

Digital Marketing Expert, Entrepreneur and Keynote Speaker

Mini Biography





Rob Moriarty Mini Biography

Whilst on a family holiday in August 1998, I attempted to splash children (admittedly girls) who were playing in the swimming pool. My "forward flip" ended with me diving head first into roughly four feet of water, striking the bottom of the pool. After floating to the surface and not moving for almost two minutes the children raised the alarm; I was pulled out of the water and rushed to the local hospital.

X-rays confirmed damage to three cervical vertebrae requiring immediate surgery. Due to the specialist nature required I was transferred to Bordeaux some two hours away and operated on almost immediately. I was the only conscious critical care patent in their intensive care unit out of twenty- four beds, on a ventilator unable to breathe independently due to spinal shock. After nearly three weeks I was stable enough to be repatriated to the UK. They intended to fly me directly to the National Spinal Injuries Unit (NSIU) at Stoke Mandeville Hospital. However, I developed complications during the fight and was diverted to Warwick General Hospital.

I extubated myself from both the feeding tube and ventilator despite staff attempts to discourage me from doing so. After discussions with my consultant from NSIU he could clearly see that I had no intention or desire to be re-ventilated, so allowed for my transfer to proceed after a three day delay. On arrival I was greeted by an MRI scanner and my GSCE results - the news wasn't what I'd hoped... I had four Bs more than I was predicted (the rest were As or A*s). Scans also revealed approximately sixty percent damage to my spinal cord at the C4/5 level, leading my consultant to inform my parents that my prognosis was a five percent chance of ever regaining any significant movement or feeling below the neck. Estimates also suggested that I would need anywhere between eighteen months to two years of physiotherapy and rehabilitation.

Never being good with authority or being told what I couldn't do, I chose to ignore this. After an intensive rehabilitation program, I was released only nine and a half months after sustaining the injury. After readjusting to life in a new home that my parents had moved into with more appropriate access for my needs, I returned to the school that I'd been at since I was eight years old as the only wheelchair user, despite the best efforts of my local education authority to send me elsewhere. After many meetings and arguments they finally relented and supplied funding for a full time carer/assistant to help me with my studies and transport to and from school.

Care was provided by a local agency, whose questionable recruitment policy resulted in having almost sixty carers in two years whilst I completed my studies. Despite this constant lifestyle disruption I passed my exams. Two days after my final exam I moved to Gloucester for an ambitious three month program of private twenty-five hours per week physiotherapy at the NRCP, quite often with more than one physiotherapist working on me at a time. I regained a significant amount of both movement and sensation during this, so much that I returned the following year for another six week programme, upgrading from a chin-controlled to a hand-controlled wheelchair.

At Leeds University I studied a joint honours degree in Music and German, living in the same halls of residence for four years. In my final year I acted as a sub warden, responsible for looking after two hundred first year students. Throughout my studies the Disability Services team (now Equality Unit) employed a team of full-time carers that I could choose from and coordinated both my personal and academic needs. This change of approach had a dramatic improvement on the stability, consistency and reliability of care that I received as I suddenly dropped from having thirty carers a year to five or six - allowing those working for me to both develop a good working rapport



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and familiarise themselves with my care needs without constant instruction and interruption. I started to live the lifestyle I wanted to, previously so restricted by having short-term carers. They assisted with my preparations for my third year to live in Germany where I was the first severely disabled student from the University to spend a term abroad with twenty-four hour care.

Graduating in 2005 I settled in Leeds, spending a year getting my new flat adapted and transferring my care with Social Services to Direct Payments. This employment model closely matched the University setup that I had enjoyed so much. The process took two years to complete, partly due to a lack of information available but also down to several key arguments. The first was my Social worker and his definition of independence, suggesting I could live autonomously with anything less than twenty-four hour care. When I won this debate, the second argument came between Social Services and the Health Authority as to who would pay; I had both health and social care needs. Eventually my complaint letter to both parties got my care package signed of long term.

I now employ a team of ten employees. The consistency I have from this, knowing that I have my care needs covered at least three months in advance, enables me to live independently of friends and family. Since 2007 I've developed a number of business opportunities. What started as a part-time web design exercise between myself and a university friend five and a half years ago, has developed into a digital marketing consultancy with a portfolio of nearly sixty clients across a range of industries.

Through support from the Leeds Centre for Integrated Living with payroll services, I now sit on their Management Board after they gained independence from Leeds City Council. They introduced me to the group that became Free To Live Leeds. Through both of these I offer expertise and guidance on how technology can enhance their effectiveness; not only in marketing, but communication between groups and organisations on a wider scale, sharing best practices in social care and providing services through technology where appropriate.

Over seven years I've customised digital timesheets, salary calculators, contract templates and other documents. Based on my experiences of initial difficulties with managing a care package, I established MyCareTracker in 2012 to develop an online calendaring system, tackling the bureaucratic headache of coordinating multiple persons within a care package. In time, it will become a one stop resource for the employment of carers by individuals wanting to live independently and manage their own care – from planning and information storing through to payroll/auditing, coordinating carers allowing users free time to live life with less hassle.

These interests all complement each other, using technology to enhance communication and effectiveness. I'm in a relatively unique position of needing a high level care but also being able to work. The access I have allows me to develop and deploy opportunities to help many others with similar care needs who, with the right kind of technical assistance they wouldn't have access to or the skill to utilise, can live as independently as I do and make their contribution to society should they choose.

Across these businesses I regularly deliver keynote presentations both at a corporate level and to students at a variety of educational levels and establishments. I welcome any opportunities to do so in the future, providing sufficient levels of caffeine are supplied to keep me in good working order!

For information on all of my projects, please visit http://www.robmoriarty.co.uk.