

Podcast transcript

Career conversations: Sue Kenney

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.

Let's start with some introductions. Can you give me a brief introduction to yourself and your current role or roles?

Sue Kenney:

I will. I'm Sue Kenney and I'm a lecturer and admissions tutor at Coventry University and I teach on the BSc Occupational Therapy full time degree course and also I teach BSc OT apprentices as well.

Hannah:

Thanks for joining me today, Sue. So the purpose of today's conversation is around kind of your career journey, thinking about your occupational therapy career and how you've got to this point, and your experiences. I've kind of found it helpful to use the Kawa analogy, career journey as river, to kind of guide the reflection in that. So you'll hear that through the questions as well.

So I guess we start right at the beginning. What drew you to occupational therapy? Can you pinpoint the source?

Sue:

Wow, that's a massive question. I've been thinking about that. It's interesting, actually, because I think I've known occupational therapists. I've got two good friends who are occupational therapists, one who worked in mental health and the other one who worked in local authority. So they've been mates of mine for a long time. And before I came to OT, I worked in a social services department in the training team. And the OT team... This was just when you were starting to be a bit more evidence based and people were required to put together a CPD portfolio. So this is way before it was online, so people needed big folders... And they asked the training team if we would come and help them think about work based development and help to put those portfolios together. So I stuck my hand up and said, yeah, I'll go and work with the OTs.

I didn't really know anything about occupational therapy then, but I went and worked with them and I thought, kind of what a canny bunch of people they were.

And I went on a home visit with the OT lead, who was kind of like a very interesting character. I think she must be long retired by now. But her general plan, she was a white British woman, her general plan was to retire to India and go and live in an ashram. So she was a real kind of hippie, wild child. I remember bombing round South London in her mini, going on these home visits because she wanted me to get a sense of what they did before we started to consider how to put it together.

So, yeah, my introduction was to OT, partly through friendship and partly through her.

And also when I used to train welfare rights advice, which was what my previous career was, we used to do open courses to a large number of social services and voluntary sector participants. And I very specifically remember one course where there were six OTs that came and mostly everybody else was either a housing advice or officer or a social worker. And they were all moaning about being on this course because they were mandated to do it, whereas the OTs were completely up for it and really engaged and really switched on. And I remember saying to them, so who are you? What's occupational therapy? Because they kind of very clearly saw their responsibilities in tackling the sort of wider issues of health and wellbeing, which really surprised me because my expectation was that social work would have no issue with that whatsoever. And I'm... apologies, social work colleagues that are watching. I mean, I know that you do... but there was something about the OTs that really stood out on that course and their willingness to engage with something that was mandatory and a little bit outside of their normal practice.

Hannah:

So thinking about those tributaries along the way, the experiences that have contributed to your flow, you mentioned your previous career there, you mentioned some kind of work experiences, what skills, experiences, opportunities that have contributed to your journey along the way?

Sue:

That's quite a hard question to ask because I think in some ways you could interpret your questions as being aimed at perhaps the more stereotypical younger graduate it's perhaps their first career, so it's kind of hard to separate it out. I mean, I was 47 when I qualified, so I had quite a bit of life before then. But I suppose I've always worked in some aspect of health and social care and some kind of advocacy role. As I say, I spent 15 years mainly being a welfare rights advice worker and I worked for a disability rights charity for for a number of years. So the focus was kind of community based change and also tackling things like health equity inequity championing people to have a better standard of living. And also in the 90s in London, around the time of the introduction of the Disability Discrimination Act, and working with some of the people who their route to getting things changed were, let's chain ourselves to a bus, let's chain ourselves to railings. And I worked for an organisation that was sat somewhere in the middle of that approach and RADAR, which was the Royal Association of Disability and Rehabilitation, which was very mainstream, which was very much about parliamentary change.

So I suppose bring quite a few of those skills to occupational therapy. Partly the training and the teaching aspects, which is very important, but also the kind of clean thinking about occupational justice and occupational injustice and the responsibilities we have for tackling those as well, which are very important to me, for sure.

Hannah:

I heard in your answer there occupational therapy, you were describing your previous working roles and I was like, you were working basically as an occupational therapist.

