



DIVERSITY SOCIAL WORK

23rd May 2024

Social Work Report

John Flanagan

3rd May 2017

22 Paull Street, Wilsonton Qld 4350

0417 797 314

Current Situation

John is a 7 year old boy with a diagnosis of global developmental delay and attention deficit hyperactivity disorder. John was referred for engagement with Cognitive Behavioural Therapy based Play Therapy in September 2023. John presented with deficits in social communication and interaction both at school and the home that frequently led to verbal and physical aggression toward his peers and sibling. John had recently moved with his older sister into a kinship placement from foster care. He had had frequent changes in carers in his life and had poor attachment to any of his main carers. John also presented with poor emotional regulation and low self esteem impacting on his ability to form social connections and participate in group activities.

John commenced with weekly Play Therapy sessions which continued for three months. At the beginning of the 2024 school year when the frequency decreased to sessions only during the school holidays due to time pressure on John's kinship carer, Jenni. John continues to live with Jenni and her partner with Bella, his older sister, and his baby brother who came into Jenni's care in late 2023. John requires weekly Play Therapy to support continued social communication and interaction skills and to build skills in emotional regulation. To support this John requires significant increased in core supports to enable his access to therapies and social activities.

Current Supports

- Support Coordination -
- Brick Club – Lego building social club

Medical and Health Issues

John has a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) for which he has started treatment. He is reported to have markedly improved in attention and focus in the classroom which has positively impacted on his self esteem in this environment. This has not had the same impact in the home environment, with John continuing to struggle with interactions with his sister. They are reported to continue to have frequent verbal and physical aggression.



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Mental State Examination

Appearance Appropriately dressed in tracksuit pants and jumper with socks and sneakers which John chose to keep on during the session.

Behaviour John expressed happiness that the session did not include his sister, he was easy to engaged and focused during the session. He tolerated not winning the boardgame and appropriately expressed some frustration.

Motor No signs of psychomotor retardation.

Speech Normal verbal communication in tone, volume, rate. With support he expressed his emotions and shared feelings about his sister and school.

Affect Congruent with emotions and mood.

Mood Presents with low self-esteem and an internalisation of emotions, expresses feelings with psychosomatic symptomology – sore tummy, feeling tired, sore head.

Thought Content Expressed feelings of low self worth, frustration with difficulties at school and feeling of inadequacy.

Thought Process Thought content is logical and sequential and appropriate for age.

Perception Nil perceptual disturbance.

Intellect Presents with some delayed cognitive abilities, difficulties with problem solving, attention and focus.

Insight Has poor insight into disability, requires psychoeducation on diagnosis and how to utilise resources to support when struggling.

Decision Making (Enduring Power of Attorney, Guardianship and Administration, Capacity)

John is subject to a Child Protection Order and his Child Protection Officer remains his legal Guardian. He is currently in a Kinship Placement with Jenni Manteit, who is also a Kinship Carer to John's older sister Bella and his younger brother.

Medication

John is prescribed medication to treat his ADHD. His Kinship Carer, Jenni, assists him to manage this.

Communication

John presents with poor emotional communication which is associated with poor emotional regulation. He struggles in group situations as he is easily distracted by other participants and struggles with low self-esteem. John requires support to build his capacity to express his emotions and problem solve when he is struggling, particularly in social situations. John communication improves significantly in 1:1 situations, he responds well to helpful and positively focused support and encouragement. Having regular 1:1 core supports would allow John to build his communication skills and practice in a safe and supportive environment



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before going into group/family settings. John's Kinship Carer has limited capacity to support John in this way due to her caring for John's baby brother and his older sister.

Childhood, Family and Relationships

John experienced significant neglect and trauma before coming into the care of Jenni. He presents with an insecure attachment and will often express stress and worry that Jenni won't come back before a session ends. He has a fragile relationship with his sister and struggles to positively interact with her, finding her behaviour triggers his relational insecurities, frustration and low self-esteem. Jenni reports they frequently engage in physical violence toward each other and are graphic in their verbal aggression. John has a baby brother who came into care with Jenni at the end of 2023. John shows little interest in his baby brother which is further reflective of his poor emotional attachment. Jenni has limited capacity to support John to all his therapy appointments between school and extracurricular activities. John requires 1:1 core support time to assist his engagement with therapeutic services, including weekly Play Therapy, and time to build his social communication skills in a safe and supportive environment.

Social Connection

John struggles in the school environment due to his difficulties in groups. He is more comfortable and more easily focused in 1:1 interactions. John struggles with low self-esteem due to the difficulties he encounters with learning and education. He is reported to engage with a younger social group due to his developmental delay. John plays soccer during the season, he enjoys the physical activity of this social interaction and thrives in this environment. John needs to be supported regularly during the week outside of his soccer practice to be physically active and would develop a positive social relationship with a support worker if he were supported regularly through the week.

Accommodation

John is a child in care and is securely accommodated in Kinship Care arrangement. In the past John's accommodation has been less secure due to unstable Foster and Kinship Placements. John has a secure and supportive relationship with Jenni and his continued placement with her will support his developing attachment to her.

Activities of Daily Living

Diet John has difficulty with sensory processing and experiences psychosomatic symptoms, he frequently expressing he is hungry when he may be experiencing emotional response to stimuli. He is able to independently feed himself with snacks prepared by his Kinship carer and can access and eat his lunch independently during morning tea and lunch at school.



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Household Tasks John shows little interest or awareness in age appropriate household tasks, he does not put laundry in the hamper and struggles with safety awareness when using knives or working around the stove top or oven.

Grocery Shopping John does not engage in planning or grocery shopping.

Grooming John is able to maintain age appropriate grooming independently.

Toileting/Continence John is able to maintain toileting and continence independently.

Community Access (mobility, transport)

John demonstrates little awareness of road safety, he requires support and direction in this environment.

Summary

John is a 7 year old boy with a diagnosis of Global Developmental Delay and ADHD. He continues to present with poorly developed skills in social interaction, communication and connection both within the school and home environment. John lives with his older sister and baby brother in a Kinship Placement with Jenni. John requires structured opportunities for social interaction, particularly sports and other interests such as Lego. In addition, he requires regular Occupational Therapy for fine motor skill development and Play Therapy to support him with social skills and communication, emotional regulation and trauma focused intervention. John is engaging better in the classroom environment now he is receiving treatment for his ADHD but he remains socially isolated with low self worth.

Recommendations

- Support Coordination – medium level hours due to complexity of John being a Child in Care and requiring regular bi-monthly stakeholder meeting.
- Cognitive Behavioural Therapy based Play Therapy – 61 hours in total to allow weekly therapy sessions, bi-monthly stakeholder meetings and 3 hours of assessment and report writing.
- Occupational Therapy – as advised by clinician in report 52 hours annually.
- Core Supports - 10 hours weekly of core supports to attend therapy and engage in physical activities that interest John.

J VAN DEN BRINK

Judith Van Den Brink
Senior Social Worker
Diversity Social Work
0480 361 184