

## Podcast transcript

### Career conversations: Jo Bresì-Ando

#### **Hannah Spencer:**

Hi everyone and welcome to this podcast recorded and produced by the Royal College of Occupational Therapists.

This is one of a series of podcasts which really focus on hearing and sharing the career narratives of our diverse workforce and highlight a whole range of possibilities in occupational therapy.

My name is Hannah Spencer and I'm an occupational therapist that's had the absolute pleasure and privilege of facilitating and capturing these conversations with members of our occupational therapy community.

So let's start with some introductions. Do you mind introducing yourself and your current role or roles?

#### **Jo Bresì-Ando:**

Okay, so I'm Jo Bresì-Ando, I am an occupational therapist. I work independently, running my own business; I call myself Director/Occupational Therapist, but it's just me in my business.

#### **Hannah:**

Brilliant.

So the purpose of our conversation today is around your career journey and thinking of your occupational therapy career, your experiences in getting to this point. And I guess I've used the Kawa analogy, the Kawa approach, to kind of guide the questions and guide us through the conversation. I found it helpful in my thinking, so you'll kind of see that come through as well.

So let's start right at the beginning. What drew to occupational therapy? Can you pinpoint the source? How did it all start?

#### **Jo:**

Well, actually, I looked at occupational therapy when I was at school, so, like GCSE time coming up to GCSE A levels sort of thing, and it was a choice between that and physiotherapy. And as part of school work experience I did some work experience as a physio assistant in a hospice that was local to me and my school and kind of played around with the idea more of physio and then actually didn't do that at all... Didn't go into anything to do with health, essentially. Did a biology degree, thought I was going to go into research, kind of cancer research was the thing... That's what I wanted to do. And then I finished the degree and decided, no, don't want to work in a lab, not me, I want to work with people. So I've always kind of had a feeling or a drive to kind of help people, but in a health sort of setting. So after doing the degree, I ended up in a call centre, so something totally different. Did that for about six years. Started my family, but was on maternity leave and was then

told that I was going to be made redundant. And it was like, okay, what am I going to do now? And then it was like, okay, well, let's think, what did you want to do at school? What had been your passions? And I thought, oh, yeah, I used to want to do physio. And I said, oh, yeah? What about OT? And so I looked into it again at that point and realised that I was... I live quite near London South Bank Uni, and that they had a postgraduate diploma, so applied for that. And my son was I think he was six months old when I applied. Didn't get it, I didn't get on the course, so I was in despair, I was like, oh, my God, I'm about to be made redundant and I don't know what else I was going to do. And then literally, I think other people must have dropped out and then I got onto the course and then that's how I started my journey. That's it.

I love it. And like so many of these stories, people who have had alternative careers beforehand and almost accidentally stumbled back into occupational therapy in that moment of serendipity almost.

Yeah, definitely.

**Hannah:**

So can you tell me a bit more about the journey from then on? So you trained at Southbank and then...?

**Jo:**

I started my first rotation was at Whips Cross, so I started a rotational role at Whips Cross, which I really enjoyed, but I live in South... South London, and it was crossing the river and going through the Blackwall Tunnel every day. And, yeah, it was a lot. And my kids were very small and it was quite difficult to kind of manage the journey and things like that. So I essentially looked for a role that was closer to home for me. And so, yeah, had done a bit of a hospital rotation, loved it. I thought it gave me great structure to kind of like hospital discharge planning and all of that, which seems to kind of be involved when you work in the acute sector. But then the next role that I got was based in... I suppose you'd call it a community hospital in a rehab setting. Intermediate care, that's what it was then, but it was intermediate care based in the hospital, and we had any and everybody coming onto our rehab wards. And I just really always liked the neuro cases and then kind of decided, essentially, you know what? I want to specialise.

So I did quite a few years within the intermediate care, so in the hospital setting, but they also had the community team based out in the community. So then I moved from the hospital setting out into the community team, still really loved all the neuro cases and thought, yeah, I want to specialise in this. And then a job post came up for a place that I had been on placement for, which was still quite local to me, and I had loved my supervisor there. We got on really well and she really kind of... I felt like if there was ever going to be a job that came up within that team, I would go for it. And a job came up and I went for it and I didn't tell my supervisor that I was going for it, so I literally turned up to the interview, don't I know you? But, yes, I got it. And then that kind of really started my neuro rehab journey and I have specialised in that ever since.

