Mc Cracken Family
4c Wilson St
Airdrie

Caroline * | McCracken.
Yvonne | * Still
Mgt * | Open
25/3/86

RMBOX/11/2148/6
Client File: Margaret Ann McCracken 03/07/1974 and Caroline McCracken 26/10/1978 - Both Fostered
Previous Reference 3115/12 - BOX 1/5

NORTH LANARKSHIRE HERITAGE CENTR
AREA: 3
ROW: 4
BAY: 8
SHELF: 5

PLEASE ENSURE THAT THIS INFORMATION IS
UPDATED OR WITHDRAWN

Social Work Department
Director: F E Edwards RD BA DipASS FISW MBIM

Strathclyde Regional Council

FOR ATTENTION OF:

30 DEC 1980
A.O. .....
M. Meeting .....
A.O. Meeting .....
District Exec. .....
Info. File .....
A.O. File .....
S.S.W. .....
Allocation .....
Team Meeting .....

With Compliments

TELEPHONE MESSAGE

ME OF SOCIAL WORKER ..... GERRY .....

ME OF CALLER ..... MRS. McCRACKEN .....

DRESS/AGENCY .....

E AND TIME OF CALL ..... 29/12/80 ..... 2.30 p.m. .....

Will call back later/tomorrow at .....

Would you telephone when you are available .....

Would you telephone at .....

Left the following message .....

.....

..... Will phone you later .....

.....

.....

.....

.....

.....

ALERT FORM

Serial No. 2733

Date Received 23·12·80

Time 16·20

W15

STRATHCLYDE REGIONAL COUNCIL
SOCIAL WORK DEPARTMENT

STAND-BY SERVICE

6 WOODSIDE CRESCENT
GLASGOW
Telephone 041-

52 LUMSDEN STREET
GLASGOW

From Social Worker Mrs M Cruickshank

Area Team L03

Address 1 Dent Avenue
Dundee

Telephone Dundee 26 [illegible]

Division Land Rights

Client's Surname M Carthy Forenames Carol Jeffries (Mrs)

Present Address 12 or 29 Rannoch's Ave Age/DOB

Previous Address Dundee Telephone

Children	Name	Age	Sex
	Caroline	2	F
	Yvonne	3	F
	Mina Anne	6	F

KEY PERSONS INVOLVED, e.g. G.P.s, Caring Relatives, Other Agencies, Etc.

Name	Relationship/Occupation	Address	Telephone
[redacted]			

DETA[redacted]D DIFFICULTIES

[redacted]

CARING AR[redacted]

[redacted]

ACTIO[redacted]MERGENCY

[redacted]

TELEPHONE MESSAGE

NAME OF SOCIAL WORKER ... G. Mc Lann .....

NAME OF CALLER ..... Mrs. McCracken .....

ADDRESS/AGENCY .....

DATE AND TIME OF CALL .... 4.25 pm ..... 29.12.80.

a) Will call back later/tomorrow at .....

b) Would you telephone when you are available .....

c) Would you telephone at .....

d) Left the following message .....

..... Please phone about named

..... (important) .....

..... AIRDRIE 53611 .....

.....

.....

.....

.....

Strathclyde Social Work Department

R.I.C.3

HEALTH RECORD CARD FOR CHILD IN CARE

SECTION—1

W5793

CASE IDENTIFICATION No. .....

FULL LEGAL NAME (or known as) YVONNE McCOACKEN

ADDRESS RAWYARDS AVE. AIRDRIE

DATE OF BIRTH 1 12 74

NAME AND ADDRESS OF G.P. .....

..... Tel. No. .....

NATIONAL HEALTH No. .....

STATE ANY PHYSICAL OR MENTAL HANDICAPS CHILD HAS AND IF SPECIAL CARE RECEIVED.

GIVE DETAILS OF ANY SPECIAL TREATMENT OR DIET ORDERED BY DOCTOR, HOSPITAL OR CLINIC.

LIST ANY HOSPITALS AND CLINICS CHILD IS ATTENDING.

GIVE DETAILS OF ANY ACCIDENTS, INJURIES OR OPERATIONS CHILD HAS HAD.

TICK BOX OF ANY ILLNESSES CHILD HAS HAD, TOGETHER WITH DATES IF POSSIBLE

	Tick	*Date(s)*
chickenpox		
german measles		
measles		
mumps		
polio		
scarlet fever		
whooping cough		
asthma or bronchitis		
pneumonia		
rheumatic fever		
fits or convulsions		
bed wetting		
tuberculosis		
diabetes		
epilepsy		
ear infections		

TICK BOX OF ANY VACCINATIONS OR INJECTIONS CHILD HAS RECEIVED, TOGETHER WITH DATES IF POSSIBLE.

		Tick	*Date(s)*
TRIPLE	Diphtheria		
	Whooping Cough		
	Tetanus		
	Smallpox		
	Polio		
	Measles		
	German Measles		
	Tuberculosis BCG		

Name.....

Designation .....

Date .....

AUTHORITY FOR MEDICAL AND SURGICAL TREATMENT

I hereby give my consent to such medical, surgical and dental treatment, including operations under general anaesthetic, as may be recommended by a qualified medical or dental practitioner for:—

Name of Child Yvonne McCracken

Address 12 Rawyards Ave, Airdrie

now Mitchell St, Childrens Home

Airdrie

I additionally consent that the person/persons who has/have care of my child should have free access to all medical and dental information which has been given by a qualified practitioner and is relevant to his/her health.

Signed J. McCr

Address 29 Rawyards Avenue

Airdrie

(Father/~~Mother/Legal Guardian~~)

SECTION 2 (contd.)

Witness Jane M. Polin

Designation and Address Social Worker,

Adam Ave, Airdrie

Witness

Designation and Address

Date

MEDICAL CERTIFICATE OF SUITABILITY FOR RECEPTION INTO CARE

GENERAL STATE OF HEALTH—include height and weight, indicate if menstruation has commenced.

2St 6lbs.
3' 2"

STATE OF HAIR AND SKIN—indicate presence and extent of bruising, infestation, etc. (if any).

Nit in hair — already attended
to Principal

PARTICULARS OF ANY CONDITION REGARDING CHILD OF WHICH FOSTER PARENT OR MATRON SHOULD BE AWARE, e.g. allergies, medication to which child does not respond, attendance at hospital, clinic, etc.

None Specific

PARTICULARS OF PRESENT MEDICATION OR TREATMENT.

I CERTIFY THAT I HAVE THIS DAY EXAMINED Yvonne McBride WHO IS/~~IS NOT~~ ALREADY KNOWN TO ME AND FIND ~~HIM~~/HER TO BE MEDICALLY FIT/~~UNFIT~~ FOR RECEPTION INTO CHILDREN'S HOME/~~FOSTER HOME~~

CERTIFICATE

Date 21 AUG 1980

Signed

DOCTOR'S NAME AND ADDRESS
(block capitals)

Dr. S. K. PATRA
94 High Street
AIRDRIE
Tel. Airdrie 69999

Tel. No.

MEDICAL EXAMINATIONS

NOTING ESPECIALLY—general physical condition (including height and weight), emotional state, any abnormalities, any evidence of developmental delay, any conditions that require treatment or specialist consultation, any illness, accident or treatment since last medical examination.

-3 OCT 1980 Impetigo - Cephalexin Cr. - Keflex 6/7 Dr.

27 OCT 1980 R/T Impetigo - Syst Talfen Cephalexin Cr

19 NOV 1980 Impetigo - Gualada Emma Hz.

DOCTOR..... DATE.....

MEDICAL EXAMINATIONS

NOTING ESPECIALLY—general physical condition (including height and weight), emotional state, any abnormalities, any evidence of developmental delay, any conditions that require treatment or specialist consultation, any illness, accident or treatment since last medical examination.

Chicken Pox -

DOCTOR..... DATE -4 FEB 1981

MEDICAL EXAMINATIONS

NOTING ESPECIALLY—general physical condition (including height and weight), emotional state, any abnormalities, any evidence of developmental delay, any conditions that require treatment or specialist consultation, any illness, accident or treatment since last medical examination.

RTO – chest –

Thrush – inhaler –

Syl-Talfor

DOCTOR ..... DATE 23 JUN 1981

MEDICAL EXAMINATIONS

NOTING ESPECIALLY—general physical condition (including height and weight), emotional state, any abnormalities, any evidence of developmental delay, any conditions that require treatment or specialist consultation, any illness, accident or treatment since last medical examination.

Poor appetite, puffiness of face – no tenderness in body and no oedema.

Observation.
Warn for chest infection

DOCTOR ..... DATE 24 NOV 1981

MEDICAL EXAMINATIONS

NOTING ESPECIALLY—general physical condition (including height and weight), emotional state, any abnormalities, any evidence of developmental delay, any conditions that require treatment or specialist consultation, any illness, accident or treatment since last medical examination.

Temp – 104°F
Thirst dep.
Chest –

Rep to Monklands DGH.
Has an
for admission

DOCTOR ..... DATE 19/12/81

MEDICAL EXAMINATIONS

NOTING ESPECIALLY—general physical condition (including height and weight), emotional state, any abnormalities, any evidence of developmental delay, any conditions that require treatment or specialist consultation, any illness, accident or treatment since last medical examination.

19/12/81 → 21/12/81
In Monklands DGH under D. Mitchell
Δ (L) otitis media
℞ Erythromycin 125mg qid

DOCTOR ..... DATE 21 12 81

MEDICAL EXAMINATIONS

NOTING ESPECIALLY—general physical condition (including height and weight), emotional state, any abnormalities, any evidence of developmental delay, any conditions that require treatment or specialist consultation, any illness, accident or treatment since last medical examination.

URTI – Tonsillar fever – improved.
C. glue ++
chr –
Susp. Erythema 1/52
BD x 5 d

DOCTOR Dr. S. K[illegible]RA 91 High Street KIRKNIE Tel. Airdrie [illegible] DATE

MEDICAL EXAMINATIONS

NOTING ESPECIALLY—general physical condition (including height and weight), emotional state, any abnormalities, any evidence of developmental delay, any conditions that require treatment or specialist consultation, any illness, accident or treatment since last medical examination.

URTI – Mum – happy.
chr –
Abd –
Septrin = 16
BD.
Trimethop = 100 ml
5 ml TDS.

