

PEARSON 004723

C 89 NAME (ALSO STEWART) NANK. REC. No. G233

PARENTAGE ~~PROVER~~ STEWART - ROBERT PEARSON } illegit.
 ECHER (Stewart) NEE KING.

XM 785

Date of Birth	Place of Birth	Religion	
7.6.70.	London	R.C.	680400209 F2001

Admitted	C.L.	Cler.	R.	St.K.	H.W.	M.M.	C	B	AC	DISCHARGED	
										DATE	TO
8.3.72					1					5.10.72	to, 6 road garage
6.8.73						1				7.8.73	to mother
17.4.75							1			5.5.75	
18.5.76							1			24.5.76	
14.5.79						1				31.7.79	PARENTS.
22.8.79	1									31.8.79	Mum
2.3.81							1			24.4.81	Home 44(a)

COPY

LOTHIAN REGIONAL COUNCIL - DEPARTMENT OF SOCIAL WORK
 CHANGE OF CIRCUMSTANCE AND ESSENTIAL INFORMATION

Date of change
 17.5.84.

Area Office MURTHOUSE	Social Worker PAT PARKERSON	Reference Number (children only) 58101410 012 019
Surname (client) STEWART	Sex M.	DOB 7.6.75
Forename(s) MARK GIBERT	Name of School/Employer ST. JOSEPH'S LIST D SCHOOL	Religion R.C.
Also known as	Address of School/Employer	
Present Address (before change) and name of foster parent or carer if appropriate ST. JOSEPH'S LIST D SCHOOL		
Now Address (after change) and name of foster parent or carer if appropriate ASSESSMENT CENTRE		
Statutory Authority before change Act Soc. Wk - SCOTLAND	Section 44 (1)(b)	
Statutory Authority after change Act " " " "	Section 44 (1)(b)	

SECTIONS A B C D MUST BE COMPLETED

A REASON FOR CHANGE Specify in Box 3

Admission	<input checked="" type="checkbox"/>
Transfer	<input checked="" type="checkbox"/>
Discharge	<input type="checkbox"/>
Death	<input type="checkbox"/>
Closure of Case	<input type="checkbox"/>
Change of Statutory Provision	<input type="checkbox"/>
Other	<input type="checkbox"/>

1 GENERAL INFORMATION

Order Made	Ceased	Varied
Change of Address		
Change of Name		
Marriage		
Transfer to other Area Team		
Transfer to other Division		
Transfer to other Local Authority		

B CLIENT OR RESOURCE GROUP

Elderly	<input type="checkbox"/>	
Children	<input checked="" type="checkbox"/>	
Physically Handicapped	<input type="checkbox"/>	
Physically Ill	<input type="checkbox"/>	
Mentally Handicapped	<input type="checkbox"/>	
Mentally Ill	<input type="checkbox"/>	
Offenders	<input type="checkbox"/>	
Disadvantaged	<input type="checkbox"/>	
Others specify		
Foster Parents	Day Carers	Other Carers

2 OTHER INFORMATION (Children only) date

Hearing Date	
Hearing Result specify in Box 3	
Next Hearing due	23.05.84
Review Date	
Review Result specify in Box 3	
Next Review due	
Letter to Natural Parents	
Aged 16 Education continuing specify in Box 3	
Employment Commenced	
Employment Changed	
Income/Benefit Changed specify in Box 3	
Special Regular Payments commence	
Special Regular Payments cease	
Change of School specify in Box 3	
School Report received	
Change of Doctor specify in Box 3	
Medical Report received	

C TYPE OF PLACEMENT

Live at Home	
Departmental Home	Voluntary Home
Hospital	
Holiday	Share the Care
Lodgings Supported	Unsupported
Residential Employment	
List 'D' School	Day Residential
Penal Establishment	
Adoption	
Fostering	Short Term Emergency
Long Term	Relatives Comm'n'y Carer Other
Day Care	Whole days No. of days
Day Care	Part days Time in hours
Guardianship (Mental Health)	
Supervision at home	Informal Statutory
Other specify	assessment centre

3 ADDITIONAL INFORMATION

Child moved to assessment centre because of persistent disobedience, behaviour control at home thru self. Assessment to be completed in next few weeks before further plans are made.

D RESPONSIBILITY FOR PLACEMENT

Own Authority	- Supervising	<input checked="" type="checkbox"/>
Other Authority	- Supervising	<input type="checkbox"/>
Own Authority	- Financing	<input checked="" type="checkbox"/>
Other Authority	- Financing	<input type="checkbox"/>

Social Worker Initials P.P. 17.5.84.

