

## Episode 11: What makes a case management business run well, with Ali McNamara, AJ Case Management

### Shabnam 0:05

Welcome to the Psychology of Case Management podcast: the show that helps you use psychological ideas to strengthen your relationship with your catastrophically injured clients and their professional networks, so you can achieve more for your clients and feel more fulfilled in your role.

### 0:20

Hello, and welcome to today's episode for the psychology of case management podcast! I'm Dr Shabnam Berry-Khan. And today we are going to be thinking a little bit about being a case manager what that looks like and what that means, how we do that well. And we have Ali McNamara, who was a case manager who runs AJ Case Management talking to us today about her journey into case management and what she feels makes a case management company work well. So welcome, Ali McNamara.

### Ali 0:57

Thank you, Shannon. Thanks for the introduction.

### Shabnam 1:01

Oh, not at all, and thanks for being here. It's really great, because I know you're a busy person. So I appreciate you coming in to talk to us. So the first thing I like to ask people is: how did you get to know about case management, and what is it about case management that made you do it, and then to be where you are today? So a little bit about Ali and your background?

### Ali 1:25

I'll tell you the story, then. So, I've been a physio since '92: qualified when I was quite young, actually, 20. So I had a very sensible kind of life: 17, you know, started working down in Dudley in the Midlands, moved from Scotland in '92. And then decided to have this midlife crisis at about 29 because I'd been so sensible and headed off to Spain for 18 months. I came back after 18 months and moved to Sunderland, for some reason. That's when I actually saw an advert in the paper that I was working in rehab physio and the advert said, looking for case managers from OT, nursing and social work backgrounds... or similar. And I thought: I'm similar, I'm a physio. So I looked at it; I thought, well, I'll apply for this job. And I don't know how many physios are there. But back in that day, we used to have one computer, no printer. And IT was not our go-to strength. So I had to produce a PowerPoint presentation to get this job, and it overwhelmed me. So I went back to good old-fashioned poster presentation, and somehow managed to get my first job in case management up in the North-East. And absolutely loved it. I was employed as an employed case manager at that time, I loved it. And they failed to ask the question, "Can you actually work a computer?" But I quickly realized it wasn't a strength of mine. But I've come a long way, a long way since then. Living up in the North-East, not to offend anybody, was not for me: it's the coldest place that you could live.

### Shabnam 3:08

Hang on, but you're from Scotland!

### Ali 3:10

Honestly, the Northeast: bitter! Bitter winds, all blowing in.

### Shabnam 3:14

Different kind of cold!

### Ali 3:15

Absolutely. After a year, it's "I can't live here." Moved back to the Midlands, and again, saw a job advertised - because once you start seeing them, you really do start seeing... a job. And it was for an associate role back in the Midlands, and again applied for that. And I had a bit more skill by then and managed to get an associate role for that company, and spent eight years working as an associate and kind of became more of a lead case manager doing supervision, etc. So, yeah, that was it over that period of time: I had a good experience of being employed, learnt lots, lots of information, lots of supervision, and then actually moved into that more autonomous role of being a self-employed case manager, which worked for me, to be honest. I much prefer that kind of self-employed model because I'd already been working as a physio for 10 years, so you're quite skilled. It was just the bits of case management that really needed to come together.

### Shabnam 4:13

Yeah, no, gosh, what a varied journey! I did not know that. Thanks for sharing it. And when you joined as a case manager, did you have a particular sort of niche or specialism, or... I know, obviously, you did it slightly experimentally, but have you now developed a sort of niche or a specialism?

### Ali 4:35

I always say to the case managers that come to me, "You will start with your niche," so if you're in nursing, you're going to tend to want to work in the care aspect of case management. And nobody will ever come with a full package, will they? No case manager, if you've not done it before, will come with everything, so it's about identifying where you want to develop. Obviously, I was kind of neurorehab, I was community-based, working within clients with brain injury and spinal cord injury. And again, a story here was that I was kind of wanting to do a mix of spinal injury work and brain injury work. And I was going for meet and greets for spinal injury clients in the Midlands and coming away and never getting them, and thinking, "Why am I not... what am I doing wrong?" But then it translates that there was a case manager who was married to a spinal injury client, who obviously when she went and did a meeting, had far more information to tell the clients and that was kind of like that's why I'm not getting my spinal injury work, and I moved fully into brain injury work. But yeah, predominantly my interest is brain injury: I'm very interested in the transition from rehab into the community, that big piece of work where you're taking somebody through that acute rehab, but then all the planning if they're moving into their own homes, recruitment of a support team, accommodation... that long-term planning side of it is what I'm very passionate about.

