

SOCIAL WORK DEPARTMENT

HOME SUPERVISION REVIEW FORM

(To be completed within six months of the implementation of a Home Supervision Requirement, and thereafter at least six-monthly for any child/young person on Home Supervision, but not on the Child Protection Register.

Date of Commencement @ Oct 94
Date of Last Panel @ 9/16/95
Date of Review @ 2/13/95
20/6/95

DIVISION: @ NHTSdale

SOCIAL WORKER: @ Tony Hazlett

SENIOR SOCIAL WORKER: @ Geoff Pean

PART I : TO BE COMPLETED PRIOR TO THE REVIEW

(1) Identifying Information

Name @ Trevor Truman

D.O.B. @ 3/6/79

Home Address @ 2 Criffel rd,
Leuchdale
Dumfries

Current Address (if different)

@ Waverley Hotel
Bed and Breakfast
Dumfries

Religion @

Ethnic Origin

@ White/uk

Legal Status @ 44(1)(a) no residence specified

School Attended @ None

(2) Objective of Supervision Requirement and Summary of Work Undertaken

@ To support and guide Trevor following his discharge from the Highways Unit. To help him find accommodation and work.

(3) Detail any significant changes in circumstances and/or relationships within the child/young person's family.

Trevor was staying at [redacted] and was with his uncle [redacted]. Trevor has decided to return from his placement to Dumfries because he felt isolated and thought he would get into trouble with the police if he stayed.

(4) Agencies currently involved with the child/young person

- | | | | |
|---------------------|-------------------------------------|---------------------------------|-------------------------------------|
| Field Social Worker | <input checked="" type="checkbox"/> | Regional Psychological Service | <input type="checkbox"/> |
| Family Centre Staff | <input type="checkbox"/> | Psychiatric Services | <input type="checkbox"/> |
| Health Visitor | <input type="checkbox"/> | Clinical Psychological Services | <input type="checkbox"/> |
| Guidance Teacher | <input type="checkbox"/> | NCH Project Staff | <input checked="" type="checkbox"/> |
| Education Welfare | <input type="checkbox"/> | Other | <input type="checkbox"/> |
- If other, please specify

(5) Summary of Multi-Agency Work

(Give a brief synopsis of the strategies employed by agencies involved and details of any inter-agency strategy agreed).

NCH has said that ~~that~~ he has Trevor on his books, but Trevor would not give him an indication that he would work with him. NCH cannot offer accommodation. Children Panel advised to bring back Trevor to Panel a 3 months if he is not co-operating with accommodation plan.

N.B. Note any disagreement between participating agencies

(6) Describe Child/Young Person's progress since the last review

Trevor appears to be much more relaxed now he is not in on physical care. However Trevor has temporary accommodation and no job, so has made little progress really since last review.

(7) A Summary of Young Person's own views
(Direct contributions should be encouraged)

① Trevor would like to stay in his own in a caravan.
② Trevor hopes to work at Costcutters in the near future
③ Trevor does not want to stay in hostel accommodation.

B Summary of Parents' Views

①

(8) Assessment of Child/Young Person's Current Needs

① Trevor needs stable accommodation and an income.

(9) Matters of Concern (To be listed numerically)

① accommodation is currently £18-50 per day in B&B.
Trevor needs to do a YTS or work to get some money. He has currently no income

SIGNATURE: Tony Harlow DATE: 20/6/95

PART II : TO BE COMPLETED BY THE CHAIRPERSON FOLLOWING THE REVIEW

(10) List of Participants

Name	Agency/Relationship to Child
e Geoff Dean Jen Graham Tony Houghton	e Chair Ladyacde social worker.

(11) Chairperson's Summary of Discussion
(Attach separate sheet if necessary)

e

(12) Review of Action Plan

(In view of the above, the existing action plan should be modified {or a new plan drawn up} and a copy attached.

e

(13) Statement of Objective for ongoing work
(Including details of inter-agency strategy)

@

N.B. Note any disagreement between participating agencies

(14) Are any additional resources required to achieve the stated objective? @ YES/NO

If YES, describe requirement

@

(15) Options and Recommendations

@

..... (CHAIRPERSON)

..... (DATE)

PRINCIPAL SOCIAL WORKER'S COMMENTS:

.e.....

.....

.....

.....

.....

.....

.....

.....

SIGNED:

DATE:

a:standard.20c

(Altered May 1993)

CHILDREN IN CARE RETURN FORM

(Including children under supervision or subject to a Place of Safety Order)

Individual Record

Quarter ended (Page of)

3 0 0 6 9 5
(dd/mm/yy)

Please submit forms at the end of each quarter and also when a child is discharged from care. (see notes (pages 2-4) for instructions on completion of form Tel. number for enquiries: 031-244 6682

SWSG FORM CH1

Details of Child - Strictly Confidential

Ethnic

Reference Number:

1 2 9 0 2 6 0 0 8
(see Page 3 Sect 2.1 of notes)

Sex

1 1
1=boy 2=girl (list 11)

Date of Birth

0 3 0 6 7 9
(dd/mm/yy)

Disability/Disorder Code List

- 1 - No substantial disability
- 2 - Physical disability only
- 3 - Mild Mental handicap only
- 4 - Profound mental handicap only
- 5 - Mental Handicap (difficult to ascertain severity)
- 6 - Mental illness only (medically diagnosed)
- 7 - Significant sensory impairment
- 8 - Physical disability and other disabilities or impairments
- 9 - Emotional maladjustment

Disability/Disorder

1

Social Worker:

Name: T. Hazlett

Tel Number

Is the child listed on your Child Protection Register?

