

Our Ref: SAR19-Dec25

Dumfries and Galloway Council
Strategic Planning & Delivery Team
Irongray Records Store
Irongray Industrial Park
Irongray Road
Dumfries
DG2 0JE

04 February 2026

By email to:
Rebekah Ditcher
DSAR-ATMR@aikerlegal.org

Any enquiries please contact

Finance and Information Management Team

E-mail: swsaccesstoinformation@dumgal.gov.uk

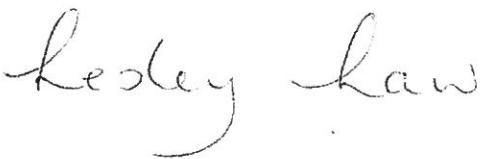
Dear Ms Ditcher,

Further to your Subject Access Request for documents for your client **Marshall Ann Douglas** we have now completed our response and attach the supporting documents herewith.

Please accept my sincere apologies for the delaying in providing this to you.

As you know, the GDPR and the Data Protection Act 2018 require us to remove third party information from the file(s), but should you have any queries please do get in touch.

Kind regards,



Lesley Law
Performance and Information Governance Team Lead

**SCOTTISH CHILDREN'S REPORTER ADMINISTRATION
3 NEWALL TERRACE, DUMFRIES**

Memorandum

013873
80303

AT

Date: 28 November, 1996

To: Team Manager (Child Care), Social Services, Lockerbie

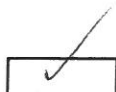
From: Hilary Clark, Divisional Reporter, Dumfries Our Ref:HC/RMC

Child's Name: MARSHALLANN DOULGAS, (d.o.b. 16.1.84)

Address: 6 Meikleholmside, Langholm

This child has been referred to me for the reasons given below. I would be obliged if you would let me have a report as indicated. Please note the terms of the attached Appendix, in particular paragraph 3. Further clarification may be found in "Reports for Children's Hearings, Guidelines on Preparation and Submission" produced by the Scottish Office.

Type of Report:



Initial Investigative Report to Reporter *

* *Reports prepared for the Reporter will not be handed over to Panel Members or parents without the consent of the Report provider.*

DATE DUE:

6 January 1996

Reason for Referral:

Marshallann's mother referred her daughter. She feels her daughter is outwith her control. Her behaviour at home is a problem - aggressive, defiant, verbally abusive, temper tantrums.

Hilary Clark

EXPLANATORY NOTE TO ALL REPORT PROVIDERS

- The Children's Hearings (Scotland) Amendment Rules 1996 fundamentally change the law in relation to access by parents and guardians to reports.
- Where you have in the past provided a report to the Reporter which he has provided to the panel members, the chairman of the hearing had to inform the child and his/her parents of the SUBSTANCE of these reports insofar as material to the disposal of the case and not detrimental to the child's interests. FROM 1 OCTOBER 1996 THE REPORTER IS REQUIRED TO GIVE TO PARENTS AND GUARDIANS A COPY OF ANY REPORTS AND PAPERS GIVEN TO PANEL MEMBERS
- Where you have previously provided information please ensure that the report which the Reporter is now asking you to submit includes an historical summary of your agency's involvement with the child and his/her family and the progress of the child's case to date. If you consider that the disclosure of any previous report to the parents or guardians will not harm the interests of the child or place any individual at risk of serious harm you may re-submit the old report(s) and attach it to your supplementary report covering developments since the date of submission of your previous report(s). There will be a transitional period between 1 October 1996 and 31 March 1997 when such a practice will be acceptable. IF YOU WISH TO MAKE USE OF THESE TRANSITIONAL ARRANGEMENTS YOU MUST INDICATE THIS IN WRITING TO THE REPORTER WITH A CLEAR STATEMENT THAT YOU DO NOT CONSIDER THAT SUCH A PRACTICE WILL HARM THE CHILD'S INTERESTS OR PLACE ANY INDIVIDUAL AT RISK OF SERIOUS HARM. NEW ARRANGEMENTS FOR DISCLOSURE OF INFORMATION TO CHILDREN WILL PROBABLY COME INTO FORCE ON 1 APRIL 1997 AT WHICH TIME THESE TRANSITIONAL ARRANGEMENTS WILL BE WITHDRAWN.
- If you believe that the disclosure of a child's, parent's or guardian's address would place that person at risk of serious physical, mental or emotional harm, please contact the Reporter immediately to discuss whether the address should be omitted from your report.
- The Reporter will have indicated to you on the request whether the information is likely to be treated as information relating to evidential matters capable of supporting grounds for referral or information relating to the child's welfare. Only information which falls into the latter category will be handed over to panel members and parents but is acknowledged that some reports may necessarily contain both categories of information in which case it is likely that there will be parental access to the whole report.
- You may wish to claim copyright on the terms of your report which should prevent unauthorised direct quotations. If you wish to do so, state clearly on the face of the report:-
"Copyright (.....name.....)
Council/Health Trust (...date...)

CONFIDENTIALSCOTTISH CHILDREN'S REPORTER ADMINISTRATION

Reporter to the Children's Panel
Social Work (Scotland) Act, 1968

EDUCATIONAL REPORT1. PERSONAL DETAILS

Name: MARSHALLANN DOUGLAS

Date of Birth: 16.01.84

Address: 6 MEIKLEHOLMSIDE, LANGHOLM

Main carer: MR J DOUGLAS

School: LANGHOLM ACADEMY

Date of Admission: 23.08.95

Class: 2A

Class/Guidance Teacher: MRS P. MIDDLEMASS

2. ATTENDANCE*

<u>School</u>	<u>Possible Attendance</u>	<u>Actual Attendance</u>
Current Session: LANGHOLM ACADEMY	190	186
Last Session: LANGHOLM ACAD	336	326

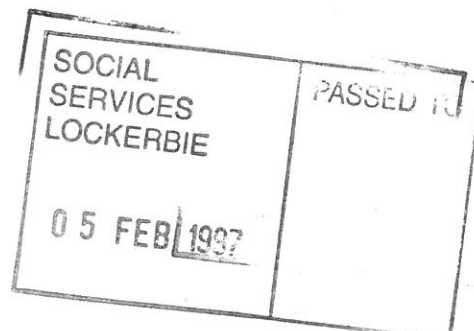
* SCAMP PRINT-OUTS ATTACHED

Medical/Health factors relevant to attendance/performance:

ABSENCE NOTES FOR MARSHALL ANN'S ABSENCE ONLY SHOW
THAT SHE WAS ABSENT DUE TO GENERAL MEDICAL COMPLAINTS eg
SORE THROAT, COLDS + FLU etc.

Other special reasons for absence:

NONE OTHER THAN THOSE ABOVE.



3. PERFORMANCE IN SCHOOL

Current course(s): S1/S2 COMMON COURSES SPANNING TWELVE DIFFERENT SUBJECTS

Educational aptitude and performance:

MOST RECENT REPORTS SHOW THAT MARSHALLANN IS MAKING GOOD GENERAL PROGRESS. SHE SEEMS TO HAVE SETTLED WELL INTO S2 AND HAS MADE GOOD PROGRESS IN MOST OF HER SUBJECTS. OUR LEARNING SUPPORT TEACHER HAS BEEN WORKING WITH MARSHALLANN IN HER ENGLISH CLASS WITH A VIEW TO HELP HER STRUCTURE WRITTEN WORK AND IMPROVE SPELLING. SHE HAS ALSO RECEIVED SUPPORT IN MATH. OVERALL, HER REPORTS ARE VERY POSITIVE, INDICATING PROGRESS.