### Shabnam 5:56

Yeah, I can hear! And do you feel that that kind of passion and your interest and your niche and specialism... did you feel that that was easier to do, then, as an associate? Because you mentioned earlier that an employed case management position didn't feel as fulfilling as the associate model? And I'm just curious as to why that was: why was it that the associate model fits you better?

#### Ali 6:20

The associate model works well, I think, because you are choosing what clients you want to work with. Obviously when you're employed, and you've got a caseload to build up from that employed point of view, you may not have such a say in the type of clients that you feel more able to support. And also to be a case manager, we all know how flexible you need to be. Case management isn't actually nine to five, is it? When I was employed I remember having to work till about half nine, ten o'clock at night. And the boss at the time saying to me, "Have you worked late today? I'll see you at half nine tomorrow." And as a physio, I was like, I'm sure I've worked four extra hours. So not having that control over how my working day, my working week looked, didn't sit for me. Whereas as a case manager who's associating self-employed, if I do a long day on a Wednesday, and it's a lovely sunny afternoon on a Friday, then I just block my diary out, and I take my time back as I want to: it's my business. So therefore I can take my time back, as long as my clients are looked after. So that autonomy, and being my own boss definitely suited me a lot.

#### Shabnam 7:35

Yeah, it's interesting, actually. I hadn't really fully appreciated that being an associate is a business in its own right, actually.

#### Ali 7:42

Totally, and as you know, as I was associating, actually my partner got into a position where she could provide me with a kind of PA-type support. So even as an associate, setting up AJ, Jan and I were working together within the business of our associate business. So, I do say this: working as an associate came with a lot of enjoyment, because it comes with not quite so much stress as running your own business.

#### Shabnam 8:13

Yeah, I can see that, having been an associate – never been an employed case manager – but an associate, and now doing what I'm doing with SBK Case Management, it really is a different kettle of fish. And life did seem a lot less stressful, in the main, as an associate! But I can see how there's something about values, there's something about knowing who you are and what works for you. And you've talked about liking to be in control of your own destiny, if you like, and having flexibility within that schedule, and the resources that you have control over, etc. which much more lends itself... you can see how that lends itself better to an associate model. But not everyone would necessarily want that. So the mindset feels like it's crucial here. And that kind of knowing what your mindset is, and being okay with that, because you could be a very good employed case manager, you could be a very good associate. Either way, if it's working for you, and it fits with who you are and what you know of yourself, then crack the heck on, I say!

#### Ali 9:24

Well, that's it. When people approach me for associate roles and they haven't been a case manager before, I always have that conversation: there are different models, there's employed models, and there's associate models... you can have a look at them to make sure it works for you. Because the hardest part of being an associate is to transition from being typically employed in the NHS, to then moving into a self-employed role. So it isn't for everybody, you know, there's lots of benefits of being employed, where you get the training, you get your holidays, etc. So there's a whole skill in being an associate: you are self-employed, you have to be able to put your taxes away, and think about when you're not on holiday you're not earning, so make sure that you're budgeting for the year, not just budgeting month in and month out. So it's a very different mindset.

#### Shabnam 10:16

Yeah, really interesting. And so did you say that AJ Case Management, your company, employs *and* has self-employed associates under its umbrella, or...?

**Ali 10:27**

No, so we work purely on an associate model: all our case managers are associates. We have an in-house employed team, because we're CQC-registered, so we have the office manager, we have the operations manager. So much goes on, as you know, behind the scenes, and we want to make the case managers' life as easy as possible – which I think on the whole we do – but actually the processes or systems running a business behind the scene comes with a lot of planning and organizing, and then also being CQC-registered, we've got a lot of compliance responsibilities. So we'll have people in employed roles for that.

**Shabnam 11:09**

Yeah, okay. So your main office is employed, but your case managers are associates. Got it. You've been doing AJ Case Management for a while now. Well, you said you left your associate position about 8-10 years ago, something like this. Is that right?

**Ali 11:27**

Yes. Well, 2013, Jan and I set up AJ. I'd been in the industry since 2004. So, nearly 10 years' experience within case management. And I'd kind of got to the stage where I had ideas around what I wanted the service to look like. And that's kind of where AJ came from. It was kind of I think, after 10 years, you know, CQC stuff was getting... 2004, companies were registering. And I was really interested in the compliance side. And I think I say now I'm a very frustrated nurse, and I love the health and social care side of it. And it's that quality of care... AJ is built around the CQC, because we were established in 2013 – January – but we were registered in the summertime of 2013. And one of the first things that I focused on...

**Shabnam 12:23**

Wow, that's very forward-thinking of you, I have to say.

