essential Criteria	Examples of evidence
3.1	The case manager has knowledge of the effects of the client's clinical condition, lifestage, and clinical outcomes	Case management and risk management plan Curriculum Vitae Continued professional development Publications / knowledge of literature, research and journals Presentations / teaching / training / membership / responsibilities within organisations Advanced case manager in BABICM
3.2	The case manager implements a case management plan, which integrates goals, clinical condition-specific treatments, therapeutic interventions and approaches for the management of care regimes	Case management plan Case management goals Database of research, references and literature
3.3	The case manager works with the client, family and all relevant others towards achieving goals	Case management goals Case management progress reports
3.4	The case manager uses evidence-based practice to facilitate the rehabilitation process and management of the client's needs	Use of standardised assessments/ relevant assessment procedures Use of outcome measures Continuing professional development
3.5	The case manager accesses and resources information, support and services in the most timely, cost-effective way	Database of resources
3.6	The case manager takes responsibility for the case management process, including an outline of the roles and responsibilities of all parties	Case management records
3.7	The case manager manages human resources within the framework of employment law and statutory legislation relating to the provision of care and support	Relevant registration for provision of community care and support, e.g. CQC or equivalent Employment Advisory Service Staff turnover Employment tribunal evidence Attendance on courses for Employment Law
3.8	The case management plan is implemented with regard to quality, safety, efficiency and cost-effectiveness	Case management plan Case management review Case management report Timely invoices

Standard 4	Monitoring

Standard Statement

The case manager has accurate, chronological records of on-going communication, which detail time spent, goals and reviews allowing analysis and adjustment of the case management process

Rationale:

To be accountable and reflect on and review practice to meet and respond flexibly to the client's changing needs and wishes

	Essential Criteria	Examples of evidence
4.1	The case manager will have a system of analysing, reviewing and reporting, at agreed intervals, the process of case management, to include goals, rehabilitation / case management plan, risk management and training	Supervision records Case management records Goal setting and review Outcome measures Minutes of team meetings Auditing of case management documentation and invoices
4.2	The case manager will review and actively adjust case management interventions at specified intervals to meet the client's changing needs	Case management notes Case management plans Minutes of multidisciplinary meetings Support workers guides Risk assessments / management plans
4.3	The case manager has a quality assurance system, which includes reviewing staff turnover, grievance processes and service complaints	Feedback survey Relevant registration for the provision of community care and support, e.g. CQC Complaints/grievance procedures Staff supervision and appraisals Recruitment procedures and exit questionnaires for support workers Support worker records
4.4	The case manager has up-to-date chronological records, detailing the time working with and on behalf of the client	Case management notes

Standard Statement

The case manager is client focused, promotes autonomy and acts in the client's best interests, whilst being aware of vulnerability, capacity and the need for protection

Rationale:

To enable the client to make informed decisions and, within their capability, take control of their lives, whilst managing expectations and risks

	Essential Criteria	Examples of evidence
5.1	The case manager considers the client's ability to make choices and decisions	Case management records Capacity assessments Best interest meeting decisions
5.2	The case manager has a system for obtaining and reviewing capacity and consent from the client and/or their representatives for any intervention	Capacity assessments Consent procedures Case management notes Support worker records
5.3	The case manager has a thorough and detailed risk assessment and management system	Risk assessment / management plan Case management notes
5.4	The case manager advocates on behalf of the client, whilst respecting and upholding their rights in the context of their best interests	Case management records
5.5	The case manager has a system for managing staff stress	Managing stress procedure Supervision process Staff appraisal
5.6	The case manager will provide clinical education on the client's condition and lifestage for client, family and relevant others to manage expectations and risks	Information leaflets / family pack Presentations Family training days
5.7	The case manager will operate within the statutory framework of Vulnerable Adults and Children	Case management records Whistleblowing policy
5.8	The case manager is always working in the client's best interests	Client goals / case management plan Risk assessment / management plans Case management notes Support worker records

Standard 6	Professionalism

Standard Statement

The case manager is knowledgeable, informed about the effects of the client's clinical condition and lifestage, skilled and experienced and ethical in their approach

Rationale:

