Welcome

Brain and catastrophic injuries are distressing to deal with. When that injury takes place in another country or on another continent with no family on hand for support, the impact of the trauma can be exaggerated by language, culture and cost. Or simply by unfamiliar local health systems and practices.

In this edition of Brain Injury News we look at just a few of the issues facing individuals who suffer a brain injury abroad – whether UK citizens on holiday or working overseas, or foreign nationals in the UK. In an age of unprecedented opportunity for travel and leisure, the statistics are staggering: according to the Office for National Statistics (ONS), UK residents made 65.7million visits abroad in 2015. Sadly some of those trips will not have been without incident.

Travel law specialist Mark Lee’s 25 years’ experience reinforces the need to have appropriate travel insurance. He looks at some of the practicalities of managing a catastrophic injury overseas on page 3.

We have first-hand knowledge from a mother whose son was badly injured whilst living and working in South Africa. Jane Etheridge’s experience has led her to take an active role in supporting other people affected by brain injury. Read her advice on page 7.

Are foreign visitors and workers guaranteed the same level of care within the NHS as UK citizens? On page 10, experienced advocate Simon Pimlott looks at some of the key issues affecting how visitors’ treatment and rehabilitation might be delivered.

Sarah Ransome’s specialist knowledge of long distance case management shows that care doesn’t end when an injured person gets home (page 14), and Gillian Moorhouse-Hoole’s experience of planning holidays for people affected by disabilities demonstrates that holidays need not be a thing of the past following brain injury. See page 8.

If you would like to suggest a particular subject we could look at in a future edition please do get in touch, and visit our website for information and resources relating to brain injury, including how to access free, no-obligation legal and welfare advice: www.braininjurygroup.co.uk

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The Brain Injury Group, a not-for-profit community interest company, is a network of specialist brain injury solicitors and other professionals with proven experience of supporting those affected by brain injury. Our aim is to provide a gateway to support, information and advice for brain injured people, their families and carers.

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Brain injury abroad: a legal perspective

Mark Lee, a recognised leader in the field of travel law and a partner at Penningtons Manches, identifies some of the key issues associated with UK nationals who sustain a brain injury abroad.
It is of course very distressing to witness a loved one who experiences a traumatic brain injury. The family’s sense of upset and bewilderment is inevitably heightened when this occurs abroad. Aside from the language and cultural differences, relatives are often concerned about the standard of medical care and how they will arrange for repatriation. There may also be numerous other practical difficulties, including communications with the police, the local consul and insurers, and the cost of securing long stay accommodation.

Before going away
UK holidaymakers should always purchase a suitable level of travel insurance before they go on holiday. Without doubt, the most important aspect of a travel insurance policy is the section that relates to medical expenses. In certain jurisdictions, particularly the US, the cost of medical treatment for a brain injured person can be astronomical, so it’s essential that this is covered by travel insurance.

Some policies exclude cover for certain types of activities that are often associated with head injury. For example, some (even winter holiday policies) exclude cover for accidents that occur whilst skiing off piste as there is a greater likelihood of serious injury because the terrain is inherently more dangerous. The tragic circumstances surrounding the catastrophic head injury sustained by Michael Schumacher in 2013 are testament to the risks, so it’s important to check whether skiing off piste is covered if going on a ski holiday.

Another typical exclusion clause relates to the use of motorised vehicles. We were previously instructed by the family of a teenager who sustained a severe head injury when he collided with a tree whilst driving a quadbike in Greece. His travel insurers relied on this exclusion to decline cover, leaving the family to pay the significant costs of repatriation and medical treatment.

So read the small print, or ask the insurer for written confirmation that the policy covers all relevant activities.

British holidaymakers should also obtain a European Health Insurance Card (EHIC) before making a trip to Europe. This gives access to state provided healthcare during a temporary stay in another European economic area, and covers treatment that is medically necessary until the planned return home. In theory, treatment should be provided on the same basis as it would be to a resident of that country, either at a reduced cost or, in many cases, for free. However it remains to be seen whether British nationals will continue to be entitled to rely upon the EHIC card following Brexit negotiations.