**Ali 12:26**

Yeah, but you know, it was about safety. And I've learned so much, in the health and social care sector, and that's how the business was evolving, really, around good compliance.

**Shabnam 12:38**

Yeah. Well, it's really interesting, because what you're saying is that it wasn't part of your business model, necessarily, at that time; it was just because it was the right thing to do.

**Ali 12:47**

It felt it. I mean, we don't need to go to the history of case management. But in the early days that there wasn't the governance, because it was a new thing. And then, as the companies – the bigger companies – started to develop more and more vulnerable people, more clinical people were able to go and live in their own homes, which was great. We need to get the balance right about living in your own home, but also having safe care, at the end of the day.

**Shabnam 13:17**

Yeah. And was your specialism even then – as an organization – linked to your specialism that you discovered in yourself as a case manager: that actually it looks like brain injury is where it's at?

**Ali 13:29**

Yeah, definitely, I feel brain injury work adds a level of complexity with regards to if somebody has capacity issues – the rehab issues – but we do get involved with people who have got complex orthopedic injuries and spinal injuries, but I do think each area does fall into a specialism? You know, there's some really well-established specialist spinal injury case managers who would probably do a whole training session around their skill in that area, but certainly brain injury is our strength.

**Shabnam 14:03**

Yeah, no, that's great. And so it's been eight-ish years – just over eight years, by my calculation. How long did it take you – if indeed, you can say that – until you got to a position of feeling comfortable with starting this machine: building this machine, starting it up, and feeling like you're confident with it, that it's doing what you want it to be doing? I mean, I guess that's an evolving point, so maybe it's an impossible question.

**Ali 14:36**

Well, you know, the first few years are just... you think back and think gosh, how did we do that? You know, because you are working clinically, because most of us will still work clinically as case managers as well as the business. Then you've got things you've never done before, like your web page design and your logo. Then, certainly for CQC, then you're thinking policies and processes. And I always say the first five years were just full-on adrenaline rush. And maybe by five years for us things were starting to just calm down. And that's really as the business grew, you start to get the kind of operational support: bringing in people that can actually take some of that responsibility away from you. It never goes, you know: I think as a business owner I'm always the decision-maker ultimately, obviously. That's what it lands, with me. But when you can develop a team, our in-house team is so important to us. And it's almost like a flat structure: everybody's ideas are relevant.

**Shabnam 15:41**

I feel like 'everyone's ideas are relevant' is almost a tagline to your business. Because one thing that I feel I've picked up about how you've chosen to run AJ Case Management is not just about being robust, compliance-wise, and doing the right thing and being able to evidence doing the right thing. I don't think you're apologetic and more that I don't think you should be about thinking about this as a business that is not just benefiting those who are doing the work. But also, it's good for the clients. If they're getting a good thing for you, you need to make sure that you're going to be around for a while, to ensure that goodness stays around for as long as it needs to, for those particular clients. And I suppose the other thing is that there's a real theme of thinking about your team, the people who work with you: you place a lot of value on them, and a lot of respect, and I'm not meaning to sound like, "Wow, that's amazing. No-one's ever done that before." But I just mean you've managed to somehow pull it together. And it makes me think about the wellbeing element of the work we do, and how that's almost built into the structure of what you do, or what you've set up, rather.

**Ali 17:02**

I would never have thought of myself being an employer, if you'd said to me 15 years ago: I was an employee. You know, becoming that employer, what a responsibility it comes with! You're responsible for that client, that family, that employee's life. And I'm always very clear about this is a job, and a job is about making money to live a life, and I want people to come to work, do a good job, and then go home on time. I don't think, I don't have value in people trying to impress each other by doing long hours, etc. I think: come in, work hard. And I think, early days, when we had some of the new in-house team come, they're used to emptying their in-tray. And that was the big thing we had, it's like, "I can't go home until my in-tray is empty." And I was like, "Guys, your in-tray will *never* be empty, so you need to come to terms with that,

you need to learn how to manage your time, how to prioritize stuff.” And that actually can be such a shock to a lot of the in-house staff that have come from an admin background, because they’re used to coming in, every task, and then it's finished, you move on. That's not case management, is it, because our admin team are dealing with client issues, they're always moving forward to processes. We've got Sharon in our team, who's absolutely brilliant, and she came over to us five years ago. Actually, I think that's maybe when things got easier, as she's totally process-driven. And that's what I learned is, as a therapist, I've got a way of thinking, not necessarily ‘processy’. I think, as therapists, we know how to get to the end really quickly, and the bits in the middle, you might be inclined to miss out. Whereas Sharon's mindset is about, okay, you want to do this, but the steps before that look like this, and the offshoots of what you're suggesting is going to be like this. So having somebody with that kind of process mind has made a massive difference to our team. But back to the welfare side of it, I just think everybody must be encouraged to... this could be done differently, that could be done differently, and feel that that conversation can happen.

