

010870
ALSO RUSSELL
 C 89 REC. No. H 484

NAME LYNCH Amanda
 PARENTAGE Richard Lynch
Margt. Lynch

XM 785

Date of Birth	Place of Birth	Religion	DISCHARGED	
			DATE	TO
1.9.42	Edinburgh Scot.		20.9.43	Mother
			31.8.78	Mother

Client Copy

RUSSELL Amanda 1.9.52 11487
SEE Lynch

REC. No. H 484

REVIEW MEMO.

NAME *Lynch Amanda*

1 9 72

EDINBURGH CORPORATION

Form C18

SOCIAL WORK DEPARTMENT
CHILDREN SECTION
RECORD OF EXPENDITURE

Name LYNCH Amanda

No. H48Y

Weekly Rate		Annual Clothing Rate		From	To	Weekly Rate		Annual Clothing Rate		From	To
£	p	£	p			£	p	£	p		

COSTING RECORD

Date	To whom paid	Narrative	Period covered	Amount	Date	To whom paid	Narrative	Period covered	Amount

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

Form SW-A25

b2w
RT
115

From: Area 10

To: RECORDS SECTION (HEADQUARTERS)

*Area Office
*Home/Unit

*(delete as appropriate)

SURNAME RUSS ELL	FORENAMES ANDREW AMANDA	SEX M F	DATE OF BIRTH 9 4 71
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LAST RECORDED ADDRESS 32/7 Calder View	CASE No.
---	----------

CURRENT ADDRESS (if different from above)	SCHOOL/OCCUPATION Sight-hill Primary
---	---

- (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)

Discharged to care of mother 31/8/78

* delete as appropriate Enter ✓ where applicable

RECORDED *at Tod* DATE *4/9/78* SIGNATURE *Janet Primrose*
KJ Area Clerk Social Worker

LOTHIAN REGIONAL COUNCIL



SOCIAL WORK

Director — James G. Galloway
 Edinburgh Divisional HQ
 20-24 Albany Street
 EDINBURGH EH1 3QB
 Telephone 031-557 1717
Ext. 53

Our reference *Mrs. J. Grant.*
Edue Ed
 Your reference *Edue Central*
S/WK Central
 Date *6/9/78*

Dear Sir/Madam,

THE BOARDING OUT OF CHILDREN (SCOTLAND) REGULATIONS 1959

I have to advise you that the undernoted child/ren was/were

- *~~placed in the care of~~ _____
 - *~~transferred from the care of~~ _____
 - *removed from the care of *Mrs Annie Parke 127 Newlands Rd Grangemore*
 - *to the ~~care of~~ _____
 - *and returned to the care of *Mother 33/7 Galden View Edin.*
- on 31. 8. 1978

Yours faithfully,

for *Sub*
 A.H. McROBERT
 Divisional Director

*Delete whichever is not applicable.

NAME	SEX	DATE OF BIRTH	RELIGION
<i>Andrew Russell</i>	<i>M</i>	<i>6. 4. 71</i>	
<i>Amanda Lynne ^(R/S) Russell</i>	<i>F</i>	<i>1. 9. 72</i>	

SL 8

LOTHIAN REGIONAL COUNCIL



SOCIAL WORK

Wester Hailes Area Office
5 Murrayburn Gate
Edinburgh

MEMORANDUM

Ref: A10/JG/AB

From: Miss J Grimwade
Social Worker

Date: 17 August 1978

To: Mrs I Fuller
Foster Payments Section
ALBANY STREET

Re: Amanda (1.10.72) and Andrew (6.4.71) Russell
c/o Mrs Parke, 127 Newlands Road, Grangemouth

The above named children were placed with Mrs Parke on 14.8.78. It is anticipated that they will be in care for approximately 4 weeks. As they do not have adequate school clothing could an initial clothing grant be arranged.

Janet Grimwade.