To ensure best practice and accountability

	Essential Criteria	Examples of evidence
6.1	The case manager is professionally qualified, registered with a professional body and competent to practice	Relevant professional qualifications (see qualification list) Registration document Competency framework
6.2	The case manager provides written documentation declaring all conflicts of interest	Case management records
6.3	The case manager has knowledge of the effects of client's condition and lifestage and the necessary level of experience and supervision, to work with their clients	Curriculum vitae Continuing professional development records Supervision record
6.4	The case manager has had an induction in clinical case management before establishing a case load	Log book to demonstrate reflective practice Induction procedure
6.5	The case manager has on-going supervision to progress through the competency framework	Competency framework
6.6	The case manager participates in on-going training to meet their continuing professional development needs	Training / CPD portfolio
6.7	The case manager obtains informed client's consent for participation in the case management process and sharing of information, acknowledging the client's level of capacity	Consent procedures Case management records Capacity assessment
6.8	The case manager maintains the client's right to confidentiality	Confidentiality policy Case management notes Record keeping and secure storage of document protocols
6.9	The case manager adheres to their own Professional Code of Conduct and CMSUK/ BABICM Code of Ethics and Conduct	Case management policy and procedures Case management records

Standard 7	Personal Attributes

Standard Statement

The case manager is responsible, robust, dynamic, resourceful, emotionally intelligent and leads the case management process

Rationale:

To provide a bespoke, creative and innovative case management service in relation to the client's changing needs

	Essential Criteria	Examples of evidence
7.1	The case manager has a proactive, flexible and adaptable approach to the needs of their clients	Case management records Supervision records and competencies Service user questionnaire
7.2	The case manager is motivated, dynamic and responsive to the client's needs	Case management records Contact with clients and families Service user questionnaire
7.3	The case manager is focused and persistent in working towards the client's best interests	Case management records Service user questionnaire Evidence of goal attainment
7.4	The case manager can monitor and reflect on their impact on the case management process	Supervision records CPD documentation
7.5	The case manager constructively uses feedback to enhance learning and change practice	Case management records Supervision records CPD documentation Review of rehabilitation goals
7.6	The case manager uses all available information to make well-reasoned decisions	Case management records Support worker guide and notes
7.7	The case manager takes responsibility for the case management process	Case management records Minutes of team meetings Feedback from team members
7.8	The case manager manages the therapy and care teams	Minutes of meetings Feedback from team members Outcome measures

Appendix I

Disclaimer

This document has been developed by the professional practice and membership working group of BABICM for the sole use of brain injury and complex conditions case managers to inform practice, training, development and future accreditation.

It is not intended to establish a legal standard of case management practice as some deviations are expected and dependent on individual circumstances and available resources.

Although every effort has been made to ensure that the competencies and standards are accurate and represent current best practice, BABICM or any members or contributors cannot accept any liability for the consequences of any inaccurate or misleading data or omissions.

Appendix II

Standards Documents

Traumatic Brain Injury in Adults: Standards. The National Managed Clinical Network for Acquired Brain Injury. 2009.

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Appendix III

Recommended reading

Brain Injury

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Professionalism

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Appendix IV

Regulatory Bodies

Care Quality Commission (CQC) (England)

The Care Quality Commission is the health and social care regulator for England. They are responsible for regulating and inspecting and reviewing all adult social care services in the public, private and voluntary sectors in England.

Social Care and Social Work Improvement Scotland (SCSWIS) (Scotland)

SCSWIS is the new unified independent scrutiny and improvement body for care and children's services and has a significant part to play in improving services for adults and children across Scotland. They regulate and inspect care services and carry out social work and child protection inspections.

Care and Social Services Inspectorate Wales (CSSIW)

CSSIW regulates social care and early years services in Wales. It exists to ensure that care services meet the standards that the public has a right to expect. CSSIW inspect and review local authority social services and regulate and inspect care settings and agencies.

The Regulation and Quality Improvement Council (RQIA) (Northern Ireland)

RQIA is responsible for registering, inspecting and encouraging improvement in a range of health and social care services delivered by statutory and independent providers, in accordance with The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and its supporting regulations. The services we regulate include residential care homes; nursing homes; children's homes; independent health care providers; nursing agencies; adult placement agencies; domiciliary care agencies; residential family centres; day care settings; and boarding schools.