Behaviour and relationships in school:

RELATING WITH/TO OTHER PEOPLE SEEM TO BE A PROBLEM AREA ALTHOUGH I WOULD SAY MARSHALLANN ENJOYS THE USUAL TYPE OF ADOLESCENT RELATIONSHIPS - FALLING 'IN' and 'OUT' WITH PEERS, GETTING 'WOUND UP', DOING THE 'WINDING UP', NOT SPEAKING etc etc.

Special interests/activities:

MARSHALL ANN MAKES REGULAR USE OF OUR LIBRARY FACILITIES AFTER SCHOOL - APPEARS TO BE WORKING HARD AT THE MOMENT AND IS CONSCIENTIOUS ABOUT HOMEWORK.

4. HOME AND COMMUNITY LINKS

Relations between home and school:

PARENTS HAVE NOT ATTENDED PARENTS EVENINGS

Involvement with other agencies:

NONE

5. GENERAL

Additional information

ON OCCASIONS MARSHALL ANN CAN SEEM TO BE LOUD AND ABRASIVE BUT THERE IS ALSO A VERY PLEASANT, CARING ASPECT SURROUNDING MARSHALL ANN'S PERSONALITY. WE HAVE CLEAR EVIDENCE OF MARSHALL ANN HELPING AND CARING FOR OTHER IN SCHOOL. HER EMOTIONAL/MENTAL MATURITY APPEARS IN ADVANCE OF HER CHRONOLOGICAL YEARS.

AT SCHOOL SHE IS CLEAN AND WELL DRESSED.

Comments by Head Teacher:

Marshall Ann can be very single minded, but the reason for referral came as a surprise to me. Mum and Dad are both very strong characters and have never contacted the school about any real problems. Marshall Ann does have to be kept in check on occasion, but on the whole is a pleasant and helpful girl.

6. HISTORICAL SUMMARY

An HISTORICAL SUMMARY of the Department's involvement.

LANGHORN PRIMARY : AUG 1988 → JUNE 95

LANGHORN ACADEMY : JUNE '95 →

PHASE 2

LANGHOLM ACADEMY

SESSION: 1995/96

DATE: 02/12/96

PUPIL'S PERSONAL ATTENDANCE RECORD

TO WEEK 52 OPENING 10

Name: DOUGLAS MARSHALL ANN Class: 1A Date of Birth: 16/01/84 ID.107387

TERM 1

TERM 2

TERM 3

TERM 4

WEEK NUMBER	WEEK BEGINS	M	T	W	T	F	WEEK NUMBER	WEEK BEGINS	M	T	W	T	F	WEEK NUMBER	WEEK BEGINS	M	T	W	T	F	WEEK NUMBER	WEEK BEGINS	M	T	W	T	F
01	05/06/95						21	23/10/95	++	++	++	++	++	32	08/01/96	++	++	++	++	++	46	15/04/96	++	++	++	++	++
02	12/06/95						22	30/10/95	MM	MM	MM	MM	++	33	15/01/96	++	++	++	++	++	47	22/04/96	++	++	++	++	++
03	19/06/95						23	06/11/95	++	++	++	++	++	34	22/01/96	++	++	++	++	L+	48	29/04/96	++	++	++	++	++
04	26/06/95						24	13/11/95	++	++	++	++	++	35	29/01/96	++	++	++	++	++	49	06/05/96	VV	++	++	L+	++
05	03/07/95	VV	VV	VV	VV	VV	25	20/11/95	++	++	++	++	++	36	05/02/96	++	SS	SS	SS	SS	50	13/05/96	++	++	++	++	++
06	10/07/95	VV	VV	VV	VV	VV	26	27/11/95	++	++	VV	VV	VV	37	12/02/96	++	++	++	VV	VV	51	20/05/96	L+	++	++	++	++
07	17/07/95	VV	VV	VV	VV	VV	27	04/12/95	++	++	++	++	++	38	19/02/96	++	++	++	++	++	52	27/05/96	++	++	++	++	++
08	24/07/95	VV	VV	VV	VV	VV	28	11/12/95	++	++	++	++	++	39	26/02/96	++	++	++	++	++							
09	31/07/95	VV	VV	VV	VV	VV	29	18/12/95	++	++	++	++	++	40	04/03/96	++	++	++	++	++							
10	07/08/95	VV	VV	VV	VV	VV	30	25/12/95	VV	VV	VV	VV	VV	41	11/03/96	++	++	++	++	++							
11	14/08/95	VV	VV	VV	VV	VV	31	01/01/96	VV	VV	VV	VV	VV	42	18/03/96	++	++	++	++	++							
12	21/08/95	VV	VV											43	25/03/96	++	++	++	++	++							
13	28/08/95		++	++	++	++								44	01/04/96	VV	VV	VV	VV	VV							
14	04/09/95	++	++	++	++	++								45	08/04/96	VV	VV	VV	VV	VV							
15	11/09/95	++	++	++	++	++																					
16	18/09/95	++	++	L+	++	++																					
17	25/09/95	++	++	++	++	++																					
18	02/10/95	++	++	++	++	MM																					
19	09/10/95	++	++	++	++	++																					
20	16/10/95	VV	VV	VV	VV	VV																					

***** PREVIOUS SESSIONS ***** REASONS FOR ABSENCE *****

* POS ACT	OCC	%	%	*	POS ACT	OCC	%	%	*	* TEMPORARILY OFF ROLL	0	C COLLEGE INTERVIEW	0	*				
* ATT ATT	ABS	ABS	ATT	ABS	LATES	* SESSION	ATT	ATT	ABS	ABS	ATT	ABS	LATES	* D DOMESTIC/BEREAVEMENT	0	E EXCLUSION	0	*
* ---	---	---	---	---	---	* ---	---	---	---	---	---	---	---	* F FAMILY/PERSONAL	0	H CHILDREN'S HEARING	0	*
* 336	326	10	2	97.0	3.0	4	* 1990/91							* I NO TRANSPORT	0	M MEDICAL	10	*
*							* 1991/92							* N NOT REQUIRED TO ATTEND	0	S SCHOOL CLOSURE	8	*
* + Present							* 1992/93							* T TRUANCY	0	U UNEXPLAINED	0	*
* V Vacation			L	Late			* 1993/94							* V VACATION	136	W WORK EXPERIENCE	0	*
* * Temporarily off the roll							* 1994/95							* X EXCURSION	0			*

Parent or guardian: DOUGLAS JOHN

6 MEIKLEHOLMSIDE

LANGHOLM

DG130PN

Remarks:

SCAMP PROGRAMME

REPORT ID: RGR16 MARK NUMBER 01

SCHOOL ID: 5948533

PHASE 2

LANGHOLM ACADEMY

SESSION: 1996/97

DATE: 12/12/96

PUPIL'S PERSONAL ATTENDANCE RECORD

TO WEEK 28 OPENING 10

Name: DOUGLAS MARSHALL ANN

Class: 2A

Date of Birth: 16/01/84 ID.107387

TERM 1

TERM 2

TERM 3

TERM 4

WEEK NUMBER	WEEK BEGINS	M	T	W	T	F	WEEK NUMBER	WEEK BEGINS	M	T	W	T	F	WEEK NUMBER	WEEK BEGINS	M	T	W	T	F	WEEK NUMBER	WEEK BEGINS	M	T	W	T	F
01	03/06/96	++	++	++	++	FF	21	21/10/96	++	++	++	++	++														
02	10/06/96	++	++	++	++	++	22	28/10/96	++	++	++	++	++														
03	17/06/96	++	++	++	++	++	23	04/11/96	++	++	++	++	++														
04	24/06/96	++	++	++	++	++	24	11/11/96	++	++	++	++	++														
05	01/07/96	VV	VV	VV	VV	VV	25	18/11/96	++	++	++	++	++														
06	08/07/96	VV	VV	VV	VV	VV	26	25/11/96	++	++	++	++	VV														
07	15/07/96	VV	VV	VV	VV	VV	27	02/12/96	VV	VV	++	++	++														
08	22/07/96	VV	VV	VV	VV	VV	28	09/12/96	++	++	++	++	++														
09	29/07/96	VV	VV	VV	VV	VV																					
10	05/08/96	VV	VV	VV	VV	VV																					
11	12/08/96	VV	VV	VV	VV	VV																					
12	19/08/96	VV	VV	++	++	++																					
13	26/08/96	++	++	++	++	++																					
14	02/09/96	++	++	++	++	++																					
15	09/09/96	++	++	++	++	++																					
16	16/09/96	++	++	++	++	++																					
17	23/09/96	++	MM	++	++	++																					
18	30/09/96	++	++	++	++	++																					
19	07/10/96	++	++	++	++	++																					
20	14/10/96	VV	VV	VV	VV	VV																					

***** PREVIOUS SESSIONS ***** REASONS FOR ABSENCE *****

* POS ACT	OCC	%	%	*	POS ACT	OCC	%	%	*	* TEMPORARILY OFF RO	0	C COLLEGE INTERVIEW	0	*				
* ATT ATT	ABS	ABS	ATT	ABS	LATES	* SESSION	ATT	ATT	ABS	ABS	ATT	ABS	LATES	* D DOMESTIC/BEREAVEME	0	E EXCLUSION	0	*
* 1991/92	4	2	97.9	2.1	0	* 1991/92								* F FAMILY/PERSONAL	2	H CHILDREN'S HEARING	0	*
* 1992/93						* 1992/93								* I NO TRANSPORT	0	M MEDICAL	2	*
* 1993/94						* 1993/94								* N NOT REQUIRED TO AT	0	S SCHOOL CLOSURE	0	*
* 1994/95						* 1994/95								* T TRUANCY	0	U UNEXPLAINED	0	*
* 1995/96						* 1995/96								* V VACATION	90	W WORK EXPERIENCE	0	*
* X EXCURSION															0			*

Parent or guardian: DOUGLAS JOHN

6 MEIKLEHOLMSIDE

LANGHOLM

DG130PN

Remarks:

0187260867

C 120

**DUMFRIES AND GALLOWAY REGIONAL COUNCIL
DEPARTMENT OF SOCIAL WORK**

REFERRAL FORM

CATEGORY

CLIENT REF NO

DATE

TIME

TAKEN BY

CR/284

SWISS CR
3037

27/1/97

1pm

YVONNE STUART

PERSON REFERRED

ADDRESS

Marghallanne Douglas

DOB

16.1.84

AGE

13

SEX

F

MARITAL STATUS

SINGLE

CLIENT AWARE OF REFERRAL

NO

TEL. NO. 01387 380303

PREVIOUS ADDRESS SEE OVER

INDEX CHECK

CURRENT CASE

REGISTERED TO

CLOSED FILE

NO RECORD

☒☒☐☐☐

REFERRED BY

GP & OTHER AGENCIES

ADDRESS

Mrs Margbrell Douglas

as above

POST/AGENCY

Mother

Langholm Health
Centre
Kate Crossen
H. V. May

FAMILY /OTHER SIGNIFICANT PEOPLE

NAME	DOB	RELATIONSHIP	ADDRESS	TEL. NO.
John Douglas		Father	as above	
Shelly Douglas		Sister		
Shy Douglas		"		
Tail Douglas		"		
Shawn Douglas		brother		

PRESENTING PROBLEM (cont over) IS THIS A CHILD PROTECTION REFERRAL ? YES/NO
IF YES REPORT TO S.S.W.

Mrs Douglas unable to cope with Marghallanne's behaviour
IMMEDIATE ACTION (cont over) which is aggressive, hitting out at

SIGNED DUTY SOCIAL WORKER J. S. Stewart

ALLOCATION

ALLOCATED TO

CLOSING
CODE

TEL. NO.

d

-

-

-

Department of Social Services

Keith Makin - Director of Social Services
Area Sub Offices, Council Offices
Dryfe Road, Lockerbie, DG11 2AP
Telephone 01576 203040 Fax 01576 204411

Initial Investigative Report

NAME: Marshallanne DOUGLAS

DATE OF BIRTH: 16 January 1994

AGE: 13 Years

CURRENT ADDRESS: 6 Meikleholm Side
LANGHOLM

PARENTAL ADDRESS: 6 Meikleholm Side
LANGHOLM

LEGAL STATUS: NONE

Family composition:

NAME	DOB	RELATIONSHIP	ADDRESS	STATUS
John Douglas		Father		
Marchall Douglas		Mother		
Shelly Douglas		Sister		
Abby Douglas		Sister		
Jade Douglas		Sister		
Shem Douglas		Brother		

Significant Others: None.

Reason for Report:

Mr and Mrs Douglas referred their daughter to the Reporter, believing she was out of control. They claim that Marshallanne is both verbally and physically abusive to other family members and continues to defy their authority.

Basis of Report:

This report is based on :

Regular contact with Mr and Mrs Douglas and Marshallanne, involving home visits and telephone conversations ;
Telephone discussions with Mr McFadyen, Assistant Head Teacher at Langholm Academy ;
One meeting with Mr McFadyen and Mr Hall, Headmaster at Langholm Academy ;
Discussions with Health Visitor, Kate Crossan ;
One telephone conversation with GP, Dr Tinkler ;
Perusal of relevant school reports.

Author of Report : Yvonne Stuart

Date: 8 February 1997.

1. FAMILY HISTORY AND HOME CIRCUMSTANCES

Previous to this referral the Douglas family were not known to the Social Services, having never contacted the Social Services Department.

The family live in a three bedroom (plus box room) house which accommodates five children and two adults. The house which is ex-local Authority was bought over by the family in the last six months.

The parents report that the only remaining family members are an aunt and uncle living in Dumfries and contact is limited.

Both parents report a history of disruptive and difficult behaviour from Marshallanne. They state that from the age of nine years Marshallanne has shown defiance of their parental authority.

2. INFORMATION FROM OTHER AGENCIES

School : Marshallanne's school attendance records show that out of 336 possible attendance, she attended 326 days. These absences were explained in terms of general medical complaints.

The school states that Mr and Mrs Douglas have not attended a parents night for a considerable amount of time. The school also states that Marshallanne spends time after school hours working in the school library.