Miss J Grimwade
Social Worker

Sch block
Amanda £30
Andrew £30

SOCIAL WORK DEPARTMENT
18 AUG 1978
RECEIVED EDINBURGH DIVISION

A & A MICROFILM SERVICES

LOTHIAN REGIONAL COUNCIL



SOCIAL WORK

Director — James G. Gardner
 Edinburgh Divisional HQ
 20-24 Albany Street
 EDINBURGH EH1 3QB
 Telephone 031-557-1717

Our reference *P. Wilson*
 Your reference *Edu Central/Edin*
 Date *16/8/76*

Dear Sir/Madam,

THE BOARDING OUT OF CHILDREN (SCOTLAND) REGULATIONS 1959

I have to advise you that the undernoted child/ren ~~was~~/were

*placed in the care of *Mrs A. Purke 127 Hawthorn Park Grange*

*transferred from the care of _____

*removed from the care of _____

*to the care of _____

*and returned to the care of _____

on *14.8.76* 19__

Yours faithfully,

A.H.
 A.H. McROBERT
 Divisional Director

*Delete whichever is not applicable.

NAME	SEX	DATE OF BIRTH	RELIGION
<i>Andrew Purke</i>	<i>M</i>	<i>6.4.71</i>	
<i>Anneta Purke</i>	<i>F</i>	<i>1.10.72</i>	

SL 8

Lothian Regional Council
Department of Social Work

Authority for Medical or Surgical Treatment (RIG 4)

Child's Surname	CP No.
Forename(s)	D.O.B.

Home Address	Name & Address of GP

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	Witness	
<i>[Signature]</i>	<i>[Signature]</i>	7/1/80

171

Stencil No. C211

July 14 1967 Russell Lynch

Mr. [unclear]

18-9-63

Dear Sir,

Social Work (Scotland) Act 1968

Children with Foster-Parents

[unclear] 1/birth *[unclear]*

For your information I have to advise you that the above named

child/ren was/were placed in the care of *[unclear]*

on *11/4/67*.

Yours sincerely,

J.M. MAIR
Director of Social Work

[Handwritten initials]

Stencil No. CC16

H 486/4

20.9.43

Dear Sir,

Social Work (Scotland) Act 1968
Children with Foster Parents

James Stewart D/birth 6-4-41

James Stewart 1-7-42

For your information I have to advise you that the above named
child/ren was/were discharged from the care of Mrs. Bridges
14 Wood Road, Almond, East Lothian
on 21.9.43

Yours sincerely, 17 Colinton Road, Edinburgh

John M. Mair
J.M. MAIR
Director of Social Work

[p-11]

Stencil No. CC16

Mr. [unclear]

20 9 73

Dear Sir,

Social Work (Scotland) Act 1968
Children with Foster Parents

[unclear] D/birth 6.4.71

For your information I have to advise you that the above named
child/ren was/were discharged from the care of Miss [unclear]
[unclear]
on 20.9.73.

Yours sincerely,

John M. Mair

J.M. MAIR
Director of Social Work

[*K. H. [unclear]*]

EDINBURGH CORPORATION

SOCIAL WORK DEPARTMENT

FATHER'S NAME	NAME OF CHILD	C.P. No.	Sex	D.O.B.	Rel.	DISPOSAL / PLACED
ALBERT RUSSELL 11, CRESCENT 19, CALEDONIAN CRESCENT	ANDREW RUSSELL	H.866	M	6-4-40	P	Mrs. Bridges 14, Tweed Drive Almond East Livingstone
MOTHER'S NAME MARGARET LYNCH 19, CALEDONIAN CRESCENT	AMANDA LYNCH	H.887	F	1-9-72	P	11-9-73
REASON FOR APPLICATION	YVONNE RUSSELL		F	2-10-63	P	
HOSPITAL ADMISSION OF MOTHER	TRACY		F	9-3-65	P	

APPLICATION FOR
RECEPTION INTO CARE

REFERRED BY SELF

NAME AND ADDRESS OF DOCTOR Dr. Sim Springwell House

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 ALBERT RUSSELL	24-4-39	APART	UNKNOWN	
RICHARD LYNCH	6-12-33		HOTEL DEALER	SELF EMPLOYED
MOTHER MARGARET LYNCH	29-7-40		HOTEL WIFE	

DATE AND PLACE OF MARRIAGE 28-7-61; Drylaw Parish Church, EDINBURGH

IF PARENTS APART, GIVE DETAILS OF ANY COURT ORDERS, e.g.: AFFILIATION SEPARATION, CUSTODY
legally separated from Mr. Russell.