DOCTOR [signature] DATE 28/3/82

MEDICAL EXAMINATIONS

NOTING ESPECIALLY—general physical condition (including height and weight), emotional state, any abnormalities, any evidence of developmental delay, any conditions that require treatment or specialist consultation, any illness, accident or treatment since last medical examination.

Examined by I found no abnormality
Tonsils – ✓
Ears – N.P.

DOCTOR..... DATE 10 APR 1982

MEDICAL EXAMINATIONS

NOTING ESPECIALLY—general physical condition (including height and weight), emotional state, any abnormalities, any evidence of developmental delay, any conditions that require treatment or specialist consultation, any illness, accident or treatment since last medical examination.

DOCTOR..... DATE.....

Strathclyde Social Work Department

R.I.C.3

HEALTH RECORD CARD FOR CHILD IN CARE

SECTION—I

W5793

CASE IDENTIFICATION No. .....

FULL LEGAL NAME (or known as) YVONNE McCRACKEN

ADDRESS 12, RAWYARDS AVE
AIRDRIE.

DATE OF BIRTH 1.4.77

NAME AND ADDRESS OF G.P. .....

..... Tel. No. .....

NATIONAL HEALTH No. .....

STATE ANY PHYSICAL OR MENTAL HANDICAPS CHILD HAS AND IF SPECIAL CARE RECEIVED.

GIVE DETAILS OF ANY SPECIAL TREATMENT OR DIET ORDERED BY DOCTOR, HOSPITAL OR CLINIC.

LIST ANY HOSPITALS AND CLINICS CHILD IS ATTENDING.

GIVE DETAILS OF ANY ACCIDENTS, INJURIES OR OPERATIONS CHILD HAS HAD.

TICK BOX OF ANY ILLNESSES CHILD HAS HAD, TOGETHER WITH DATES IF POSSIBLE

	Tick	*Date(s)*
chickenpox		
german measles		
measles		
mumps	✓	1979
polio		
scarlet fever		
whooping cough		
asthma or bronchitis		
pneumonia		
rheumatic fever		
fits or convulsions		
bed wetting		
tuberculosis		
diabetes		
epilepsy		
ear Infections		

TICK BOX OF ANY VACCINATIONS OR INJECTIONS CHILD HAS RECEIVED, TOGETHER WITH DATES IF POSSIBLE.

		Tick	*Date(s)*
TRIPLE	Diphtheria		
	Whooping Cough		
	Tetanus		
	Smallpox		
	Polio		
	Measles		
	German Measles		
	Tuberculosis BCG		

Name.....

Designation .....

Date .....

AUTHORITY FOR MEDICAL AND SURGICAL TREATMENT

I hereby give my consent to such medical, surgical and dental treatment, including operations under general anaesthetic, as may be recommended by a qualified medical or dental practitioner for:—

Name of Child YVONNE McCRACKEN

Address 12, RAWYARDS AVE.
AIRDRIE.

I additionally consent that the person/persons who has/have care of my child should have free access to all medical and dental information which has been given by a qualified practitioner and is relevant to his/her health.

Signed John McCracken

Address 12 Rawyards Ave
Airdrie.

(Father/Mother/Legal Guardian)

SECTION 2 (contd.)

Witness Gerard Mc Wilkie

Designation and Address Social Worker.
ADAM AVENUE
AIRDRIE.

Witness Margaret Watson

Designation and Address Social Worker
Adam Ave., AIRDRIE

Date 14-2-80.

MEDICAL CERTIFICATE OF SUITABILITY FOR RECEPTION INTO CARE

GENERAL STATE OF HEALTH—include height and weight, indicate if menstruation has commenced.

Ht – 3'
Wt – 2 Stone 5 lbs.

STATE OF HAIR AND SKIN—indicate presence and extent of bruising, infestation, etc. (if any).

good

PARTICULARS OF ANY CONDITION REGARDING CHILD OF WHICH FOSTER PARENT OR MATRON SHOULD BE AWARE, e.g. allergies, medication to which child does not respond, attendance at hospital, clinic, etc.

Nothing Specific

PARTICULARS OF PRESENT MEDICATION OR TREATMENT.

Nil

I CERTIFY THAT I HAVE THIS DAY EXAMINED Yvonne M. Cracken WHO IS/IS NOT ALREADY KNOWN TO ME AND FIND HIM/HER TO BE MEDICALLY FIT/UNFIT FOR RECEPTION INTO CHILDREN'S HOME/FOSTER HOME

CERTIFICATE

Date 14 FEB 1980

Signed [signature]

DOCTOR'S NAME AND ADDRESS
(block capitals)

D. S. M. PEEBLES
61 HIGH STREET
AIRDRIE
TEL. AIRDRIE 6969

Tel. No.

MEDICAL EXAMINATIONS

NOTING ESPECIALLY—general physical condition (including height and weight), emotional state, any abnormalities, any evidence of developmental delay, any conditions that require treatment or specialist consultation, any illness, accident or treatment since last medical examination.

She is free from any sort of infection.
No abnormalities detected
at present.

DOCTOR..... DATE 26 MAR 1980

MEDICAL EXAMINATIONS

NOTING ESPECIALLY—general physical condition (including height and weight), emotional state, any abnormalities, any evidence of developmental delay, any conditions that require treatment or specialist consultation, any illness, accident or treatment since last medical examination.

DOCTOR..... DATE.....



deak dad Will you please
fall in With my mum my
piease be my mummy wife
Kiss my mummy Make them
My dad and mummy too little
sister and margaret Ann
my Mum and dad Kiss to
gether, good Bye mum and
dad. from.

Margaret Ann

x x x x x x

M' bracken.
24 Ranyards Ave

REVIEW - ARRANVIEW 13.11.80.

Margaret-Ann McCracken	(3.7.74.)	Torrance Avenue.
Yvonne McCracken	(1.4.77.)	Arranview.
Caroline McCracken	(7.11.78.)	"

The three McCracken girls were received into care on August 19th by the stand-by team following the discovery by Airdrie Police that they had been left unattended at the parents' address, 12 Rawyards Avenue. Their father, John McCracken, was subsequently charged under Section 12, Children and Young Person's Act (Scotland) 1937. Following the normal legal procedures, a Children's Hearing on September 15th imposed a Residential Supervision Requirement 44(1)(b) with a condition of residence at the above establishments.

The McCracken family has been known to this Department for several years, the original statutory referral being that the mother, Margaret McCracken [redacted] John, was unable or unwilling to care for their children. At that time both parties insisted that there was no possibility of a reconciliation and eventually after much discussion the girls were taken into care on February 14th. Subsequently a reconciliation was effected and the children returned to their parents' care on March 26th.

For the next few months the family did attain some stability but about three months ago the rows became more frequent as each accused the other of sabotaging the relationship and the old problems became familiar once more. On August 12th I visited the home to find that Margaret had again left her husband who requested that the children be taken into care. I refused to do this and we talked at some length of how this situation was very much like the previous one and I was by no means certain that they would not go back together again as before. At a joint interview on August 19th we discussed the possibilities of a reconciliation when both parties declined and yet were unable to formally institute divorce or separation procedures. Neither was willing to make concessions but meanwhile John was to continue caring for the children. The events of that evening are already detailed. At this time Mrs. McCracken (senior) would have been able to look after the children but was unwilling to do so because of her resent for their mother.

Present Situation.

The three girls, Margaret-Ann, Yvonne and Caroline, have already had two moves this year and have obviously suffered from the parents' instability. Past events have shown Margaret and John to be rather immature individuals who are unable or unwilling to make a firm commitment to their marriage. At this time John has sought to instigate formal divorce proceedures and the prospects for a reconciliation seem remote.

Both parents state that they are concerned for the future of their children. John's visits and involvement have been fairly regular whereas Margaret's have been infrequent and erratic. Mrs. McCracken (senior) has probably been more consistent than either parent and seems genuinely perplexed at the present situation. The alternatives at the moment seem to be as follows:-

a) That the girls remain where they are and that we seek foster parents (long-term) at least for Yvonne and Caroline. I would tend to resist any immediate move for Margaret-Ann since she has already changed schools this term.

b) That we return the children to their mother's care - this is most unlikely at present since she is in lodgings whose permanence is by no means guaranteed. Also she has several charges outstanding which may result in her being jailed.

c) Mrs. McCracken (senior) has offered to care for the two younger girls even though this would mean giving up her job. This offer was originally for only Yvonne but I have made it clear that splitting her from Caroline would be detrimental to them both. This is in fact a step forward since previously Mrs. McCracken (senior) was unwilling to care for the girls because of the fierce animosity between she and her daughter-in-law. The problem might arise in that Margaret's lodgings are across the road from mother-in-law's home, although both have agreed to this taking place and setting their feelings for each other aside for the sake of the girls. Any reservations we might have for this action must be set against the other available alternatives. Mrs. McCracken (senior) has also applied for a bigger house and would wish to take Margaret-Ann also when allocated one. Technically this course of action would entail a further panel with the recommendation that Yvonne and Caroline be returned to their father who will be supported by his mother. With sufficient support I think this could work although there are obviously some unknown quantities involved.

GERARD McCANN,
SOCIAL WORKER.

13th November, 1980.

MINUTES OF CHILD CARE REVIEW HELD ON 13.11.80

ON BEHALF OF

Margaret Anne McCracken 3.7.74 Torrance Avenue Family Group Home
Yvonne McCracken 1.4.77 Arranview Children's Home
Caroline McCracken 7.11.78 " " "

PRESENT:
E. Clanachan O.I.C. Torrance Avenue
I. Paterson O.I.C. Arranview Children's Home
S. Gillooly Care Staff - Arranview Children's Home.
G. McCann, Social Worker
M. Dorris, Senior Social Worker (Minutes)

Residential and Fieldwork Staff provided reports.

Residential staff spoke very favourably about the children:

[redacted]

Yvonne: seems to be happy and settled in Arranview; staff feel she is very aware of the break-up between her parents.

[redacted]

Three possible choices for the girls' future were identified and discussed (See Social Worker's report), and it was agreed that Mrs. McCracken (Senior's) intentions to give up work in order to help her son to care for the children offered the most satisfactory solution.

There were concerns, however, as the Social Worker's report details; the children's parents and grandmother would need to accept precise terms of their involvement with their children if a further R.I.C. was to be avoided. Mr. McCracken would be encouraged to pursue his stated course of action is in the girls best interests.

