



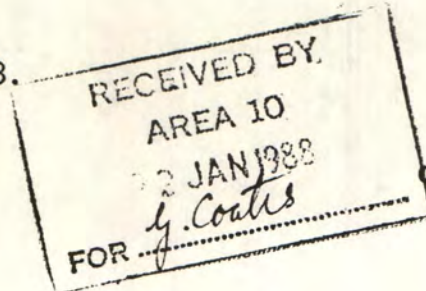
Gorgie/Dalry Area Office  
1 Gorgie Road

## MEMORANDUM

Our Ref: A9/BS/ST

Your Ref:

Date: 21st January, 1988.

From: Barry Sprott  
Divisional AssistantTo: Jean Raeburn  
c/o Children's Hearing Centre  
Howden Streetc.c. Alison Falconer, Assistant  
Reporter, Edinburgh West.~~Gorge Coates, Social Worker,  
Area 10~~Terry Gaffney, Psychologist,  
Drylaw School.David Affleck, Divisional  
Director, Mid/East Lothian.Malcolm McCallum, Divisional  
Director, Edinburgh West.Amanda Lynch dob 1.9.72

I am writing to you in your capacity as Chairperson of the Children's Panel due to consider further the circumstances of the above named on 22.1.88.

As the social work half of the local Area Review Group I feel I must say how inappropriate I consider the prospect of residential schooling to be for Mandy at this particular stage of her school career.

I can appreciate the fact that as a Panel you may not be left with any real choice in the matter, given the lack of alternative resource options and the legal constraints which apply in a situation such as this.

Nevertheless, the prospect of a 15½ year old girl being placed in a residential school in Perthshire in order to complete the few remaining months of her education is, in my view, singularly contrary to the spirit of Youth Strategy, and makes little more than economic nonsense!

Whilst I quite accept that Mandy may well have benefitted from a period of residential schooling at an earlier stage, I feel it is a sad indictment of the present system when in situations such as this there appears to be no way, consistent with the principles of Youth Strategy, where the positive features of a case can be harnessed, using local measures, in order to attempt to salvage something from a disastrous education history.

One would have thought that with the scale of finance that will be necessary to provide such a placement, some other form of acceptable arrangement could be made by the Department of Education, which, when tailored to Mandy's situation would prove a far more responsible use of public money!

I am well aware of the fact that Mandy is only one example of many, and I can only hope that in the not too distant future some imaginative measures can be devised, possibly making use of this Region's well publicised host of super-numerary teachers, in order to prevent circumstances like this becoming a regular occurrence.



BARRY SPROTT  
Divisional Assistant  
(Adolescents)  
Edinburgh West Division

N.B. My Divisional Director, Malcolm McCallum, shares the views expressed in the above, and has agreed to approve social work finance for a residential placement only as a last resort.

DEAN ORPHANAGE AND CAUVIN'S TRUST

TELEPHONE 031-332 1518

MRS L KREMPA  
HOUSEPARENT  
DEAN HOUSE  
23 RAVELSTON PARK  
EDINBURGH EH4 3DX

12. 12. 87

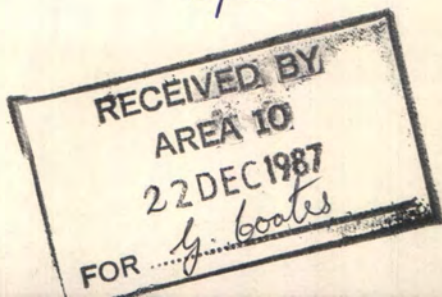
Dear George,

I am forwarding Amanda's  
papers.

Thank you for your interest in  
Deanhouse, I hope we can do business  
on another occasion.

yours faithfully

Angela W Stewart  
depute.



LOTHIAN REGIONAL COUNCIL

ADR



SOCIAL WORK

Director — Roger Kent

Howdenhall Children's Unit,  
39 Howdenhall Road,  
Edinburgh EH16 4PG

Telephone: 031-664 8486

ASSESSMENT REPORT ON AMANDA LYNCH

DATE OF BIRTH 1.9.72

53/3 WESTER HAILES DRIVE, EDINBURGH

PRESENT:

Mrs Macaulay (W.H.C.E.); Mr Glennie  
(D.O.S.E.S.); Mr Coates (Social Worker);  
and Mr Ballard.

W.H.C.E. report that since the Hearing on the 16 October 1985, Amanda has achieved five and a half days attendance. All her absences are covered by notes from her mother, but many of these notes could hardly be considered "a reasonable excuse". Amanda has got herself excluded from the Science Class and Social Studies which does mean she is not getting the breadth of education she should be receiving. It also means that Mandy may well be perceiving her behaviour on her part as resulting in special treatment.

The meeting was very conscious that Amanda's attendance problem goes back to Primary School, and appears to have originated in her mother keeping her off school in order to put pressure on the DHSS to make a Grant for Clothing. It is also noted that Mrs Russell has failed to attend Hearings, and incidents such as these can only encourage Amanda to feel that school attendance is simply unimportant. All information before the meeting was that Amanda is not antisocial in the community, but it is quite clear that within the school setting, and within the Care setting when she was in Calder Grove, Amanda appears convinced that she is totally in charge and can do as she wishes. It is noted she relates to Mrs Macaulay differently in a guidance "befriending" situation as against as a Teacher.

Amanda clearly does have schooling difficulties, both social difficulties in relating to peers and teachers in a large class setting, and learning difficulties in that the school are not able to offer sufficient adjustment help. These difficulties both result from her failure to attend school regularly, and this failure to attend school regularly appears to have begun because the family placed little value on education, and to have continued to increase because Amanda feels that she is in charge. There is no reason in terms of basic potential why Amanda should not cope in normal Secondary School, but her absences, and her attitude, proving that she could well have difficulties even if she were now to attain full attendance.

The opinion was expressed at the Meeting that there was little likelihood of Amanda's attendance pattern changing whilst she remained at home. Given this view, compulsory measures of Care would be necessary in order to attempt to help her achieve regular

regular school attendance. However, the view which finally prevailed was that an attempt should be made to help her achieve regular attendance whilst she remains at home by placing her on Supervision, under Section 44. 1(A). At the same time, the possibility of modifying the educational input to take account of her particular difficulties would be looked at. The Meeting was not particularly sanguine as to the outcome of these efforts in achieving regular attendance.

JOHN C BALLARD  
ASSESSMENT CO-ORDINATOR.

JCB/HW  
13 November 1985.

Client Copy

LOTHIAN REGIONAL COUNCIL DEPARTMENT OF SOCIAL WORK

S O C I A L   B A C K G R O U N D   R E P O R T  
F O R   C H I L D R E N ' S   H E A R I N G  
S o c i a l   W o r k   ( S c o t l a n d )   A c t   1 9 6 8   S e c t i o n   3 9 ( 4 )

Progress Report

**FOR:** 1-3 Howden Street (Children's Hearings Centre)  
Edinburgh

**ON:** 30 September 1987 (Date)  
9.30am (Time)

**ABOUT:** AMANDA LYNCH (Child's Full Name)  
1.9.72 / Aged 15 (D.O.B./Age)  
27 Wardlaw Place (Address)  
Edinburgh

(Religion)  
(School)

**GROUNDS OF REFERRAL:** Review of Supervision Requirement

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At the previous review it was agreed that Amanda should stay with her father and attend school from Gorgie.

Amanda in fact spent only one night with her father before returning home, although this was not initially apparent.

She did however manage to attend school regularly for a number of weeks before "dropping out" again, but there has been no attendance at school for some considerable time.

Unfortunately, the family suffered a tragic bereavement when Andrew died of an accidental drugs overdose in August.

Obviously the family were profoundly effected by this and Amanda's non school attendance was "put on the back boiler".

Mrs Russell after the above gave up the tenancy in Wester Hailes and with the support of Mr Lynch has obtained a new tenancy in Gorgie. It seems however that little time is spent there and at present Amanda is staying with her sister Evonne.

Contact between myself and Amanda has been minimal, mainly because I had no address for the family for some time.

Despite the obvious sympathies with Mrs Russell and Amanda it must be stressed that the non school attendance predated Andrew's death and this event only delayed action already decided on.

Evonne and Mrs Lynch have expressed some concern about Mrs Russell's lack of commitment to Amanda. They maintain that Margaret takes advantage of Evonne after disappearing for 3/4 days without informing anyone of where she is going although they accept that usually she is just going to stay with a boyfriend.

Margaret although superficially resilient is, I'm quite sure, hurting a great deal and may indeed be having difficulty coping with her own hurt and fulfilling Amanda's needs.

Mandy as always maintains herself well in the community and is always cheerful and pleasant.

She is still unable to explain why she has such difficulties getting to school. She full accepts that she has "blown it" and expects to the RIC at the panel.

She is not unduly concerned about this although she would prefer to remain at home and she was able to discuss the options about placement in a reasonable manner. She is somewhat resistant to foster parents because she maintains she was assaulted by one some years ago.

I have been able to discuss this with Amanda and I think she is more prepared to accept that this was possibly an isolated incident.

CONCLUSION

It is obvious that Mandy will not attend school without the structure and support provided by either a residential or fostering situation.

She has a full year to do at school and it is possible that she will gain both in an educational and developmental sense if regular attendance was maintained.

If the Panel feel that Mandy should now be placed in care I will endeavour to have a placement identified for the panel, but at the time of writing there are no places in either fostering or Group B residential homes.

REPORT WRITTEN BY: GEORGE COATES (Author)  
Social Worker

OF: Wester Hailes Area Office (Area Team/  
5 Murrayburn Gate Unit address)  
Edinburgh  
EH14 2SS

ON: 24 September 1987 (Date)

SUPPLEMENTARY DOCUMENTS: No

REF: AB/GC3/3

NOTIFICATION OF DECISION

Name and Address	Date of Birth	School	Class
Amanda Lynch 46/4 Dumbryden Gardens Edinburgh.	1-9-72		

Grounds of Referral: Annual Review of SR dated 22-1-88

Reporter's Decision dated:

- |                                    |                          |                                 |                          |
|------------------------------------|--------------------------|---------------------------------|--------------------------|
| 1) No formal Action                | <input type="checkbox"/> | 4) Voluntary measures of care   | <input type="checkbox"/> |
| 2) No action current S.R.          | <input type="checkbox"/> | 5) Police Warning recommended   | <input type="checkbox"/> |
| 3) No action insufficient evidence | <input type="checkbox"/> | 6) Juvenile liaison recommended | <input type="checkbox"/> |

Children's Hearing Decision dated: 17-1-89

- 7) Referral Discharged
- 8) Continued to \_\_\_\_\_ /date to be fixed
- 9) Supervision requirement   
Condition \_\_\_\_\_
- 10) Residential Supervision Requirement   
Place \_\_\_\_\_  
Pending Placement (a) At Home  
(b) Howdenhall Children's Unit  
(c) \_\_\_\_\_
- 11) Supervision requirement dated \_\_\_\_\_ continued
- 12) Supervision requirement terminated.

RECEIVED AREA 10  
25 JAN 1989  
FOR G. Coates  
C.C.



**LOTHIAN REGIONAL COUNCIL - DEPARTMENT OF SOCIAL WORK**  
**CHILDREN IN CARE - CLOTHING GRANT APPLICATION (Children aged 5-17)\***

<b>CHILD'S NAME</b> AMANDA LYNCH	<b>Date of birth</b> 1.9.72	<b>Age</b> 16	<b>Act/Section</b> 44.6 S.W.S.	<b>Area Team</b> 10
<b>Type of placement (Name of carer/Unit)</b> List G School - REDGORTON School REDGORTON	<b>Date of placement</b> 27.1.88	<b>Date R.I.C.</b> 27.1.88	<b>Social Worker/Keyworker</b> G. Coates	
<b>Give details of any clothing provided in last 12 months</b> None				

24 JAN 1989  
G. Coates

TYPE	RECOMMENDED ITEMS	No. of Items Allowed	CHILD OWNS (in good condition)	CHILD NEEDS	Guide Cost Per Item 1988/89					TOTAL REQUIRED £
					5-8	9-10	11-12	13-15	16-17	
SCHOOL UNIFORM	Skirt (girl)	1			7.75	7.75	10.95	10.95	10.95	
	Trousers (boy)	1			6.95	6.95	10.50	10.50	10.50	
	Blazer (if worn)/Jacket	1			23.95	23.95	23.95	35.50	40.00	
	School jumper	2			5.00	5.50	7.00	7.00	8.25	
	Shirts & Tie	2 + 1			6.75	6.75	8.15	9.85	9.85	
	Shorts	1			6.00	7.00	9.00	9.00	9.00	
	Shoes e.g Startrite	1			22.00	23.00	27.00	28.00	28.00	
	Rubbers	1			2.50	2.50	3.00	3.00	3.00	
<b>TOTAL SCHOOL UNIFORM</b>					91.00	94.00	112.85	128.30	135.30	
CASUAL WEAR	Jeans	2	1	1	12.00	15.00	15.00	17.50	17.50	17-50
	Training shoes/sandals	1			12.50	13.00	13.00	15.00	15.00	
	T shirts/tops	4	2	2	3.00	3.00	3.50	4.00	4.00	8-00
	Jumper	2	1	1	9.00	10.00	12.00	12.00	12.00	12-00
	Tracksuit	1			16.00	17.00	17.00	18.00	18.00	
	Swimming costume	1			5.00	5.00	7.00	7.00	8.00	
	Slippers	1			5.00	5.00	6.50	6.50	6.50	
OUTDOOR WEAR & NIGHTWEAR	Blouse/shirt	1	0	1	7.00	7.00	10.00	10.00	10.00	10-00
	Dress/trousers	1	0	1	9.00	9.00	12.00	15.00	15.00	15-00
	Shoes	1	0	1	15.00	15.00	17.00	17.00	17.00	17-00
	Warm coat/jacket	1		1	25.00	25.00	27.50	27.50	30.00	30-00
	Raincoat/cagoule	1	0	1	7.00	7.00	7.50	7.50	8.00	8-00
	Wellingtons	1			7.00	7.00	7.00	7.00	7.00	
	Socks	6			1.50	1.50	1.50	1.50	1.50	
	Undies	3			1.75	1.75	1.75	1.75	2.50	
	Pyjamas/nightdress	2			6.00	6.00	6.00	6.00	7.00	
	Day gown	1			15.00	16.00	20.00	20.00	22.50	
Other items	3	2	1				4.50	4.50	4-50	
<b>TOTAL FULL CLOTHING PROVISION</b>					298.35	311.85	369.27	397.95	417.10	422-00

I request clothing grant for the above child totalling £ 422-00, TOTAL 422-00

Signature: *[Signature]* Social Worker/Officer in Charge Date: 10/1/89

Authorised: *[Signature]* Divisional Director Date: 16/1/89

Cheque to be paid to: (Give full name & address) Red GORTON HOUSE SCHOOL REDGORTON, DUNDEE		Cheque requested	
		Copy sent to SW	
		Copy sent to Carer	

\* Please see overleaf for a child aged 0-4

**SOCIAL WORK (SCOTLAND) ACT 1968**

**17 January,**  
.....19 **89.**

**Amanda Lynch (1.9.72.)**

A children's hearing for the Lothian Region hereby terminate [the foregoing supervision requirement] or [the supervision requirement attached and docketted with reference hereto] as from<sup>1</sup> **today.**

**ANNE KNOWLES.**  
.....

*Chairman of the children's hearing*

<sup>1</sup> Date which termination is to take effect

NAME: AMANDA LYNCH (1.9.72.)

Decision of Hearing held on 17.1.89 - Annual Review - Supervision  
Requirement Terminated.

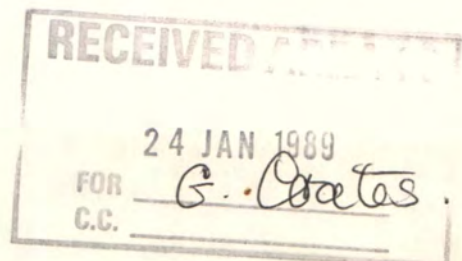
The Children's Hearing reached the foregoing decision for the following reasons:-

Mandy has done extremely well at Redgorton. She has made progress both with her education and maturity and has positive plans for her future. She is now 16 and is no longer in need of any sort of compulsory supervision.

MRS. ANNE KNOWLES.

Chairman.

Mr. Richardson and Miss Cowle.



Harry! Geo.

0-9-68.

Amanda Lynch - Absconded from  
Redington School - Perth, earlier today

Telephone call from Lesley Anderson to  
notify us of above. Followed 5 minutes  
later by another call to say that  
Amanda's mother had 'phoned the  
school and was intending to put Amanda  
on a train back to Perth.

Lesley said the school would deal  
directly with Mrs Lynch and get  
back to us if necessary.

Joe.

**SOCIAL WORK (SCOTLAND) ACT 1968**..... **30 September** ..... 19 **87**

A children's hearing for the Lothian Region by way of variation of [and in substitution for] the supervision requirement dated<sup>1</sup> **13 5 87**

to which<sup>2</sup> **Amanda Lynch (1 9 72), h/a 27 Wardlaw Place, Edinburgh**

is subject, hereby require her [to reside in<sup>3</sup> **Calder Grove Reception Unit** ]

[to be under the supervision of<sup>4</sup> **a social worker to be nominated by the** ]  
**Director of Social Work, Lothian Region**

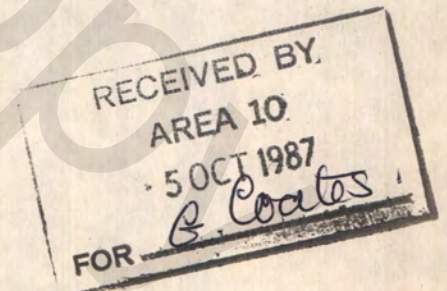
subject to the conditions noted below and the said requirement dated **13 5 87** is hereby revoked.

..... **Sheila M Murray** .....

*Chairman of the children's hearing*

**CONDITIONS REFERRED TO IN THE FOREGOING  
SUPERVISION REQUIREMENT**

1. The child is required to observe the rules of conduct of the residential establishment.
2. The requirement to reside is subject to the discretion of the managers of the residential establishment to grant leave of absence from time to time.



..... **Sheila M Murray** .....