#### Shabnam 19:24

Yeah. And I think you can't have those conversations unless you are feeling safe and supported, and you've got things like good supervision in place, that you allow permission for that possibility that case management could be an exhausting job to be doing. And that's okay to say that. We want to obviously avoid that. We know where we don't want to go. But in order to kind of keep on the track of where we *do* want to go, which allows for that innovation, allows for that sharing of knowledge and thinking about that fulfillment and joy and all those kinds of lovely things that we all strive for. You can't really do that without thinking about the holistic sense of wellbeing. And I think you've got that down quite well.

#### Ali 20:13

Yeah, and I think being an associate model does help, because people can pick and choose how much work they want to do. And, again, the conversation we'll have with people is, if maybe there's a client that's been discharged, and their caseload down a little bit, we'll go, What's coming up? Do you think you're going to have a big piece of work around recruitment? Well, you're better to be a little bit too quiet than absolutely overwhelmed. That would be my advice to my case managers. And you don't need to be working full-on busy-busy, because our jobs are that type of... not *crisis*, but things will happen that aren't quite able to put into a box – ‘it's going to take this amount of hours’ – it kind of escalates. Making wise decisions about your working week is really important. And, again, I will say that when I went into case management, I was like, this is my career: I don't want to come in and just do a few years, burn out, and go back to physio. And I've done it for 17 years. Now I am a case manager more than I am a physio. It's my career, but case management is a job that is full-on, we all know that. if you're a case manager it's full-on: you have to be responsive; we don't just sit on things; we have to be forward-planning; you don't really have a day where you just cruise through a case management day.

#### Shabnam 21:36

Yeah, I can hear that, and I think that's a really important tip, really, that you don't want to be working to full capacity in some ways. You probably want – I'm just going to put a number on it – something like 80%, 90%? No, probably 80%, actually, because then when things happen, in some of our cases, or even in your own personal life, you want to be able to accommodate that somehow. I don't know, 80% feels right for me. But I don't know if you can quantify it at all?

#### Ali 22:11

Yeah, I think that's a good way to think about it, because a lot of our job is thinking. And I explain that a lot to new case managers just coming in. You're driving up the motorway to see somebody else, but you're thinking about the other client that's got something else going in. So if you're constantly working at 90%-

plus, that time just to think isn't there. And I always think... that image of the guy with his head in his hand – we are thinkers, that's what we're paid for: we're trying to think ahead, we're trying to think of all the eventualities, and you need to have the energy to think, to do this job.

#### Shabnam 22:48

Well, yeah, indeed: processing, from a psychological perspective, is exactly what helps us file away what we need to file away in our minds, and allow us to prioritize what needs prioritizing, without feeling like we're dropping the ball in any way. And to clear up all the space after, really: Hoover it all up, or whatever. And I think there is an element, coming back to the idea of wellbeing and how a business is structured and set up in the way that you have done it, there is some acknowledgement within that, maybe implicitly so, that with the work being the way it is, we are faced constantly by people's traumas, their sadnesses and the experiences of life that they have had which have not left them in a good place, necessarily, certainly not initially. And our job is to help them live as close a life to that they would have had, had it not been for what happened to them. We naturally, as humans – and humans who've chosen to work in the care and health industry – we are naturally going to be prone to that sense of vicarious trauma, or secondary trauma. Even if we may not recognize it, but the heaviness of the content of the work we do will stay with us, as well. So even if crises don't happen with our clients (they will by the way, one day) or crises don't happen in our own lives (but they will, one day), every day we are accumulating this sort of experience of the world, which is a reminder of the place that it could be for any one of us, because we know personal injury doesn't discriminate in any way, shape, or form. And it's just the human in all of us that is going to get sparked up by what has happened to our clients.

#### Ali 24:47

It's a good point. A couple years ago, Shabnam, we did some PTSD work, and we had some psychologists come in. And actually it was for some legal firm. And we were chatting about the impact of... learning about PTSD, we were getting trained on it, but also kind of looking at us, as people. And one of the examples we were given was: the legal firm send their reports over to night-time typists. And what we were actually saying is we don't know why they work nights, what their life is like, you know, it's just a very no face contact to somebody. And actually some of the information that they're reading – you know, bereavements and trauma, etc. – we were saying, well, what's the impact? So, clinically, we might be a little bit more robust. But when one of my admin staff pick the phone up and speak to somebody, actually, they've not necessarily got the same experiences. Actually, it's impacting on lots of different aspects of the industry, really. But if you think you're a business, what are your... my compliance team, what are they being exposed to? And how are you supporting that? Because what I can deal with is maybe not what Joe Bloggs can deal with. It's back to that we need to be realistic about looking after the people that are working with us, because the experiences some of our clients are very traumatic to think about, isn't it?