Health Visitor : Kate Crossan has had a long history of contact with the family through the five children. On a positive note, Kate Crossan has found Marshallanne to be very mature in conversations and appears to want to be treated as an adult. Mrs Douglas has discussed the on-going situation with the Health Visitor throughout their contact.

GP - Dr Tinkler : Informed me that Marshallanne and her parents were seen by Child Psychiatrist, Dr Morton. Dr Morton has since moved away from the area and so I have not obtained specific information regarding this contact.

3. PEN PICTURE OF CHILD

Marshallanne can present initially as withdrawn but during my contact with her, she was willing to talk about how she feels regarding her situation.

[REDACTED]

4. EXPRESSED VIEWS OF CHILD / PARENT

Both parents believe that Marshallanne's behaviour is unacceptable.

[REDACTED]

[REDACTED]

Marshallanne recognises the difficulties within the household and admits to being verbally abusive towards her parents. Marshallanne states that she is generally concerned about her parents stress but believes that she got blamed for most of the problems in the house.

With regards to the hostility towards her brother and sister, Marshallanne states that she bears no animosity towards the other siblings. Marshallanne does state however, that she resents her younger sister, Shelly having a room of her own. Apparently the room had originally been Marshallanne's, but due to her inability to keep it tidy her parents gave it to her younger sister instead.

Marshallanne states that she has no space of her own in the house away from her brother or sisters.

5. ASSESSMENT OF NEED

From my contact with the family, I have concerns regarding their ability to cope with the present situation which is causing stress on the whole family.

The lack of space in the house is causing a considerable amount of tension between Marshallanne and her brother and sisters. There would also seem to be no other close relative or friends whom Marshallanne could stay with for periods of time.

There appears to be a breakdown in communication between Marshallanne and her parents, resulting in the present situation where all concerned are unwilling to listen to each other.

As my contact with the family is still in the early stages, I have not as yet made referrals to any other specialist agencies. If required, the use of other agencies may be a future option. A referral however has been made to the NCH Action for Children Youth Project in Annan.

6. OPTIONS

The Douglas family would benefit from Social Services intervention on a regular basis. As the family themselves have requested this support, a statutory supervision order, in my opinion, would not be required.

7. EXPRESSED VIEW OF CHILD / PARENT

Mr and Mrs Douglas and Marshallanne are willing to work with the Social Services on a voluntary basis. An action plan of what may help is now being discussed with the family.

8. RECOMMENDED PLAN OF ACTION

I would suggest that for the reasons stated, it would be to the family's and the Social Services advantage that voluntary supervision is given.

Social Worker :

Team Manager :

JD → 45 → F

DUMFRIES AND GALLOWAY COUNCIL
SOCIAL SERVICES DEPARTMENT - EMERGENCY DUTY CONTACT FORM

DATE 3.2.98	TIME 1730	MANAGER AD	LOG NO 828	292												
CONTACTED BY		REASON FOR REFERRAL AS PRESENTED														
Kate Curran 013873 86511		more follow up of other Marshall Ann has packed her bags & rang the police asking to be removed from home														
POLICE ☒		PUBLIC ☐	SND ☐	OTHER AGENCY ☐												
OUTWITH THE REGION ☐																
NAME AND ADDRESS OF CLIENT																
Marshall Ann Cauldley 6 Hawthornside Loughborough 8033																
NITHSDALE ANN STEWARTRY WIGTOWN																
<table border="1"> <tr> <td>CHILD CARE SOCIAL WORKER AS APPROPRIATE</td> <td>CHILD PROTECTION SOCIAL WORKER AS APPROPRIATE</td> <td>ADULT CARE NON-SPECIFIC CLIENT GROUP</td> <td>ELDERLY MENTAL HEALTH</td> </tr> <tr> <td colspan="4">SERVICE REQUESTED</td> </tr> <tr> <td>FINANCE SUPPORT</td> <td>ACCOMMODATION REQUEST FOR CARE</td> <td>MENTAL HEALTH ASSESSMENT DUTY SOCIAL WORKER TO ATTEND</td> <td>TRANSPORT ADVICE HOME CARE INFORMATION OTHER</td> </tr> </table>					CHILD CARE SOCIAL WORKER AS APPROPRIATE	CHILD PROTECTION SOCIAL WORKER AS APPROPRIATE	ADULT CARE NON-SPECIFIC CLIENT GROUP	ELDERLY MENTAL HEALTH	SERVICE REQUESTED				FINANCE SUPPORT	ACCOMMODATION REQUEST FOR CARE	MENTAL HEALTH ASSESSMENT DUTY SOCIAL WORKER TO ATTEND	TRANSPORT ADVICE HOME CARE INFORMATION OTHER
CHILD CARE SOCIAL WORKER AS APPROPRIATE	CHILD PROTECTION SOCIAL WORKER AS APPROPRIATE	ADULT CARE NON-SPECIFIC CLIENT GROUP	ELDERLY MENTAL HEALTH													
SERVICE REQUESTED																
FINANCE SUPPORT	ACCOMMODATION REQUEST FOR CARE	MENTAL HEALTH ASSESSMENT DUTY SOCIAL WORKER TO ATTEND	TRANSPORT ADVICE HOME CARE INFORMATION OTHER													

FOR OFFICE USE
FAX SENT

TIME:	DATE:
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Dumfries & Galloway

C O U N C I L
Serving South West Scotland

DUMFRIES & GALLOWAY COUNCIL
SOCIAL SERVICES DEPARTMENT

EMERGENCY SERVICE REFERRAL

Urgent

Date: 3.2.97	Time: 1730	ESM: ADYET	Pages: 6
FAO: Yvonne Stewart	CC: child care		
Contacted By: Kate Crossan health visitor 01387 80511 Tel: 80511			
Client Details: Marshall Ann Donald 13 6 Newholm side Langholm Tel: 01387 80511			

Reason for Referral and Action Taken:

REQUEST FOR AN EMERGENCY ADMISSION
TO CARE

Tonight Mrs Young has her parents
are in crisis. Marshall Ann has been
in police twice, having to be removed from
home. Mrs Donald is also distressed &
wishes seeing Marshall's reception into

- 2 -

EMERGENCY SERVICE REFERRAL FORM

Clients Name.....

Marshall Ann Douglas

(continuation sheet)

Why tonight?

There is a four year history of
 Marshall Ann being difficult to manage.
 Tonight Marshall Ann, Ann and I were alone
 and we were alone. Douglas put Marshall
 Ann outside for 5 minutes to 'cool off'.
 This seems to have wound Marshall Ann
 up even more.

Marshall Ann packed up all her belongings
 into her bags and rang the police according
 to our Douglas, asking to be put into care.

-3-

EMERGENCY SERVICE REFERRAL FORM

Clients Name.....

Marshall Ann Douglas

(continuation sheet)

In addition, there was another incident, involving Marshall Ann making a mess in the toilet with her period & denying it. Marshall Ann "went absolutely ballistic" when challenged about it.

These incidents amount to the 'last straw' for Mr & Mrs Douglas. They are feeling desperate & feel no longer cope.

Action

- ① Agreed that a break appears to be needed.
- ② Explored the possibility of using family/friends. This family

-4-

EMERGENCY SERVICE REFERRAL FORM

Clients Name.....