When a loved one suffers a head injury on holiday
If there is an accident and someone is injured, family members should immediately liaise with the British consul and also contact their insurers to notify them of what has happened. In the case of brain injury, travel insurers and their appointed assistance companies should then arrange and coordinate a transfer to a reputable neurology department and also facilitate repatriation once the patient is considered safe to fly.

In cases involving serious head injury, it may be necessary for the injured person to remain in a foreign hospital for several weeks or months before he or she is in a sufficiently stable condition to be repatriated to the UK. This often means family members have to extend their stay to support the relative in hospital.

Back in the UK
Once a brain injured patient has been repatriated to a UK hospital, family...
members will inevitably need to spend a great deal of time liaising with the hospital staff and treating practitioners. This is a very emotionally demanding time and family members need to be given as much help and support as possible. It’s worth noting that travel insurers are not contractually responsible for the cost of on-going medical treatment once the insured has been repatriated to a UK hospital.

Depending on the severity of the injury there may be a long and costly rehabilitation process ahead involving professional care and/or expensive equipment and new accommodation. So, where there’s a possible third party claim, it’s vital that the family instruct a specialist firm of solicitors at as early a stage as possible. They can then engage with the other party and invoke the Rehabilitation Code to ensure that both parties apply their minds to the individual’s rehabilitation needs at an early stage in order to facilitate the best possible recovery. The solicitors are also likely to instruct a case manager who will prepare an Initial Needs Assessment and liaise with the treating medical experts to ensure the patient receives all the care that he or she needs.

**Considering a claim**
Where there is a possible claim, the legal team will also need to apply their minds to the key issues of jurisdiction and applicable law:

**Jurisdiction**
All options need to be evaluated before deciding where to pursue a claim; don’t assume that it is necessarily best to issue the claim in the UK. For example, if the accident occurred in the US, it may be in the claimant’s best interest to pursue the claim there, where damages are likely to be higher.

**Applicable law**
For claims that are pursued abroad, foreign law will apply to all issues associated with the case, including liability, quantum (or value of the claim), limitation and costs recovery. There may also be important cultural differences to be considered and advice from a local agent can be invaluable.

In cases involving severe head injury, we will usually recommend that the claim is pursued in the English courts, whenever possible. It’s important to consider whether the claim can be anchored to this jurisdiction at the outset.

European law entitles an English claimant involved in a road traffic accident to initiate a claim against the foreign insurer in the UK (provided the law of the relevant EU country permits a direct right of action). In that scenario, the English courts will ordinarily assess liability and quantum with reference to the law of the country where the accident occurred. This again reinforces the importance of credible, and experienced local lawyers, who can prepare formal reports on foreign law for the UK courts and attend trial to give evidence.

In these types of claims, the most contentious (and valuable) aspect of the claim will typically relate to the cost of professional care. Foreign insurers will usually argue that the cost of care is not a recognised head of loss* according to the foreign law. However, it can be argued that the English judiciary has a discretion to award damages for the cost of care based on English standards. This is often where the battle lines are drawn.

*Heads of loss – or claim – are common elements that influence the amount of compensation a claimant will receive. In serious injury cases, the head of loss for future paid care could be very significant.

**Continued on page 6**
Law in action

We acted for the British victims of a fatal road accident in Portugal, which resulted in the death of the father and a severe traumatic brain injury and orthopaedic injuries to the mother.

Their two adult children also suffered post-traumatic stress disorder. Following extensive treatment in Portugal, our client was airlifted back to the UK and spent nine months in a neurological rehabilitation unit. She no longer has capacity to manage her own affairs and requires professional care for the rest of her life. She was also reluctant to agree to professional care, which raised issues associated with deprivation of liberty.

The Portuguese insurers disputed liability and quantum, and initially offered a sum of €250,000 inclusive of costs. Working closely with our Court of Protection team we secured a seven-figure compensation settlement (including provision for long term care) plus costs just a week before the case was scheduled for a six-day quantum trial at the High Court.

Our client was just seven years old when he sustained a severe brain injury falling through an unprotected skylight whilst on holiday in Lanzarote.

The report from a Spanish lawyer indicated that the skylight was in breach of local standards, although liability was denied.

