

RIC 5B

Social Work Department



Strathclyde

# Discharge Form

FOR CHILD IN CARE

NOTE—THIS FORM IS NOT TO BE COMPLETED FOR CHILDREN WHOSE ONLY STATUTE IS SECTION 44(1)(A)—HOME SUPERVISION—SOCIAL WORK (SCOTLAND) ACT 1968 OR SECTION 12 MATRIMONIAL PROCEEDINGS ACT 1958.

**A** AREA TEAM Craigielea

UNIQUE NUMBER OF CHILD

NAME OF CHILD Faye McKinlay

DATE OF BIRTH 14 10 78

DATE OF DISCHARGE 14 12 94

DATE ADMITTED TO PRESENT PERIOD OF CARE 24 06 94

SEX  Male  Female

**B ACCOMMODATION** Please give Name and Address of Placement and tick the appropriate box.  
PLACEMENT DISCHARGED FROM

Newfield

**FOSTERING WITH RELATIVES**

- 01 Temporary
- 02 Permanent

**FOSTERING UNRELATED**

- 03 Temporary
- 04 Permanent
- 05 COMMUNITY PARENTS

**CHILDREN'S HOME**

- 06 Local Authority
- 07 Voluntary
- 08 LIST 'D'
- 09 SECURE ACCOMMODATION
- 10 LIST 'G'
- 11 ASSESSMENT CENTRE
- 12 HOSPITAL
- 13 AT HOME
- 14 SUPPORTED LODGINGS, ILU, etc.
- 19 OTHER (PLEASE SPECIFY)

**C REASON FOR DISCHARGE**

- 1 Care taken over by parent or guardian
- 2 Adopted
- 3 Reached appropriate age
- 4 Death
- 5 Decision of hearing
- 6 Other (specify)

**D TICK TYPE OF ACCOMMODATION BEING DISCHARGED TO**

- 01 Supported Accommodation (Incl. ILU)
- 02 Hostel
- 03 Parental Home
- 04 Relatives Home
- 05 Flat/Bedsit/Digs
- 06 Living in at Work
- 07 Homeless Accommodation including Bed and Breakfast
- 08 Other (Please specify)
- 09 Unknown

**E LEGISLATION DISCHARGED UNDER**

	Main	Secondary
01 Section 15 Social Work (Scotland) Act 1968		
02 Section 16 Social Work (Scotland) Act 1968		
03 Section 37 Social Work (Scotland) Act 1968		
04 Section 40 Social Work (Scotland) Act 1968		
05 Section 44(1)(a) Social Work (Scotland) Act 1968 with Condition of Residence		
06 Section 44(1)(a) Social Work (Scotland) Act 1968 Home Supervision		
07 Section 44(1)(b) Social Work (Scotland) Act 1968	✓	
08 Section 58(a) Social Work (Scotland) Act 1968 (as amended by HASSASSA Act 1983 Sec 8(4))		
09 Section 42(3) Social Work (Scotland) Act 1968		
10 Section 43(4) Social Work (Scotland) Act 1968		
11 Section 198/296(3)—Criminal Procedures (Scotland) Act 1975 + 406		
12 Section 323 Criminal Procedures (Scotland) Act 1975		
13 Section 206/413 Criminal Procedures (Scotland) Act 1975		
14 Section 12(5) Foster Children (Scotland) Act 1984		
15 Section 26(1)(b) Adoption Act 1978		
16 Section 10 Matrimonial Proceedings (Children) Act 1958		
17 Section 12 Matrimonial Proceedings (Children) Act 1958		
18 Section 7 Children Act 1958		
19 Section 11(1)(b) Guardianship Act 1973		
20 Section 24 Social Work (Scotland) Act 1968		
21 Other (Please Specify)		

**F To DISTRICT OFFICE IS FINANCIAL PAYMENT INVOLVED? YES/NO.**

If YES—(See Sect. B for details)

ANY SPECIAL INSTRUCTIONS

**G NOTIFICATIONS**

Form No.	Area/Agency	Date Sent	Init.
R.I.C.6	Other Area/Region		
R.I.C.6	Health Board		
R.I.C.6	Education		
R.I.C.7-8	4-Week Medical		
	Finance		
C.H.193	D.H.S.S.		

