

# Social Work Online Team Training (SWOTT) toolkit - facilitator notes

## An introduction to trauma-informed practice

# LEARNING OBJECT 2: CASE STUDY 4: JOHN

### THE ROLE OF THE FACILITATOR IS:

- To encourage the social workers to discuss the case study.
- To provide social workers with the opportunity to explore trauma including interventions.



### SUGGESTED QUESTIONS FOR FACILITATORS TO ASK DURING THE GROUP REFLECTION:

**Question:** The family had no professional support until the death of mother. Do you consider there should have been support in place? If so, which agency would have been most appropriate? What would the support provide?

**Answer:** The school, the GP, the school, or diabetic services could have made a referral for early intervention from children services (EI) to support John and his brother, Jack. The GP and healthcare professionals could have made a referral to adult social care for a Care Act assessment to be completed regarding mother.

School should have been maintaining contact with mother, following up on school attendance from a non-punitive perspective and offering the family both practical and emotional support through pastoral care.

The support from early intervention (EI) would have provided a safe space for the John (and Jack) to share his worries. EI could have made a referral to a young carers service or programme to support with activities and introduction to peers also in a caring role. EI would also be in a position to ensure the practical things were implemented; e.g., meals, school attendance, relationships etc. Following the death of Belinda (mother), there could have been a referral to child-focused bereavement services.

The support from adult care would have provided mother with an assessment regarding her needs. These would have been provided thereby removing some of the pressure and trauma for the children who were caring for her.

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**Question:** Consider the trauma that John has endured throughout his lifespan. What do you think could have occurred in his childhood that may have minimised this?

**Answer:** There may be consideration of Children Act 1989 Section 47 child protection plan. There may be consideration of Children Act 1989 section 20 voluntary removal into Local Authority care or section 31 removal into care with a local authority care plan until 18 years old.

There may be therapeutic support using play or art therapy for the child and avoidance of statutory intervention. It may be worth exploring how each intervention might have assisted. Or, would they have triggered trauma and, if so, what could this have looked like?

**Question:** Consider the Adverse Childhood Experiences (ACEs) tool. Do you think this tool would be appropriate and if so what would you hope it would achieve?

**Answer:** The ACEs tool is helpful in identifying the trauma suffered and can be used to support a referral to significant professional agencies. Remember that ACEs are just one tool within a trauma-led approach. It would be helpful to discuss other trauma tools and ideas that could be utilised. For example, consider trauma glasses as a method of understanding this young person and his behaviour, providing the young person with information relating to trauma, providing therapeutic space to discuss and practice somatic exercises; e.g., grounding, breath work.

The aim of trauma-led interventions is to shift the focus from 'what's wrong with you?' to 'what happened to you?' It requires a picture of the young person's life to be understood. The 4 Cs can be a helpful way to consider how to support with this: Calm, Contain, Care, Cope.

**Question:** Which social work theories or models would you apply to your practice if you were supporting John and his current family consisting of older brother, Jack, and sister, Jenny, and why?

**Answer:** Some possibilities might be: psychodynamic theory; psychological trauma; task-centred practice; systemic Theory or social ecological model; narrative theory; psychosocial development theory; child development theories; attachment theory; cognitive behavioural theory.

How would 'X' theory (choose a theory) help you to understand John and his circumstances and how would this guide your intervention?