

C39 **PEARSON** 004723 REC. No. **G233**

NAME **(ALSO STEWART) NANCY**

PARENTAGE **Parents: STEWART - ROBERT PEARSON } illegit.
Mother (Stewart) NEE KING**

XN 785

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

Admitted	C.L.	Cler.	R.	St.K.	HYE Ntl.	E 8 0	OC	DISCHARGED	
								DATE	TO
8.3.72					1			5.10.72	15, Broad Street
6.8.73						1		7.8.73	to mother
17.4.75							1	5.5.75	" "
16.5.76							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 HH(a)

004723

STEWART Mark 7. 6. 70

G 233

580400209

PEARSON

580 400 209

6233

(ALSO STEWART)

PEARSON

(1970)

7.6.70

LOTHIAN REGIONAL COUNCIL
SOCIAL WORK DEPARTMENT

(ALSO STEWART)

Name: PEARSON MARK

Date Received into care:

Summary of Residence of Child

Name & Address: CONT

ASSESSMENT CENTRE

Father: Address:

Mother: Address:

Brothers & Sisters

School:

EDINBURGH CORPORATION

SOCIAL WORK DEPARTMENT
CHILDREN SECTION
RECORD OF EXPENDITURE

Name PEARSON
(Also STRAWART) Mark

580400209

No. G233

Weekly Rate			Annual Clothing Rate			From	To	Weekly Rate			Annual Clothing Rate			From	To
£	s.	d.	£	s.	d.			£	s.	d.	£	s.	d.		
10	65					8.3.72	5.10.72								
14	04					17.4.75	5.5.45								

Arenal Children Home
36, Colinton Road, Edinburgh

COSTING RECORD

Date	To whom paid	Narrative	Period covered	Amount	Date	To whom paid	Narrative	Period covered	Amount
1972			8.3.72						
Apr 14	Annual	Maintenance	31.3.72	36.51					
			1.7.72						
May 16	Annual	Maintenance	30.4.72	45.64					
			1.5.72						
June 7	Annual	Maintenance	31.5.72	47.10					
July 26	Dr Johnson	Medical	May 72	1.75					
			1.6.72						
July 13	Annual	Maintenance	30.6.72	45.64					
			1.7.72						
Aug 11	Annual	Maintenance	31.7.72	47.10					
			1.8.72						
Sept 11	Annual	Maintenance	31.8.72	47.10					
			1.9.72						
Oct 31	Annual	Maintenance	30.9.72	45.64					
			1.10.72						
Nov 17	Annual	Maintenance	30.10.72	47.61					
			5.10.72						
May 74	Dr. Pope	S. M. R. Mark & David	May 74	2.17					
482 79	D. Johnson	Sec 29	Feb 79	3.67					
1.6.79	O.I.C.	Dental clothing		50.00					
26.3.81	Dr HORSBURGH	INIT. MED	MAR 81	10.30					
31.1.83	P. PARKINSON	Sec 20	JAN 83	1.60					

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

Date of change
 17.5.84.

Area Office MARRIHOUSE	Social Worker PAT PARKINSON	Reference Number (children only) 518101410102019
Surname (client) STEWART	Sex M.	DOB 7.6.70
Forename(s) MARK ROBERT	Name of School/Employer ST. JOSEPH'S HIST 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 HIST D SCHOOL		
New 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	Section 44 (6)	

SECTIONS A B C D MUST BE COMPLETED

A REASON FOR CHANGE Specify in Box 3

Admission	<input 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'ny 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

Wade moved to assessment centre because of persistent absconding, bed and control a at this time 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.
Area administration	

ADMINISTRATIVE ACTION RECORD

Records

ACTION REQUIRED	INITIALS	DATE
Computer Record initiated		
Computer Record altered		
Voluntary Home record		
Birth Certificate		
Community Medical Officer notified		
Director S.W. - other Local Authority notified		
Reporter/Children's Panel notified		
Director of Education notified		
Medical Examination requested		
Child Benefit leaflet sent		
D.H.S.S. (Child Benefit) leaflet sent		
Leaflet to Parents sent		
Copy to other Area Team		
Copy to Division		
Copy placed in Client File		

Finance (Admission or Review Only)

ACTION TAKEN	INITIALS	DATE
Assessment Form received		
Assessment calculated		
Client/Agent notified		
Officer in Charge notified		
Social Worker notified		
Overpayment reclaimed		
Special Allowance (Children) started		
Special Allowance (Children) ceased		

LOTHIAN REGIONAL COUNCIL
DEPARTMENT OF SOCIAL WORK

RECORDS UPDATE PROCEDURE

Childs Name

MARK STEWART

1. Receive Change of Circumstances

25/5

JKW

2. Complete F2/001

25/5

JKW

3. Open Card

25/5

JKW

4. Open File

25/5

JKW

5. Notify Parental Contributions

25-5-84

JKW

6. Notify Voluntary Homes Accounts

7. Notify Resources

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

Date of change **24.7.84**

Area Office MURKHOLSE	Social Worker FAT PARSONSON	Reference Number (children only) 51504002019
Surname (client) STEWART	Sex M.	DGB 7.6.40
Forename(s) MARK	Name of School/Employer	Religion R.C.
Also known as	Address of School/Employer	
Present Address (before change) and name of foster parent or carer if appropriate ARBERHEIT CENTRE		
New Address (after change) and name of foster parent or carer if appropriate 89, PENNYNEIL PLACE, (HALL)		
Statutory Authority before change SOC. WK. (SCOT) ACT.	Section 44 (a) with provisions of 44 (b) & (c)	
Statutory Authority after change " " " " "	Section 44 (a)	

Spec

SECTIONS A B C D MUST BE COMPLETED

A REASON FOR CHANGE Specify in Box 3

Admission	<input type="checkbox"/>
Transfer	<input type="checkbox"/>
Discharge	<input checked="" 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	
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 commencement	
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

Living at Home	<input checked="" type="checkbox"/>		
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'ty 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			

3 ADDITIONAL INFORMATION

Wade discharged home following hearing on 24.7.84.

