

NORFOLK – SUPPORTING PRACTITIONERS THROUGH SECONDARY TRAUMA

Sharmeen Ziauddin: Hello, and welcome to Employer Zone Insights, a Community Care podcast where we speak to social workers and senior leaders about practice, training and how their experiences are shaping their offer of support to families, adults and children.

I'm Sharmeen Ziauddin, a career editor here at Community Care. This episode is brought to you in collaboration with Norfolk County Council Adult Social Services, where we'll be discussing the very important subject of secondary trauma. We'll be talking about how Norfolk piloted a debrief session for its practitioners in how to manage secondary trauma and why it was important for Norfolk to address this topic and support practitioners across the service.

We have three guests on this episode. First up is Emma Hall, a newly qualified social worker who works with adults with learning disabilities who reside in supported living or residential homes across Norfolk.

We have Jerry Crehan, who is a safeguarding adults' practice consultant. He's been a social worker for over 30 years so comes with a wealth of experience.

And we have Rebecca Dungar, who is also a practice consultant and has been at Norfolk for a number of years.

Good morning all. [0:01:20.4]

Jerry Crehan: Good morning.

Emma Hall: Morning.

Rebecca Dungar: Hello.

Sharmeen Ziauddin: Hi. Thanks for joining me today. First of all, let's talk about why this session was organised and why Norfolk felt it was needed. [0:01:33.5]

Jerry Crehan: Well, Norfolk had a growing number of safeguarding concerns about the care of people in one of its care services, a service that it was commissioning support for people from. And the numbers of concerns essentially amounted to what we felt was an institutional abuse concern. And so Norfolk has to respond where it thinks that level of safeguarding concern is evident, and it did. And so Norfolk Adult Social Services responded, along with colleagues from health teams, local health teams as well. That was the beginning of the process and the response that we had to make was a difficult one. The work was quite long, quite complicated, multi-agency as I've said, at times quite adversarial and at times quite stressful too. And so the debrief was arranged at the end of that long and difficult process.

- Sharmeen Ziauddin: Okay. Could you explain what secondary trauma is and how it can manifest and affect practitioners? So a definition, I guess, to begin with. [0:02:54.8]
- Rebecca Dungar: The second trauma means that although the trauma hasn't happened to us exactly – it's happened to someone else – it's still had a huge impact on our practice and our personal views and the way we felt whilst working, as Jerry has said, in a very difficult situation that I don't believe anyone had really experienced before with the difficulties that we had. So it was very traumatic for all the workers. And in the very beginning we were all going out doing visits and feeling these emotions but we hadn't actually all spoke to each other, so it was quite nice when we did speak to each other. We could recognise that everybody was feeling the same and that we'd all similar experiences. So the debrief enabled us to realise that we were all having secondary trauma, and the debrief enabled us to kind of explore that with all our colleagues in an open space. So that was, yeah, that was really good.
- Sharmeen Ziauddin: How does it manifest? How did you realise that you were experiencing secondary trauma? What are the kind of things you were feeling as a practitioner? [0:04:09.7]
- Rebecca Dungar: I think for me personally, throughout the whole process it was feeling worried and anxious about the abuse that we knew was taking place. Feeling powerless at the time to be able to make quick decisions. And for me personally it was quite emotionally draining to be able to do all the work in such a quick time and hope that we were supporting everyone as quickly as we could in the best way.
- Emma Hall: I'm gonna jump on the back of that. I agree with what you were saying there. It was almost like when you're seeing these things, so when we're talking about the experiences we had, you know, we did witness and observe, as Jerry said, sort of institutionalised abuse. There was neglect to the people we were working with. And when you're in that moment you are just doing what you can to protect and support those vulnerable people, which is the job we went in to do. And when you come out of that, often that's when it'll hit you, when you've experienced those sort of traumatic emotions, the fatigue. You know, it's almost like you're in fight-or-flight. So when you come out of that situation you do just...you're exhausted, you know, emotionally, like Rebecca said, and actually physically it's a very draining experience to kind of go through. So that was my experience, just completely tired of work and tired in myself as well.
- Sharmeen Ziauddin: And Emma, you've only been a social worker for less than a year. Was that something you were quite shocked about? I mean, obviously you went into the job knowing social work is never an easy one, but did it surprise you? [0:05:59.3]
- Emma Hall: Yes, of course. This work actually came about very early into my career, you know. It was the first sort of few weeks of starting the role. And I think that just goes to show I wouldn't have been put in this situation, because I am slightly more protected as a newly qualified social worker, if we knew what it was going to amount to and the issues that we were going to experience. And I think that just speaks