So essentially, worked in the NHS for about 12 – 13 years, all around South London, different kinds of roles. When I was in the NHS, I would say that stroke rehab was my speciality generally. That was the thing that I really liked. And working in early supported discharge teams and then kind of leading my way up to leading stroke teams as the years progressed and things like that.

And so my last job, actually, within the NHS was as what was called a neuro navigator. So it was a new role, it was a pilot where essentially all the different boroughs in southeast London were allocated a neuro navigator. And our role was basically to support that borough and in guiding the community teams and the hospitals within that borough with the really complex neuro cases, the

ones that where therapists were struggling, like, I don't know what to do, I don't know where we should be referring them. So that was the role of a navigator, which was really very different because I wasn't holding a caseload. So it was a lot of liaison with commissioners, different stakeholders, charities within different boroughs, community teams, the hospitals... So it was very different to how I had worked before, but I really enjoyed that. But at the same time, I was starting to think about working a different way, wanting to be a little bit more creative, have more time to myself, so a better work life balance. And I thought about doing some independent work. So essentially, I combined that with my NHS role.

I went part time in the NHS role and was doing some independent roles. And I did that for a little while to kind of test the waters, see if it was something that I was going to be able to still pay my mortgage with if I went full time. All of those concerns that you have. And then I decided, yeah, okay, I'm going to do independent full time, which I did. I think I started that in 2018. And, yeah, I basically just leapt in, fingers crossed, and started doing full time independent work.

### **Hannah:**

So what's contributed to the flow along the way? What skills, experiences, opportunities have contributed to that drive, that flow?

I would say everything. Every experience. There's nothing that I haven't used.

So from basic when you first start out as a new grad and you're learning all of that basic information about equipment, bathboards raised toilet seats and all that information that you gather from support workers, because you don't come out of university knowing that stuff. It's all the support workers and other OTs who have been there a bit longer than you who teach you, actually, how do you measure across the bath to get the right size bath board? All of that.

And to being part of stroke discharge teams and going into hospitals to liaise with the acute therapists, to bridge that link between acute and community and making connections and building relationships with consultants. But all the different therapists in the hospital who know you and all can call you up and say, oh, Jo, we're thinking of referring this person when they come home. Are they going to be suitable? Do they fit the criteria for your rehab team? All of that? All of those connections are connections that I have used as I have been working as an independent therapist. I would say that a lot of my work, a lot of people's knowledge of me, I think has come because of the relationships that I built was working in the NHS.

The only thing I would say that I didn't have was the business skills. We're not taught that as OT. I think it's getting better now but certainly when I was training, being an independent OT didn't even seem to be an option. I didn't even know that you could be an independent OT. And just the variety of ways in which that you can work as an independent OT were just not made known to me. And then actually think, okay, well, you have the clinical skills, what about the business skills? And so that has been a very steep learning curve, I think. Picking up business skills, deciding whether you're going to be a sole trader or a limited company, insurance, indemnity, all of those things, cash flow, having an accountant, doing your account, paying your taxes, all of that has been a steep learning curve.

But I think it feels better now than when I first started out, because there are so many, I think, different groups of therapists, allied health professionals who are supporting each other in these different areas. So there are so many more resources now available to anybody who wants to kind of explore that area and feel confident that they can do it and that there's support out there, because it can be quite lonely working as an independent therapist. You don't get to see your colleagues every day in the same way you might within the NHS. So you have to learn that resilience, I

suppose. Yeah.

**Hannah:**

How has your environment around you enabled or restricted that career journey for you?

**Jo:**

That's a very OT question.

**Hannah:**

I know.

**Jo:**

How is my environment? Okay, well, I would say physical environment. Working from home, I used to work in my dining room, didn't really have a dedicated space, but then the pandemic changed that, and when everybody was at home, it was like, no, I need my own space. So basically turned one of the little box rooms into my office, and that's my dedicated space now to do work. And it feels like that feels really good because that really helps me to focus. I'm one of those people who can get really distracted, and if I'm near the TV, the TV will go on or, okay, I'll just walk to the kitchen and get some biscuits. So I need to be away from all of that stuff. And I'm one of those people who like bright environments. I need a lot of natural light and it needs to be brightly coloured flowers, all the things that kind of make me feel good. Lots of smelly candles stuff, the kind of smells that will help you focus. So from a physical environment, that's very important for me to kind of help me really focus when I'm working, writing reports and notes and that type of thing.