The children are in care under Section 44 1(b) of the Social Work (Scotland) Act. The recommendation to the Hearing would be that initially the two younger children should return to their father and grandmother, and that Margaret Anne would join them at the earliest opportunity. Since she is well settled at school and at Torrance Avenue, we would wish to ensure, as far as possible, that the move to her father's care would entail minimal disruption.

Visiting:

Mr. and Mrs. McCracken and Mrs. McCracken, Senior, would be allowed to visit and to take the children out by pre-arrangement. Mr. McCracken and Mrs. McCracken, Senior, would be encouraged to be very involved with Margaret Anne whilst she remained in care. Arrangements should be made for her to go home for week-ends meantime.

Alternative Future Plans:

The children's parents have been told that they can depend on this Department's support in returning and maintaining the children at home under the proposed arrangement. Should, however, there be a further R.I.C. serious consideration would be given to alternative family placemart.

M. DORRIS, SENIOR SOCIAL WORKER.

SWD/19

STRATHCLYDE REGIONAL COUNCIL

Reporter to the Children's Panel

17 SEP 1980

A.O. .....
M. Meeting .....
A.O. Meeting .....
District Exec. .....
Info. File .....
A.O. File .....
S.S.W. .....
Allocation .....
Team Meeting .....

Reporter:
W. R. McGregor, T.D.

MEMORANDUM

From: The [redacted] orter, ... *To:* ... Department of Social Work,

[redacted] eet, ... [redacted] Avenue, ...

... Airdrie. ✓ ...

c. District Manager.

Subject: R[redacted] ties and Transmission of Information, etc. (Scotland) Rules 1971—Rule 6 (1) (2) (3)

In ac[redacted] ith instruction contained in Rule 6 of the above Statutory Instrument the decision(s) [redacted] Children's Hearing is/are* undernoted.

Annex[redacted] copy requirement where appropriate.

Date of H[redacted]	*Name*	*Decision:*
[redacted]	[redacted]	[redacted]

[redacted] Home,

Date ....16th September, 1980. ... ...

D. Jones.
.....
for Reporter

**Delete as appropriate*

[redacted]o

Supervision requirement. (*Rule 22*).

SOCIAL WORK (SCOTLAND) ACT 1968

At Arbroath 15/4/80

[redacted] Carolin M'Cracken
[redacted] Argyle Avenue,
[redacted]

[redacted] supervision of[4]

[redacted]

[redacted]

Q. Morgan.
.....
[redacted] hearing

[redacted]

3.
etc.

Q. Morgan
.....
Chairman of the children's hearing

[redacted]te

2 Name and address of child

3 Name of residential establishment

4 Name of local authority or other supervisor

† Where a supervision requirement requires a child to reside in a residential establishment, conditions 1 and 2 shall be inserted in the supervision requirement.

W H & CO LTD G—CP 10

Supervision requirement. (Rule 22).

SOCIAL WORK (SCOTLAND) ACT 1968

At AIRDRIE 15/9/80

A [redacted] ne Mc Brackle
12 [redacted] wyvis [redacted] me,
[redacted] is
[redacted] i
[redacted] n

[redacted]

[redacted]

[redacted]

A. Morton
.....
Chairman of the children's hearing

[redacted]

[redacted]

3.
etc.

A. Morton
.....
Chairman of the children's hearing

1 Place and date
2 Name and address of child
3 Name of residential establishment
4 Name of local authority or other supervisor

† Where a supervision requirement requires a child to reside in a residential establishment, conditions 1 and 2 shall be inserted in the supervision requirement.

STRATHCLYDE REGIONAL COUNCIL

Reporter to the Children's Panel

Reporter:
W. R. McGregor, T.D.

MEMORANDUM

[redacted]

A.D. [redacted]
M. Meeting
A.O. Meeting
District Exec.
Info. File
A.O. File
S.S.W.
Department of Social Work
Team Meeting
Adam Avenue

[redacted]

[redacted]

[redacted]

W H & CO LTD G—CP 10

Supervision requirement. (Rule 22).

SOCIAL WORK (SCOTLAND) ACT 1968

At[1] ARDRIE 15/4/80

A [redacted]

12 RAWYARDS AVENUE,

[redacted]

[redacted]

[redacted]

G. McCann.

W H & CO LTD G—CP 2a

Notification of children's hearing to parent having a duty to attend hearing (except where a supervision requirement is being reviewed). *Rule* 8(1).

SOCIAL WORK (SCOTLAND) ACT 1968

To[1] [redacted]

– 5 SEP 1980
A.O. .....
M. Meeting .....
A.O. Meeting .....
Docket Date. .....
Info. File .....
A.O. File .....
S.S.W. .....
Allocation .....
Team Meeting .....

[redacted] line will be taken.

[redacted] and your wife/husband] [redacted]

[redacted]

4th September, 1980

[redacted]

Reporter

NOTES

A children's hearing is a group of three people specially selected for their interest and concern in understanding and helping children who are in trouble. They meet to discuss with a child and his parents any difficulties that may have arisen, to discover the reasons for these difficulties and to find an answer which is in the best interest of the child. In some cases this may involve placing the child under compulsory supervision or even removal from home. Further information on the hearing is set out in the leaflet which has been written for your child entitled 'To tell you about the Children's Hearing' a copy of which accompanies this notification.

When they are considering the case of your child the children's hearing will want to find out your views and you may, if you wish, bring with you to the hearing someone to help you in discussing your child's difficulties and what might be done. The personal expenses of this representative (but not any fees) may be refunded if they are not less than fifteen pence (15p).

Your own personal expenses (but not any loss of earnings) in coming to the hearing may be refunded if those expenses (together with any expenses of your child and [wife] [husband] in coming to the hearing) are not less than fifteen pence (15p).

If you do not attend the hearing, you may be liable to a fine of not more than £50. If there is a very good reason, such as illness, why you will be unable to attend the hearing, you should contact the Reporter immediately at

1 Name and address of parent

2 Name and address

3 Specify reason for example, 'on the basis of the attached grounds for referral'

4 Address of Reporter

W H & CO LTD G—CP 2a

[redacted]

SOCIAL WORK (SCOTLAND) ACT 1968

To[1] [redacted]

[redacted]

[redacted]

[

[redacted]

Form of statement by reporter of grounds for the referral of a case to a children's hearing. (*Rule* 15).

SOCIAL WORK (SCOTLAND) ACT 1968

1 [redacted]

[redacted]

CONTRARY TO Section 12 of the Children and Young Persons Act, 1937.

[redacted]

[redacted]

.....D. [redacted].....
Reporter

NOTES

At the children's hearing the child or his parents may or may not accept the grounds for bringing the child before the hearing. If the grounds are accepted by the child, and his parents, if present, the children's hearing will discuss and consider with the child and his parents what is best for the child. If any of the grounds are not accepted, the hearing may either discharge the referral or direct the reporter to refer to the sheriff for a decision as to whether or not any of the grounds exist. If this happens the child will have to appear before the sheriff at a later date. If the sheriff decides that any of the grounds do exist, the children's hearing will then discuss and consider what is best for the child, as if these grounds had been accepted. If the sheriff decides that no grounds exist the referral will be discharged.

1 Name and address of child

2 Address of reporter

W H & CO LTD—CP4A

[redacted]

1 [redacted]

[redacted]

[redacted]

[

HAVE ANY OF THE RELATIVES AND FRIENDS BEEN APPROACHED WITH A VIEW TO FOSTERING THE CHILD/REN ?—Give details.

TYPE OF PLACEMENT RECOMMENDED—for each child (give brief details)

NAME AND ADDRESS OF PLACEMENT—for each child.		
EXPECTED DURATION OF TIME IN CARE—for each child.		
DATE OF FIRST REVIEW—for each child.		

SOCIAL WORKER ..... DATE OF APPLICATION .....

SENIOR SOCIAL WORKER ..... DATE 20/8/80.

SOCIAL WORK DEPARTMENT

SOCIAL NOTES/CONTINUATION PAGE 2

DATE | SOCIAL WORKER | OFFICE

NAME

ADDRESS

S.382

14.9.79

Home Visit:

Saw Mrs. McCracken first, to work out an agreement with her about the custody of the children. She agreed to keep the two children and hand over the third one to her husband. She requested to get clothes from her husband so asked me to accompany her to his house. This we did. While we were at his house a quarrel flaired up between both of them however I was successful in cooling down the tension and managed to make them sit and work out the arrangement of looking after the children. Arranged to see them on 20th September.

20.9.79

Office Interview:

Mrs. & Mrs. McCracken ~~and Mr~~ came up together and reported that they had decided to have another go on their marriage . They also requested the services of a Home-maker. Spoke to Walter and asked him to arrange a visit of Home-makers in my absence next week.

1.10.79.

[redacted]

Home Visit. Mr. ~~& Mrs~~. McCracken. He stated that he would like all his three children to be taken into care. Explained to him the procedure and given him a day to think things over.

2.10.79.

[redacted]

~~couple had their respective addresse~~

that her husband has no

some assistance doing the Family

Sorting

Mrs ~~McCracken asked the~~

[redacted]

3rd Oct.

[redacted]

agreed to do so.

SOCIAL WORK DEPARTMENT

SOCIAL NOTES/CONTINUATION PAGE 11

DATE | SOCIAL WORKER | OFFICE

NAME McCracken,

ADDRESS 24 Rawyards Avenue.

S.287

10.9.1980 Mrs. McCracken (Senior) to reception: apparently she wanted to discuss children's future. Made appointment for Thursday 11th.

11.9.80 Mrs. McCracken didn't turn up.

12.9.80 Grounds established at Court.

15.9.80 Hearing. Mrs. McCracken didn't attend. Mr. McCracken and Mrs. McCracken (Senior), who wanted to attend, were in the waiting room. Mrs. McCracken (Senior) said she wanted children to return to her son and she would give up work to care for them. I said that, having regard to all circumstances I would be endorsing Mr. McCann's recommendation for residential care. I explained to Mrs. McCracken that Mr. McCann could call a review and have the residential requirement changed, but he would need to make a full assessment of Mr. McCracken's home situation and would wish to be as certain as possible that such a change would be in the children's best interests. I reminded Mrs. McCracken of an appointment, but she said she had forgotten about it.