to, you know, the role of the social worker, that really you never know what you're going to go into and you never know what you're going to see. You know, we didn't plan to go in there and see the things that we saw and, yeah, experience the things that we experienced. So yeah, I wasn't expecting it and it all came about quite quickly, but I suppose what we're talking about today is showing how I was supported through that and how all the practitioners were. And you know, I've carried on. You know, I felt very well contained through that process. And yes, we saw hard things, but I knew that I had support from, you know, my colleagues with more experience that were higher up than me.

Sharmeen Ziauddin:

So you mentioned support. What did you personally gain from the experience, from the session, other than, you know, general support from your colleagues? [0:07:22.2]

Emma Hall:

Yeah, personally I think it was, for me, quite...it was reassuring that my feelings were not just because I'm a newly qualified social worker with not very much experience. I wasn't reacting to things in a way that was over-the-top or, you know, different to everybody else. People in that room where we sat and did the debrief, everybody was on the same level. We'd experienced the same things. So it didn't matter that I was, you know, new to the job and the youngest person in the room and, you know, the least experienced person in the room. And there were senior managers there and there were health colleagues there, and all these people with big brains and...they just seemed to know everything. We all felt the same. So it was very reassuring and sort of gave me confidence to carry on because these things do happen and they do affect us as ordinary people. We're all on the same sort of base level of human emotion. So it was just a really reassuring experience that I could say how I felt and it was acknowledged and other people said, 'Yeah, me too.' You know, there wasn't any discrepancy in terms of who I was compared to the other professionals in the room.

Sharmeen Ziauddin:

Jerry, you've been in social work for many years now. What did you gain from the session? [0:08:43.8]

Jerry Crehan:

I think I can echo Emma's contribution. I don't think it makes a huge amount of difference whether you're one year in practice or a few more than that. For me, it was a safe place with a peer group to share the experience that we'd been through. And in that sense it differs from formal supervision sessions with your manager or other work-related sessions with your own team because in this sense they weren't my peer group. And I think that's the value of it. It allowed you to be honest and say what you felt rather than what you think your manager or your colleagues in your team...what you think they want to hear from you.

So I think that it allowed people to be honest, and as I said, it was a true peer group. So I think yes. And I think that's the importance of it for me, was it was the same group of colleagues that had shared the experience, and I think that allowed for a level of honesty that you don't get, or that is difficult to find, within a supervision setting or a team meeting setting.

Sharmeen Ziauddin: Rebecca, I can see you nodding your head. [0:10:22.8]

Rebecca Dungar: Yeah, in complete agreement with Emma and Jerry. I just...it was really a useful time to be able to just be able to explain how we felt and, I guess, reflect as well. It was...from the moment we started to where we were at the end, the debrief and how much we'd overcome in that time, and the skills that we'd developed and the professional relationships we'd worked with with our health colleagues and with Jerry and our senior management as well. You know, that was really good to reflect on that as well.

And for me, I felt like it was kind of like a chapter had closed and I'd got kind of from that debrief it was, you know, the situation was very different and, as I said, emotionally draining but actually we were able to go, 'This is what's happened. This is how I felt.' And I felt that I was able to then move on from that because we had the debrief, whereas in other situations I've never experienced that before. So that was quite nice that we were able to just sort of go, 'Yeah, and that's that.' So although we talk about it now, I felt with the debrief that we've had I can reflect back on that without feeling the emotion of all what we experienced. I can actually just look back on that now and say, 'Yes, that's what we did,' and yeah, I had that chance to feel and explain how I felt in that debrief.