*Chairman of the children's hearing*

<sup>1</sup> Date of previous supervision requirement

<sup>2</sup> Name of child

<sup>3</sup> Name of residential establishment

<sup>4</sup> Name of local authority or other supervisor

Name: Amanda Lynch

Decision of hearing held on 30 September 1987 - Supervision requirement varied to reside at Calder Grove Reception Unit

The Children's Hearing reached the foregoing decision for the following reasons:

1. It was felt that Mandy needed help to get back into the pattern of going to school regularly after such a long time of non attendance.
2. By going to Calder Grove the staff will be working with Mandy to encourage her to get back to school.
3. While at Calder Grove Mandy's attendance at school will be monitored closely.
4. Meantime Calder Grove is the most suitable resource for Mandy as she has been there before and she agreed to being there while Mr Coates looks for a more appropriate resource.

Sheila M Murray (Chairman)

NOTIFICATION OF DECISION

Name and Address	Date of Birth	School	Class
Amanda Lynch 27 Wardlaw Place Edinburgh.	1.9.72	Cairnpark	

Grounds of Referral: S.W. Review of SR dated 13/5/87

**Reporter's Decision dated:** \_\_\_\_\_

- |                                    |                          |                                 |                          |
|------------------------------------|--------------------------|---------------------------------|--------------------------|
| 1) No formal Action                | <input type="checkbox"/> | 4) Voluntary measures of care   | <input type="checkbox"/> |
| 2) No action current S.R.          | <input type="checkbox"/> | 5) Police Warning recommended   | <input type="checkbox"/> |
| 3) No action insufficient evidence | <input type="checkbox"/> | 6) Juvenile liaison recommended | <input type="checkbox"/> |

**Children's Hearing Decision dated:** 30/9/87

- |  |                                     |
|--|-------------------------------------|
| 7) Referral Discharged                                 | <input type="checkbox"/>            |
| 8) Continued to _____ /date to be fixed                | <input type="checkbox"/>            |
| 9) Supervision requirement                             | <input type="checkbox"/>            |
| Condition _____  |                                     |
| 10) Residential Supervision Requirement <u>44 1(b)</u> | <input checked="" type="checkbox"/> |
| Place <u>Calder Grove Reception Unit</u>               |                                     |
| Pending Placement (a) At Home                          |                                     |
| (b) Howdenhall Children's Unit                         |                                     |
| (c) _____  |                                     |
| 11) Supervision requirement dated _____ continued      | <input type="checkbox"/>            |
| 12) Supervision requirement terminated.                | <input type="checkbox"/>            |

RECEIVED BY  
AREA 10  
5 OCT 1987  
G. Coates

Review Date 6.10.87	Place Calder Grove
Child's Name Amanda Lynch	Date of Birth 1.9.72
Placement Calder Grove	

**Record of Decisions Taken at Review  
of Child in Care.(CCR2)**

Action to be taken before next Review	Person Responsible
<p>1. Mandy's school attendance is a priority, and to re-establish it, Mandy will initially be taken to school each day, by social worker or residential worker.</p> <p>2. Mandy will spend each weekend at home and depending on her school attendance longer home leave may be arranged for mid term break.</p> <p>3. Initial Clothing Grant to be requested.</p> <p>4. Community Care application to be submitted if Mandy is attending school - papers already with Residential Section for possible interim placement.</p>	<p>Child's Social Worker G. Coates</p> <p>Liaison Social Worker Senior Social Worker W. Robertson</p> <p>Houseparent/Foster Parent W. Lyon</p>
<p>If any other Section of the Department or Organisation is to be advised, indicate task requiring action and person responsible, including action related to "Time Limits".</p>	Other

**Long Term Plan**  
If Mandy is able to attend school regularly then a Community Care application will be submitted. Mandy will, in that event, require an interim residential care placement. If Mandy is unable to attend school regularly a residential school placement is the likely outcome.

Date 7.10.87	Signature of Chairperson W. Robertson	Date of Next Review	Time
-----------------	--	---------------------	------

Participants	Designation	Tick if Copy ccr2 to be sent	Date Sent	Administrative Use	Date
Mandy Lynch		X			
Hamish Lyon	Kayworker, Calder Gr	X			
George Coates	S/W Area 10	X	✓		
Harry Robertson	SS/W Area 10	X			

Members and location:

Mother Margaret Russell - 46/4 Dumbryde Gds  
 Father Lynch - 12  
 Sisters Eileen }  
 Tracy } not known by name

Feelings about family:

Good contacts

Extent of contact with family:

weekly.

## GENERAL ASSESSMENT OF YOUNG PERSON

Level of maturity:

Fairly high but needs support and encouragement

Personality:

Pleasant easy going girl relates well to peers and adults.

Relationship with peers:

S/A

Relationships with Workers/Carers:

Good - accepts advice and guidance -

Social Networks and use of leisure time:

Mainly in West Hill's Areas  
 or with family. Visits friends relatives etc otherwise  
 majority of time spent in house - Not a very active girl.

**SPECIFIC BEHAVIOURAL, EMOTIONAL OR MEDICAL DIFFICULTIES**

3

Abuse of drugs, glue or alcohol:

No.

Problems concerning sexual behaviour:

No.

Violent behaviour:

No.

Offences:

No.

Suicide attempts:

No.

Medical or other difficulties:

None. except occasional asthma.

**INDEPENDENCE TRAINING**

Experience of independent living within Residential Care:

Has been in semi independent unit for months.  
Has done well

Experience of independent living outwith Residential Care:

None.

Areas of achievement:

Has had a relationship of some value  
and accepted by most people.

Areas of difficulty:

Can be a bit lazy.

**SUPPORTED ACCOMMODATION**

Reason for referral: *rotas hobeleness.*

Preferred type of Supported Accommodation: (see "A Home of your own" leaflet)

*Supported flat*

Why?

*privacy independence.*

Second choice:

Prior preparation needed:

*independent unit is apparently rarely now - having been in*

Any difficulties anticipated when living in Supported Accommodation:

*None really apparent - but may need some support about debts etc*

Anticipated support from involved workers:

*support as necessary*

Long-term plans:

*independence*

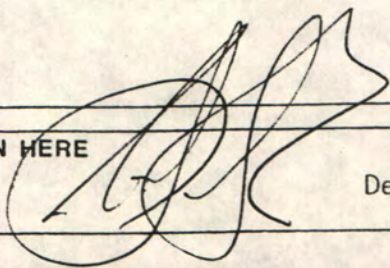
Has the information given in this form been shared with the young person?

YES  
NO

**ADDITIONAL INFORMATION**

PLEASE SIGN HERE

Signature:



Designation:

*Social Worker*

Date:

*10/1/88*



## SUPPORTED ACCOMMODATION FOR YOUNG PEOPLE

Please complete this form as fully as possible.

RETURN TO ... Hans Clausen ... AT S.A.T. 22 Albany Street ...

(The young person will be asked to complete a "Personal Portrait" Form)

### WORKERS INVOLVED WITH YOUNG PERSON

REFERRING WORKER	Name: <u>GEORGE COATES</u> Address: <u>WESTERHALES. A.O.</u> Telephone: <u>442-4131</u>
SOCIAL WORKER	Name: _____ Address: <u>S/A</u> Telephone: _____
SENIOR SOCIAL WORKER	Name: <u>HARRY ROBERTSON</u> Address: <u>S/A</u> Telephone: _____
KEY RESIDENTIAL WORKER	Name: <u>B. GORMAN</u> Address: <u>REDGORTON SCHOOL PERTH</u> Telephone: _____
OTHERS (e.g. community carer)	Name: _____ Address: _____ Telephone: _____

### YOUNG PERSON

Name (in full)	<u>AMANDA LYNCH.</u>	Age	<u>16.</u>	Date of Birth	<u>1   9   72</u>
Present address:	<u>% REDGORTON</u>				
Source of income:	_____				
Employer's name:	_____				
Address:	_____				

### CARE HISTORY

Number of years in care	<u>1</u>	Care Section/order	<u>4415.</u>	Date of expiry of Section/Orders	<u>Jan. 1989.</u>
Reasons for being in care					
Placements since being in care: <u>Redgorton</u>					

**SUPPORTED ACCOMMODATION**

Reason for referral: *notus habebimus.*

Preferred type of Supported Accommodation: (see "A Home of your own" leaflet)

*Supported flat*

Why?

*Privacy independence.*

Second choice:

*-*

Prior preparation needed:

*independent unit is apparently ready now - having been in*

Any difficulties anticipated when living in Supported Accommodation:

*None readily apparent - but may need some support about debts etc*

Anticipated support from involved workers:

*Support as necessary*

Long-term plans:

*independence*

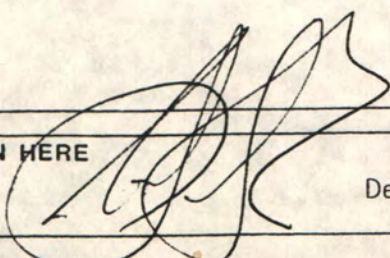
Has the information given in this form been shared with the young person?

YES  
NO

**ADDITIONAL INFORMATION**

PLEASE SIGN HERE

Signature:



Designation:

*Social Worker*

Date:

*10/1/88*

10/383

**APPLICATION FOR FINANCIAL ASSISTANCE —**  
under Ss 20, 24, 26, 27 & 29  
of the Social Work (Scotland) Act 1968

S W NAME <i>G. COATES</i>	APPLICATION DATE <i>24.7.89</i>
UNIT <i>WESTER HAILES</i>	DIVISION <i>80. WEST</i>

Please use black biro

Mr <input type="checkbox"/>	Full Name <i>Amanda LYNCH</i>	Date of Birth	Care status
Mrs <input type="checkbox"/>			Act
Miss <input type="checkbox"/>			Section
Ms <input type="checkbox"/>			
Home Address <i>18/2 Cloverstone Gdns.</i>		Name of placement (if appropriate)	

Details of any previous payments within the last six months			Amount	
Date	Items	£	P	
<i>5.4.89</i>	<i>SECT. 20</i>	<i>40</i>	<i>00</i>	
<i>4.4.89</i>				
	<i>SECT 24</i>	<i>552</i>	<i>20</i>	
<i>22.6.89</i>		<i>592</i>	<i>20</i>	
			<i>592</i>	<i>20</i>

Cheque should be made payable to: (Attach relevant invoice if appropriate)  
**Name and Address of Payee**

**SW RECOMMENDATION**

I recommend the payment of a Section 24 grant for the reasons given below.  
Cheque from HQ  Cash at Unit

Total requested

£15.00

SW Signature ..... Date .....  
Unit Head Signature *P. Jones* ..... Date *24.7.89*

**CLIENT AGREEMENT AND RECEIPT**

- I acknowledge that payment will be made direct to the above payee
- I have received from the Social Work Department the sum of £15.00 in cash for

Client's Signature *A Lynch* ..... Date *24/7/89*

**REASONS FOR PROPOSED EXPENDITURE**

Section	20	24	26	27	29	(Please circle)
---------	----	----	----	----	----	-----------------

*Money for subsistence.  
Hardship payments finished.*

**AUTHORISATION**

I authorise the payment of the amount £15.00

Signature *J. [Signature]* ..... Date *24/7/89*  
Divisional Director/Principal HSW/Unit Head/SSW/SW

**HQ USE ONLY (CLIENT FINANCE)**

Date received ..... Checked by ..... Folio number [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Date ..... Authorised by ..... Date of cheque request

Amanda Lynch Carpets

10/353

5m  
~~2m~~ x 3 1/2 m.  
 Liv 15' 2" x 10' 4. 16 1/2.

Beds ~~2~~ 11' 10" x 3m x 10 ft-4 12. ~~12.~~

Kit 3m x 3m. 10 x 10' 3. 12

Bath 2m x 2m 5' 4 x 5 ft-2. 4

Hall 2m x 2 7ft x 2ft-10. 4

11 ft-10 x 3ft. 4

6 ft- x 3x11 4

16.5  
 12  
 12  
 4  
 4  
 4  
 4  
 ---  
 52.5.

9  
 4.  
 ---  
 13.

£315

£39



Wester Hailes Area Office  
5 Murrayburn Gate  
Edinburgh EH14 2SS

## MEMORANDUM

Our Ref. A10/GC/PN

From: GEORGE COATES  
Social Worker

Your Ref.

To: ANNE BLACK  
Divisional Director  
Edinburgh (West)  
Shrubhill

Date

23rd August 1989

re: AMANDA LYNCH  
9/8 Clovenstone Gardens, Edinburgh

Thank you for your recent memo on Amanda and the application for a grant for furniture.

Amanda had in fact made an application for a Community Care Grant but unfortunately her Income Support was stopped just prior to her application being considered. She was not therefore entitled to a grant under the new rules although the decision was appealed against.

I advised her to apply for the Income Support to be reinstated.

However before this process came to fruition Amanda found work in a hotel.

We also managed to obtain some furniture from a local charity and this has just been delivered.

It does however still leave Amanda short of many essential items - ie floor covering, curtains, cooker, fridge, etc and I would ask that you consider again making the grant whilst deleting the cost of a three piece suite and the bed, both of which have been obtained.

I am sorry for the delay in replying but unfortunately this has taken some time to sort out, given Amanda's particular difficulties.

GEORGE COATES  
Social Worker

✓  
4/9/89 - pay to A110 as per SW  
A10 PA

**APPLICATION FOR FINANCIAL ASSISTANCE —**  
**under Ss 20, 24, 26, 27 & 29**  
**of the Social Work (Scotland) Act 1968**

S W NAME <b>G. COATES</b>		APPLICATION DATE <b>22.6.89</b>
UNIT <b>Westertalies A.O.</b>	DIVISION <b>Ecl. West</b>	

Please use black biro

Mr	Full Name <b>AMANDA LYNCH</b>	Date of Birth <b>1.9.72</b>	Care status Act <b>EX S.W.S.</b> Section <b>441B</b>
Mrs			
Miss			
Ms			

Home Address <b>70. 9/8 Clovenstone Gdns</b>	Name of placement (if appropriate) <b>—</b>
---	--

Details of any previous payments within the last six months			Amount	
Date	Items	£	P	
5.4.89	S 20	40	00	
7.4.89	S 24	12	00	
11.4.89	S 24	5	40	
29.5.89	S 24	0	80	

Cheque should be made payable to: (Attach relevant invoice if appropriate)  
**Name and Address of Payee**

**SW RECOMMENDATION**

I recommend the payment of a Section **24** grant for the reasons given below.  
Cheque from HQ  Cash at Unit

SW Signature ..... Date **22/6/89**  
Unit Head Signature **P. Jones** ..... Date **22/6/89**

Total requested
434
£ 534

**CLIENT AGREEMENT AND RECEIPT**

I acknowledge that payment will be made direct to the above payee  
 I have received from the Social Work Department the sum of £..... in cash for

Client's Signature ..... Date **23**

**REASONS FOR PROPOSED EXPENDITURE**

Section	20	<b>24</b>	26	27	29	(Please circle)
---------	----	-----------	----	----	----	-----------------

See Attached.

**RECEIVED AREA 10**  
11 SEP 1989  
G. Coates

Agreed - the provision of financial assistance for floor coverings curtains, cooker fridge etc as detailed in the attached Memo - (removing from the original application £100 initially requested to provide a 3pc suite and bed)

**AUTHORISATION**

I authorise the payment of the amount £ **434.00**

Signature ..... Date **29/9/89**  
Divisional Director / Principle HSW / Unit Head / SSW / SW

**HQ USE ONLY (CLIENT FINANCE)**

Date received **4.9.89** Checked by **Mjws** Folio number **53530034532**

Date **5/9/89** Authorised by **G. Coates** Date of cheque request



Director — John Chant CBE  
Wester Hailes Area Office,  
5 Murrayburn Gate,  
Edinburgh EH14 2SS  
Telephone: 031-442 4131/8  
FAX No: 031-442 4842

*Our Ref.* A10/GC/PN

*Your Ref.*

*Date* 6th October 1989

Amanda Lynch  
9/8 Clovenstone Gardens  
Edinburgh

Dear Mandy

I am pleased that your grant came through and that you have now moved into your flat. I hope that you settle and are happy there.

I would be pleased to see you to have a chat and wish you well in person but obviously your work makes this difficult.

I will be withdrawing for your life now and letting you get on with things but please if you run into any difficulties, feel free to come to the Social Work Department to ask for advice.

It just remains for me to say how much I enjoyed seeing you over the years and to again wish you all the best.

Yours sincerely

GEORGE COATES  
Social Worker

20/4/89

George

Mandy Lynch telephoned  
asking if there was any  
money here for her.

She is coming in  
tomorrow.

Value



**CITY OF EDINBURGH  
HOUSING DEPARTMENT**

22 Waterloo Place  
Edinburgh EH1 3BH

Office Hours: 8.30 am - 2.30 pm Monday - Friday

FOR ADVICE AND FURTHER  
INFORMATION PLEASE  
CONTACT THE HOUSING  
BENEFITS SECTION ON  
LEVEL 1

Telephone 225 2424

Extension 6071  
or 6063

Ref. CUI/HB

**CERTIFICATE OF UNEARNED INCOME**

Dear Sir/Madam

This Form is to confirm the amount of Benefit either you or your partner receive.

The information will be used to assess your entitlement to Housing Benefit, which may be of a temporary nature.

You should inform the Housing Benefits Section immediately of any Income Change as failure to do so might result in an overpayment of Housing Benefit which would need to be recovered.

Part I should be completed by Yourself/Partner stating the date you first claimed Benefit and the Address of the Office at which you Claim.

Please ensure your Name and Address are shown overleaf.

Then take this Form to your Local Benefit Office, where they will complete and stamp Part II.

When this is done it should be returned to the above Address.

Yours faithfully

Director of Housing

**Part I To be completed by the Claimant**

I Certify that I Claimed (state which type) Bridging Allowance Benefit  
from (date) 2, Aug, 1989 from the \*Department of Employment/DHSS Office  
at (address) 8 Clifton Terrace \*Delete as necessary.

I agree that the Manager of that Office may give you any information about my Claim.

I will tell you immediately of any change in my Income, as I understand that this may affect my Housing Benefit.