2

- 1=yes
- 2=no
- 3=unknown

(see page 4 of notes)

EVENTS

Column 1 2 3 4
Event Type (dd/mm/yy) Date Area Team
Dist- rict (LGD) 6 7-9
5 1 2 3
Reference Notes: 5
Page: 1
Last event in child's care history BEFORE the current quarter

0	8	070395			
1	5	040495	93	05	
2	8	190495			
3	7	070695	93	05	
4	5	090695	93	05	
5					

Events occurring in the CURRENT quarter

DETAILS OF EVENTS

5 6 7 8 9
Statute Primary Reason
10-11 12 5
4 5
ACCOMMODATION
Type Location
Reason for change
14 14
7(a)

			13	6					
			6	2					
			15	93					
			99	93					

DISCHARGE

Reason for Discharge
14 7(b)
7(a)
Dept. Involvement (transfer)
14 8
Receiving LGD (transfer)
12 6 2
Dist- rict (LGD)
15 6 2
Household Children in Care
18

HOUSEHOLD DETAILS

(Event types 1,2,3 only)
13 14 15 16 17 18
Dist- rict (LGD)
6 6 2
15 9
Employment Father Mother
16 16 10 10
Number of Children in Household
4 4
Number of Subings in Care
4

DUMFRIES AND GALLOWAY REGIONAL COUNCIL
DEPARTMENT OF SOCIAL WORK

DETAIL RECORD

(For specified incidents or agreed cases)

CLIENT NAME

TREVOR TRUEMAN

REF NO

05168

SOCIAL WORKER

TONY HAZLITT

DATE: 04.07.94

EVENT: T/C from Brian Trueman
0661 832688, Father

Mr Trueman rang

He said he wanted to see Trevor on Saturday, 16th July 1994 and would arrive at Middy.

Mr Trueman said he still loves Trevor and wants to always be in touch with him.

Mr Trueman said that he did not think he would be able to have Trevor during the holidays as he would be working.

G 76/TH/JG/05.07.94

DATE: 21.09.94

EVENT: T/C from Jenny, Ladyacre

Trevor's dad would like Trevor to stay overnight on Saturday, 24th September 1994 and return on Sunday, 25th September 1994.

Ladyacre will provide train fare.

I need to get authorisation from Senior Management for a Child in Care to go out of the region.

I agreed with Jenny that Trevor goes, and asked her to check out very carefully with Trevor on Sunday evening how he felt about the contact.

Train leaves at 10.00am on Saturday morning from Dumfries. Trevor will change at Carlisle and go on to Hexham. Trevor will get back to Dumfries at 8.00pm on Sunday evening.

G 76/TH/JG/19.10.94

Tony

DATE: 7/7/95
CATEGORY: C

PART ONE

CLIENT REF NO: 05168

Person Referred

Name Trevor Trueman Title _____

Address Hope Place

Postcode _____

Signature _____ Phone _____

Age/DoB 16

Do you live alone or with others? _____

Hope Place

Referrer

Date 7-7-95 Time _____

Name Aileen Matlock

Address Hope Place

Phone 252677

Position Care Assistant

Does Referrer want confidentiality? _____

Is Consumer aware of referral? _____

Reason for Enquiry

Brief description of situation and help needed:-

T/C from Aileen
Trevor admitted to Hope Place - He has "forgotten" whether or not he received his last sec 24 payment of £20 from this Dept!

Index Check

Current Case

Registered to

Closed File

No Record

Tony Hazlett

How urgently is help required?:-

Any specific communication/access considerations?:-

G.P.

Initial Action

Checked records - Trevor paid £5 on Friday 30th June + £15 on Monday 3rd July. Thus his payments from this Debt are up to date. Hope Place to look after his needs from now on T/Ced. Aileen + informed of above.

Please complete:-

No further action

Simple Service Request

Passed to

Info to
Tony Harlett

Signed Senior Social Worker

L Little

OR

Screening required - Part Two completed and attached

Information taken by:

Agency:

Can this information be shared with other workers?

Hope Place Hostel

Community Care Assessment Report
for the Attention of Social Work Department

Name: Trevor Brian Trueman.
Date of Birth: 3/6/79
Date of Entry to Hostel: 7/7/95

SOCIAL WORK
DEPARTMENT
26 JUL 1995

HOELL 10

GD

Terms of Reference

Individual log book, staff day book, referral form, background report from Social Worker, observations from staff at Hope Place and interactions with Trevor.

Findings

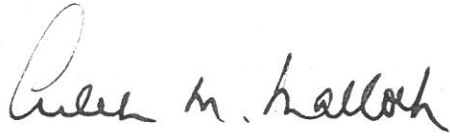
1. Trevor was originally referred to the Hostel by Tony Haslett, Social Worker on the 7th June 1995.
2. After leaving the care of Social Work Department he had lived in Nithsdale House. When this placement broke down he was placed in bed and breakfast accommodation at the Waverley Hostel, Dumfries.
3. After initial referral, two overnights were arranged with Trevor to enable him to meet the other residents and for staff to make further assessment of Trevor. The first assessment visit he did not attend. A second visit was arranged for 28th-30th June 1995.
4. During this two day visit it was noted Trevor interacted well with other residents and staff, but spent little time in the Hostel not attending the weekly group meeting although he was aware this was an expectation during his assessment visit. This concern about lack of time spent in Hostel to enable Trevor to partake of the service we provide was expressed to his Social Worker.
5. At staff meeting on 5/7/95, Trevor, after full discussion of assessment visit by team, was admitted on 7/7/95. Social Worker was informed of this.
6. Trevor was admitted to the Hostel on that date, signed his residents agreement and staff again spent time with him making him aware of expectations and responsibilities of Hostel life.
7. The first difficulty encountered, when Trevor was referred we were informed he was unemployed. In fact he was working, and had been for sometime at Kostcutters mini-market at Lochside, working approximately 31 hours per week and receiving cash in hand. Because of this we are unable to secure his £51 Residential Care Allowance from the Benefits Agency and will have to discuss this situation further with Social Worker who carries out the Community Care Assessment.
8. At date of writing this report, Trevor has been in the Hostel for nine days. During this time he has had two overnights outwith the Hostel. Most days Trevor leaves the Hostel immediately he gets up and returns literally 10 minutes before the main door closes for the night.

His participation in chores and daily routine at the Hostel has been minimal. When staff have managed to "catch" Trevor he has been encouraged to express any difficulties he is having. Trevor stated he likes to be "out and about" all the time and then informed us regarding his working hours.

He appears to have breakfast only and is not here for other meal times.
9. It was also noted through our daybook on 14th July, Trevor returned at 1.00 a.m. having been "slashed" on the face by an unknown assailant in an unprovoked attack. In an effort to disarm his assailant he informed us he may have wounded him in the side of the body. He wished to take no further action regarding this.