Proceedings were issued in the UK and a claim was pursued against the tour operator, pursuant to the Package Travel Regulations 1992. The tour operator then brought in the Spanish hotel as an additional defendant. Although liability remained in dispute, the parties agreed an apportionment of liability at a roundtable settlement meeting, with the claimant conceding 25% for contributory negligence. The defendant also agreed an interim payment in the sum of £100,000.

We are seeking an order to appoint a Deputy since the neurological evidence suggests our client will not have capacity when he turns 18. To assess the value of the claim, we are also collating documentary evidence from his schools, to clarify his academic ability before the accident, compared with his results since the fall. This evidence could have a significant impact on the value of his claim for future loss of earnings.

A teenage boy sustained catastrophic injuries in a road traffic accident in France in October 2015. Police reports confirm that the driver of the lorry which struck the vehicle was texting and driving at an excessive speed at the time of the accident.

He suffered a life-threatening traumatic brain injury and remained in a critical condition for months before repatriation to the neurological ward at St George’s Hospital, Tooting, and subsequent transfer to The Children’s Trust, Tadworth. Whilst he made good progress, he will require long-term 24-hour care.

We secured an admission of liability and substantial interim payments from the French insurers which have funded the cost of equipment and the professional care he needs following discharge from The Children’s Trust.

The family home is completely unsuitable for him, and our Court of Protection team allocated funds to adapt a local rental property. It will be necessary to buy a new property appropriately equipped for the boy and his care team for the long-term.

Penningtons Manches, the French insurers (AXA) and their London based solicitors are signatories to the Serious Injury Guide and have adopted a collaborative approach to ensure that the boy receives the best possible treatment to aid his recovery.

Mark is a partner and heads the travel law and travel sector teams at Penningtons Manches. He specialises in catastrophic injury claims and has extensive experience of handling severe head injury claims resulting from accidents abroad. Mark is also a fluent Spanish speaker and has represented Spanish nationals and companies both in Spain and in the UK. He is recognised as a ‘leader in his field’ by the Chambers & Partners guide to the UK legal profession.

Contact Mark on 01483 411402 or at mark.lee@penningtons.co.uk www.penningtons.co.uk
In 2011, Jane Etheridge’s son William was a healthy 27-year old living and working in South Africa. A car accident put him in a coma and he was left with brain injuries.

Getting William back to the UK and into the right care was a steep learning curve for Jane and her family. Five years on, what does she advise families in a similar situation?

Contact the local embassy
“The worst time was sitting at home not knowing what state he’d be in when we actually got there. We were in a state of shock – and at the same time having to sort flights, arrange currency and get out there as quickly as possible.

“I think the local British embassy could have relieved us of some of that pressure. But I was afraid to bother people – you play down your own emotions in that situation. But their practical help and advice could have really taken the pressure off.

Never travel without insurance
“Your life could change within a minute – and that doesn’t matter if you’ve had a heart attack or accident. If you don’t have the right insurance, don’t chance it. We had to re-mortgage our house to pay for the private hospital we moved William to, and friends had a collection to fly my husband and daughter home. We were under huge financial strain.

Check you have the right visa
“William’s visa had expired and his company was supposed to help him with it. But it never happened. So William was there without the correct paperwork – making it harder for us to fly him home.

Find the best internet access and mobile tariffs
“I had to use an internet café to email people in the UK and research how to get William home. We set up a round robin to keep family up-to-date and my daughter took on internet research when she got home. Our mobile bill came to over £2000 – something we hadn’t even thought about. Sorting out a tariff would have saved money.

Don’t underestimate the impact
“People think a brain injury is dealt with once you’re out of hospital, but the effects go much deeper. Because I felt that I should have been able to cope, I found it harder to ask for help. I kept thinking ‘Why are you so worried about yourself? Look at what your son’s been through’. But if as a carer you don’t get support, you can’t support your loved ones. So get the help you need.

Contact Headway
“If the accident had happened here, William would automatically have been on a clinical pathway and his GP and Community Brain Injury Team would have been notified. But back in the UK we felt we were slipping through the cracks and had to fight to get him the rehab and benefits he needed.