Mr. McCracken was present during this discussion. I explained to him that he could have anyone attend the Hearing, in the capacity of friend etc, if he so wished and therefore it was up to him whether his mother attended or not. He chose to go in alone. Mrs. McCracken exhorted him to speak up for himself.

Hearing turned straight to me for "help". I asked Mr. McCracken if she would like to tell the Panel what had happened. He very commendably asked for the children to be removed first. He gave a restrained account of his wife's recent and earlier activities. He said he now wanted a divorce and would enlist his mother's help in caring for the children. He would like the children returned home.

I explained to the Panel my point of view as I had given to Mrs. McCracken, and added that Mrs. McCracken gad always been close-by but this hadn't prevented the children coming into care in the past. I felt Mr. McCann and Mr. McCracken would need to work closely together to establish best future for children. Panel accepted this.

Panel concerned about children being split up. Sought reassurances that they would be found places together. They got into a debate about whether present stability or being all together is best.

Mr. McCracken agreed that it is too soon for the children to go home. Concerned about Margaret Anne - doesn't want her to be moved and changed from present schools.

...../

SOCIAL WORK DEPARTMENT

SOCIAL NOTES/CONTINUATION PAGE 12

DATE | SOCIAL WORKER | OFFICE

NAME

ADDRESS

S.287

Mr. McCracken concluded that he has a good relationship with Mr. McCann they will work together.

ASSESSMENT:

Panel generally sympathetic to Mr. McCracken - only one member confronted him a little, about his statement that it is too far to walk to Torrance Avenue. Mr. McCracken seems to relate well to the children, they all wanted to hug and kiss him, and played games which involved hitting him most of the time. He was very quiet, didn't seem nervous, seemed resigned to his mother's domineering attitude but I suspect he just switched off. At the moment, he gives the impression that he wants a permanent separation and to go it alone with the kids. I don't know whether he will be able to sustain this feeling.

M. Dorris
SENIOR SOCIAL WORKER.

September 1980

See S.E.R. for panel on 15th September. This outlines the events of the last few months although it doesn't say too much about why the relationship between John and Margaret broke down. The problem in getting to any accurate explanation for this is in wading through the accusations they each make of each other. Margaret actually left the home about two weeks before the girls came into care. She accused John of reneging on his duties to the family by spending too much time playing pool in local pubs.

[redacted]

were/

..../

SOCIAL WORK DEPARTMENT

SOCIAL NOTES/CONTINUATION PAGE 11

DATE | SOCIAL WORKER | OFFICE

NAME McCracken,

ADDRESS 24 Rawyards Avenue.

S.287

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...../

SOCIAL WORK DEPARTMENT

SOCIAL NOTES/CONTINUATION PAGE 13

DATE | SOCIAL WORKER | OFFICE

NAME McCracken,

ADDRESS 24 Rawyards Avenue.

S.287

were agreements all round that Margaret and Mrs. McCracken would not allow their own feelings to interfere with the care of the girls, there was an argument because Margaret was across the road at Mrs. Mills and wanted to see the girls. Since then Mrs. McCracken (Senior) has not really pressed to have the girls back. The three adults involved have visited regularly although I suspect that Margaret-Ann is probably more neglected here. John gave up the family home in February and now lives with his mother. We discussed at some length how if the girls were with him he would have to rely over much on his mother. I have never been convinced that his mother could really cope with this over a long period of years. The times when she has offered have been prompted by a fairly confused emotional response.

When I told John about our plan for Margaret to look after the girls he was quite accepting saying that he would feel better about it if he thought Margaret really would 'settle down'.

See the S.W.R. for John's Court appearance on 14th January. See also the reports and minutes of the review held on 8.5.81.

In conclusion I would go along with the recommendations of that review. I feel that with the right kind of support Margaret probably could offer consistent and permanent care. It may be that her relationship with [redacted] scrutiny.

[redacted]

For the sake of the girls it might be worth looking at the quality of their parents' separation - at the moment they still harbour resent and ambivalence towards each other which must be apparent to the girls. Sometimes John has to be coaxed out of a fairly unrealistic view of his own ability at one point he asked about getting re-housed with his girl-friend and between them, their five children. Generally though he is genuinely concerned at some level for his daughters. There is an S.W.R. due on him on the sentence deferred from January until 15th July.

There is also a deferred sentence on Margaret until 18th November, 1981. I have always thought that Margaret's [redacted] of the children.

G. McCann
Social Worker.

TELEPHONE MESSAGE

ME OF SOCIAL WORKER ..... Bob.....

ME OF CALLER ..... Mr. M. Bracken.....

DRESS/AGENCY ..... 19 Ramyard Ave.....

TE AND TIME OF CALL ..... 12/8/79 - 1.20 P.M.....

Will call back later/tomorrow at .....

Would you telephone when you are available .....

Left the following message ..... Gov-D YOU VISIT .....

..... MAR. DIVORCED - HUSBAND HOS LOVER .....

..... 1 CHILD TO IS SUBSTANCE ABUSE .....

..... LIVE OTHER D. .....

..... TEL: 68858 .....

.....

.....

..... YY 950598 B .....

.....

.....

.....

.....

BOB - Mrs McCracken phoned at 11.00 am to say her husband had been pestering her again and was threatening to "batter" her - her neighbour confirmed this. I said I would give you message. Susan.

Phone A. 68858.

McCracken 79 - 80

STRATHCLYDE REGIONAL COUNCIL

SOCIAL WORK DEPARTMENT

DATE 11-9-79 SOCIAL WORKER B. CHAMA OFFICE ARDRIE

NAME MR & MRS. McCracken SCHOOL/EMPLOYER:

AGE 22 D. of B. MALE ✓ FEMALE ✓ RELIGION

ADDRESS 12 RAWYARDS & 24 RAWYARDS AVE. ARDRIE

MARITAL STATUS: MARRIED SINGLE DIVORCED WIDOW/ER SEPARATED ✓

DOCTOR Tel. No.

TERMS REFERRED BY HIMSELF

REASON PRESENTING MARITAL

UNDERLYING CARE OF CHILDREN - S.E.R.

ACTION

FAMILY BACKGROUND

Name and Address if Different from Above	Relation To Client	D. of B.	Marital Status	School/Clinic Employment	On File Yes/No
Three Children					

RESIDENT	Tick
Living Alone	
Community with Family/Relatives	
Home for Elderly	
Children's Home	
Hostel	
Foster Homes	
Lodgings	
Residential School	
Other Accom.	
Place for Adoption	
Local Authority	
Voluntary Org.	
Other L.A.	

FINANCIAL DETAILS

£	p	INCOME
		WEEKLY EARNINGS INCLUDING OVERTIME
		STATUTORY BENEFITS
		SUPPLEMENTARY BENEFITS
		FAMILY ALLOWANCES
		OTHER SOURCES OF INCOME (AND DETAILS)
		CAPITAL: BANK/POST OFFICE
		SAVINGS/SHARES/INSURANCE
		TOTAL

£	p	EXPENDITURE
		RENT (OR MORTGAGE)
		RATES
		HIRE PURCHASE
		OTHER EXPENDITURE (GIVE DETAILS)
		TOTAL

S.381

S.W.I. - O.M.

MONKLANDS EAST AREA SOCIAL WORK OFFICE, ADAM AVENUE, AIRDRIE

INTAKE/REFERRAL FORM

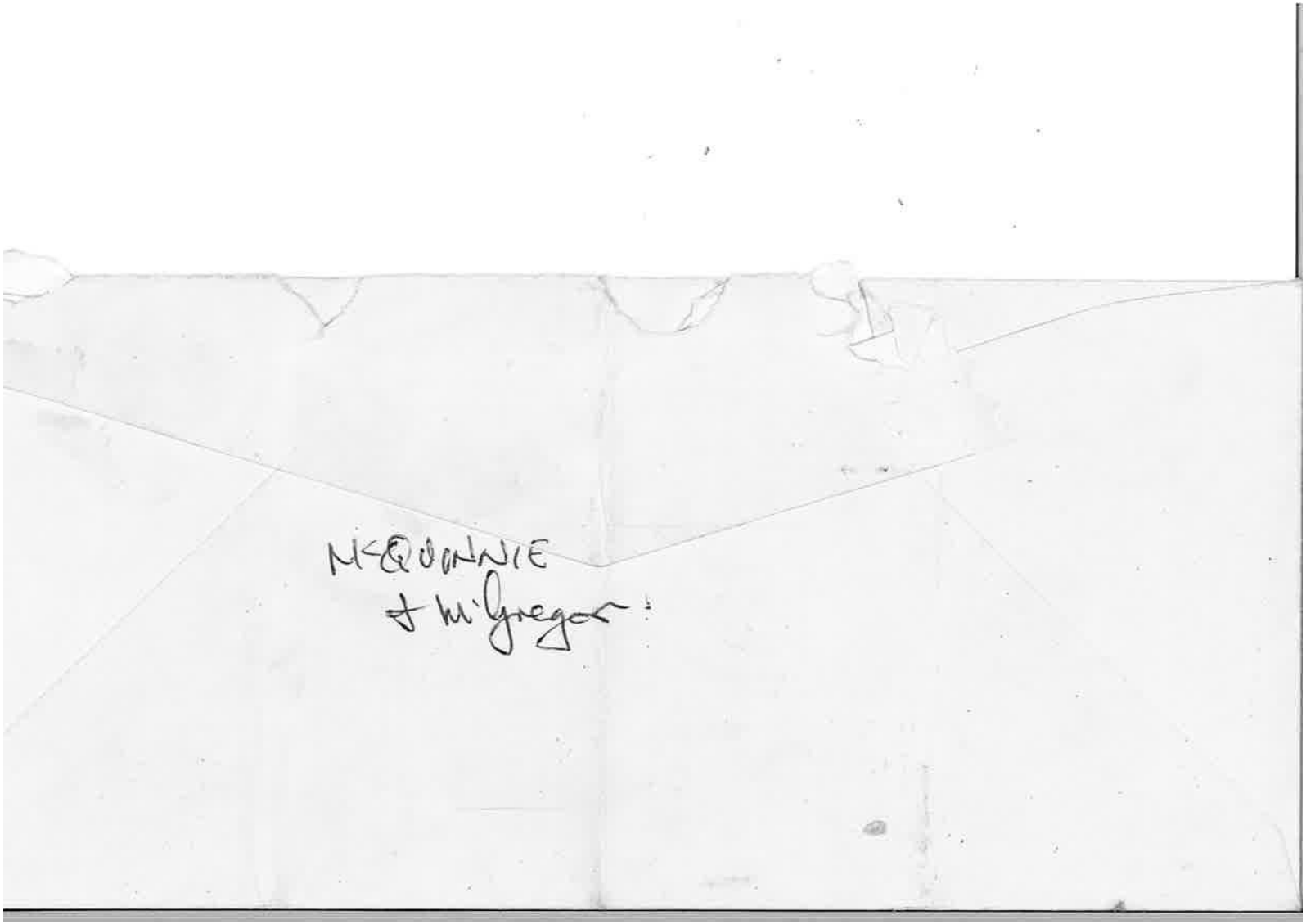
Name Mr. McCracken	D. o. B or Age 23	Referral No. 2269	
Address 12 Rawyards Ave Airdrie		Date a.m./p.m. 11/9/1979	
		Intake Worker BJ Chadha	
Household Composition Three Children		Allocation ...../...../19	Senior
		Action N.F.A. (F.A.) S.T. L.T.	
Referred ~~Letter/Phone~~/Office Call		DATE	
Previous Referrals: None/~~NFA/Closed Case/Open Case~~		ALLOCATED TO	
Admin.			