Summary

In the light of these findings, staff feel that although Trevor presents as a pleasant easy going young man, his commitment to the Hostel has been minimal. Trevor despite numerous attempts from staff, is not partaking of the service we provide for young people and staff feel that Trevor, at present, does not appear to be able or willing to participate in Hostel life and access the support and independence training available to him.



Aileen M Malloch
Assistant Project Organiser

16/9/95

DUMFRIES AND GALLOWAY REGIONAL COUNCIL

Internal Memorandum

Date: 26th July 1995

Your ref:

To: Geoff Dean, Team Manager

Our ref: TH/DV/CH

From: Tony Hazlitt, Social Worker

Re: Trevor Trueman

I would like to request financial assistance for this young man who is 16 and subject to a 44(1)(a) with no place of residence named on the order.

Trevor has been asked to leave Hope Place Hostel because he was not abiding by their rules.

Trevor's mother helped him to find a room with shared kitchen and bathroom at 49B English Street, rent for the room is £30 per week. Trevor cannot get Housing Benefit because he is subject to the supervision requirement. I offered to take Trevor back to the Panel and seek to discharge the 44(1)(a) but until this time I am requesting that our Department pays Trevor's rent.

.....
Tony Hazlitt
Social Worker

a:\trueman\rent

DUMFRIES AND GALLOWAY REGIONAL COUNCIL

Internal Memorandum

Date: 1st August 1995

Your ref:

To: Lyndy Roberts, Reporter to the Children's
Panel

Our ref: TH/DV/CH

From: Tony Hazlitt, Social Worker

Re: Trevor Trueman

I would like to request a Section 47 Review for Trevor at your earliest
convenience.

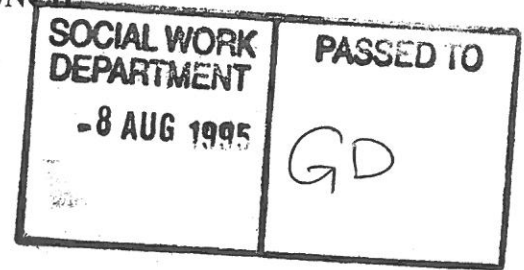
.....

Tony Hazlitt
Social Worker

a:\trueman\mem

**DUMFRIES AND GALLOWAY REGIONAL COUNCIL
REPORTER TO THE CHILDREN'S PANEL**

Internal Memorandum



Date: 7 August, 1995

To: Tony Hazlitt, Social Worker, Dumfries

From: Lyndy D Roberts, Divisional Reporter

Our Ref: LDR/JH

TREVOR TRUEMAN (3.6.79)
Present address unknown to this department

This child has been referred to me for the reasons given below. I would be obliged if you would let me have a report as indicated.

Type of Report:

- Social Background Report
- Supplementary Report
- Review Report*
- Residential Report
- Comment on New Referral

DATE DUE: **18 August 1995**

Special Comments: **Children's Hearing set for 24.8.95 at 2 p.m.
Please inform this office of Trevor's current
address as soon as possible.**

Grounds for Referral: **Review of Supervision Requirement.**

Lyndy Roberts

**DUMFRIES AND GALLOWAY REGIONAL COUNCIL
REPORTER TO THE CHILDREN'S PANEL**

Internal Memorandum

Date: 10 August, 1995

To: Tony Hazlitt, Social Worker, Dumfries

From: Lyndy D Roberts, Divisional Reporter

Our Ref: LDR/JH

NOTIFICATION OF CHILDREN'S HEARINGS

I am arranging a Children's Hearing to take place:

On: *Thursday 24 August 1995*

At: *2 p.m.*

At: *3 Newall Terrace, Dumfries*

I would be grateful if you could arrange to attend the Hearing in respect of the undernoted child.

NOTE:

Name and Address of Child: Trevor Trueman
49B English Street
Dumfries

Reason for Hearing: Review of Supervision Requirement

Lyndy Roberts

SOCIAL WORK DEPARTMENT 11 AUG 1995	PASSED TO GD
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**Dumfries
and Galloway
Regional Council**

Department of Social Work
5 Gordon Street, Dumfries DG1 1EG
Telephone 0387 61234
Fax 0387 60875

Faith Simpson
Director

If telephoning or calling ask for:

Your Ref:
Our Ref:

REPORT FOR THE CHILDREN'S HEARING

NAME: TREVOR TRUEMAN
DATE OF BIRTH: 03.06.79 Age 16
PRESENT ADDRESS: 49B English Street, Dumfries
PREVIOUS ADDRESSES: Hope Place Hostel, Dumfries
Waverly Hotel, Dumfries
Nithsdale House, Dumfries
DATE OF REPORT: 17th August 1995

The last Children's Hearing for Trevor took place in May. At that time Trevor had been living in Newcastle but planned to come back to Dumfries.

Trevor did this, and was accommodated by the Social Work Department in Nithsdale House. Two weeks later I was informed that Nithsdale House wasn't prepared to let Trevor stay any longer because he had been smoking hash in his bedroom with another resident. Trevor was not abiding by other house rules, particularly times when he should have been back at night.

I placed Trevor at the Waverly Hotel Bed and Breakfast for another two weeks after which he was accepted into Hope Place. I had hoped that Hope Place would be able to keep hold of Trevor for a little longer but again after three weeks Trevor was asked to leave. Basically Trevor was taking no notice of the rules that the Hostel needs to operate.

At this point Trevor's mother helped him to get a bedsit in English Street.

Finances and Employment

Trevor has been with me to an appointment at the Careers office, where he signed on and received a yellow card. Trevor was not interested in career advice but was aware that in order to gain DSS and Housing Benefit the appointment at the Careers Office was necessary. I then arranged to go with Trevor to the DSS and Housing Centre. Trevor felt unable to go by himself and asked me to accompany him. On the day of the appointment Trevor did not meet me so has not kept his appointments with these benefit agencies.

I have been informed by the Housing Benefit Agency that if Trevor is entitled to Income Support then he will be able to get Housing Benefit.

I am aware that Trevor earns some cash at a mini supermarket in Dumfries. Trevor is aware that he either needs to be contributing to his rent, or signing on in order to pay his rent, so far Trevor has not done any of these things.