#### Shabnam 26:20

Indeed, and I think that's an interesting point as well. Because we as clinicians have supervision, and that comes in all sorts of different ways: you'd have that in a different way as a physio, as you would to a case manager, as I would, as a psychologist. But our clerical teams and our admin support teams don't have access to that supervision. And yet they are exposed to some pretty traumatic material, even if it's not, like you say, in a face-to-face way. You can read a book and feel the emotion of reading that book. How is it any different from reading a report and thinking, gosh, this is a real person, this is really happening to them?

#### Ali 27:01

That's it, because we have our admin staff writing up our reports and formatting them, reading them, so we could have an admin staff go through five reports in a day. So what are they feeling when they're reading these reports?



### Shabnam 27:18

Yeah. So how do you instill that theme, that important theme of wellbeing in in AJ Case Management? What are the sort of techniques or strategies that you use?

### Ali 27:31

I remember in my associate role, which was just great, but we'd get to the office occasionally... you could have supervision, and it was very much a business model where you came in and you saw your supervisor, and you might not have seen anybody for weeks! But the admin staff were busy; they weren't really allowed to talk to you. So part of my remit is like, gosh, when our case managers come in, let's stop – not everybody, but at least one person stop, have a coffee, have a bit of cake, have a chat. Actually, the case managers are working in isolation, it's a lonely world. So, if they've taken the time to come into the offices, then let's welcome... we have a very much customer service... you know, let's welcome our customers in. Let's look after them. When you come into AJ, everybody does say it feels warm, it's friendly, there is laughter: we are laughing – hysterically, sometimes. But yeah, it's not taking ourselves too seriously. I think I've always instilled into the team, because I've case managed... as an example, if you're asking the clients team, people asking for X, Y, and Z from the case managers, I'll say, well, you've got to understand everything else we're dealing with: they might have a lot of litigation stuff going on; there might be a really urgent report. So you've got to put yourself in the case managers' shoes to understand how you don't do your job in isolation. And I think we've instilled that really well into the in-house team where they actually, you know, it takes a little bit of time but they think, Yeah, we understand the pressures that the case managers are under. Historically, people used to think maybe we do a lot of driving around, drinking cups of tea. But actually what we're dealing with is far more stressful. So I think getting each other to... and the same as with the case managers team, too, the admin team have got responsibilities and timeframes. So it's kind of just being clear about each other's role and how we do our jobs: help each other; it doesn't cost anything to be polite.

### Shabnam 29:39

Yeah, that's it, and I think 'customer service' is a funny phrase to use, in a way, but I use it all the time as well. So it's interesting to hear you say it, because that softness, that human connection element, that is built into your communication style, and I suppose you might say business model, or business plan, is what people want. There are a lot of case managers, and we are going to relate to our clients in different ways and in our referrers in different ways. But how you offer that, and the package in which you offer that gift of case management or skill set, you know, to your referrers and to your clients, matters.

### Ali 30:23

It does. I remember I was advised by a solicitor, who we don't do any work with, basically going, "If I email you, everything's okay; if I ring you, I'm going to be shouting at you." And I did think, do you know what? I don't need to be shouted at. And I don't need my case managers to be shouted out, actually, because again, we're dealing in lots of stress. So I thought, if that's the starting point of our working relationship, it doesn't really work for me. And you're telling me that so your approach is: "I'm going to shout at you..." OK, things happen, people can get agitated, but if your outset is "This is how I'm going to deal with you," well, no, it doesn't work for us as a business. Because my job is to look after case managers, and I don't want them feeling that the phone's ringing and that sense of dread of "What have I done wrong?"

### Shabnam 31:14

Yeah, I hear you. That's a lot, for you as a director, as a business owner, to take on as well. So how do you... what is it about your structure? What do you do to keep yourself sane? Because obviously you are the A of AJ Case Management. In fact, you are the clinical branch, where Jan is the behind-the-scenes sort of



director, I suppose. And I'm just thinking, how is it that you look after yourself in all of this? And how do you keep yourself strong and going?