“I went to a drop-in session at Headway and it was the first time somebody really listened to me. It was a relief to speak to people with specialist knowledge, who understood what we were going through. And they have fantastic online resources and fact sheets written in plain English that are easy to understand.”

Since then Jane has helped to set up a local Headway drop-in centre in Medway. Apart from being a place to access information and be sign-posted to other services, it has developed into a hub where people have made friendships, tried new things and been active in raising awareness of brain injury. Headway is there not only for survivors, but families, carers and friends supporting them.

Jane says: “People come in and say that we have changed their life. It gives you the strength to push forward – there’s so much to do.”

Jane (pictured left) recently faced her fear of heights and completed a free-fall abseil of the Orbit sculpture at the Queen Elizabeth Olympic Park to raise funds for Headway SELNWK. If you’d like to offer your support for her work, please visit uk.virginmoneygiving.com/JaneEtheridge

For support and information in your area, visit www.headway.org.uk

Contact Jane at clrathome@yahoo.co.uk

Jane (right) and her husband John (on the right) at the Headway SELNWK drop-in centre.

Contact the local embassy

Never travel without insurance

Check you have the right visa

Find the best internet access and mobile tariffs

Don’t underestimate the impact

Contact Headway

Jane Etheridge’s son William in hospital.
Taking a holiday after a brain injury

When you’ve had a brain injury, going on holiday will probably seem daunting, if not impossible. Here Gillian Moorhouse-Hoole of DisabledHolidays.com explains how most people can still get away in the UK, on city breaks, sunshine holidays or even winter sports holidays – it might just need a bit more thought and planning.
Taking your first holiday after an injury is a huge achievement and can really set the scene for future trips. Making the appropriate arrangements might feel intimidating at first, but here are a few key things to consider:

When and where to go. You might not relish the hustle and bustle of resorts that are extremely busy during the school holidays. Travelling outside these times can be much quieter, and offer you better prices.

How to travel. If you’d like to go abroad but are unable to fly or prefer not to, a cruise can be a great alternative and many depart the UK for Spain, France, the Mediterranean and the Fjords. There are fully adapted and partially adapted cabins on-board, although there may be only 30 per ship so booking early is essential. Cruise ships also have a more generous baggage allowance if you need to take aids and equipment.

Take to the skies. If you are able to fly, the world remains your oyster. Holiday organisers are far more considerate of the needs of disabled people, and many destinations worldwide are accessible to varying degrees, including more adventurous trips such as safaris. Winter sports enthusiasts can also enjoy a great choice of adapted ski destinations and resorts.

Travel with others. An escorted tour at home or abroad is another option; travelling with a group provides a great opportunity to meet new friends as well as having a dedicated guide.

Special equipment. Think about what equipment you use at home and whether or not you need similar equipment when holidaying. Some accommodation is adapted and will contain equipment; some may need equipment to be hired which can add to the initial cost of your holiday.

Get insurance. Appropriate insurance is vital; declare all medical conditions, and make sure that your policy covers any aids or equipment you need to take. It can be more cost effective to use a specialist insurer that caters for pre-existing medical conditions; carers or family members travelling with you could shop around online for their own cover.

Medication. Take a good supply of clearly marked medication to last for your stay - and a little more in case of any travel delays.

Let people know. Make sure that everyone involved in your holiday is aware of any special requirements well in advance of your trip. If you’re going to need assistance en route or extra time for checking in, arrange and confirm it in advance.

Care while away. If you are travelling alone or as part of a family group but would still like to be able to call on qualified carers during your trip, specialist agents and operators will be able to make the necessary arrangements given enough notice.

Ask questions. If you are an independent traveller who enjoys booking your own holidays, don’t get caught out by semantics when researching overseas accommodation. For example, in the UK a wet room usually describes a shower which is completely flush to the floor; in Spain it may mean they have a small lip around the shower. It pays to check the smallest detail and to be confident that you are being offered exactly what you want.

If you’ve had a brain injury you might think you’ll never travel again. Still being able to go on holiday can really help to build confidence. Making sure that first trip is a success usually means a second break, then a third!