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"/>

	Initials	Date
Social Worker	P.P.	24.7.84
Area administration	W	19/84

ADMINISTRATIVE ACTION RECORD

Records

ACTION REQUIRED	INITIALS	DATE
Computer Record initiated		
Computer Record altered		
Voluntary Home record		
Birth Certificate		
Community Medical Officer notified		
Director S.W. - other Local Authority notified		
Reporter/Children's Panel notified		
Director of Education notified		
Medical Examination requested		
Child Benefit leaflet sent		
D.H.S.S. (Child Benefit) leaflet sent		
Leaflet to Parents sent		
Copy to other Area Team		
Copy to Division		
Copy placed in Client File		

Finance (Admission or Review Only)

ACTION TAKEN	INITIALS	DATE
Assessment Form received		
Assessment calculated		
Client/Agent notified		
Officer in Charge notified		
Social Worker notified		
Overpayment reclaimed		
Special Allowance (Children) started		
Special Allowance (Children) ceased		

LOTHIAN REGIONAL COUNCIL - DEPARTMENT OF SOCIAL WORK

CHANGE OF CIRCUMSTANCE AND ESSENTIAL INFORMATION

Area Office Muirhouse 18	Social Worker PAULINE MCHUGH	Reference Number (children only) 58104101012109
Surname (client) STEWART	Sex MALE	DOB 7-6-70
Forename(s) MARK	Name of School/Employer Muirhouse (PRIMARY SPECIAL UNIT)	Religion
Also Known As PEARSON	Address of School/Employer	
Present Address (before change) REGIONAL ASSESSMENT CENTRE 5013		
New Address (after change) 5A PENNELL PLACE		
Current Act (Statutory Authority) Social Work Scotland 44(1) Act 1968	Section 44(1)A	Date of change 27-4-81
SECTIONS A B C D E MUST BE COMPLETED		
A CLIENT GROUP	E REASON FOR CHANGE	
Elderly <input type="checkbox"/>	Admission <input 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 checked="" type="checkbox"/>	
Offenders <input type="checkbox"/>	OTHER INFORMATION (Children only) date	
Disadvantaged <input type="checkbox"/>	Hearing Date	
Others specify <input type="checkbox"/>	Hearing Result	
B PLACEMENT	Next Hearing due	
Residential <input type="checkbox"/>	Review Date	14/4/81
Day Care whole days number of days <input type="checkbox"/>	Review Result specify <input type="checkbox"/>	
Day Care part days time in hours <input type="checkbox"/>	Next Review due	
At Home <input checked="" type="checkbox"/>	Letter to Natural Parents	
C TYPE OF PLACEMENT	Employment Commenced	
Home Departmental <input type="checkbox"/> Voluntary <input type="checkbox"/>	Employment Changed	
Hospital <input type="checkbox"/>	Income Changed specify <input type="checkbox"/>	
Holiday <input type="checkbox"/> Share the Care <input type="checkbox"/>	Special Regular Payments commence <input type="checkbox"/>	
Lodgings Supported <input type="checkbox"/> Unsupported <input type="checkbox"/>	Special Regular Payments cease <input type="checkbox"/>	
Residential Employment <input type="checkbox"/>	Change of School	
List 'D' School <input type="checkbox"/>	School Report received	
Penal Establishment <input type="checkbox"/>	Change of Doctor	
Adoption Placement <input type="checkbox"/> Order Granted <input type="checkbox"/>	Medical Report received	
Fostering RELATIVES <input type="checkbox"/> OTHER <input type="checkbox"/> COMMUNITY CARER <input type="checkbox"/>	ADDITIONAL INFORMATION	
Departmental Day Carer <input type="checkbox"/>	Although still on the Muirhouse Primary School Roll Mark will be a pupil at the New Primary School Unit linked to Camogie.	
Guardianship (Mental Health) <input type="checkbox"/>		
Supervision Informal <input type="checkbox"/> Statutory <input checked="" type="checkbox"/>		
Other specify <input type="checkbox"/>		
D RESPONSIBILITY FOR PLACEMENT		
Own Authority - Supervising <input checked="" type="checkbox"/>		
Other Authority - Supervising <input type="checkbox"/>		
Own Authority - Financing <input type="checkbox"/>		
Other Authority - Financing <input type="checkbox"/>		
GENERAL		
Type of Order	Initials	Date
MADE <input type="checkbox"/> CEASED <input type="checkbox"/> VARIED <input checked="" type="checkbox"/>	PMCH	30/4/81
Change of Name	SOCIAL WORKER	
Marriage	SENIOR SW - AREA OFFICER	
Transfer to other Area Team	AREA ADMINISTRATION	
Transfer to other Division		
Transfer to other Local Authority		

ADMINISTRATIVE ACTION RECORD

Records

ACTION REQUIRED	INITIALS	DATE
Computer Record initiated		
Computer Record altered	MS	12/9/81
Voluntary Home record		
Birth Certificate		
Community Medical Officer notified		
Director S.W. - other Local Authority notified		
Reporter/Children's Panel notified		
Director of Education notified		
Medical Examination requested		
Child Benefit leaflet sent		
D.H.S.S. (Child Benefit) leaflet sent		
Leaflet to Parents sent		
Copy to other Area Team		
Copy to Division		
Copy placed in Client File		

Finance (Admission or Review Only)

ACTION TAKEN	INITIALS	DATE
Assessment Form received		
Assessment calculated		
Client/Agent notified		
Officer in Charge notified		
Social Worker notified		
Overpayment reclaimed		
Special Allowance (Children) started		
Special Allowance (Children) ceased		

SOCIAL WORK DEPARTMENT
- 6 MAY 1981 (179)
RECEIVED EDINBURGH DIVISION

LOTHIAN REGIONAL COUNCIL - DEPARTMENT OF SOCIAL WORK

(Re-admit)
on original print 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	
Also Known as	Address of School/Employer	
Present Address (before change) 89 PENNYWELL PLACE		
New Address (after change) REGIONAL ASSESSMENT CENTRE, HOWDENHALL ROAD		
Current Act (Statutory Authority) SW (Scotland) 1968	Section 15	Date of change 2-3-81

SECTIONS A B C D E MUST BE COMPLETED

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

179
mR

11288

ADMINISTRATIVE ACTION RECORD

Records *JWS*

ACTION REQUIRED	INITIALS	DATE
Computer Record initiated	<i>J</i>	<i>X</i>
Computer Record altered		
Voluntary Home record		
Birth Cert. locate		
City Medical Officer notified		
Director S.W. - other Local Authority notified		
Reporter/Children's Panel notified		
Director of Education notified		
Medical Examination requested		
Child Benefit leaflet sent		
D.H.S.S. (Child Benefit) leaflet sent		
Leaflet to Parents sent		
Copy to other Area Team		
Copy to Division		
Copy placed in Client File		

Finance (Admission or Review Only)

ACTION TAKEN	INITIALS	DATE
Assessment Form received		
Assessment calculated		
Client/Agent notified		
Officer in Charge notified		
Social Worker notified		
Overpayment reclaimed		
Special Allowance (Children) started		
Special Allowance (Children) ceased		

RECEIVED
 12 MAR 1981
 SOCIAL WORK DEPARTMENT
 (179)

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

From: Area 8

To: RECORDS SECTION (HEADQUARTERS)

*Area Office.....

