

ACM NEWS



ANGLIA CASE
MANAGEMENT
LIMITED

Autumn/Winter 2008

EMBRACING CHANGE

Autumn is a time of new beginnings, of children starting at school and young people moving away from home to go to university. Many of us return from our annual summer holidays full of resolutions about how we are going to change our lives for the better; whether that's to make more time for our family, start a new hobby, embark on a course of study or even think about a new career. All these changes are positive and exciting ones.

At ACM we are very aware that our clients' lives have been adversely changed because of their injuries, and that these catastrophic changes will impact on their lives for ever. But with time and the right support most will settle to a new "normal" life, even if that is very different from the life journey they were on before they were injured. In the middle pages of this edition we look at

moving home and how the right property can really change our clients' lives and opportunities for the better.

One of the challenges that Kathy Hughes and I have to contend with is managing the caseloads of our case management team. We are very conscious of the need to **maintain stability and continuity for clients and families** and that few people actively welcome a change when this is first raised. But as responsible employers we also need to ensure that staff can continue to respond effectively to all of their clients, and sometimes pressures in certain cases means that change is necessary to avoid case management "overload".

Whilst we would always wish to avoid unnecessary change for a particular client, we have now seen benefits in the longer term. When the clients' needs are complex and when there is a big support team, having a second Case Manager within the same company, who knows the client and circumstances well, is an



asset at future times of crisis or if one of the Case Managers is temporarily unavailable. **And seeing a new face, with new ideas or a different approach can be a welcome change.**

Our Clinical Director, **Kathy Hughes**, is normally the person within ACM responsible for managing any case management changes. She will talk with the solicitor and family to reassure them that new introductions will be gradually phased in, usually with a period of co-working, and that the cost of any additional work necessary to manage a change will be borne by ACM.

Caroline Ferber
Managing Director

THE ACM DIFFERENCE

Investing in Support Workers is critical to the well-being of clients, and at ACM we work to raise the profile of training and development of Support Workers.

We currently work with over 120 Support Workers who bring with them varied experiences, but almost universally this is their first time of working in the field of brain injury.

On joining ACM, all new Support Workers undergo a full 2 day induction to introduce major topics such as **core values, communication, health and safety, and safeguarding issues**. Many Support Workers also attend a course on **Traumatic Brain Injury** to gain a greater understanding of this complex subject area. New Support

Workers spend time either shadowing existing staff or working closely with the Case Manager to find out exactly what the job involves.

"I had never done any care work before joining ACM and I never thought that at 40 I would be retraining, but I am so glad that I did. I really love my job and I still look forward to going into work. Every day is different and rewarding."

Charlie

However training is not just provided for new Support Workers. **Bespoke training** is provided for experienced Support Workers if the job involves manual handling or the administration of medication. At ACM we also offer a series of **"Masterclasses"** which cover a variety of subjects.

Another major development has been the introduction of our NVQ programme with **over 60% of ACM Support Workers now holding at least a level 2 NVQ in Care related subjects**. Many of these staff have been able to take advantage of government funding which has reduced the costs to employers and at times **saved over £1000 per head**.

Contrary to a widely held belief that training will mean staff gain qualifications and head off to 'pastures new', this is **not** our experience. ACM Support Workers value the training they receive, and are remaining in post, which benefits everybody and reduces recruitment costs.

Linda Marsden
Training and Care Co-Ordinator

A NEW BEGINNING

Moving to a new home is both exciting and daunting for all of us, but things are much more complicated if you have a significant disability to consider, or you need help from others to find a home and deal with the move. At ACM we have assisted many clients to do just this!

Adults and children who have significant physical disabilities will need help to find a property that is suitable for adaptation to meet not just their current, but also their longer term needs. The Case Manager will work with the client and their family, as well as the architect to identify needs for both the client and

their care team. The Case Manager will take on the role of project manager, liaising with architects, equipment suppliers, the Deputy, and at the same time, recruiting a care team if the client is moving from a nursing home or away from parents for the first time.

Other clients who are physically able may still need significant help with the planning and organisation of a house move because of cognitive and executive difficulties. Helping them to think through their move and to be involved at all stages takes time and skill, but can be a very useful therapeutic activity as well as rewarding for the client.

THE LAWYER'S VIEW

"In the aftermath of serious injury, getting a comfortable home for the client that accommodates their disability is a major priority. It can be the foundation of a stable and effective care regime. It can be the hub of ongoing therapy and rehabilitation. Ultimately, however, it has to be a home.

In achieving this balance the role of a Case Manager is crucial. They will liaise with the key professionals including the architect, Occupational Therapist (although this sometimes will also be the Case Manager) and the medical consultants and therapists to ensure that the accommodation meets the client's needs. Crucially however they will also provide support, reassurance and guidance to the client to ensure that what they end up with is something they are comfortable in and is sensitive not only to their disability but also to their personality, their wider family needs and their background."