Sue:

Yeah, you could argue that. I mean, there's a hell of a lot of crossover between that and yeah, I think it depends on what area of practice you currently work in, which might be I don't know if this leads on to that question about boulders or are we a boulders yet?

Hannah:

You can talk about boulders, you can take the conversation in whatever direction you like.

Sue:

I think that was one of the things that struck me, though, when I did qualify or go out on placement, that then if you're in a very much more process driven, restrictive environment that's focused on functional ability, you know you can go and work on an acute frailty unit... You don't really have the time, the luxury or the headspace other than get them discharged. Obviously there's a lot more to it than that, but then it felt a lot more restrictive and people had less time or energy to think about maybe some of the sort of social situations that we were then discharging people into. And I think I expected the profession to be a little bit more forward thinking than it actually was at the time, and that was a real challenge, actually.

Hannah:

So tell me about the journey since you trained, then, since you registered as an occupational therapist.

Sue:

Okay, well, I spent a short amount of time in a more contemporary job, which was a Macmillan support service. I say contemporary because it wasn't specifically occupational therapy, but it was a team made up of counsellors, four occupational therapists and two psychiatric nurses. So the idea was that we supported the specialist palliative care team in more kind of wraparound services, so we organised befriending services, bereavement support and health promotion activities. So to me it was like the perfect job, really. It felt like pure OT to me and the kind of OT that I was interested in. The downside of it was, because it was a new service in such a small team, there was no real sort of progression route. It was band five or nothing, apart from the clinical lead, who wasn't going anywhere anytime soon.

So that and some personal life circumstances brought me back down to the Midlands, where I ended up working in social services. So, again, that sort of slightly less, I want to say restrictive, but that sounds that I'm doing my uniform colleagues a disservice, but I suppose that's just a reflection of me that kind of working in a hospital trust felt a bit more restrictive. I didn't particularly want to wear a uniform, I wanted a job where I was much more community based, so that's why I ended up working social services.

Yeah, I spent some time working in two different authorities, mainly in sort of housing adaptations. It was a housing adaptation specialist team to start with, and then I was assistant team manager for another authority, so a bit more management led in emergency duty team and community teams as well.

And then I ended up doing some hourly paid lecturing at Coventry University and now I work here full time. So again, it's bringing that kind of teaching and training aspect and coaching that you do all

the time as an occupational therapist and bringing that into students and feeling like maybe I could have a chance to maybe influence the curriculum and also sort of it's really interesting being at the start of somebody else's career journey.

Hannah:

For sure. And shaping the future of the workforce as well.

Yeah, for sure.

Sue:

Yeah, hopefully, absolutely.

Hannah:

So how was your environment around you enabled or restricted that career journey for you?

Sue:

Working in social services, you're a minority workforce that's already a minority workforce anywhere, and I think most OTs experience that, wherever they are. So the majority workforce in healthcare see nursing. But I think even within OT, social services OTs are the minority generally, and it's not particularly well articulated and not particularly well respected, perhaps, in social services. We've probably got a bit of a chip on our shoulder as well, though. And I think probably if social services OT has changed the narrative a bit, we could probably overcome some of those issues. But there is the feeling that we're kind of a forgotten tribe of OTs and career progression is much less defined. Even if we were using the career development pathway in social services to help train and develop, there's not the same level of preceptorship or early years support that you might get in the NHS. And I think that still is a huge area that needs to be developed, I think, for social services.

Yeah. So the environment, I think as well, on a very personal level, the environment of particularly one of the local authorities I worked with, it was a bit of a shock to the system. So when you go and work with housing improvement officers in local authority, who tend to be predominantly men, you go into their office and it still had page three pin ups above people's desks, so it was pretty sexist. And it didn't particularly feel that safe to be an out lesbian OT either. So, yeah, I can't say that necessarily enabled me to be completely my authentic and true self. So, yeah, there were definitely some restrictions around that, so it took a bit of getting used to. It was a very different kind of environment to what I'd been used to in the past.

Hannah:

What role of supervision had for you Sue?

