

## Podcast transcript

### Career conversations: Olufunmilayo Oludare (Olu)

#### **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.

I'm here today with a member of our very much valued support workforce.

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

#### **Olufunmilayo Oludare (Olu):**

Yeah, my name is Olufunmilayo Oludare, popularly known as Olu, O L U, because it's a long name, and presently I'm an occupational therapy apprentice. Before now, I was the lead AHP support worker for my Trust. I implemented the HEE career progression framework for those class of support workers that align directly with AHP. But I have to step down so that I can complete my occupational therapy degree apprenticeship. And I'm currently in the third year and the four year programme.

#### **Hannah:**

So the purpose of today's conversation is around your career journey, thinking about your career, your experiences and getting to this point. I found it helpful to use the analogy of career journey as a river to kind of guide that conversation and reflection. So let's start right at the beginning. What drew you to occupational therapy or to allied health? Can you pin point that source? How did it all start?

#### **Olu:**

I can just say possibly the feelings, the gratitude that patients give to you on their journey. Let's presume that while I was a reablement support worker... after doing your six week or four week intervention, and you see patients that they are unable to have their personal care and they are doing it independently, I always have the joy because the first day you are handed over to support the patients, you see the look and the patients think that you're not going to have a positive outcome. Within three weeks, they are settling in, they have integrated back into their community. That is just one of the things that... I want to be part of this. I don't want to be that one of you are not part of the journey of the patient. So being part of the journey, empowering and supporting patients to do what they want to do, removing the barrier, I think that is what led me to develop further

interest in occupational therapy, because I've been in a generic role, working with the nurses and working with the physios, and I kind of like, who am I? But I think eventually I resorted into being an occupational therapy apprentice, which is just the best decision to me, I have to be honest to you.

**Hannah:**

Good to hear. So you worked as a reablement support worker?

**Olu:**

Yeah, I started off as a reablement support worker with the local authority and then that kind of be like a dual role because you do reablement, you support the social worker and at the same time the occupational therapy. So it's like a dual role you are in the health sector and at the same time you are in the social care. So I started off with a reablement officer, they called us officer, not support worker with one of the borough in London and due to funding they took us over to agency but then I looked for a job in NHS and I've been in NHS since 2018.

So within NHS I've worked as a reablement support again, from reablement support worker, I moved to palliative care support worker, and that's a project that was in pioneer in London, where they said people were given the privilege to die wherever they want to. So I was supporting people at the last phase of their life, dying at their preferred place of death, which is home. So I did that from some time and I'm like I still think that yes, it's so emotional for me I want to be in the journey of people that are not actively dying. If there's anything I could do hence I move forward and move to community rehab assistant and community rehab assistant I can integrate a team where you work with the physio and the OT and our role is to prevent unnecessary hospital admission or as a bridging between them.

And from that the journey commenced – I was privileged to do my foundation degree in health science, a two years course. And after the two years course I was to be occupational therapy apprentice because that was my preferred choice. I could have gone to nursing or other qualification or other pathways but mine was occupational therapy. And the reason I said to you earlier is that I like to be in the journey of recovery of people, removing the barrier and allowing them to do what they want to do and when they want to do it. I've been this person.

**Hannah:**

Can you tell me a little bit about that lead AHP support worker role?

**Olu:**

The lead AHP support worker role was first of its kind and within my trust. It wasn't easy when I commenced the role, because like I said to you, support workers, we are spread all over. And that was when I did the scoping exercises... And within our trust, we have people that are actually supporting that there are like 20 different names. Like my role. When I was supporting, I said to you, when I was supporting, they gave me a posh name within my trust. They gave me community rehabilitation assistant practitioner. And there are some they are just rehab assistant. There are some they are hybrid worker. There are some they are called bridging worker. So we have different roles. Some are called clinical support worker... and that was one of the problems I had, that how can you implement change if you don't even know those people? So for us to be able to implement change, we need to know who are those support workers aligned with AHP.