**H SIGNATURES**

Signed M Mesarovic  
 Designation SSU  
 Area Office \_\_\_\_\_ Date 24/5/95  
 Countersigned Joune Boyd Admin 24/5/95

# Admission Form

## FOR RECEPTION OF CHILDREN INTO CARE



Social Work Department

<b>1</b>	A Area Team	CRAIGIELEA
	B Standby Referral	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	C Admission	<input checked="" type="checkbox"/> Planned <input type="checkbox"/> Unplanned
	D Date of R.I.C.	24.06.94
	E Number of Children being received into care	ONE

It is essential for analysis that every question must have at least one box ticked. The Regional Standby Team should attempt to complete R.I.C. (1) up to and including question 5, and questions 21, 22 and 23.

	FIRST CHILD	SECOND CHILD	THIRD CHILD
F Unique Reference Numbers (to be completed Centrally)			
G Has the Child(ren) been in care before?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
H EXPECTED DURATION OF TIME IN CARE	<input type="checkbox"/> 0 weeks-2 weeks <input type="checkbox"/> 3 weeks-6 weeks <input checked="" type="checkbox"/> 7 weeks-6 months <input type="checkbox"/> More than 6 months	<input type="checkbox"/> 0 weeks-2 weeks <input type="checkbox"/> 3 weeks-6 weeks <input type="checkbox"/> 7 weeks-6 months <input type="checkbox"/> More than 6 months	<input type="checkbox"/> 0 weeks-2 weeks <input type="checkbox"/> 3 weeks-6 weeks <input type="checkbox"/> 7 weeks-6 months <input type="checkbox"/> More than 6 months

## 2 PARTICULARS OF CHILDREN

A Full legal name (or known as)	FAYE MCKINLEY		
B Sex	<input type="checkbox"/> M <input checked="" type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F
C Address	14 SHORTROODS ROAD SHORTROODS PAISLEY		
Post Code			
D Date of Birth	1   4   1   0   7   8		
E Number of Children in Family (including those who are 18 & over)	TWO		
F Order of child in family (please circle)	① 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10
G Number of Children from Family already physically in Social Work Care	NONE		
H Number of Children 17 years or less living in the household at the time of reception into care (including those being received into care)	TWO		
I Religion (stated by parent)			

**FIRST CHILD**

**SECOND CHILD**

**THIRD CHILD**

**3 PRESENT RECEPTION INTO CARE**

(Only one Main Reason and one Underlying Reason)

PLEASE TICK	Main Reason	Underlying Reason	Main Reason	Underlying Reason	Main Reason	Underlying Reason
PHYSICAL ILLNESS:						
01 Female carer						
02 Male carer						
03 Both						
MENTAL DISORDER:						
04 Female carer						
05 Male carer						
06 Both						
07 PREGNANCY:						
DESERTION/ABANDONMENT:						
08 Female carer						
09 Male carer						
10 Both						
DEATH OF CARER:						
11 Female carer						
12 Male carer						
13 Both						
14 BREAKDOWN OF MARITAL RELATIONSHIP:						
15 PARENT PLACING CHILD FOR ADOPTION						
17 MEMBER OF SAME HOUSEHOLD AS PERSON WHO HAS COMMITTED SCHED 1/CHILD ABUSE OFFENCES						
37 SEC 32(d)(dd)(e)—Female Incest S.W.(S) Act 1968						
18 LACK OF PARENTAL CARE						
38 FALLING INTO BAD ASSOC/MORAL DANGER	✓					
19 MISUSE OF VOLATILE SUBSTANCE						
20 NON ATTENDANCE AT SCHOOL						
21 CHILD HAS COMMITTED OFFENCE						
22 OUTWITH PARENTAL CONTROL						
23 ABANDONMENT OF:						
23 Female carer						
24 Male carer						
25 Both						
DETERIORATING RELATIONSHIP BETWEEN CHILD AND:						
26 Female carer	✓					
27 Male carer						
28 Both						
INCAPABLE OF PROVIDING CARE DUE TO DRUNKENNESS						
29 Female carer						
30 Male carer						
31 Both						
FINANCIAL PROBLEM OF:						
32 Female carer						
33 Male carer						
34 Both						
35 HOMELESSNESS						
39 PART 5 TRANSFERS SEC. 32(h) S.W.(S) ACT 68						
36 OTHERS SPECIFY						
Additional Comments:						

**FIRST CHILD**

**SECOND CHILD**

**THIRD CHILD**

**4 LEGISLATION**

(Which Section(s) of Legislation are applicable in this case)?

The following legislation relates to all children who have been physically separated from carers.