Health & Care Professions Council (HCPC) Standards of Proficiency & Code of Conduct HCPC

is a regulator set up to protect the public. It maintains a register of health professionals who meet the standards in their training professional skills behavior and health. The professions registered all have a protected title- that is protected by law. It is an offence to use a protected title they are not entitled to use and to claim they are registered with HCPC when they are not. The Council develops and monitors strategy and consists of 20 members. If a health care professional does not meet the standards in terms of professional skill, behavior or health, the HCPC can take action which may result in the registrant being stopped from practising and their name may be removed from the register.

Nursing & Midwifery Guidelines (NMC) 2008

The Nursing and Midwifery Council (NMC) is the regulator for nurses and midwives in the UK. They are independent from the government and have a statutory objective to safeguard the health and wellbeing of people who use or need the services of nurses and midwives. The NMC set and monitor the national education and training requirements required to qualify as a nurse or midwife. The NMC maintain a register of all of the nurses and midwives in the UK; deciding who is able to call themselves a registered nurse or midwife.

Requirements are set for nurses and midwives to help them to provide safe and appropriate care, taking firm but fair action where those requirements have not been met. If necessary, removing a nurse or midwife from the register or restrict their right to practice as a nurse or midwife in the UK.

Appendix V

Legislation, Protocols and Guidance

Rehabilitation Code 2015

Mental Health Act 1983

Mental Capacity Act 2005

Mental Capacity Act 2005 – Guidance for Providers

Section 20 regulations of the Health & Social Care Act 2008 – March 2010

Data Protection Act 1988 Guidance

Human Rights Act 2000

Disability Discrimination Act 2005

Equality Act 2010

Children Act 2004

Children Act 1989

Children and Families Act 2014

Care Act 2014

United Nations Convention on the Rights of the Child, White Paper Modernising the MH Act 1983 (2018)

Care Quality Commission Essential Standards of Quality & Safety. Guidance 2010 – Outcome 21 Records

Civil Procedure Rule 31

Care Quality Commission Essential Standards of Quality & Safety. Guidance 2010– Outcome 2 Consent to Care & Treatment

Health & Safety at Work Act 1974

Health & Safety at work regulation 1999

Appendix VI

Glossary

Appraisal
A process of evaluating staff's performance and competency in relation to a particular set of job skills, knowledge and ability and a person specification.

Assessment Proforma
A document which facilitates the collection of information relevant to the individual.

Best Interest Meetings
A formal meeting held with all relevant persons to resolve disputes or disagreements about an individual's best interests, should that individual lack capacity.

Capacity
The ability to understand, use, retain and weigh up information in order to make decisions.

Capacity assessment
An assessment to establish the capacity of an individual client to make decisions that are specific to a particular issue.

Care
The informal/formal or paid/unpaid support, which facilitates the health, welfare, maintenance and protection of the client.

Care Management
Care management is the process of assessing, managing and implementing individual care plans.

Case Management

A collaborative process, which assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet an individual's health and wellbeing, education and/or occupational needs, using communication and available resources to promote quality, cost effective and safe outcomes.

Case Management Notes
The chronological record of communication and time working with and on behalf of the client.

Case Management Plan
A document outlining goals and the means of delivering and/or brokering the necessary interventions to support them. The case management plan involves the process by which change is monitored and reviewed.

Case Management Records
All case management documents pertaining to the client, including case management notes, correspondence, goals, case management plans, reviews, support worker guides.

Case Management Review
A process by which the case management plan is reviewed, amended and updated with the client and relevant others, taking into account changes that have occurred and/or additional information that has been provided.

Client
The person in receipt of case management services.

Client Goals
Goals set by the client and documented in their frame of reference.

Clinical Audit
The systematic collection of data collated and analysed to provide measurement of the quality of case management practice.

Commissioning procedure
A system for procuring services for a client.

Competency Framework
A grid for describing the full set of attributes, skills and behaviours needed to do a job well.

