Forensic MHSW Identity
Discussion Scenario Pack

Activity Brief

Scenario Discussion: Professional Identity in Forensic Mental Health Social Work Practice

Workshop: What Is Social Work in Forensic Mental Health?

Activity type: Small-group scenario discussion

Duration: 30–40 minutes

Group size: 4–6 participants

Purpose of the Activity

This activity supports participants to explore and articulate their professional identity as social workers within mental health systems. Using realistic practice scenarios, participants will examine how social work values, statutory purpose, and trauma-informed communication show up in everyday MDT situations, particularly under pressure.

The activity is designed to strengthen confidence in:

- naming the social work role clearly,
- holding boundaries within multidisciplinary teams,
- communicating in ways that are relational, rights-based, and trauma-aware.

Learning Focus

By the end of the activity, participants should have:

- reflected on what social work brings to mental health settings beyond tasks or processes,
- identified role clarity challenges that arise in MDT contexts,
- considered how trauma-informed communication applies to both service users and professionals,
- developed language they can use to position social work confidently and ethically.

Activity Instructions

1. **Read the scenario**
   As a group, read the scenario provided. Take a moment to notice what stands out, particularly where there is tension, uncertainty, or pressure.

2. **Discuss the scenario together**
   Using the prompts below, explore what is happening in the situation. Focus on professional identity, not "right answers".
3. **Capture key reflections**
   As you discuss, note down phrases, reflections, or questions that help you articulate your role and contribution as a social worker in mental health practice.

Discussion Prompts

Use the following questions to guide your conversation:

Professional Identity and Values

- What social work values are relevant in this situation?
- What feels distinctly *social work* about the contribution being made or needed here?

Role Clarity in MDT Contexts

- How is the social work role being understood or misunderstood by others?
- Where do you notice pressure to take on tasks that sit outside your core purpose?
- What boundaries may need to be named or held?

Statutory Purpose and Accountability

- What statutory responsibilities or legal duties might be present, even if they are not being explicitly named?
- What decisions would a social worker need to be able to evidence or defend?

Trauma-Informed Communication

- How might trauma be shaping communication, behaviour, or dynamics in this scenario?
- What language or approach could help reduce threat, shame, or escalation?
- How might trauma-informed practice apply to interactions with colleagues as well as service users?

Optional Reflection Output

Each group to agree on **one or two clear statements** they would feel confident using in practice, for example:

- a role-clarifying sentence for an MDT meeting,
- a trauma-informed phrase to slow a conversation down,
- a statement that links values, rights, and statutory purpose.

These can be captured in the **Role Clarity Map** under:

- *What I bring*
- *What I am accountable for*
- *How I communicate in MDT spaces*

Scenario Options:

Scenario 1: Risk first, everything else later!

Setting: Medium secure unit MDT review.

People: Detained person, Forensic Social Worker, Responsible Clinician, Ward Nurse / Charge Nurse, Psychologist, Occupational Therapist

Situation:

The MDT discussion focuses almost entirely on historical index offences and risk ratings. The person has been settled for several months and has started asking about family contact and future planning. Their questions are described as “premature” and “unrealistic” by the team.

Pressure point:

A clinician says, “Our job here is public protection - social stuff comes later.”

Professional tension:

Social work values, relational work, and future-focused planning are being positioned as secondary to risk management.

Discussion focus:

- What is the social work purpose in a system organised around control and containment?
- How do you hold hope, rights, and proportionality without minimising risk?
- What does trauma-informed practice look like in long-term secure settings?

Optional twist:

A tribunal date is approaching, and the responsible clinician says they are worried that focusing on quality-of-life planning could be “misinterpreted” as minimising risk if scrutinised externally.

Scenario 2: Leave Conditions without a Life

Setting: Pre-discharge planning meeting (restricted patient).
People: The person preparing for CD, Forensic Social Worker, Responsible Clinician, Ministry of Justice Caseworker (restricted patient), Community Forensic Nurse, Probation / Offender Manager.

Situation:
The team agrees that conditional discharge is appropriate. Multiple restrictive conditions are proposed, but there is little discussion about housing, social support, or community integration. The plan is technically robust but thin in lived reality.

