

Strategic Business Plan 2017-2022

bibic delivers individualised developmental therapy to children and young people aged 6 months to 25 years with neurological or genetic conditions to help them achieve their full potential.



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Vision Statement -

Over a five-year period to create a presence and reputation to encompass:

- An outreach service taking our therapy to the community.
- Further development of our service to schools.
- Increase our training model for professionals.
- Move to permanent purpose specific premises
- Develop appropriate lobbying.
- Utilise strategic alliances and collaborate with like-minded organisations.

Mission Statement –

bibic exists to enable children and young people with neurological or genetic conditions to help them achieve their full potential. bibic delivers individualised developmental therapy to children and young people aged 6 months to 25 years and training to parents and professionals.

We are unique because

- We are the only charity who provide a holistic approach, one therapist delivering the whole programme.
- We train parents to be their Childs therapist and deliver the programme.
- Our reports are recognised by schools and can be used as evidence to a request for an Education Health and Care needs assessment.
- We are independent from all statutory services e.g. social services, GPs, School or other professionals.
- We pride ourselves on delivering a quality and professional service through highly skilled individuals.

Where have we come from and what have we achieved so far?

Keith Pennock was the founder of our charity, a parent trying to access services for his daughter who developed brain damage after a reaction to a vaccine. There wasn't anywhere in the UK providing the therapies he needed to support her, and his search took him to the USA, to the Philadelphia Institute of Human Potential. Following extensive training in the clinical work of the Institute he set up the British Institute for the Achievement of Human Potential in 1972 and opened its doors at Knowle Hall. In 1978 Philadelphia introduced a new aspect to their work, the 'Intelligence Programme', which sought to treat typically developing children and make their skills 'even better'. This change resulted in the relationship between Keith and Philadelphia breaking down, and in 1979 the difficult decision was made by him and the families on programme to run the British Institute as an independent organisation. On January 1st 1980, the British Institute for Brain Injured Children started delivering therapy which changed children and families lives.

In 1997, an evaluation of the bibic therapies was carried out by a multidisciplinary team of professionals working in the NHS in the field of children's neuro-disability, and the report was widely circulated. The report made 20 key recommendations which were acted upon by the charity. The team visited again 2 years later to re-evaluate. This report changed the therapies we use and the training provided to staff, and ensured the assessments were clinically based. Our therapies and the theory behind them are now considered more 'mainstream'.

In 2007, the British Institute for Brain Injured Children became known as 'bibic' to reflect the scope of conditions the charity deals with. We moved from Knowle Hall at the end of 2013, and are now based in Langport.

Success along the way

1. 45 years later we are still the only organisation which provides a holistic therapeutic programme which teaches parents to become their child's therapist.
2. We have helped more than 14,000 individual children, young people and their families since 1972.
3. A reputation built on credibility amongst the families who access our service.
4. A staff team who are experienced, committed, passionate and professional in the delivery of bibic therapy keeping the needs of the children and young people at the centre of everything we do.

What do we do and what difference does it make?

bibic provides services to children and young people aged 6 months – 25 years, with neurological and genetic conditions including Cerebral Palsy, Down's Syndrome, Autism, Attention Deficit Hyperactivity Disorder, Dyslexia and Dyspraxia and children with no diagnosis. Assessments delivered by a bibic therapist will ascertain what developmental difficulties exist. In response to this a programme of support will be designed to address the underlying causes of those difficulties. We are then able to deduce what therapeutic interventions are needed, and teach these to parents and carers to carry out at home. Here at bibic we consider the whole child and it is this integrated approach that makes our therapy so effective.

Our impact

Because of the bibic assessment children, young people and their families reported:

- 100% of those who return for re-assessment showed progress in one or more developmental areas.
- 77% of parents said they felt more confident in their ability to manage their child's behaviour.
- 69% of families said the bibic report has helped them to access other services.
- 60% of parents say they have a better understanding of their child's condition.