Marshall Ann Douglas

(continuation sheet)

despite being members of a 'break
away' Christian community in
Cakile ~~they~~ smuggled to
identify support / friends. One
possibly is a ~~minister~~ (minister).

who has her marital life in
relation to the family's difficulties.
Even Mrs Mrs Douglas didn't know
his name well, did not pursue his
epithet tonight.

③ Marshall Ann appears to have no
friends & therefore no support network.

-5-

EMERGENCY SERVICE REFERRAL FORM

Client's Name.....

Marshall Ann Douglas

(continuation sheet)

- ④ Eventually Mr & Mrs Douglas were able to identify the local church of Scotland minister who wife,

as a possible overnight placement for Marshall. I contacted [unclear] & she readily agreed to accommodate Marshall for tonight. Marshall will go to school from here & have lunch at school a Tuesday 4/2.

- 6 -

EMERGENCY SERVICE REFERRAL FORM

Client's Name.....

Mantell Mr Douglas

(continuation sheet)

can yvonne/duty please
contact Mr & Mrs Douglas ^{first thing} to make
plans for Mantell after school
on Tuesday?

also expecting
contact on Tuesday from Yvonne or duty.

can I please be updated
on Tuesday night?

Thank you.

Anne ESM

JD → 45 → Ru

DUMFRIES AND GALLOWAY COUNCIL
SOCIAL SERVICES DEPARTMENT - EMERGENCY DUTY CONTACT FORM

DATE 4.2.98	TIME 18.20	MANAGER AD	LOG NO 39/2/98
CONTACTED BY		REASON FOR REFERRAL AS PRESENTED	
Wanne Stewart 01388 750360		Wardell to stay with HO ROW	
POLICE MEDICAL PUBLIC ☒ OTHER AGENCY			
OUTWITH THE REGION			
NAME AND ADDRESS OF CLIENT			
Wardell Ann Douglas 6 Waddenside Lanark			
CLIENT GROUP			
☒ CHILD CARE ☐ SOCIAL WORKER AS APPROPRIATE ADULT		ADULT CARE ELDERLY NON-SPECIFIC CLIENT GROUP MENTAL HEALTH	
SERVICE REQUESTED			
FINANCE SUPPORT	ACCOMMODATION REQUEST FOR CARE	MENTAL HEALTH ASSESSMENT DUTY SOCIAL WORKER TO ATTEND	TRANSPORT ADVICE HOME CARE OTHER ☒ INFORMATION
NITHSDALE ANNANDALE & ESKDALE STEWARTRY WIGTOWN			

Your Ref:
Our Ref: YS/AJL

Ms Hilary Clark
Divisional Reporter
Scottish Children's Reporter Administration
3 Newall Terrace
DUMFRIES

Department of Social Services

Keith Makin - Director of Social Services
Area Sub Offices, Council Offices
Dryfe Road, Lockerbie, DG11 2AP
Telephone 01576 203040 Fax 01576 204411

If telephoning or calling ask for:-

Yvonne Stuart

13 February 1997

Dear Ms Clark

Re: *Marshallanne DOUGLAS - DOB: 16 January 1984*
6 Meikleholm Side, LANGHOLM

I wish to inform you of two incidents which have happened but are not mentioned in the report. I believe, however, that the information is relevant given the family situation.

On the evening of 3 February 1997, after an argument in the house, Marshallanne and her parents requested an emergency admission into care for Marshallanne. This incident resulted in Marshallanne staying with the [redacted] where she remained for three days.

Marshallanne returned home over the weekend and I was informed by Mr Douglas on Monday, 10 February 1997 that the situation was worsening. [redacted]

After consultation with Team Manager, Jackie Dean and the Fostering Services, a respite Foster Placement has been set up (Social Work (Scotland) Act 1968, Section 15) from Thursday, 13 February 1997. This situation will be temporary lasting no longer than three weeks. When Marshallanne will return home again.

It is hoped that this Foster Placement will give both Marshallanne and her parents time to reflect and evaluate the situation.

Yours sincerely

Yvonne Stuart
SOCIAL WORKER

DUMFRIES AND GALLOWAY REGIONAL COUNCIL
SOCIAL WORK DEPARTMENT

INFORMATION REGARDING CHILD RECEIVED INTO CARE

N.B. This form must be completed prior to all planned admissions to care, or within three working days of an emergency admission. This applies to all children received into care regardless of the legislation in force e.g. voluntary care, supervision orders with a condition of residence and place of safety orders.

The original copy should be retained within the Division and used to inform pre/post admission conferences and initiate administrative processes e.g. requests for parental contributions. A copy of the completed form should be submitted to HQ immediately.

This form must always be completed in conjunction with a signed statement of parental agreement to reception into care and consent to medical treatment. Where the child is placed with foster parents Form C.2 should also be completed immediately and submitted to HQ to initiate the payment of Fostering Allowances.

SECTION I - PARTICULARS OF CHILD:

Surname: <i>Douglas</i>	Date of Birth: <i>16.1.84</i>
Forenames: <i>Marshall Anne</i>	Place of Birth:
Also Known As:	Legitimate/illegitimate/Extra Marital:
Address (At time of admission:) <i>6 Meeklebush St Langhden</i>	

Religion: <i>Church of Scotland</i>	Date and Place of Baptism: <i>Dumfries</i>
-------------------------------------	--

Child's Doctor: <i>Dr Tisdler</i>
Address: <i>Langhden Surgery</i>
Date of Admission Medical:
Any Specific Medical Condition, dietary habits etc? <i>none known</i>

School/Nursery Attended: <i>Langhden Academy</i>
--

List Previous Admissions to Care:			
Dates	Placement	Legislation	Reasons for Admission
			<i>NONE</i>

Date of Admission: <i>14/2/97</i>	Legislation: <i>SECTION 15 Voluntary admission</i>
-----------------------------------	--

SECTION II - PARTICULARS OF PARENTS/GUARDIANS:

Natural Father: <i>John Douglas</i> Full Name: _____ Current Address: _____	Natural Mother: <i>Marshallanne Douglas</i> Full Name: _____ Current Address: _____
Date of Birth: _____ Marital Status: _____ Occupation & Employer: _____	Date of Birth: _____ Marital Status: _____ Occupation & Employer: _____

If the Child views any person other than the above as Parent or Guardian, please give details below.

Name: *N/A*

Address: _____

Relationship/Significance to the Child: _____

Is the Child aware of the actual relationships detailed above?

YES/~~NO~~

Detail any Matrimonial/Custody Order in existence: *None*

Have the Parents received a copy of "Your Child in Our Care" explaining their rights?

YES/~~NO~~

SECTION III - PARTICULARS OF BROTHERS AND SISTERS:

Name	D.O.B.	Current Address	Relationship
<i>Shelly Douglas</i>			<i>sister</i>
<i>Abby Douglas</i>			<i>sister</i>
<i>Jade Douglas</i>			<i>sister</i>
<i>Shem Douglas</i>			<i>brother</i>

SECTION IV - PARTICULARS OF ANY RELATIVES, NEIGHBOURS ETC. WHO HAVE A PARTICULAR INTEREST
IN THE CHILD:

Name:	Name:
Address:	Address:
Relationship:	Relationship:

SECTION V - GIVE DETAILS OF ANY PERSON WHO SHOULD N O T HAVE ACCESS TO THE CHILD:

Name:
Address: <u>none</u>
Relationship:
Reasons Access Denied:

SECTION VI

Brief Pen Picture of child including any significant events which should be known by person caring for him/her.