[redacted]

This letter contains a Citation to the Sheriff Court of Lanarkshire, at Airdrie. If delivery of the Letter cannot be made it is to be immediately returned to the Sheriff Clerk Depute, 45 ~~Main Street, Coatbridge~~ Graham Street, Airdrie.



Mr. G. McCann.
Department of Social Work.
Adam Avenue.
Airdrie.


McQUINNIE
& McGregor

Strathclyde Social Work Department

ADMISSION FORM FOR RECEPTION OF CHILDREN INTO CARE

R.I.C.1

W5795

DIVISION	AREA	CASE No.
LANARK		
DISTRICT	**SOCIAL WORKER**	**DATE OF R.I.C.**
MONKLANDS	ANGELA C. BROWN	19. 8. 1980.

1. REASON FOR ADMISSION (STATE STATUTE)

Mother's whereabouts unknown. Father charged with abandonment (Sect 12, Ch. Y. P. Act) of children. Place of Safety Order obtained.

2. PARTICULARS OF CHILDREN

FULL LEGAL NAME (or known as)	FULL LEGAL NAME (or known as)	FULL LEGAL NAME (or known as)
Margaret Ann McCracken	Yvonne McCracken	Caroline McCracken
SEX F.	F.	F.
ADDRESS 12. Boyards Ave., Airdrie	Same.	Same
DATE AND PLACE OF BIRTH 3. 7. 74	1. 4. 77.	
ORDER OF CHILD IN FAMILY (1) 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10	(Please Tick) 1 - (2) - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10	1 - 2 - (3) - 4 - 5 - 6 - 7 - 8 - 9 - 10
RELIGIOUS DENOMINATION		
DATE AND PLACE OF BAPTISM		
NAME OF SCHOOLS/NURSERY ATTENDED		

ANY DOCUMENTS GIVEN TO SOCIAL WORKER—for example birth certificate, health card . . .

GIVE DETAILS OF ALL PREVIOUS ADMISSIONS TO CARE—dates and place of care, and discharge.

LIST ALL APPEARANCES BEFORE A CHILDREN'S HEARING—Include outcome, give details of any court order.

LIST CHANGE OF HOME ADDRESS OVER THE LAST THREE/FIVE YEARS

3. PARTICULARS OF PARENTS AND GUARDIANS

NATURAL FATHER'S FULL NAME John McCracken

ADDRESS 12 Royards Ave., Ayrshire

DATE OF BIRTH ..... NATIONAL INSURANCE No. .....

OCCUPATION AND EMPLOYER UNEMPLOYED.

NATURAL MOTHER'S FULL NAME (Present and at time of birth of child).

ADDRESS

For the attention of:

Area Team ... L03

Address ...

Division ... LANARK

Previously known Yes / No 15591

STRATHCLYDE REGIONAL COUNCIL
SOCIAL WORK DEPARTMENT

STAND–BY SERVICE

OVERNEWTON CENTRE
52 LUMSDEN STREET
GLASGOW
Telephone : 041 [redacted] 9507
Freephone 8314

Serial No. 22537

Date 19.8.80

Time referred 20.10

Time completed 07.15 20/8/80

21 AUG 1980 HGT

A.O. Forenames ...

Age/DOB ...

Telephone ...

S.S.W.

Allocat...

Team...

URGENT

Client's Surname ... MCCRACKEN

Present Address ... 12 ROYARDS AVE AIRDRIE

Previous Address ...

Children				
Name	MGT ANN	YVONNE	CAROLINE	
Age	6	3	1	
Sex	F	F	F	

* NAI REGISTER [redacted] — NEG[redacted]VE —

[redacted] MILLOR [redacted] Police [redacted] AIRDRIE [redacted]

[redacted]

OVERNIGHT UIR ① [redacted] → FAMILY GRAD HOME 5/7 TORRANCE OR AIRDRIE

② [redacted]

Establishment :—

① FAM GRAD 5/7 TORRANCE OR AIRDRIE

② ARRAN VIEW CH. ARRAN DR. AIRDRIE

Signed ...

Countersigned ...

W16

For the attention of:
Area Team L03
Address
Division LANARK.

Previously known Yes /No

STRATHCLYDE REGIONAL COUNCIL
SOCIAL WORK DEPARTMENT

STAND–BY SERVICE

OVERNEWTON CENTRE
52 LUMSDEN STREET
GLASGOW
Telephone : 041-334 9507
Freephone 8314

Serial No. No 1551

Date 10.1.80
Time referred 12.30.
Time completed

Client's Surname Mc CRACKEN Forenames JOHN

Present Address 12 RAINHARD AVE AIRDRIE Age/DOB

Previous Address Telephone

Children
Name
Age 1 yr. 2 yrs 5 yrs
Sex

Referrer Name Mrs. Mc Cracken (mother) Address 29 RAINHARD AVE. Telephone

DETAILS OF PROBLEM/REQUEST AND SUBSEQUENT ACTI

[redacted]

Establishment :—

Signed

Countersigned

W16

For the attention of: L 0 3

Area Team .....

Address .....

.....

Division 2

Previously known Yes / No

Mr M Conn.

STRATHCLYDE REGIONAL COUNCIL
SOCIAL WORK DEPARTMENT

STAND–BY SERVICE

OVERNEWTON CENTRE
52 LUMSDEN STREET
GLASGOW
Telephone : 041-334 9507
Freephone 8314

G. McCann.

Serial No. N° 17997

Date 19.4.90

Time referred 10.35

Time completed 10-55

Client's Surname Mr Cracken Forenames .....

Present Address 12, Rayne Ave Airdrie, Age/DOB .....

Previous Address ..... Telephone .....

Children
- Name Schedule
- Age .....
- Sex .....

07 APR 1990

A.O. .....

M. McG

A.

D.

A.O. Tel

S.S.W.

Team Meeting

Referrer: Name Self Address ..... Telephone .....

DETAILS OF PR

[redacted]

Establishment :—

.....

.....

Sign

Countersigned M. M. Smith

* See Ref. No. 17975.

W16

Folio _____

Petty Cash Voucher

Date 10 April 1980

For what required	AMOUNT £	p
Received from Social Work Dept Adam Ave Aendrie, the sum of (£30.00) being grant for 3 Piece Suite	30.	00.
	£ 30.	00

Signature Margaret McCracken

Passed by Mary Thomson.

S. 2736

For the attention of: L3 Mr McCann

Area Team .....

Address .....

.....

Division LANARK

Previously known Yes / ~~No~~

STRATHCLYDE REGIONAL COUNCIL
SOCIAL WORK DEPARTMENT

STAND–BY SERVICE

OVERNEWTON CENTRE
52 LUMSDEN STREET
GLASGOW
Telephone : 041-334 9507
Freephone 8314

Serial No. Nº 17975

Date 18 4 80

Time referred 21 20

Time completed 21 33

Client's Surname Mrs McCrackin Forenames .....

Present Address 12 Rawyards Ave Airdrie Age/DOB .....

Previous Address ..... Telephone .....

Children						
Name						
Age	5	3	1½			
Sex						

Referrer: Name ~~Police~~ Self Address ..... Telephone .....

DETAILS OF PROBLEM/REQUEST AND SUBSEQUENT ACTION

Problem :

[redacted]

Establishment :—

.....

.....

Signed John Donaldson

Countersigned .....

* See Ref No 17977

W16

R.I.C.5

Strathclyde Social Work Department

CHANGE OF CIRCUMSTANCES

The following child(ren) has/have been:

* (a) received into care
(b) discharged from care
(c) transferred for other reasons—state—
(d) other change—e.g. of Social Worker, statute, etc.—specify—

*Tick as appropriate.

	1st Child	2nd Child	3rd Child
Surname	MCRACKEN	MCRACKEN	MCRACKEN
Forename(s)	MARGARET-ANN	YVONNE	CARLINE
Date(s) of Birth	3.7.74	1.4.77	7.11.78
Religion	R.C.	PROTESTANT	PROTESTANT
Last School(s) attended	ST. SERFS	—	—
Family Doctor	DR. PATRA.	DR. PATRA.	DR. PATRA.
Transferred from:—	JAVERLEY DR.	ARRANVIEW	ARRANVIEW
	F.C.H		
Transferred to—*	HOME—12 RANNES	12. RANNAESHK	12. RANNAESHK
	MR. AIRDRIE	AIRDRIE	AIRDRIE

If (d) these need not be completed. State present address only.

Date of transfer 26-3-80

Statute SOCIAL WORK (SCOTLAND) Section 15

Supervising Social Worker C. McCANN Tel. No. 69291

Any special instructions:—

Signed [signature]

Designation SOCIAL WORKER

Area Office MONKLANDS EAST

Date 27.3.80

Office Copy

* If foster home, state forename, surname and full address of fosterparent to whom cheque should be made payable.

W3998s

CONFIDENTIAL

URGENT
Put through
1/4/80

Strathclyde Regional Council

SOCIAL WORK DEPARTMENT

APPLICATION FOR ~~LOAN~~/GRANT

Section 12 Social Work (Scotland) Act, 1968.