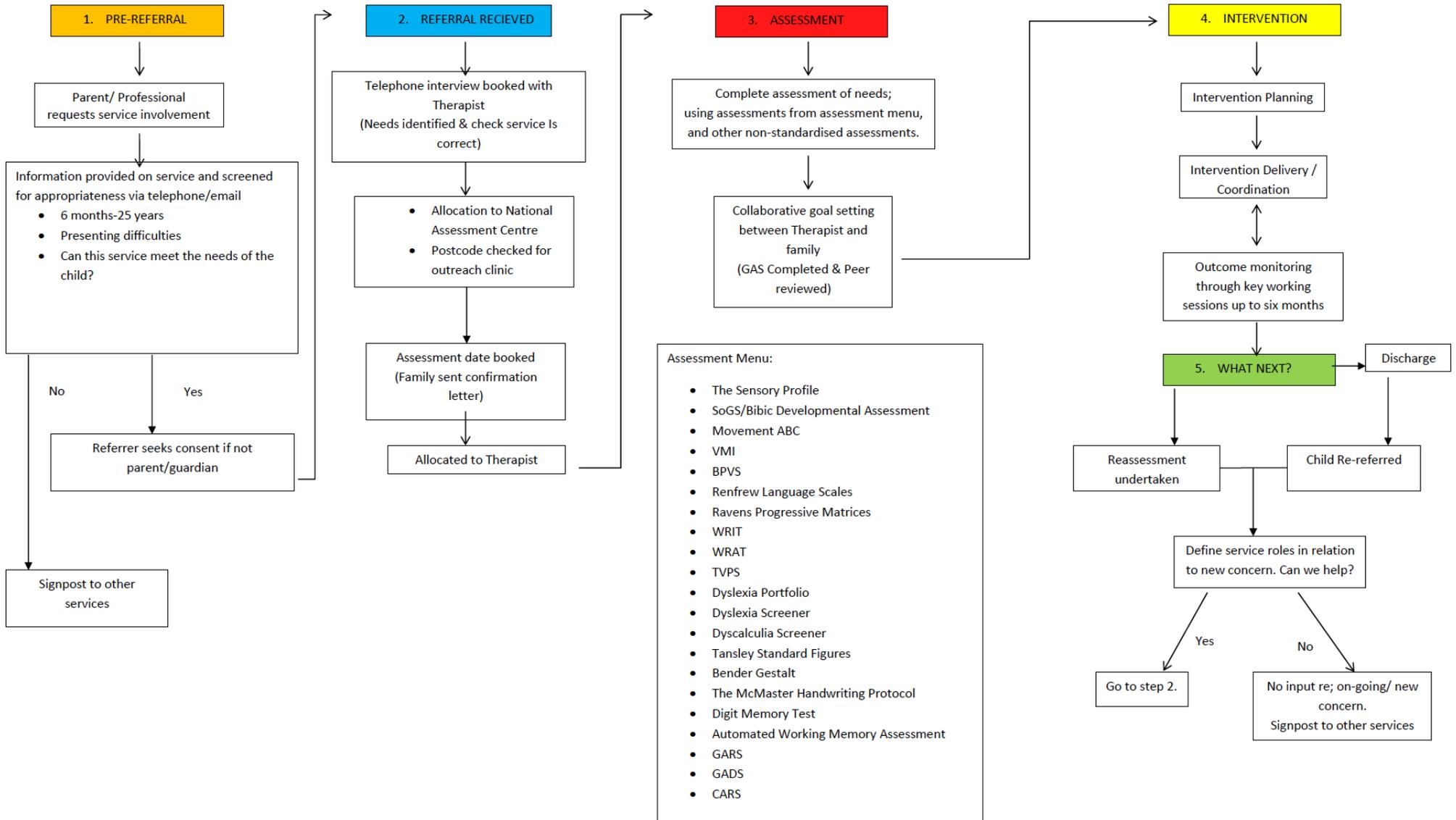
Comments from our Families:

- “The bibic report meant School could implement the recommendations, our son is now more likely to engage in education”.
- “We now understand how to deal with our daughter’s situation”.
- “Jade is less isolated in school and more able to have positive relationships with peers and teachers”.
- “We’re now able to do normal family things. Her academic skills have improved, she now sees to her own personal care, and gets herself about at school”.
- “Better understanding and strategies have changed all our lives, I now recognise warning signs, when Josh is struggling with life, and how to pre-empt a melt down and head it off”.
- Parents said they are more aware, confident and able to make informed choices about issues affecting their child’s lives.