One of the boys

A friend of mine, a young man in his 30s, was involved in a motorbike accident 10 years ago and suffered a brain injury.

I was able to arrange a holiday for him and two carers in Benidorm that allowed him to have a real ‘boys’ holiday with all the support he needed to hand. His family could also relax because the trip was organised by experts who understood what he needed.

Gillian Moorhouse-Hoole has 17 years’ experience in the travel industry, the last four years with disabledholidays.com which has been the most interesting and the most rewarding.

Contact Gillian on 01457 833444 or at enquiries@disabledholidays.com
www.disabledholidays.com
36.1 million
Visits to UK by overseas residents
ONS Travel Trends 2015

3.45 million
EU and non-EU workers in the UK
ONS UK Labour Market: Sept 2016
Suffering a traumatic brain injury, or any serious injury, is stressful enough. But when the injury happens away from home it can be even harder to cope with. Simon Pimlott of IBB Solicitors looks at some of the key issues facing foreign nationals who suffer a serious injury whilst visiting or living in the UK.

An estimated 36.1 million foreign visits to the UK took place in 2015. Given that volume, it’s inevitable that a very small minority of people will suffer a serious injury that requires urgent healthcare. In addition, the number of foreign workers in the UK has risen significantly in recent years, with the Office of National Statistics recently reporting that the number of EU and non-EU workers was in excess of 3.45 million.

For any injured person the priority is, of course, prompt emergency care. Accident and emergency treatment in the UK is free to all, but once a person is admitted to hospital and needs continuing care, they are not automatically entitled to free healthcare.

Who is entitled to NHS healthcare?
The NHS provides free healthcare for those lawfully residing in the UK for the purpose of their day-to-day life. For a foreign national therefore, there is a risk of having to pay for NHS healthcare.

Entitlement and access to healthcare in the UK for a foreign national is complex and will vary greatly depending on why they are in the UK and their country of origin. For a seriously injured person, who may be travelling alone, unfamiliar with the healthcare service and perhaps the language, it can be a confusing and distressing time.

Although the entitlement to automatic treatment is limited, the NHS clinicians must balance these restrictions with their obligations under human rights law to provide treatment that is immediately necessary: urgent treatment must never be withheld even where the visitor has indicated that they cannot pay.

Temporary visitors and tourists
Visitors from the European Economic Area (EEA)
The EEA consists of the EU countries plus Norway, Iceland and Liechtenstein. The regulations relating to healthcare also apply to Switzerland. Visitors from these countries are strongly advised to get a European Health Insurance Card (EHIC) before travelling and this is issued by their home country. An EHIC entitles a visitor to free necessary treatment during the course of their stay, but it is no substitute for travel insurance. Importantly, it will not provide cover for repatriation costs to their home country, which is usually a priority for a seriously injured person abroad. Without an EHIC, visitors from the EEA may be charged for their treatment.

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Visitors from outside the EEA

The basic rule is that people from outside the EEA are responsible for paying for NHS treatment – and that includes former UK residents. Even worse still for the injured person, the charge will be 1.5 times the usual NHS rate. So any visitor must ensure they have sufficient insurance to cover the period of their visit.

Usually payment is requested before treatment starts. If that’s not possible, an undertaking is provided that payment will be made when the visitor is in a position to do so. For someone with a brain injury, for example, they may well be simply unable to deal with financial issues; they might be entirely reliant on family, friends, clinicians and possibly advice services for support and guidance.

Although emergency services are provided to all free of charge, once the condition has stabilised there is an expectation that healthcare will be paid for, either by the injured person or their insurers. People suffering a traumatic brain injury will often require long-term multi-disciplinary therapy, and substantial costs can mount up quickly. The ability to pay these costs will influence where the injured person receives any on-going care.

Reciprocal healthcare arrangements

Some non-EEA countries have an agreement with the UK that allows for certain treatment to be provided free of charge. These include Australia, New Zealand, Bosnia and Herzegovina, Macedonia, Serbia and Montenegro. The extent of treatment covered varies and in most cases it is limited to immediate medical treatment only, with the expectation that the visitor will return home for any continuing needs.