Conclusion

Trevor is not accepting of any advice or guidance that I can give him. It seems that Trevor prefers to make his way outside the system that is designed to offer him support. I have no objection to this, and have some respect for Trevor in pursuing this course. Since Trevor moved to Newcastle he has not been able to commit himself to any of the accommodation that has been found for him. The Social Work Department has been willing to fund Trevor's accommodation up to now.

However, since Trevor may be earning some money he can contribute himself to his independence. Should Trevor's earnings leave him with very little after he pays his rent, he will need to top up his income through benefits.

I have attempted to take Trevor through this process but do not feel that Trevor has co-operated.

I therefore respectfully recommend that the 44 (1)(a) that Trevor is subject to be terminated.



Tony Hazlitt
Social Worker

TH/SW/CH05168 - 17th August 1995

SOCIAL WORK (SCOTLAND) ACT 1968
INSTRUMENT TERMINATING SUPERVISION REQUIREMENT

At : DUMFRIES

On : 24 AUGUST 1995

Supervision requirement dated 9 JUNE 1995

on TREVOR TRUETHAN (316179) 49 B ENGLISH STREET, DUMFRIES

A Children's Hearing for Dumfries and Galloway Region hereby terminate the foregoing supervision requirement with reference from 24 AUGUST 1995

Edna J Hunter

Chairman of the Children's Hearing

Child(ren) TREVOR TREUMAN

CHILDREN'S HEARING MEMBERS

(Chair) E HUNTER

(Member) A HICKORY

(Member) E. LITTLE

DECISION OF HEARING: The Hearing made the following decision(s)

To terminate the supervision Requirement.

Adrian Clark (Reporter)

STATEMENT OF REASONS FOR DECISION

Trevor does not accept the advice or guidance which the SW Dept offers him. The Panel felt that Trevor must now accept responsibility for his own actions.

S.W. reminded him that help was always available to him on a voluntary basis.

Edna A Hunter (Chairperson)

**DUMFRIES AND GALLOWAY REGIONAL COUNCIL
REPORTER TO THE CHILDREN'S PANEL**

Internal Memorandum

30 August, 1995

To: Tony Hazlitt, Social Worker, Dumfries

From: Hilary Clark, Divisional Reporter

Our Ref: HC/JH

NOTIFICATION OF CHILDREN'S HEARING DECISION

Please note for your records that a Children's Hearing for Dumfries and Galloway Region has made the following decision:-

Name and Address of Child: Trevor Trueman
49B English Street
Dumfries

Date of Decision: 24 August 1995

Decision: Supervision Requirement terminated

A copy of the formal instrument is attached where appropriate.

Hilary Clark

ENC.

SOCIAL WORK DEPARTMENT 31 AUG 1995	PASSED TO GD.
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00 SEP 1991

DUMFRIES AND GALLOWAY REGIONAL COUNCIL

Reporter to the Children's Panel
Social Work (Scotland) Act, 1968

EDUCATIONAL REPORT

1. PERSONAL DETAILS

Name . Trevor Brian Trueman

Address . 2 Criffel Road, Lincluden, Dumfries

Date of Birth . 3.6.79

School . Maxwelltown High School (previously St. Ninian's Primary) ..

Class . 51

Name and address of Parent/Guardian or other person caring for child . Karen and David Normand,
..... 2 Criffel Road, Lincluden, Dumfries,

Date of admission to ~~present school~~: Admitted to St. Ninian's 28.4.86, now at
Maxwelltown High School

Statutory leaving date:

Name of class/guidance teacher:

2. ATTENDANCE

Name of School	Session	Possible Attendance	Actual Attendance
.....
.....
.....
.....

3. BEHAVIOUR IN SCHOOL

Relations between school and home (Detail contacts): . See "Attitude". - The same applied
in class and in the playground.

Head Teacher and parents discussed the situation on various occasions.
Mum reported similar behaviour out of school.....

Special interests and/or extra curricular activities: . . . Art work.
.....
.....
.....
.....

Attitude to staff and other pupils: . . . To staff generally friendly and helpful when
in the mood. Huffed easily when being made to face a task he didn't
'want' or 'wasn't' interested in doing;
.....
With other pupils he was attention seeking and acted the fool a lot.
If he felt they were 'against' him he sometimes left the room and
'on occasions' the school premises;

Involvement with other agencies: . . . Social work.
.....
.....
.....
.....

4. EDUCATION

Courses being followed (Detail subjects): . . Primary till June 1991. - Now at
Maxwelltown High.
.....
.....
.....
.....

Educational performance (Comment on all aspects; detail any circumstances where pupil has required special
attention; indicate ability level, relative to age
Very artistic. Short concentration span. Rarely completed class
work - some days produced very little. Involved with choir and
school concert; Disruptive in a group situation.
.....
.....

Any recommendation about pupil's future:

Any further comments:

Comments by head teacher: ... Trevor obviously felt very unsettled with life. He often said he was going to stay with his dad in England, and it upset him when any such plans fell through.

Date ... 5th September, 1991. Signed Class/Guidance Teacher

Date ... 5th September, 1991. Signed Dorothy Gordon Head Teacher

Please add any information, not mentioned above, which you think might help the Reporter or the Children's Hearing to take a decision in the best interests of the child.

DMK CONFIDENTIAL

DUMFRIES AND GALLOWAY REGIONAL COUNCIL

Reporter to the Children's Panel
Social Work (Scotland) Act, 1968

EDUCATIONAL REPORT

17 SEP 1990

RP

1. PERSONAL DETAILS

Name Trevor Brian Trueman

Address 2 Griffel Road, Lincluden, Dumfries.

Date of Birth 3.6.79

School St. Ninian's Primary School, Lochside Road, Dumfries.

Class Primary 7

Name and address of Parent/Guardian or other person caring for child

Karen and David Normand,

2 Griffel Road, Lincluden, Dumfries.

Date of admission to present school: 28.4.86

Statutory leaving date:

Name of class/guidance teacher: Class Teacher - Mrs. Anna Gordon

2. ATTENDANCE

Name of School	Session	Possible Attendance	Actual Attendance
St. Ninian's Primary	1989-90	380	374
"	1988-89	380	368
"	1987-88	380	380
"	1986-87	396	394

3. BEHAVIOUR IN SCHOOL

Relations between school and home (Detail contacts): Mrs. Normand will come up to school if requested, but as she is working it is difficult for her to come on a regular basis. Weekly reports are sent home each Friday. Relationships between Mother and Head Teacher are good, but I (Head Teacher) would like to see more development in this area.