The need for bibic therapy:

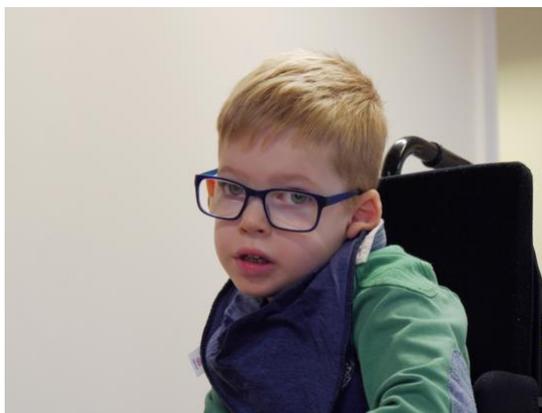
- 363 telephone enquiries in 2016/17 resulting in a waiting list of five months.
- We interviewed 92 parents in 2015/16;
 - 94% of parents said that they were concerned for their child’s future, 61% of those said it caused them significant stress.
 - 84% of parents said they were finding it difficult to manage the problems their child had.
 - 83% of parents said their school/nursery were having difficulty meeting the needs of their child.
- For disabled children, the most common impairments are social and behavioural (33%), learning disability (31%), and stamina, breathing and fatigue (31%).
- In 2012/2013 7% (900,000) of children in the UK were living with a disability.
- Only 1 in 13 disabled children receive a regular support service of any kind from their local authority.
- 40% of disabled children in the UK live in poverty. This accounts for around 320,000 disabled children, and almost a third of those are classified as living in ‘severe poverty’.
- Currently, 14% of school children have special educational needs in the UK (Department for Education, 2016) and it is estimated that there will be 450,000 children with Learning Difficulties by 2031 an increase of 10% from 2011. (Disability in the United Kingdom 2016, Papworth Trust).

bibic  **changing lives** **Care Pathway**



Children and their families helped by bibic.

Meet Louis



'The day after Louis was born we witnessed him having a hypoglycaemic seizure, we felt helpless and frightened. He was rushed to hospital and treated for an infection and given an MRI. It was not good news. It came back abnormal, to what extent, they couldn't tell us. We were shocked and didn't really understand what it could mean for our precious baby.

Louis seemed to develop at a steady pace until he was 5 months, when everything changed and he started having infantile spasms (an infant type of epilepsy that affects development.) We spent 3 weeks in hospital. Louis responded well to treatment, and touch wood, has never had another seizure, but the effects were obvious straight away. Louis didn't reach milestones and his vision was affected, so straight away we were seeing specialist consultants in all different fields. It was very overwhelming.

As the years went on, it was clear Louis had Cerebral Palsy, poor Visual Perception and Global Developmental Delay. He was officially diagnosed at around 2 years old. He had minimal speech, his lower limbs and right arm were affected and he also wears bifocal glasses. I felt strangely positive and just took one day at a time. Louis

was my first child, so I didn't really know any different. Looking back, I realise now that the situation affected me more than I thought. Louis' dad was more hopeful and thought the doctors were wrong and that Louis would walk and talk. I could only hope this would be the case.

When Louis was 5, a friend told me about bibic and shared with me how they had changed the life of her son. I was amazed, so we booked our two-day assessment. It was great. **They understood us.** It was a breath of fresh air and the help we felt we needed. They devised a programme, personal to Louis, with exercises and activities that we could fit into our day. We expressed our concerns about his difficulties with speech. We were convinced he understood more than was obvious. Straight away, we were given new ideas on how to 'unlock' Louis' speech by oral stimulation therapy. The following month, Louis was making numerous new sounds and was starting to babble away, it was wonderful. Louis' right hand had previously been clenched shut, and the bibic therapy worked so quickly. Now it's always open and he often goes to use his right hand first, which he never did before.