Hence, I did the scoping exercise by starting off, doing a questionnaire and sending it to those type of staff that are aligned with AHP. And the funniest aspect - the first set of results I have, some of

them don't even know that they are aligned with AHP and some of them have to be called to say who am I? Just like myself. I said to you earlier, sometimes I see myself as a nursing assistant assisting the MS specialist nurse because my team was integrated. So we did the scoping exercises. We realised those support workers that are aligned with AHP and then the voice of support worker is they needed that voice, they needed that language so that they can have access to CPD that registered practitioner have. And at the end of it we have supported in three categories the end of the scoping exercises some of them are like Olu that they are looking into career progression and some of them are like not looking into career progression and some of them are looking into training; they want to feel more confident in their roles.

So we took it forward and I said to them as my workplace, that we need to scope further, we don't want to....Before I took the role, I said to the director I don't want this role to be a tick box exercise, I want a sustainability because NHS do advocate for sustainability but sometimes it's just by the book and the director laughed like OK. So as a result of work has done, the role is now a sustainable post in my trust so that they can build on the legacy that I have created. So as I've said to you, we have three classes from the support workers; we have three endpoint results. Those are like Olu who are looking to career progression. How can we help them to have the required qualification, their eligibility? We look at the suitability because a lot of them that I have engaged with, they say I want to be an occupational therapist and we have to look at do you have that KSB; the knowledge, skills and the behaviour that will allow you to go into that pathway successfully because it's so upsetting that a lot of us started the programme and some people drop off because they don't have that knowledge of what it ends. So if they don't have that knowledge, how can we help them to be able to have that knowledge ends?

I developed what they call an end routes mentoring and coaching to prepare them ahead of the what is to come. And we have a leadership programme for the support workers because a lot of support workers we have what they call low self efficacy. Like me, I have a very low self efficacy just because we don't have that continuous training that the registered practitioner has.

So the second class of the people is those people that just need that training because before we used to when I was reablement support worker four years back, when we are writing notes, we write it on paper but now everything is online, everything is you have to have a laptop, we do a dialogue...So some of them are not competent to use laptops so they just need training for them to be able to write their notes, they need training for them to do so online training, they don't want to go they are happy being a support worker. So those are the second.

And the third people are people that they are like no, they are not looking for career progression, they don't want training. So I put on a focus group to explore why don't they want training, why are they contented in that position? And the results are they are in their 60s, they are 65, they are approaching retirement. So what I said to the director is, after I've done the scoping, how can we validate the choices of these people? Because they have soft skills, these people in their 60, 65, they are the ones that have been training our band six, band seven, how can we validate them? So hence we put something together for them to do AHP day within our trust to recognise them, to say thank you to them, to say thank you for giving us those soft skills.

I went for my six week placement with that support worker. I may have been lost in the team, but I was glad to see that I have rehab assistant. I was gluing to the rehab assistant more than the registered practitioner and my practice educator kept saying to me Olu you are a student not a support worker. And I'm like, I'm a support worker. I'm proud to say that I'm a support worker because I learned from support workers and I'm still a support worker.

So those are the results of the scoping assessment and they are building on the legacy... And one of the things I did in my time doing the role is that it's not what the Trust want, it's what is the thing

that the support worker is looking for, what is it that matters to them? So if I don't do the scoping exercises we've been looking at just implementing it, but some support worker just want to have their level five, which was what I had for level five, gave me different perception, I have to be honest. And I said to everybody before having the privilege to go to Uni, I used to be a copy and paste support worker. What does that mean? You, a registered practitioner, will say, oh, you go and deliver a walking frame. Yes, I will adjust the walking frame, I will look at it, it's height adjustable and I will walk away after conversation with them. But going to university and doing one of the module public health, I realise that it's not only nurses that do health promotion.

I use this framework, MECC - make every contact count. I have a very good conversation with them. How are you? This and that. Your medication? If they say to me they've taken the medication, they have a blister pack, I will look at it. Are they really taking the medication? Because some of them have dementia, they may think they've taken the medication. So if they are struggling to take the medication, I will reassure them that I'm going...Are they happy for me to let the nurse in charge know because we work in an interprofessional way. And I ask them, are they drinking water? And I go to Costco. I buy these 40 pieces of this is £3. I buy it, I put it in my bag, and when I'm doing my visit, I ensure I'm drinking. And I'm like, 'are you drinking enough water?' 'Olu, I don't like water.' Now we take the conversation beyond why you need to drink water. If your washing machine is blocked to the water and there's no water, will you wash? They say no. So your kidney needs filtration. And I tell them, when you drink water, it's good for your skin, it is good for you to drink adequate water. Your medication that you are drinking needs water to dissolve so that it can work. If you drink enough water... if you're not drinking water, you are prone to have a low blood pressure, which may make you to have a fall, and if you have a fall, you end up in the hospital. And those are the type of conversation that I do with patient. But the second time I'm seeing them, they are saying, oh, you're drinking water.