Marshallanne presents as a physically mature 13 year old. Initially appeared withdrawn but during my contact with her, she has been willing to talk about her feelings.

Present situation has been on-going for sometime. Marshallanne stayed with the the previous week due to a particularly heated argument which resulted in Marshallanne and her parents requesting an emergency counselling intervention.

DUMFRIES AND GALLOWAY REGIONAL COUNCIL

SOCIAL WORK DEPARTMENT

APPLICATION FOR ADMISSION TO CARE

(To be Completed for all Voluntary Admissions)

I hereby consent to my child MARSHALLANN DOUGLAS being received into care in terms of Section 15 of the Social Work (Scotland) Act 1968.

I have been advised, in terms of Section 88 of the Social Work (Scotland) Act 1968, that I am required to ensure that the Local Authority is informed of my address. I understand that under Section 78 of the Social Work (Scotland) Act 1968 I may be liable to make financial contributions in respect of the above-named child until he/she reaches the age of 16 years.

I have been given a copy of the leaflet "Your Child in Our Care", and understand the possible implications if my child remains in the care of the Local Authority for more than 6 months.

Signature of Parent(s): John W Douglas

J M Douglas

Address:

.....

.....

.....

Signature of Social Worker Receiving Child: Y Stewart

Date of Completion: 14.2.97

**DUMFRIES AND GALLOWAY COUNCIL
SOCIAL SERVICES DEPARTMENT**

FORM C18

To be completed when a child or young person is received into care, transferred in care, or discharged from care.
Please use this form also to notify change of social worker.

SEND TO

Community Medical Specialist

Department of Community Medical Services, Cree North,
Crichton Hall, Crichton Royal Hospital, Dumfries, DG1 4TG

Director of Education

Education Offices, 30 Edinburgh Road, Dumfries, DG1 1JQ

Children's Services

Social Services Dept, 27 Moffat Road, Dumfries, DG1 1NB

NAME OF CHILD

DATE OF BIRTH

**DATE OF RECEPTION INTO
CARE /TRANSFER/DISCHARGE**

ADDRESS BEFORE CHANGE
(With name of Parent/Carer)

ADDRESS AFTER CHANGE
(With name of Parent/Carer)

SCHOOL TO BE ATTENDED

ALLOCATED SOCIAL WORKER
(If known)

Marshallanne Douglas

16.1.84

14/2/97

*6 Meekleburn Sicle
Langholm*

Foster care - Mrs Mas Carter

Langholm Academy

Yvonne Stewart

NOTE:

If this notification is in respect of a child in foster care,
have you completed the appropriate C21 or C22 Form?

YES

☒

NO

☐

Name: *Yvonne Stewart* (Print please)

Signed: *Y S Stewart*

{Social Worker}

(on behalf of Social Services Director)

14/2/97

{Date}

Form C18

**DUMFRIES AND GALLOWAY COUNCIL
SOCIAL SERVICES DEPARTMENT**

FORM C21

- To be completed to START all Fostering/Catch Allowances
under the Boarding Out Regulations

SEND TO

- Assistant Service Manager (Client Services)
Social Services Headquarters, Irongray Road, Dumfries
- copy for File

Please START the necessary payment in accordance with the following information:

NAME OF CARER:	<i>Carter</i>	<i>Mrs Mrs Carter</i>
ADDRESS OF CARER:		
NAME OF CHILD(REN) :		<i>Marshallanne Douglas</i>
HOME OR LAST ADDRESS OF CHILDREN (with name of previous carer if appropriate)		<i>(Parents) 6 Muckleston side, Langholm</i>
DATE(S) OF BIRTH:		<i>16.1.84</i>
DATE OF PLACEMENT: (when allowance should commence)		<i>14.2.97</i>
EXPECTED DURATION OF PLACEMENT:		<i>3 weeks</i>
ALLOWANCE PAYABLE: (per week)		
FEE IF APPROPRIATE: (per week)		
IF CHARGEABLE TO ANOTHER AUTHORITY: (Full Name and Address)		

(Please complete all Sections)

NOTE:

Have you completed a Reception into Care Form?	YES/ NO
Have you completed a C18?	YES/ NO
If this is a transfer, have you completed a C22 for previous carer?	YES/NO <i>N/A</i>

Name : *Yvonne Stewart* {Print please}
Signed: *Yvonne Stewart* *14/2/97* Date
Social Worker
{on behalf of Social Services Director}
Form C21

DUMFRIES AND GALLOWAY REGIONAL COUNCIL — EDUCATION DEPARTMENT

Rector:

~~Andrew M. Blain BSc AFMA~~

Telephone:

LOCKERBIE 01576 202626, 202353, 202189

FAX: 01576 203032



LOCKERBIE ACADEMY
LOCKERBIE
DUMFRIESSHIRE
DG11 2AL

If Mr Rice is not in or calling ask for

sr/ll

18 February 1997

Mr S Beck
Head of Psychological & Learning Support Services
Education Offices
Edinburgh Road
Dumfries

Dear Mr Beck

It is with concern I write to inform you of a decision that has recently taken place in connection with a child who has been taken into care.

A young girl Marshall Anne Douglas residing at Langholm has been taken into care for a three week respite period. She presently attends Langholm Academy. Her foster home for the three weeks is in

The Social Work Department informed me today that she will be attending Lockerbie Academy for the three weeks. The reason this has arisen is that both Education and Social Work Departments cannot finance transport from to Langholm.

I would like to emphasise that we are more than willing to try to accommodate the pupil and are working closely with both Langholm Academy and the social worker assigned to the young girl.

However, I am very alarmed about the motives for such a short term move in school provision and am concerned about the serious detriment that this may cause to a child who is obviously in a serious problematic stage in her young life.

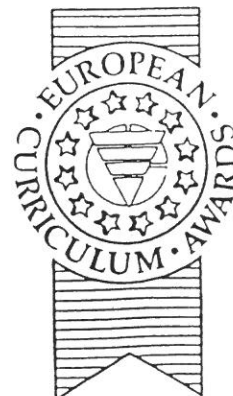
We will endeavour to give the best educational provision to this young girl but it may take the form of a part-time timetable if we cannot accommodate her studies as she has at Langholm Academy at present.

I hope you do not mind me raising our concerns about this with you. If you wish further information on this please do not hesitate to contact me at the Academy.

Yours sincerely

S M RICE
ASSISTANT RECTOR

cc Senior Educational Psychologist, F Robinson
Education Welfare Officer, L Sutherland
Social Work Manager, J Dean



1:30pm Fri 20/2/97
TC from John MC Laddigan - Depute Loughlin
Academy

Re: MARSHALLANN Douglas

Above girl is in short term foster care in ^{for 2 weeks}
Stuart Beak has agreed to fund tax₁ to
enable her to attend Loughlin Academy

Marshallann has reportedly "shown a wobbly" today and is
demanding to move to Lockerbie Academy. John has refused
this and was seeking affirmation from this. From my
knowledge of the case, I advised that maintaining school attendance
throughout the recent changes in her life, was important
and it felt ~~to be~~ appropriate.