Pressure point:
A professional says, “Conditions are what matter - the rest can be sorted later.”

Professional tension:
Risk controls are prioritised over sustainability, dignity, and human rights.

Discussion focus:

- How does social work define a *safe* discharge beyond conditions?
- Where do Care Act, human rights, and social inclusion sit here?
- What risks are created by discharging someone into social isolation?

Optional twist
Housing options that meet the proposed conditions are extremely limited, and the only available placement is several hours away from the person’s family and cultural community.

Scenario 3: Compliance or Engagement?

Setting: Community forensic team review

People: The person subject to forensic community follow-up, Forensic Social Worker, Community Forensic Nurse, Consultant Psychiatrist, Psychologist

Situation:

The person is described as "engaging well" because they attend appointments and follow instructions. In private conversations, they express fear of recall and say they feel unable to disagree with professionals.

Pressure point:

Someone comments, "They're compliant - that's a good sign."

Professional tension:

Surface compliance is being mistaken for genuine engagement or recovery.

Discussion focus:

- How do trauma, power, and coercion shape behaviour in forensic contexts?
- What is the difference between compliance, consent, and engagement?
- How does social work create space for voice where power imbalance is extreme?

Optional twist

The person agrees with everything in MDT meetings but later tells their social worker privately that they are terrified of saying the wrong thing because of the possibility of recall.

Scenario 4: Victimhood that doesn't fit the narrative.

Setting: MDT Formulation Meeting

People: The person whose offence history is being discussed**,** Forensic Social Worker, Psychologist, Responsible Clinician, Nursing Representative, Safeguarding Lead (health and local authority)

Situation:

New information suggests the person has experienced significant exploitation and abuse prior to their offence. Some team members feel this is being used to "excuse behaviour" and worry it undermines accountability.

Pressure point:

A professional says, "We can't turn perpetrators into victims."

Professional tension:

Trauma-informed understanding is framed as incompatible with responsibility.

Discussion focus:

- How does social work hold both accountability and victimisation?
- What happens when trauma narratives challenge dominant forensic stories?
- How do values and ethics guide formulation, not just risk logic?

Optional twist

A senior professional raises concern that introducing trauma and exploitation into the formulation could weaken public confidence if the case were ever reported on.

Scenario 5: MAPPA without the Person

Setting: Multi-agency public protection meeting.

People: The person subject to MAPPA arrangements, Forensic Social Worker, Police Representative, Probation / Offender Manager, Responsible Clinician, MAPPA Coordinator / Chair.

Situation:

Plans are developed about accommodation, restrictions, and monitoring. The person's views are summarised briefly by professionals. No one considers how or whether the person understands what is being decided.

Pressure point:

"There isn't time to involve them - this is about public safety."

Professional tension:

Participation, transparency, and procedural justice are squeezed out by urgency.

Discussion focus:

- What is the social work role in promoting participation in high-risk systems?
- How do we communicate decisions without increasing fear or resistance?
- What does trauma-informed communication look like in MAPPA contexts?

Optional twist

The person later learns about the MAPPA decisions second-hand and becomes increasingly mistrustful, questioning what else has been discussed without their knowledge.

Scenario 6: Recall as a safety net

Setting: Community Forensic MDT

People: The person living in the community under forensic conditions, Forensic Social Worker, Responsible Clinician, Community Forensic Nurse, Probation / Offender Manager, Housing or Support Provider (recently withdrawn or reduced).

Situation:

The person misses two appointments and appears unsettled. Recall is discussed quickly as the safest option. Little exploration occurs about what has changed in their life or whether support could stabilise the situation.

Pressure point:

“It’s better to recall early than wait for something to happen.”

Professional tension:

Recall is used as risk management rather than last resort.

Discussion focus:

- How does social work balance public protection with proportionality?
- What alternatives should be explored before recall?
- How do trauma, fear, and instability show up as “non-compliance”?

Optional twist

It emerges that the missed appointments coincided with the sudden withdrawal of a key support service due to funding cuts, rather than a change in risk behaviour.