	Main	Subsidiary	Main	Subsidiary	Main	Subsidiary
01 Section 15 Social Work (Scotland) Act 1968						
02 Section 16 Social Work (Scotland) Act 1968						
03 Section 37 Social Work (Scotland) Act 1968						
04 Section 40 Social Work (Scotland) Act 1968						
05 Section 44(1)(a) Social Work (Scotland) Act 1968 with Condition of Residence						
06 Section 44(1)(a) Social Work (Scotland) Act 1968 Home Supervision						
07 Section 44(1)(b) Social Work (Scotland) Act 1968	✓					
08 Section 58(a) Social Work (Scotland) Act 1968 (as amended by HASSASSA Act 1983 Sec 8(4))						
09 Section 42(3) Social Work (Scotland) Act 1968						
10 Section 43(4) Social Work (Scotland) Act 1968						
11 Section 198/296(3) Criminal Procedures (Scotland) Act 1975 + 406						
12 Section 323 Criminal Procedures (Scotland) Act 1975						
13 Section 206/413 Criminal Procedures (Scotland) Act 1975						
14 Section 12(5) Foster Children (Scotland) Act 1984						
15 Section 28(1)(b) Adoption Act 1978						
16 Section 10 Matrimonial Proceedings (Children) Act 1958						
17 Section 12 Matrimonial Proceedings (Children) Act 1958						
18 Section 7 Children Act 1958						
19 Section 11(1)(b) Guardianship Act 1973						
20 Section 24 Social Work (Scotland) Act 1968						
21 Other (Please Specify)						

**5 PRESENT PLACEMENTS**

Name & Address of Placement	NEWFIELD ASSESSMENT CENTRE JOHNSTONE					
	Recommended	Actual	Recommended	Actual	Recommended	Actual
<b>FOSTERING WITH RELATIVES</b>						
01 Temporary						
02 Permanent						
<b>FOSTERING UNRELATED</b>						
03 Temporary						
04 Permanent/Pre adoptive						
<b>05 COMMUNITY PARENTS</b>						
<b>CHILDREN'S HOME</b>						
06 Local Authority						
07 Voluntary						
08 LIST 'D'						
09 SECURE ACCOMMODATION						
10 LIST 'G'						
11 ASSESSMENT CENTRE	✓	✓				
12 HOSPITAL						
13 AT HOME						
14 SUPPORTED LODGINGS, ILU, etc.						
15 OTHER (PLEASE SPECIFY)						

**6 FIRST MAIN REVIEW DATE**

(Must be within 4 weeks of date of reception)

Review Date			
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**FIRST CHILD**

**SECOND CHILD**

**THIRD CHILD**

**7 WHAT PARENTAL CONTACT HAS BEEN AGREED?**

- 1 None
- 2 Daily
- 3 Weekly
- 4 Monthly
- 5 Other (specify)

- 1 None
- 2 Daily
- 3 Weekly
- 4 Monthly
- 5 Other (specify)

- 1 None
- 2 Daily
- 3 Weekly
- 4 Monthly
- 5 Other (specify)

**8 PREVIOUS ADMISSION**

(If not applicable proceed to next question)

N/A

**A NUMBER OF PREVIOUS ADMISSIONS**

**B DETAILS OF LAST ADMISSION AREA TEAM**

If outside Strathclyde please state the Region.

**C PLACEMENT:**  
(Please Tick)

**FOSTERING WITH RELATIVES**

01 Temporary

02 Permanent

**FOSTERING UNRELATED**

03 Temporary

04 Permanent/Pre adoptive

**05 COMMUNITY PARENTS**

**CHILDREN'S HOME**

06 Local Authority

07 Voluntary

08 LIST 'D'

09 SECURE ACCOMMODATION

10 LIST 'G'

11 ASSESSMENT CENTRE

12 HOSPITAL

13 AT HOME

14 SUPPORTED LODGINGS, ILU, etc.

15 OTHER (PLEASE SPECIFY)

**PREVIOUS DISCHARGE**

Date

Care taken over by:

01 Parent or Guardian

02 Adopted

03 Other (specify)

**FIRST CHILD**

**SECOND CHILD**

**THIRD CHILD**

**9 NAME AND ADDRESS OF NATURAL MOTHER AND FATHER**

Father's Name  
Address

Mr MCKINLEY  
SKYE

Date of Birth

Mother's Name  
Address

MARY MAXWELL  
14 SHORTROODS RD.  
SHORTROODS  
DAISLEY  
02.12.51

Date of Birth

**MARITAL STATUS**

01 Married

02 Widowed

Divorced

04 Seperated (Married)

05 No Marital Rel'nship



**10 HOUSEHOLD PARTICULARS**

Enter the number and type of adults staying in same household as child(ren)