Ed Turner
Taylor Vinter Solicitors, Cambridge

CONSIDERING THE NEEDS OF THE CARERS

If other family members will be living in the property as well as the client and carers, then particular attention needs to be given to the layout of the home, to ensure **privacy to all parties, but also **proximity** to the client.**

The overnight carer will need a **bedroom** adjacent to the client and an **en-suite bathroom** so that the family and client facilities remain private.

A **separate entrance** for carers and therapists will help the family feel that their home is less "invaded" by others.

Office space will be needed if there is a significant care team, with space for supervision sessions, administration and record keeping.

A **kitchenette** for the carers to prepare their own snack meals and drinks is also helpful if more than just the client uses the kitchen.

Most carers and therapists will arrive by car. Extra **parking** is therefore important if space is limited on the road.

HOUSING FOR WHEELCHAIR USERS

Some things to consider:

- Location
- Amenities
- Room size
- Storage space
- Accessibility and parking
- Room for carers
- Proximity of friends and family
- Proximity to workforce / carers
- Number of rooms or space to extend
- Long term adaptability of the home

And equipment:

- Tracking hoist
- Special bath
- Closimat loo
- Door openers
- Level access shower
- Accessible kitchen
- Environmental controls

"My life feels like it's taking off!"

Lewis is in his 20s and had a serious head injury 4 years ago as a result of a hit-and-run accident. This is his story.

"I was living in a one bedroom flat and found it very stressful as I couldn't move with all the clutter.

My Case Manager helped me to find a suitable house to move to with my fiancé, Emily.

My Case Manager assisted me to prioritise what was needed and what was within my budget. She helped me to be less impulsive. Emily found it helpful to have someone to talk to about her concerns, as this was the first time she'd lived away from her parents, and living with me has its own challenges!

My life now feels like it's taking off."

Lewis and Emily



“My dream has come true.”

Andy has cerebral palsy. ACM have been working with him since 2005, when his litigation claim settled. He tells his own story.

“It has been nearly three years since my dream has come true, having a bungalow of my own.



Nearly all of my life I have been in residential care. Coming out of that situation has been a challenge, but very rewarding at the same time — I feel this is one of the best choices I have made.

My Case Manager was involved from the beginning. When I first bought the bungalow it wasn't designed for my needs, so I had to have it adapted before I was able to move in. I had to have new flooring, because parts of it kept breaking up, so if I walked with my Zimmer frame I would not fall over. In my en-suite bathroom, I had just a normal bath but unfortunately I wasn't able to get in the bath, so I had a special bath put in its place, which is called a Parker bath.

In the garden, there was not much pavement, only a lot of grass so it was

difficult for me to go around in my wheelchair without getting stuck. The new paving has made me more independent in my garden.



Now I am in the process of having my kitchen adapted with rising and lower worktops, so that sometimes I can help my support workers with day-to-day tasks in the kitchen.”

Andy

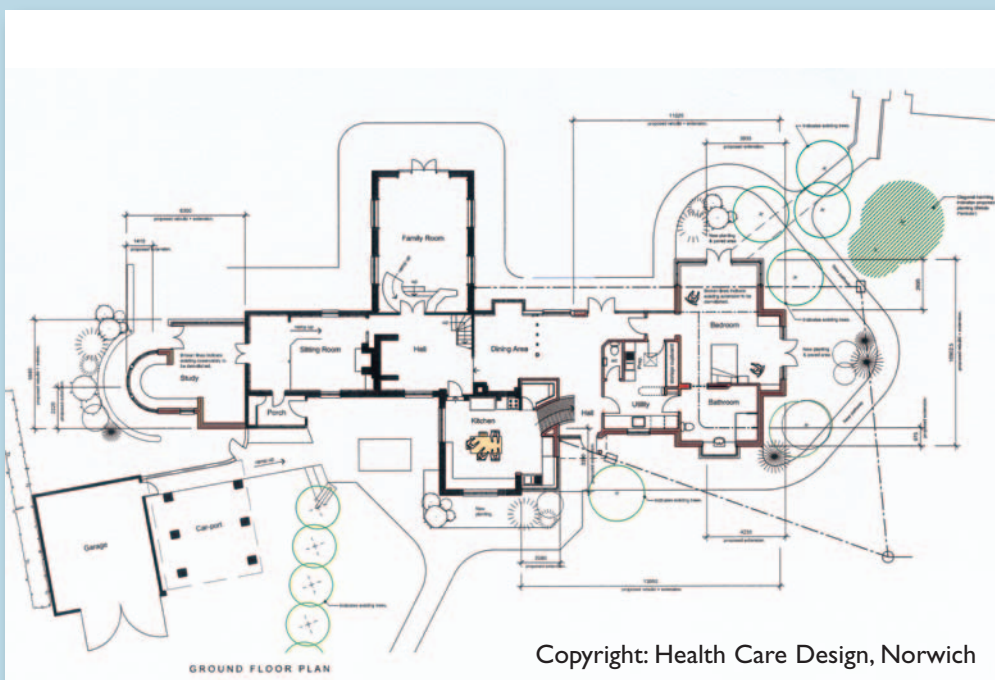
THE ARCHITECT'S ROLE

“I am an architect specialising in assessing and quantifying Housing Needs for clients with Special Needs. “Housing Needs” can range from minor functional problems within a bathroom, to the entire home suddenly becoming unsuitable for a client. In some cases it is possible to extend and/or adapt the home, but in some cases it is necessary to acquire, extend or adapt an alternative home; in a few cases it is necessary to build from scratch. As a Special Needs Architect I will evaluate all of the short-term, medium-term and long-term options.