Within an hour of our 2nd bibic assessment the therapist had Louis saying 'yeah' instead of nodding and also saying 'uh oh' when he dropped something. We couldn't believe it. We do find it sad that our lovely, happy boy has these extra needs, but when we see him achieving a new skill or reaching a milestone we are overwhelmingly happy. bibic cater for an individual person, based on individual needs. It was exactly what we needed as we felt Louis had his diagnosis from the NHS and that was it. It's not like that with bibic. We are so hopeful of Louis' potential because of bibic. They are so amazing because they really understand you and listen to what you want to achieve. We were sick of hearing "your child can't" and with bibic's help we believe Louis CAN.'

Meet Stanley



'Maybe a little before Stanley was 2, we realised that something was not as it should be. We noticed differences. His behaviour was different from that of his peers. He was never naughty and would run around in circles for hours at nursery. His play was repetitive and he was obsessed with toys, books, TV shows, characters and foods.

I was in complete denial at the time and my perfect boy was just that, perfect. We adapted and learnt to cope with his quirks but never once allowed anyone to label him. It came as quite a shock when school started talking about support services and when the Child and Adolescent Mental Health worker finally said the word Autism. We learnt that Stanley has high functioning Autism, Dyspraxia and Hyper Mobility. He suffers with anxiety, noise sensitivity and is socially unaware. He struggles daily to manage his emotions and to understand the world around him. Fortunately, we discovered bibic and decided to give it a try.

We started coming to bibic and were given a tailor-made programme to follow with Stanley. This was able to address many of his problems. bibic has been a lifeline and the changes in Stanley are immense. We see the benefits every day. Stanley has developed more self-awareness and now understands why he struggles with some tasks and is able to voice his worries without thinking 'he's stupid'.

bibic gave us the tools to help Stanley and we now understand his challenges better and also know how to support him to achieve his goals. Stanley's listening and learning skills have also improved, since using the Johansen Individualised Auditory Stimulation programme, which was recommended by bibic. My poor understanding of Autism before Stanley's diagnosis clouded my judgement. I thought Autism would limit Stanley, but now I know it's just a part of who he is and with the right support it will not stop him. I know Stanley will lead a full and varied life. Since coming to bibic we are more adaptable, more relaxed and accepting of Stanley and his needs. bibic has really made a difference to us all as a family. '