Sharmeen Ziauddin: So Rebecca and Jerry, have you had the opportunity to talk about secondary trauma or have a session like this before in other roles that you've done in the past, or was this the first time? [0:12:02.1]

Jerry Crehan: Well it's the first time for me.

Sharmeen Ziauddin: Really?

Jerry Crehan: Yeah, the first opportunity I've had to talk about secondary trauma in the way that we were provided earlier this year. As I said earlier on, I've been in other professional forums, such as reflective meetings or supervision, where I've talked about difficult situations, traumatic situations or experiences associated with my practice, but never in the way that we were provided here. So a first for me.

Sharmeen Ziauddin: And Rebecca? [0:12:41.9]

Rebecca Dungar: Yeah, and that's the same for me. It was the first time I'd experienced that, and I found it really useful. And I think moving forward as a practice consultant it's something I'd definitely like to do for my team moving forward as well because I found it so beneficial. So yeah, but no, previously before I haven't.

Sharmeen Ziauddin: Okay. So let's talk about some of the things that may have caused this trauma. I think in social work, whether you're children's or adults', there is an element of trauma with many of the cases and people you work with. Can you tell us an example of where something happened which was exceptionally traumatic for you? [0:13:31.9]

Jerry Crehan: I can give a couple of examples from my time working with adults and children. I mean, without going into detail. And I think most practitioners would tell you that they can recall these sorts of

experiences very easily, very quickly, in a moment, in a heartbeat they're there and you remember it in detail. But...

And I can remember a near miss for a person who was having a mental health crisis and had been self-neglecting, that we identified just in time. And you know, I remember knocking on their front door very clearly, and I can recall the situation where a young person was the victim of emotional abuse in a care setting that I'd placed them in. So those things come readily to mind.

And I think the thing here is that, like I said, you can recall those things extremely well, extremely clearly, even after the passage of some considerable time in one of those cases. But I think the value of the debrief session that we had was that the chances are you're going to reflect back to that debrief session rather than the traumatic incident itself. Or at least there's a chance of it. Or at least there's a balance between recalling something extremely difficult and upsetting but also managing to sort of recall it alongside that debrief session, that chance to, you know, share some of those experiences with the peer group you shared them with, if that's possible.

Rebecca Dungar:

Yeah, just agreeing. I think there's been many traumatic cases that I've had to deal with as a social worker and there just isn't the time to debrief and reflect on the experience it has and the impact on yourself. You just move on and you have to pick up another case which may be even more traumatic or similar. And I think you get so in the motion of trying to do the work, because we want to support everybody the best that we can and as quickly as we can because there's so many people to support, that we don't have time to think about the impact it has on ourselves. So even just being given the opportunity to do the debrief was so beneficial, to be able to just reflect and actually, as Jerry said, when I look back on this particular work that we did, I'm able to look back on it and reflect without feeling how I did, whereas when I look at other cases and other trauma that I've been through I can still feel that particular emotion because I didn't have time to debrief and speak to colleagues and be able to explain how I felt.

Emma Hall:

I was just going to give the example relevant to the work we did that this debrief then was to kind of reflect about. You know, when I was there at this care home, I witnessed and observed verbal abuse to one of the residents there, one of the people that we support. And that was really difficult. But I think also on the back of that your brain then starts going, 'Well if this is what's happening while I'm here and while they know I'm a professional who is here to support these people...' then your brain starts thinking, '...what happens when I'm not here and how much worse is that?' And I think there's a lot of what-ifs and your brain can spiral a lot, especially when you're already in that heightened, anxious state worrying about these people and not knowing what you can do to help.