From a social environment, I suppose having an understanding family, particularly when I started out and hadn't got the balance quite right around my working hours, and just thinking, oh, well, it's my own business, I can work whatever hours, and then realising I was probably working a lot harder than I ever did in the NHS. Because you don't want this thing to fail and you're the only person who has to do everything. So, like, working seven days a week and realising, though, that this can't be sustainable, that's not sustainable, and then gradually learning how to kind of set some boundaries for yourself when you're working out of your own home environment and still having a family life. So having good family support and understanding has helped.

And also just making connections with all the other health professionals that you meet within the independent sort of sector and working with them or getting tips with them, being able to vent about different situations or just collaborate. So I think having that good support network of people who understand what you're going through is also really important in terms of environment.

**Hannah:**

Thank you. What about supervision in that mix? Particularly as an independent practitioner?

**Jo:**

Yeah, code of ethics and all of that. You still need to have supervision. So I have supervision. I pay someone to supervise me and it's no different to supervision in the NHS, really. You're bringing your caseload, you're talking about what's going on, your thoughts, your concerns. So, yes, supervision is still very beneficial, maybe even more so because you're not surrounded by a team of OTs where you might just... sometimes it's easier to grab informal supervision when you're in a team because

you can literally sound somebody out about something, and then maybe you've got your answer there. And then instead of having to wait to a formal supervision session. It's a little bit harder I think probably as an independent practitioner, if you're working by yourself, but if you've got a good support group, you can put questions out there into WhatsApp groups and whatever. And people are always usually quite responsive and things like that.

**Hannah:**

What about kind of along the journey? How has your environment around you enabled or restricted that journey, kind of before you got to the point of independent practice?

**Jo:**

So, like when I was in the NHS, you mean that kind of environment?

**Hannah:**

Yeah, I guess just kind of taking a step back and looking at your career longitudinally rather than snapshot, kind of... how has the environment shaped that journey? Or restricted that journey?

**Jo:**

Okay, I'm always very honest. It was dissatisfaction with the NHS towards the latter years that actually really pushed me more into independent work. I think it was a little bit of burnout, but it was also, I feel, a lack of appreciation. So I think that the turning point for me, really, was when I was working as a stroke lead. And that was the time when there were lots of efficiency cuts in the NHS as their terms, and all of those things, or efficiency savings, I should say, which I never felt were savings, but were actually cuts disguised under a different term. But anyway, that Trust I was in, they were in the process of making some efficiency savings and basically half of my team got cut and I didn't get told. And the people were getting called in and being told, actually, at this point, your job will not be there. And then they were coming to me to say, what's going on? And I was like, I didn't even know. And I was just like, the way that was all handled, I was like, I can't take this anymore; I'm tired of giving and not getting any appreciation back. So for me, that was the moment it was like, okay, I'm really going to explore this independent side of things because this is not for me; I'm not going to take that anymore.

So that so in terms of that environment, that was the thing that really pushed me into independent practice. But before then, looking at my overall journey, I do feel as though by the time I left the NHS, I had kind of got to a band seven level. But I do feel that it took me longer to reach there than some of my counterparts. And again, that also contributed to my feeling that, you know what? I'm not sure that NHS is for me. And I feel that because one of the roles that I was in, part of it was to basically induct basic grade physios. So we would have physios coming from the acute sector out onto a placement into our community team. And so as the kind of static OT within that community team, we often had the knowledge of the borough and lots of these physios coming in wouldn't have had any community experience at all. And it's a very different way from working in the acute. So as the OTs and the community team, we would be expected to kind of induct them and support them learning about working in the community. And so I was very happy to kind of do that. And it was always nice then having those relationships with people back in the acute sector, so that was a good thing. But the bit that started me thinking about why aren't I moving on as fast as some of my peers was when I saw people who were basic grades and suddenly I heard that they were in band seven roles and I'm like, weren't they just a basic grade? And why am I still here? Kind of like in a band six role? And it just felt like the opportunities were being limited, and it was like, okay, what's going on here? And then it was like the real, I suppose, penny dropping was when somebody in a

different team said to me, oh, there's a band seven role, Jo, why don't you go for it? And I can't remember what my answer was and it was just like, yeah, well, we were talking like, well, why hasn't Jo been offered, like, a band seven role? Because she's been there for years and she's more than capable. So, like, why aren't you getting and I was just like, oh, is that what people think? Because I wasn't thinking like that at all. I was actually probably quite content doing what I was doing. I wasn't feeling particularly ambitious at that time. And so it was like, okay, what's going on here? Why am I if not being passed over for opportunities, why am I not being pushed towards opportunities that are out there if it's widely acknowledged I've got the skills to do it?