Foreign workers and people living in the UK

Access to healthcare on the NHS depends on a broad test of residency based on whether a person is ordinarily living and lawfully settled in the UK. Those from outside the EEA must also be able to demonstrate that they are entitled to live in the UK indefinitely. If someone meets the definition, they are entitled to receive free NHS hospital treatment. The relevant NHS body is responsible for deciding if an injured person is a lawful resident. If they are not, they would be charged for treatment. If the injured person’s nationality is unknown or immigration documents cannot be produced, the NHS body will have to get advice from the Home Office.

Current regulations

Since April 2015, those from a non-EEA country who have applied for a visa to stay in the UK for more than 6 months (including overseas students, for example) must pay an immigration health charge. It is also now mandatory when making an immigration application and entitles the holder to free healthcare for the duration of their visa.

Since April 2016, an NHS body must notify the Home Office of a debt of £500 or more that has been outstanding for over two months. Generally speaking though, NHS bodies are willing to consider a repayment plan, particularly where the patient has been cooperative.

However the NHS body is legally obliged to identify people who are not entitled to free treatment and to recover the charges.
Difficulties can then arise when a person is not eligible for free healthcare, perhaps because they are an unlawful resident, and they owe money to the NHS that they cannot afford to pay. Failure to pay these charges can adversely affect any immigration application to remain in the UK, and information that is unrelated to healthcare can be shared with the Home Office for this purpose.

**Considering the bigger picture**

**Repatriation**

Most people who have a serious injury abroad, instinctively want to return to the familiarity and sense of security of their home country. Those with travel insurance will usually have cover to pay repatriation costs including the provision of an Air Ambulance or a flight home, together with the care and medical support needed for the journey. Those who are uninsured will be left facing a substantial bill. The NHS will, on occasion, financially support the repatriation of a foreign national who has long term care and rehabilitation needs, where it is more cost-effective to pay for their return home instead of their long term care needs.

**Cultural differences**

By appreciating cultural differences, healthcare providers are able to build greater trust between the clinician, the patient and their family. This is particularly relevant when a foreign national requires care on the NHS, and is even more important when there has been a brain injury as the injured person may not be able to fully express their views or may be behaving differently to their pre-trauma personality.

Cultural background needs to be taken into account, particularly when considering attitudes towards invasive surgery, prescribing medicine, dress and personal hygiene, family structure and respectful communication. A professional interpreter may be helpful, especially as family members may already be under huge stress.

**Personal injury claims**

A claim may provide the injured person from overseas with funding for the support and rehabilitation they need, as well as repatriation. But it can take many months for a payment to be made and by this time, they may have returned home. The injured person will need to instruct a specialist solicitor to manage the claim.

**Impaired mental capacity**

When someone has had a significant brain injury their mental capacity and ability to manage their own affairs may be impaired. A UK lawyer can advise on whether a deputy should be appointed to deal with property issues, financial affairs and, in some cases, personal welfare. Advice may also be needed from a lawyer in their home country if the injured person returns to their place of birth – particularly when financial compensation is involved.

**Law in action**

M, a Polish national, sustained a very serious brain injury in a car accident whilst visiting his brother in the UK. He was left in a low awareness state with severe weakness of all four limbs and trunk.

M was fortunate in that the NHS funded his treatment – from emergency care, to intensive rehabilitation and maintenance care – whilst he remained in the UK. Because M lacked capacity, his brother spoke limited English and his family was in Poland, obtaining instructions in relation to legal and medical decisions was challenging; we co-ordinated with M’s brother and translators for clarity.

As his condition stabilised M’s family was keen for him to be moved to a care centre in Poland, a plan supported by both the NHS and the defendant insurer as the cost of care was significantly cheaper there. A facility was identified and we coordinated funding from the NHS and the insurance company to effect the transfer, liaising with his case manager and the Polish authorities in respect of the logistics. A separate brain injury case manager and nurse were instructed to monitor his care in Poland which led to another move to a more appropriate care home, funded by interim payments from the claim.