Sue:

It's been largely, I think, certainly the early first job that I had, it was very thorough and had clinical supervision from the specialist palliative care OT, and it was excellent. The training was excellent as well. We had group supervision, we had one on one supervision. So there was kind of a mixture of clinical and management, probably slightly more management led supervision in other jobs that I've had. Yeah, it plays a really vital role. Not just in that you need to talk about the effect of the cases that you carry because there'll be an emotional impact, but also that you need a sounding board to say, I did this is it right? What is my clinical reasoning? It's a place for you to reflect as well as to get

the support that you need.

Hannah:

So what about... we're onto the boulders now... what have been the boulders along the way for you and your kind of career journey?

Sue:

Well, I think I've referred to one of them already, so I think that's always a bit of a boulder about safety around being out. I think some of the kind of lack of career progression or recognition of the profession as a minority profession, amongst others, is a frustration. I mean, even down to changing teams. I was a manager in a lone OT manager in a team of social workers during a time of review and refresh and transformation, and I didn't have anyone to manage. It's part of my job description. I think I should be managing someone at this level that's in my job title and everything. And certainly the social worker who managed me said, well, actually, you can't really manage a social worker because you're not a social worker. And I said, well, you're managing me and you're not an OT. Now, I can see that from both sides, but I think there's a frustration in that, in that there's not that kind of equity. And also the push for wanting to have the equivalency of a principal occupational therapist that works alongside a principal social worker who equally doesn't have operational responsibility as well. Whereas principal social worker it's a common theme that I hear from other social services colleagues.

Boulders along the way. I've really had to think about this, actually, because boulders in terms of a career journey, for somebody who identifies as a lesbian OT, I think it's quite complex to answer that in any clear way overt discrimination. In some ways, it's like, it's obvious it's overt. You could call it out if it's bullying, it's more to do with the kind of microaggressions that happen in the workplace and in life. And also that I think a lot of the organisations that I have worked with and also that RCOT to a very large extent, until quite recently, has been kind of sexuality blind. And actually, now I've said that I also think perhaps in terms of not just sexual orientation and more latterly gender identity, but actually sex... sexuality. If you go back through sort of back copies of BJOT or OTNews, those articles pop up sporadically, but they're really few and far between.

So I know when I was at Uni, I was just really racked off that there was no visible representation at all. I mean, one of my university lecturers who kind of took me aside and had this sort of very amiable conversation about noticing that maybe I was struggling and said, well, you might want to talk to somebody else on the year below you. So I did the Masters pre-reg and I was a mature student... Yeah, you might want to talk to so and so because they're interested in similar areas to you. And I thought, what's she talking about? I kind of looked her up. I thought, oh, okay, so she's another lesbian. That's basically what you're saying to me, I should go and talk to her, make friends with her and it'll all be all right. And I actually think at least that lecturer noticed it, actually, and did something about it. So fair play to her. And I don't want this because there'll be people watching this that now run that course or maybe ran it in the past. I'm not out for saying this was a bad course, it wasn't, but it was just really stark about how that representation just wasn't there. There's nothing, particularly in the core textbooks that really leaps out at you, that says this is about you.

I mean, I strive to change that in the course materials that I devise. And I try and generate discussions constantly that are not just heteronormative or cisnormative, because I want people to come on our course and feel safe, happy, represented. Yeah, all of that stuff.

But there are huge boulders and I think I was also thinking about yeah, so it's Irving Goffman because I did sociology degree to start with, who talks about concealable stigmas. So it's a constant battle to think about when to tell, not to tell, how to tell, who to tell it to. And you're always kind of

slightly on your mettle about thinking, judging the reaction or doing making some kind of social interpretation of what's going on around you that really stressful and really exhausting. So that whole thing about minority stress, it's a real thing. And of course, it's not just exclusive to me as a lesbian. It, but, I'm talking about me. It's all about me, folks. Yeah. Someone's talking about me. That's what's important. Yeah. And I also kind of think about health care provision as well. I mean, I still look and seek for evidence that is relevant to my own community and it is still really lacking. How much do we know about the health care and social exclusion of lesbians? How much is that? How much actually is generated as well? How much is it likely to get funding? All those kind of things.

So I think there are some rather large structural boulders that we're still chipping away at, all of us. All of us, regardless of how you identify, obviously. But, yeah, those are the kind of things that got in the way.