Signed A Lynch Nat. Insurance No. AY NY 70 85 45 B  
Date of Birth 1.9.72

**YOU SHOULD NOW TAKE THIS FORM TO YOUR BENEFIT OFFICE FOR COMPLETION.**

Tenant's Name AMANDA EUONNE LYNCH  
 Claimants Name S/A  
 (If different from above)  
 Address 9/8 CLOVENSTONE GARDENS Ref. No. \_\_\_\_\_  
 Nat. Insurance No. ~~NY~~ NY 70 85 45B Date 26/9/84  
 Date of Birth 1-9-72

**Part II**

**TO BE COMPLETED BY THE DEPT. OF EMPLOYMENT/DEPT. OF HEALTH AND SOCIAL SECURITY**

The above named became eligible for, and is receiving, one of the undernoted benefits from (date) 26-7-84

This benefit ceased on (date) \_\_\_\_\_ (if applicable)

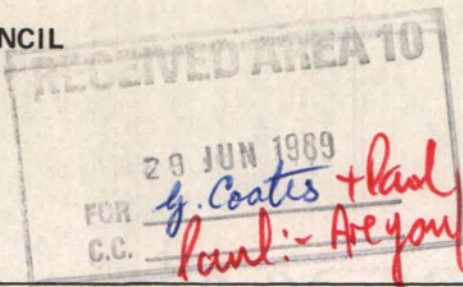
Unemployment Benefit	£ _____	Additional Information Required:          Reply:—
Sickness Benefit	£ _____	
Maternity Allowance	£ _____	
Incapacity/Severe Disablement Allowance	£ _____	
Attendance Allowance	£ _____	
Special Hardship Allowance	£ _____	
Income Support	£ _____	
Dependants Allowance	£ _____	
Invalid Care Allowance	£ _____	
<u>BRIDING AM.</u>	<u>£ 15.00</u>	
Total	<u>£ 15.00</u>	<u>FOR 40 DAYS ONLY</u>

If below basic rate, state reason.....

DOE/DHSS STAMP (Please Sign and Officially Stamp this Form)

EMPLOYMENT SERVICE  
 UNEMPLOYMENT BENEFIT OFFICE 'B'  
 20, HIGH RIGGS  
 EDINBURGH EH3 7HU

For Manager [Signature]  
 Date 28 JUL 1984



MEMORANDUM

Our Ref:

From: Anne Black

Your Ref:

To: George Coates  
Wester Hailes AO

Date: 26.6.89

Amanda Lynch.

Thank you for your memo about Am and a  
 the request for a 524 grant. I can appreciate  
 that you do not wish to see Am and getting in  
 debt via DSS but has she applied for a  
 Community Care Grant and been refused? I  
 would have thought that leaving care to go  
 to an independent tenancy might have attracted

a grant.

If this has been pursued, failed let  
me know, I will then consider the grant  
for £534.

Am black

A10/GC/JW

22 June 1989

Wester Hailes  
Area Office  
5 Murrayburn  
Gate  
Edinburgh EH14  
2SS  
George Coates  
Social Worker

Divisional Director  
West Edinburgh Division  
Shrubhill

Amanda was placed in care via the Children's Hearing system on 27.1.88, and discharged on 5.4.89 and placed in Red Gorton School.

The major reason for this was Amanda's non school attendance.

Unfortunately whilst Amanda was at Red Gorton her mother's situation deteriorated and she became homeless. Therefore Amanda could not be discharged into her care.

She was placed initially at the YWCA but this was unsuccessful because Amanda was unable to relate to the other residents that she shared with. She is at present staying with an Aunt on a strictly temporary basis.

She has been offered a District Housing Department tenancy at Clovenstone which will enable her to get help and support from friends and the Aunt.

This grant will help her set up home without entering into a great deal of debt either via the Social Security system or private companies.

Please find list appended based upon Departmental list of needs.

George Coates  
Social Worker

LOTHIAN REGIONAL COUNCIL  
DEPARTMENT OF SOCIAL WORK

APPLICATION FOR FINANCIAL ASSISTANCE —  
under Ss 20, 24, 26, 27 & 29  
of the Social Work (Scotland) Act 1968

S W NAME <i>G. Coates</i>	APPLICATION DATE <i>29 5 89</i>
UNIT <i>W. Haile</i>	DIVISION <i>Ed. West</i>

Please use black biro

Mr <input type="checkbox"/>	Full Name <i>Amanda Lynch</i>	Date of Birth <i>1 9 72</i>	Care status
Mrs <input type="checkbox"/>		Act <input type="checkbox"/>	
Miss <input type="checkbox"/>			
Ms <input type="checkbox"/>			Section
Home Address <i>96 18/2 Clovenstone Gls Ed.</i>		Name of placement (if appropriate)	

Details of any previous payments within the last six months			Amount	
Date	Items	£	P	
<i>5 4 89</i>	<i>S 20</i>	<i>40</i>	<i>00</i>	
<i>7 4 89</i>	<i>S 24</i>	<i>12</i>	<i>00</i>	
<i>11 4 89</i>	<i>S 24</i>	<i>5</i>	<i>40</i>	

Cheque should be made payable to: (Attach relevant invoice if appropriate)  
Name and Address of Payee

SW RECOMMENDATION

I recommend the payment of a Section *24* grant for the reasons given below.

Cheque from HQ  Cash at Unit

SW Signature *[Signature]* Date *29/5/89*

Unit Head Signature *[Signature]* Date *29/5/89*

Total requested

£ *80* P

CLIENT AGREEMENT AND RECEIPT

I acknowledge that payment will be made direct to the above payee

I have received from the Social Work Department the sum of £ *0.80* in cash for *FARES*

Client's Signature *A Lynch* Date .....

REASONS FOR PROPOSED EXPENDITURE

Section	20	<b>24</b>	26	27	29	(Please circle)
---------	----	-----------	----	----	----	-----------------

*Fares to D.H.S.S.*

AUTHORISATION

I authorise the payment of the amount £ *80p.*

Signature *[Signature]* Date *29/5/89*

Divisional Director/Principal HSW/Unit Head/SSW/SW

HQ USE ONLY (CLIENT FINANCE)

Date received \_\_\_\_\_ Checked by \_\_\_\_\_ Folio number 

--	--	--	--	--	--	--	--	--	--

Date \_\_\_\_\_ Authorised by \_\_\_\_\_ Date of cheque request \_\_\_\_\_

**APPLICATION FOR FINANCIAL ASSISTANCE —**  
Under Ss 20, 24, 26, 27 & 29  
of the Social Work (Scotland) Act 1968

S W NAME <i>G. Coates</i>	APPLICATION DATE <i>11.4.89</i>
UNIT <i>W. Heiber</i>	DIVISION <i>Ed. West</i>

Please use black biro

Mr <input type="checkbox"/>	Full Name <i>Amanda Lynch</i>	Date of Birth <i>1.9.72</i>	Care status Act <i>Vol.</i>
Mrs <input type="checkbox"/>			
Miss <input type="checkbox"/>			Section
Ms <input type="checkbox"/>			
Home Address <i>% 41. Lothian Rd. Ed.</i>		Name of placement (if appropriate)	

Details of any previous payments within the last six months			Amount	
Date	Items	£	P	
<i>5.4.89</i>	<i>Rent</i>	<i>40</i>	<i>20</i>	
<i>7.4.89</i>	<i>Substance</i>	<i>12</i>	<i>00</i>	

Cheque should be made payable to: (Attach relevant invoice if appropriate)  
**Name and Address of Payee**

**SW RECOMMENDATION**

I recommend the payment of a Section *24* grant for the reasons given below.

Cheque from HQ  Cash at Unit

Total requested

**£ 5 - 40**

SW Signature ..... Date *11.4.89*

Unit Head Signature *A. Lynch* ..... Date *11.4.89*

**CLIENT AGREEMENT AND RECEIPT**

I acknowledge that payment will be made direct to the above payee

I have received from the Social Work Department the sum of **£ 5.40** in cash for *food*.

Client's Signature *A Lynch* ..... Date .....

**REASONS FOR PROPOSED EXPENDITURE**

Section	20	24	26	27	29	(Please circle)
---------	----	----	----	----	----	-----------------

*Money for food. child leaving care.  
D.H.S.S. being applied for.*

**AUTHORISATION**

I authorise the payment of the amount **£ 5.40**

Signature ..... Date *11/4/89*

Divisional Director / Principal HSW / Unit Head / SSW / SW

**HQ USE ONLY (CLIENT FINANCE)**

Date received ..... Checked by ..... Folio number 

--	--	--	--	--	--	--	--	--	--

Date ..... Authorised by ..... Date of cheque request .....

A10/GEC/JW

The Manager  
Department of Social Security  
Castle Terrace  
Edinburgh

7 April 1989

Dear Sir

Re: Amanda Lynch (dob 1.9.72 ) at present c/o Red Gorton School, Perthshire

I would request that Amanda be accepted for exemption from the rules barring her age group from receiving Income Support. Amanda has been in the care of the department on a number of occasions and has been so continually since January 12, 1988. She is now ready for independence and as she cannot return to her mother due to relationship difficulties and the latter's homelessness, she is being placed at Y.W.C.A., Lothian Road.

Yours faithfully

George E Coates  
Social Worker

**APPLICATION FOR FINANCIAL ASSISTANCE —**  
**Under Ss 20, 24, 26, 27 & 29**  
**of the Social Work (Scotland) Act 1968**

S W NAME <i>G. COATES</i>		APPLICATION DATE <i>7.4.89</i>
UNIT <i>West Harks</i>	DIVISION <i>Ed. West</i>	

Please use black biro

Mr <input type="checkbox"/>	Full Name <i>Amanda Lynch</i>	Date of Birth <i>1.9.72</i>	Care status
Mrs <input type="checkbox"/>			Act <i>Vol. Support</i>
Miss <input type="checkbox"/>			Section
Ms <input type="checkbox"/>			
Home Address <i>90 Al. Lothian Rd.</i>		Name of placement (if appropriate)	

Details of any previous payments within the last six months			Amount	
Date	Items	£	P	
<i>5.4.89</i>	<i>S. 20</i>	<i>40</i>	<i>00</i>	

Cheque should be made payable to: (Attach relevant invoice if appropriate)  
**Name and Address of Payee**

<b>SW RECOMMENDATION</b>	Total requested <b>£12 —</b>
I recommend the payment of a Section <input type="checkbox"/> grant for the reasons given below. Cheque from HQ <input type="checkbox"/> Cash at Unit <input type="checkbox"/>	
SW Signature <i>[Signature]</i>	Date <i>7.4.89</i>
Unit Head Signature <i>[Signature]</i>	Date <i>7.4.89</i>

**CLIENT AGREEMENT AND RECEIPT**

I acknowledge that payment will be made direct to the above payee

I have received from the Social Work Department the sum of **£12.00** in cash for *Subsistence*.

X Client's Signature *A Lynch* Date *7.4.89*

**REASONS FOR PROPOSED EXPENDITURE**

Section	20	24	26	27	29	(Please circle)
---------	----	----	----	----	----	-----------------

*Mandy recently discharged to supported accommodation on short notice - Income Support being negotiated with D.H.S.S. Money for food etc*

**AUTHORISATION**

I authorise the payment of the amount **£12 —**

Signature *[Signature]* Date *7.4.89*  
Divisional Director/Principal HSW/Unit Head/SSW/SW

**HQ USE ONLY (CLIENT FINANCE)**

Date received \_\_\_\_\_ Checked by \_\_\_\_\_ Folio number 

--	--	--	--	--	--	--	--	--	--

Date \_\_\_\_\_ Authorised by \_\_\_\_\_ Date of cheque request \_\_\_\_\_

APPLICATION FOR FINANCIAL ASSISTANCE —  
under Ss 20, 24, 26, 27 & 29  
of the Social Work (Scotland) Act 1968

S W NAME <i>G. COATES</i>	APPLICATION DATE <i>5.4.89</i>
UNIT <i>W. HALES</i>	DIVISION <i>SO. WEST</i>

Please use black biro

Mr <input type="checkbox"/>	Full Name <i>Amanda LYNCH</i>	Date of Birth <i>1.9.72</i>	Care status
Mrs <input type="checkbox"/>			Act
Miss <input type="checkbox"/>			Section
Ms <input type="checkbox"/>			<i>S.W.S.</i> <i>15</i>
Home Address <i>46/4. Dumbryde Gdns Edinburgh</i>		Name of placement (if appropriate) <i>Red Garden School.</i>	

Details of any previous payments within the last six months			Amount	
Date	Items	£	P	
<i>NIL</i>				

Cheque should be made payable to: (Attach relevant invoice if appropriate)  
Name and Address of Payee

<b>SW RECOMMENDATION</b>	Total requested
I recommend the payment of a Section <u>20</u> grant for the reasons given below.	<i>£40 — 30</i>
Cheque from HQ <input type="checkbox"/> Cash at Unit <input type="checkbox"/>	
SW Signature <i>[Signature]</i> Date <i>5.4.89</i>	
Unit Head Signature <i>[Signature]</i> Date <i>5.4.89</i>	

**CLIENT AGREEMENT AND RECEIPT**

I acknowledge that payment will be made direct to the above payee

I have received from the Social Work Department the sum of *£40 — 30* in cash for *rent*.

Client's Signature *A Lynch* Date *5.4.89*

**REASONS FOR PROPOSED EXPENDITURE**

Section	<u>20</u>	24	26	27	29	(Please circle)
---------	-----------	----	----	----	----	-----------------

*To pay first weeks rent to Y.W.C.A. and allow discharge of child for care.*

*by Area.*  
*Payment agreed by G. McNaughton (5.4.89)*

**AUTHORISATION**

I authorise the payment of the amount *£40 — 30*

Signature *[Signature]* Date *6.4.89*

*Divisional Director/Principal HSW/Unit Head/SSW/SW*

**HQ USE ONLY (CLIENT FINANCE)**

Date received \_\_\_\_\_ Checked by \_\_\_\_\_ Folio number \_\_\_\_\_

Date \_\_\_\_\_ Authorised by \_\_\_\_\_ Date of cheque request \_\_\_\_\_

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

Date of change  
 5.4.89

Area Office <i>W. H. H. H.</i>	Social Worker	Reference Number (children only)			
Surname (client) <i>LYNCH</i>	Sex	DOB	Religion		
Forename(s) <i>Amanda</i>	Name of School/Employer				
Also known as <i>Russell</i>	Address of School/Employer				
Present Address (before change) and name of foster parent or carer if appropriate <i>% Red-Green School</i>					
New Address (after change) and name of foster parent or carer if appropriate <i>% Y.W.C.A. H. Lothian Rd</i>					
Statutory Authority before change Act	Section				
Statutory Authority after change Act	Section				

SECTIONS A B C D MUST BE COMPLETED

A REASON FOR CHANGE Specify in Box 3

1 GENERAL INFORMATION

Admission	
Transfer	
Discharge	
Death	
Closure of Case	
Change of Statutory Provision	
Other	

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

2 OTHER INFORMATION (Children only) date

Elderly		
Children		
Physically Handicapped		
Physically Ill		
Mentally Handicapped		
Mentally Ill		
Offenders		
Disadvantaged		
Others specify		
Foster Parents	Day Carers	Other Carers

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 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

3 ADDITIONAL INFORMATION

Living 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'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			

D RESPONSIBILITY FOR PLACEMENT

Own Authority	–	Supervising	
Other Authority	–	Supervising	
Own Authority	–	Financing	
Other Authority	–	Financing	

	Initials	Date
Social Worker	<i>GC</i>	<i>5.4.89</i>
Area administration		

GC/MMcG

Malcolm McCallum  
Divisional Director  
Shrubhill House  
Edinburgh

12.01.89

Dear Mr McCallum

RE: Attached Clothing Grant Application

Amanda will be leaving school during this term when suitable supported accommodation becomes available. She is also seeking work in the hotel trade and if she finds work with accommodation she will take it.

She has some clothing but for interviews in particular she is in need of smart, less casual wear.

As it would undoubtedly be in her interests to feel confident about her appearance in persuing such applications and may, given the nature of the work she is seeking, help her secure such work. I hope that you would feel able to agree that this grant should be made.

As she is near to the end of her stay in Residential Care it is unlikely that a further grant will be necessary.

Yours sincerely

George Coates  
Social Worker



**LOTHIAN REGIONAL COUNCIL - DEPARTMENT OF SOCIAL WORK**  
**CHILDREN IN CARE - CLOTHING GRANT APPLICATION (Children aged 5-17)\***

<b>CHILD'S NAME</b> <del>AMANDA</del> <b>AMANDA LYNCH</b>	<b>Date of birth</b>	<b>Age</b> 16	<b>Act/Section</b> 44.16 S.W.S.	<b>Area Team</b> 10
<b>Type of placement (Name of carer/Unit)</b> List G School - REDGORTON SCHOOL REDGORTON	<b>Date of placement</b> 27.11.88	<b>Date R.I.C.</b> 27.11.88	<b>Social Worker/Keyworker</b> G. Coates	
<b>Give details of any clothing provided in last 12 months</b> None				

TYPE	RECOMMENDED ITEMS	No. of Items Allowed	CHILD OWNS (In good condition)	CHILD NEEDS	Guide Cost Per Item 1988/89					TOTAL REQUIRED £
					5-8	9-10	11-12	13-15	16-17	
SCHOOL UNIFORM	Skirt (girl)	1			7.75	7.75	10.95	10.95	10.95	
	Trousers (boy)	1			6.95	6.95	10.50	10.50	10.50	
	Blazer (if worn)/Jacket	1			23.95	23.95	23.95	35.50	40.00	
	School jumper	2			5.00	5.50	7.00	7.00	8.25	
	Shirts & Tie	2 + 1			6.75	6.75	8.15	9.85	9.85	
	Shorts	1			6.00	7.00	9.00	9.00	9.00	
	Shoes e.g Startrite	1			22.00	23.00	27.00	28.00	28.00	
	Rubbers	1			2.50	2.50	3.00	3.00	3.00	
<b>TOTAL SCHOOL UNIFORM</b>					<b>91.00</b>	<b>94.00</b>	<b>112.85</b>	<b>128.30</b>	<b>135.30</b>	
CASUAL WEAR	Jeans	2	1	1	12.00	15.00	15.00	17.50	17.50	17-50
	Training shoes/sandals	1			12.50	13.00	13.00	15.00	15.00	
	T-shirts/tops	4	2	2	3.00	3.00	3.50	4.00	4.00	8-00
	Jumper	2	1	1	9.00	10.00	12.00	12.00	12.00	12-00
	Tracksuit	1			16.00	17.00	17.00	18.00	18.00	
	Swimming costume	1			5.00	5.00	7.00	7.00	8.00	
	Slippers	1			5.00	5.00	6.50	6.50	6.50	
SMART	Blouse/shirt	1	0	1	7.00	7.00	10.00	10.00	10.00	10-00
	Dress/trousers	1	0	1	9.00	9.00	12.00	15.00	15.00	15-00
	Shoes	1	0	1	15.00	15.00	17.00	17.00	17.00	17-00
OUTER CLOTHES	Warm coat/jacket	1			25.00	25.00	27.50	27.50	30.00	30-00
	Raincoat/cagoule	1	0	1	7.00	7.00	7.50	7.50	8.00	8-00
	Wellingtons	1			7.00	7.00	7.00	7.00	7.00	
UNDERWEAR & NIGHTWEAR	Pants	6			1.50	1.50	1.50	1.50	1.50	
	Vests	3			1.75	1.75	1.75	1.75	2.50	
	Pyjamas/nightdress	2			6.00	6.00	6.00	6.00	7.00	
	Dressing gown	1			15.00	16.00	20.00	20.00	22.50	
	Socks/tights	4			.90	.90	1.00	1.10	1.45	
	Bras	3	2	1			4.50	4.50	4.50	4-50
OTHER ITEMS										
<b>TOTAL: FULL CLOTHING PROVISION</b>					<b>298.35</b>	<b>311.85</b>	<b>369.27</b>	<b>397.95</b>	<b>417.10</b>	<b>922.00</b>

I request clothing grant for the above child totalling £122-00, TOTAL 00

Signature [Signature] Social Worker/Officer in Charge Date 10/1/99

Authorised \_\_\_\_\_ Divisional Director Date \_\_\_\_\_

Cheque to be paid to: (Give full name & address) <b>Red GORTON HOUSE SCHOOL</b> <b>REDGORTON, DERTH.</b>	Cheque requested	
	Copy sent to SW	
	Copy sent to Carer	

Amanda Lynch.  
D.O.B. 1.9.72

D.O.H. 17-1-89 3-70

Amanda has made excellent use of her year in Red Gorton. She has successfully completed a number of G.C.S.E.<sup>s</sup> and so had regular work experience in a hotel for the past term.