#### **Ali 31:46**

You know, it's interesting, because Jan and I obviously run the business together. And Jan is Business and Finance, and I'm Clinical. So people will say to me, how do you work together and live together? But I say you know what? Each other's jobs bore us! So like if Jan starts talking about finance, I'm like: Oh, it's so boring, and we don't talk about it. And if I start getting into too much clinical stuff, it doesn't appeal to Jan. So it actually works really well. Because when we're working, we're working. And then when we're at home, and we're not working, we're not actually massively wanting to chat to each other about what you've done that day. Just let it happen. So I think, after five years – the first five years is full-on, but actually, after five years, it's like: go in, do the job... and I deal with the clinical stuff I can maybe take calls out of hours as I'm on call. But certainly Jan's in that position where she'd come in and do her job, finish, you know, and then the rest of the normal jobs or the rest of the evening or weekends are before us. And I just think that it's really important that – when you're ready, I mean, it won't happen straight away, because running a business is full-on – but when you can get to that stage where you can switch off and go and do the various things that you enjoy. You don't want to be living case management 24/7, because it's not good for you, is it?

#### **Shabnam 33:07**

No, it's not. I mean, one of my favorite phrases is “you're in it for the long haul,” or “it's all about sustainability.” And I think that's kind of what you're saying as well. But it's a balance, because your life is made up – of course, of work – but it's also made up of everything else that you have in your life, like being a partner, like being a friend, other family relationships and roles that you might have, hobbies, interests...! You might have a thing about wanting to look after, I don't know, be a bit more into your physical health or something. And just never finding the time and just being really resentful about that.

#### **Ali 33:50**

I think running your own business, it's a bit of a boring topic. So in the sense of saying, you know, we're passionate about running our own businesses, but if then you take that into your social life, people who don't run their own business, if you're in education or the NHS and you've got a very different job, people do really struggle with what it is to be on call 24/7. I can remember, early days, having a conversation going, you know, we haven't had a holiday for two years. And then somebody said, “But that's your choice. You set up a business.” And I thought... and I spoke to a business coach about that. And he went, people just don't understand the pressures you do face, if they've never done it.

#### **Shabnam 34:32**

Yeah, I think there is an unfair perception, or an unrealistic perception, that it is fun and games. So I would totally agree with that. But you've done very well, I would say, for yourself in terms of setting up something that has a role, that has a function, it's here to stay. You've got a vision. That feels like a very important word that applies to what you've done. You know, you're about the people: not just the people you serve, but the people that you have in your outfit. You hold yourself in mind. I guess what this is maybe all about is that you know who you are, and what makes you tick – and what makes you not tick. And you want to stick to the side that makes you tick, and gives you that sense of passion and enjoyment and excitement to wake up in the morning and go, right, okay, here we go. Obviously, that's not every single day. But if you can say like – coming back to that 80% thing – 80% of your time in case management has been pretty all right, actually, now – as things settle, obviously – maybe not if we'd had this conversation five years ago, it might be a different outcome. But there is something about knowing who you are, being okay about that.

And then working on that basis, because that is your authenticity, that's your integrity, that's your values, and that is what everything is going to be strongly based on. And if that is a strong understanding and a consistent understanding of who you are, then you're going to be flying.

#### Ali 36:05

You know, I just love case managing. If you looked at my CV pre-case management, as a physio, I got bored in the jobs I was doing. It didn't challenge me, whereas I can promise you that every day case management challenges me. It's fascinating. It is, and I wouldn't say... I'm not renowned for being an adrenaline junkie, I'm renowned for being a risk assessor, you know, everybody who knows me will go "She's off risk-assessing again!" But genuinely, as a case manager, it is just all-encompassing: you're learning... I can remember my previous role, and I'd ask the director a question, and she'd say, "Oh, I don't know, Ali, I've never come across that." And I'd think, well, how come, after 20 years? But I now know that I haven't seen that before, guys, and I say it now: "I haven't seen that before, guys, let's work it out." So we're seeing new things, new experiences all of the time, aren't we? You'll know what it's like, it's just a constant kind of what's going to happen next? I think if you'd spoken to some people in my circle, work-wise, "Could you see Ali doing the same job for 17 years?" they would have said "No way!" Whereas, 17 years in, I'm still buzzing about case management and what we do. I'm still explaining it a lot of the time, but definitely not as much as we used to, but no, I just think, what we do – the opportunities we have and what we do is, it's a bit of a cliché, it's a privilege. But I just love kind of what we're able to do within the skills that we've all got.