And I think as well, with all of that, for me, sometimes it's difficult to really know, to think, okay, in a leadership role, and I want to say this really clearly, is that for me, leadership is not about management. Leadership is about doing stuff where you're stepping out of your comfort zone and you're trying to do something that is slightly different or against the status quo. In some ways that could be anything and it could be something really small. But I think for me, leadership is really important, that it's not just about climbing the ranks, but that is really important as well. But certainly not necessarily seeing any out, lesbian, bi, trans OTs in a leadership role. It also gets in the way. It gets in the way of your own career journey, but also it becomes personalised. You start to think, is it me? Maybe it's because or maybe it's because I didn't do this, or maybe because you start to personalise it and internalise that kind of oppression.

And I think that really gets in the way.

That's a huge boulder for a lot of people, including me.

So I think my career journey, as I said before, it's kind of meandered around all over the shop and I've tended to follow my heart. But I do wonder now, at the age of 60, in retrospect, about how much of all of those things have actually restricted my opportunities and restricted my confidence to be able to escalate further up a career ladder.

So I think the message for that really is keep on chipping away, speak out and just believe in yourself because actually it's totally possible. And I really hope that things for the profession are changing in the light of this kind of conversation. So those are some of the boulders I think, that get in the way.

I mean, I think there are probably a larger number of internal boulders, an internal critical voice that everybody has good dose of impostor syndrome along the way.

Hannah:

And I think it's important that we acknowledge those internal boulders as well because we're human.

So what's helped you? Or what would have helped with some of those boulders along the way?

Sue:

I think probably some of the things that exist now would have helped. So having the kind of Disrupt OT forum that is available to us and the RCOT is changing its' narrative a bit around equity and diversity would have helped because I think I often felt like a lone voice.

I remember one of the managers saying to me because I challenged a decision about installation of a housing adaptation, I forget I can't even remember what it was about now. I was just basically saying you can't make that decision. That's so unfair. That policy is crazy. I can't remember what it was about now, just some kind of disadvantage. And I remember him saying, oh, always once an advocate, always an advocate, because he knew what my past career had been like. And I never really felt that I had a huge amount of support for that perspective, that occupational perspective. Whereas now I think people are talking about that more, it's more visible.

So having those kind of networks to plug into would have been incredibly helpful, I think, at the time.

Hannah:

I guess, off the back of that Sue, do you feel that you've been able to be and to bring your best authentic and best self to occupational therapy?

Sue:

Has that.. been a bit of a thinking about that? Does anybody else feel that? What is my authentic self? What is my true self? I don't know. It's an evolution, isn't it, really?

Not always. No, not always.

I think certainly when I did my course again, it felt very straight. It felt very white. I didn't go to the university I currently work at. It was a good course, but there was certainly one placement where I was really in the closet and sort of didn't really kind of come out, even when directly asked, was I married to have any kids? And kind of mumbled something and kind of sidestepped it. So, no, not always. But again, I think that's an evolution. And with those kind of support networks, I think that does enable people to hopefully bring a bit more of themselves, their real selves to work.

Hannah:

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

Sue:

Oh, God. That's my life Hannah. Yeah, well, my career journey, I mean, it is a river, really. Sometimes it's been a bit of a trickle and sometimes a bit of a waterfall. Yeah. I can't say that I've been a person that's had a kind of strategic life plan apart from actually when I decided I wanted to work in a university. So I did have a plan then. I had a five year plan and ended up getting some hourly paid lecturing at Cov Uni and then apply for the job, blah, blah, blah. So I did sort of position myself and also acquire actually, we started to instigate taking on OT student placements in my last job, because I initiated that, because previously we hadn't taken students, which just seemed bonkers to me. Take students, everybody just really important. You learn so much for doing it.

Yeah. So apart from that. No, I think I've meandered, around all over the shop. I think I've done things that I've kind of followed my heart with to a certain extent. And one of the things that brought me into OT, without going into specific detail, is kind of life crisis. And I think that's quite common. Midlife crisis, my life was in tatters, I felt like, right, okay, come on, you've got to get yourself a proper job; do something, find your own meaningful occupation. Other kinds of meaningful occupation had helped me survive those experiences, including things like singing, being outdoors,

nature, cycling, whatever. I kind of got it. I got the importance of that and I felt like I needed my own new occupational identity, occupational in the way that we mean it, as well as employment. And that's one of the things that brought me into OT, because I remember looking at courses and thinking, right, I was a bit pragmatic. What can I get funding for as you could then? Okay, social work, because I'd worked in social services, teaching, because I liked training and teaching... physio, I don't have the science for it, and occupational therapy. And I remember looking at the course, remembering those experiences I'd had with OTs and thinking, well, you have to be a bit of a jack of all trades, don't you, for an OT that will suit me down to the ground, because I think that's who I am.