*Home/Unit.....

714
580 400 209

RF
115
1/8
3/1/79

*(delete as appropriate)

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

LAST RECORDED ADDRESS Canaan Lodge Edinburgh	CASE No. 9 23 2 9 23 3
--	---

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

(a) CHILDREN

- 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

**DETAILS OF INFORMATION
(including date of change)**

children discharged
home to mother's care
on 31.8.79

(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

* delete as appropriate Enter ✓ where applicable

RECORDED MA DATE 3.9.79 SIGNATURE [Signature]

K4 Area Clerk [Signature] Social Worker

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

From: Area 8 CH

To: RECORDS SECTION (HEADQUARTERS)

*Area Office: _____

*Home/Unit: _____

PEARSON

*(delete as appropriate)

SURNAME <u>STEWART</u>	FORENAMES <u>Mark</u>	SEX <u>M</u>	DATE OF BIRTH <u>7/6/70</u>
---------------------------	--------------------------	-----------------	--------------------------------

LAST RECORDED ADDRESS <u>17, Calder Grove</u>	CASE No. <u>23/580900209</u>
--	---------------------------------

CURRENT ADDRESS (if different from above) <u>89, Pennywell Place</u>	SCHOOL/OCCUPATION
---	-------------------

(a) CHILDREN

- 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/funded under Sec. 24/26
- Transfer of Placemant

DETAILS OF INFORMATION
(Including date of change)

Mark discharged from
Calder Grove on
31. 7. 79.

(b) PROBATION, SUPERVISION, AFTER CARE

- * Admitted to/Discharged from
- Order Made
- * Order Varied/Ceased

Supervision order (sec.
44 (1)(b)) terminated.

(c) ELDERLY

- * Addition to/Deletion from Waiting List
- * Admission into/Discharge from Residential accommodation (including holidays)
- Change of Placemant

Mark returned home
to mother's care.

(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

(social worker)
Pauline McHugh has
taken on Mark Stewart
as separate case.

(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

RECORDED
1/1 Area Clerk

DATE 6.8.79

SIGNATURE _____

Social Worker

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

RJK
115. JWR

From: Area 8

214

To: RECORDS SECTION (HEADQUARTERS)

*Area Office.....

*Home/Unit.....

*(delete as appropriate)

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

LAST RECORDED ADDRESS 89, Pennymell Place	CASE No. 9232
--	------------------

CURRENT ADDRESS (if different from above) Calder Grove Childrens Home	SCHOOL/OCCUPATION Pirniehall Primary.
--	--

- (a) CHILDREN
 - Adoption Notification Received
 - Adoption Order Granted
 - Change in employment/wages
 - Change in Section of Act
 - Change of School/Doctor
 - Commence/Cesse 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 Authorised
- (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

DETAILS OF INFORMATION
(including date of change)

Mark placed at
Calder Grove on
14.5.79
44 (1)(B)

Copy

RECORDED *M. McKeen* DATE 16.5.79

SIGNATURE

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

211

R1
115

From: Area 8

To: RECORDS SECTION (HEADQUARTERS)

*Area Office

*Home/Unit

PEARSON

*(delete as appropriate)

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

LAST RECORDED ADDRESS 39, Pennywell Place	CASE No.
--	----------

CURRENT ADDRESS (if different from above)	SCHOOL/OCCUPATION Pinnichall Primary School
---	--

<p>(a) CHILDREN</p> <ul style="list-style-type: none"> Adoption Notification Received Adoption Order Granted Change in employment/wages Change in Section of Act Change of School/Doctor Commence/Cess Payment Medical Information Reception Into/Discharge from Care Special Payments Support Provided/ended under Sec. 24/26 Transfer of Placement <p>(b) PROBATION, SUPERVISION, AFTER CARE</p> <ul style="list-style-type: none"> Admitted to/Discharged from Order Made Order Varied/Ceased <p>(c) ELDERLY</p> <ul style="list-style-type: none"> Addition to/Deletion from Waiting List Admission Into/Discharge from Residential accommodation (including holidays) Change of Placement <p>(d) MENTAL HEALTH</p> <ul style="list-style-type: none"> Admission into/Discharge from: <ul style="list-style-type: none"> (a) Hospital for Mentally Disordered (b) Residential Accommodation (including holidays) (c) Guardianship (d) Informal Supervision Change of Hospital <p>(e) PHYSICALLY HANDICAPPED</p> <ul style="list-style-type: none"> Admission into/Discharge from: <ul style="list-style-type: none"> (a) Care (b) Residential Accommodation (including holidays) Aid/Adaptation Authorised <p>(f) GENERAL</p> <ul style="list-style-type: none"> 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 	<p>DETAILS OF INFORMATION (Including date of change)</p> <p>On 5.3.79 Mark was placed in 44 (i)(b) with a condition of residence for a 3 month assessment at Calder Grove. At present he is still at home due to children's pox outbreak at Calder Grove.</p>
---	--

* delete as appropriate

RECORDED W/ed DATE 8.3.79 SIGNATURE [Redacted] Social Worker 179

131. Area Clerk

EDINBURGH CORPORATION SOCIAL WORK DEPARTMENT
CHANGE OF CIRCUMSTANCES AND INFORMATION

CPG 233
Form SW-A25

6/4
R4
109X
1994

From: RONA MUGLAP 18
To: RECORDS SECTION (HEADQUARTERS)
*Area Office: MURHOUSE
*Home/Unit: _____

*(delete as appropriate)

SURNAME <u>STEWART</u>	FORENAMES <u>MARK</u>	SEX <u>M</u>	DATE OF BIRTH <u>7 6 70</u>
---------------------------	--------------------------	-----------------	------------------------------------

LAST RECORDED ADDRESS <u>WHINWELL CHILDREN'S HOME, 81 UPPER BERGE ST, STIRLING</u>	CASE No. <u>6.255</u>
---	--------------------------

CURRENT ADDRESS (if different from above) <u>89 PEANYWELL PLACE, MURHOUSE, Z4</u>	SCHOOL/OCCUPATION _____
--	----------------------------

- (a) CHILDREN
 - 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 Authorised
- (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

DETAILS OF INFORMATION
(including date of change)

Has discharged from
care on 5-5-75
from Whinwell
Children's Home,
Stirling
to mother,
Mrs Stewart,
89 Peanywell Place,
Murhouse, Z4

See files 10047
closed 5/5/75

* delete as appropriate Enter ✓ where applicable

RECORDED DM DATE 5-5-75 SIGNATURE [Redacted]
Area Clerk Social Worker

Customer Copy

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.