RELATIONS OR FRIENDS—GIVE NAME, ADDRESS, RELATIONSHIP

Mrs. A. Dryden, 27 Groat Hill Road North. (sister)

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

Yvonne Russell 2-10-63
Tracy Russell 9-3-65

ANY FURTHER INFORMATION 11-9-73

Mrs. Lynch is going into hospital
Her two older children are being cared
for by her sister Mrs. Dryden.

Helena B. Wilson

DETAILS OF CHILDREN BEING RECEIVED INTO CARE

CP. No.	AMPREM RUSSELL	AMANDA LYNCH			
NAME OF CHILD					
DATE OF BIRTH	6. 4. 70.	1. 9. 12.			
REGISTRATION DISTRICT AND NUMBER		MAY MARKET			
LEGITIMATE ?		NO			
BAPTISED ?		NO			
VACCINATION - DATE		NONE			
IMMUNIZATION - DATE		NONE			
POLIO - DATE		NONE			
MAJOR ILLNESSES		NONE			
INJECTIONS, OPERATIONS		NONE			
HAS CHILD ATTENDED CHILD GUIDANCE CLINIC ?		NONE			
SCHOOL ATTENDED		NONE			
PREVIOUS RESIDENCE DURING PAST YEAR		HOME ADDRESS			
PLACED					
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.....10/9/73.....

Signed.....[Signature].....

WitnessedHesley A. Wilson
.....Social Worker.....

[Signature]
A.C.

AREA	9
SOCIAL WORKER	L WILSON.

For the attention of
PLEASE COLLECT NATIONAL HEALTH CARD

57-1M/671/14270/18569

Lothian Regional Council
Department of Social Work

Medical Information at Application (RIC 2)

Child's Surname	
Forename(s)	
D.O.B.	CP.No.

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

Measles	Chicken-pox
German Measles	Scarlet Fever
Whooping Cough	Diphtheria
Mumps	Other - Specify
Dysentery	

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

Smallpox	Polio
Triple Antigen - diphtheria, whooping cough, tetanus.	Measles
B.C.G.	Other - Specify (e.g. German Measles)

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

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

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

Does the child have any particular behavioural difficulties?

PARENT'S DECLARATION
I declare that the information given on this form is correct.
Signature _____ Date _____
PLEASE COLLECT NATIONAL HEALTH CARD

Lothian Regional Council
Department of Social Work

Examination of Child at Reception into Care (RIC 3)

Child's Surname	
Forename(s)	
Address	DOB: 9/10/72
	CP No.

* Delete as appropriate.

1. General state of health.
Satisfactory

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

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.
Bedwetting. most nights - not on medication
Allergy to cats

4. Particulars of present medication/treatment.
None.

CERTIFICATE

I certify that:

- I have this day examined Amanda RUSSELL 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.
- I also find him/her* free from infection/suffering from the conditions outlined in 3 above.*

Name & Address (block capitals)	Date
Signature <u>Christine MB. ChB</u>	

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.

Child's Surname RUSSELL	CP. No. 5780
Forename(s) ANDREW	Sex M
Also known as	
Address on admission 32/7 Balder View.	

D.O.B. 6/4/71	Place of Birth Edinburgh	Legitimate- Hegitimate Extra-Marital	Religion Prot.	Date & Place of Baptism Not known
Previous Residence(s) during past year				Child's Doctor Dr. Murray Sighthill HC.
PLACEMENT DETAILS				
Nursery/School/Employment Sighthill.	Address of Placement Mrs Rankie, 127, Newton's Rd frangemoch		Section 15	Admission Date 14/8/78.