From the outset of the planning process, there is the need to establish what will work best for the injured person and their family. This is a job for an experienced Case Manager.

The Case Manager will nurture a close relationship with the family as advocate and guide them through the many difficult decisions they face. The Case Manager helps the family to look beyond the day to day struggle with injuries, ahead to a time when they can be placed within an environment that better meets all of their foreseeable needs.

Other experts will have made recommendations to the Case Manager for Medical Care, Equipment and Therapy Needs, and it is the role of the Case Manager to co-ordinate all of this with the family and the Special Needs Architect. Involvement will range from getting to grips with the way care is introduced into a family's home to trialling and making the best choice of aids and equipment.



Copyright: Health Care Design, Norwich

I evaluate what space is required for mobility, functional activity and recommended equipment. In the case of wheelchairs this usually means achieving full wheelchair manoeuvrability space throughout the home. I can advise on costs together with all the additional costs in running that home.

The Special Needs Architect will prepare plans, obtain permissions and oversee a building project to bring that accommodation to fruition, and provide appropriate housing for the client and their family.”

**SE Cumbers BSc Dip Arch
Health Care Design,
Norwich**

NEW STAFF AT ACM

Trudie Timms has recently joined Anglia Case Management as a **Brain Injury Case Manager** and will be working with adult clients.

Trudie is a qualified **Social Worker** and prior to joining ACM, she was employed at Ipswich Hospital within the Integrated Discharge Planning Team, where she was responsible for managing the discharge process of adults from the acute stroke and brain injury ward in to the community. Between leaving Ipswich Hospital and joining ACM Trudie spent 3 months travelling around Europe, on a well-earned break!

Trudie is a member of BABICM at Practitioner level.

It is now over a year since the Community Rehabilitation Service was launched, and in order to meet the increase in demand for this service, ACM has recruited an additional experienced Occupational Therapist, Wendy Wilcock.

Wendy joined ACM in September, and she is a member of the College of Occupational Therapy Specialist Section of Neurological Practice. Prior to joining ACM Wendy was working as a Senior OT with the Suffolk Primary Care Trust, where she managed a clinical caseload, and provided community and residential rehabilitation.



ACM AUTHOR

Sue Stoten, Senior Case Manager, and Manager of the Community Rehabilitation Service has contributed to a recently published book, *Psychological Approaches to Rehabilitation after Traumatic Brain Injury*.

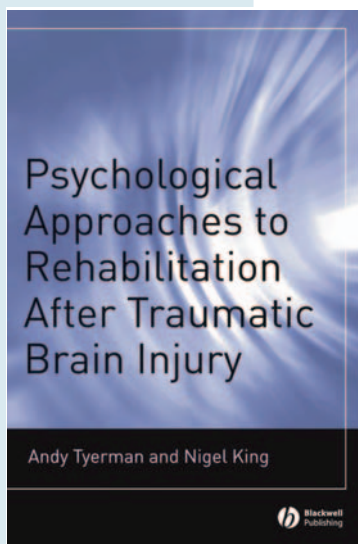
The book aims to increase the understanding of the nature of the psychological effects of TBI, and provides practical guidance about psychological interventions for use in both rehabilitation and long-term adjustment.

Sue's contribution is entitled *Returning to Previous Employment*. This is an area where Sue has considerable experience and success, having helped several clients return to work.

The book is described by Dr Laura Goldstein, Senior Lecturer in Neuropsychology and Honorary Consultant Clinical Neuropsychologist, Institute of Psychiatry, London as:

"a must for clinicians in the field of rehabilitation after traumatic brain injury ... enormously helpful to a wide range of practitioners"

For more information, please contact Blackwell Publishing at www.blackwellpublishing.com.



LAWYERS WORKSHOP

On Tuesday 25 November 2008, ACM will be running a half day Case Management Workshop which is a repeat of the successful workshops that ACM ran in October 2007 and February 2008.

The **Workshop is aimed at lawyers and legal executives** who may be relatively new to working with brain injury clients or case management, and will provide information on the complexities of brain injury case management and how it can affect the litigation process.

The topics to be covered include:

- **The role of the brain injury case manager;**
- **Consideration for which clients might benefit from case management;**
- **When to appoint? Who to appoint?**
- **How much case management will it take?**
- **How much will it cost?**
- **The interface between the care expert and the case manager;**
- **The complexities of providing care;**
- **Clinical case management and the litigation claim.**

Sessions will be led by Caroline Ferber and senior members of the Case Management team.

The cost of each place on the Workshop is £58.75 (including lunch and VAT).

For more information, or an application form, please contact Ros King, Office Manager at ACM, on 01359 271900, or email: rosking@angliacasemanagement.co.uk.

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