Social Work Online Team Training (SWOTT) toolkit

Introduction to Child Criminal Exploitation and Cuckooing

CASE STUDY 1: FACILITATORS GUIDANCE

ROLE OF THE FACILITATOR:

- **Decide whether to deliver a 60 minute (Question 1 only) or 120 minute session (all questions).**
- Encourage reflection on grooming, trauma, and safeguarding.
- Draw out discussion on challenges and opportunities in the scenario.
- Highlight trauma-informed, child-centred practice

CASE STUDY 1: SASHA – 60-MINUTE DELIVERY OPTION

This case study can be delivered as a focused 60-minute discussion within a team meeting. For this format, facilitators are encouraged to prioritise early identification of grooming and coercion, rather than covering all stages of the scenario.

Suggested structure:

- Read the initial case study overview.
- Focus on Question 1 and the first scenario stage (Sasha's phone use, fear of consequences, and emotional ties to her brother).

Discuss practice responses:

- What indicators of grooming are present?
- How might fear, loyalty, and control affect disclosure?
- What helps build trust and reduce risk at this early stage?
- Reflect on implications for practice and early intervention within the team's context.

Key learning focus for 60 minute session:

- Recognising early signs of criminal exploitation
- Understanding how coercion and emotional attachment shape behaviour
- Responding in ways that do not escalate fear or risk

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QUESTION 1:

How can we identify and intervene when a child is being groomed and coerced into criminal activities, like Sasha?

READ THIS NEXT STAGE OF THE SCENARIO TO THE GROUP:

During your first conversation with Sasha, she keeps her phone face-down on the table but checks it constantly whenever it vibrates. She apologises repeatedly and says, “I just have to keep it on me… it’s important.” She avoids answering direct questions about where she goes when she’s missing school and becomes tense when you mention her brother Darren.

She says quietly, “People get angry when you’re late. It’s easier if I just do what I’m told.”

Prompts to explore with the group:

- What behaviours in this interaction confirm concerns about grooming?
- How is fear or coercion showing up in Sasha’s responses?
- How do you approach a child who feels emotionally tied to the person exploiting them?

Suggested facilitator points:

- Hypervigilance around her phone suggests monitoring and control by exploiters.
- Sasha’s language (“people get angry”; “do what I’m told”) indicates fear of consequences.
- Building trust requires patience, predictability and avoiding anything that increases her fear.
- Multi-agency intervention (school, police, health) is required to disrupt the exploitation safely.
- Sasha needs safe adults who can help her understand grooming without judgement.

Set aside 5 minutes at the end of the session to complete the critical reflection survey

CASE STUDY 1: FACILITATORS GUIDANCE

CASE STUDY 1: SASHA – 120 MINUTE DELIVERY OPTION

ASK QUESTION 2:

What are the key indicators that a child has experienced trauma, and how can we support their mental health needs?

READ THIS NEXT STAGE OF THE SCENARIO TO THE GROUP:

Partway into the meeting, Sasha begins picking at her sleeves and pulling them down over her hands. When you gently ask if she's feeling okay, she shrugs and says, "I'm just tired. I don't sleep much." She admits she has nightmares "about doors banging and people shouting" and sometimes hears bangs in the night even when nothing is there.

She also tells you she sometimes stays in "other places," but offers no detail. When you ask if she feels safe at home, she looks away and becomes visibly anxious.

Prompts to explore with the group:

- What trauma responses appear in this stage of the scenario?
- How might chronic stress, sleep deprivation, and fear shape Sasha's behaviour?
- How do you explore emotional wellbeing without pushing Sasha into retraumatisation?

Suggested facilitator points:

- Indicators include: hypervigilance, sleep disturbance, nightmares, dissociation, fear of touch, avoidance.
- Sasha's vague references to "other places" may signal trauma, shame or fear of repercussions.
- Trauma-informed practice means allowing Sasha to set the pace and building emotional safety before exploring details.

Mental-health support may include therapeutic services, grounding techniques, stabilisation work and consistent relationships.

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QUESTION 3:

How can social workers ensure that a child's emotional and psychological needs are considered in their care plan, in addition to their physical safety?

READ THE FINAL STAGE OF THE SCENARIO TO THE GROUP:

Towards the end of the conversation, Sasha becomes upset and says, "If I talk, everything will get worse. Darren will be in trouble. Mum will be angry. I don't want to mess everything up."

She wipes her eyes quickly and says, "Please don't tell anyone what I said. I'm fine. I can handle it." Her posture shrinks, and she avoids looking at you. When asked what she wants for herself, she struggles to answer.

Prompts to explore with the group:

- What emotional needs are evident here that go beyond physical safety?
- How do you centre Sasha's voice when she is scared of the consequences?
- What does a long-term, recovery-focused care plan look like for Sasha?

Suggested facilitator points:

- Emotional needs: fear, loyalty conflict, guilt, lack of control, need for stability, belonging and predictable relationships.
- Sasha's minimising ("I can handle it") is a trauma pattern; she believes her role is to protect others.
- Care planning must address education, identity, long-term therapeutic support, safe relationships and opportunities for positive experiences.
- Explaining decisions clearly and offering choices can give Sasha a sense of agency.
- Recovery is long-term: stabilisation, consistent adults, psychological support, and creating safe, empowering environments.

Set aside 5 minutes at the end of the session to complete the critical reflection survey