	Type (Please Tick)	NUMBER	Type (Please Tick)	NUMBER	Type (Please Tick)	NUMBER
01 Natural Mother	✓					
02 Natural Father						
03 Stepmother						
04 Stepfather						
05 Female cohabitee						
06 Male cohabitee						
07 Grandmother						
08 Grandfather						
09 Aunt						
10 Uncle						
Sister						
12 Brother	✓	ONE				
13 None						
14 Other (specify)						
15 N/K						

Male Carer (If different from Natural Father)  
Name

RELATIONSHIP TO CHILD

Date of Birth

Female Carer (if different from Natural Mother)  
Name

RELATIONSHIP TO CHILD

Date of Birth

FIRST CHILD

SECOND CHILD

THIRD CHILD

11 CONTACT WITH RELATIVES

(Have any of the relatives and friends been visited with a view to caring for the child(ren)?)

Yes  No

If not, reasons must be clearly stated.

NO RELATIVES  
WERE IN A  
POSITION TO  
CARE FOR  
FAYE. OR OFFER  
MS. MAXWELL  
RESPIRE.

Yes  No

If not, reasons must be clearly stated.

Yes  No

If not, reasons must be clearly stated.

Relatives Contacted.  
Names, Addresses and Relationship  
to Child(ren) must be stated

**12 NAMES AND ADDRESSES OF FAMILY**

(If not stated, in Section 11, detail all names and addresses of family. This must be completed by the review date. If not, reasons must be specified).

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**13 HOUSING TENURE**

(Please indicate if the Housing was in the):

<input checked="" type="checkbox"/> 1 Public Sector, Local Authority/New Town <input type="checkbox"/> 2 Public Sector, SSHA <input type="checkbox"/> 3 Private Sector, O.O. <input type="checkbox"/> 4 Private Sector, Private Landlord <input type="checkbox"/> 5 Other	<input type="checkbox"/> 1 Public Sector, Local Authority/New Town <input type="checkbox"/> 2 Public Sector, SSHA <input type="checkbox"/> 3 Private Sector, O.O. <input type="checkbox"/> 4 Private Sector, Private Landlord <input type="checkbox"/> 5 Other	<input type="checkbox"/> 1 Public Sector, Local Authority/New Town <input type="checkbox"/> 2 Public Sector, SSHA <input type="checkbox"/> 3 Private Sector, O.O. <input type="checkbox"/> 4 Private Sector, Private Landlord <input type="checkbox"/> 5 Other	
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**14 HOUSING TYPE**

(Please indicate the form of Housing)

<input checked="" type="checkbox"/> 1 Low Rise (No Lift) <input type="checkbox"/> 7 Other <input type="checkbox"/> 2 High Rise (Lift) <input type="checkbox"/> 8 N/K <input type="checkbox"/> 3 Semi Detached <input type="checkbox"/> 4 Detached <input type="checkbox"/> 5 Caravan <input type="checkbox"/> 6 Homeless Accommodation	<input type="checkbox"/> 1 Low Rise (No Lift) <input type="checkbox"/> 7 Other <input type="checkbox"/> 2 High Rise (Lift) <input type="checkbox"/> 8 N/K <input type="checkbox"/> 3 Semi Detached <input type="checkbox"/> 4 Detached <input type="checkbox"/> 5 Caravan <input type="checkbox"/> 6 Homeless Accommodation	<input type="checkbox"/> 1 Low Rise (No Lift) <input type="checkbox"/> 7 Other <input type="checkbox"/> 2 High Rise (Lift) <input type="checkbox"/> 8 N/K <input type="checkbox"/> 3 Semi Detached <input type="checkbox"/> 4 Detached <input type="checkbox"/> 5 Caravan <input type="checkbox"/> 6 Homeless Accommodation (Please specify)	
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**15 APARTMENTS**

(How many apartments did the accommodation have)?

Number	THREE		
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**16 LENGTH OF STAY**

(How long had the family been living in the accommodation)?

Years	Months	N/K	
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**17 CHANGE OF ACCOMMODATION**

(How many times had the family changed accommodation in the past 3 years)?

Number	NONE		
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**18 CHANGE OF CARER**

(Did change of accommodation involve change of carer for the child(ren)?)

(Other than to Reception into Social Work Care)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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**FIRST CHILD**

**SECOND CHILD**

**THIRD CHILD**

**19 EMPLOYMENT SITUATION**

(What was the employment situation of the carer(s) when the child(ren) were received into care)?