He is requesting a childcare review urgently
to consider current position. Can someone contact
him on Monday 23/2/97

 ce.

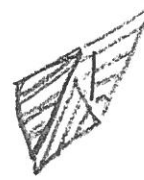
Marshallann Douglas - Yvonne Stewart

Respite Care of local minister
↓

funding not available for transport to school

John McFadden.

S. Beck
funding available for taxi

Urgent Care Review req. 

Nancy Ellis - 01387

YOUNG

21.2.97

KENNY CARTER

Marshallam Douglas

(Laugher)

Miss McFadgaa said she
is not going to Lock
she has to go to
Laugher.

Kenny is confused and
called for confirmation.
I advised Kenny
to follow plans
Yvonne Stuart
arranged and send
child to Lockbie
and if she is not
supposed to be there
to come into S.W.
offices at Lockbie

DWyllie

DEPARTMENT OF SOCIAL SERVICES

CHILD CARE REVIEW FORM

(TO BE COMPLETED WITHIN 6 WEEKS OF RIC, AFTER 3 MONTHS, AND THEREAFTER AT LEAST SIX-MONTHLY FOR ANY CHILD IN THE PHYSICAL CARE OF THE DEPARTMENT, AND SUBJECT TO SECTION 20 REVIEWS)

DATE OF REVIEW

25.02.97

DATE OF LAST REVIEW

DATE OF RIC

14.02.97

AREA:

Annandale & Eskdale

SOCIAL WORKER:

Yvonne Stuart

TEAM LEADER

Jackie Dean

(1)

IDENTIFYING INFORMATION

NAME:

Marshallanne DOUGLAS

D.O.B

16.01.84

HOME
ADDRESS6 Meikleholm Side
LANGHOLMCURRENT
ADDRESS
DIFFERENT

(IF

c/o Mr & Mrs Carter

RELIGION

Church of Scotland

ETHNIC ORIGIN

Scottish / Caucasian

LEGAL
STATUS

Section 15 Social Work (Scotland) Act 1968

SCHOOL
ATTENDED

Langholm Academy

TYPE OF PLACEMENT: FOSTER CARE/~~RESIDENTIAL CARE~~/AGENCY PLACEMENT/OTHER

IF 'OTHER' PLEASE SPECIFY

PART 1: TO BE COMPLETED PRIOR TO THE REVIEW

(2) **WHAT IS THE OBJECTIVE OF THE CURRENT PLACEMENT**

REHABILITATION WITH NATURAL PARENTS
REHABILITATION WITHIN EXTENDED FAMILY (OR KNOWN ADULTS)
PREPARATION FOR INDEPENDENCE
PREPARATION FOR ALTERNATIVE PLACEMENT
PROVIDING LONG-TERM CARE

X

DOES THE CURRENT PLACEMENT MEET THE CHILD'S IDENTIFIED NEEDS? YES/NO

IF NO, INDICATE BELOW THE ALTERNATIVE OR ADDITIONAL RESOURCES REQUIRED.

--

(3) **DETAIL ANY CHANGES IN CIRCUMSTANCES AND/OR RELATIONSHIPS WITHIN THE CHILD/YOUNG PERSON'S FAMILY**

Marshallanne has been placed in respite foster care from 12 February 1997 - for a maximum stay of 3 weeks.

(4) **DESCRIBE THE FREQUENCY AND NATURE OF ACCESS ARRANGEMENTS**

Mr Douglas wishes to contact foster carers direct to arrange visits - will visit late week.
No limits on visits or letters or telephone calls.

(5A) **MEDICAL ISSUES** (DATE OF LAST ANNUAL MEDICAL :-/../..)

--

(B) **EDUCATIONAL ISSUES** (ATTACH COPY OF LAST SCHOOL REPORT)

Parents not attending school Parents Nights.

IS THE CHILD/YOUNG PERSON SUBJECT TO A RECORD OF NEEDS?

YES/NO

IF "YES", ATTACHED A COPY OF CURRENT STATEMENT OF NEEDS

(6) **CHILD/YOUNG PERSON'S UNDERSTANDING AND VIEWS**
(DIRECT CONTRIBUTIONS SHOULD BE ENCOURAGED)

Marshallanne states that she feels 'fine' about foster care. Did state however that this was to "give her mother a break". Accepts that it was also for her own benefit, having, asked for this time away from family previously.

(7) **NATURAL FAMILY'S UNDERSTANDING AND VIEWS**
(DIRECT CONTRIBUTIONS SHOULD BE ENCOURAGED)

[REDACTED]

(8) **ISSUES IDENTIFIED FOR DISCUSSION AT THE REVIEW**
(THIS REPORT SHOULD BE ACCOMPANIED BY WRITTEN INFORMATION PROVIDED BY THE CHILD/YOUNG PERSON'S FOSTER PARENT OR RESIDENTIAL SOCIAL WORKER AND ACCOMPANIED BY A COPY OF THE CHILD/YOUNG PERSON'S CURRENT DETAILED CARE PLAN)

- (1) Discuss present situation.
- (2) How parents and Marshallanne view situation. Have talked about future respite foster care with the family.
- (3) What do family want from this.
- (4) Use of other agencies i.e. NCH Youth Project.
- (5) Schooling.

SOCIAL WORKER:

Yvonne Stuart

DATE OF
COMPLETION:

19 February 1997

PART II : TO BE COMPLETED BY THE CHAIRPERSON FOLLOWING THE REVIEW

(9) **LIST OF PARTICIPANTS**

NAME	AGENCY/RELATIONSHIP TO CHILD
Jackie Dean Yvonne Stuart Alasdair Carswell Mr and Mrs Carter Mr and Mrs Douglas Mrs Gray Marshallanne	Team Manager and Chair Social Worker Family Placement Worker Foster Carers Parents Langholm Academy SUBJECT
cc: Helen Walker Frazer Robinson	Assistant Services Manager Educational Psychologist

(10) **CHAIRPERSON'S SUMMARY OF DISCUSSION**
(ATTACH SEPARATE SHEET IF NECESSARY)

Marshallanne's reception into care was planned after a considerable period of difficulties in her relationships at home. It was agreed that a 3 week period of respite would allow Marshallanne and her parents to have some 'breathing space' and time to reflect on the ways in which they communicate.

In placement, Marshallanne is described as a 'typical teenager' who is co-operative and able to control her temper and negotiate difficulties.

In school Marshallanne is doing remarkably well and is working to the best of her ability. It was important for Marshallanne to be maintained at her own school to allow for continuity. School staff are willing to support parents through difficulties but there is a need for parents to communicate with them. Marshallanne can sometimes be strongwilled but generally her behaviour is not problematic - she was described as being 'chatty'.

A referral to NCH for individual sessions has been made.

It was agreed that to help Marshallanne and her family greater communication between them and the helping agencies was vital !

Marshallanne will be discharged from care on 7 March 1997.

- (11) **WHAT IS THE STATED OBJECTIVE OF THE PLACEMENT FOLLOWING THIS REVIEW, AND THE ESTIMATED TIME SCALE FOR ACHIEVEMENT?**

PREVENTION
REHABILITATION
PREPARATION FOR INDEPENDENCE

PROVIDING LONG-TERM CARE
PREPARATION FOR ALTERNATIVE
PLACEMENT
OTHER

	WILL THIS AIM BE ACHIEVED
X	WITHIN THE NEXT 6 MONTHS
	YES/NO
	IF NO, INDICATE THE INTENDED
	TIMESCALE
	/...../.....