#### Shabnam 37:41

Yeah, and I think we've previously talked about how this is quite an exciting time for case management at the moment. There's generally a sense of work out there. And how we're shaping ourselves into a field that is fairly young, in many ways, and fairly ill-defined currently, and I don't mean that we don't know what we're doing, but I just mean, in terms of we are still working out how to make some sense of structure around what we do as case managers. We've got our different niches, as we've spoken about, and we all know that we've got BABICM and CMSUK and other organizations that are coming together to pull into something that's a bit more robust, so we can have an identity. But in the meantime, you can be pretty creative with case management, as long as you've got an understanding of what is important to you, a sort of inbuilt basic code of conduct. And it's quite an exciting time, therefore.

#### Ali 38:51

Totally. I always give credit to the people before us, because how these guys set up case management in this country back in the day is amazing, because they had no structure, and they had to come up with what we've got really today, with the BABICM structure. So I think, wow, how did you do that from a blank canvas? We've not got that blank canvas now, which is good. We've got CQC, which I think is a really important aspect of what case management needs to move forward with. But then, like you say, we need to look at... you come with a skill set: you come with a psychology skill set and case management. That's really important. I come with... forget physio, but a compliance skill set and case management. But I think yes, there's opportunities to evolve businesses which are case management businesses, but actually become that more specialist... you know, you chatted earlier about what's your specialism. I think that is where we're going: it's really homing down into specialisms. There are some excellent companies, I said earlier, doing spinal injury work. That's what they're good at and that's what they're comfortable with. And that's great, I think. So I think you're right: it's an opportunity to look at what you can bring as a case manager and, I always think, do something different from everybody else, and move your business forwards.

### Shabnam 40:16

Yeah. So what would your top, say, two or three top tips be for our listeners, who are going to be a mixture of probably largely case managers, but we will have therapists and legal folk listening, I'm sure, as well. But what would you say your top three tips are in terms of what makes case management work well, or what makes a case management company work well?

### Ali 40:43

I think company-wise, it's getting that business plan in place. And I do speak to lots of different business owners, a lot of therapists who come in, set up their businesses and get busy really quite quickly. And actually, within that 18 months, they haven't had time to look at their business: what is it you need in your business to be safe? Like we said earlier, we need to be safe; we're looking after people who need care, etc. So I think definitely... it doesn't necessarily feel necessary at the time, but have that business plan written up. I had to do a business plan early on, because I needed a bit of cash from the bank. And I wrote that business plan, spent a long time on it. And it's the same business plan as I've always had: I update it and review it, you know, because I spent such good time on it, initially, that I got my ideas down, and the business plan was my ideas, it was not all necessarily about the finances, like: What is AJ? Who are we? What are we going to be? I think, for me, and I do say it to a lot of therapists, and a lot of therapists say "I'll definitely do it." And then they see me six months later and go, "No, I haven't had time," and I think: you really need to make the time. That's one tip, definitely.

That kind of moral compass I like to talk about: do what's right, and if you haven't got the skills to look after that client, and our solicitors are always asking us to, do say "no," and you'll get far better feedback from the legal team, if you're saying this is not going to fit in with the team I have. I always say, as well, my HCPC registration is my *career*, you know, one case is a job, my career is my qualification, and my guidance will always take precedence over everything else, I will follow my professional guidance.

And I think a third tip is that old... if you're running a business, and we've all have heard that kind of adage of "Turnover is vanity, profit is sanity, cash is king." Jan was always really keen that we had that contingency of money in the bank; we are paying salaries. And I think COVID has taught all of us that the unpredictable thing can happen. And Jan was always pushing us to have six months' cash, so that, if anything really did happen, everybody's jobs were secure. So, yeah, I think that's from a business point of view, case management point of view, I just think it's about your integrity, your honesty. It's not the particular profession, it's about the person that you are – that may be the good case manager – genuine, honest, that is what we need to be. And if we're facing going to court for a client's case, it doesn't matter because all you're doing is telling the truth. The whole job is about being honest and I think, never lose sight of that.

### Shabnam 43:50

Yea. No, definitely. That's quite refreshing. Even though I think we probably all know it, we may not label it in that way. So that's really helpful. Brilliant. Thank you. Another summary point might be something along the lines of "You can be a good case manager, without running your own business." You know: innovative, and to think about your needs, and to be the best you can be with your clients. That felt like a very strong message that you were saying earlier.

### Ali 44:19

We talk about, like, 'career portfolio', where you're able to be your own boss and actually still be... I love being my own boss, and I've done it for 17 years. I love the autonomy. But does that need to look like a whole big case management business? Or could that be some case management in your own right, some associating with case managers? Maybe you might think, well, I don't want to become a CQC-registered company, which comes with lots of responsibilities. So I'll do some case management that doesn't involve

that regulated activity, but come and associate with companies like AJ or you guys, and say, actually, part of my working business will be associate as well. So I think, don't just get hung up on one business model. Obviously, there's lots of different things you can do, going back to being innovative about the business that you want to run. And why are you doing that business? Again, a conversation I had with a therapist recently: what is your goal? You're putting yourself through a lot of stress by trying to build an associate model, but actually would you be better doing x, y, and z? And she took that on board and went off to have a think about it.