1. TOTAL AMOUNT OF THE DEBT £30

2. SUM REQUESTED £30

Purpose Rent/Gas/Electricity/Other

–Please specify 3 – PIECE SUITE.

3. NAME(S) AND ADDRESS OF APPLICANT(S)

MR. JOHN McCRACKEN
12, RAWYARDS AVE
AIRDRIE.

Account Number Creditors Ref. Number etc.

4. HOUSEHOLD DETAILS

Name	Age	Relationship to Applicant(s)	Employment	Income
MARGARET McCRACKEN	23	WIFE	—	—
MARGARET-ANN	6	DAUGHTER.		
YVONNE	3	"		
CAROLINE	1	"		

5. (a) HOUSEHOLD/FAMILY BUDGET

Income £35.35 (SUP. BEN. + CHILD BEN)

Expenditure HOUSEHOLD EXPENSES.

(b) REPAYMENT AGREEMENT IF APPLICABLE

Grant.

6. **CIRCUMSTANCES** – Include:

(a) Circumstances leading to present difficulties;

3 children discharged from care on 26/3/80 — No living room furniture at all. DHSS will not supply since Mr. Wilson sold last suite due to seperation from wife [redacted]

(b) Length of contact, budgetary help, etc. given to family;

[redacted]

7. **CHECK LIST** — **Tick off as checked**

(a) **ALL APPLICANTS** Check:–

Eligibility for:–

- (i) Account to which loan/grant is requested. ☑
- (ii) Documentation of income (pay slips, pension, allowance book, etc.). ☑
- (iii) Family expenditure (rent card, H.P. payments, etc.). ☑
- (iv) Rent rebate/allowance/rates rebate. ☑
- (v) Free school meals. ☑
- (vi) Mobility Allowance. ☑
- (vii) Help from other sources. ☑

(b) **APPLICANTS WHO ARE EMPLOYED** Check eligibility for:–

- (i) Family Income Supplement. ☐

(c) **APPLICANTS WHO ARE UNEMPLOYED** Check eligibility for:–

- (i) Supplementary Benefit–weekly payment, grant or special weekly addition/fuel/diet/essential H.P. ☑
- (ii) Possibility of direct fuel/rent control. ☑
- (iii) Attendance Allowance. ☑

8. Social Worker Gerard G. McBa Date 26.3.80.

Senior Social Worker [illegible] Date 3/4/80

SOCIAL WORK DEPARTMENT

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—Please specify 3-PIECE SUITE.

3. NAME(S) AND ADDRESS OF APPLICANT(S)

MR. JOHN McCRACKEN
12, RAWYARDS AVE
AIRDRIE.

Account Number Creditors Ref. Number etc.

4. HOUSEHOLD DETAILS

Name	Age	Relationship to Applicant(s)	Employment	Income
MARGARET McCRACKEN	23	WIFE	—	—
MARGARET-ANN	6	DAUGHTER.		
YVONNE	3	"		
CAROLINE	1	"		

5. (a) HOUSEHOLD/FAMILY BUDGET

Income

£35.35 (SUP. BEN. + CHILD BEN)

Expenditure

HOUSEHOLD EXPENSES.

(b) REPAYMENT AGREEMENT IF APPLICABLE

Grant.

Signature(s) of Applicant(s)

Date 26-3-80

Signature of Social Worker

W3885s

Mr. John Mullen
26. Roughsaug St.
Ardee

This letter is to verify that I have sold a suite of Mr Cracken for thirty pounds, and I am willing to wait one week for the money.

Mr. John Mullen.

21. 3-80.

DEPARTMENT OF HEALTH AND SOCIAL SECURITY

DHSS

Reference 2711/95741

12/3 1980.

Social Work Dept.
Adam Ave.
Airdrie

14 MAR 1980

A.O. ...
M. Meeting ...
A.O. Meeting ...
District ...
Info. ...
A.O. File ...
S.S.W. ...
Allocation ...
Team Meeting ...

Dear Sir or Madam

The Supplementary Benefits Commission have decided that you are entitled to benefit, as shown on the enclosed Girocheque, in respect of :

* (i) your immediate requirements

* (ii) supplementary pension /allowance for the period

.....

* (iii) .....free milk tokens are also enclosed

* (iv) Refund made to Mr McCraken 7/3/80.

Payment may be refused if you, or your agent, cannot produce satisfactory evidence of your identity to the Post Office.

You have a right of appeal to an independent Appeal Tribunal against this decision. If you wish to appeal, you should let me know within 21 days.

Yours faithfully

K. MURDOCH

Manager

**Delete as appropriate*

Form FF 260
(Env EW 18F)

52-2492 (2B) 13,556M 10/79 HPB

R.I.C.5

Strathclyde Social Work Department

CHANGE OF CIRCUMSTANCES

The following child(ren) has/have been:

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(b) discharged from care
(c) transferred for other reasons—state—
(d) other change—e.g. of Social Worker, statute, etc.—specify—

*Tick as appropriate.

	1st Child	2nd Child	3rd Child
Surname	M'CRACKEN	MCRACKEN	M'CRACKEN
Forename(s)	MARGARET - ANN	YVONNE	CAROLINE.
Date(s) of Birth	3.7.74.	1.4.77	7.11.78
Religion	R.C.	PROTESTANT	PROTESTANT.
Last School(s) attended	ST. SERF'S	—	—
Family Doctor	DR PATRA, HIGH ST. AIRDRIE.		
Transferred from:—	HOME — 12	RAINYARDS, AVE.	
	AIRDRIE.		
Transferred to—*	HAVERLEY [redacted]	FOSTER PARENT → BOYD	
	6. MEADOWHEAD RD. KILSYTH.		

If (d) these need not be completed. State present address only.

Date of transfer 14 — 2 - 80

Statute SOCIAL WORK (SCOTLAND) ACT Section 15

Supervising Social Worker A. McCANN Tel. No. 69271

Any special instructions:— AS PER R.I.C.1 + R.I.C.2.

Signed Gerard L. Burke

Designation Social Worker.

Area Office Muirhead & Stepps.

Date 28 - 2 - 80.

Office Copy

* If foster home, state forename, surname and full address of fosterparent to whom cheque should be made payable.

W3998s

R.I.C.5

Strathclyde Social Work Department

CHANGE OF CIRCUMSTANCES

The following child(ren) has/have been:

* (a) received into care
(b) discharged from care
(c) transferred for other reasons—state—
(d) other change—e.g. of Social Worker, statute, etc.—specify—

*Tick as appropriate.

	1st Child	2nd Child	3rd Child
Surname	MCCRACKEN	MCCRACKEN	
Forename(s)	WENDY	CAROLINE	
Date(s) of Birth	1.4.71	7.11.72	
Religion	PROTESTANT	PROTESTANT	
Last School(s) attended	———	———	
Family Doctor	DR. PATRA	DR. PATRA	
Transferred from:—	FOSTER PARENTS BOYD	FOSTER PARENTS BOYD	
	9 MEADOWHEAD RD PLAINS	9 MEADOWHEAD RD PLAINS	
Transferred to—*	ARRANVIEW	ARRANVIEW	

If (d) these need not be completed. State present address only.

Date of transfer 18-2-80

Statute SOCIAL WORK (SCOTLAND) ACT Section 15

Supervising Social Worker G. McCANN Tel. No 6777

Any special instructions:— AS PER R.I.C. 2.

Signed Gerard G McCann

Designation Social Worker

Area Office Hamilton Area East

Date 14.2.80

Office Copy

* If foster home, state forename, surname and full address of fosterparent to whom cheque should be made payable.

W3998s

Child's Family

Father's name : JOHN McCRACKEN

Mother's name : MARGARET "

Siblings : YVONNE, CAROLINE.

School/day nursery/playgroup attended

.....

.....

Child's G.P./Health Clinic

Name : DR. S.K. PATRA.

Address : HIGH ST.

ARDRE.

..... Tel. No. .....

Relevant medical information, including details of any medication or hospital appointments.

Child ~~may~~/may not be removed by parents without prior consent of social worker.
(*Delete as applicable*).

Parental contact anticipated—

2/3 TIMES PER WK. (FATHER)

Any other relevant information—

Social Worker G. McCANN

Senior Social Worker MEGAN DORRS

Telephone Number 69291

Strathclyde Social Work Department

R.I.C.2.

INFORMATION FOR CARE STAFF

WS792

Your child may be looked after by somebody who doesn't know him/her yet. It will help him/her to settle down if you can answer the following questions : –

Names

What is your child usually called? YVONNE.

What does he/she usually call you? DADDY

What does he/she usually call his/her brothers, sisters, grandparents, other relations?

SISTERS BY NAME. MUMMY NANA.

What words does he/she use for the toilet? PEE - PEE, JOBBY

Does he/she have a special friend? (Adult and/or child) What is his or her name?

NEIGHBOUR'S CHILD - JASON.

Bed-time routine

What time does he/she usually go to bed? 7.30.

Does he/she sleep alone, or share a room or bed? SOMETIMES SHARES BED. PREFERS ON OWN.

Do you leave the light on? NO.

Does he/she leave the bedroom door open? YES.

Does he/she take a teddy or blanket or anything else to bed? BOTTLE - TEA. TEDDY.

Does he/she have a story or game at night? NO, CARRY ON.

Does he/she dream or have nightmares? SOMETIMES NIGHTMARES.

Does he/she ever get up in the night? YES — WANDERS ABOUT.

Does he/she ever wet the bed? YES

Does he/she wear a nappy at night? YES.

Does he/she like having a bath? YES

Does he/she like having his/her hair washed? NO.

Does he/she sleep during the day? SOMETIMES NODS OFF.

Food

Which foods does he/she not like? —

Is he/she usually a good or poor eater? GOOD.

What does he/she like to drink? ANYTHING.

Behaviour

How can you tell when he/she is worried? HIDES, QUIET.

How do you cope with him/her when he/she sulks or is in a temper? LEAVE HER IN TEMPER. — BREATH-HOLDING.

Does he/she get on better with older or younger children? OLDER.

General

Can he/she dress him/herself? NO

Can he/she manage buttons, laces, etc.? NO.

Is he/she frightened of dogs, cats, thunder, the dark, or anything else? APPREHENSIVE WITH DOGS.

What games does he/she like to play ? INVENTIVE, DRESSING UP.

Does he/she go to any playgroups, clubs, Sunday School, etc. ? If so, please give the names.

NO.

