



John Walker
Brain Injury Case Manager

📍 Newcastle, Tyne and Wear

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Background: Social Work

I graduated as a Social Worker in 1985, simultaneously graduating with a BSC Honours in Sociology and Applied Social Sciences. I commenced working as a qualified social worker and initially worked within acute hospital settings at the Newcastle Royal Victoria Infirmary, and then at the Newcastle General Hospital in 1988. Throughout my career, I have actively used and applied the skills and academic knowledge obtained from my qualifications and training.

In my early career, I provided Social Worker cover for Accident and Emergency and a mixture of adult and paediatric surgical and medical units. During this period, I gained invaluable experience in dealing with an extensive range of social and health care problems, both within acute hospital settings and within the community.

In 1998, I was promoted to a more senior and specialised role and provided Social Work cover for the Regional Neurosciences Centre and the Regional Burns and Plastic Surgery Centre at Newcastle General Hospital. Within these roles, my core responsibilities involved assessing the needs of patients with highly complex conditions and planning for eventual discharge back into the community. Essential to these roles was the formation and nurturing of excellent communication links between acute hospital and community partners and colleagues. During this period of my career, I had the opportunity to hone and practice my core skills, which have remained highly relevant throughout my career. I gained skills, knowledge, and experience in forming and promoting excellent working relationships with service users, their families, hospital staff and colleagues and stakeholders throughout the Northern Region.

In 1992, I was offered the post of Social Worker at the Regional Neurological Rehabilitation Centre (then based at Hunters Moor Hospital) in Newcastle upon Tyne. This post represented the first time that a Social Work post had been set up within the Centre. My role involved assuming complete responsibility for designing, setting up and running a Social Work service based within a secondary healthcare setting. As well as drawing upon all the skills, knowledge and experience I had already acquired, my new post demanded that I assertively demonstrate my abilities as the key Social Care practitioner within a healthcare setting.

This post enabled me to further develop essential skills in rapport building, positive engagement, and the formation of effective therapeutic alliances. Within The Centre, I had lead responsibility for arranging safe and effective patient discharge back to community settings. Following discharge, my role also involved overseeing community rehabilitation and support enabling the most effective use of the Hunters Moor out-patient service and reintegration within the community. I was also responsible for leading complex negotiations with a wide range of Local Authority and NHS colleagues throughout the Northern Region with a view to facilitating safe and effective discharge arrangements. This work involved assertively, sensitively, and skilfully coordinating and negotiating between numerous colleagues from often several different organisations, to facilitate the best possible outcome for my clients.

In 1993, I was seconded to the post of managing the Newcastle upon Tyne Social Services Sensory Team. In this post I was responsible for drawing up and implementing service provision and delivery criteria, policies, and procedures for the delivery of services to clients with a wide range of sensory and other impairments. I was also responsible for managing the Local Authority's budget for sensory impairment services. Part of my role involved using my skills and expertise to foster good working relationships with a range of voluntary bodies and client support organisations. In addition, I managed a team of Social Workers and Technical and Rehabilitation Officers and was responsible for liaison between senior managers within Newcastle upon Tyne Disability Services. I was also responsible for managing the Social Worker post at the Regional Neurological Rehabilitation Centre.

In 1996, I returned to the Regional Neurological Rehabilitation Centre post. During the succeeding period, the whole organisational structures within health and social care was rapidly changing. The old Northern Regional Health Authority was being broken up into multiple (often very short lived) healthcare trusts. Additionally, Local Authorities were (often reluctantly) reorganising, and reflecting the new "purchaser/provider" roles ascribed by Central Government. In addition to the application of the previous skill set developed within my career thus far, I became involved within even more complex negotiations, often between conflicting organisations during this period of radical change. The skills, knowledge and experience gained during this period of time afforded me with significant capability in conflict resolution, persuasion and influencing, solution focused work and facilitating clarity of roles and responsibilities between individuals and organisations.

In 2000 I was offered the post of Brain Injury Case Manager at Rehab Without Walls (RWW). At that point, RWW was a small Case Management company; Brain Injury Case Management was also at a relatively new and growing profession within the UK. In addition to using my assessment and support package, design and management skills, this role enabled me to acquire extensive knowledge of personal injury and medical negligence legal cases. Also applying the skill set developed and practiced in my previous career roles, this post enabled me to apply my skills in positive engagement, rapport building, and the creation of therapeutic alliances with Solicitors, Deputies, therapists and health and social care providers/organisations. The role involved providing Case Management services for adults and children with acquired brain injury, cerebral palsy, and other neurological conditions. My role involved assessing the need for case management, care, support and rehabilitation services, writing case management reports, proposals, and reviews, and designing, developing and monitoring multidisciplinary rehabilitation packages.

In addition to deploying a wide range of clinical skills within this post, the role required accurate service cost estimation and working within budgets and providing justification for all potential and actual expenditure.

The role also involved me identifying, deploying, and overseeing suitably qualified and experienced therapists and specialists able to provide high-quality therapy and treatment for my clients. During this point in my career, I also obtained extensive experience in the recruitment, training, and management of directly employed support worker packages. My Case Management role involved me coordinating services from both statutory and independent sector organisations, ensuring that all service providers operated in an efficient and cost-effective manner. The role involved a high degree of specialism in managing high risk community situations via effective risk assessment and risk management strategies. I have proven expertise in working in clients' situations where there may be common law or criminal law related problems. Likewise, I have extensive expertise in managing and improving situations where they may be multiple diagnoses/dual diagnosis/mental health problems, and in working within complex and challenging family situations. Within RWW, I was seen as a leading Case Manager practitioner able to competently manage the most difficult, complex and challenging client situations.

In July 2017, my wife and Co-Director (Judith James) and I set up Education & Case Management Services Ltd (please refer to Judith's CV). We have shared strengths and expertise in supporting children and young adults with cerebral palsy and/or acquired brain injury with a wide range of needs and abilities. I have extensive experience in forming and coordinating multidisciplinary rehabilitation packages and in managing large care and support teams, both directly employed, and via agencies.

As one of the most senior and experienced Case Manager practitioners within the region, my work is associated with a creative and ingenious approach to problem solving, working with great integrity, and displaying a relaxed and confident approach when dealing with highly complex and/or challenging client situations that may involve high levels of risk and challenging behaviour. I promote a straightforward, effective and uncomplicated communication style using a wide variety of interpersonal skills. I am known and respected for being able to establish good rapport and effective and collaborative working relationships, and I have a proven track record in positively and successfully turning around challenging Case Management situations. In all these respects, I am extremely tenacious and highly motivated to generate solutions to the most intractable problems likely to be displayed within Case Management and Neurorehabilitation.

My management style relies heavily upon the Social Model of disability; I ensure that all relevant psychological, emotional and social factors are incorporated within Case Management assessments and clinical problem solving. Likewise, my thorough understanding of these key guiding principles enables effective tactical and strategic planning to take place, with the objectives of maximising positive client outcomes and providing safe, effective, well-managed and cost-effective services.

Professional Qualifications and Memberships:

- Certificate of Qualification in Social Work (University of Northumbria) - 1985
- BSc (Hons) Sociology and Applied Social Science (University of Northumbria) - 1985
- Bond Solon Expert Witness Certificate (Cardiff University) - 2019
- BASW – British Association of Social Workers
- BABICM – British Association of Brain Injury Case Managers (Advanced Member)

Regulatory Organisation:

- Social Work England