Le-adult

Child's Surname STEWART	CP No. SP000004
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(s) during past year. AS ABOVE				Child's Doctor DR. ROY ROBERTSON MURKHUSE SURGERY
Nursery/School/Employment CRADLESTONE	ADDRESS OF PLACEMENT ST. JOSEPH'S SCHOOL TRAVENT			Section L14 (B)
				Admission Date 2/12/82

PARENTS				
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 GLASGOW	
Present Address 89, PENNYWELL PLACE	Tel:	Marital Status SINGLE PARENT	Details of Separation or Divorce SEPARATED 28.1.69 DIVORCED 1970	
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
---	---

FROM	TO	PLACEMENT	ACT & SECTION UNDER WHICH ADMITTED
2.3.81	24.4.81	REGIONAL ASSESSMENT CENTRE	SECTION 15 (SOCIAL WORK (SCOTLAND) ACT.)
11.5.79	11.8.79	CALDERGROVE CHILDREN'S HOME	SECTION 14 (B) " " " "

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

09 DEC 1982

PARENT'S DECLARATION & AGREEMENT

1. I declare that the information I have given is correct.
2. I understand that I may be obliged to contribute towards my child's/children's maintenance while in the care of the Region.
3. I understand that I must inform the Director of Social Work of any change in my address or financial circumstances.
4. I have received a copy of the appropriate leaflets about the legislation relating to the reception into care of my child/children and have had them explained to me.

Signature of Parent or Guardian

Date 2/12/82

Witness

Date 2/12/82

FOR OFFICIAL USE

Authorisation by Area Officer/Senior S.W.

(Signature)

Area Widmore

Allocated to Pat Parkinson

Source of referral Children's Hearing Centre

Reason for admission

Child experiencing difficulties at school (ie) poor attendance & mother unable to cope.

69 DEC 1982

Child's Social Work

(Re-admit) on original print out

Application for Reception into Care (Children) (RJC 1)

Forename(s) Mark Robert	Sex M
Also known as PEARSON	
Address on admission 89, Penningwell Place, Edinb	

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

D.O.B. 7-6-70	Place of Birth Edinburgh	Legitimate illegitimate Extra-Marital	Religion R.C.	Date & Place of Baptism
Previous Residence(s) during past year Above Address				Child's Doctor Dr Dean 1 Murchison
Nursery/School/Employment Morthouse		PLACEMENT DETAILS		
Address of Placement Regional Assessment Centre		Section 15	Admission Date 2-3-71	

PARENTS

Mother's Surname Stewart	Forename(s) Esther Maria	D.O.B. 11-3-24	Occupation Housewife
Née King	Known as Sally Stewart	Custody YES/NO	Date & Place of Marriage 11-11-53
Present Address 89 Penningwell Place Edinburgh	Tel:	Marital Status Divorced	Details of Separation or Divorce Separated 25-1-68
Previous Address 3, Brentsfield Place, Edinburgh	Religion R.C.		
Father's Surname Pearson	Forename(s) Robert	D.O.B. 10/11	Occupation Unknown
Known as		Custody YES/NO	Date & Place of Marriage
Present Address Morthouse	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 King (Mrs Stewart's mother) / 254 Hill St. / Edinburgh
--------------------------------------	---

PREVIOUS ADMISSIONS TO CARE

FROM	TO	PLACEMENT	ACT & SECTION UNDER WHICH ADMITTED

OTHER CHILDREN IN FAMILY

SURNAME	FORENAMES	D.O.B.	ADDRESS (state if in care)

PARENT'S DECLARATION & AGREEMENT

1. I declare that the information I have given is correct.
2. I understand that I may be obliged to contribute towards my child's/children's maintenance while in the care of the Region.
3. I understand that I must inform the Director of Social Work of any change in my address or financial circumstances.
4. I have received a copy of the appropriate leaflets about the legislation relating to the reception into care of my child/children and have had them explained to me.

Signature of Parent or Guardian E Stewart

Date 2.3.84

Witness [Redacted]

Date 2.3.80

FOR OFFICIAL USE

Authorisation by Area Officer/Senior S.W. [Redacted] (Signature)

Area Widmore

Allocated to Mrs Pauline McHugh

Source of referral Mother - LIT case

Reason for admission Beyond parental control

MARK 580400.209 6232

1. Child's Surname DAVID ANDREW		Forename(s) ROBERT ALAN STEWART		Sex M	CR No.
2. Also known as MARK ROBERT		Address on admission 89, PENNYWELL PLACE			
D.O.B. 16.2.67	Place of Birth FOLKSTONE	Legitimate Allegitimate Extra-Marital ROBERT	Religion R. C.	Date & Place of Baptism NOT BAPTISED	
Previous Residence(s) during past year A/A.			Child's Doctor DR DEAN, 1, MOIKHSE AVE		
Nursery/School/Employment 1. Craigryton High 2. Mulhouse Primary		PLACEMENT DETAILS			
		Address of Placement Canaan Lodge		Section 15.	Admission Date 22-8-79

COMPLETE IF DIFFERENT FROM PAGE 1

See other - the same

Mother's Surname	Forename(s)	D.O.B.	Occupation
Neo	Known as	Custody	Date & Place of Marriage
Present Address	Tel;	YES/NO	Details of Separation or Divorce
Previous Address		Religion	
Father's Surname PEARSON	Forename(s) ROBERT	D.O.B.	Occupation
Known as		Custody	Date & Place of Marriage
Present Address	Tel;	YES/NO	Details of Separation or Divorce
Previous Address		Religion	

PREVIOUS ADMISSIONS TO CARE *HQ Boxes & info*

FROM	TO	PLACEMENT	ACT & SECTION UNDER WHICH ADMITTED
1. 9.3.72	1.9.72	General Child. Home	1-7 F.P.'s Mrs Bath.
2. 11.8.73	Overnight	Caldegrove	
2. 17.4.75	2.5.75	Whitwell Sterling	
2. 18.5.76	26.6.76	Ch. Shelter Polstead	1-7 Foster Home - Mrs Gatt
2. 27.7.79		Caldegrove 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.

