



CASE STUDY 1: FACILITATORS GUIDANCE

The Role of the Facilitator:

- To encourage the social workers to share their thoughts about the case study.
- To facilitate discussion to identify the opportunities and challenges of this scenario.

SUGGESTED QUESTIONS FOR FACILITATORS TO ASK THE GROUP:

Using the ROMA Model:

1. How can we explore concerns about domestic abuse in a trauma-informed way that prioritises Theresa's safety, builds trust, and avoids increasing risk from John?

Answer: Concerns about domestic abuse should be explored in a way that is careful, private, and paced by Theresa. Given the history of coercive control and the active non-molestation order, it is essential that any questioning does not increase the risk of John locating the family or becoming aware of engagement with services.

Theresa should be spoken with alone, in a safe and discreet setting, using open, non-leading questions that focus on her current safety, the safety of the children, and her immediate concerns. Practitioners should avoid repeated questioning or processes that could feel intrusive or overwhelming, as this may reduce trust and increase withdrawal.

Building trust will depend on consistency, transparency about confidentiality, and a non-judgemental approach. Any information sharing should be carefully controlled and explained clearly. Safety planning should be discreet, multi-agency, and focused on reducing risk while supporting Theresa's sense of control and autonomy.

2. How might the family's previous experiences of racism and discrimination be shaping their current mistrust of services, and how do we ensure our assessment does not reproduce those harms?

Don't forget to share the critical reflection survey and encourage completion. Set aside 5 minutes for this at the end of the session





Anti-Racist Practice Toolkit Part 1

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Answer: The family's reluctance to engage with services is likely shaped by previous experiences of racism, discrimination, and feeling disbelieved by professionals. These experiences can create deep mistrust and may lead the family to see engagement with services as unsafe or potentially harmful.

It is important that practitioners do not interpret this mistrust as non-cooperation, but instead as a rational response to past harm. The approach should be transparent, respectful, and consistent, with clear explanations of roles, processes, and limits of confidentiality.

Practitioners should actively avoid reproducing discriminatory practice by reflecting on their own assumptions and ensuring that the family's voice is central in decision-making. Building trust may require time, continuity of workers, and engagement with culturally informed or community-based support where appropriate.

3. How do the family's intersecting identities (Irish Traveller heritage, Catholic faith, and experience of domestic abuse) shape their sense of safety, belonging, and power when engaging with services?

Answer: The family's identities are central to how they experience safety, belonging, and power. Their Irish Traveller heritage may provide strong kinship connections and cultural identity, but it is also likely linked to experiences of exclusion and discrimination from wider society. Their Catholic faith may offer emotional support, structure, and community connection, while also influencing views on family unity, privacy, and disclosure of abuse.

These intersecting identities may shape how Theresa understands help-seeking, particularly around trust in external authorities and fears of judgement or stigma. They may also influence how the children experience belonging both within their community and in relation to services.

Practitioners should approach these identities with respect and curiosity, avoiding assumptions, and recognising both strengths and potential pressures within cultural and faith contexts. This helps ensure that engagement feels safe, respectful, and empowering rather than intrusive or alienating.

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4. How can safety planning be co-produced with the family's kinship network and faith community to strengthen cultural identity, trust, and support for the children?

Answer: Safety planning should be developed collaboratively with Theresa and, where appropriate, her trusted kinship network and members of her Catholic church community. These networks may provide important emotional, practical, and cultural support, and can strengthen the family's sense of identity and belonging.

However, careful consideration is needed to ensure that anyone involved in the safety plan is genuinely safe and not linked in any way to the perpetrator. Theresa should remain in control of who is included and what information is shared.

A strengths-based approach should be used to identify protective factors within the family's existing support systems. This may include trusted relatives, community members, or faith leaders who can offer safe spaces, emotional support, or practical assistance.

By involving these networks appropriately, safety planning can become more culturally meaningful, strengthen resilience, and reduce isolation, while still prioritising the safety of Theresa and the children.

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