	Male	Female	Male	Female	Male	Female
01 Full Time Education/Training						
02 Employed Full Time						
03 Self Employed						
04 Employed Part Time						
05 Retired						
06 M.S.C. Employee						
07 Registered Unemployed 0-11 months						
08 Registered Unemployed 12 months and over						
09 Unregistered Unemployed Incl. Housewife		✓				
10 Other						
11 Not Known						

**20 SOURCE OF INCOME**

(State if the carer(s) are in receipt of any of the following at the time of reception into care)

	Main Form of Income	Secondary	Main Form of Income	Secondary	Main Form of Income	Secondary
01 Income from work						
02 Unemployment Benefit						
03 Supplementary Benefit	✓					
04 Non Contributory Invalidity Benefit						
05 Sickness & Invalidity Benefit, Industrial Injury Benefit						
06 Widows Pension						
07 Family Income Supplement						
08 Grant						
09 Retirement Pension						
10 Unified Housing Benefit						
13 Maintenance						
11 Other (Specify)						
12 None						

**21 FOR SECTION 15 ONLY**

**22 FOR ALL CHILDREN**

**23 FOR SOCIAL WORK USE**

Where appropriate

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

Signed .....

Date .....

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

Other carers signature where appropriate.

Signed .....

Date .....

.....  
 being the Father/Mother/Legal Guardian/Person having charge of the child(ren) named in this form agree that the particulars given are correct to the best of my knowledge and that the content of the leaflet "Your Child in Our Care" has been explained to me by Strathclyde Regional Council Social Work Department.

Signed .....

Date .....

Other Carers signature where appropriate.

Signed .....

Date .....

..... Date of Application.....

..... Social Worker Signature.....

*Jacqueline M Bayne*

Date *24.06.94*

..... Senior Social Worker Signature.....

..... Date .....

Both Social Worker and Senior Social Worker must sign this form.

Jan Flecker

REVIEW PROCEDURE

MINUTES OF REVIEW MEETING  
FORM F

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Date of Review: 13.10.94

Name of Home: Newfield Short Stay Unit

Name of Child: Faye McKinlay

Field Case Paper No:

Date of Admission: 24.06.94

Date of Birth: 14.10.78

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Areas of concern as indicated in residential review form:

It would appear the home situation is as stable as it will get with any other change proving unlikely

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Areas of concern as indicated in Social Worker's review form:

- (a) Family  
Home situation appears more settled and less arguments are occurring.
  - (b) Particular reference to child in care (including progress since reception into care/last review)
- 

Summary of Discussion:

Eleanor opened the review by way of introductions and explained that this meeting was being held to look at the family's progress and to plan for Faye's future.

**Home Situation**

Jacqueline reported that, since the last review, Faye and her mother have resolved their relationship difficulties as far as they can, arguments between them are less frequent and they appear better able to communicate with each other. Faye is now in employment and, although this is known to be illegal, as she should still be at school, she has been attending her work regularly and has never been late.

### Residential Unit

Mike agreed with Jacqueline that relationships have generally improved. Faye has been spending quite a lot of time at home in recent weeks and doing well. Within the unit there have been one or two incidents when Faye's attitude to staff has been of concern. She can still flare up when challenged but is now able to discuss such incidents in a rational manner. She has responded fairly well to work done within the unit.

Mike felt the home situation is as good as it will get. At the most recent family meetings, discussions and negotiations have taken place between Faye and her mother with both managing to remain together in the same room

Faye has actually been with in the unit a few weeks longer than normal due to the work needing to be done with her and her mother in the early stages. Improvements were initially slow in forthcoming. Work will continue with Faye and her mother until Faye returns home.

Mike also felt that Faye has done well since starting work. Her improved attendance at school this <sup>term</sup> is directly related, however, to sanctions regarding home leave threatened by staff and does not reflect any commitment on Faye's part to attend school.

### School

Mr Paterson voiced his concerns that Faye has commenced employment, legally she should still be attending school, does not leave until Christmas. The only legal way she can attend work is if her parent negotiates with the Headmaster for an extended work experience placement.

### Faye

Faye stated that she hates school and will not go back, she wants to remain at work. She will be sixteen, the day after this review. Faye agreed that her relationship with her mother has improved but confided that her intention, on leaving Newfield, was to live with a family friend and not in the family home.

### Mrs Maxwell

Mrs Maxwell agreed with the workers that she and Faye are getting on better together, Faye's extended periods of home leave have been fairly good.

### General Discussion

It was agreed that the work done within Newfield has been successful in that Faye and Mrs Maxwell relate more acceptably with each other. It was also agreed that these improvements are probably as good as things will get and that Faye should return home for the work to continue within the family home. Faye's actual place of residence can be addressed once she is home.