Area administration

LOTHIAN REGIONAL COUNCIL - DEPARTMENT OF SOCIAL WORK

(Re-admit)
On original list out. R.C.

CHANGE OF CIRCUMSTANCE AND ESSENTIAL INFORMATION

Area Office Muirhouse	Social Worker P. MCHUGH	Reference Number (Children only) 581011010121019
Surname (Client) STEWART	Sex MALE	DOB 7-6-70 Religion R.C.
Forename(s) Mark Robert	Name of School/Employer Muirhouse Primary	Address of School/Employer
Present Address (before change) 89 PENNYWELL PLACE		
New Address (after change) REGIONAL ASSESSMENT CENTRE, HOLLOWHAUL ROAD		
Current Act (Statutory Authority) SW (Scotland) 1968	Section 15	Date of change 2-3-81

A CLIENT GROUP		REASON FOR CHANGE	
Elderly	<input type="checkbox"/>	Admission	<input checked="" type="checkbox"/>
Children	<input checked="" type="checkbox"/>	Transfer	<input type="checkbox"/>
Physically Handicapped	<input type="checkbox"/>	Discharge	<input type="checkbox"/>
Physically Ill	<input type="checkbox"/>	Death	<input type="checkbox"/>
Mentally Handicapped	<input type="checkbox"/>	Closure of Case specify	<input type="checkbox"/>
Mentally Ill	<input type="checkbox"/>	Change of Statutory Provision	<input type="checkbox"/>
Offenders	<input type="checkbox"/>	OTHER INFORMATION (Children only)	
Disadvantaged	<input type="checkbox"/>	Hearing Date	date
Others specify	<input type="checkbox"/>	Hearing Result	
B PLACEMENT		Next Hearing due	
Residential	<input checked="" type="checkbox"/>	Review Date	
Day Care whole days	number of days	Review Result specify	
Day Care part days	time in hours	Next Review due	
At Home	<input type="checkbox"/>	Letter to Natural Parents	
C TYPE OF PLACEMENT		Employment Commenced	
Home Departmental	Voluntary	Employment Changed	
Hospital		Income Changed specify	
Holiday	Share the Care	Special Regular Payments commenced	
Lodgings Supported	Unsupported	Special Regular Payments cease	
Residential Employment		Change of School	
List 'D' School	<input checked="" type="checkbox"/>	School Report received	
Penal Establishment		Change of Doctor	
Adoption Placement	Order Granted	Medical Report received	
Fostering RELATIVES	OTHER COMMUNITY CARER	ADDITIONAL INFORMATION	
Departmental Day Carer		Mark beyond Parental Control admitted to Assess Centre on 2-3-81.	
Guardianship (Mental Health)			
Supervision Informal	Statutory		
Other specify			
D RESPONSIBILITY FOR PLACEMENT			
Own Authority	- Supervising		
Other Authority	- Supervising		
Own Authority	- Financing		
Other Authority	- Financing		
GENERAL			
Type of Order			
MADE	CEASED	VARIED	
Change of Name			
Marriage			
Transfer to other Area Team			
Transfer to other Division			
Transfer to other Local Authority			
		Initials	Date
SOCIAL WORKER		Pmch	10/3/81
SENIOR SW - AREA OFFICER		RM	11/3/81
AREA ADMINISTRATION			

LOTHIAN REGIONAL COUNCIL - DEPT. OF SOCIAL WORK
CHANGE OF CIRCUMSTANCES AND INFORMATION

From: Area 8

CIT

To: RECORDS SECTION (HEADQUARTERS)

*Area Office.....

*Home/Unit.....

PEARSON

*(delete as appropriate)