Special interests and/or extra curricular activities: Trevor is very artistic and interested in music and drama, but his concentration span is short, so work is often unfinished.

PHYSICAL APPEARANCE

Attitude to staff and other pupils: a) Staff - Trevor is attention seeking. When reprimanded he answers back and "huffs" - but not with the Head Teacher. A relationship has developed here over the last two years and Trevor will not answer back and will indeed ask to speak to Head Teacher in confidence. This seems to point to a need for stable relationships. His new Class Teacher is also new to the school, is experienced, efficient and keen on Expressive Arts, so we are hopeful that Trevor will see this as a "new start". b) Pupils - He plays the fool in front of other pupils to gain popularity and is easily "set up". His teacher reports that he is constantly asking if his behaviour has improved, which makes us feel that he does care. He does not have particular friends in the playground and will often wander around if we do not give him particular 'duties'.

4. EDUCATION

Courses being followed (Detail subjects):

Educational performance (Comment on all aspects; detail any circumstances where pupil has required special attention; indicate ability level, relative to age)

Trevor's ability level is appropriate to his age, but he shows signs of being 'troubled' and his adversely affects his educational performance.

Any recommendation about pupil's future:

Any further comments:

Comments by head teacher: Trevor shows signs of unhappiness and insecurity. This is definitely affecting his performance at school. He can be very friendly and helpful, and has, in our opinion, great potential, especially in the artistic field.

Date 11th September, 1990.

Signed Anna Gordon
Class/Guidance Teacher

Date 11th September, 1990.

Signed Dorothy Gordon
Head Teacher

Please add any information, not mentioned above, which you think might help the Reporter or the Children's Hearing to take a decision in the best interests of the child.

CHILDREN IN CARE RETURN FORM

(including children under supervision or subject to a Place of Safety Order)

Individual Record
Quarter ended
(Page 1 of 1)

31001995
(admin/yy)

SWSG FORM CH1

Details of Child - Strictly Confidential

Please submit forms at the end of each quarter and also when a child is discharged from care. (see notes (pages 2-4) for instructions on completion of form. Tel. number for enquiries: 031 244 6592

Reference Number:

129026008

Ethnic

Sex

1

Origin

1

Date of Birth

030679

Disability/Disorder Code

Disability/Disorder

1

Social Worker:

Name: T. Hazlett

Tel Number

(see Page 3 Sect 2.1 of notes)

1=boy (see code- (admin/yy))
2=girl (lit 11)

Is the child listed on your Child Protection Register? 2
(see page 4 of notes)

1=yes
2=no
3=unknown

EVENTS

Column 1 2 3 4

Event Type (dd/mm/yy) Dist. rict (LGD) Area Team

Event Type	Date (dd/mm/yy)	Dist. rict (LGD)	Area Team
1	240895	93	05
2			
3			
4			
5			

DETAILS OF EVENTS

Statute Primary Reason ACCOMMODATION Type Locat. ion Reason for change

Statute	Primary Reason	ACCOMMODATION Type	Locat. ion	Reason for change
06	10	99	93	4

HOUSEHOLD DETAILS (Event Types 1,2,3 only)

Reason for Discharge Det. LGD (transfer) Reason for Discharge Det. LGD (transfer) Employment Father Mother Number of Children in Household Number of Siblings in Care

Reason for Discharge	Det. LGD (transfer)	Reason for Discharge	Det. LGD (transfer)	Employment Father	Employment Mother	Number of Children in Household	Number of Siblings in Care
01	7					4	4

Social Work Services Group, Statistics Branch, 43 Jeffrey Street, Edinburgh EH1 1DN



CLOSURE SUMMARY

CLIENT NAME: Trevor Truman

DATE: 19/10/95

1. SIGNIFICANT CHANGES IN PEOPLE & CIRCUMSTANCES

Trevor has left residential care and was not willing to co-operate with further social work advice.
Trevor was discharged from a 44(1)(a) in August 95.

2. SUMMARY OF AIMS AND ACTIONS SINCE LAST REVIEW

To help Trevor find permanent accommodation and for Trevor to seek a WTE income support and Housing.

3. AIMS NOT ACHIEVED

All aims achieved.

4. REASON(S) FOR CLOSURE

Trevor prefers not to have voluntary s/w.

5. CLIENT INFORMED OF CLOSURE ? YES / NO

AGREEABLE TO CLOSURE ? YES / NO

6. AGENCY/WORKER CLIENT REFERRED TO:

SIGNED

SOCIAL WORKER: Tony Hart

CLIENT: _____ DATE _____

TEAM LEADER: _____

DUMFRIES AND GALLOWAY SOCIAL WORK DEPARTMENT
REFERRAL FORM - ADULT CARE (See Guidance Note A)

05/68

Date: 29.5.96 Time: 10.30

Person Referred

Forename: TRIGOR BRIAN

Surname: TRUMAN

Title: _____

Address: 1A HOPE PLACE
DUMFRIES

Postcode: _____

Telephone Code _____ Number _____

Date of Birth: 3.6.79 Age: 16 years

Does the Person Live alone? Yes No

General Practitioner
 Dr.: BLACKHARD

Practice: _____

Referrer

Name: DAVID MCCUNTOCK

Address: HOPE PLACE
DUMFRIES
SUPPERWORKER

Postcode: _____

Telephone Code _____ Number 252677

Does referrer want Confidentiality? Yes No

Is the Person Referred Aware of Referral? Yes No

Hospital: _____

Ward: _____

Discharge Date: _____

CARER and FAMILY INFORMATION

Name: _____	Name: _____
Address: _____	Address: _____
Telephone Number: _____	Telephone Number: _____
Other Information: _____	Other Information: _____

IMPORTANT FRIENDS and NEIGHBOURS

Name: _____	Name: _____
Address: _____	Address: _____
Telephone Number: _____	Telephone Number: _____
Other Information: _____	Other Information: _____

SWISS DATA

Case Reference: People Reference: Category: Referral:

Index Check Current Case Registered to

Closed File No Record

DUMFRIES AND GALLOWAY SOCIAL WORK DEPARTMENT
REFERRAL FORM - ADULT CARE

IMPORTANT HEALTH ISSUES

*Outline of the Referred Person's Health, including any disabilities,
Sensory Impairment, Communication Difficulties and Mobility Problems*

DESCRIPTION OF SITUATION AND HELP NEEDED :

Mr Truman has recently been discharged from care. He is currently staying at Home Place. He is 66 years old, unemployed and not in receipt of benefits and has difficulty with budgeting. He has charges for care at Home Place. He is estranged from his family and has NO contact with them.