**General Discussion contd.,**

It was also recognised that prior to living in Newfield Faye's school attendance, behaviour in the community and behaviour at home were all identified problem areas. It was also recognised that the main problem was the relationship between Faye and her mother and that Faye's behaviour in the community and truancy from school were related to and affected by this. It is therefore the familial relationship that has been the main focus of work and improvements in this have been noted. In order to capitalise on these improvements, it would seem inappropriate to force Faye to return to school which he has clearly stated she will not do. Mrs Maxwell and Jacqueline should therefore arrange to meet with Faye's Headmaster to discuss this.

Decisions taken (specifying action to be taken and by whom):

1. Review report to be submitted to the Childrens' Hearing requesting a Review Hearing and recommending that Faye be allowed to return home.
2. Mrs Maxwell and Jacqueline will meet with the Headmaster to discuss arranging an extended work experience placement for Faye.
3. Family meetings will continue until the Hearing.
4. Home leave will be further extended once a Hearing date is arranged.

Date of next review:

None

Names and Designations of review panel:

Mrs Eleanor Macphail	-	Senior Social Worker
Ms Jacqueline Bayne	-	Social Worker
Mr Mike Stickings	-	Newfield Short Stay Unit
Mr A Paterson	-	Merksworth High - Guidance Teacher
Mrs Maxwell	-	Parent
Faye McKinlay	-	Subject

Meeting:.....

.....

.....

Chairman of Review *E Macphail*

Designation: *SSW.*

Date: *26/10/94.*

*Joan Hudson*  
Area Manager  
*21/10/94*

**REVIEW PROCEDURE**

**SOCIAL WORKER'S REVIEW FORM**  
Initial Review/Subsequent Review

**Form D**

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**Name of Child:** Faye McKinley  
**Date of Birth:** 14.10.78  
**Name of Home:** Newfield Short Stay Unit  
**Date of Admission:** 24.06.94

**Summary of decision from last review (if appropriate):**

1. Faye to stay at Newfield.
2. Access to be addressed by the Unit Leader.
3. Faye to consider a referral being made for a psychologist.

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**1. Legal Position/Section under which child is in care:**

44 (1) (b)

**Any action indicated:**

N/A

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**2. Current address/es of:**

- (a) **Parents:** Ms Mary Maxwell, 14 Shortroods Rd, Paisley.  
Mr McKinley, Arran.
- (b) **Siblings not in care:** Scott McDade, Half Brother.
- (c) **Siblings in care:** N/A

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**3. Present situation with family since reception into care/last review:**

Following the last review on 12.08.94, Faye continued with overnights from Friday to Monday and Wednesday to Thursday, this has recently been increased to Tuesday to Thursday.

Since the last review Faye has shown little commitment to her education and this was evidenced in her failing to attend school or arriving late in the mornings she was on home leave. At a family meeting on 26.08.94 this issue was challenged and Faye gave her assurances that her school attendance will improve. However on 4 October 1994 Faye began employment with Pack Serve. This involves her working from 8 am to 3.30 pm. Since commencing work Faye has attended daily on time and indeed done overtime.

## REVIEW PROCEDURE

Form D continued (2 of 3)

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### 3. Continued:

The writer contacted Mr Patterson, Faye's Guidance Teacher who stated that as Faye was officially a Christmas leaver, her failure to attend school was illegal. The writer contacted the Education Department who also stated that officially Faye should remain at school until Christmas. However young people have been known to leave school prior to their official leaving date by negotiating with the school for an extended work experience.

Since Faye has begun work the home situation appears more settled and Ms Maxwell has reported no major difficulties and communication appears to have improved.

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### 4. Date/s and nature of Social Worker's contact with child since reception into care/last review:

19.08.94 - Visit to Newfield.  
26.08.94 - Family Meeting.  
30.08.94 - Individual Visit.  
02.09.94 - Family Meeting.  
09.09.94 - Individual Visit.  
12.09.94 - Family Meeting.  
15.09.94 to 03.10.94 - Annual Leave.

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### 5. Date/s and nature of Social Worker's contact with family since reception into care/last review:

18.08.94 - Home Visit.	09.09.94 - Home Visit.
19.08.94 - " "	12.09.94 - Family Meeting.
22.08.94 - " "	15.09.94 to 03.10.94 - Annual Leave.
24.08.94 - Office Visit.	04.10.94 - Home Visit.
26.08.94 - Family Meeting.	05.10.94 - Home Visit.
30.08.94 - Home Visit.	11.10.94 - Home Visit.
02.09.94 - Family Meeting.	