The main difficulty for Amanda is where she should move onto.

Unfortunately the tenancy Mrs Russell had in ~~Dat~~ Daltry was, unbeknown to her, let to her illegally.

Ms Russell moved out but has been unable to acquire a new tenancy because of rent arrears which have arisen ~~near~~ through default that non payment.

Ms Russell now stays with a friend and is quite settled there and Amanda is quite happy to live there at weekends.

However Mandy would prefer to eventually have her own tenancy and not to impose further on her mother's friend.

I have therefore referred Mandy to the Supported accommodation team and they are hopeful that Mandy will be placed early in the New Year.

In the meantime the Education Dept have agreed to Mandy staying on at school for a further term. This was at her request.

It is recognised however that her main "difficulty" at present is social and Mandy will leave school as soon as a suitable placement becomes available.

At present Mandy is in Red Gorton's Training flat but will be taking a further "module" in "Social Care".

within the school.

All this has been agreed on a voluntary basis and I  
do not see any insurmountable difficulties arising.

I would recommend that the Supervision Requirement  
is removed - This has been discussed with Mandy  
and she is in agreement - I can assure the  
panel that I will remain involved until Mandy  
has made a successful move and comes fully  
under the auspices of the Suggested Accreditation  
Team.

S. C.

c.c. Principal Psychologist, Edinburgh West  
C.C.H.S.  
Head Teacher, Redgorton  
Mr. B. Livingstone, S.W.D.  
Su Brogan, Careers  
George Coates, Area 10 S.W.D. ✓

SE/PE/PHP/BB

Mrs. Russell  
27 Wardlaw Place  
EDINBURGH

23 December 1988

Dear Mrs. Russell

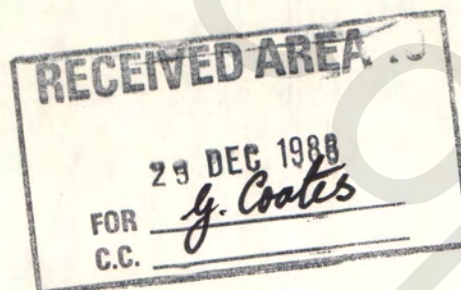
Amanda Lynch : 1.9.72

Our advisers have recommended a further period of schooling for Amanda and I am writing to advise you that she may continue to attend Redgorton School until Summer 1989.

Amanda's progress will be kept under review and discussed with her and yourself as appropriate.

Yours sincerely

Assistant Director



Ext. 2114

A10/GC/JW

Mr Roland Yorkk  
Special Education  
49 Torphichen Street  
Edinburgh

21 December 1988

EH3 8JB

Dear Mr York

Re: Amanda Lynch, c/o Redgorton School

Please find enclosed copy of decision taken at the last review.

As you see it is felt that it would be in Amanda's interests if she was able to stay on at the school and I understand that Mr Gaffney is in agreement with this.

Amanda will begin a SCOTVEC module in Child Care at the beginning of the new term.

It is recognised that it will be in Amanda's interests to move into supported accommodation at the earliest opportunity and this process has been put into action.

Yours sincerely

Barry Sprott  
Terry Gaffney

Copies to:

George Coates  
Social Worker

**LOTHIAN REGIONAL COUNCIL**

**SPECIAL EDUCATIONAL SERVICES**

Telephone: 031-343 6181



CHILD GUIDANCE SERVICE  
EASTER DRYLAW DRIVE  
EDINBURGH  
EH4 2RY

Your Ref. ....

If telephoning please ask for:

Our Ref. JTG/EM .....

Mr Gaffney  
.....

19th December, 1988.

Mr R York  
Education Officer, SES  
40 Torphichen Street  
Edinburgh

Dear Mr York

Amanda Lynch (1.9.72)  
Mother (Mrs Russell) at 27 Wardlay Place, Edinburgh  
School: Redgorton House

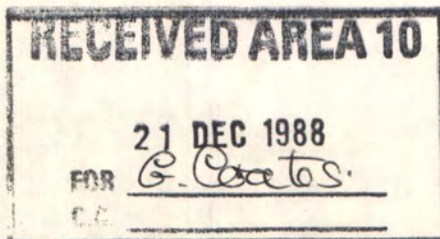
A meeting was held at Redgorton School on 13th December to discuss Amanda's progress. It has been agreed to recommend that Amanda should stay at Redgorton for another term. During this time she will complete 2 more Scotvec modules which will enhance her job opportunities. It was agreed that her present home base with Mrs Russell is unsuitable and unsupportive. Amanda will seek employment in a residential situation where she can live in or, alternatively, will be found some form of supported accommodation.

Yours sincerely

A handwritten signature in cursive script, appearing to read 'J T Gaffney'.

J T Gaffney  
Depute Principal Psychologist

cc HT Redgorton  
Bryan Livingston, Shrubhill SWD  
— George Coates, Area 10 SWD





LOTHIAN REGIONAL COUNCIL  
DEPARTMENT OF SOCIAL WORK

**REFERRAL FORM  
EMERGENCY DUTY TEAM**

From: Headquarters  
Shrubhill House  
Emergency Shrub Place  
Duty Team Edinburgh EH7 4PD  
Telephone 031-554-4301

To: SW/SSW Harry Robertson  
AREA TEAM S.S.W. A.10

Referral Number	88/3855
Date:	20.9.88
Time referred:	23.50
Time completed:	

**DETAILS OF CLIENT**

Surname	LYNCH	Forename(s)	Amanda
Present Address	Red Gorton School, Perth.		In care under Section S 44 (1) (b)

**DETAILS OF REFERRER**

Name & Title	Mrs Gorman
Address/Agency	Red Gorton School, Perth.

**DETAILS OF PROBLEM and SUBSEQUENT ACTION**

Telephone call from Mrs Gorman to say that AManda had now been found in Edinburgh. Mrs Gorman asked that Amanda be returned to the school immediately. After consultation with J. Wardlaw, Asst. Co-ordinator I advised Mrs Gorman that this would not be possible and arrangements would be made for Amanda to stay in Edinburgh overnight.

Clare Fleming, Social Worker.

**RECEIVED AREA 10**  
22 SEP 1988  
FOR H. Roberts  
C.C.

(Signed )  
(Countersigned )

Telephone call 23.55 from P.C. Horne, West End Police to advise that Amanda is now at Wester Hailes Police station. She had been found at her mother's **house** - Mrs Russel 46/4 Dunbryden Gardens.

Sandra McCleish agreed to an overnight stay at Caldergrove.

Action Required: Harry Roberts S.S.W. to be advised that transport to Red Gorton is required Wednesday.

(Signed )  
(Countersigned )

Is the Client aware of the referral? YES NO E.D.T. File Number 

6	6	6	6
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Referral telephoned to: Eileen Buglass S.W.

Number of pages





# PERSONAL DETAILS

0	6	6	6	6
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SURNAME LYNCH

ALTERNATIVE NAME(S) \_\_\_\_\_

FORENAME(S) Amanda

SEX Female DATE OF BIRTH 1 / 9 / 72

Nationality: \_\_\_\_\_ Ethnic origin: \_\_\_\_\_ Religion: \_\_\_\_\_

ADDRESS on INITIAL CONTACT \_\_\_\_\_ TELEPHONE \_\_\_\_\_

Red Gorton School, Perth 0738-828868

HOME ADDRESS if different

1 12 Wardlaw Terrace, Edinburgh

2 \_\_\_\_\_

## FAMILY DETAILS

Next of Kin	Forename(s)	Surname	Relationship	D.O.B.	Address	Tel
male						
female						
(maiden/other Names)						
Children						
in Household						
Adults						
in Household						

## RELEVANT BACKGROUND INFORMATION

(including physical description if child taken into care)

## FILE DETAILS

Date 6.9.88 Time 18.45

Recorded by C. Pomfret.

*NB Complete KEY CONTACT Sheet  
and CLIENT CARD*

TO AREA TEAM/HOSPITAL SOCIAL WORKER: if the above information is incorrect or requires updating, please return the form with your comments on the reverse



LOTHIAN REGIONAL COUNCIL  
DEPARTMENT OF SOCIAL WORK

From: Headquarters  
Shrubhill House  
Emergency Shrub Place  
Duty Team Edinburgh EH7 4PD  
Telephone 031-554-4301

To: SW/SSW George Coates  
AREA TEAM 10

Referral Number 88/3833  
Date: 19.9.88  
Time referred: 10.30  
Time completed:

## REFERRAL FORM EMERGENCY DUTY TEAM

### DETAILS OF CLIENT

Surname	LYNCH	Forename(s)	Amanda
Present Address	c/o Red Gorton School, Perth.		In care under Section

### DETAILS OF REFERRER

Name & Title	Mrs Gorman
Address/Agency	Red Gorton School.

### DETAILS OF PROBLEM and SUBSEQUENT ACTION

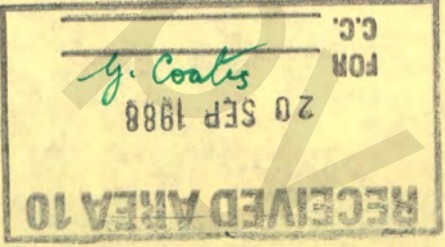
Amanda has failed to return to the school. Her father has been contacted and he took her for the train.

Mrs Gorman thinks Amanda will be at her mother's - 27 Wardlaw Place and she wondered if E.D.T. would check out to see if she was there. I advised Mrs Gorman that E.D.T. would not normally do this and that Amanda should be reported missing to the police.

Mrs Gorman is unwilling to involve the police at this stage and will wait to see if Amanda or her mother contacts the school.

Mr Lynch has said he will go to see if Amanda is at her Mother's this evening when he has finished work.

C. Pomfret, Social Worker. (Signed )  
P. Curran, Asst. Co-ordinator. (Countersigned )



(Signed )  
(Countersigned )

Is the Client aware of the referral? YES NO E.D.T. File Number 

0	6	6	6	6
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Referral telephoned to:  Number of pages



LOTHIAN REGIONAL COUNCIL  
DEPARTMENT OF SOCIAL WORK

**REFERRAL FORM**  
**EMERGENCY DUTY TEAM**

From:	Headquarters Shrubhill House Emergency Duty Team
To: SW/SSW	George Coates
AREA TEAM	10

Referral Number	88/3665
Date:	6.9.88
Time referred:	18.20
Time completed:	18.30

**DETAILS OF CLIENT**

Surname	Lynch	Forename(s)	Amanda
Present Address	c/o Red Gorton School, Perth		In care under Section

**DETAILS OF REFERRER**

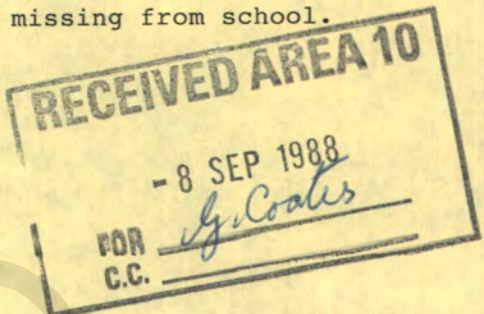
Name & Title	Leslie Anderson
Address/Agency	Red Gorton School, Perth.

**DETAILS OF PROBLEM and SUBSEQUENT ACTION**

George Coates was notified today that Amanda was missing from school. She has now returned of her own accord.

C. Pomfret, Social Worker.

P. Curran, Asst. Co-ordinator.



(Signed )  
(Countersigned )

(Signed )  
(Countersigned )

Is the Client aware of the referral ?	YES NO	E.D.T. File Number	0	6	6	6	6
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Referral telephoned to:	Number of pages
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# PERSONAL DETAILS

0	6	6	6	6
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SURNAME <u>LYNCH</u>	
ALTERNATIVE NAME(S)	
FORENAME(S) <u>Amanda</u>	
SEX <u>Female</u>	DATE OF BIRTH <u>1 / 9 / 72</u>
Nationality:	Ethnic origin: Religion:

**ADDRESS on INITIAL CONTACT**

**TELEPHONE**

Red Gorton School, Perth

0738-828868

**HOME ADDRESS if different**

1 12 Wardlaw Terrace, Edinburgh

2

**FAMILY DETAILS**

Next of Kin	Forename(s)	Surname	Relationship	D.O.B.	Address	Tel
male						
female						
(maiden/other Names)						
Children						
in Household						
Adults						
in Household						

**RELEVANT BACKGROUND INFORMATION**

(including physical description if child taken into care)

**FILE DETAILS**

Date 6.9.88 Time 18.45  
Recorded by C. Pomfret.

*NB Complete KEY CONTACT Sheet  
and CLIENT CARD*

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

Date of change

Area Of <b>Wester Hailes</b>	Social Worker <b>George Coats</b>	Reference Number (children only)			
Surname (client) <b>Lynch/Rossell</b>	Sex	DOB	Religion		
Forename(s) <b>Margaret F. Armae</b>	Name of School/Employer				
Also known as	Address of School/Employer				
Present Address (before change) and name of foster parent or carer if appropriate	<b>2/6 DUNSIRE HSE, 33 CALDER CREE</b>				
New Address (after change) and name of foster parent or carer if appropriate	<b>46/4 Dumbryden Glen</b>				
Statutory Authority before change	Act	Section			
Statutory Authority after change	Act	Section			

SECTIONS A B C D MUST BE COMPLETED

**A REASON FOR CHANGE Specify in Box 3**

Admission	
Transfer	
Discharge	
Death	
Closure of Case	
Change of Statutory Provision	
Other	

**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		
Children		
Physically Handicapped		
Physically Ill		
Mentally Handicapped		
Mentally Ill		
Offenders		
Disadvantaged		
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 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**

Living 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'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**

**D RESPONSIBILITY FOR PLACEMENT**

Own Authority	Supervising
Other Authority	Supervising
Own Authority	Financing
Other Authority	Financing

	Initials	Date
Social Worker		
Area administration	<b>G. Todd</b>	<b>19.8.88</b>



## MEMORANDUM

Our Ref. MS/JMS  
Your Ref.  
Date 25 January 1988

From: Malcolm Schaffer  
To: Malcolm McCallum  
Divisional Director of  
Social Work - Edinburgh West  
Shrubhill House  
Shrub Place  
Edinburgh

**AMANDA LYNCH (1 9 72)**  
**27 WARDLAW PLACE, EDINBURGH**

Thank you for the various correspondence which has appeared in respect of Amanda. In particular from your department we have received very helpful observations from yourself, Barry Sprott and George Coates.

Mandy's case was considered by a Children's Hearing on Friday 22 January 1988 and the decision of the hearing was to vary her supervision requirement to reside at Redgorton. I enclose a copy of the reasons given by the Children's Hearing for their decision, which I think are self explanatory. Although they have made this decision the hearing very much appreciate the reasoning of yourself, Barry and George and it may be that the wider issues of this case would require further discussion.

Malcolm Schaffer  
Divisional Reporter

RECEIVED BY  
AREA 10  
27 JAN 1988  
FOR *George*

me: Amanda Lynch

Decision of hearing held on 22 January 1988 - Supervision requirement varied to reside at Redgorton House, Perth.

The Children's Hearing reached the foregoing decision for the following reasons:

Despite repeated attempts by Social Work Department to secure backup resources in the community for Amanda. these were mainly educational resources which the education authorities were unable or unwilling to make available. In the absence of these, panel members would unanimously have wanted an educational resource like Redgorton in Lothian - however, this does not exist.

While reluctant to move Mandy to Perth, panel members considered this of the options available to be the one closest to Mandy's best interests. The hearing was influenced in this by Mandy's obvious interest in the school and what she felt it had to offer her. Of importance also was the fact that Mandy would have every weekend at home so keeping in close contact with mum, home and the community. Mandy had some anxieties about leaving home and panel members understood these, but considered that although Mandy's education had fallen far behind, she is a bright girl and could benefit from all the Redgorton could offer her.

J Raeburn (Chairman)

**PARENT'S DECLARATION**

- 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 Region.
- I understand that I must inform the Director of Social Work of any change in my address or financial circumstances.
- 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 27/1/88  
 Witness [Signature]  
 Date 27/1/88

**FOR OFFICIAL USE**

Authorisation by Area Officer/Senior S.W. A. Roberts (Signature)  
 Area D.  
 Allocated to G. Coates  
 Source of referral ALLOCATED CASE  
 Reason for admission CHILDREN'S PANEL DECISION.  
44(1)(b).

**RECEPTION INTO CARE (RIC 1)**

Child's Surname <del>RUSSELL</del> LYNCH	CP. No. 607512403
Forename(s) AMANDA	Sex
Also known as RUSSELL	
Address on admission 27. Wardlaw Place.	

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

D.O.B. 1-9-72	Place of Birth Edinburgh	Legitimate Illegitimate Extra-Marital	Religion C of S Roman	Date & Place of Baptism
Previous Residence(s) during past year 53/3 West Hales Park				Child's Doctor
Nursery/School/Employment Cowan Park	PLACEMENT DETAILS			
Address of Placement RED GORTON - PERTSHIRE		Section 44/6	Admission Date 27/1/88	

PARENTS			SOURCE OF INCOME		
Mother's Surname RUSSELL	Forename(s) MARGARET	D.O.B.	Employed <input type="checkbox"/> Unemployed <input checked="" type="checkbox"/>		
Née	Known as	Custody YES/NO	Occupation Employer's name & address		
Present Address	Tel;	Marital Status	Yes	No	Order Book No.
Previous Address	Religion	FIS			
Father's Surname	Forename(s)	D.O.B.	Supp. Ben.		26 286721 20
Known as	Known as	Custody YES/NO	Employed <input type="checkbox"/> Unemployed <input type="checkbox"/>		
Present Address	Tel;	Marital Status	Yes	No	Order Book No.
Previous Address	Religion	FIS			
		Supp. Ben.			