So this is where we start off from, because they know why. But as a rehab assistant, most of the time we are copy and paste, but now giving that opportunity for me to do my level five. So some people want to stop at level five and some people don't want to at all. So that's why I say, I'm an advocate. What can we do for people to have regular CPD? And that is why I'm here today, to make people feel belong. And when you feel belong, you will be able to deliver high quality care.

**Hannah:**

Absolutely. To be the best you can be?

**Olu:**

Yes, absolutely.

**Hannah:**

And I hear there in your answer that actually some members of our support workforce do want to go on to train to become registered members of staff. But equally, some members of our support workforce are quite content within the support workforce but are still entitled to that development of progression. And that's really important too, isn't it?

**Olu:**

Yes.

**Hannah:**

So what do you love about your role both in the present day and over the course of your career journey?

**Olu:**

Okay, let me go through the flow. Okay, go through the flow. As the rehab assistant no two days are actually the same. No two days. So I love able to meet people to talk to them. And because I've been here 20 years and people see me as an African person, people ask me, where are you from? So sometimes it can be so challenging for me. I like able to meet people and able to let them know that it's not about me. I say to them that I may be Olu at work or maybe at home I'm John, it doesn't matter. I like the ability of being my authentic self to work. I don't want people to see me as Olu. I want to be my authentic self and that is what I've been able to have.

Okay, so when I start my job, I kick it off. I say my name is three letter Olu. What is your name? What do you want to be called? Because sometimes people may be Jane in book. When they want to talk to me, they say Olu, I'm John. So I embrace the John. And I go along with the John. So that is why I like people. I use my therapeutic self to connect with people honestly and say to them, anything we discussed so far, you are not saying you're going to kill yourself, is just going to make me to be able to deliver care to you. That's why I like the job.

And now I work as an OT apprentice within the community. Learning disability. Oh my God. First day they are like, what am I doing here? Because these people, 80% of the people on our caseload, they are non-verbal. And the beauty is being non-verbal they could connect with me. So that makes me to go for further training. How can I connect with these people? So seeing them giving me a smile, it's warm of my heart. Seeing them all day me and waving at me. Even they can't talk and they can still see me that I'm a person and I'm helping them in their journey. So it's just about you being able to allow people to do what they want to do.

I know it's not automatic being an agent of change. Some people open the door for us, but occupational therapy ensure that the door is not closed. The door only close when you really need the door to close. So that giving people life. Being an agent of change, that is what I like. And seeing people happy, not people that can speak, but people that they are non verbal. That is the part that warm up my heart, giving me a changing eye contact. When I come in, they make a sound to me and I'm like I smile to embrace them that I can acknowledge your son. So that is a piece that I like in it.

**Hannah:**

You can hear your passion for your role in your answer. That's brilliant.

**Olu:**

Thank you.

**Hannah:**

What about challenges along the way? What have been the boulders kind of getting in your way?

**Olu:**

Yeah, especially during the lead AHP support worker role and a lot of people did not want to engage because they believe it's just one of those things that change is not going to happen. One thing I have seen is that it's not a one approach, like being a lead AHP support worker you can't just send

emails to people, it's good to meet people. Like, I use this medium - I used to do a peer support meeting where I will meet them on Teams and I will tell them that this is confidential, but if it's beyond me, I'm going to take it further so that you can get the outcome.