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### 6. Areas of concern:

(a) **Family:** As previously stated the home situation appears more settled and less arguments are occurring.

(b) **Particular reference to child in care (including progress since reception into care/last review):**

Faye has now been in Newfield for 16 weeks. She appears to enjoy home leave and her social life is improving. As previously stated Faye has begun employment and appears to be coping with it in a mature manner. Faye appears to be improving her powers of self-control and thus less arguments occur.

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**REVIEW PROCEDURE**

Form D continued (3 of 3)

**7. Other agencies involved:**

Merksworth High School.

**8. Needs of the child (estimated length of placement, type of placement, involvement of other agencies, estimated nature of parental contact, etc.):**

The writer feels that Ms Maxwell and Faye's relationship has improved. As issues arise they are challenged at family meetings and dealt with appropriately and maturely. Home leave appears to be going well and has been increased to 5 nights a week.

Due to the improvements it may be appropriate to discuss Faye's return home on a full-time basis and move on to phase 3 of the Short Stay Unit Programme.

**9. Plans for child in view of above comment (including short, medium and long objectives):**

To discuss at review appropriateness of Faye returning home on a full-time basis and begin phase 3 of the Short Stay Unit Programme.

**9(a) Is an application for Assumption of Parental Rights appropriate?**  
Yes/No

**10. Any further comments:**

**11. Persons who will attend review (from area team):**

Eleanor Macphail - Senior Social Worker  
Jacqueline M Bayne - Social Worker.

Signed: Jacqueline M Bayne

Designation: Social Worker

Date: 13.10.94

## School Report

CONFIDENTIAL

E

Name of Child: FAYE MCKINLAY.

Date of Birth: 14-10-78.

School attended: MERKSWORTH H.S. PAISLEY.

Date of Commencement at School:

Class: 501.

## Education Performance:

not showing much interest in school.

Latecoming

## Relationships with Peers:

I don't think Faye is very popular with peers.

Mother is well known and she has been to school  
often. Recent phone calls.

Well known difficulties between girl and mother.

## Relationships with Staff:

Faye is a pleasant girl at times. Can be very  
moody and uncooperative.

## Areas of Difficulty, Concern or Special Treatment:

Lack of interest in school.

Wants to leave to start working.

Continued

School Report continued (Confidential)

Any recommendations which would assist staff of the Social Work Department to assist the child while in school:

At the moment she should be attending.

Further comments or information to be considered by the Review Panel:

Faye claims that she has a job and will not be back.

Mother finds it difficult to get Faye up in the morning.

Name of Staff Member who would be interested and able to attend all or part of the Review:

Signed: A Paterson

Designation: P.T. Guidance

Date: 10-10-94

PUPIL ATTENDANCE REPORT 10/10/94

MERKSWORTH HIGH SCHOOL

FAYE MCKINLAY  
14 SHORTROODS ROAD  
PAISLEY

PA3 2NS

GROUP = 501

TOTAL ABSENCES..... = 20  
UNAUTHORISED ABSENCES = 0  
OCCASIONS LATE..... = 14  
POSSIBLE ATTENDANCE.. = 73  
ATTENDANCE RATE..... = 72.6%

ADMIS. No = H026 (20/08/90)

DATE	MON	TUE	WED	THU	FRI	LATE	UNAUTH. ABSENCE	TOTAL ABSENCES
08/08/94	H H	H H	H H	H H	H H	0	0	0
15/08/94	H H	I I	--	--	--	0	0	0
22/08/94	A L	--	L -	A A	L -	3	0	3
29/08/94	L -	--	--	L -	--	5	0	3
05/09/94	A A	--	L -	A A	--	6	0	7
12/09/94	L -	--	--	L -	A A	8	0	9
19/09/94	H H	I I	L -	L -	--	10	0	9
26/09/94	A A	L -	L -	L -	L -	14	0	11
03/10/94	A A	--	A A	A A	A A	14	0	19
10/10/94	A					14	0	20

DATE OF REVIEW 13<sup>TH</sup> OCTOBER

DETAILS OF CHILD

Name of Child (pen): FAYE MCKINLAY

Known As: FAYE

Dates of Birth: 14.10.78

Age: 15

Religion: PROTESTANT

Current Legal Status: 440b S.S.U.

