

INTRODUCTION

These case studies are to be read in conjunction with the Buckinghamshire Safeguarding Children Board's guidance on [Multi-Agency Approach to Sharing Different Risk Assessments](#).

These case studies will help with understanding and interpreting the guidance.

The case studies are:

1. Social care scenario
2. Housing scenario
3. Sports club scenario
4. Faith group scenario
5. Children's centre scenario
6. Pre-birth scenario
7. Employment scenario

1 SOCIAL CARE SCENARIO

Current situation

Steve and Bernie live with their three children: Pam aged 15, Joe aged 12 and Brian aged 8. Brian has complex needs and attends special school. You are Brian's social worker. Both Pam and Joe are doing well at secondary school. Steve works full-time, often travelling abroad. The family have a comfortable home and Bernie does not work so that she can care for Brian. The Children with Disability Team have supported the family since Brian's birth. Brian goes to respite care one weekend a month.

Current risk assessment

As Brian's social worker, you feel you have a good relationship with the whole family. Although Bernie gets tired when Steve is away as she has to do all Brian's night-time care, at least she can rest during the day when all the children are at school. Since Brian started school you have attended multi-agency meetings at school and have not been visiting the house regularly as there has been no need. There is good communication with the family and other agencies, including education and health. Your risk assessment is low.

Information received

You are contacted by a colleague in First Response who wishes to pass to you a referral they have received regarding the family. Pam has disclosed at school that she cannot do her GCSE work as she is doing a lot of Brian's care. She is also worried about Joe, who goes out with friends a lot and often doesn't come back until late even on weekdays.

School have confirmed that Pam is falling behind with her course work and that Joe has recently had a five-day exclusion from school.

Revised risk assessment

- Does this information affect your risk assessment – who is at risk and what are the risks?
- Could this information impact on other agencies' risk assessments – who else may be involved?
- Does any other agency need to become involved – who might benefit from knowing this information?

To revise your current risk assessment further information is required and the multi-agency core assessment for the family needs to be updated to gain a holistic view of how the family is currently functioning. This will require liaison with colleagues within respite care, health and education regarding all three children.

Next steps

Although you are Brian's social worker, you will want to work with the family, colleagues from referral and assessment, and other agencies to ensure not only that Brian gets the appropriate care, but that the needs of other family members are considered. The risk assessment for the other two children may vary depending on the information received.

2 HOUSING SCENARIO

Current situation

You are a District Council housing officer and you are currently dealing with a request for re-housing from the Adams family, consisting of mum, dad and three children. You are aware that children (a 16-year-old and two under five-year-olds) had been the subject of a child protection plan some time ago. At that time the mother and all the children had been living apart from their father, and the two youngest children were assessed as suffering from neglect associated with their mother's alcohol use. However, since the father has returned to the family home approximately two years ago, the children appear to be well cared for. However, concerns are known to remain due to the mother's drinking, which is known to worsen at times of additional stress.

The family are currently housed in a small privately rented maisonette and have recently been classified as eligible for re-housing (Band B), given the length of time they have spent on the housing register and their current overcrowded accommodation, which is also in disrepair. Mrs Adams has been pressing for re-housing for some considerable time, as not only is she unhappy with the overcrowded conditions, she is also involved in an acrimonious neighbour dispute, which has required police intervention on a number of occasions.

Information received

During your most recent interview with the mother you were informed that the father has again left the family home and the eldest child, who is 16 years old, has also moved out with him. The effect of this change in family circumstances is such that Mrs Adam's priority

for re-housing has reduced (to Band D) because the property is no longer statutorily overcrowded. You will be writing to Mrs Adams informing her of this fact and also that you have referred the condition of the maisonette to the Environmental Health Department so they can pursue the landlord to undertake the necessary repairs.

Given the re-prioritisation of the family's housing needs, this matter will cease to be a case in which you are actively involved.

Revised risk assessment

However, given your knowledge of the family's history, you are concerned about how Mrs Adams will receive your letter and the implications this could have for the remaining children. In order to consider this aspect further:

- Which other agencies need to know?
- How would you go about sharing this information and your concerns?
- How do the ages of the children impact on your assessment of risk?

Next steps

Given your concerns, you will need to make a referral to Children's Social Care (First Response) using the [MARF](#) (multi-agency referral form).

3 SPORTS CLUB SCENARIO

Current situation

You are a sports club manager. Mathew, aged 13, is a member of the Swallows Gymnastic Club and attends two nights a week. He is known to have some behavioural problems, but over the last year has responded well to the boundaries set at the club.

Mathew's father works long hours and his mother is currently suffering a relapse with MS. Consequently, his grandfather brings him to the club and takes him home.