- Request for a first home community care assessment.

DUMFRIES AND GALLOWAY SOCIAL WORK DEPARTMENT
REFERRAL FORM - ADULT CARE

CURRENT SUPPORT			
SERVICE	NAME of PROVIDER or ORGANISATION	Phone Number	Comments
Chiropodist			
Community Alarm System			
Community Mental Health Worker			
Community Nurse			
Community Psychiatric Nurse			
Day Care			
Day Centre / Club			
Day Hospital			
Doctor			
Good Neighbour			
Health Visitor			
Home Care - Private			
Home Care - Social Work			
Luncheon Club			
Meals on Wheels			
Occupational Therapist			
Physiotherapist			
Regular Respite			
Social Worker			
Support for Carers			
Other Information			

KEY ISSUES - NEEDS IDENTIFIED

Request for an assessment

Is This an Adult Abuse Referral ? No Yes → Refer to Adult Protection Procedures

Can the Information be Shared ? No Yes → If Yes - Who with ?

DUMFRIES AND GALLOWAY SOCIAL WORK DEPARTMENT
REFERRAL FORM - ADULT CARE

(For Social Work Departmental Use Only)

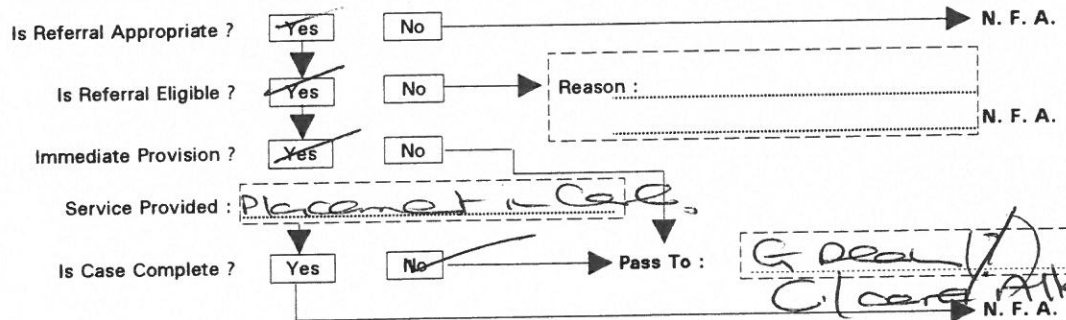
INITIAL ACTION

ACT to hope place - To call back
 for a duty appointment on
 Friday 31st at 10am.
 - Appointment made.

Name: R. Olliver Office: Galloway Street
 Designation: Senior Worker Date: 29/5/96

DECISION of DUTY MANAGER

(See Note A.2)



Duty Manager: R. Olliver Designation: Duty Manager
 Date: 31-5-96

(N. F. A. = No Further Action)

DECISION of TEAM MANAGER

(See Note A.3)

Allocate To _____
 Designation _____

Has Referrer Been Advised of Action Taken? Yes No

Name _____
 Designation _____
 Date _____

Assessment Level Indicator

(See Note A.3)

1	2
---	---

(Please Tick)

**DUMFRIES AND GALLOWAY REGIONAL COUNCIL
DEPARTMENT OF SOCIAL WORK**



REFERRAL FORM

CATEGORY CLIENT REF NO
DATE TIME TAKEN BY

PERSON REFERRED

NAME
ADDRESS
TEL. NO.
DOB AGE
SEX MARITAL STATUS
CLIENT AWARE OF REFERRAL
PREVIOUS ADDRESS SEE OVER

INDEX CHECK CURRENT CASE REGISTERED TO CLOSED FILE NO RECORD

REFERRED BY

NAME
ADDRESS
TEL. NO.
POST/AGENCY

GP & OTHER AGENCIES

FAMILY /OTHER SIGNIFICANT PEOPLE

NAME	DOB	RELATIONSHIP	ADDRESS	TEL. NO.

PRESENTING PROBLEM (cont over) IS THIS A **CHILD PROTECTION** REFERRAL ? YES/NO
IF **YES REPORT TO S.S.W.**

IMMEDIATE ACTION (cont over)

SIGNED DUTY SOCIAL WORKER
ALLOCATION ALLOCATED TO CLOSING CODE

Pass to Geoff Dean

e little 17/7/96

REFERRAL / SCREENING

Date 17 / 1 / 96
 Office 5 GORDON STREET
 Source LOREBUEN HOUSING
 Client's Name IRENEOR TRUMAN
 Address HOPE PLACE
DUMFRIES
 Post Code DG2 9AE
 Date of Birth _____
 Current File Ref. No. _____
 SWISS Case Ref. No. _____
 SWISS People Ref. No. _____

Outcome _____
 Immediate Provision? Yes No
 Provision Code _____
 Date _____
 (If Different to Referral Date)

ALLOCATION DETAILS

No Further Action

Transfer Officers? Yes No

Date _____ To: _____
 Office _____

Fieldworker _____

Case Category [Level 1]
 (Please Tick One Box)
 Adult
 Offender
 Child
 Other

Referral Category [Level 2]
 (Please Tick One Box)
 Offender Report
 Child Protection
 Other Child Care
 Disability
 Mental Health
 Other Adult Care
 Other

Codes for Provision of Service
 (Please Enter One Code ONLY)

- | | | | | | |
|------|---|-------------------------------|------|----|------------------------------|
| Code | 1 | Home Care | Code | 7 | Resid Care-LT Private Unit |
| | 2 | Equipment | | 8 | Resid Care-LT Voluntary Unit |
| | 3 | Day Care | | 9 | Nursing Care-Private Unit |
| | 4 | Respite Care for Carer | | 10 | Nursing Care-Voluntary Unit |
| | 5 | Respite Care for Service User | | 11 | Other |
| | 6 | Resid Care-LT LA Unit | | | |