PARENTS		D.O.B.	Occupation
Mother's Surname RUSSELL	Forename(s) MARGARET	29/7/60.	Housewife
Née FARRER.	Known as	Custody YES/NO	Date & Place of Marriage
Present Address 32/7 Balder View.	Tel;	Marital Status Divorced.	Details of Separation or Divorce 23/5/78.
Previous Address		Religion Prot.	
Father's Surname Not known	Forename(s)	D.O.B.	Occupation
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 4	Addresses & Tel. Nos. of close relatives or emergency contact Mrs Douglas, 37 frontwell Rd North. 332-4165
---	--

PREVIOUS ADMISSIONS TO CARE		ACT & SECTION UNDER WHICH ADMITTED
FROM	TO	PLACEMENT

OTHER CHILDREN IN FAMILY			
SURNAME	FORENAMES	D.O.B.	ADDRESS (state if in care)
Russell	Yvonne	2.10.63	1/0 Mrs Douglas, 37 frontwell
"	Tracey	9.3.65	Rd. North.

Child's Surname RUSSELL LYNCH		Forename(s) AMANDA		Sex F	CP No. STBO. H.487
Also known as HECH RUSSELL		Address on admission 32/7 Calder View			
D.O.B. 1/10/72	Place of Birth Edinburgh	Legitimate Illegitimate Extra-Marital Prot	Religion Prot	Date & Place of Baptism Not known	
Previous Residence(s) during past year				Child's Doctor Dr Marygrove Sighthill Health Centre	
Nursery/School/Employment Sighthill Primary		PLACEMENT DETAILS			
		Address of Placement Mrs Parkie, 127 Newlands Rd Glenmuir		Section 15	Admission Date 14/2/78

COMPLETE IF DIFFERENT FROM PAGE 1

PARENTS			
Mother's Surname	Forename(s)	D.O.B.	Occupation
None	Known as	Custody YES/NO	Date & Place of Marriage
Present Address	Tel;	Marital Status	Details of Separation or Divorce
Previous Address		Religion	
Father's Surname Lynch	Forename(s) —	D.O.B. ✓	Occupation —
Known as —		Custody YES/NO	Date & Place of Marriage —
Present Address Not known	Tel;	Marital Status	Details of Separation or Divorce
Previous Address		Religion	

PREVIOUS ADMISSIONS TO CARE

FROM	TO	PLACEMENT	ACT & SECTION UNDER WHICH ADMITTED

NOTES/REMARKS

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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 M Russell
Date 11/8/78
Witness Janet Grimwade
Date 11/8/78

FOR OFFICIAL USE

Authorisation by Area Officer/Senior S.W. James O'Flynn (Signature)
Area 10
Allocated to 9 Grimwade
Source of referral Client
Reason for admission Mother going into hospital for operations

DO NOT SEND THIS PART TO SWSG

R/H. NUSSELL

SWS FORM CH4
DISCHARGES

AMANDA LYNCH Child's Name

605280506 Child's reference number

CONFIDENTIAL

SWS FORM CH4
Revised 1/4/78

INDIVIDUAL RETURN SYSTEM FOR CHILDREN
MONTHLY RETURN OF DISCHARGES

Social Work Department C.T. 6

2,3 42

Return date (month, year) 4-7

0,9 7,8

punch skip 8-10

Child's reference number 11-19 605280506

Date of birth 20-25 011072

Date of discharge or transfer 26-31 310878

INFORMATION ON DISCHARGE OR TRANSFER

Reason if discharge (transfer=8) 32 3

If transfer, code of receiving SWD 33, 34

BEFORE DISCHARGE OR TRANSFER

Reason for being in care or under supervision statute 35, 36 01 primary reason 37, 38 14

Accommodation type 39, 40 03 location 41, 42 53

Scot. Auto. Edin. Dd. 591195

Lothian Regional Council
Department of Social Work

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

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

Child's Surname RUSS ELL	CP. No. 5780 M. 486
Forename(s) ANDREW	Sex M
Also known as	
Address on admission 32/7 Balaber View.	