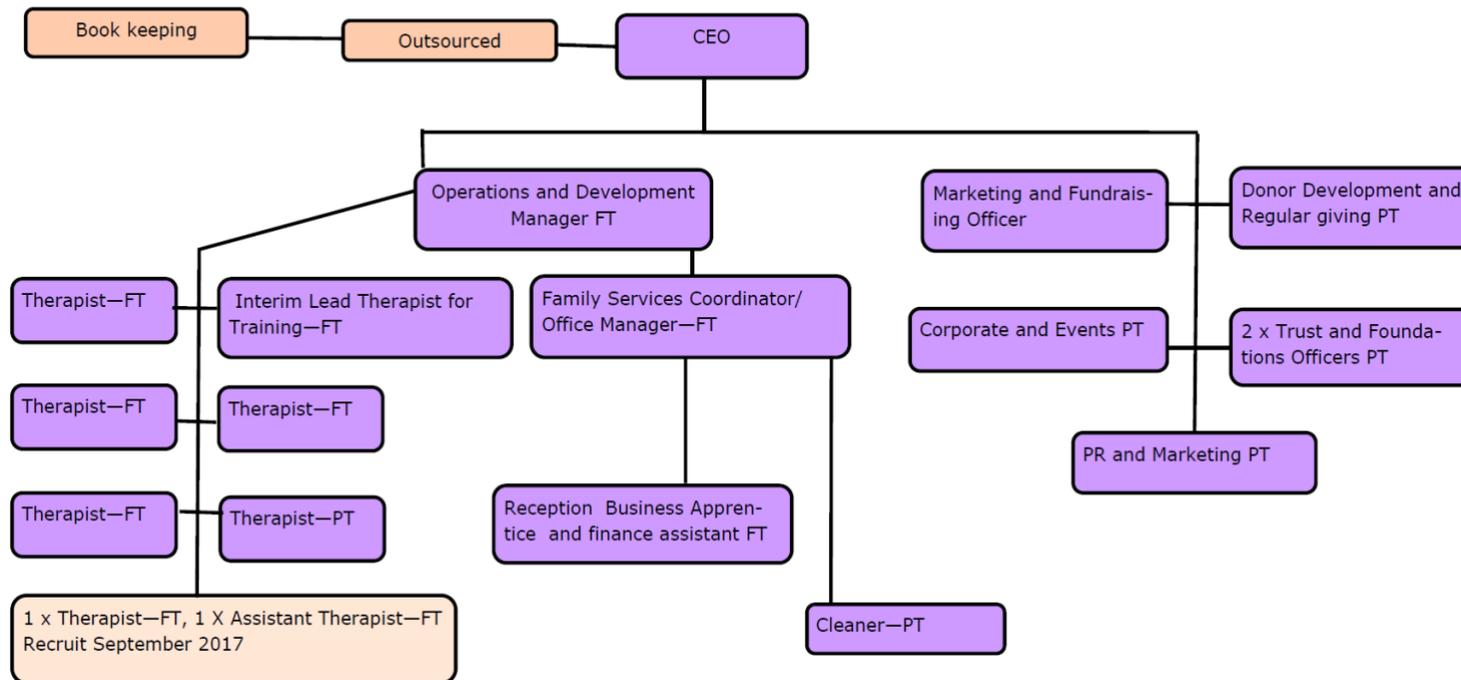
Our Trustees

bibic is governed by a skilled and enthusiastic team of trustees with a mix of private, public and third sector experience. The board is made up of 7 trustees and meetings take place bi-monthly. Our structure includes static finance working group with specific project focused groups being brought together to work on new initiatives and to offer the CEO support. Each group will have access to external advisors which bring additional skills and experience to the board in areas we are developing.

Our Staff

We have a dedicated staff team who are committed to helping children and young people both in the UK and Internationally to reach their full potential.

Organisational Structure



Where are we going?

Social Objectives

Our social objectives as an organisation are to:

- Enable and empower children and young people with disabilities or learning difficulties to reach their full potential.
- Help families to better understand and manage their Childs' environment resulting in reduction in family breakdown.
- Increase the self-confidence of the children and young people who access our services.
- Increase numbers of children and young people engaged in education.
- Enable easy access to our services for all.
- Increase awareness of developmental difficulties and the profound impact they have.

To enable us to meet our social objectives we have devised the following Strategic and business objectives as our focus over the next five years.

Strategic Objectives for the next Five Years

1. Stability & Growth

Secure the charities long-term future including new funding streams. Utilising strategic alliances and partnerships to achieve this objective.

2. Operational Excellence

Ensure our therapy and training are industry-leading, in line with the latest research and externally recognised.

3. National Outreach

Increase the reach of bibic services to children across the country, delivered at the National Centre and at key locations and/or through partnerships across the UK.

4. Campaigning Voice

Work to ensure the rights and service needs of children with developmental/learning difficulties are properly recognised and fought for, and that we are supporting relevant national campaigns.

Business Objectives

1. Increase funding to enable long term sustainability.
2. Develop the therapy service increasing accessibility and reach.
3. Increase awareness of developmental/learning difficulties.
4. Diversify income streams to ensure our organisation is sustainable and continue to ensure that no one source of income represents more than 25% of our total income.
5. Develop resource and infrastructure in line with growth plans.
6. Collaborate with like-minded organisations to achieve mutual benefit, broaden our reach, attract new audiences and raise profile.
7. Identify, adapt and acquire purpose specific premises.
8. Develop our robust monitoring and evaluation system to prove the effectiveness of our work, utilising standard software.
9. Using tactical PR, marketing and lobbying campaigns to engage and reach a wide audience.