#### **Shabnam 45:30**

It is quite a high risk strategy, in a way, because people may choose, then – having thought about what they want, and what is authentic to them – that actually, maybe that's not where they... with, say, SBK Case Management or whatever, or AJ Case Management, it's not where they want to be. But in a way, that's okay, because then you are only going to have people who fit. And that means that they're going to be the best... you know, it's going to be a mutual arrangement that benefits all.

#### **Ali 45:59**

Yeah, totally. And we've got some brilliant associate case managers that have got their own businesses, whether that's therapy, some case management, and it's that mutual respect of each other, and that moral compass, where they know that we're going to give them work; they know that we're going to give them the support they need. So we're working together, and if they get their own cases in their own right, that's absolutely fine. But if we make a referral, and it comes through us, then they associate through us. So, by just being open and honest, I think it can work really well – for all of us, really. We're getting to work with some fantastic case managers that are really experienced. They know they're going to get paid by us at the end of the month; I'm not having to chase invoicing, all the risks that come with it; don't have to go and have a big webpage to advertise their services that would come through us. But on the other side, they've also got a business that works for them as well, that they do their own marketing. So there's lots of opportunities to think about.

#### **Shabnam 46:56**

Yeah, definitely, I feel like that was a plug for AJ Case Management, which you're very welcome to do! I know you have been recruiting, and I think you said that you've come probably to the end of that journey for now. But I know CQC is something that is very interesting. And like you say, you're a compliance person. That's where many would say “Euch!”, you would go, “Ooh!” And I know that you've put on LinkedIn, for example, recently, a question about whether there's an opportunity to share that knowledge that people have, and ultimately to gain for their own benefit, you know, CQC-related experiences. Is that still something that you're looking to run with?

#### **Ali 47:42**

Yeah. No, definitely. I mean, if you spoke to me back in 2013 when I was registering with CQC, just the letters C, C and Q in a sentence, would send me grey. It wasn't really until my first inspection that we really understood what we were doing well: we got ‘Good’ in that inspection, and then now we're at a stage where I really want to strive for ‘Outstanding’. And that confidence to talk to your CQC inspector does come, eventually, when you get to the stage, but there's a massive gap in... I think particularly because, because now we have to be CQC-registered if you're doing regulated activity, my conversation with CQC is: what about the clients that have teams that haven't been CQC-registered and have been together maybe for 10 years? Where do they sit now? Because if they have to be with a registered company, but actually they've developed their own way of doing things, and it seems good and it seems safe, but doesn't fall in quite the regulated activity. Does that mean that they have to make massive changes or does that mean

they have to be discharged from services? So I think there's quite a grey area that we need to work, as case management, educate CQC about clients that are able to pay for their own care, who want to pay and can pay for their own care. And I've chatted to quite a few people now on this, and there are registered managers' forums locally that we should attend. But it's domiciliary care, it's nursing home care; I think we need to start coming together as case managers so that we're actually being consistent in what CQC are saying to us, and vice versa. And I know, that's the thing: each area will have a different inspection person. But actually, if I can say to you, for example, this is what my inspector said, and this is because I do x, y, and z, and yours says something different, at least we can then go and have a conversation with our inspectors and say, can you can you go through this with me? And can I explain my side of it, and vice versa? So I think, again, this time of change is coming, where we can really showcase some of the excellent work we all do: working with people living in their own home who are achieving fantastic quality of life.

**Shabnam 50:02**

Yeah, brilliant. Well, I guess that's maybe a good point to wrap things up for today, in terms of "Watch this space!" Thank you so much, Ali, for sharing your journey, and your wisdom and your ideas about what case management is, what it's been for you and what you feel has made it work for you. And to lend us your reflections on that. But also to excite us about something that is, again, innovative, and helps us with the work we are ultimately trying to do collectively. Because there's still lots of work to do on that front. And I think, in some ways, it's all our responsibilities in different ways to inform that *future* of case management. So I really appreciate you talking to us today and helping us think a little bit around CQC, and we will watch this space. And who knows, maybe we'll have another podcast to share some of those ideas and innovations from conversations about CQC, etc. But for now, thank you once more Ali McNamara, AJ Case Management.

**Ali 51:23**

Thank you, Shabnam.

**Shabnam 51:24**

Not at all! All right. And thank you all for listening. We'll catch up with you at the next episode. Cheers for now. Bye!

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