Total No. of children in family	Addresses & Tel. Nos. of close relatives or emergency contact
---------------------------------	---

FROM	TO	PLACEMENT	ACT & SECTION UNDER WHICH ADMITTED

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

Reception into Care - Information to Care Staff (RIC 6)

Full Name of Child <i>Amanda LYNCH</i>	D.O.B. <i>1.9.72</i>
*LEGITIMATE/ILLEGITIMATE/EXTRA MARITAL	Religion <i>C.S. David</i>
Act & Section under which admitted <i>S.W.S. - 441a. Care of parent</i>	
Admitted by (SW) <i>G. Cook</i>	
SW Area & phone no. (031) <i>West Hales - 4424131</i>	Date form completed

\* Delete as appropriate

Home Address <i>27, WARDLAW PLACE EDINBURGH</i>	Admitted from (if different)	School/Nursery attended
		Staff Contact
		Other agencies involved

Name of Father <i>Mr Richard LYNCH</i>	D.O.B. <i>6 12 35</i>	Occupation <i>Scrap Metal Dealer</i>	Address <i>12 Wardlaw Terrace</i>	Tel. No.	Marital status <i>S.</i>
Custody *YES/NO					
Name of Mother <i>Mrs Margaret Russell</i>	D.O.B. <i>29 40</i>	Occupation <i>Housewife</i>	Address <i>12 Wardlaw Place S/A</i>	Tel. No.	Marital status <i>D</i>
Custody *YES/NO					

Doctor's Name & Address <i>Dr Mangray Sighthill H.C. Tel.No. 453 5335</i>	Siblings & Addresses <i>Evonne 154 Gorgie Rd Tracy W/H. Andrew Inverard.</i>	Possible Visitors <i>Mother Sister Friends</i>
--	---	---

Names of other significant adults	Addresses <i>As above</i>	Relationship
-----------------------------------	------------------------------	--------------

Reasons for admission.  
*Non School Attendance*

Child's attitude to RIC/What was the child told?  
*Good. Fully discussed of*

Carer's contract with Social Worker e.g. duration of placement. <i>Minimum Monday remaining school days.</i>	Forms Rec'd - tick  RIC - 2 RIC - 3 RIC - 4 RIC - 5
---	--

Previous Admissions to Care

Placement	Act & Section under which admitted	From/To
Post bonds	S.O.S. 5.15 14.8.78 - 31.8.78	
Calder Grove	S.O.S. 40 (7)	20-8-85 24-9-85
	S.O.S. 44 19. Care for Joes	25.10.86

Behavioural Problems

Non School Attender. No severe behavioural problems. Can be strong willed and obstinate though.

Brief Details of Family Situation

Amelia lives with her mother in a one bedroom flat in Garsje. They are very close particularly since the death of Andrew. Maddy's brother last year. They have close contact with an extended family which is warm and supportive. Difficulties may arise with Maddy returning from W/S. Care.

Future Plans

1. Parents;

for Maddy to return home.

2. Department;

Diffic though if Maddy wanted to stay as I would recommend this.

Medical Information at Application (RIC 2)

Child's Surname LYNCH	
Forename(s) Amanda	
D.O.B. 1.9.72	CP.No.

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

Measles	Yes	Chicken-pox	Yes
German Measles	No	Scarlet Fever	No
Whooping Cough	No	Diphtheria	No
Mumps	No	Other - Specify	Suffer from Asthma
Dysentery	No		

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

Smallpox	No	Polio	Yes
Triple Antigen - diphtheria, whooping cough, tetanus.	Yes	Measles	No
B.C.G.	Yes	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?

**PARENT'S DECLARATION**

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

Signature In Russell Date \_\_\_\_\_

PLEASE COLLECT NATIONAL HEALTH CARD



**LOTHIAN REGIONAL COUNCIL  
DEPARTMENT OF SOCIAL WORK**

**PARENTAL CONSENT  
TO MEDICAL TREATMENT  
AND ACTIVITIES**

Child's Surname <i>LYNCH</i>	Case Number
Forename(s) <i>Amanda</i>	D.O.B. <i>11/9/72</i>

Home Address <i>27. WARDLOW PLACE EDINBURGH.</i>	Name and Address of G.P. <i>Dr Maingay</i>
---	---

**A 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 <i>A M Russell</i> .....	Parent/Guardian	Date <i>27/1/88</i> .....
Signed <i>[Signature]</i> .....	Witness	Date <i>27/1/88</i> .....

**B REFUSAL TO CONSENT TO MEDICAL TREATMENT:**

I have been asked to give my consent to appropriate 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 .....

**C TO WHOM IT MAY CONCERN**

The parents of this child are unable to be found or have refused to sign their consent to any essential medical treatment which the child may require.

- \* The child is now in the care of the Lothian Regional Council Department of Social Work under Section ..... of the ..... Act 19
- OR \* The child is subject to a Place of Safety Warrant/Court Order in terms of Section ..... of the ..... Act 19 and is presently being cared for by the Lothian Social Work Department.

Since the Lothian Regional Council does not at this stage hold parental rights in respect of this child I would request medical staff, in consultation with their colleagues, to consider offering any necessary medical or surgical treatment despite the absence of parental consent.

Signature .....	Designation .....	Date .....
-----------------	-------------------	------------

LOTHIAN REGIONAL COUNCIL — DEPARTMENT OF SOCIAL WORK

MEDICAL EXAMINATION OF CHILD



- Reception into care medical
- 28 day medical
- Annual medical
- Transfer/discharge medical

Please Return to

Name **GEORGE COATES**  
 Address **S.W.D.**  
**5 MURRAY BARN GATE**  
**EDINBURGH EH 14 2SS**

Administration of Children's Homes Regulations 1959, Boarding out of Children (Scotland) Regs. 1959,

Surname <b>LYNCH</b>	Home Address <b>27 WARDLAW PLACE</b>	Date of Birth <b>1-9-72</b>
-------------------------	---	--------------------------------

Forenames <b>MANDY</b>	Present Address (if different) <b>AS GIVEN</b>	Sex <b>FEMALE</b>
---------------------------	---	----------------------

Next of Kin (if applicable)	Name and Address <b>MRS RUSSELL</b> <b>27 WARDLAW PLACE</b>
-----------------------------	---

1.	Immunisation Record	First Medical	Additions since last examined
	Polio Vaccination	1. <b>1985</b>	2. 3.
	Triple Antigen	1. <b>1985</b>	2. 3.
	Whooping Cough	1. <b>1985</b>	2. 3.
	Diphtheria/Tetanus	1. <b>1985</b>	2. 3.
	Rubella	1. <b>1985</b>	Has the child had the appropriate immunisation for his/her age?
	Measles	1. <b>1985</b>	
	B.C.G.	1. <b>1985</b>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>

2.	History of illness, infections or injuries.	Since Birth	Since last seen
	<b>1983 - MILD ASTHMA</b>		

3.	The condition of: (please elaborate in Section 10 if necessary)
	Eyes/Sight <b>wears glasses.</b>
	Ears/Hearing <b>normal.</b>
	Throat <b>normal.</b>
	Tonsils <b>normal.</b>
	Teeth and Gums <b>normal.</b>
	*Skin and Scalp <b>normal.</b>

\*Please indicate presence and extent of bruising, vermin etc. and any need for treatment

4.	Evidence of abnormality in the following systems (comment in Section 10 if necessary)
	Cardiovascular <b>normal.</b>
	Respiratory <b>normal.</b>
	Alimentary <b>normal.</b>
	Central Nervous <b>normal.</b>
	Genito-urinary <b>normal.</b>
	Other <b>normal.</b>

5.	State of Nutrition <b>satisfactory</b>
----	--

6. Are speech and articulation satisfactory?

Yes

7. Does the child suffer from incontinence?

Urinary YES  NO  Faecal YES  NO

8. Particulars of present medication/treatment

No

9. Particulars of any condition of which the carers should be aware:

e.g. allergies, medication to which the child does not respond, bedwetting, attendance at hospitals/clinics etc. Evidence of abnormality of development or behaviour which is inconsistent with the child's age.

10. Has there been any change in the child (physically or mentally) since last seen by you?

Never seen before

11. Child's general state of health and any other comments.

Satisfactory

12. CERTIFICATE I certify that I have today examined MANDY LYNCH who is/is not already known to me, and find this child fit\*/unfit to be in care, i.e. this child does\*/does not require hospital care. I also certify that I find this child free from infection\*/suffering from the conditions mentioned above. This was an initial\*/subsequent\*/emergency\* consultation by me

Signature .....	Name and Address (in block capitals)	DRS. I. D. ROBERTSON, C. H. MAINGAY, C. F. MACKIE, J. A. LANG, A. WATSON, SIGHTHILL HEALTH CENTRE, CALDER ROAD, EDINBURGH, EH11 4AU.
Date .....		

NOTIFICATION OF DECISION

Name and Address	Date of Birth	School	Class
Amanda Lynch 27 Wardlaw Place Edinburgh.	1.9.72	Cairnpark	

Grounds of Referral: SW Review of S-R dated 27/11/87

Reporter's Decision dated: \_\_\_\_\_

- 1) No formal Action
- 2) No action current S.R.
- 3) No action insufficient evidence

- 4) Voluntary measures of care
- 5) Police Warning recommended
- 6) Juvenile liaison recommended

Children's Hearing Decision dated: 22/1/88

- 7) Referral Discharged
- 8) Continued to \_\_\_\_\_ /date to be fixed
- 9) Supervision requirement varied   
Condition to reside Redgorton House School
- 10) Residential Supervision Requirement   
Place \_\_\_\_\_  
Pending Placement (a) At Home  
(b) Howdenhall Children's Unit  
(c) \_\_\_\_\_
- 11) Supervision requirement dated \_\_\_\_\_ continued
- 12) Supervision requirement terminated.

RECEIVED BY  
AREA 10  
28 JAN 1988  
FOR George

Margaret Russell  
27 Wardlaw Place  
EDINBURGH

A10/GC/AB

22 January 1988

Dear Margaret

I have made an appointment for Mandy to have her medical examination on Tuesday at 2.45pm in the Wester Hailes Clinic

Could you call into my office at 2.30pm and we will go for the medical together.

It is extremely important that this appointment is kept.

Yours sincerely

GEORGE COATES  
Social Worker

Amanda Lynch  
27 Wardlaw Place  
Edinburgh

A10/GC/PN

15th January 1988

Dear Amanda

I have arranged two "events" for you next week. I would like to introduce you to a home tutor Susan on Tuesday 19th January at about 4.30 pm and on Wednesday 20th I have arranged a visit to Red Garton School.

It is important indeed essential that both these appointments are kept so we will have a busy time next week.

I look forward to seeing you then.

Yours sincerely

GEORGE COATES  
Social Worker

**LOTHIAN REGIONAL COUNCIL**

**SPECIAL EDUCATIONAL SERVICES**

Telephone: 031-343 6181



CHILD GUIDANCE SERVICE  
EASTER DRYLAW DRIVE  
EDINBURGH  
EH4 2RY

Your Ref. ....

If telephoning please ask for:

Our Ref. JTG/JY : .....

Mr Gaffney

14 January 1988

Mr R York  
Education Officer  
Special Educational Services  
40 Torphichen Street  
Edinburgh

Dear Mr York

Amanda Lynch : 1.9.72 27 Wardlaw Place  
School : Cairnpark

As you know Mandy has not returned to Cairnpark following the Hearing on 15th December 1987. I am still of the opinion that even at this late stage Mandy would benefit from attendance at Redgorton School. I understand that Mrs Gorman has received papers and is expecting George Coates, the local authority social worker, to arrange for Mandy and her mother to visit the school in the near future. (I certainly hope the visit will take place before the Hearing on 22nd January).

I do not think that the alternative plan, to provide a home tutor for Mandy, is as attractive an option, if it is an option at all. In the past neither Mandy nor her mother have cooperated with outside agencies. They do not turn up if appointments are made. They are not at home even at prearranged times. Mandy and Mrs Lynch have failed to appear at Hearings almost as often as they have turned up. I do not think that a home tutor visiting Mandy a couple of times per week for a few hours would bring about any significant change or provide a really beneficial experience.

As far as the other points in Mr McCallums letter are concerned, I am unable to see any way in which work experience can legally be obtained, unless Amanda attends a school, nor can I see any way in which Community Education, TUEI or a college can be expected to help.

Yours sincerely

Handwritten signature of J T Gaffney in cursive.

J T Gaffney  
Depute Principal Psychologist



NAME Amanda Lynch

Decision of Hearing held on 15.12.87 - Hearing adjourned for further exploration -  
application to be made to Redgorton School and to explore the VTO Scheme  
The Children's Hearing reached the foregoing decision for the following reasons:

Amanda has clearly lost all pattern of attendance at school and does not intend to return. While Mandy does not present any problems in the community, some concern was expressed by Panel Members at the drifting lifestyle which Mandy has experienced for some 4 years now. Also, the last recorded assessment places her educational ability at 9/10 years old level. Redgorton may well be able to intervene helpfully in both these areas and application is made for a place; for Mandy and Mum to visit; and for Panel Members to learn more of what Redgorton could offer.

However, since Panel Members are as yet undecided about the wisdom of removing Mandy from home, Mr Coates is asked to explore further the voluntary tutor scheme - what they can offer and Mandy's commitment to them.

Signed - Jean Raeburn (Chairman)



Mr Roland York  
Education Officer  
(Special Educational Services)  
Department of Education  
Torphichen Street  
EDINBURGH

MM/NG

28th December 1987

Dear Roly

AMANDA LYNCH 27 WARDLAW PLACE, EDINBURGH

I understand that following the recent Children's Hearing in relation to the above, you have been approached by the Reporter, on behalf of the Panel, with regard to the possibility of providing some form of home tuition for this girl, but that you would consider this to be inappropriate.

I can appreciate the limitations of the home tutor service and that the criterion for this is normally some form of medical/psychological component. Never the less, I would have thought that given the fact that Amanda is due to leave school in May '88, she has a reasonably good relationship with her family and that she is not exhibiting delinquent behaviour, some form of localised "package" could and should be worked up for her. Would it not be possible for example, to put together an arrangement where the main focus has practical work experience with home tuition as a secondary element, possibly tapping into what may be available via Community Education, TVEI or one of the colleges etc. etc.

I accept that we don't want to be actively condoning her long pattern of non-attendance, and perhaps it could be argued that she would have benefitted from a period of residential schooling at an earlier stage. Never-the-less, given the present timescale I would have serious misgivings about endorsing a very expensive form of education for the remaining months of her school career, and would much rather we pursued an approach which is entirely consistent with the objectives embodied within the principles of Youth Strategy.

In view of this could I ask you to reconsider what could be done in this situation, bearing in mind that the Hearing is due to be re-convened on the 22/1/88.

With good wishes for a happy and prosperous New Year.

Yours sincerely

Malcolm McCallum  
Divisional Director  
Edinburgh West

c.c: Alison Falconer - Reporter Office  
John Noble - Child Guidance Centre, Drylaw School  
George Coates - Social Worker - Wester Hailes Area Office  
Barry Sprott - Div Asst (Adols) - Gorgie/Dalry Area Office

Ext 8394

**LOTHIAN REGIONAL COUNCIL**

**SPECIAL EDUCATIONAL SERVICES**

Telephone: 031-343 6181



CHILD GUIDANCE SERVICE  
EASTER DRYLAW DRIVE  
EDINBURGH  
EH4 2RY

Your Ref. ....

If telephoning please ask for:

Our Ref. JTG/EM .....

Mr Gaffney  
.....

9th December, 1987.

Miss A Falconer  
Assistant Reporter  
1/3 Howden Street  
Edinburgh  
EH8 9HH

Dear Alison

Amanda LYNCH (1.9.72) 53/3 Wester Hailes Drive, Edinburgh  
School: Cairnpark

I may not be able to attend Mandy's Hearing on 15th December as two other Hearings in which I am involved are taking place on the same afternoon.

I have spoken to Mrs Gorman, Principal of Redgorton. She says she could have a vacancy at the school in January and she would be prepared to consider Mandy for a place even at this late date.

The benefits to Mandy would be that she would have experiences that would prepare her for employment and independence when she reaches school leaving age. She would be getting up and going to bed at reasonable hours and her day would be supervised and occupied with meaningful activity. It may still be possible for her to leave school too, with certificates of some kind of achievement. This could be a very positive experience for Mandy and of lasting benefit to her. I hope the Panel will recommend that application be made to Redgorton and not acquiesce to Mandy's truancy extending from Primary 7 to the end of her school career, almost without a break.

Yours sincerely

Handwritten signature of J T Gaffney in cursive.

J T Gaffney  
Depute Principal Psychologist

cc - George Coates, SWD Area 10  
HT Cairnpark School  
HT Redgorton School



NOTIFICATION OF DECISION

Name and Address	Date of Birth	School	Class
Amanda Lynch 27 Wardlaw Place Edinburgh.	1.9.72	Cairnpark	

Grounds of Referral: S.W. Review of SR dated 30/9/87

Reporter's Decision dated:

- |                                    |                          |                                 |                          |
|------------------------------------|--------------------------|---------------------------------|--------------------------|
| 1) No formal Action                | <input type="checkbox"/> | 4) Voluntary measures of care   | <input type="checkbox"/> |
| 2) No action current S.R.          | <input type="checkbox"/> | 5) Police Warning recommended   | <input type="checkbox"/> |
| 3) No action insufficient evidence | <input type="checkbox"/> | 6) Juvenile liaison recommended | <input type="checkbox"/> |

Children's Hearing Decision dated: 17/11/87

- 7) Referral Discharged
- 8) Continued to \_\_\_\_\_ /date to be fixed
- 9) Supervision requirement   
Condition \_\_\_\_\_
- 10) Residential Supervision Requirement   
Place \_\_\_\_\_  
Pending Placement (a) At Home  
(b) Howdenhall Children's Unit  
(c) \_\_\_\_\_
- 11) Supervision requirement dated \_\_\_\_\_ continued
- 12) Supervision requirement terminated.