So challenges can be overcome by being flexible and I've been to a lot of training, I've been on emotional intelligence training for me to be able to control my emotion and at the same time not to have a misconception. So those are the means of... So having adequate reflection and being open. Supervision is a way for you to break barriers, having supervision session with your supervisor and be honest and one of our Trust policy... We have Trust values. We have five. One of them is being professional and honest. There's no value in you doing your role if you are not honest and professional. Like when I was doing the palliative care, patients are dying but they said to me oh, tell me what is happening, am I dying? And I can't just say to them you are not dying or you are dying. So it is about how do we communicate the language, how can we be together? So what I do is that a lot of reflection, a lot of supervision, because sometimes I will look at the registered practitioner, they are not feared, they are doing this to me. So instead of me complaining about people, why can't I look it from another lens in my supervision? Reflection.

And to have a good result to overcome barriers sometimes not one method fits all. Some people want to see you in person just to see you face to face, some people want to talk on the phone, some people you just have to follow up. What I said to my manager is that follow up, follow up, follow up but when you are following up we have to be mindful of the language that we are using. It's not going to be authoritatively, our language should be come across as a friendly but not using one approach. That is how I have overcome challenges; supervision, reflection, my language and no one size fits all. We will get there, it's not automatic but we will get there.

**Hannah:**

And that sings of occupational therapy values as well, doesn't it? Seeing a person as an individual with their individual needs and skills and experiences as well.

**Olu:**

Yeah.

**Hannah:**

How has your environment around you kind of enabled or restricted your career journey, do you think?

**Olu:**

Yeah, before this movement, I call this movement; before this lead AHP support worker role we are just support workers and I say look, support worker... with their environment... When we had the COVID-19 when we were redeployed, they just want to do the bare minimum. They said they are not recognised and they usually say 'Olu, I'm just a support worker'. And I'm like, yes, we are support worker best we can. So sometimes the environment where we work can restrict because of funding, because there's no framework to implement. But now, with the lead AHP support worker role, the next phase of the project, I've done that, I'm still supporting them, but because I'm the North East London apprentice representative within North East London, is about having that competency that is aligned with their role.

And I did a presentation for Care Certificate. Care Certificate is the minimum standard for any support worker to practice in this country. But what I realised, I did mine in 2018. Within the course



of time I think that it's just become a tick box exercise. And if you look at the standards, if people can follow it chronologically, we will be able to deliver high quality care. But if it's a tick box exercise and there's no framework to align support worker to it, there will be limitations. So it's all about having a framework that supports the role of a support worker and somebody to like cheques and balance. Because if there's no cheque and balance, you just want me to do it, I will just do it. Like me, when I write my notes from band two support worker, I know what his mental capacity acts and I know why I should act in the best interest if a patient cannot give me consent, and that is the part of Care Certificate.

One thing I've not said to you is, I'm so passionate. And where is the passion coming from in Africa, in Nigeria? I've been here 20 years. We don't have that health care. We don't have that health care. We don't have NHS in Nigeria.

**Hannah:**

Okay.

**Olu:**

So you need to be able to afford the health care. So when I see people when I see people and one of the big quotes that actually influenced me, and I delivered this nationally during the December, Support Worker Voice, and that quote that I put in one of my slides is that of Desmond Tutu -that somebody has to go upstream. Why are people going downstream? And seeing people downstream is to affect me mentally. So when I go to people, I adopt the MECC, make every contact count. If I can talk to them, engage with them in meaningful conversation, I'll be able to support them in letting them make good lifetime choices that we know, allow them to go to downstream. Because what I see with my journey as a support worker, I see Mrs A today. In the next six months, six weeks, Mrs A is discharged. In the next three months, Mrs A is back. So how can I be an agent of change? By knowing what to say to Mrs A to prevent her going downstream all the time so that she can have a quality of life. In Africa we don't have this. What we do in Africa is we are so knitted together so it costs money for support worker to be going out there.

So support if we have CPD that is aligned to our role we can support the registered practitioners like yourself to be an advocate of lifestyle choices. So that is where this passion, the energy is coming from, I think my world view or my personal view of life...

**Hannah:**

I think so often people think that skills and experiences come from workplace roles but it's our life experiences too, isn't it? And they make us who we are. So thank you for sharing that.

**Olu:**

Thank you.

**Hannah:**

Do you feel like you've been able to be and to bring your best self to occupational therapy, to allied health?

**Olu:**

Yes, I have.