So then basically, something came up, a training course came up through, I think, the NHS Leadership Academy, and it was for people from different minorities under represented at higher levels within the NHS. And I applied and I went on it, and that was really good because that started to give me confidence to develop some leadership skills and to move myself on forward, because it was very much about, how do we get underrepresented people into higher levels of management, I suppose, within the NHS as a whole. And that kind of opened up my eyes to actually how cliquey the NHS can be sometimes. It's still very much about who, you know. Yes, you might have the skills, but if you kind of know somebody at a higher level management, it doesn't harm you, is what I'm saying. I'm not saying it helps totally, but it doesn't harm if you're kind of known to senior managers and things like that, and if you fit within that clique. And that's not me saying it's about race or gender or anything about that. I just feel that there are elements sometimes if you don't open your eyes to it, or if somebody doesn't open your eyes to kind of like the way that the NHS really works in terms of progression. You can be stuck at one place for a very long time until either you make a decision to change or somebody, like, really pushes you. And there are always really good managers. I've always been quite lucky, I think, with my managers and team leaders who have always been really supportive. And if I said I wanted to do something, they've always kind of given me a push. So I'm very lucky like that, but not everybody has that.

Yeah, so that's how I kind of look at my journey. I think it took me longer to get to where I am now than it should have done.

**Hannah:**

It sounded like it kind of took somebody else asking the question of why to prompt your question.

**Jo:**

Yes, definitely.

**Hannah:**

So you kind of alluded in that answer there about boulders along the way and challenges along the way... What have been the challenges along the way for you? And what helped or would have helped?

**Jo:**

I think for lack of confidence is probably one of my biggest challenges. Yeah. I'm not one of those people who sound as I'm saying it, I'm laughing because obviously, if I've had to push myself to where I am now but I think naturally, I'm not somebody who I don't like the spotlight. I'm quite content, kind of just I'm a listener and I'm an observer. I like people watching that type of thing and I like, one to one kind of very direct work. So for me to kind of push myself out there and get myself noticed is very difficult for me. I will do it, but it's not comfortable. I don't find it comfortable at all. So that is always a challenge for me,

kind of having the spotlight on myself. But I do push myself into these positions because I realise it's good for my self-development and the things I want to do.

Not being able to say no is also a challenge. Not being, you know, taking too much on. So sometimes having too much of a caseload. This was even within the NHS, not just as an independent practitioner, but, yeah, maybe taking on one too many people in your caseload, because you can see that somebody desperately needs help and you don't want to be the one to say, no, I can't help you. And I still struggle with that. Even if I can't help directly, I will always try and sign post or say, oh, okay, I'll put the word out here. I'll try and help. I'll try and do something. Not a complete shutdown like, no, I can't help at all because I find that quite difficult to do. I think those are the main sorts of challenges I have.

**Hannah:**

I think that saying no thing comes up so often doesn't it? It just won't come out. No.

**Jo:**

It's just like oh, God are you sure you can't help? That's the voice in my head. Are you sure you can't help?

**Hannah:**

Absolutely.

Do you feel that you've been able to be and to bring your authentic and best self to occupational therapy? It sounds a little bit like a process for you.

**Jo:**

Yeah, I think that comes more with experience and confidence as an occupational therapist and confidence in your clinical skills. I suppose I'm quite a direct person anyway, in that if I'm asked to describe myself in terms of when I relate to clients, particularly, the word no nonsense comes to mind. But it's not as harsh as it seems; it's more about honesty and working in rehab, you have to be honest. So for me, that's a big thing. But if there's a way to be honest, it's not about shutting down somebody's hope completely about some sort of goal that you might think is unachievable for them, but that's what they're holding on to. It's a way of being honest with them that, okay, look, maybe not just right now. This is where we need to start from, we're not ruling that out, but actually we've got some more basic steps we need to do.

So I would say probably, yes, I have. And I think also because I came to it as a mature student, so I already knew who I was, I already had life experience, I had a family, I'd worked before mortgage, all of that. I think kind of you feel more confident in who you are, I think, as a person. And that helps, I suppose, when relating to maybe people of similar ages, or you just feel as though you've got that empathy for this thing that's happened to this person and you put yourself in their shoes that, if this had happened to me, how would I cope? And, yeah, I can understand why they're reacting this way or behaving this way, because their life has been blown up by this traumatic event type of thing.