Customer Copy

Customer Copy

Department of Social Work

PEARSON 5804 00209
STEWART 1233 422

Application for Reception into Care (Children) (RIC1)

Forename(s) MARK ROBERT	Sex M
Also known as STEWART	
Address on admission 89, Pennywell Place, Edinburgh	

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

D.O.B. 7.6.70	Place of Birth Edinburgh	Legitimate Illegitimate Extra-Marital	Religion R.C.	Date & Place of Baptism
Previous Residence(s) during past year Above address			Child's Doctor Dr Dean 1, Muirhouse Avenue	
Nursery/School/Employment Pinnichall Primary	PLACEMENT DETAILS			
Address of Placement Caldegrave childrens Home		Section 44(1)(b)	Admission Date 14.5.79	

PARENTS

Mother's Surname STEWART	Forename(s) Esther Maria	D.O.B. 9.3.44	Occupation Nurse
Née KING	Known as Sally Stewart	Custody YES/NO	Date & Place of Marriage 14.11.64 Colchester
Present Address 89, Pennywell Place Edinburgh 4	Tel;	Marital Status Sep.	Details of Separation or Divorce Separated 28.1.69
Previous Address 3, Bruntsfield Place, Edinburgh		Religion R.C.	
Father's Surname PEARSON	Forename(s) Robert	D.O.B. N/K	Occupation N/K
Known as		Custody YES/NO	Date & Place of Marriage
Present Address N/K	Tel;	Marital Status N/K	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. King (Mrs. Stewart's mother) / D. Johnson 259, Horn St. Folkestone, Kent. Social Worker
--------------------------------------	--

PREVIOUS ADMISSIONS TO CARE A.O. dated 1/11

FROM	TO	PLACEMENT	ACT & SECTION UNDER WHICH ADMITTED
9.3.72	1.9.72	Avenal Childrens Home	S.15
11.1.73	10.11.73	Caldegrave	"
17.9.75	2.5.75	Whinnell Shyling	"
18.5.76	24.8.75	childrens shelter, Alnwick	"

OTHER CHILDREN IN FAMILY

SURNAME	FORENAMES	D.O.B.	ADDRESS (state if in care)
STEWART	Anthony	5.10.62	89, Pennywell Place
"	David	16.2.67	"
"	Michelle	17.11.73	"
"	Lee-Anne	28.9.75	"

PARENT'S DECLARATION & AGREEMENT

1. I declare that the information I have given is correct.
2. I understand that I may be obliged to contribute towards my child's/children's maintenance while in the care of the Region.
3. I understand that I must inform the Director of Social Work of any change in my address or financial circumstances.
4. I have received a copy of the appropriate leaflets about the legislation relating to the reception into care of my child/children and have had them explained to me.

Signature of Parent or Guardian _____

Date 11.5.79 _____

Witness _____

Date 11.5.79 _____

FOR OFFICIAL USE

Authorisation by Area Officer/Senior S.W. James L. Small (Signature)

Area Muirhouse (Area 8)

Allocated to DAVID JOHNSTON

Source of referral CHILDRENS HEARINGS

Reason for admission 3 MONTHS ASSESSMENT

Customer Copy

Child's surname Stewart Pearson.		Forename(s) Mark		Sex M	C.P. No. 220
Also known as Stewart		Address on admission 89, Penningwell Place		6-033	
Date of birth 7.6.70	Place of birth Edinburgh.	Legitimate Illegitimate Extra-marital	Religion RC	Date and place of baptism N/K	
Previous residence(s) during past year Same as above				Child's doctor Dr. Lee	
Nursery/School/employment		Placement details			
Pinnichall		Address of placement Children's Shelter Pulworth Terr.		Section 15	Admission date 15.5.76
If different from Page 1					
Mother's surname Stewart	Forename(s) Robert		Date of Birth	Occupation	
Nee	Known as		Custody YES/NO	Date and place of marriage	
Present address		Tel:		Marital Status	Details of separation or divorce
Previous address				Religion	
Father's surname Pearson	Forename(s) Robert		Date of Birth	Occupation	
Present address		Tel:		Custody YES/NO	Date and place of marriage
Previous address				Marital Status	Details of separation or divorce
				Religion	

Child's surname Stewart Pearson		Forename(s) Mark		Sex M	C.P. No. 6-213
Also known as Stewart		Address on admission 89, Pennywell Place			
Date of birth 7.6.70	Place of birth Edinburgh	Legitimate Illegitimate Extra-marital	Religion P.C.	Date and place of baptism N/K	
Previous residence(s) during past year same as above				Child's doctor Dr. Lee	
Nursery/School/employment Pinnichall		Placement details			
		Address of placement Childrens Shelter Pennywell Terr.		Section 15	Admission date 15.7.76
If different from Page 1					
Mother's surname Stewart	Forename(s) Lillian		Date of Birth	Occupation	
Nee	Known as		Custody YES/NO	Date and place of marriage	
Present address		Tel:		Marital Status	Details of separation or divorce
Previous address				Religion	
Father's surname Pearson		Forename(s) Robert		Date of Birth	Occupation
				Custody YES/NO	Date and place of marriage
Present address		Tel:		Marital Status	Details of separation or divorce
Previous address				Religion	