Service User (People) Category [Level 3]
 (Please Tick One Box)

- | | | | |
|--------------------------|---|--------------------------|--|
| <input type="checkbox"/> | Probation | <input type="checkbox"/> | Financial/Housing/Household Child Related (Non Statutory) Under 8s |
| <input type="checkbox"/> | Probation with Community Service Through Care (Pre Release) | <input type="checkbox"/> | Foster Applications |
| <input type="checkbox"/> | Young Offender After Care | <input type="checkbox"/> | Adoption Support |
| <input type="checkbox"/> | Parole Licence | <input type="checkbox"/> | Childminding |
| <input type="checkbox"/> | Life Licence | <input type="checkbox"/> | Fit Persons Playgroups |
| <input type="checkbox"/> | Prison Voluntary After Care | <input type="checkbox"/> | Physical Disability |
| <input type="checkbox"/> | Fines Supervision | <input type="checkbox"/> | Learning Disability |
| <input type="checkbox"/> | Division From Prosecution | <input type="checkbox"/> | Blind / Partially Sighted |
| <input type="checkbox"/> | Supervised Release Order | <input type="checkbox"/> | Deaf / Hearing Impaired |
| <input type="checkbox"/> | Supervised Attendance Order | <input type="checkbox"/> | Multiple Disability |
| <input type="checkbox"/> | Community Service | <input type="checkbox"/> | MH Section 18 |
| <input type="checkbox"/> | Social Enquiry Report | <input type="checkbox"/> | MH Section 24 |
| <input type="checkbox"/> | Parole Home Circumstances Report | <input type="checkbox"/> | MH Section 25 |
| <input type="checkbox"/> | Means Enquiry Report | <input type="checkbox"/> | MH Section 26 |
| <input type="checkbox"/> | Oral Report | <input type="checkbox"/> | MH Section 65 |
| <input type="checkbox"/> | Stand Down Report | <input type="checkbox"/> | MH Guardianship |
| <input type="checkbox"/> | Following an Accelerated Plea Report | <input type="checkbox"/> | MH Non Statutory |
| <input type="checkbox"/> | Pre Trial Report | <input type="checkbox"/> | Dementia |
| <input type="checkbox"/> | Supplementary Report | <input type="checkbox"/> | Other Adult Care |
| <input type="checkbox"/> | Social Background Report | <input type="checkbox"/> | HIV / AIDS |
| <input type="checkbox"/> | Other Report | <input type="checkbox"/> | Drug Misuse |
| <input type="checkbox"/> | Boarded Out | <input type="checkbox"/> | Alcohol Misuse |
| <input type="checkbox"/> | Parental Home | <input type="checkbox"/> | Other |
| <input type="checkbox"/> | Residential LA Unit in D&G | | |
| <input type="checkbox"/> | Residential Non LA Unit in D&G | | |
| <input type="checkbox"/> | Residential Unit Outside D&G | | |
| <input type="checkbox"/> | Abuse Physical | | |
| <input type="checkbox"/> | Abuse Sexual | | |
| <input type="checkbox"/> | Abuse Emotional | | |
| <input type="checkbox"/> | Abuse Physical Neglect | | |
| <input type="checkbox"/> | Abuse Failure to Thrive | | |

05168

Your Ref:
Our Ref: JA/AK/DUTY

Psychology Department
Nithbank
DUMFRIES

Social Services Department

Director - Keith Makin
5 Gordon Street, Dumfries DG1 1EG
Telephone No. 01387 260000
Fax No. 01387 260875

If telephoning or calling ask for
Duty Social Worker - Adult Care 260877

27th January 1999

Dear Sir/Madam

Re: Trevor Trueman, d.o.b. 03.06.79,

Further to my telephone call of today 27th January 1999 I am referring Mr. Trevor Trueman for help with anger management.

Trevor referred himself to the Social Services Department to get some advice about his behaviour. He says he has no control over his temper, even from his early teens and describes how he "flips" when he is provoked. Some days he is ok and on other days he is not and he is frightened of continuing the cycle abuse and violence that he has experienced during his life.

Trevor was admitted to Ladyacre when around fourteen years old until just before he was sixteen years old during which time he spent periods at the Hightrees Secure Unit. He thinks the Ladyacre admission was because of his own behaviour and that of his step-father's towards him.

He was driven of occasions to attempting to kill himself by strangulation. At school he had low concentration was wanting a laugh, and got into trouble because of his behaviour. He was often "grounded" for months at home and if not at school was given hard manual tasks to do mainly in the garden.

The triggers to losing his temper include people shouting at him, or saying something to him that is nasty or unpleasant which can wind him up, or if someone pushes him during an argument. This can lead to his becoming physically violent which alarms him because of the loss of control. Some days he can take "winding up" but others not. He is not sure what makes the difference between one day and another.

Trevor has been at his present job at Costcutters, Lochside on and off since about thirteen years and now works full time afternoons and evenings. His employer is supportive and Trevor regards him as a father figure.

Trevor is happy about a referral to the Psychology Department and would be able to keep a morning appointment.

Many thanks for accepting this referral.

Yours faithfully

Duty Social Worker for today.

PERSON REFERRED

Surname: Treeman Forenames: Treva Title: _____
Also 'Known As' _____

Address: _____
Post Code: _____ Telephone: _____ Gender: _____
D.o.B. B-06-79

Does the Person Referred live alone? Yes No Marital Status: Single

Housing Type (Please Circle to Indicate)

Council Housing Association Privately Owned Rented Tied Unknown

REFERRER

Surname: Self Forenames: _____ Title: _____

Address: _____
Post Code: _____ Telephone: _____ Relationship: _____

GENERAL PRACTITIONER

Doctor: Floodhart / Jamieson

Surgery Address: Castle St. Telephone: _____

FAMILY / OTHER SIGNIFICANT PEOPLE

Name: Karen Normand

Address: 2 Cuffel Rd
Lindale

Post Code: _____

Telephone: _____

Relationship: Mother

Name: _____

Address: _____

Post Code: _____

Telephone: _____

Relationship: _____

SERVICES / SUPPORT

	Name	Telephone	Frequency/Nature of Contact
MEDICAL			
District Nurse			
Community Psychiatric Nurse			
Day Hospital			
Other			
SOCIAL CARE			
Home Care Agency			
Home Care Agency			
Day Care Centre			
Care Call			
Other			
Informal Care			

Index Check Current Case

Registered to _____

Closed File No Record

Blue Sky People No. _____

continue overleaf /

Dumfries and Galloway Department of Social Services
BASIC REFERRAL INFORMATION

N.B. Please complete these sections as fully as possible,
inadequate information may lead to delays in processing the referral.