So, yes, I do feel like I've always been able to be pretty authentic, more or less, all the way through my career.

**Hannah:**

And it sounds like at the points where maybe the values of the organisation haven't sat with your values as a person, that's when you've almost been nudged towards making those changes as well.

**Jo:**

I think so, yeah. If I feel uncomfortable in a place, then it's not going to last very long. I'll try but it's not going to last very long.

**Hannah:**

Yeah, for sure.

Have there been points where your river, your career journey, has turned or changed course in a way that you'd not anticipated?

**Jo:**

Yes, totally.

If you asked me at the start of my career whether I thought I'd be ever doing this, no, I would never have even considered it. And then more lately, just the types of projects that I'm working on now, which are very tech, health tech and developing apps and coaching programmes. Two years ago, no, I would never have thought that I would have got into that. And sometimes I still don't even know how I've ended up here, but then sometimes that's been my journey, in that my career has not always been that planned. I think some people kind of have a plan for where they want to go. If we're talking about river, rivers, and I'm very much I go with the flow and suddenly I'm being taken this way and I'm like, okay, let's see where it will take me, type of thing. I think that's how I tend to have my career.

**Hannah:**

And I think that's an awesome thing to hear in itself, isn't it? Because so much focus on career progression and development is on this ladder or on this hierarchy. But actually the scope and the potential is so much more diverse than that isn't it?

**Jo:**

Totally.

**Hannah:**

...and can naturally evolve in ways that you don't anticipate.

**Jo:**

Exactly, exactly.

**Hannah:**

What has been most important or helpful for you in that development progression along the way as an occupational therapist?



**Jo:**

I think having a network, having people to talk to about ideas, seeing what's possible, seeing what's possible, knowing that you're not alone when you're doing something and that you're not crazy for thinking, oh, I want to try this type of thing, and that people are also interested in what you're doing and how things are going for you. So I think it's about that support network of people who are similarly minded to you

**Hannah:**

Having that community, I guess, and using the assets of our own community in growing each other.

**Jo:**

Yeah.

**Hannah:**

What you wish you'd known as an early career occupational therapist or prior to joining the profession? What would you say now to that early career self?

**Jo:**

I think it's probably about the career progression in terms of you don't have to focus so much on okay, band five. Okay, I need to get to band six. Band seven. Okay. I need to get to band eight. And then that push that kind of you're almost on a what's the word? Maybe escalator. Almost like there's only one way to progress. So maybe telling myself that there isn't only one way to progress, there's lots of different ways. And whenever you get there, when you get there, it's probably okay.

**Hannah:**

It's challenging that assumption and that narrative that we kind of expect of ourselves to internalise it, don't we?

**Jo:**

Yeah.

**Hannah:**

Where's next for you Jo?

**Jo:**

That's a question! I don't know.

**Hannah:**

It's a cool thing as well, isn't it?

**Jo:**

Yeah.

**Hannah:**

Just being willing to go with the flow.

**Jo:**

Yeah, just do what I'm doing right now. Concentrate on working with my clients, different projects every now and then to kind of keep things interesting and maybe grow my business. I don't know. People say to me, oh, you should grow your business, you should take on some more people. And I'm like, now I'm becoming an employer and I don't know if I want to do that, but who knows? Who knows? I don't know.

**Hannah:**

I think the word "should" as well is a dangerous word, isn't it?

**Jo:**

Yes.

**Hannah:**

Is there anything that you'd add to anything that we've discussed today? Is there anything that we've kind of glossed over or missed out or that you would have liked the opportunity to say?

**Jo:**

Maybe just as an undergrad, as a student, if you're watching this, to kind of keep your options open about what OT can be and what you should be or should be doing? It's harder when you're in a large corporation organisation like the NHS or social services because obviously there are parameters. And there is a very specific job role to be done for the people that you serve. But even within that, I think always keep your eyes open to new opportunities, different ways of working. And even if you're new, don't be afraid just to say, has anybody tried this? Can we do it this way? Or because you're going in somewhere with new eyes and those things are still valuable. It doesn't matter how new you are to a place or an organisation.

So I think it'd be about be open minded and keep your eyes peeled for maybe innovative ways of doing things.

**Hannah:**

A quick fire finish the sentence question to end with, then.

**Jo:**

Okay.

**Hannah:**

Being an occupational therapist is...

**Jo:**

Fun.

**Hannah:**

Brilliant. True. It is, isn't it? And I think often we kind of gloss over that.

**Jo:**

Yeah.