D.O.B. 6/4/71	Place of Birth Edinburgh	Legitimate H Illegitimate E Extra-Marital X	Religion Prot.	Date & Place of Baptism Not known
Previous Residence(s) during past year				Child's Doctor Dr. Mearns Sighthill HC
Nursery/School/Employment Sighthill.	PLACEMENT DETAILS			
Address of Placement The Parke, 127, Haxton Rd Grangemouth.		Section 15	Admission Date 14/6/78.	

Mother's Surname RUSS ELL	Forename(s) MAR CARET	D.O.B. 29/7/40.	Occupation Housewife
Née FARREK.	Known as	Custody YES/NO	Date & Place of Marriage
Present Address 32/7 Balaber View.		Marital Status Divorced.	Details of Separation or Divorce 23/5/78.
Previous Address		Religion Prot.	
Father's Surname Not known	Forename(s)	D.O.B.	Occupation
Known as		Custody YES/NO	Date & Place of Marriage
Present Address		Marital Status	Details of Separation or Divorce
Previous Address		Religion	

Total No. of children in family 4	Addresses & Tel. Nos. of close relatives or emergency contact Mrs Douglas, 37 Groatwell Rd North. 332-4165
--------------------------------------	---

FROM	TO	PLACEMENT	ACT & SECTION UNDER WHICH ADMITTED

OTHER CHILDREN IN FAMILY			
SURNAME	FORENAMES	D.O.B.	ADDRESS (state if in care)
Russell	Yvonne	2.10.63	1/2 Mrs Douglas, 37 Groatwell Rd. North.
"	Torrey	9.3.65	"

Child's Surname RUSSELL LYNCH		Forename(s) AMANDA		Sex F	CP No. STB0. -H.487
Also known as HACH RUSSELL		Address on admission 32/7 Calder View			
DOB 1/10/72	Place of Birth Edinburgh	Legitimate Illegitimate Extra-Marital	Religion Prot	Date & Place of Baptism Not known	
Previous Residence(s) during past year				Child's Doctor Dr Murray Sighill Hill Health Centre	
Nursery/School/Employment Sighill Hill Primary		PLACEMENT DETAILS			
		Address of Placement 127 Newlands Rd Grangemouth		Section 15	Admission Date 14/8/78

COMPLETE IF DIFFERENT FROM PAGE 1

PARENTS			
Mother's Surname	Forename(s)	D.O.B.	Occupation
Nee	Known as	Custody YES/NO	Date & Place of Marriage
Present Address	Tel;	Marital Status	Details of Separation or Divorce
Previous Address		Religion	
Father's Surname LYNCH	Forename(s)	D.O.B.	Occupation
Known as		Custody YES/NO	Date & Place of Marriage
Present Address Not known	Tel;	Marital Status	Details of Separation or Divorce
Previous Address		Religion	

PREVIOUS ADMISSIONS TO CARE

FROM	TO	PLACEMENT	ACT & SECTION UNDER WHICH ADMITTED

NOTES/REMARKS

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 M Russell

Date 11/8/78

Witness Janet Grimwade

Date 11/8/78

FOR OFFICIAL USE

Authorisation by Area Officer/Senior S.W. James O'Flynn (Signature)

Area 10

Allocated to J Grimwade

Source of referral Client

Reason for admission Mother going into hospital for operation

Home Address: 19 Caledonian Crescent G.P. Dr. Simi Springwell House

EDINBURGH CORPORATION
SOCIAL WORK DEPARTMENT
AUTHORITY FOR MEDICAL OR SURGICAL TREATMENT

NAME: ANANDA LYNCH Date of Birth 1.9.72.
Mrs Bridges 14 Tweed Drive Livingstone FOSTER Children's Home.

I hereby give my consent to the administering of any anaesthetic
or operative measure which the Medical Officer in charge considers
necessary.

Signature M. Lymal
Parent/Guardian

Witnesses Lesley A. Wilson

Date 10/9/73

11 Victoria Street,
Edinburgh, EH1 2HE.

C.116

XM 981