SURNAME STEWART FORENAMES Mark SEX M DATE OF BIRTH 7 6 70

LAST RECORDED ADDRESS 17, Calder Grove CASE No. 4236 580900209

CURRENT ADDRESS (if different from above) 89, Rennywell Place SCHOOL/OCCUPATION

(a) CHILDREN	DETAILS OF INFORMATION (Including date of change)
Adoption Notification Received	
Adoption Order Granted	
* Change in employment/wages	
Change in Section of Act	
Change of School/Doctor	
* Commence/Cease Payment	
Medical Information	
* Reception-into/Discharge from Care	
Special Payments	
* Support Provided/ended under Sec. 24/26	
Transfer of Placement	
(b) PROBATION, SUPERVISION, AFTER CARE	
* Admitted to/Discharged from	
Order Made	
* Order Varied/Ceased	
(c) ELDERLY	
* Addition to/Deletion from Waiting List	
* Admission into/Discharge from Residential accommodation (including holidays)	
Change of Placement	
(d) MENTAL HEALTH	
* Admission into/Discharge from:	
(a) Hospital for Mentally Disordered	
(b) Residential Accommodation (including holidays)	
(c) Guardianship	
(d) Informal Supervision	
Change of Hospital	
(e) PHYSICALLY HANDICAPPED	
* Admission into/Discharge from:	
(a) Care	
(b) Residential Accommodation (including holidays)	
* Aid/Adaptation Authorized	
(f) GENERAL	
Change of Address	
Change of Name	
Change of Social Worker	
Death	
Holiday placement other than above	
Marriage	
Transferred to other Area Team	
Other Local Authority acting on our behalf	
Discharged to other Local Authority	

Mark discharged from Calder Grove on 31. 7. 79.
Supervision order (sec. 4.4 (1)(b)) terminated.
Mark returned home to mother's care. (social worker) Pauline McHugh has taken on Mark Stewart as separate case.

RECORDED M Area Clerk DATE 6-8-79 SIGNATURE [Signature] Social Worker 179

Lothian Regional Council
Department of Social Work

Application for Reception into Care (Children) (RIC1)

The Parent's Declaration on the back of this form (and if necessary, on any additional forms) must be signed.

Re-admit

Child's Surname STEWART	CP. No. SP040004
Forename(s) MARK, ROBERT	Sex M
Also known as	
Address on admission 89, PENNYWELL PLACE.	

D.O.B. 7.6.70	Place of Birth EDINBURGH	Legitimate Illegitimate Extra-Marital	Religion	Date & Place of Baptism
Previous Residence (r) during past year. AS ABOVE				Child's Doctor DR. ROY ROBERTSON NICKHOUSE SURGERY
Nursery/School/Employment CRAGROBSTON	Address of Placement ST. JOSEPH'S SCHOOL TRINITY			Section L14 (B)
Admission Date 2/12/82				

Mother's Surname STEWART	Forename(s) ESTHER	D.O.B. 9/3/44	Occupation HOUSEWIFE
Née KING	Known as SALLY STEWART	Custody YES/NO	Date & Place of Marriage 14.11.63 LEWISTON
Present Address 89, PENNYWELL PLACE	Tel;	Marital Status SINGLE PARENT	Details of Separation or Divorce SEPARATED 28.1.69 DIVORCED 1976
Previous Address		Religion	
Father's Surname PEARSON	Forename(s) ROBERT	D.O.B. N/K	Occupation LABOURER
Known as		Custody YES/NO	Date & Place of Marriage
Present Address	Tel;	Marital Status	Details of Separation or Divorce
Previous Address		Religion	

Total No. of children in family 5	Addresses & Tel. Nos. of close relatives or emergency contact MRS. STEWART (AS ABOVE) / PAT PEARSON, SOCIAL WORKER.
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FROM	TO	PLACEMENT	ACT & SECTION UNDER WHICH ADMITTED
2.3.81	24.11.81	REGIONAL ASSESSMENT CENTRE	SECTION 15 (SOCIAL WORK (SCOTLAND) ACT.)
16.5.79	11.8.79	CALDERBOROVE CHILDREN'S HOME	SECTION 14 (KB), " " "

SURNAME	FORENAMES	D.O.B.	ADDRESS (state if in care)
STEWART	ANTHONY	5/10/62	4.0.1 (GMS. KENZO/10/82)
"	DAVID	16/2/67	89, PENNYWELL PLACE.
"	MECHELLE	14/11/73	" " "
"	LEE-ANNE	28/4/75	" " "

09 DEC 1982

MARK 580400.209 G 233

Child's Surname DAVID ANDREW		Forename(s) ROBERT ALISTAIR STEWART		Sex M	CR No.
Also known as		Address on admission 89, PENNYWELL PLACE			
DOB 16.2.67	Place of Birth FOAKSTONE EDINBURGH	Legitimate Illegitimate Extra-Marital	Religion R. C.	Date & Place of Baptism NOT BAPTISED	
Previous Residence(s) during past year A/A.			Child's Doctor DR DEAN, 1, MOIRHSE AVE		
Nursery/School/Employment 1. Cairnryton High 2. Muirhouse Primary		Address of Placement Canaan Lodge		Section 15.	Admission Date 22-8-79