I'm unstoppable when I'm somewhere I work myself yeah, I'm here, you want to go and assess visit? Because I said to them I'm a sponge so when I go anywhere, I go as a sponge. I remove my hat as if I'm something and I would tell them my first day on the ward they say oh, are you not Olu that you did this leader? I said which Olu? I don't want them to see me as maybe that post a leader, no, we are in this together. So I've been able to move around, be my authentic self and if anything is not right, I have reflection and I have a mentor and that's what I said to support workers that believe in yourself. The person that can stop you from bringing your authentic self to work is the person you see in the mirror when you groom yourself. So why would you want to stop you yourself? The only person that can stop you is the person you see while you groom yourself because there's a wrong perception that is the environment is not supporting me. Why can't you adapt the environment? The environment wasn't supportive to me.

There are a lot of resources on Health Education England that are for support workers. That was what I was doing to increase my knowledge, my skill, to prepare me for what is to come today to be an occupational therapy. So nobody can stop us taking our authentic self, it's only the person you see in the mirror that can stop you. So work on yourself and the old world will be what we want it to be like. The change starts from me. This change is me. The change I want to see my patients...I can't say to my patients 'drink water' If I'm not drinking water, I can't give what I don't have. So when the change starts from me, there can be a movement. Hence, when I took the leadership role, I said I don't want it to be a tick box exercise. Hence we have it now. The legacy is there within my Trust that they know that they need that lead AHP support worker that can connect with somebody that is called support worker so that they can have an identity.

Sometimes I see some patients and I say to them my name is Olu and they look at my high occupational therapist and some people say 'you are a rapist' and that I'm like 'rapist?' and I'm like 'why is he saying that to me?' But that place I switched my mode of communication sorry sir, I've come to support you with this so I won't take it personally that he called me rapist. So it's just about us being prepared.

**Hannah:**

Changing your perspective?

**Olu:**

Thank you. And that will make you to bring your authentic self to work.

**Hannah:**

And I've heard as well, what's really important to you is living your values.

**Olu:**

My values? Yeah, my values.

**Hannah:**

Living and working to your values.

**Olu:**

Your own values sometimes it influence so sometimes our world view can be positive or negative...



it's all about knowing your limitation and knowing the clinical reasoning behind what we are doing. A lot of places now they are looking for OT but if the support workers that have been on the job for a long time if they can do reskilling, retraining, upskilling, will we be a better place?

**Hannah:**

That really important question in all of our toolbox is asking why and keeping your critical thinking and always asking why, why?

What's been most important or helpful for you in your development and progression as a member of the support workforce?

**Olu:**

Networking.

**Hannah:**

Can you tell me a bit more about that? Where have you had opportunities to network?

**Olu:**

When I secured that role as a lead AHP support worker I sent an email to people that I know they are the first people to do the role. If I'm not part of network, I would have lost; networking is so important. Another thing I want a support worker to see that give me that self efficacy is language. Language and professional identity. To be able to identify with something we don't just want to... we are there, but sometimes we are not seen. So being able to network and that language and professional identity. I said to people, yes, I'm OT assistant. If most of the time I don't even remember I'm a student, so I don't use the lead role because I went to do a presentation and the our director was saying, 'oh, she's band five'. And after he said, oh, people run to me and say, 'you didn't tell me you are band five'. So I don't want people to see my banding. And that is one of the problems I have in my early days that always affected.

We've lost a lot of fantastic support worker because when the registered practitioner wants to introduce, they say, 'oh, she's our band two'. And I've come to put to you today that an OT assistant in the NHS; it is not about banding, it's about potential. And that was the first thing - we've all got potential. But that language matter so when they're in real life...Because during my lead role I don't say to them I'm a band five so they ran to me in the break 'so you're a band five? You didn't tell us?' No, I said to them 'we are support workers' because if you are on the same page with them, they will feel free to talk to you to tell them they are troubles and you'll be able to reassure them because most time I don't have the answer.

