

<b>Organiser:</b>	Headwise
<b>Module:</b>	Course in Brain Injury Case management
<b>Date:</b>	27 <sup>th</sup> January – 31 <sup>st</sup> January 2014
<b>Venue:</b>	University of Birmingham

This module, part of the MSc in brain injury case management, was being offered as a stand alone course for existing Case Managers or people interested in working as a case manager in Brain Injury.

The week was very structured and we started with **Cathy Johnson**, case manager from Rehab without Walls talking about the **History of Case Management**, how it began in the U.S and how started in the U.K. I found the legislative history interesting and how BABICM and CMSUK began, the challenges of being recognised within the legal framework and how, through these organisations, as case managers, we need to demonstrate our competencies.

**Dr Andrew Worthington, Consultant in Neuropsychology & Rehabilitation**, refreshed people's knowledge around the physiology and anatomy of the brain and physical/cognitive/behavioural difficulties following a Brain Injury.

He then took us on a journey in **Psychological Injury for Case Managers**. The categories of psychological disorders that are recognised by practicing neuropsychologists in Brain Injury were discussed and the causes of these. Difficulties in delivering psychological therapies were discussed around a personal injury claim , timescale for litigation is not always appropriate for therapy controversially it was suggested that case managers may perpetuate this!!! There was much interesting debate around these topics.

**Clinical governance and risk management in Brain Injury** were covered by **Dr Andrew Worthington** on day 2. Looking at the therapy outcomes and managing risk. Interesting debates were had around capability and vulnerability and how this effects our practice. Approaches to risk assessment and management discussed. The importance within risk assessments to include the clients value attached to risk and outcome. Realisation that there is little clinical governance within Case Management.

**Jemma Newman**, clinical scientist and **Amber Ashton-Reed** Neuro O.T with **ACT** gave a presentation on electronic assistive devices and how these could be used when working with clients with communication difficulties and cognitive difficulties. We had opportunities to try out various devices.

A very stimulating session **on Employment Law for Case Managers** was held by **Matthew Gregson, Anthony Collins Solicitors**. We all agreed we could have had a whole day with him as he was funny & entertaining around an area that can, as a case manager, seem

tedious and scary which he was able to demystify. His main message was around the importance of documentation and nipping in the bud early on any identified issues within employment as this reduces problems and potential tribunals.

**Jackie Parker** from **JSP Associates** delivered an interesting session on the **Interface between the care expert and case manager**. Clarity of roles discussed and looked at how many professionals involved when a Brain injured person enters into the litigation system which can be immense.

**Katie Hanagarth, case manager from Bush & co** discussed models of working within case management. Advantages and disadvantages of joint and single instruction, litigation friend and what happens post settlement, whether a person has an appointed deputy or trust. What happens when the client is instructing? It was a very down to earth session with great case examples.

**Telecare and Brain Injury** was delivered by **Alexa Hazell, Neuro OT** working for **Headwise**. Really interesting projects discussed around types of telecare and advancement within this area for Brain injured clients and how this can be used in pre and post settlement. Also looked at how telecare could be used by insurers as a way of arguing against putting in care packages.

**Jackie Dean, case manager from N-Able Services** discussed the professional issues in brain injury case management. With the BABICM competency framework should case managers be an accredited course and how would that look. Discussion had around where does case management go in the future. Can it become a profession or is it a model?

**Satinder Hunjan QC, Barrister at No5 Chambers** captivated us with his **Brain Injury case management in the Court**. He took us through the judicial system and how this worked but focused on the expectations of a barrister on a case manager involved in a case and some of the frustration of working with Case managers and legal professional privileged information.

A previous student on the 2 year Msc course, **Sue Bidwell independent case manager**, presented her research paper on the **lawyers experience of case managers** which was a fascinating insight into what the legal professions experience of case management is and recommendations which may interconnect with some of BABICM's suggestions to move case management forward.

Finally the end of the week and difficult session to do was by **Dr Andy Hawkins, family therapist and neuropsychologist at Headwise** who gave a fascinating insight into systemic theory and working with troubled families. He discussed the importance of not just working with people in isolation of their family, peers and environment and future research they are undertaking in this area.

In summary I wish I had had this week at the start of my work in case management. What I found most useful was the interface between case manager and legal framework. I have come away with a huge list of must do's . It's a shame that the 2 year Msc course will no longer run but I am excited at the prospect of Headwise running residential courses in the future.

I would like to thank BISWIG for supporting me with a grant to attend this week. The process of application was easy and painless.