

1. **Samuel** is 27 and subject to section 47/49 1983 MH Act. He is detained within a medium secure hospital and has an index offence which involved a serious physical assault upon his female partner. He is the father of her eldest child who is now 5 years old. At the time of the offence, the child was four years old.

He has a diagnosis of schizophrenia although his new psychiatrist has raised the possibility that Samuel has a personality disorder.

Samuel has been at the medium secure hospital for six months and has requested a visit from his child.

Please discuss this from the point of view of the Forensic Social Worker and from the point of view of a social worker in children's services.

Which services and systems have a role?

What would the social workers need to know? What should they already know?

Do they need to consider any victims issues?

What might the SW role be?

How would a decision be made?

What should be considered?

How would agencies work together?

2. **Simon** has admitted that he committed a murder. He has been diverted directly to a medium secure hospital from the court without going to prison.

Before admission to hospital Simon was homeless. He had lived in numerous places including hostels and supported accommodation. He has been evicted from all and although he has been known to mental health services he has lost touch when he has moved accommodation.

Please discuss how the admission to medium secure might have happened and who would have been involved.

What are the relevant legal provisions for this? (Remand options under Pt III)
Do you have an opinion about whether such a diversion is right or wrong?

What roles might a social worker play in the process of admission and the production of the report to Court?

Part 2 of this case study:

Simon does not agree to the medication that has been prescribed by the Responsible Clinician.

Please discuss if, when and under what legal provision could Simon be forced to take his medication.

Part 3 of this case study

Police eventually find evidence that Simon is innocent and did not commit the murder.

Please discuss whether he should stay at the medium secure unit.

3. **Ronnie**, aged 16 years, is currently awaiting sentence on a firearms offence and has been told to expect a custodial sentence. Ronnie has recently taken an overdose and put a knife to his head; he also has drink and drug misuse problems. Ronnie missed a lot of school, completing only about two years of secondary education.

Please discuss and share ideas about how Ronnie might access services and the range of issues that you can identify from the background information.

Who has a role with Ronnie?
Legal framework?

Select a member of your group to read Ronnie's story. Consider the story and discuss the information from the point of view of your locality services and from the point of view of potential future needs.

What does the evidence tell us about potential future need? How might social work help?

Who would/should have a responsibility?

Ronnie's story:

"I was at the hotel I was living in and this person, he is like 43 and has schizophrenia, he lost the plot and put the gun to my head. And I know what he is like, he is like mental and I was scared. I knew the gun wasn't real, but he sort of knocked me out.

He hit someone with a dumbbell, and then I was in a room; he left the hotel and the police came. I had the gun down my waist band... They came over to me and put me on the floor.

I have got a YOT worker for five days a week; I can see someone from CAMHS regularly and someone [from the drug and alcohol misuse project] for checks. I have one off appointments. I can go when I want to if I feel there is something wrong with me; I can get hold of them when I need to. They are putting me on 'watch and wait' to see how I do and after my court case they will get in touch with me. I don't want to go to prison. I am really nervous about that. I am seeing someone about my drinking – I have cut it down a bit now. If I have money, I drink a bottle of brandy, [strong lager], and a bit of vodka and maybe a bit of cider. I started drinking when I was 13 or 14.

I used to just hang around on street corners with my friends in the city centre a lot; drinking and smoking. I don't hang around on the street corners anymore; I haven't got time for that. I want to see what happens about the court case and then I just want to change my life.

The worst age of my life is 16; it's supposed to be the best years of your life. It is hard to concentrate on anything else."

4. **Sylvia** is aged 46 and describes her ethnicity as black Caribbean. She has three children. Sylvia is currently serving a 4 year sentence for drug trafficking. She feels frightened for the safety of her children who are aged 8, 13 and 15 years and who are living at home in Jamaica with Sylvia's older sister. She knows that the children's services in Jamaica have visited her children but she does not know any details of the assessment and fears they will be taken away from her sister. She is worried about financial debts she has to her employer and actions her employer might take.

Sylvia has not been sleeping well. She has very little appetite. The prison GP has offered sleeping tablets to Sylvia but she refuses to have them.

Prison staff report that she has been heard shouting and singing "weird stuff" which is causing other prisoners to complain and threaten Sylvia. On two occasions she has been attacked by other prisoners.

She has been referred to the Prison In Reach service and is due to be discussed at the weekly referral meeting which is attended by representatives from the mental health in-reach team, the prison healthcare team and prison officers.

You are the Social Worker from the prison in reach team attending the meeting and agree to meet with Sylvia?

What background information might you need?

What information might be available? Is there a sentence plan?

What aspects of the background story might you want to explore further?
Safeguarding?

Which other useful contacts might there be within and external to the prison?

5. **Kathleen** is 65, physically well and is living in approved premises following her early release from a 10 year sentence for manslaughter of her father with whom she had lived all her life.

Kathleen has a learning disability and struggles with financial management and understanding personal safety issues.

She has a long standing diagnosis of bi-polar illness and has received medication via the prison and approved premises GPs.

It was reported at her trial that she had suffered sexual abuse by her father from the age of 12.

She has been observed taking plastic knives from the dining room.
Kathleen would like to work with children.

Her Offender Manager is seeking help to find accommodation and opportunities for Kathleen.

What are your initial thoughts listening to Kathleen's story?

Who has a role to play in meeting Kathleen's needs?

What are the legislative responsibilities?

How would you co-ordinate an assessment of need and the production of a care plan?

What information would you require and where might it be?

What might be considered in a risk assessment?

How might you work with Probation?