Customer Copy

Customer Copy

Customer Copy

Child's surname STUART		Forename(s) MARK		Sex M	C.P. No. G. 233.
Also known as /		Address on admission 89 PENNYWELL PLACE			
Date of birth 7-6-70	Place of birth SIMPSON'S, EDINBURGH	Legitimate Illegitimate Extra-marital	Religion R.C	Date and place of baptism /	
Previous residence(s) during past year ABOVE ADDRESS				Child's doctor DR LAWRENCE	
Nursery/School/employment		Placement details			
NONE		Address of placement WHINGWELL CHILDRENS HOME 17 UPPER BRIDGE STREET, STIRLING		Section S 15	Admission date 17-4-75
If different from Page 1					
Mother's surname		Forename(s)		Date of Birth	Occupation
Nee		Known as		Custody YES/NO	Date and place of marriage
Present address		Tel:		Marital Status	Details of separation or divorce
Previous address				Religion	
Father's surname		Forename(s)		Date of Birth	Occupation
PEARSON		ROBERT		UNKNOWN	UNKNOWN
Present address		Tel:		Custody NO YES/NO	Date and place of marriage
46 TRAVERS, 74/4 MOIRHOUSE PARK, EDINBURGH 4				Marital Status SINGLE	Details of separation or divorce
Previous address				Religion PROT	

Child's surname		Forename(s)		Sex	C.P. No.
Also known as		Address on admission			
Date of birth	Place of birth	Legitimate Illegitimate Extra-marital	Religion	Date and place of baptism	
Previous residence(s) during past year				Child's doctor	
Nursery/School/employment		Placement details			
		Address of placement		Section	Admission date

If different from Page 1

Mother's surname	Forename(s)	Date of Birth	Occupation
Nea	Known as	Custody YES/NO	Date and place of marriage
Present address	Tel:	Marital Status	Details of separation or divorce
Previous address		Religion	
Father's surname	Forename(s)	Date of Birth	Occupation
		Custody YES/NO	Date and place of marriage
Present address	Tel:	Marital Status	Details of separation or divorce
Previous address		Religion	

PARENT'S DECLARATION AND AGREEMENT

- I declare that the information I have given is correct.
- I understand that I may be obliged to contribute towards my child's/children's maintenance while in the care of the Corporation.
- I understand that I must inform the Director of Social Work of any change in my financial circumstances or address.

Parent/Guardian
 Date 15.2.75
 Witness
 Designation Francis Gerald Webster
 Date 15.2.75

FOR OFFICE USE ONLY

Authorised by Area Officer	Area	Allocated to	Source of Referral
<u>James M. Smith</u>	<u>8</u>	<u>Miss R. M. Kellar</u>	<u>Mother</u>
			Reason for admission
			<u>Mother's confinement in hospital.</u>

Child's surname		Forename(s)		Sex	C.P. No.
Also known as		Address on admission			
Date of birth	Place of birth	Legitimate Illegitimate Extra-marital	Religion	Date and place of baptism	
Previous residence(s) during past year				Child's doctor	
Nursery/School/employment		Placement details			
		Address of placement		Section	Admission date
If different from Page 1					
Mother's surname	Forename(s)		Date of Birth	Occupation	
Nee	Known as		Custody YES/NO	Date and place of marriage	
Present address		Tel:		Marital Status	Details of separation or divorce
Previous address				Religion	
Father's surname	Forename(s)		Date of Birth	Occupation	
				Custody YES/NO	Date and place of marriage
Present address		Tel:		Marital Status	Details of separation or divorce
Previous address				Religion	

EDINBURGH CORPORATION		SOCIAL WORK DEPARTMENT				
FATHER'S NAME	NAME OF CHILD	C.P. No.	Sex	D.O.B.	P.L.	DISPOSAL/PLACED
STEWART	ANTHONY	G.231	M	5-10-63	RE	CALDER GROVE
ADDRESS 3 BRUNTSFIELD BLVD	DAVID	G.232	M	6-2-63	RE	"
N/K	MARIE	G.233	M	7-6-63	RE	"
MOTHER'S NAME ESTHER STEWART						6-8-43
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		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 8-8-43

Mother, who is 3 months' pregnant, was admitted to Simpson's overnight - 6 Aug 43 - She was discharged on the morning of 7 Aug 43 & the children were discharged to her.

Plintpotter

DETAILS OF CHILDREN BEING RECEIVED INTO CARE

C.F. No.					
NAME OF CHILD		ANTHONY	DAVID	MARK	
DATE OF BIRTH		5-10-1962	16-2-1967	7-6-1970	
REGISTRATION DISTRICT AND NUMBER		EDGWARE	FOLKESTONE	EDINBURGH	
LEGITIMATE?		YES	YES	NO	
BAPTISED?		YES (RC)	YES (RC)	YES (RC)	
VACCINATION - DATE				✓	
IMMUNISATION - DATE				✓	
POLIO - DATE				✓	
MAJOR ILLNESS				-	
INJECTIONS, OPERATIONS				-	
HAS CHILD ATTENDED CHILD GUIDANCE CLINIC?					
SCHOOL ATTENDED					
PREVIOUS RESIDENCES DURING LAST YEAR					
P E R I O D S I N C A R E	DATES - ADMITTED / CEASED			9-3-72 / 5-10-72	/
	PLACED			AVENEL	
	DATES - ADMITTED / CEASED			/	/
	PLACED				
	DATES - ADMITTED / CEASED	/	/	/	/
	PLACED				
	DATES - ADMITTED / CEASED	/	/	/	/
	PLACED				
DATES - ADMITTED / CEASED	/	/	/	/	
PLACED					

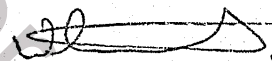
PARENTS DECLARATION AND AGREEMENT

- (1) I declare that the information given is correct.
- (2) I understand that I am obliged to contribute towards my child/children's maintenance while in the care of the Corporation.
- (3) I understand that I should notify any change in my circumstances and inform the Director of Social Work of any change in my address.
- (4) I hereby give my consent to vaccination against smallpox, whooping cough, poliomyelitis, tuberculosis, diphtheria, and tetanus or any other disease and to any treatment, injection or operative measure considered necessary by a registered medical practitioner.

Date 7 August 1978

Signed.....

Witnessed P.R. Kilpatrick


(W. SUTHERLAND) ESW

AREA	9
SOCIAL WORKER	UNALLOCATED

PLEASE COLLECT NATIONAL HEALTH CARD

EDINBURGH CORPORATION

SOCIAL WORK DEPARTMENT

FATHER'S NAME	NAME OF CHILD	C.P. No.	Sex	D.O.B.	R.H.	DISPOSAL / PLACED
ANDREW STEWART	ANTHONY STEWART	G231	M	5.10.62		Mrs. Stewart
UNKNOWN	DAVID STEWART	G232	M	16.9.67		"
MOTHER'S NAME ESTHER STEWART	MARK STEWART	G233	M	7.11.70		Overseas
ADDRESS 69 MIDDIE MAINS TERRACE						8/3/72
REASON FOR APPLICATION						
EVICTION						

APPLICATION FOR RECEPTION INTO CARE

REFERRED BY

NAME AND ADDRESS OF DOCTOR DR O'NEILL MIDDIE MAINS TERRACE

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 ANDREW STEWART	UNKNOWN	APART	LABOURER	UNKNOWN
MOTHER ESTHER STEWART	9.3.64	APART	HOUSEWIFE	

DATE AND PLACE OF MARRIAGE 14.11.64 - FOLKSTONE R.O.