When the final settlement sum was received, the Polish Courts required the equivalent of a professional deputy be appointed to deal with M’s finances, and we were able to identify a suitable Polish firm to be appointed.

\[“Appreciating cultural differences builds greater trust”\]

Simon Pimlott has spent nearly 20 years representing clients who have suffered serious and life-changing injuries. An experienced litigator and advocate, he regularly deals with complex high value disputes and has represented clients who have suffered injuries at home and overseas.

Contact Simon on 01895 207236 or at simon.pimlott@ibbclaims.co.uk

www.ibbclaims.co.uk
If a UK national is injured overseas, or a foreign national is injured in the UK, how can they be confident of getting the right care long term? Independent Living Solutions (ILS) supports clients who are moving closer to home, whether to or from the UK, to continue their rehabilitation. Sarah Ransome, ILS’ Senior Operations Manager, shares some of the issues they face when managing the care of clients overseas.

Face-to-face assessment
Each case starts with a comprehensive needs assessment to determine the extent and type of care required. If English isn’t the first language of the client or their loved ones, this can be complicated.

It’s vital to ensure that everyone is not just hearing the same thing, but understanding the same thing. The consequences of ‘lost in translation’ could jeopardise rehabilitation and recovery! We can source case managers with the appropriate language skills for most European countries, and for India. If necessary, we use interpreters.

After an initial face-to-face assessment with the individual, either in the UK or abroad, we use technology such as Skype to manage contact with clients and carers in situ – keeping down travel time and costs.

Recruiting overseas
To recruit the appropriate overseas support, we undertake research into local or national practices and resources. That way we can identify the best method to find the team that our client needs.

Employment law varies from country to country, as do systems such as requesting police checks (DBS). Our experienced HR team researches each individual case to ensure that the support recruited is appropriately skilled, checked and contracted.

When we first recruited in Sweden, for example, our UK-based case manager spoke to a number of clinicians and took their advice to advertise online to find a local case manager. It quickly became clear, however, that the role of case manager simply didn’t exist in Sweden – so as well as advertising, our UK case manager looked into appointing someone from the client’s existing treatment team, and found the right person there.

The lesson we learned is that the concept of case manager varies from country to country, and our starting point will often be the primary care team already dealing with the client.

Sharing information
Sharing information isn’t always the ‘norm’, particularly in those areas where the role of case manager isn’t common. Even when solicitors have authorised therapists to speak to a case manager, there can be reluctance. Each situation is very different, and the more we support clients overseas, the more we learn about local practices in care and therapeutic provision.

Common across all jurisdictions is the fact that the case manager’s success depends on building relationships with, and winning the trust of, fellow health and social care professionals.

Housing
We frequently source rental properties that meet our clients’ access needs. But the supply of appropriate housing can vary massively. Helping one young client in Sweden, we were surprised at the lack of level access housing, and struggled to find suitable rental accommodation within reach of the child’s school and his parents’ work. The properties we did find had hardwood floors and open tread staircases – stylish, certainly, but significant slip and perception hazards for the child. We needed to undertake careful risk assessment to make the final choice.

Local knowledge
It’s really helpful when a case manager has good knowledge of the local area and resources. In one case in Germany, our case manager was able to navigate German health and social care systems successfully because of her language.
skills and local knowledge. In fact, she was also able to support the legal team with the finer nuances of translating German documents.

For ‘long-arm’ case management to deliver real added value for our clients, we need to be flexible and open-minded. Meeting the unique needs of each client from afar can present challenges, but the focus remains on providing the best possible care for them, wherever they’re based.
Free advice at your finger tips

**LAWS Online** is a *FREE* online service for individuals and families affected by brain injury providing access to advice on a range of legal, financial and welfare issues including:

- Mental capacity | Personal finances | Employment
- Powers of Attorney & Court of Protection | Housing
- Personal injury & criminal injury compensation claims
  - Matrimonial & family matters | Education
  - Personal health & care budgets
  - Care or treatment issues

People looking for advice simply complete a brief online questionnaire and one of our member firms will respond to the initial enquiry – usually within two working days.

**LAWS Online. Making it simple to access specialist advice from experienced professionals.**

For more information, go to braininjurygroup.co.uk/laws-online-support