COMPLETE IF DIFFERENT FROM PAGE 1

Mother's Surname		Forename(s)		DOB	Occupation
Neo		Known as		Custody	Date & Place of Marriage
Present Address		Tel:		YES/NO	Details of Separation or Divorce
Previous Address		Religion		Marital Status	
Father's Surname PEARSON		Forename(s) ROBERT		DOB	Occupation
Known as		Known as		Custody	Date & Place of Marriage
Present Address		Tel:		YES/NO	Details of Separation or Divorce
Previous Address		Religion		Marital Status	

PREVIOUS ADMISSIONS TO CARE *HQ Boxes / WLD*

FROM	TO	PLACEMENT	ACT & SECTION UNDER WHICH ADMITTED
2-9.3.72	1.9.72	General Child Home	1-7 F.P.'s Mrs Both.
2-11.8.73		Overington Caldergrove	
2-17.4.75	2.5.75	Whinnell Sterling	
2-18.5.76	26.6.76	Ch. Shells Tolworth	1-7 Foster Home + Mrs Gault
2-21.5.76	27.7.79	Caldergrove - Assessment	

NOTES/REMARKS
 Mother going into the W. General for investigations (gynaecological) on 23-8-79 for a few days to a couple of weeks.

EDINBURGH CORPORATION		SOCIAL WORK DEPARTMENT				
FATHER'S NAME	NAME OF CHILD	C.P. No.	Sex	D.O.B.	REL.	DISPOSAL/PLACED
STEWART	ANTHONY	6.231	M	5-10-62	RC	CALLER GROVE
N/K	DAVID	6.232	M	2-2-63	RC	"
MOTHER'S NAME ESTHER STEWART	MARK	6.233	M	7-6-74	RC	6-8-73
ADDRESS 3 BRUNTSFIELD PL EDINBURGH						
REASON FOR APPLICATION						
Mother's illness						

APPLICATION FOR
RECEPTION INTO CARE

REFERRED BY (late duty call): Referred by Simpson's Maternity Pavilion

NAME AND ADDRESS OF DOCTOR DR. O'NEILL, 25 BURNHAM PLACE

THE FOLLOWING INFORMATION IS ONLY REQUIRED WHEN IT IS ANTICIPATED THAT THE CHILDREN WILL BE IN CARE ON A LONG TERM BASIS

FAMILY DETAILS	DATE OF BIRTH	MARRIED : SINGLE WIDOW : MARRIED / APART DIVORCED	OCCUPATION	NAME AND ADDRESS OF EMPLOYER
FATHER N/K	-	-		
MOTHER ESTHER STEWART 29 YRS	14-11-61		HOUSE-WIFE	

DATE AND PLACE OF MARRIAGE 14-11-61 - FOLKESTONE

IF PARENTS APART, GIVE DETAILS OF ANY COURT ORDERS, e.g.: AFFILIATION SEPARATION, CUSTODY
LEGALLY SEPARATED - Divorce pending

RELATIONS OR FRIENDS—GIVE NAME, ADDRESS, RELATIONSHIP

Mother's mother: 259 Horn St., Cheriton, Folkestone
Friend: Mrs BLYTH, 18 Rosemount Bldgs, Edinburgh

NAME AND DATE OF BIRTH OF CHILDREN NOT BEING RECEIVED INTO CARE

ANY FURTHER INFORMATION 8-8-73

Mother, who is 3 months' pregnant, was admitted to Simpson's overnight - 6 Aug 73 - She was discharged on the morning of 7 Aug 73 & the children were discharged to her.

Printed name

LOTHIAN REGIONAL COUNCIL



MRS FULLER
SOCIAL WORK

Muirhouse Area Office
34 Muirhouse Crescent
Edinburgh
EH4 4QJ

MEMORANDUM

Our Ref: N/8/DJ/ML (Mr Johnson)

From: AREA 8

Your Ref:

To: Miss Jean Downie
ALBANY STREET

Date: 18 May 1979

RE: MARK ROBERT STEWART (7.6.70)
Calder Grove Children's Home

INITIAL CLOTHING ALLOWANCE

Mark was admitted to Calder Grove on 14.5.79 on a 4h (1) (b) for a three month assessment. I would be grateful if an initial clothing grant could be made available. The member of staff from Calder Grove who is working with Mark is Joan Stead and she has asked whether it is possible to grant in excess of the £30 allowance. This is because Mark was admitted with virtually only the clothes he was wearing at the time and is in need of all items of clothing including pyjamas, coat and shoes. I understand that £50 would, in this case, be a more realistic figure.

DAVID JOHNSON
Social Worker

SOCIAL WORK DEPARTMENT
29 MAY 1979
DAVID JOHNSON