IF PARENTS APART, GIVE DETAILS OF ANY COURT ORDERS, e.g.: AFFILIATION SEPARATION, CUSTODY

NO LEGAL SEPARATION

RELATIONS OR FRIENDS—GIVE NAME, ADDRESS, RELATIONSHIP

MR. MRS KING 259 HORN ST FOLKSTONE
(MOTHER PARENTS OF MRS STEWART)



PARENTS DECLARATION AND AGREEMENT

- (1) I declare that the information given is correct.
- (2) I understand that I am obliged to contribute towards my child/children's maintenance while in the care of the Corporation.
- (3) I understand that I should notify any change in my circumstances and inform the Director of Social Work of any change in my address.
- (4) I hereby give my consent to vaccination against smallpox, whooping cough, poliomyelitis, tuberculosis, diphtheria, and tetanus or any other disease and to any treatment, injection or operative measure considered necessary by a registered medical practitioner.

Date..... 8th March 1972

Signed.....

Witnessed

PLEASE COLLECT NATIONAL HEALTH CARD

2/1/AM/10

31st May, 1979.

Miss J.E. Dowdle
Divisional Administrative
Officer.

Mr. Douglas Hardie
Strubhill

cc. Mrs. H.I. Fuller

Mark Robert STEWART
B.C.E. 7.6.79

I should be pleased if a cheque to value of £50 could be sent to
Officer in Charge, Calder Grove Children's Home. This is in respect
of initial clothing for Mark who was admitted into care on 14.5.79.

(MISS J. E. DOWDLE)
Divisional Administrative Officer

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

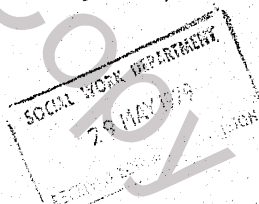
Date: 18 May 1979

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 44 (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





LOTHIAN REGIONAL COUNCIL
DEPARTMENT OF SOCIAL WORK

PARENTAL CONSENT TO
MEDICAL TREATMENT
AND ACTIVITIES

Child's Surname STEWART.	Case Number 5901002011
Forename(s) MARK, ROBERT.	D.O.B. 7-6-70

Home Address 89, DENNYWELL PLACE, EDINBURGH.	Name and Address of G.P. DR. ROY ROBERTSON, MURKHOUSE SURGERY.
--	--

CONSENT TO MEDICAL TREATMENT:

I hereby give my consent to vaccination against Poliomyelitis, Tuberculosis, Diphtheria, Whooping Cough, Tetanus, or any other disease, and to any treatment, injection, or operative measures, including the administration of an anaesthetic considered necessary by a registered medical practitioner or dental surgeon, for the time that my child remains in the care of Lothian Regional Council.

I understand that wherever possible I will be consulted about any significant treatment so long as my whereabouts remain known to the Social Work Department.

CONSENT TO ACTIVITIES:

I give my consent to my child being involved in normal sporting, holiday and social activities during his/her stay in the care of Lothian Regional Council.

I also understand that if my child is to participate in any significant holiday, sport, or hazardous activity I will be notified and consulted about this so long as my whereabouts are known to the Social Work Department.

I also understand that sport and activities will be supervised, where appropriate, by a responsible adult.

I have detailed below those activities in which I do not wish my child to participate.

LIST OF ACTIVITIES NOT AGREED TO:

1.
2.
3.
4.

Signed: Parent/Guardian Date: 2/12/82
Signed: Witness Date: 2/12/82

REFUSAL TO CONSENT TO MEDICAL TREATMENT:

I have been asked to give my consent to appropriate medical treatment for my child during his/her stay in the care of Lothian Regional Council and I have refused to give this consent.

Signed Parent/Guardian Date:
Signed Witness Date:

Customer Copy

Customer Copy

PLEASE DO NOT FOLD THIS CARD
FORM C2

From CANAAN LODGE 14/9/74

Record No.

580400309

EDINBURGH CORPORATION

CHILDREN DEPARTMENT—MEDICAL RECORD CARD

This Record Card must accompany the child to the various Children's Homes, and be returned to the Children's Officer when the child is discharged or boarded-out.

Surname STEWART Christian Names MADE
 Date of Birth 7-6-70 Place of Birth
 Name of Parent/Guardian MRS. STEWART
 Address of Parent/Guardian 89 PENN-PAUL RD

BRIEF HISTORY OF CHILD

Birth weight
 Feeding to date (where relevant, e.g. infant)
 Infectious illnesses, with dates:—
 Measles Mumps Other Infectious Diseases
 German Measles Chicken Pox
 Whooping Cough Scarlet Fever
 Dysentery Diphtheria

Other conditions or operations, with dates and hospital attended:—
 (1) (2)
 (3) (4)

PROTECTIVE INOCULATIONS:— Please give appropriate dates.

Smallpox Vaccination
 Combined Diph./Wh.C./Tetanus Immunisation (triple antigen).
 (1) (2) (3) Boosting
 B.C.G. Vaccination
 Poliomyelitis Vaccination (state whether oral vaccine or injections given):—
 (1) (2) (3) (4)

DIAGNOSTIC TESTS (give dates):—

Serological Tests (1) (2)
 Tuberculin Tests—Initial (1) (2) (3)
 Subsequent (1) (2) (3)
 Phenylketonuria (1) (2)
 X-Ray of Chest

Lothian Regional Council
Department of Social Work

Medical Information at Application (RIC 2)

Child's Surname STEWART	
Forename(s) MARK ROBERT	
D.O.B. 7.6.70	CP.No.

Previous Infections - indicate YES or NO or NOT KNOWN. If YES, give date.

Measles	YES 1977	Chicken-pox	YES 1976
German Measles	YES 1978	Scarlet Fever	NO
Whooping Cough	NO	Diphtheria	NO
Mumps	YES, APRIL 1979	Other - Specify	NO
Dysentery	NO		

Completed Inoculations - indicate YES or No. If Yes, give date.