What have you told him/her about why he/she has to leave home ? MUM AWAY.
DAD CAN'T COPE - HASN'T GRASPED IT YET.

Are there any other points concerning your child that you would like to make ?

NEEDS HELP AT TOILET.
APT TO WANDER.

Signed [signature] Date 14-2-80
(Father/~~mother/Legal Guardian/person having charge of~~ the child).

(LAST SECTION) TO BE COMPLETED BY SOCIAL WORKER

Name of child : YVONNE McCRACKEN Date of birth : 1.4.77.

Religion : PROTESTANT.

Reasons for admission to care : SECT 15.

Child's Family

Father's name : JOHN McCRACKEN

Mother's name : MARGARET McCRACKEN

Siblings : MARGARET ANN, CAROLINE

School/day nursery/playgroup attended

.....

.....

Child's G.P./Health Clinic

Name : DR. S.K. PATRA.

Address : HIGH ST.

AIRDRIE.

..... Tel. No. .....

Relevant medical information, including details of any medication or hospital appointments.

CAESARIAN BIRTH.

BREATH HOLDING.

Child may/may not be removed by parents without prior consent of social worker.
(Delete as applicable).

Parental contact anticipated—

TWICE PER WK.

Any other relevant information— VERY CHEEKY.

Social Worker G. McCANN.

Senior Social Worker MEGAN DORRIS.

Telephone Number 69291.

Child's Family

Father's name : JOHN MCCRACKEN

Mother's name : MARGARET MCCRACKEN

Siblings : YVONNE, MARGARET ANN.

School/day nursery/playgroup attended

.....

.....

Child's G.P./Health Clinic

Name : DR. S.K. PATRA.

Address : HIGH ST.

AIRDRIE.

..... Tel. No. .....

Relevant medical information, including details of any medication or hospital appointments.

[redacted]

(Delete as applicable).

Parental contact anticipated—

TWICE PER WK.

Any other relevant information—

Social Worker G. MCCANN

Senior Social Worker MEGAN DERRIS

Telephone Number 69291

Strathclyde Social Work Department

ADMISSION FOR FOR RECEPTION OF CHILDREN INT. CARE

R.I.C.1

WS795

DIVISION	AREA	CASE No.
LANARK	EAST.	
DISTRICT	**SOCIAL WORKER**	**DATE OF R.I.C.**
MONKLANDS.	G. McCANN	14-2-80.

1. REASON FOR ADMISSION (STATE STATUTE)

SECTION 15.

2. PARTICULARS OF CHILDREN

	FULL LEGAL NAME (or known as)	FULL LEGAL NAME (or known as)	FULL LEGAL NAME (or known as)
	MARGARET ANN McCRACKEN	YVONNE McCRACKEN	CAROLINE McCRACKEN.
SEX	F	F	F
ADDRESS	12, RAWYARDS AVE. AIRDRIE.	12, RAWYARDS AVE. AIRDRIE.	12, RAWYARDS AVE. AIRDRIE.
DATE AND PLACE OF BIRTH	3.7.74 BAILLIESTON	1.4.77 STOBHILL HOSP.	7.11.78 BELLSHILL MATERNITY.
ORDER OF CHILD IN FAMILY	✓ 1-2-3-4-5-6-7-8-9-10	(Please Tick) 1-✓2-3-4-5-6-7-8-9-10	1-2-3-4-5-6-7-8-9-10
RELIGIOUS DENOMINATION	R.C.	PROTESTANT	PROTESTANT.
DATE AND PLACE OF BAPTISM			
NAME OF SCHOOLS/NURSERY ATTENDED.	ST. SERFS PRIMARY. AIRDRIE.		

ANY DOCUMENTS GIVEN TO SOCIAL WORKER—for example birth certificate, health card . . .

BIRTH CERTS. WITH LAWYER. (M'WHINNIE AND MACGREGOR) BANK ST. AIRDRIE.

GIVE DETAILS OF ALL PREVIOUS ADMISSIONS TO CARE—dates and place of care, and discharge.

LIST ALL APPEARANCES BEFORE A CHILDREN'S HEARING—Include outcome, give details of any court order.

LIST CHANGE OF HOME ADDRESS OVER THE LAST THREE/FIVE YEARS

12, RAWYARDS AVE. AIRDRIE	MAY '77 - DATE.
29, RAWYARDS AVE. AIRDRIE	MAY '76 - MAY '77.
14, MORRISMOODY AVE, STEVENSTON	NOV. 74 - MAY 76.

3. PARTICULARS OF PARENTS AND GUARDIANS

NATURAL FATHER'S FULL NAME JOHN ROBERT McCRACKEN.

ADDRESS 12, RAWYARDS AVE, AIRDRIE.

DATE OF BIRTH 29.7.56. NATIONAL INSURANCE No. YY 95 05 98 B.

OCCUPATION AND EMPLOYER UNEMPLOYED.

NATURAL MOTHER'S FULL NAME (Present and at time of birth of child) MARGARET CRAIG McCRACKEN.

ADDRESS 12, RAWYARDS AVE. AIRDRIE.

Chris Chris Todd
0294-674926
Saltcoats

DATE OF BIRTH 4.12.56. NATIONAL INSURANCE No.....

OCCUPATION AND EMPLOYER UNEMPLOYED

HAVE THE NATURAL PARENTS LIVED APART OR BEEN SEPARATED AT ANY TIME SINCE MARRIAGE OR BIRTH OF FIRST CHILD? If yes, give details.

YES. FIVE SEPARATIONS SINCE MARRIAGE.
3 DAYS — 4 WEEKS.
SEPARATED SINCE 9-2-80

DETAILS OF MATRIMONIAL/**CUSTODIAL ORDER.** **If any.**

DIVORCE PROCEEDINGS STARTED.
PARENTS SEPARATED.

NAME AND ADDRESS OF ANY PERSON OTHER THAN THE **NATURAL** MOTHER OR FATHER WHO IS MARRIED TO, OR LIVING WITH, EITHER **NATURAL** PARENT.

IF NOT LIVING WITH **NATURAL** PARENTS, NAME AND ADDRESS AND RELATIONSHIP TO CHILD/REN OF PERSON WHO IS LOOKING AFTER THEM.

IF THERE IS NO FATHER AND MOTHER, GIVE NAME AND ADDRESS, AGE, RELIGIOUS DENOMINATION, OCCUPATION AND RELATIONSHIP TO CHILD/REN OF NEAREST KNOWN RELATIVE.

4. RELATIVES AND FRIENDS

PATERNAL GRANDPARENTS

name ANNE MCFACHERN. address 29, RAWYARDS AVE AIRDRIE.

PATERNAL UNCLES AND AUNTS

name BRIDGET GARDNER address 7, RAWYARDS AVE AIRDRIE.

MATERNAL GRANDPARENTS

name MR & MRS. TODD address 4, MOORPARK RD WEST. STEVENSTON AYRSHIRE.

MATERNAL UNCLES AND AUNTS

name address

OTHER BROTHERS AND SISTERS NOT IN CARE. Give names, addresses and ages.

GIVE DETAILS OF ANY RELATIVES OR FRIENDS WHO MAY BE PREPARED TO TAKE AN ACTIVE INTEREST IN THE CARE OF THE CHILDREN.

name PATERNAL GRANDMOTHER address 29, RAWYARDS AVE. AIRDRIE.

HAVE ANY OF THE RELATIVES AND FRIENDS BEEN APPROACHED WITH A VIEW TO FOSTERING THE CHILD/REN ?—Give details.

YES. PATERNAL GRANDMOTHER.
UNABLE TO PROVIDE AT THIS TIME.

TYPE OF PLACEMENT RECOMMENDED—for each child (give brief details)

CHILDREN'S HOME	FOSTER-CARE	FOSTER CARE.
NAME AND ADDRESS OF PLACEMENT—for each child.		
WAVERLEY DR. FAMILY GROUP HOME.	C/O BOYD. 6, MEADOWHEAD RD. PLAINS.	C/O BOYD 6, MEADOWHEAD RD. PLAINS.
EXPECTED DURATION OF TIME IN CARE—for each child.		
DATE OF FIRST REVIEW—for each child.		

SOCIAL WORKER ..... DATE OF APPLICATION 14-2-80.

SENIOR SOCIAL WORKER ..... DATE .....

SECTION 5—GENERAL INFORMATION AND UNDERTAKING

Whoever signs Sections 5 and 6 must be given the leaflet explaining the implications of the Children Act, 1975, with regard to their rights, "Your Child in Our Care".

I JOHN McCRACKEN being the father/~~mother/legal guardian/person having charge~~ of the child/ren named in Section 2, certify that the particulars given are correct to the best of my knowledge and belief, and hereby request Strathclyde Regional Council Social Work Department to care for the said child/ren in accordance with the provisions of the Social Work (Scotland) Act, 1968.

(*a*) I understand that I am liable to contribute towards the cost of the maintenance of each child.

(*b*) I undertake to co-operate with Strathclyde Regional Council in any arrangements made for the care of the said child/ren, and to participate in the planning and reviewing of the child/ren(s) needs whenever the social worker feels it appropriate for me to do so.

(*c*) I undertake to inform Strathclyde Regional Council of any change in the circumstances necessitating the reception of the said child/ren into care.

(*d*) I understand that I must keep Strathclyde Regional Council informed of my address at all times, as long as the said child/ren remain(s) in the care of the Strathclyde Regional Council.

(*e*) The content of the leaflet "Your Child in Our Care" has been explained to me by Strathclyde Regional Council Social Work Department.

Signed ..... Date 14-2-80

(Father/Mother/Legal Guardian/person having charge of the child/ren named in Section 2.)

Witness Gerarda. Wilson **Designation and Address** SOCIAL WORKER.
2WD. ADAM AVE.
AIRDRIE.

SECTION 6--TO BE COMPLETED WHERE MOTHER OR FATHER HAS SIGNED SECTION 5

The Social Worker in consultation with a Senior Social Worker should decide when it is appropriate to complete this section.

I Margaret McCracken mother/father of the child/ren named in Section 2, have read this form as completed and signed by my husband/wife John McCracken. I certify that the particulars given are correct and complete to the best of my knowledge and belief and I am in agreement with my husband's/wife's request that the child/ren be received into care by Strathclyde Regional Council.

Signed Margaret McCracken Date 14-2-80

Witness Gerald L. Miller Designation and Address Social Worker. Adam Avenue Airdrie.