And I think with the debrief it was very, very helpful actually to say, you know, 'This is what I experienced.' And I didn't necessarily have to recount exactly what had happened. I didn't have to go back over that. Because everyone in the room had that shared experience, I didn't have to take myself back to that place, but I could openly say,

'My experience was this and it had me wondering and worrying about X, Y, Z that could have happened.' And you know, sometimes you feel like, 'Oh, I'm just jumping to the worst-case scenario and that probably didn't happen,' and you know, you just wish the best for these people. But actually it was a safe space to say, you know, like Jerry said, with a near miss in your head is not what you did to support that person. You're thinking, 'Well what if we hadn't? And how bad had that been?' And you sort of torture yourself that way as well.

So I think in the debrief, as Rebecca said earlier, you know, the closure that we got from that session was really, really helpful. And it was a very contained space dedicated to talking about that particular experience that we all shared. And I think that was really helpful because you weren't time-pressured. You know, the practicalities of the session, you could say anything you wanted at all. You could bring up your own experience, you could ask other people questions. But it was just that you knew you weren't being rushed to talk about something else. As Rebecca said, you know, there's always the next issue, there's always the next thing we have to deal with. With that contained and dedicated space I just felt we could really dig deep and get everything that we needed to out. There was space for everybody to talk and time for everybody to share what they needed to share. And I think that it was just a really, really positive thing. And I'm glad that Norfolk put that into place, 'cause for me personally that was really important to me to be able to then carry on in practice.

Sharmeen Ziauddin: And going forward, is this session going to be repeated and rolled out across...as in with other, say with children's or with other practitioners? Is it something that was a one-off or it's going to be repeated? [0:19:45.4]

Rebecca Dungar: We believe that it'll be something that'll be going moving forward, and I think all three of us would advocate that that does happen. And as I say, unfortunately we're finding ourselves with similar situations at the moment. So I think because Emma and I have experienced that we can take that forward to our senior management and say, 'It really did work and I think this is really going to benefit the next workers and the team, and really that does need to be implemented.' So I believe that yes it should be.

Sharmeen Ziauddin: Practitioners who don't work for Norfolk, are there any resources or any books or recommendations that you can make or point them in the right direction if they want some advice or coping mechanisms and just read about secondary trauma? [0:20:32.7]

Jerry Crehan: Well, Norfolk has got its own best practice guidance on supporting staff after experiencing secondary trauma. I should imagine other authorities have got something similar. But there are reading and resources available. Obviously there'll be local policies, including policies developed through safeguarding boards. But there'll be other publications. I know there are other publications such as Social Work and the British Psychological Society, who have included relevant information in relatively recent publications. And again, Norfolk – probably like other authorities – has a support line available as well, where counselling and information can be provided to staff at the

point they may need it. But I should imagine those sorts of things are replicated elsewhere.

Rebecca Dungar:

With regards to people sort of outside Norfolk County Council, the session – I don't know if we mentioned this earlier – it did involve people that aren't dedicated workers or employed by the council. So we did have NHS colleagues there as well, and it was people relevant to that. So although it was run by Norfolk County Council, you know, we did invite people from other employers that would also have benefitted, and I thought that was really helpful as well. You know, this isn't something we're gatekeeping and it's just for our workers. Actually, it's a really positive thing for anybody that was involved in that. So you know, I think that was really helpful to get all the different perspectives but also offer that option to people whose own employers maybe aren't offering it for whatever reason. So that was just to add to that.

Sharmeen Ziauddin:

Yeah, and I think that's a really great initiative by Norfolk because secondary trauma can affect anybody who works on the frontline, regardless of which area you work in. And I think that would be really helpful for a lot of professionals.

Thank you all for your time.

Jerry Crehan:

Thank you.

Emma Hall:

Thank you.

Rebecca Dungar:

Thank you.

Sharmeen Ziauddin:

That was Emma, Jerry and Rebecca from Adults' Social Care at Norfolk County Council. Thanks for listening to Employer Zone Insights, a Community Care podcast. You can read more about Norfolk County Council if you go to our website, www.communitycare.co.uk and click Employer Zone. Goodbye.