36 NOV 1987  
George

A10/GC/JW

George Coates  
Social Worker  
Brian Livingston

18 November 1987

Re: Amanda Lynch, 27 Wardlaw Place, Edinburgh

Please find enclosed sample copies of reports on Amanda.

As there is quite a large amount of information it might be helpful if I summarize the main themes.

Amanda has had an ongoing school attendance problem since her last year in primary school.

Mrs Russell whilst not actively condoning the non school attendance, has been passively accepting it feeling there was little she could do.

Amanda poses few problems in the home or in the community and is generally a very pleasant, quite well integrated girl. She is however, very obstinate and in important areas e.g. school attendances has been very difficult to influence.

When in school she presents no difficulties in a small classroom situation. She presented much greater control difficulties when she was at WHEC, being quite disruptive.

Although of average intelligence she functions at the 8-9 year old level in terms of literacy and numeracy.

Regarding the present situation I quite agree with the Educational Psychologists that if Amanda is to get regular traditional classroom teaching it would have to be in a residential school.

I would however, stress that on past evidence, and given both Amanda's and her mother's opposition, there is no guarantee that such a move could be successful.

I do not see much point in trying alternative day schools e.g. Canonmills Leavers Group, as it is highly unlikely that Amanda would attend.

Given that "traditional" schooling appears to be a non starter for Amanda it does therefore become a question of whether any 'alternative' schooling e.g. work experience + homework - home tutoring can be worked out or whether Residential Schooling is the only answer.

I would, given that the late stage that we are at, prefer it if the former could be arranged. I do not feel however, that Amanda's going to a Residential School would be positively damaging to her as long as we could actively get her there and settled.

I/.....



19/11/87

**SOCIAL WORK (SCOTLAND) ACT 1968**

.....17 November.....1987

A children's hearing for the Lothian Region by way of variation of [and in substitution for] the supervision requirement dated<sup>1</sup> 30 9 87

to which<sup>2</sup> Amanda Lynch (1 9 72)

is subject, hereby require her ~~XXXXXXXXXX~~ [to reside in<sup>3</sup>

9/12/87 ]

[to be under the supervision of<sup>4</sup> a social worker to be nominated by the Director of Social Work, Lothian Region ]

subject to the conditions noted below and the said requirement dated 30 9 87 is hereby revoked.

.....John Fraser.....  
Chairman of the children's hearing

**CONDITIONS REFERRED TO IN THE FOREGOING SUPERVISION REQUIREMENT**

1. The child is required to observe the rules of conduct of the residential establishment.
2. The requirement to reside is subject to the discretion of the managers of the residential establishment to grant leave of absence from time to time.

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

<sup>1</sup> Date of previous supervision requirement  
<sup>2</sup> Name of child

<sup>3</sup> Name of residential establishment  
<sup>4</sup> Name of local authority or other supervisor

Name: Amanda Lynch

Decision of hearing held on 17 November 1987 - Supervision requirement varied with no conditions, allowing return home. Early review fixed for Tuesday 15 December 1987 at 3.30 p.m.

The Children's Hearing reached the foregoing decision for the following reasons:

Amanda did not appear at the hearing and we were concerned that the opportunity to return to school had not been taken up at Calder Grove. She was presenting no other problems in the community and we agreed to vary her supervision requirement to allow her to return home.

On the educational aspect, we considered that Redgorton may not be the most appropriate placement and that some form of alternative education should be pursued, and the Education Department would be asked to consider the other options available before returning to another hearing when Amanda can hopefully be present.

John Fraser (Chairman)



Lothian Regional Reporter  
A. F. Finlayson,  
1/3 Howden Street, Edinburgh EH8 9HH  
Telephone: 031-667 9431

Mr R York  
Education Officer  
Department of Education  
40 Torphichen Street  
EDINBURGH EH3 8JJ

*Our reference* AF/JMS

*Your reference*

*Date* 20 November 1987

Dear Mr York

**AMANDA LYNCH (1 9 72)**  
**27 WARDLAW PLACE, EDINBURGH**

Thank you for your letter of 13 November, copies of which were given to the panel members at Amanda's hearing on 17 November. Amanda did not turn up for the hearing. It was decided in her absence to vary her supervision requirement to delete the condition of residence at Calder Grove, allowing her to return to her mother. In view of her attendance record while at Calder Grove, there seemed to be no sense in keeping her there.

An early review hearing has been arranged for Tuesday 15 December 1987 at 3.30 p.m. and the panel members have asked whether there are any alternatives at all to Redgorton which could be available for consideration by the next Children's Hearing. I am attaching a copy of the chairman's reasons for the decision, from which you will note that they have specifically mentioned their view that Redgorton may not be the most appropriate placement for Mandy. The next hearing on 15 December would particularly like to know whether it would be possible for Mandy to be allocated a home tutor. Certainly there is clear evidence that she is highly unlikely to attend any school from home, but I cannot find any evidence in my file to suggest that she would not be at home to be visited by a tutor. As far as I am aware, she has co-operated in almost every respect, except for leaving her house to attend school. I gather that in theory children can be given home tutors and on behalf of the hearing members I am asking for this option to be considered for the remainder of Mandy's compulsory education.

I will look forward to hearing from you.

Yours sincerely

Alison Falconer  
Assistant Reporter

*If telephoning please ask for*

*All communications to be addressed to the Reporter*

LOTHIAN REGIONAL COUNCIL — DEPARTMENT OF SOCIAL WORK

MEDICAL EXAMINATION OF CHILD



- Reception into care medical
- 28 day medical
- Annual medical
- Transfer/discharge medical

RECEIVED BY  
Please Return to  
AREA 10  
10 NOV 1987  
FOR G Coates

Name \_\_\_\_\_  
Address \_\_\_\_\_

Administration of Children's Homes Regulations 1959, Boarding out of Children (Scotland) Regs. 1959,

Surname <b>LYNCH</b>	Home Address <b>27, WARDLAW PLACE. EDINBURGH</b>	Date of Birth <b>1.9.72</b>
Forenames <b>MANDY</b>	Present Address (if different) <b>9017, CALDER GROVE.</b>	Sex <b>F</b>

Next of Kin (if applicable): **MARGARET RUSSELL.** Name and Address: **See HOME ADDRESS.**

1. Immunisation Record	First Medical	Additions since last examined	
Polio Vaccination	1.	2.	3.
Triple Antigen	1.	2.	3.
Whooping Cough	1.	2.	3.
Diphtheria/Tetanus	1.	2.	3.
Rubella	1.	Has the child had the appropriate immunisation for his/her age?	
Measles	1.		
B.C.G.	1.		
		YES	<input type="checkbox"/>
		NO	<input type="checkbox"/>

2. History of illness, infections or injuries.

Since Birth	Since last seen

3. The condition of: (please elaborate in Section 10 if necessary)

Eyes/Sight	} <b>Has reading spectacles</b>
Ears/Hearing	
Throat	
Tonsils	
Teeth and Gums	
*Skin and Scalp	} <b>Healthy</b>
*Please indicate presence and extent of bruising, vermin etc. and any need for treatment	
} <b>slight acne</b>	

4. Evidence of abnormality in the following systems (comment in Section 10 if necessary)

Cardiovascular	} <b>No abnormalities</b>
Respiratory	
Alimentary	
Central Nervous	
Genito-urinary	
Other	

5. State of Nutrition

**Good**

6. Are speech and articulation satisfactory?

Yes.

7. Does the child suffer from incontinence?

No

Urinary YES  NO  Faecal YES  NO

8. Particulars of present medication/treatment

Becotide inhaler

9. Particulars of any condition of which the carers should be aware:

e.g. allergies, medication to which the child does not respond, bedwetting, attendance at hospitals/clinics etc. Evidence of abnormality of development or behaviour which is inconsistent with the child's age.

Asthma & Hay fever.

10. Has there been any change in the child (physically or mentally) since last seen by you?

11. Child's general state of health and any other comments.

Good

12. CERTIFICATE I certify that I have today examined Mandy Lynch who is/is not already known to me, and find this child fit\*/upfit to be in care, i.e. this child does\*/does not require hospital care. I also certify that I find this child free from infection\*/suffering from the conditions mentioned above. This was an initial\*/subsequent\*/emergency\* consultation by me. \*Delete as appropriate

Signature ..... H. Titterton Name and Address (in block capitals) **DR. H. TITTERINGTON SIGHTHILL HEALTH CENTRE Calder Road, Edin. EH11 4AU Tel No. 443 2291**

Date ..... 18.4.87



Gorgie/Dalry Area Office  
1 Gorgie Road

## MEMORANDUM

Our Ref: A9/BS/ST

From: Barry Sprott  
Divisional Assistant

Your Ref:

To: George Coates  
Social Worker  
Area 10

Date: 5th November, 1987.

**Amanda Lynch (dob 1.9.72), c/o Calder Grove Reception Unit**

Following our recent telephone conversations re the above I've now had the opportunity to discuss the issue of Amanda's future schooling with John Noble and Terry Gaffney.

I put to them the suggestion of home tutoring, although perhaps not surprisingly it has met with a significant lack of enthusiasm. Their opposition to this would be largely in terms of:-

- 1) Home tuition really needs to be justified in terms of some special medical condition such as agoraphobia.
- 2) Given the girl's age she would need much more than simply some strengthening of the 3 Rs, which seems to be the extent of the home tutor service.

They would much rather see her admitted to Redgorton for the remaining six months of her school career, and from what I've been told the school would be willing to take her for this period.

Nevertheless, in view of the fact that this girl seems quite "comfortable" in her own home and local community etc., it would be far more in keeping with the philosophy of Youth Strategy for us to do all we can to prevent her having to move such a distance at this stage of her schooling.

I'm due to meet with Terry and John on 11.11.87 to discuss a range of issues and I would be quite prepared to dig my heels in on this one, although I'm conscious of the fact that I don't know this girl and perhaps you feel that Redgorton wouldn't be that bad a prospect. Anyway, do let me know your view as soon as you can.

BARRY SPROTT  
Divisional Assistant  
(Adolescents)  
Edinburgh West Division





CAIRNPARK SCHOOL  
REDHALL HOUSE DRIVE  
EDINBURGH EH14 1JA

Telephone : 031-443 0903

Mrs HELEN M. HESLOP, Headteacher

Our reference HMH/MMN

Your reference

Date 16th October 1987

Miss A. Falconer,  
Asst. Reporter,  
1/3 Howden Street,  
EH8 9HH

Dear Miss Falconer,

Amanda Lynch - 1. 9. 72

For your information, following Mandy's hearing of 30th September her attendance at school has been as follows - Possible Attendance, 24 Actual, 9. She has not now been in school since Monday 12th October.

I understand that each day when George Coates has arrived at Calder Grove to bring Mandy to school, she has already left the home and disappeared to her haunts in Wester Hailes for the day.

I believe that now George means to seek a place in a residential school for Mandy. No doubt he will be writing to you.

Yours sincerely,

*Helen M. Heslop*  
Helen M. Heslop (Mrs.)  
Head Teacher.

RECEIVED  
CHILDREN'S SERVICES  
19 OCT 1987

A10/GC/PN

Mrs Margaret Russell  
27/2 Wardlaw Place  
Edinburgh

16th October 1987

Dear Margaret

I would like to call and see both you and Mandy on  
Wednesday 21st at 11.30am.

Yours sincerely

GEORGE COATES  
Social Worker

**PARENT'S DECLARATION**

- 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 Region. If required to contribute, I understand that the weekly rate of contribution for each child is approximately half the current child benefit rate.
- I understand that I must inform the Director of Social Work of any change in my address or financial circumstances.
- 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 *30/Sept/1987*

Witness *30 Sept 1987*

Date \_\_\_\_\_

**FOR OFFICIAL USE**

Authorisation by Area Officer/Senior S.W. *A. Roberts*

(Signature)

Area *10*

Allocated to *G. Coates*

Source of referral *Assoc. Case*

Reason for admission *Non school attendance  
via children's hearing system*

**RECEPTION INTO CARE (RIC 1)**

Child's Surname <i>A LYNCH</i>	CP. No. <i>6075124</i>
Forename(s) <i>Amanda</i>	Sex
Also known as <i>Russell</i>	
Address on admission <i>27 Wardlaw Place</i>	

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

D.O.B. <i>1. Sept. 72</i>	Place of Birth <i>Edinburgh</i>	Legitimate Illegitimate Extra-Marital <i>PROT</i>	Religion	Date & Place of Baptism
Previous Residence(s) during past year <i>53/5 West Halls Drive</i>			Child's Doctor	
Nursery/School/Employment <i>Cairnpark</i>	PLACEMENT DETAILS			
Address of Placement <i>Caldy Grove R.P.D. Unit</i>		Section <i>46 1a</i>	Admission Date <i>30.9.87</i>	

PARENTS		SOURCE OF INCOME	
Mother's Surname <i>RUSSELL</i>	Forename(s) <i>MARGARET</i>	D.O.B.	Employed <input type="checkbox"/> Unemployed <input type="checkbox"/>
Née <i>FARRER</i>	Known as	Custody <i>YES/NO</i>	Occupation Employer's name & address
Present Address <i>27, Wardlaw Place Edinb</i>	Tel;	Marital Status <i>Div.</i>	Yes No Order Book No.
Previous Address <i>53/5 West Halls Drive</i>	Religion	FIS	Supp. Ben. <i>2991 159323</i>
Father's Surname <i>LYNCH</i>	Forename(s) <i>Richard</i>	D.O.B. <i>6. R. 35</i>	Employed <input type="checkbox"/> Unemployed <input type="checkbox"/>
Known as <i>R.</i>	Custody <i>YES/NO</i>	Marital Status	Occupation Employer's name & address
Present Address <i>12. Wardlaw Terrace</i>	Tel;	Religion	Yes No Order Book No.
Previous Address	Religion	FIS	Supp. Ben.

Total No. of children in family	Addresses & Tel. Nos. of close relatives or emergency contact <i>Mr Richard Lynch, Father 154. Gorgie Rd - Mrs Euanne Russell, Sister</i>
---------------------------------	--

FROM	TO	PLACEMENT	ACT & SECTION UNDER WHICH ADMITTED
<i>14.8.78</i>	<i>31.8.78</i>	<i>F.P.S</i>	<i>S. 15</i>
<i>20.8.85</i>	<i>4.9.85</i>	<i>Caldy Grove</i>	<i>40 (7)</i>
<i>23.10.86</i>	<i>5.12.86</i>	<i>ic</i>	<i>44 1a, 1/2 Care of Res</i>

SURNAME	FORENAMES	D.O.B.	ADDRESS (state if in care)
<i>Russell</i>	<i>Euanne</i>	<i>24</i>	<i>S/A</i>
<i>"</i>	<i>Tracy</i>	<i>22</i>	<i>N/A</i>
<i>"</i>	<i>Andrew</i>	<i>(Deceased)</i>	

LOTHIAN REGIONAL COUNCIL - DEPARTMENT OF SOCIAL WORK

MEDICAL EXAMINATION OF CHILD



- Reception into care medical
- 28 day medical
- Annual medical
- Transfer/discharge medical

Please Return to

Name \_\_\_\_\_

Address \_\_\_\_\_

Administration of Children's Homes Regulations 1959, Boarding out of Children (Scotland) Regs. 1959,

Surname <b>LYNCH</b>	Home Address <b>27, Wardlaw Place</b>	Date of Birth <b>1-9-72</b>
-------------------------	--	--------------------------------

Forenames <b>Amanda</b>	Present Address (if different)	Sex <b>F</b>
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Next of Kin (if applicable)	Name and Address <b>Mother - Margaret Russell - S/A</b>
-----------------------------	--

1.	Immunisation Record	First Medical	Additions since last examined
	Polio Vaccination	1. <b>no record of these but</b>	3.
	Triple Antigen	1. <b>mother says she had all</b>	3.
	Whooping Cough	1. <b>her baby immunisations</b>	3.
	Diphtheria/Tetanus	1. <b>2.</b>	3.
	Rubella	1. <b>has immunity</b>	Has the child had the appropriate immunisation for his/her age? <b>I think so</b>
	Measles	1.	
	B.C.G.	1. <b>5-11-85</b>	

YES
NO

2. History of illness, infections or injuries.	Since Birth	Since last seen
<b>Develop Asthma</b>	<b>no medical records available since 1974</b>	

3. The condition of: (please elaborate in Section 10 if necessary)	
Eyes/Sight	<b>6/9 (L) / (R) 6/12</b>
Ears/Hearing	<b>Normal</b>
Throat	<b>Normal</b>
Tonsils	<b>Normal</b>
Teeth and Gums	<b>Good condition</b>
*Skin and Scalp	<b>Normal</b>

\*Please indicate presence and extent of bruising, vermin etc. and any need for treatment

4. Evidence of abnormality in the following systems (comment in Section 10 if necessary)	
Cardiovascular	<b>Normal</b>
Respiratory	<b>Normal</b>
Alimentary	<b>Normal</b>
Central Nervous	<b>Normal</b>
Genito-urinary	<b>Normal</b>
Other	

5. State of Nutrition	<b>Good</b>
-----------------------	-------------

LYNCH

6. Are speech and articulation satisfactory?

*yes*

7. Does the child suffer from incontinence?

Urinary YES  NO  Faecal YES  NO

8. Particulars of present medication/treatment

*Be cotide inhaler 11 puffs 3-5  
Bisacodyl 5mg 1x daily  
Ponstan  
FUTR & Wg  
for periods*

9. Particulars of any condition of which the carers should be aware:

e.g. allergies, medication to which the child does not respond, bedwetting, attendance at hospitals/clinics etc. Evidence of abnormality of development or behaviour which is inconsistent with the child's age.

*Cats*

10. Has there been any change in the child (physically or mentally) since last seen by you?

*No.*

11. Child's general state of health and any other comments.

*Good  
- apart from asthmatic tendency*

DRS. I. D. ROBERTSON, C. H. MAINGAY,  
C. F. MACKIE, J. A. LANG,  
A. WATSON  
SIGHTHILL HEALTH CENTRE,  
CALDER ROAD,  
EDINBURGH,  
EH11 4AU.

12. CERTIFICATE I certify that I have today examined *Amanda Lynch* who is\* /is not already known to me, and find this child fit\* /~~unfit~~ to be in care, i.e. this child ~~does~~ /does not require hospital care.

I also certify that I find this child free from infection\* /suffering from the conditions mentioned above. This was an initial /~~subsequent~~\* /emergency\* consultation by me.