Mathew has two younger brothers, one is 9 and the other is 7. The club is aware of their existence, but they do not attend.

Recently, Mathew has been reported by some of the other boys for encouraging younger children into dangerous activity. It was alleged that he gave a metal coat hanger to one boy and tried to persuade him to poke it into an electrical socket. He told another boy that it was safe to cross the road when it clearly was not, and yesterday was found in the out-of-bounds staff kitchen with a kettle of boiled water. A younger boy, whom he'd taken with him, said that Mathew was going to wash sand off the younger boy's gym shoes. Mathew denied all of the above and was unable to provide an alternative explanation to what he was doing in the kitchen. You reprimanded Mathew and said he would speak to his grandfather.

You spoke to the grandfather and said you felt he should ban Mathew from the Club. The grandfather acknowledged that he was a handful, but said Mathew's attendance gave the family some respite that they desperately needed. You felt, however, that the risk to other

children was too great and so terminated Mathew's membership.

Current risk assessment

Your concerns about risks to other children in the club have outweighed your need to provide Mathew with a service, but:

- Who is at risk and what are the risks – to Mathew himself, his siblings, his parents, other children he has contact with at school?
- Does this information impact on other agencies' risk assessments – who else may be involved?
- Does any other agency need to become involved – who might benefit from knowing this information?

Next steps

You decide that a temporary ban for Mathew at the club is more appropriate until you are able to gain further advice from specialist agencies.

You prioritise a referral to Social Care regarding child protection concerns and alert them to mother's health and stress for father.

4 FAITH GROUP SCENARIO

Current situation

You are a faith group leader. Matilda is 69 and regularly attends her local prayer group. Matilda has suffered bouts of depression and anxiety throughout her later life, and was hospitalised for a short period last year when her condition deteriorated. She has appeared to manage well on medication since.

Matilda is very well supported by her community psychiatric nurse and local community. She has a large family and recently agreed to care for her youngest son's daughter, while he and his wife explored a work opportunity abroad.

The granddaughter, Ellie, is 10 years old and very well behaved, so her parents felt Matilda would be able to cope and would enjoy the company for a few weeks.

Current risk assessment

Your faith group does not undertake formal risk assessments, but you have been keeping a supportive eye on Matilda and the support she needs. You sometimes encourage her to speak to her community psychiatric nurse for advice and Matilda has given you permission to advocate for her when she is feeling particularly vulnerable.

Arrangements have been running smoothly over the last few months, without the need for any more support than usual from your faith group.

New development

Matilda started to bring Ellie with her to the prayer group, although Ellie would remain in the garden outside as the group was for adults only. She was seen to sit patiently, if not a bit timidly, waiting for her grandmother. Everyone remarked on how well behaved and polite she was.

On praising Matilda for the good conduct of her grandchild, one of the members of the prayer group became concerned about Matilda's response. Matilda said that it may look like that to her, but she had to rid her of evil spirits every night. Matilda looked extremely and uncharacteristically stern as she said this. The member laughed nervously and then heard Matilda say to Ellie: "Come on home you wicked little girl, they all know about you now".

The member felt extremely uncomfortable and shared her concern with you.

Revised risk assessment

- Does this information affect your perception of risk? Who is at risk and what are the risks?
- What are the specific risks in relation to Matilda's comments that she has to rid her granddaughter of evil spirits every night?
- Could this information impact on other organisations' risk assessments – who else may be involved?
- Does any other agency need to become involved? Who might benefit from knowing this information?
- Are the extended family aware and can they provide alternative care?
- Is Matilda's mental health deteriorating? Is her community psychiatric nurse and GP aware of this, and do they know that Matilda is caring for her grandchild? How is this responsibility impacting her mental health?
- Does Ellie's school know about the temporary care arrangements and do they know about the grandmother's mental illness?
- Consider child protection and referral to social care.

Next steps

- Review the BSCB guidance on [Spirit Possession and Witchcraft](#).
- Follow the advice set out in the BSCB procedures for [Responding to Concerns of Abuse and Neglect](#).

5 CHILDREN'S CENTRE SCENARIO

Current situation

Lucy is living with her two children in rented accommodation. Tom, aged 3, is attending the local playgroup and Jess, aged 11 months, is looked after by Lucy. Lucy has a part-time job and the children are looked after by her mother when she is at work. Lucy has a new partner, Steve, who does not live with her. The children's father is in prison for drug offences. There are no concerns for the children's safety as they are not exposed to their father's unpredictable behaviour or to his network of dubious friends. Lucy provides a secure home environment and has grown in confidence both as a person and as a mother. She attends a local children centre, where you are the manager.