Witness Susan A. Nelson Designation and Address Trainee Social Worker Adam Avenue Airdrie

For the attention of:

Area Team L03

Address

Division LANARK.

Previously known Yes / No

STRATHCLYDE REGIONAL COUNCIL
SOCIAL WORK DEPARTMENT

STAND–BY SERVICE

OVERNEWTON CENTRE
52 LUMSDEN STREET
GLASGOW
Telephone : 041-334 9507
Freephone 8314

Serial No. **No 15591**

Date 10-1-80

Time referred 12.30

Time completed

Client's Surname Mc CRACKEN Forenames JOHN

Present Address 12 RAWYARD AVE AIRDRIE Age/DOB

Previous Address Telephone

Children							
	Name						
	Age	1 yr.	2 yrs	5 yrs			
	Sex						

Referrer: Name Mrs. Mc Cracken (mother) Address 29 RAWYARD AVE. Telephone

DETAILS OF PROBLEM/REQUEST AND SUBSEQUENT ACTION

[redacted]

Establishment :—

Signed

Countersigned

W16

12 FEB 1980
A.O. .....
M. Medical .....
A.O. Meeting .....
Doctor Exec. .....
Info. File .....
A.O. File .....
S.S.W. .....
Allocation .....
Team Meeting .....

TELEPHONE MESSAGE

NAME OF SOCIAL WORKER ..... B.O.B .....

NAME OF CALLER ..... MRS Mc CRACKEN .....

ADDRESS/AGENCY .....

DATE AND TIME OF CALL ..... 14th Nov. 10:35 AM .....

a) Will call back later/tomorrow at .....

b) Would you telephone when you are available .....

c) Would you telephone at .....

d) Left the following message .....

.....

..... Could you call out today - its important .....

.....

.....

.....

.....

.....

TELEPHONE MESSAGE

NAME OF SOCIAL WORKER ..... B. CHADHA .....

NAME OF CALLER ..... MRS McCRACKEN .....

ADDRESS/AGENCY ..... 68858 .....

DATE AND TIME OF CALL .....

a) Will call back later/tomorrow at .....

b) Would you telephone when you are available .....

c) Would you telephone at .....

d) Left the following message .....

.....

.....

.....

.....

.....

.....

.....

1/11/79. Phoned Back

Probation Ad 14 years

Mother in Law very aggressive

1/11/79. Tension in the.
Visited - Family;

TELEPHONE MESSAGE

NAME OF SOCIAL WORKER ..... B.O.D. .....

NAME OF CALLER ..... Mrs. Mc. CRACKEN .....

ADDRESS/AGENCY .....

DATE AND TIME OF CALL ..... 29th Oct. 12.30 p.m. .....

a) Will call back later/tomorrow at .....

b) Would you telephone when you are available .....

c) Would you telephone at ..... 6.0.0.3.9 .....

d) Left the following message .....

.....

.....

.....

.....

.....

.....

.....

URGENT.

TELEPHONE MESSAGE

NAME OF SOCIAL WORKER ..... Bob .....

NAME OF CALLER ..... Mrs. Mc Cracken .....

ADDRESS/AGENCY ..... 29 Ranyards Avenue .....

DATE AND TIME OF CALL ... 29th Oct ..... 2 p.m. .....

a) Will call back later/tomorrow at .....

b) Would you telephone when you are available .....

c) Would you telephone at .....

d) Left the following message .....

.....

... Could you visit us as soon as possible? .....

.....

.....

.....

.....

.....

Strathclyde Regional Council

SOCIAL WORK DEPARTMENT

To [illegible]
Member Social Fund Liaison Officer
D.H.S.S. [illegible]

REQUEST TO D.H.S.S. FOR REIMBURSEMENT OF EMERGENCY PAYMENT

1. Date of Payment 30 10 79 2. Amount Four pounds

3. Full Name Mrs Mc Cracken 4. Address c/o Mrs Mills
2a Rowyards Avenue

5. Name of S.B.C. Officer who authorised payment

IF NOT AUTHORISED BY S.B.C. OFFICER complete 6, 7, 8 below.

6. Reason for Payment Mrs McCracken has no money as her husband is refusing to give her any money and has stated such to this department

7. Number of Persons Involved. (i) Adults One

(ii) Children (show ages)

8. Brief Statement of Claimant's Circumstances Mrs McCracken is living with a neighbour after leaving her husband. As yet she is not in receipt of any money as her entitlement

Signed Susan A Wilson Designation Trainee Social Worker

Area Team Address (if different from Area Office) Adam Avenue Area Office Date 30 10 79

Adam Avenue

For the attention of:
Area Team L 3
Address AIRDRIE
LANARK
Division
Previously known Yes / No

STRATHCLYDE REGIONAL COUNCIL
SOCIAL WORK DEPARTMENT

STAND-BY SERVICE

~~6 WOODSIDE CRESCENT~~
GLASGOW
Telephone: 041-
~~LUMSDEN STREET~~
GLASGOW

Serial No. 11476

Date 26.10.79
Time referred 1659
Time completed 2010

Client's Surname M°CRACKEN Forenames (MRS) MARGARET
Present Address C/O MRS MUIR 24 RAWYARDSAVE, AIRDRIE Age/DOB G/F
Previous Address 12 " " " " " " Telephone

AIRDRIE AREA OFFICE
30 OCT 1979
SOCIAL WORK DEPT.

TWO
Children
Name
Age
Sex

A./A.

[redacted]

Countersigned

TELEPHONE MESSAGE

NAME OF SOCIAL WORKER ..... R. CHADHA .....

NAME OF CALLER ..... Mrs. Mc CREAGHAN .....

ADDRESS/AGENCY .....

DATE AND TIME OF CALL ..... 2.30 p.m. — 18/10/79 .....

a) Will call back later/tomorrow at .....

b) Would you telephone when you are available ..... ✓ .....

c) Would you telephone at .....

d) Left the following message .....

.....

.....

.....

.....

.....

.....

.....

HUSBAND £14.50.
CHILD. 5 £5.30
£19.80
CHILD BENEFIT £12.00
£4.80.

DEDUCTIONS. £4.91 RENT.
£3.30 ELECTRICITY.

MRS MCCRACKEN.

SELF £10.45
CAROLINE. £4.40
YVONNE. £4.40
£19.55.

LESS CHILD BENEFIT.

MF29 (A5)

Department of Health and Social Security

86 Graham Street
AIRDRIE ML6 6AT

Telephone 66081/8 ext 46.

Mr John McCracken
12 Rawyards Avenue
AIRDRIE

Your reference

Our reference 2411

Date 5 October 1979

Dear Sir

Your wife Mrs Margaret McCracken is entitled to a payment of £7.55 from you, plus child benefit of £8.00 for the two children she has with her.

Yours faithfully

D. M. Kaine

Manager Social Work Liaison Officer
Department of Health and Social Security.

Airdrie.

REQUEST TO D.H.S.S. FOR REIMBURSEMENT OF EMERGENCY PAYMENT

1. Date of Payment 3-10-79. 2. Amount £5-60.

To:

3. Full Name MRS. Margaret McCraken 4. Address c/o MRS Milne, 24 Rawyards Ave Airdrie.

5. Name of S.B.C. Officer who authorised payment She did not disclose her name.

*IF NOT AUTHORISED BY S.B.C. OFFICER complete 6, 7, 8 below.

6. Reason for Payment to buy food for two children under 5 years of ages.

7. Number of Persons Involved.

(i) Adults 1

(ii) Children (show ages) 2 1 year and 2½ years.

8. Brief Statement of Claimant's Circumstances MRS. McCraken seperated from her husband on last Saturday. She bought some messages at the weekend, but her husband refused to hand over to her.

Signed 3/10/79. BSChadha Designation Social worker

Area Team Address Adam Ave
(or out of hours service) Airdrie Social Work Dept. Date 3/10/79

B.S. Chadha

Form F

CITATION OF A WITNESS

[redacted]

[redacted]

[redacted]

INSTRUCTED BY

McAuley, McCarthy
& Lobjoie
126d Bank Street
Coatbridge.



Mr McCracken and Gran.

24th August - gran
27th August - Mr McCracken and gran.
7th September - Mr McCracken
14th September - Mr McCracken
17th September - gran
30th September - gran
7th October - Mr McCracken and gran
14th October - Gran
15th October - Mr McCracken
21st October - Mr McCracken
26st October - gran and niece
29th October - Mr McCracken
1st November - gran
17th November - gran and neighbour
18th November - Mr McCracken
24th November - Mr McCracken
14th December - Mr McCracken
20th December - Mr McCracken
25th December - Mr McCracken took children till the 28th De
28th December - Mr McCracken brought children home
7th January - Mr McCracken
14th January - Mr McCracken
29th ~~29th~~ January - Granny
30th January - Mr McCracken
9th February - Gran and aunt liz
14th February - Mr McCracken
9th March - Gran
14th March - Mr McCracken
29th March - Mr McCracken
1st April - Mr McCracken and gran.
6th April - Gran
7th April - Gran
8th April - Mr McCracken
19th April = Gran
22nd April - Mr McCracken
27th April - Mr McCracken

No visits in August

3rd September - Mrs and friend

*28th September - Mr & Mrs McCracken

12th October - Mrs and friends

18th October - Mrs and friend

19th November - Mrs and friend

20th December - Mrs and friend

23rd January - Mrs and friend

28th January - Mrs and friend

1st February - Mrs and friend

22nd February - Mrs and friend.

24th February - Mrs and friend

8th March - Mrs McCracken

13th March - Mrs and friends

24th March - Mrs and 5 friends

1st April - Mrs and friend

12th April - Mrs and friend

15th April - Mrs and friend

18th April - Mrs and friend

Caroline & Yvonne Mc Bracken.

Admitted on 18/2/80. from foster parent. Reason as.
Foster Mother took ill.

Yvonne upset when foster parent went away but
settled down after a while.
Both eat well but need some assistance with food.

21/2/80.
Mother said would visit today but never turn up.

STRATHCLYDE REGIONAL COUNCIL

DEPARTMENT OF SOCIAL WORK

MISS I. PATERSON
Officer-In-Charge
Telephone Airdrie 62420 Ext. .....

In Reply
Please Quote .....

Your Reference is .....

Arranview Children's Home,
Arran Drive,
AIRDRIE.