Signature *A. Watson*

Name and Address (in block capitals)

A. WATSON  
SIGHTHILL HEALTH CENTRE,  
CALDER ROAD,  
EDINBURGH,  
EH11 4AU.

Date *30-9-87*

Full Name of Child <i>Amanda Lynch.</i>	D.O.B. <i>1.9.82.</i>
*LEGITIMATE/ILLEGITIMATE/EXTRA MARITAL Act & Section under which admitted	Religion <i>Prot</i>
Admitted by (SW) <i>G. Coates.</i>	
SW Area & phone no. <i>Westthames A.O.</i>	Date form completed

Reception into Care - Information to Care Staff (RIC 6)

\*Delete as appropriate

Home Address <i>27. Wardlaw Place. Edinburgh.</i>	Admitted from (if different)	School/Nursery attended <i>Cainpark</i>
		Staff Contact <i>Helen Heslop. H.T.</i>
		Other agencies involved <i>ICM Giffney.</i>

Name of Father <i>Richard LYNCH.</i>	D.O.B. <i>6/12/35</i>	Occupation <i>Scrap Metal dealer.</i>	Address <i>12. Wardlaw Terrace Ed.</i>	Tel. No. <i>-</i>	Marital status <i>S.</i>
Custody *YES/NO <i>8</i>					
Name of Mother <i>Margaret RUSSELL.</i>	D.O.B. <i>29/7/40</i>	Occupation <i>Housewife.</i>	Address <i>27. Wardlaw Place Edinburgh.</i>	Tel. No. <i>-</i>	Marital status <i>D.</i>
Custody *YES/NO <i>10</i>					

Doctor's Name & Address	Siblings & Addresses <i>Evaune Russell. 154 Gorgie Rd Tracy " N/K.</i>	Possible Visitors <i>Mother Father. Sib. Friends</i>
Tel.No.		

Names of other significant adults <i>Evaune Russell.</i>	Addresses <i>S/A -</i>	Relationship <i>Sister</i>
---	---------------------------	-------------------------------

Reasons for admission. *Non School Attender. Chronic problem since primary school.*

Child's attitude to RIC/What was the child told? *Amanda is fully accepting that she cannot remain in the attached care here. and is resigned to a R.I.C.*

Carer's contract with Social Worker e.g. duration of placement. <i>Indefinite</i>	Forms Rec'd-tick  RIC - 2 RIC - 3 RIC - 4 RIC - 5
--	--

Previous Admissions to Care

Placem	Act & Section under which admitted	From/To

Behavioural Problems

Ananda presents no real behavioural difficulties she is generally pleasant sensible and cooperative although she can at times be very strong-willed and stubborn in not always appropriate situations.

Brief Details of Family Situation

Please see enclosed reports

Future Plans

1. Parents;

Feels Ananda will probably "see out" her remaining school career. (June 87) in care -

2. Department;

To be assessed.

Child's Surname Russell	
Forename(s) Amanda	
D.O.B. 1-Sept 87	CP.No.

Medical Information at Application (RIC 2)

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

Measles	Yes	Chicken-pox	Yes
German Measles	No	Scarlet Fever	No
Whooping Cough	No	Diphtheria	No
Mumps	Yes	Other - Specify	Asthma
Dysentery	No		

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

Smallpox	No	Polio	No
Triple Antigen - diphtheria, whooping cough, tetanus.	Yes	Measles	Yes
B.C.G.	Yes	Other - Specify (e.g. German Measles)	No

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?

TRUANCY →  
Occasional Sleep walking

PARENT'S DECLARATION

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

Signature *A Russell*

Date \_\_\_\_\_

PLEASE COLLECT NATIONAL HEALTH CARD



LOTHIAN REGIONAL COUNCIL  
DEPARTMENT OF SOCIAL WORK

**PARENTAL CONSENT  
TO MEDICAL TREATMENT  
AND ACTIVITIES**

Child's Surname <del>ROSS</del> LYNCH.	Case Number
Forename(s) Amanda.	D.O.B. 1   9   77

Home Address 27, Wardlaw Place, Gorgie Edinburgh	Name and Address of G.P.
--	--------------------------

**A 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 <i>M. Russell</i> .....	Parent/Guardian	Date <i>30/Sept 1987</i>
Signed <i>[Signature]</i> .....	Witness	Date .....

**B REFUSAL TO CONSENT TO MEDICAL TREATMENT:**

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

Signed <input checked="" type="checkbox"/> .....	Parent/Guardian	Date .....
Signed .....	Witness	Date .....

**C TO WHOM IT MAY CONCERN**

The parents of this child are unable to be found or have refused to sign their consent to any essential medical treatment which the child may require.

\* The child is now in the care of the Lothian Regional Council Department of Social Work under Section ..... of the ..... Act 19

**OR** \* The child is subject to a Place of Safety Warrant/Court Order in terms of Section ..... of the ..... Act 19 and is presently being cared for by the Lothian Social Work Department.

Since the Lothian Regional Council does not at this stage hold parental rights in respect of this child I would request medical staff, in consultation with their colleagues, to consider offering any necessary medical or surgical treatment despite the absence of parental consent.

Signature .....	Designation .....	Date .....
-----------------	-------------------	------------

(10)

**SOCIAL WORK (SCOTLAND) ACT 1968**

30th September 1987

A children's hearing for the Lothian Region by way of variation of [and in substitution for] the supervision requirement dated<sup>1</sup> 13-5-87

to which<sup>2</sup> Amanda Lynch (1-9-72)  
HA: 27 Warrindale Place, Edinburgh

is subject, hereby require her [to reside in<sup>3</sup>

+ [to be under the supervision of<sup>4</sup> Caldergrove Reception Unit, Edinburgh  
a social worker to be nominated  
by the Director of Social Work, Lothian Region  
subject to the conditions noted below and the said requirement dated 13-5-87  
is hereby revoked.

Shila M. Murray  
Chairman of the children's hearing

**CONDITIONS REFERRED TO IN THE FOREGOING  
SUPERVISION REQUIREMENT**

1. The child is required to observe the rules of conduct of the residential establishment.
2. The requirement to reside is subject to the discretion of the managers of the residential establishment to grant leave of absence from time to time.

Shila M. Murray  
Chairman of the children's hearing

<sup>1</sup> Date of previous supervision requirement

<sup>2</sup> Name of child

<sup>3</sup> Name of residential establishment

<sup>4</sup> Name of local authority or other supervisor

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

FILE  
 Date of change 25/9/87

Area Office		Social Worker		Reference Number (children only)			
Surname (client)		Sex	DOB		Religion		
Forename(s)		Name of School/Employer					
Also known as		Address of School/Employer					
Present Address (before change) and name of foster parent or carer if appropriate		53/3 Westy Hill Rd					
New Address (after change) and name of foster parent or carer if appropriate		27 Wardlaw Place					
Statutory Authority before change		Act	Section				
Statutory Authority after change		Act	Section				

SECTIONS A B C D MUST BE COMPLETED

**A REASON FOR CHANGE** Specify in Box 3

Admission	
Transfer	
Discharge	
Death	
Closure of Case	
Change of Statutory Provision	
Other	

**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		
Children		
Physically Handicapped		
Physically Ill		
Mentally Handicapped		
Mentally Ill		
Offenders		
Disadvantaged		
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	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**

Living 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'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**

**D RESPONSIBILITY FOR PLACEMENT**

Own Authority	– Supervising
Other Authority	– Supervising
Own Authority	– Financing
Other Authority	– Financing

	Initials	Date
Social Worker	GC	25/9/87
Area administration	WR	25/9/87

Area 10  
Wester Hailes

A10/GC/JW

George Coates  
Social Worker

Danny Scott  
A.P.O.  
Shrubhill

25 September 1987

Re: Amanda Lynch, Present Address -- 27 Wardlaw Place, Gorgie, Edinburgh  
Previous address - 53/3 Wester Hailes Drive

Please find three representative reports on Amanda. As you can see, Amanda's abiding problem has been non school attendance. She presents few behavioural problems other than this, although she can at times be a very obstinate and strongwilled girl, not always at appropriate moments.

I see little choice of the panel not asking for her R.I.C.

As mentioned Fostering would be my first choice, but nothing is available at the time of writing. Therefore it seems likely that she will need to enter a reception unit until a suitable longer term placement is identified.

She attends (or doesn't) Cairnpark School.

George Coates  
Social Worker



## MEMORANDUM

Our Ref. AF/JMS

Your Ref.

Date 18 September 1987

From: Alison Falconer

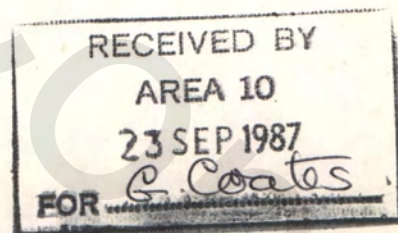
To: George Coates  
Social Worker  
Area 10

**AMANDA LYNCH (1 9 72)**

Malcolm sent the notifications for the forthcoming hearing to 53/3 Wester Hailes Drive and the letter has come back marked "Gone Away". Can you contact me on your return from holiday to let me know whether the Post Office are giving us accurate information, and if so, the current address for Mandy and her mother. The hearing is a week on Wednesday so I need to let them have the notifications very soon.

A handwritten signature in blue ink that reads "Alison".

Alison Falconer  
Assistant Reporter



Amanda Lynch  
c/o 2/6 Dunsyre House  
33 Calder Crescent  
EDINBURGH

A10/GC/AB

31 August 1987

Dear Amanda

First of all, let me wish you a happy birthday and then I suppose begin to spoil it by saying you've left me very little choice but to call a **Hearing** about your school attendance.

I do hope that you can get yourself to school over the next few weeks as the possible consequences for you might be severe if you do not.

It seems a great shame that I'm having to write to you like this and I hope you will do everything you can to return to school.

I'm away for the next few weeks but I'll contact you when I return and hopefully you will give me something to praise you for.

Yours sincerely

GEORGE COATES  
Social Worker

Margaret Russell  
2/6 Dunsyre House  
33 Calder Crescent  
EDINBURGH

A10/GC/AB

24 August 1987

Dear Maggie

Thank you for calling in and I'm sorry I missed you.

I'm sorry that Amanda has not started school at the beginning of term as this makes it so much more difficult for her to get there later.

I know Amanda suffers bronchial attacks and this can make life very difficult for her but I do wonder if this length of time off school is necessary. In any event it is imperative that Amanda does return and unless I hear before Monday from either Dr Laing that Amanda is indeed too sick to go to school or that Amanda has returned to school, I will have no option but to call a panel.

I'm sure that you appreciate that I do not like having to contemplate this but I really feel that I have been left no option but to do so.

I have informed the school about your letter and will call to see you personally on Friday (28th) at 10.30am. Hopefully Mandy will have returned to school by then.

Please contact me before then if you would prefer to do so.

Yours sincerely

GEORGE COATES  
Social Worker

LOTHIAN REGIONAL COUNCIL



SOCIAL WORK

Director — Roger Kent  
Wester Hailes Area Office,  
5 Murrayburn Gate,  
Edinburgh EH14 2SS  
Telephone: 031-442 4131/8

Stan Godet

Our Ref

Your Ref.

Date

Dear Stan. Re Amanda Lynch A.K.A. Russell

Please find enclosed papers on Amanda.

As you can see Amanda's only real problem is school attendance she does not present any behavioural difficulties and is generally a very pleasant girl indeed. She would be more subtly placed with a family but she is not accepting this & there wasn't any available.

The panel has been adjourned till Friday 24 April at 12 noon it is almost inevitable that they will require some residential resource given the history of the case.

If telephoning please ask for

Geoff

A10/GC/JW

Richard Lynch  
12 Wardlaw Terrace  
Edinburgh

14 August 1987

Dear Richard

Could you please pass on a message to Maggie and Amanda and let them read this letter.

I am terribly sorry that I did not call as I had arranged. This happened because I lost my diary which had Maggie's new address in it, and I could not remember it at all.

It is very important that Amanda starts back at school next week and does not take any further time off as the Education Department will not accept any absence. I have in fact, in the circumstances, asked the Reporter to cancel a panel on Amanda which may have led to her being received into care and he was glad to do this.

But I would not like to be placed in the position of having to arrange another because Amanda did not appear at school.

I will contact the school prior to the beginning of term and explain the situation to them so that Amanda is not unnecessarily upset.

In the meanwhile could you please contact me again with your new address and again my apologies to you for missing our appointment.

Yours sincerely

George Coates  
Social Worker



MEMORANDUM

Our Ref. AF/JMS

Your Ref.

Date 30 June 1987

From: Alison Falconer

To: George Coates  
Social Worker  
AREA 10

**AMANDA LYNCH (1 9 72)**

You will have received a copy of the letter which Mrs Heslop sent me on 29 June. We have already briefly discussed the fact that Mandy is not staying with her dad and is not attending school, and no doubt you will be in touch with me at some point to arrange another hearing.

The last paragraph of Mrs Heslop's letter suggests that Mandy will be losing her place at Cairnpark.

**Alison Falconer**  
Assistant Reporter

RECEIVED BY  
AREA 10  
- 3 JUL 1987  
FOR G. Coates.



CAIRNPARK SCHOOL  
 REDHALL HOUSE DRIVE  
 EDINBURGH EH14 1JA

Telephone: 031-443 0903

Mrs HELEN M. HESLOP, Headteacher

Our reference HMH/MMN

Your reference

Date 29th June, 1987

Alison Falconer,  
 Assistant Reporter,  
 1/3 Howden Street,  
 EH8 9HH

Dear Mrs. Falconer,

Amanda Lynch (1.9.72) 53/3 Wester Hailes Drive.  
 and 12 Wardlaw Terrace, Edinburgh.

After her hearing on 13th May, Mandy managed to attend school for the next 19 school days that is until the 10th June. She has not been in school since then. We have made every effort to track Mandy down. She is not apparently staying with her Father, which was the requirement of the hearing, and has been seen by other pupils wandering about Wester Hailes.

I have contacted George Coates who shares my concern over Mandy's continued absence from school.

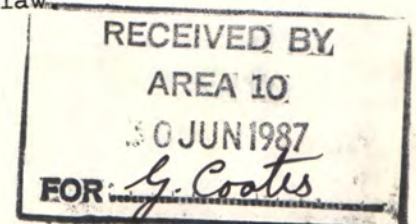
I have informed the Children's Hearing System first in July last year, again in September and November, then yet again in January, March and April of this year, yet Mandy is still not attending school.

I do not think we should keep a place here for Mandy for yet another year in the light of our experience with her.

Yours sincerely,

Helen M. Heslop (Mrs.)  
 Head Teacher.

copy to George Coates. Soc. Worker.  
 T. Gaffney, Psychologist, Child Guidance, Drylaw



Name: Amanda Lynch

Decision of Children's Hearing held on 24 April 1987 - Hearing continued to Wednesday 13 May 1987 at 9.30 a.m.

The Children's Hearing reached the foregoing decision for the following reasons:

Mr Coates (social worker) is going to look at the possibility of a placement at Northfield Family Group Home.

Obviously, it would be more satisfactory if Amanda could attend school from home. She is going home meantime and has said that she will try to attend school regularly.

Another possibility is for her to stay with her dad and this has to be discussed fully with him.

Sheila M Murray (Chairman)

A10/CH/AB

Mrs Russell  
53/5 Wester Hailes Drive  
EDINBURGH

3 April 1987

Dear Margaret

I will call to take yourself and Amanda to her panel on Monday, 6 April.  
I will arrive between 2.00pm - 2.15pm.

Yours sincerely

GEORGE COATES  
Social Worker

**SOCIAL WORK (SCOTLAND) ACT 1968**

1 On Monday 6 April 1987 at 2.45 pm  
Amanda Yvonne Lynch (1/9/72), 53/3 Wester Hailes Drive, Edinburgh

is being referred to a children's hearing for the Lothian Region on the grounds of the following conditions:

Section 32(2)(g) That she has committed the offences specified below:

1. That she did on 24 February 1987, whilst acting along with other persons, in the shop premises occupied by British Home Stores, at 64 Princes Street, Edinburgh, steal one pair of white shoes and one pair of blue shoes, this being an offence of theft.
2. That she did on date above stated, in the shop premises occupied by Mothercare at 84A Princes Street, Edinburgh, steal one pair of red shoes, one pair of grey boots and one pair of grey/yellow trainers, this being an offence of theft.
3. That she did on date above stated, whilst acting along with other persons, in the shop premises occupied by Top Shop at 30 Princes Street, Edinburgh, steal one striped jumper and two pairs of denim jeans, this being an offence of theft.

RECEIVED BY  
AREA 10  
30 MAR 1987  
FOR *George*

.....26 March..... 19 87

.....  
MALCOLM SCHAFFER *Malcolm S* Reporter

**NOTES**

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

1 Name and address of child



CAIRNPARK SCHOOL  
REDHALL HOUSE DRIVE  
EDINBURGH, EH14 1JA

Mrs HELEN M. HESLOP, Headteacher

1st September, 19 86

Telephone 031-443 9903

Our reference HMH/MMN

Your reference

Mr. M. Schaffer,  
Divisional Reporter,  
1/3 Howden Street,  
Edinburgh.

Dear Mr. Schaffer,

Amanda Lynch (1.9.72) 53/3 Wester Hailes Drive.

At the end of last term, I wrote to George Coates (Social Worker, Wester Hailes Area) about Mandy's very poor attendance since her admission here. I sent you a copy of that letter.

We have now been back at school for ten days. Mandy has only been in school for two of these, the first two days of the term.

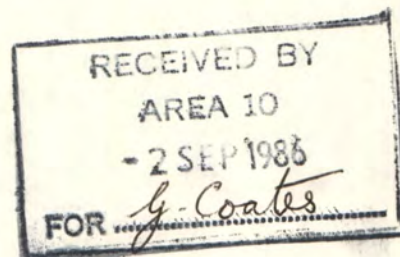
Mrs. Robertson, Educational Social Worker, has visited the home where it appeared that the family thought Mandy was at school. This was on Monday 25th but Mandy has still not returned.

I do not think that there is any possibility that Mandy will attend here and feel that George Coates and Mr. Gaffney in Child Guidance are of the same opinion.

I ask your advice as to whether a hearing would be appropriate now.

Yours sincerely,

Helen M. Heslop  
Head Teacher.



Hearing Centre. 1-3 Howden Street	
Date. 2.2.87	Time. 3.30pm

**Social Background Report for Childrens Hearing**  
**Social Work (Scotland) Act 1968 Section 39.(4)**

Surname. LYNCH	Forenames. AMANDA	Date of Birth. 1.9.72	Age. 14
Address. 53/5 Wester Hailes Drive Edinburgh		Religion.	

Grounds of Referral.  
  