Complaints Procedure
A system for dealing with complaints in a timely manner, setting out how complaints are dealt with and how quickly.

Confidentiality Policy
A document defining and describing the boundaries of confidentiality and how to protect it for the individual in accordance with the Data Protection Act.

Consent Procedure
Systems in place to gain and review consent from people who use services and act on them.

Continuing Professional Development (CPD)
A range of learning activities through which health professionals maintain and develop throughout their career which is required to retain their registration to practice safely, effectively and legally.

Discharge Procedure
A process to enable the provision of relevant and sufficient information to clients and inform others discharging the case management duty of care.

Evidence-Based Practice
The use of a knowledge base of empirical research that could guide or support case management interventions.

Feedback Survey
A process of obtaining information, opinions and satisfaction levels of interested parties on the case management service provided to be used as a process of improvement or service modification.

Financial Guardian (Scotland)
A person appointed by the Sheriff Court to make decisions about property and financial affairs on behalf of a person lacking capacity. This person is best advised not to be a family member. The Office of the Public Guardian (OPG) supervises and supports the work of financial guardians.

Handover Procedure
A process to enable relevant and sufficient information to ensure the smooth transition between case managers or agencies.

Inter/Multidisciplinary Team
Group composed of health and social care professionals with varied but complimentary experience, qualifications, and skills that contribute to the achievement of the client's specific objectives.

Outcome Measures
A range of assessment tools to gauge whether the planned intervention is having the desired/ expected impact upon the client.

Personal Welfare Deputy (including health)

A person appointed by the Court of Protection in England and Wales to manage the personal welfare (including health) of an individual who lacks the mental capacity to make decisions such as those related to their healthcare, treatment and residency.

The MCA 2005 Code of Practice, paras 8.38-8.39, states that deputies for personal welfare will only be required in the most difficult cases where important and necessary actions cannot be carried out without the court's authority or where there is no other way of settling the matter in the best interests of the person concerned to make welfare decisions.

Property and Affairs Deputy
An individual who has the authority to make decisions about the property and financial affairs on behalf of a person deemed to lack the capacity to do this themselves. The Court of Protection in England and Wales makes decisions about who can be the deputy and appoints the Property and Affairs Deputy. The Office of the Public Guardian (OPG) supervises and supports the work of deputies appointed by the Court of Protection.

Quality Assurance
A process of clinical audit, monitoring, evaluation and a supervision structure to ensure the case management service provided is fit for purpose.

Referral Procedure
A process which describes how the case manager or company processes referrals for intervention and ensures they have the relevant professional knowledge and expertise to work with the client.

Rehabilitation
An active process by which those individuals with disabilities realise their optimal physical, mental and social potential.

Risk Assessment
Risk assessment identifies the likelihood and severity of potential risks and considers their effects and consequences.

Risk Management Plan
A document prepared by case managers to create response plans to manage, minimise and mitigate risks.

Service Agreements
A signed document that exists between parties to clarify each party's goals and expectations.

Service User Guide
A document that outlines the type of service provided including aims and objectives of the service and the complaints procedure.

Statement of Purpose
A document detailing the functions of a case manager and role of case manager, which includes the principles of service provision.

Stress Management
A procedure for identifying and managing the symptoms relating to work-related stress.

Supervision
Supervision oversees, supports, monitors and directs the development of case manager's professional practice in order to ensure the quality of the service provided.

Support Worker's Guide
A comprehensive document providing background information, guidance and instructions for support workers specific to the individual client.

Support Worker Records

Factual, time-specific documentation from the support workers relating to their goals and interventions with the client.

Welfare Guardian (Scotland)

A person appointed by the Sheriff Court to manage the personal welfare of an individual, who lacks the mental capacity to make decisions such as those related to their healthcare, treatment and residency. In practical terms it is very difficult to avoid the welfare guardianship residing with a family member, although this can be very unsatisfactory. The Office of the Public Guardian (OPG) supervises and supports the work of welfare guardians.

The British Association of Brain Injury & Complex Case Management
Office 15, Pheonix House, 100 Brierley Street, Bury, Greater Manchester, BL9 9HN
Email: secretary@babicm.org ©BABICM 2026