Current risk assessment

Lucy is coping well with the two children, is financially stable and has good family support. She attends the local children's centre and has responded well to professional support and

advice in relation to both parenting and domestic abuse. Your risk assessment for both Lucy and the children is low.

Information received

Lucy informs you that Mark Harris, her ex-partner, is being released from prison next week. She is anxious as Mark is requesting access to the children. Tom has a good relationship with Steve and doesn't talk about his father. Mark has never seen Jess as she was born when he was in prison.

Revised risk assessment

You are concerned about this new information and feel this may have a negative impact on Lucy. To revise the risk assessment what further information do you need and how will you get it?

- Who else knows this information?
- Who else needs to know this information?
- Who may have carried out a risk assessment of Mark and has this taken into account his ex-partner and his children?
- Does information held by other agencies impact the risk assessment?

There are many questions about Mark's health, rehabilitation and circumstances on release that need to be understood so that a shared risk assessment can include all available information from all agencies.

Next steps

A multi-agency professionals meeting should be called to ensure that your risk assessment includes all relevant information. A shared understanding of the factors that affect the risk assessment will ensure that actions from this meeting will be based on appropriate information sharing to ensure the welfare of the both the mother and the children.

Your risk assessment will be influenced by information from the prison, probation and the police, as well as children's social care, health and children's centre.

6 PRE-BIRTH SCENARIO

Current situation

24-year-old Hilary is 25 weeks pregnant. This is her second pregnancy and both she and her husband are extremely anxious about the arrival of the new baby. Two years ago the couple's first baby died in his sleep at the age of four months. Following this Hilary suffered severe depression requiring inpatient treatment and medication. Neither pregnancy was planned. You are Hilary's midwife.

Current risk assessment

Hilary is attending all her appointments in relation to both her pregnancy and her mental health needs. Her mental health remains stable, however she is having close monitoring as her medication has changed due to her pregnancy.

There is good communication between the GP, midwife and community psychiatric nurse. Hilary's risk assessment is 'moderate' as health professionals are concerned that as Hilary's pregnancy progresses, her anxiety levels are increasing.

Information received

Hilary's friend contacts you as she is extremely concerned that Hilary has stopped taking her medication as she is worried about the effects on the baby and because she has read that she should not breastfeed while on antidepressants.

Revised risk assessment

- How does this information affect your risk assessment?
- Will the information impact on other agencies' risk assessments?
- Do any other agencies need to become involved?
- What information is known about the father? To what extent is he involved with the family?

Next steps

In this case there needs to be an understanding that there will be a risk assessment in relation to both parents and to the child that may have a different score.

An understanding of both the needs of the adults and the child is required by the services involved. There needs to be good joined-up working between adult and child focused services to ensure all needs are met and professionals are not working in isolation.

Information provided to professionals needs to be verified and responded to sensitively. Communication between the GP, mental health and obstetric staff is crucial. Both Hilary and her husband need to be involved in discussions.

The BSCB [Pre-Birth Procedure and Guidance](#) should be followed and consideration needs to be given to making a referral to Children's Social Care if there are ongoing concerns about the welfare of the unborn baby and/or concerns about Hilary's parenting capacity following the birth.

7 EMPLOYMENT SCENARIO

Current situation

Mark, aged 48, has worked for the last nine years as a driver for a taxi company that is commissioned by both the County Council and the NHS. You are his employer. Most of Mark's work involves transporting elderly people to hospital and the local day centres.

Mark has a very good reputation with colleagues and service users alike. He is well known in the local community too and you are aware that in his spare time he works as a volunteer at a local church and youth club.

Information received

You receive a complaint from one of the elderly service users about a recent incident involving Mark. The service user rang you in a distraught state, saying that Mark was very impatient with her that day. She said that he was uncharacteristically angry that she was not quite ready in time and spoke to her in harsh terms.

In addition, the service user said he pushed her into the vehicle, causing her to bump her head on the car. She did not have a visible injury, but said her scalp felt sore. She was not sure whether Mark knew that she had hurt her head.

The service user said that she did not want any action taken, other than having a change of driver in future. She said that she still felt in shock and that she felt that she could not attend the day centre if they sent Mark to her again.

Your taxi company has not had any concerns about Mark before. On the contrary, there have been many positive remarks about his conduct.

Revised risk assessment

- Although you acknowledge the service user's wishes about not wanting to take further action, do you need to share information about what has happened?
- Do these concerns pose any transferrable risk to the driver's voluntary work with the youth club and church?

Next steps

- Ensure service user is advised to seek appropriate medical attention in relation to a her potential head injury
- Contact Adult Social Care and the LADO for advice relation to the potential transfer of risk to children and young people (see BSCB Procedure for [Managing Allegations against Staff and Volunteers](#) for further information).