**Review of Supervision Requirement**

Previous Appearances.

There has been little change in the family circumstances since the previous panel.

Amanda has maintained herself well in the community and there has not, to my knowledge, been any repetition of the shoplifting episodes or anything similar.

Amanda in the four weeks from her discharge from care to Christmas attended school regularly, made good progress and appeared determined to continue. She enjoys Cairnpark and in no way tries to avoid school per se.

Since the beginning of this term, however, Amanda's attendance has slipped to some extent. Some of the absences have been explained by sickness and are probably quite genuine. I feel however that they may have been unnecessarily prolonged although I have no direct evidence to support this.


Nevertheless in the past a pattern of intermittent non school attendance leading to complete school refusal has been evident and although great progress has been made, I do wonder whether now would be the best time to consider discharging the supervision order as I feel it's existence does act as a spur to Amanda.

If the supervision requirement is maintained it would not be my intention to give regular counselling to Amanda, although my contact with the family would be maintained and I would always be available if necessary.

I would, however, be able to intervene quickly if there were any unexplained absences. Hopefully therefore social work intervention should prove minimal leaving the responsibility for ensuring school attendance on Amanda and her mother (as has been the case).

Overall/...

Overall however I feel more optimistic now about Amanda's continuing attendance than I have over the past two years and if this optimism proves to be well founded, I will certainly be calling for the Supervision Requirement, if made, to be reviewed early.



GEORGE COATES  
Social Worker

Wester Hailes Area Office  
5 Murrayburn Gate  
Edinburgh EH14 2SS

Ref: 1:GC/PN<sup>7</sup>

Typed: 29th January 1987

Hearing Centre.	
Howden Street	
Date. 4.9.85	Time. 11.00 a.m.

Surname.	RUSSELL	Forenames.	AMANDA EVONNE	Date of Birth.	1.9.72	Age.	12
Address.	c/o Calder Grove Reception Unit			Religion.			
Home:	53/3 Wester Hailes Drive Edinburgh						

Grounds of Referral.	Truancy
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Previous Appearances.	
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Amanda appeared at her panel for truancy on Tuesday 20th August 1985. However, because of the non-appearance of her mother who had been missing for 24 hours, these grounds were not discussed and instead a 21 day Place of Safety warrant imposed. Subsequently Amanda was placed at Calder Grove Reception Unit where she remains.

Mrs. Russell reappeared the following day in the late afternoon and was interviewed on the next day 22nd August.

Mrs. Russell said that the reason she had left was that she could no longer cope with the pressure being imposed on her by Amanda's non school attendance, particularly given the pattern of behaviour that had been displayed by her son, Andrew, which eventually led to his R.I.C.

Amanda's responses to her R.I.C. will be more fully discussed in Calder Grove's report. In brief, however, Amanda presented no problems to the staff in terms of her presentation and general attitude. They found her a very pleasant polite girl easy to engage. She did, however, present some behavioural problems absconding from the home with another girl on at least two occasions and not attending school although being taken there by staff members.

A family meeting was arranged for Monday 26th August and the problems faced by everybody discussed although solutions were no clearer. Amanda did, however, respond to this meeting and was positive in her desire to return home. Since then she has attended school regularly, to the best of my knowledge, and there has been no repeat of the absconsions from Calder Grove.

A further meeting on the 30th August with everyone concerned plus the Guidance teacher was possibly more positive with Amanda acknowledging her difficulties but saying that she would attend. This is probably more significant than it first appears as Amanda has steadfastly and point blank said she could not attend school under any circumstances prior to this despite having a forthcoming panel. This does then signify a change in attitude at present although one cannot judge how long this may last.

SUPPLEMENTARY  
SOCIAL BACKGROUND REPORT  
AMANDA EVONNE RUSSELL

Assessment

Mrs. Russell has obviously been under great pressure partially, one suspects, of her own making. She passively co-operates at least verbally with any plans which may be made. However, past experience has been that when these have needed active participation from her, particularly in terms of confronting the children, she has in fact acquiesced to their demands. For there to be any movement at all Mrs. Russell needs to be much more fully involved and committed to any plans made.

Amanda herself is a very self willed child and at least open and honest about what she will and will not do. This, I feel, indicates that whilst the general level of primary care that Amanda receives is quite adequate, that the control and guidance aspects of parenting are lacking and also that she is probably left often to her own devices.

I do not think that this has always been the pattern and that this shows itself in the pleasant good natured way Amanda presents herself. The loyalty and bond between mother and daughter is quite obvious but one gets the impression that Amanda is more in control of the situation than mother.

Recommendations

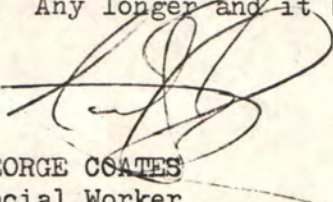
It is difficult to be optimistic about Amanda maintaining her school attendance at this time after so short a period in school. She has, however, taken the first and for many children most difficult step of reappearing at school and whilst this has not been without its difficulties, it is encouraging.

Mrs. Russell is now being more open about some of her problems and in particular her habit of absenting herself from the house and going to the pub and accepts that she has not always followed advice or used help appropriately.

Given that Amanda's main problem (or perhaps the manifestation of other problems) was with her schooling and she has tentatively addressed this, I do not think that at this point a further period in care is advisable or necessary.

Before making a final recommendation about whether compulsory measures of care are required and what form these should take, I would like to see how far Mrs. Russell and Amanda co-operate with a contract arrived at with myself and the school and would recommend therefore a further adjournment for a period of six weeks. The reason for suggesting six weeks are:

- 1) I am on holiday for three weeks.
- 2) Any shorter period I suspect Amanda has the ability to cope with.
- 3) Any longer and it becomes meaningless.

  
GEORGE COATES  
Social Worker

Wester Hailes Area Office  
5 Murrayburn Gate

A10/GC/ST

3rd September, 1985.

NOTIFICATION OF DECISION

Name and Address	Date of Birth	School	Class
AMANDA LUNCH 5313 WESTERN AVE DRIVE  EDINBURGH	11/9/72	SAIRIOPARK	

Grounds of Referral: SOCIAL WORK REVIEW

Reporter's Decision dated: \_\_\_\_\_

- |                                    |                          |                                 |                          |
|------------------------------------|--------------------------|---------------------------------|--------------------------|
| 1) No formal Action                | <input type="checkbox"/> | 4) Voluntary measures of care   | <input type="checkbox"/> |
| 2) No action current S.R.          | <input type="checkbox"/> | 5) Police Warning recommended   | <input type="checkbox"/> |
| 3) No action insufficient evidence | <input type="checkbox"/> | 6) Juvenile liaison recommended | <input type="checkbox"/> |

Children's Hearing Decision dated: 2/12/87

- |  |                                     |
|--|-------------------------------------|
| 7) Referral Discharged                                     | <input type="checkbox"/>            |
| 8) Continued to _____ /date to be fixed                    | <input type="checkbox"/>            |
| 9) Supervision requirement                                 | <input type="checkbox"/>            |
| Condition _____  |                                     |
| 10) Residential Supervision Requirement                    | <input type="checkbox"/>            |
| Place _____  |                                     |
| Pending Placement (a) At Home                              |                                     |
| (b) Assessment Centre                                      |                                     |
| (c) _____  |                                     |
| 11) Supervision requirement dated <u>2/12/86</u> continued | <input checked="" type="checkbox"/> |
| 12) Supervision requirement terminated.                    | <input type="checkbox"/>            |

RECEIVED BY  
AREA 10  
10 FEB 1987  
FOR George

*Instrument continuing supervision requirement.  
(Rule 22).*

## SOCIAL WORK (SCOTLAND) ACT 1968

..... 2 February ..... 19<sup>87</sup>

Amanda Lynch (1/9/72)  
53/5 Wester Hailes Drive  
EDINBURGH

A children's hearing for the Lothian Region considering that [the foregoing supervision requirement] or [the supervision requirement attached and docketed with reference hereto] is due to expire on<sup>1</sup> 2/12/87 and being satisfied that it is proper so to do, hereby continue the said requirement in force.

..... L. E. DICKINSON .....  
*Chairman of the children's hearing*

<sup>1</sup> Insert date being one year from the making or last review of the requirement whichever last occurred

Name: AMANDA LYNCH

Decision of hearing held on 2/2/87 : Supervision Requirement continued.

The Children's Hearing reached the foregoing decision for the following reasons:

Although Mandy's attendance has not been perfect since the last Hearing she had reasonable excuses for some of the absences. She has certainly been attending more regularly than at any time over the past few years and is making good progress while at school. The Panel felt that supervision should be continued to give her the support to maintain this improvement and to encourage her to return to school promptly after any legitimate absence.

L E DICKINSON

(Chairman)

Wester Hailes Area Office  
5 Murrayburn Gate  
EDINBURGH EH14 2SS

A10/GC/AB

1 December 1986

George Coates  
Social Worker

Malcolm Schaffer  
Reporter  
Children's Hearing Centre  
HOWDEN STREET

---

Amanda Lynch, c/o Calder Grove

Hearing : 2 December 1986

I would appreciate it if you could bring to the Hearing members attention that both Amanda's key workers and my recollection of the decision at the assessment conference differs from that given in the report.

We feel that the decision was in fact for Amanda to be returned home i.e. that the condition of residence be terminated on the understanding that I would call an early review at the end of January to again discuss progress and recommend a change in the decision if this was necessary.

I have discussed this with John Ballard who has no objection to this change although he is still of the opinion that this was the decision reached.

GEORGE COATES  
Social Worker

NOTIFICATION OF DECISION

Name and Address	Date of Birth	School	Class
AMANDA LYONCH 53/3 WESTERHALES DRIVE. EDINBURGH	11/9/72	CAIRNPARK	

Grounds of Referral:

SOCIAL WORK REASON, THEFT(2)

Reporter's Decision dated:

- 1) No formal Action
- 2) No action current S.R.
- 3) No action insufficient evidence

- 4) Voluntary measures of care
- 5) Police Warning recommended
- 6) Juvenile liaison recommended

Children's Hearing Decision dated: 2/12/86

- 7) Referral Discharged
- 8) Continued to \_\_\_\_\_ /date to be fixed
- 9) Supervision requirement   
Condition \_\_\_\_\_
- 10) Residential Supervision Requirement   
Place \_\_\_\_\_  
Pending Placement (a) At Home  
(b) Assessment Centre  
(c) \_\_\_\_\_
- 11) Supervision requirement dated \_\_\_\_\_ continued
- 12) Supervision requirement terminated.

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AREA 10  
5 DEC 1986  
FOR George

5/12/86

**SOCIAL WORK (SCOTLAND) ACT 1968**

..... 2 December ..... 19 86

A children's hearing for the Lothian Region by way of variation of [and in substitution for] the supervision requirement dated<sup>1</sup> 17 October 1986

to which<sup>2</sup> Amanda Lynch (19 72), 53/3 Wester Hailes Drive, Edinburgh  
is subject, hereby require her [to reside in<sup>3</sup>xxxx ]

27-1-87

[to be under the supervision of<sup>4</sup> a social worker to be nominated by the  
Director of Social Work, Lothian Region ]  
subject to the conditions noted below and the said requirement dated 17 10 86  
is hereby revoked.

Hearing was agreed at Monday's  
hearing last week. Can you send me the  
written request for hearing please

..... Joyce Heller .....  
Chairman of the children's hearing

**CONDITIONS REFERRED TO IN THE FOREGOING  
SUPERVISION REQUIREMENT**

1. The child is required to observe the rules of conduct of the residential establishment.
2. The requirement to reside is subject to the discretion of the managers of the residential establishment to grant leave of absence from time to time.

George

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

<sup>1</sup> Date of previous supervision requirement  
<sup>2</sup> Name of child

<sup>3</sup> Name of residential establishment  
<sup>4</sup> Name of local authority or other supervisor

Name: Amanda Lynch

Decision of hearing held on 2 12 86 : Supervision requirement varied - Section 44(1)(a), no conditions

The Children's Hearing reached the foregoing decision for the following reasons:

1. Amanda's time in Calder Grove has given her the chance to do what the last three years have failed to do - she has got herself back to school. At present, despite some small amount of truancy, this is looking promising, particularly as she has been allowed back home on leave and has attended regularly from there.
2. It is apparent from all the reports that Mandy is not the kind of girl who is regularly involved in delinquent behaviour and she should be at home.
3. We changed the supervision requirement and an early review was arranged to allow the good beginning to be continued.

Joyce Heller

(Chairman)

MEDICAL EXAMINATION OF CHILD



- Reception into care medical
- 28 day medical
- Annual medical
- Transfer/discharge medical

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 AREA 10  
 8 DEC 1972  
 G. Coates

Please Return to

Name \_\_\_\_\_

Address 17 Calder Gro

Administration of Children's Homes Regulations 1959, Boarding out of Children (Scotland) Regs. 1959,

Surname <u>LYNCH</u>	Home Address <u>53/3 W/H D</u>	Date of Birth <u>1.9.72</u>
-------------------------	-----------------------------------	--------------------------------

Forenames <u>Mandy</u>	Present Address (if different) <u>17 Calder Gro</u>	Sex _____
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Next of Kin (if applicable): Name and Address \_\_\_\_\_

1. Immunisation Record	First Medical	Additions since last examined	
Polio Vaccination	1. _____	2. _____	3. _____
Triple Antigen	1. _____	2. _____	3. _____
Whooping Cough	1. _____	2. _____	3. _____
Diphtheria/Tetanus	1. _____	2. _____	3. _____
Rubella	1. <u>Test Nov 86</u>	Has the child had the appropriate immunisation for his/her age?	
Measles	1. _____		
B.C.G.	1. <u>Done</u>		
			YES <input checked="" type="checkbox"/>
			NO <input type="checkbox"/>

2. History of illness, infections or injuries.

Since Birth	Since last seen
<u>stuffed nose. Asthma</u>	

3. The condition of: (please elaborate in Section 10 if necessary)

Eyes/Sight	}
Ears/Hearing	
Throat	
Tonsils	
Teeth and Gums	
*Skin and Scalp	
*Please indicate presence and extent of bruising, vermin etc. and any need for treatment	

4. Evidence of abnormality in the following systems (comment in Section 10 if necessary)

Cardiovascular	}
Respiratory	
Alimentary	
Central Nervous	
Genito-urinary	
Other	

MAD 12/10  
Normal

5. State of Nutrition

Good

6. Are speech and articulation satisfactory?

Yes

7. Does the child suffer from incontinence?

Urinary YES  NO  Faecal YES  NO

8. Particulars of present medication/treatment

V. Ventolin

9. Particulars of any condition of which the carers should be aware:

e.g. allergies, medication to which the child does not respond, bedwetting, attendance at hospitals/clinics etc. Evidence of abnormality of development or behaviour which is inconsistent with the child's age.

No

10. Has there been any change in the child (physically or mentally) since last seen by you?

Not prev seen

11. Child's general state of health and any other comments.

Good

12. CERTIFICATE I certify that I have today examined Mandy who is\*/is not already known to me, and find this child fit\*/unfit to be in care, i.e. this child does\*/does not require hospital care. I also certify that I find this child free from infection\*/suffering from the conditions mentioned above. This was an initial\*/subsequent\*/emergency\* consultation by me. \*Delete as appropriate

Signature <u>[Signature]</u>	DR. M. H. TREVLYAN CENTRE FOR HEALTH EDINBURGH	Name and Address (in block capitals)
Date .....		

The contents of this report may require to be disclosed to children and parents at a Children's Hearing, but will not be quoted verbatim. Similarly, Social Workers and Reporters may require to disclose the substance of the report to families.

LOTHIAN REGIONAL COUNCIL

AREA 10

CONFIDENTIAL

**SCHOOL REPORT FOR REPORTER TO CHILDREN'S PANEL**

Please complete both pages of this report and return white and yellow copies as soon as possible to:

Reporter to Children's Panel 1/3 Howden Street, Edinburgh  
 9A Newmills Road, Dalkeith  
 5 Edinburgh Road, Bathgate

25 November 1986 Date

Name Amanda Lynch	D.of B. 1 9 72	Date of transfer from Primary to Secondary School
Address 53/3 Wester Hailes Drive Edinburgh		Date of leaving school
School Cairnpark	Class	MAY 1987

PURPOSE OF REPORT	GROUPS FOR REFERRAL
Initial Investigation Report <input checked="" type="checkbox"/>	<div style="border: 2px solid black; padding: 5px; transform: rotate(-5deg); display: inline-block;">                 RECEIVED BY                  AREA 10                  28 NOV 1986  <i>George</i>                  FOR             </div>
Progress Report	
Children's Hearing on: Tuesday 2 December 1986 at 3.00 p.m.	

To review supervision requirement

Attendance		Term	Term
Last 4 weeks		This session*	Last Session
possible	actual	possible	actual
40	28	130	34
			40
			17

Please indicate any reasons for absence/illness; \*absence without reasonable cause; any pattern of absence; latecoming and the involvement of the Educational Welfare Department.

\* If possible, note the number of absences attributable to this.

**Academic Progress throughout the School**

(Please give details of course followed, ability, achievement. Please mention any special difficulties/abilities and detail any adjustment or remedial help)

Mandy needs a lot of help but manages to cope adequately with her work. She is reasonably articulate and her understanding of simple arithmetical processes is satisfactory. But her attention span is limited and her difficulty in concentrating is perhaps a reflection of her minimal attendance at Secondary school.

**Specialist Services/Health**

(Please detail any contact with Specialist services, e.g. speech therapy; Child Guidance; Social Work Department; Psychiatric Services; School Health (other than routine). Are there any health factors affecting the child?)

**Behaviour and Special Interests**

(Please comment on the child's behaviour in and out of class, his relationships with other children and with adults and any recent changes in behaviour. Please mention any extra curricular/sporting activities)

In the classroom she presents no serious behavioural problems and can be pleasant and helpful to the teacher. She seems to manage to relate quite well to the other members of the class.

**Home Circumstances**

Please indicate parental contact and attitude to the school and any significant circumstances which teachers feel should be brought to the attention of the reader of the report.

*George*

**Teachers' Observations**

(If completed by more than one member of staff, please indicate which member of staff has furnished the information (Head Teacher/Guidance Teacher/Class Teachers)

Mandy has managed to attend school more regularly since she has been staying at Calder Grove, although even from there she has missed quite a few days.

Mandy could benefit greatly from regular education and could do well here but I can feel no confidence whatsoever that she will continue to attend if she returns home. It may be that only residential education will meet her needs.

Date: 25 November 1986

H1 (amended)

Signature

*Helena Lynch*

HEAD TEACHER