Date of this Placement: 24.6.94

PLACEMENT DETAILS

RESIDENTIAL PLACEMENTS ONLY

Name of Unit and Address: NEWFIELD RESOURCE CENTRE

Telephone: 0505 329334

Description of Res. Unit: SHORT STAY UNIT

Current Composition of Child Unit (e.g. nos. ages)

9 YOUNG PEOPLE AGES 13-15 YEARS

Key Worker: W MCCARTHY / M STICKINGS

Senior: W.M. MCCARTHY

Time Limits Applicable (if any): 3 MONTHS

Special Features of Placement (if applicable):

3 MONTH REHABILITATION UNIT.

FOSTER PARENT PLACEMENTS ONLY

Name & Ages of Foster Parents

Address:

Relationship to Child (if any):

Telephone:

Type of Placement (e.g., temporary, contract, emergency etc.)

Members of Household (excluding foster parents)

Name	Age	Relationship to Foster parents

Description of Accommodation

Foster Parents' Social Worker & Office Address:

Time Limits Applicable (if any):

Were you Present? YES

Date of Last Review: 12<sup>TH</sup> AUGUST

Date Minutes Received: 14<sup>TH</sup> SEPTEMBER

Decisions of Last Review (Please note them below, indicating whether decisions have been carried out)

PARENTAL ACCESS

Is there a formal written access arrangement (P.A.1)? Please "✓" below

YES	NO
	✓

If yes, does access take place as agreed?

If no, what is the pattern of contact/access?

What access takes place and where?

REGULAR PERIODS OF HOME LEAVE

Please note any difficulties for you an/or help required for access.

ACCESS AND CONTACT BETWEEN CHILD AND MEMBERS OF NATURAL FAMILY, FRIENDS, PREVIOUS CARERS ETC.

Who?

Details of contact (inc. letters, phone calls, etc.)

1

BROTHERS/SISTERS	<u>SCOTT</u>	<u>REGULAR CONTACT DURING HOME LEAVE</u>
OTHER FAMILY MEMBERS		
ADULT FRIENDS		
SAME AGE FRIENDS		
OTHERS		

COMMENTS: (e.g. how much does child enjoy contact: any problems for child or you? etc.)

FAYE CONTINUES TO MAINTAIN A REGULAR LEAVE PATTERN.

(1) Profile of Child

(include how (s)he feels about the past, present and future, who (s)he gets on with, who (s)he comes across to you, how (s)he gets on at school, outside the home and how (s)he gets on with his/her social worker. Indicate areas of progress and concerns)

Since the last review on 3rd August Faye has maintained a regular pattern of leave spending 4 nights per week at home. The home situation remains fragile although arguments between Faye and her mother have reduced in frequency and severity. Mrs Maxwell appears more confident in dealing with Faye's behaviour however no major change has been implemented mainly due to Mrs Maxwell and Faye's apparent lack of ability to effect change therefore crisis periods still occur. These periods involve arguments over money with Faye expecting financial help once she has spent her pocket money, fares etc and if refused she becomes verbally and occasionally physically threatening. After a cooling off period Mrs Maxwell and Faye generally overcome these difficulties through discussion. It would appear the home situation is as stable as it will get with any further change proving unlikely. Faye's attitude towards school has declined and her attendance has been erratic. Recently she has been looking for employment and has started working in Parkside in Inchinnan. We are aware the school hold certain views as to the appropriateness of this and hopefully this can be resolved positively between the Social work and Education departments as Faye perceives her future in employment and should be credited for her maturity in achieving this goal.

(3) Child's Relationship with Members of Natural Family, Friends and Previous Carers

(include: who he gets on with best and why, whether he wants to go back home and how, how well access works for the child, who else he sees and who he misses, what changes might be necessary for access. Indicate issues of particular concern and progress)

Faye has had no contact with her father since the last review. She enjoys seeing her younger brother during periods of home leave although she can respond inappropriately to him at times.

There has been an improvement in the home situation since the last review, with both Faye and Mrs Maxwell appearing to put more positive effort into working at their relationship.

Faye is beginning to look at the level of personal responsibility involved in her actions which is having a positive effect at home. If this change were to prove sustainable a return home may prove successful.

### (5) Proposals for Child's Future

(Include: What's best for the child; how does he react to this and how do other members of his family, what effects this will have and what kinds of action and support you and your child will need in the future; how well does current placement suit your thoughts for the future)

- 1) Faye to return home on a full time basis.
- 2) A Children's Hearing be requested as soon as possible
- 3) On receipt of Hearing date Faye's leave to be increased to 6 nights per week.

Signed: M. Stickings

Date: 12.10.94.

Signed: N.J. McCarthy

Date: 12<sup>th</sup> Dec '94

N.B. Please attach to the part 1 report and return to the district office in the S.A.E. provided. If you need help with the form, please ask child's or link/support social worker.