So networking is so important, the language and having a mentor so because I see a lot of people, they even have their first degree in psychology during my scoping assessment and I'm like, you can go and do your level six masters. They are like 'oh, I can't' so those people, they've lost their trust or confidence but if they have a mentor in the workplace that they can hold on to spending the time that the wake of their module comes out, we won't be losing staff or staff will be able to perform in their maximum capacity, be able to have that capability and capacity. So those are the things that think that have changed my world. And being honest, when I can't do something, I tell you I'm sorry, I can't, but I want to learn hence I'm a sponge and I'm absorbing anywhere I go to.

**Hannah:**

It's brilliant and that sense of belonging as well, it naturally impacts on effectiveness, doesn't it? And our sense of wellbeing, sense of self.

**Olu:**

Yes.

**Hannah:**

What you wish you'd known before you joined support workforce what would you say now to your younger self?

**Olu:**

What I've not said to you is that in Africa I did accounting and I was actually working in the banking sector. So once in a different my words change. So one of the concepts in accounting is TQM. TQM. Total quality management. And that concept, the TQM concept, Total Quality Management is getting it right first. So as I've been inducted into health care, giving me those training, having somebody to sit with me on what is important to you within the health care. You see some support workers that they don't have that education. Some of them they don't have the 'why' doing it and before you know it, we all start doing the same thing. And there's something I don't know whether it's French, they say [French phrase] - it means because the whole population are doing something does not make them to be right. But because we are not cold, we just follow suit. So I would have loved to have this opportunity 15 years ago because this is A-B-C that you need to do to get to D, to seeing pathways and opportunities, having mentorship, proper induction, proper induction... Having done networking, I would have been better. But I'm glad I still have the opportunity.

This is like I'm living my second life. The first one was when I did my accounting. And being an occupational therapy is what I've always wanted to do in the banking sector. When customers come, I don't just look at their account balance. Back in Africa, I talked to them. How are you doing today, Mr A? What happened to your wife? You do come to the bank with your wife. Why are you alone, then? I was starting as occupational therapy in the banking sector. But in Africa, for a father to be happy or a mother to be happy, they want to hear that, oh, my daughter is an accountant, my daughter is a lawyer. So it is your parent that decides what to be your parent, decide your career pathway. The amount of doctor you have in your family shows your reputation in the community, hence I did accounting. It's not that I like figures. Yes, I like figures because that transferable skill helped me in the ESR. When I was doing our ESR, that transferable skill allowed me to work on this spreadsheet. So that transferable skill, I can see helped me don't get me wrong, but in the banking sector, I've been doing occupational therapy. Why are you walking that way? What happened to your leg? Have you been to your doctor? And I said to you, doctors are not free, we don't have NHS. So giving me this opportunity now, I'm grateful for... My younger self will have liked, oh, get somebody to network with, somebody to hold my hand, somebody to show me that. For you to get to D, you need A plus B plus C. Not just doing the trial and error.

**Hannah:**

You can hear that your care and your compassion and your genuine curiosity and concern for people, that's been right there from day one, hasn't it?

**Olu:**

Yeah, true.

**Hannah:**

Where's next for you?

**Olu:**

By this time next year, I will be counting months to complete my programme. I will still have a lot to do to be registered as an occupational therapist, but at the same time I'm still a support worker, because as an occupational therapist, we support patients in promoting their health and wellbeing. I'm grateful for being in United Kingdom for 20 years so the next phase of my life is to bring on board those knowledge, the skills and the behaviours that I have acquired during my training, to put it into practice and to support other people to do the same. Yes. For them to have a language, for them to have an identity and not to keep doing. We have a lot of amazing support workers and I will try my best within my Trust for them to be able to identify with having an associate for RCOT... I'd like you to finish my sentence. For me, being part of the occupational therapy support workforce is... being part of the occupational therapy support workforce has allowed me to have professional identity and visible presence within the community of practice. Yes. It's giving me professional identity and I'm visible. Like what I said to you that a lot of support workers we have that glass ceiling, but belonging to network makes you to be visible and to belong to a community of practice. They see us as an individual that has a potential not just a band two, but we have a potential to complement, to be an integral part of a fantastic registered practitioner.

**Hannah:**

Absolutely. A very much valued and vital part of the workforce.

**Olu:**

Yes. Thank you.

**Hannah:**

Thank you for talking to me today.

**Olu:**

Thank you so much.