Reason for Referral

Just pips - shouting, pushing, lash out if ~~was~~
someone's being nasty to him - or even a joke
he takes the wrong way. (works at car cutters)
behind

No control over temper -

? prob since early teens.

Adverse from ground 14 yrs till just before 16 yrs
Is this an Adult Protection Referral? (+ High trees - secure unit)

Yes

No

If 'Yes' refer to Own Agency / Interagency Guidelines

Does the Referrer want confidentiality?

Yes

No

ADDITIONAL INFORMATION

- ☆ Health, include details of any illness / disability. (including ability to perform the activities of daily living)
- ☆ Describe the current circumstances. (including Carer / Support arrangements)
- ☆ Define the 'Identified Needs'

have reacted when provoked - these days it doesn't
have to be much -
some days OK, other days not.
Frightened of continuing the cycle of abuse/violence
late in life.

Triggers to losing his temper - shouting,
saying something that's nasty or unpleasant -
winding him up, pushing him during an
argument - can lead to physical violence
which alarms him because of the loss of
his control.

Some days can take "winding him up"
but others not. Not sure what makes the
difference between one day and another.

Signed:

Date:

Designation:

INITIAL ACTION

History of family violence - between Trevor and his step-father (as well as his own father).

He maintains contact with his mother and his 2 sisters one of whom he doesn't get on with and with whom he has had one or two fights with.

(Continue overleaf)

OUTCOME

Provision of a Service ?

Yes

No

Services Provided

Information / Advice

Financial Assistance (Section 12)

Travel Warrant

Taxi Card / Bus Pass

Orange Badge

Referred to another Agency
(Please specify)

DEPT. OF PSYCHOLOGY
BY LETTER

Other:
(Please specify)

Pass to Specialist Team for further assessment

PLEASE STATE
Team Manager _____

OR N.F.A.

Team _____

Name: TREVOR MOIR
(Please Print)

Signed _____

Shawolpik

Designation: TM

Date: 27/1/99

REFERRER

Advised of Outcome ?

Yes

No

Not Known

DECISION OF OPERATIONAL TEAM MANAGER

Allocate to: _____

N.F.A.

Signed: _____

Designation: _____

Blue Sky

People Ref. No. _____

Referral No. _____

Date: _____

CONTINUATION SHEET

OK to Psychology Dept — they'll send info to Trevor
re anger management. letter of referral to be sent
to the Dept.

Adverse admission was, he thinks, because
of his own behaviour and that of his step-
father towards him:

Trevor tells me that
his Mother "denied" the violence that had
happened towards Trevor by her husband.

He feels very
much there is a genetic connection with
violence on both sides of his family. He was
driven on occasions to attempting to kill
himself by strangulation. At school ~~he~~ had
low concentration wanting a laugh, and
got into trouble ~~there~~ because of his
behaviour. He was often "grounded" for months at
home and if not at school given hard manual tasks to do
mainly in the garden.
He's been at his present job on and off
since about 13 yrs and now works full
time afternoons and evenings. He would
be able to keep a morning appointment.

OK for referral to psychology — Trevor
will pop in to social work in the meantime
if he needs to. — letter of referral to Psychology

Signed:

Jan Allan

Date:

27/1/99

0516



Department of Psychological
Services & Research

Nithbank

Dumfries

DG1 2SD

Direct dial (01387) 244495

Fax (01387) 244496

LI/AM

1 March, 1999

Mr. Trevor Trueman,

Dumfries.

Dear Mr. Trueman,

I am now able to offer you an appointment. I would be happy to meet with you on **Tuesday, 9th March 1999 at 1.00 p.m.** here at the Psychology Department, Nithbank (map enclosed). I would be obliged if you would ring the Department and let me know if this is convenient. If not we can arrange an alternative.

I look forward to hearing from you.

Yours sincerely,

Liz Inch

LIZ INCH
Counsellor

cc Ms. A. Kerr, Social Worker, Social Services Department, 5 Gordon Street,
Dumfries.

To confirm that Amanda McNaught has viewed and made copies two items from this file.

REAP Minutes – 08/12/1994

Psychologist Report – dated 13/12/1994

Signed *a mcnaught*
15/01/09.

05168

Dumfries & Galloway Primary Care NHS Trust
Department of Psychological Services & Research
Nithbank
Dumfries
DG1 2SD

LI/AM

Your ref: JA/AK/DUTY

Tel: (01387) 244495

Fax: (01387) 244496

6 May, 1999

Ms. A. Kerr,
Social Worker,
Social Services Department,
5 Gordon Street,
Dumfries.

Dear Ms. Kerr,

Re: Trevor Trueman (d.o.b. 03-06-79)

Thank you for referring this young man to the department.

I have seen Trevor on two occasions. He appears a pleasant, hard working person.

We spent time talking about his general sense of anxiety, which is present most of the time. Trevor does not find it easy to trust anyone which makes life very difficult for him. When he is in any situation where there is anger or frustration he is concerned that he will lose his temper and that this might spill over into violence. During the last few years Trevor has erupted, 'gone berserk' and then been very remorseful. All of this has been very upsetting for him.

We had begun to work together on some relaxation techniques and coping strategies. We also began exploring what might trigger Trevor's overwhelming anger.

Unfortunately Trevor did not keep our last appointment. I have written offering a further date and asking for Trevor to contact the department. I am sorry that he has not been able to do this and so I will take him off my caseload for now. I would be happy to continue work with Trevor, if he feels he can continue with it, at any time in the future.

Yours sincerely,

Liz Inch

LIZ INCH
Counsellor

✓