So I think there's been lots of times... I didn't plan on working in social services. That was, again, life kind of threw me down to that direction. I came back to the Midlands because my dad was ill and it was a job that was available at the time. And I thought, yeah, okay, that speaks to me, let's give it a try. But that's where I ended up working in social services. That seems to make sense to me. So, yeah, lots of meandering went on.

Hannah:

What's been most important or helpful for you in your development and progression?

Sue:

I think one of the... it goes back to the supervision question, I think in that if you have somebody perhaps who is supervising you in some way, that you have a champion who is a bit more of a risk enabler than somebody who's risk averse, who is more open to challenging the status quo. So I think if you've got a champion of somebody who kind of believes in you and maybe has a bit more on your page, can be really helpful. And to build that into a kind of supervisory context as well. Because certainly, Pete, if you're listening to this, you were very helpful to me in my previous job. So, yeah, my last line manager actually sort of had a very different way of thinking about things, which I really found helpful at the time. The people around you that kind of challenge you and are willing to kind of nudge you forward.

Hannah:

Yeah, absolutely.

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

Sue:

My older early career self?

I don't know, really. I think I would say be prepared for a bit of a roller coaster on the course. I hadn't anticipated, because I've done a previous Masters in a different discipline. I kind of was probably a bit cocky, really, thought, oh, well, it'll be all right, I can do academic stuff. But it was really hard. It was a completely different kind of learning in terms of healthcare practice and evidence-based practice. So that was a challenge, so I'd warn myself not to be so arrogant. I'd probably warn my early self that actually, it was a lot straighter than I thought it might be. And I probably actually would encourage myself to do a rotation, because I still think if you can get a rotation, that it is probably a really good grounding before you make a decision about where you're going to go. I don't know, I think I would, but also, I had a mortgage to pay and I was kind of quite a lot older than most people who graduate, so in a way, it felt like I might as well go and do the thing that I really want to do first.

But I think I still have some regrets about that, of not spending more time working for the NHS.

Hannah:

Where's next for you, Sue?

Sue:

Retirement. Where next? Well, I'm not going unless they sack me. I'm not going anywhere else far from Coventry Uni. I really like working in this university and I also really like the students that we get such a diverse group of people in Coventry, and I think that's brilliant and I really welcome and enjoy that. Yeah. So just carrying on doing what I'm doing and hoping to develop for as long as I enjoy doing it.

Hannah:

So I've got a quick fire, finish the sentence question to end with. Being an occupational therapist is...

Sue:

God, you know what? Of course I haven't got a quick answer. This is me.

I've been reading a graphic novel by Alison Bechdel about anyway, you don't really need to know what it's about, but she writes a lot about the beginner's mind because she gets into Zen Buddhism, and given we're talking about Kawa model, it felt like, yeah, let's do that. In Zen Buddhism, somebody with a beginner's mind is somebody who's always open to possibilities, so that you always kind of when somebody you're not seeing things in black and white, that you always got a yes, no, maybe possibility. So I think being an OT is always somebody who tries to cultivate that beginner's mind. Yeah. And that you're kind of practising the don't know mind. You like, I don't know, is that going to work? I don't know. Maybe. I don't know. I need to go and look that up. I need to go and find out. And always thinking about the possibilities of things and being open to those things.

And I think that's quite congruent with being an occupational therapist. You're not necessarily looking for hard and fast answers about things, but you've always tried to keep that beginner's mind. So that, for me, is about being an OT.

Hannah:

I think that's perfect kind of analogy there, like, looking for possibilities and what happens if we try.

Sue:

Yeah, exactly.

Hannah:

Thanks for talking to me today, Sue. I've enjoyed kind of hearing your journey and getting to know you a bit better.

Sue:

Yeah, that's all right. It's my pleasure. All right.