Smallpox	YES 195 years	Polio	YES 1-5 years
Triple Antigen - diphtheria, whooping cough, tetanus.		Measles	NO
B.C.G.	NO	Other - Specify (e.g. German Measles)	

Has the child had any operations? If so, where, when, and for what?

NO

Is a special diet required e.g. diabetic? If so please specify.

NO

Has the child attended a Child Guidance Clinic? If so when and where?

NO

Does the child have any particular behavioural difficulties?

NO

PARENT'S DECLARATION

I declare that the information given on this form is correct.

Signature [Signature] Date 30.8.79

PLEASE COLLECT NATIONAL HEALTH CARD

Lothian Regional Council
Department of Social Work

Examination of Child at Reception into Care (RIC 3)

Child's Surname	STEWART	
Forename(s)	MARK ROBERT	
Address	DOB	
67, PENNYWELL PLACE	7.6.70	
	CP No.	

* Delete as appropriate.

1. General state of health.

Well nourished

2. State of hair & skin - indicate presence and extent of bruising, vermin, etc.

Not abnormal

3. Particulars of any condition regarding the child of which the foster parents or Officer-in-Charge should be aware, e.g. allergies, medication to which the child does not respond, bedwetting, attendance at hospital, clinic, or out-patient department.

Occ. enuresis.

4. Particulars of present medication/treatment.

Nil

CERTIFICATE	
I certify that: 1. I have this day examined <u>Mark Stewart</u> who is/is not* already known to me and find him/her* to be medically fit/unfit* for reception into care, i.e. does/does not* require hospital care.	
2. I also find him/her* free from infection/suffering from the conditions outlined in 3 above.*	
Name & Address (block capitals)	Date
G STEWART, 1 KILNHOUSE AVE.	21/9/79
Signature	
<i>Bea</i>	

Lothian Regional Council
Department of Social Work

Authority for Medical or Surgical Treatment (RIC 4)

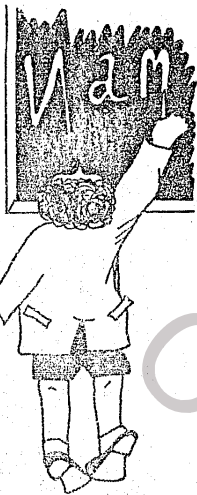
Child's Surname STEWART	GP No.
Forename(s) MARK	D.O.B. 7.6.71

Home Address	Name & Address of GP
69 PENNINGTON PLACE	2 NEWHOLM B'VE

PARENT'S AGREEMENT

I hereby give my consent to vaccination against Poliomyelitis, Tuberculosis, Diphtheria, Whooping Cough, Tetanus, or any other disease, and to any treatment, injection, or operative measure, including the administration of an anaesthetic considered necessary by a registered medical practitioner or dental surgeon.

SIGNATURES		Date
Parent/Guardian E. Stewart	Witness [Signature]	30.1.79



(RIC5)

Child's Full Name	MARK ROBERT STEWART
Date of Birth	7.6.70 (9yrs)

Your child is to be looked after by someone who does not yet know him or her. It will help him/her to feel more quickly at home if some of his ways are known beforehand. This list of questions might help you to give us some of this information. Please answer as many of them as you can.

What is your child usually called? Mark

What does he usually call you? Mum

What does he usually call his brothers, sisters, grandparents, other relations? By names

What words does he use for the toilet? Toilet

What other special words or names does he use? None

Does he have a special friend? What is his name? Mark

When does he usually go to bed? 9 o'clock on school days

Does he sleep on his own or share a room or bed? Share Room 1

Is the light left on? NO

Is the door left open? YES

What does he take to bed with him? Kevin

Does he have a story or game at night? NO

Does he say prayers? NO

Does he dream or have nightmares? YES

Does he get up through the night? NO

Does he ever wet his bed? Occasionally

Does he wear a nappy at night? NO

Does he like having a bath? YES

How does he have his hair washed and does he like it? with his hair brush

Does he sleep during the day? NO

Is he usually a good or poor eater? Good

Which foods does he not like? Peanut

Does he drink milk or tea? both



How can you tell when he is worried? defiant H to tell

What is the best way to cope with him when he sulks or is in a temper? leave him alone

Does he get on better with older or younger children? Younger

Does he suck his thumb? NO.

Does he usually dress himself? NO

Can he manage buttons, laces, etc.? YES

Is he frightened of dogs, thunder, anything else? NO.

How does he amuse himself? anything

Does your child go to any playgroups, clubs, Sunday School, etc.? 6-12 year Club run by social worker, David Johnson

What have you told him about why he has to leave home? Hospital

OTHER REMARKS



G. 233

INITIAL) EXAMINATION
SUBSEQUENT

EDINBURGH CORPORATION SOCIAL WORK DEPARTMENT
SHRUBHILL HOUSE, SHRUB PLACE, EDINBURGH EH7 4PD

MEDICAL CERTIFICATE - BOARDED-OUT CHILDREN

TO

Dr. K. G. P. B. Please examine the undermentioned child, complete this certificate, and return with your account in the stamped addressed envelope enclosed.

The foster-parent has been asked to contact you regarding this examination.

J.M. MAIR,
Director of Social Work

Date: 1/5/75 see ltr. closed

Name Mark Stewart Date of Birth 7.6.70
Foster-Parent Whinnell, S. & M. Monte
Address 17 Upper Budge Street Glasgow

1. What is general state of child's health? Good
2. State of Nutrition Good
3. Is there, or has there been, any infection of the skin?
4. Condition of:-
 - (1) Eyes Good
 - (2) Ears Good
 - (3) Throat Good
 - (4) Tonsils Enlarged
 - (5) Adenoids Normal
 - (6) Teeth Normal
5. Is there any evidence of heart or lung disease? No
6. Does the child suffer from urinary incontinence? Yes
7. Are behaviour, speech, and articulation good? Yes
8. Is there any deterioration or improvement in the child's mental and physical health since last examination? No
9. What infections has the child had since last examination? No
10. Have boosting doses of diphtheria, whooping cough, tetanus and poliomyelitis vaccines been given? If so, when, and for what disease(s)?
11. Is there any clinical evidence of Tuberculosis? No
12. General observations and recommendations, if any?

Date: 3/5/75 Signature: [Signature]