IF EITHER ALTERNATIVE PLACEMENT OR OTHER HAS BEEN SELECTED, PLEASE SPECIFY BELOW:

--

- (12) **ARE ANY ADDITIONAL RESOURCES REQUIRED TO ACHIEVE STATED AIM? YES/NO**

IF YES, DESCRIBE REQUIREMENTS.

--

- (13) **REVIEW OF THE CHILD/YOUNG PERSON'S ACTION PLAN**
(IN VIEW OF THE ABOVE, THE EXISTING ACTION PLAN SHOULD BE MODIFIED {OR A NEW PLAN DRAWN UP} AND A COPY ATTACHED).

--

- (14) **IS THERE ANY EVIDENCE THAT THE CHILD/YOUNG PERSON COULD BE ELIGIBLE TO CLAIM CRIMINAL INJURIES COMPENSATION? YES/NO**

IF YES HAS A CLAIM BEEN MADE? YES/NO

IF YES TO EITHER OF THE ABOVE, OUTLINE PROGRESS TO DATE

--

- (15) COMMENT ON THE CHILD'S/YOUNG PERSON'S PHYSICAL HEALTH. DOES HE/SHE HAVE ANY OUTSTANDING MEDICAL PROBLEMS?

No problems.

- (16) COMMENT ON THE CHILD'S/YOUNG PERSON'S EDUCATIONAL PROGRESS. DOES HE/SHE HAVE ANY OUTSTANDING EDUCATIONAL NEEDS?

No problems.

- (17) DOES THE CHILD/YOUNG PERSON HAVE ANY OUTSTANDING CLOTHING AND PERSONAL REQUIREMENTS? YES/NO

DETAILS:

- (18) IF THE CHILD/YOUNG PERSON IS IN FOSTER CARE, SHOULD AN ENHANCED ALLOWANCE BE CONSIDERED? YES/NO

IF YES, OUTLINE PROGRESS.

SIGNATURE:
(CHAIRPERSON)

Jackie Dean

DATE:27 February 1997.....

DUMFRIES AND GALLOWAY COUNCIL

DEPARTMENT OF SOCIAL SERVICES

ACTION PLAN FOR CHILD/YOUNG PERSON IN CARE/ON SUPERVISION

NAME:

DATE OF BIRTH:

DATE ACTION PLAN
DRAWN UP:

IDENTIFIED NEEDS	IDENTIFIED TASKS	PERSON(S) RESPONSIBLE FOR ACTIONING	TIMESCALE
To prevent further periods of care.	(1) Greater communication between Marshallanne, parents and agencies.	All.	Immediate.
	(2) Ongoing Social Services Department involvement.	Yvonne Stuart.	Ongoing.
	(3) Chase referral to NCH.	Yvonne Stuart.	Immediate.
	(4) Discharge from care.	Yvonne Stuart.	7 March 1997

PART III: THE OPERATIONS MANAGER IS RESPONSIBLE FOR ENSURING THAT APPROPRIATE DECISIONS ARE MADE AT REVIEWS, AND THEIR SUBSEQUENT IMPLEMENTATION.

IF THE CHILD/YOUNG PERSON HAS BEEN IN CARE FOR MORE THAN 6 MONTHS, THE CHAIRPERSON IS RESPONSIBLE FOR SUBMITTING A COPY OF THE REVIEW REPORT TO THE OPERATIONS MANAGER FOR COMMENT AND ENDORSEMENT.

IF THE CHILD/YOUNG PERSON HAS BEEN IN CARE FOR MORE THAN ONE YEAR, THE OPERATIONS MANAGER IS RESPONSIBLE FOR DRAWING THIS TO THE ATTENTION OF THE DIRECTOR OF SOCIAL SERVICES.

OPERATIONS MANAGER'S COMMENTS:

New the need for respite for Marshallanne and her parents;

Continuing work on Marshallanne's letter have agreed

SIGNED: Meggie Reed DATE: 15/3/97

DIRECTOR OF SOCIAL SERVICES COMMENTS:

SIGNED: _____ DATE: _____

(ALTERED MAY 1995)



SCOTTISH
CHILDREN'S REPORTER
ADMINISTRATION
3 Newall Terrace, Dumfries

Memorandum

Date: 3 March, 1997

To: Yvonne Stuart, Social Worker (Child Care), Lockerbie

From: Hilary Clark, Divisional Reporter, Dumfries

Our Ref: HC/RMC

NOTIFICATION OF REPORTER'S DECISION

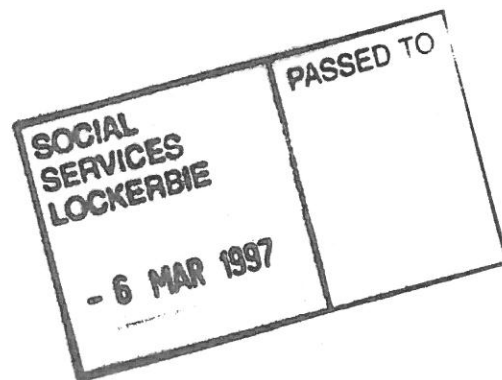
Please note that after considering the undernoted case I have decided to refer the family for voluntary supervision.

Thank you for your report. Please contact me if you wish clarification of the decision.

Child MARSHALLANNE DOUGLAS
6 Meikleholm Side
LANGHOLM

Grounds for Referral: Possibly outwith parental control

Hilary Clark



DUMFRIES AND GALLOWAY REGIONAL COUNCIL
SOCIAL WORK DEPARTMENT

FORM C.22

To Be completed to STOP all Fostering/Catch Allowances
under the Boarding Out Regulations

SEND TO:

- Assistant Service Manager (Client Services)
Social Work Headquarters, Irongray Road, Dumfries
- Copy for File

Please STOP the necessary payment in accordance with the following information:

NAME OF CARER:

MR & MRS CARTER

ADDRESS OF CARER:

NAME OF CHILD/CHILDREN:

MARSHALL AND DOUGLAS

DATES OF BIRTH:

16/1/84

DATE OF PLACEMENT:

14/2/97

DATE ALLOWANCE TO STOP:

7/3/97

IF CATCH, DATE FROM WHICH
PAYMENT OF FEES SHOULD CEASE IF
DIFFERENT FROM ABOVE:

{Please complete all Sections}

NOTE

Have you completed a C.18

YES/NO

Name:

Vivienne Stuart

{Print please}

Signed:

J. Stewart
{Social Worker}

12/3/97

{Date}

(on behalf of Director of Social Work)

File

SOCIAL SERVICES LOCKERBIE	PASSED TO
21 MAR 1997	



Telephone: Annan 202419

Established 1902

Proprietor: R. Hodgson

No 296

House Address: 134 High Street

SOCIAL SERVICES LOCKERBIE	PASSED TO
13 MAR 1997	MACLEAN'S GARAGE,
	Annan MARCH 1997
	DG12 6DP.

Social Work

To M. & E. MACLEAN

—MOTOR HIRERS—

PRIVATE HIRE CARS

MOTOR GARAGE

MOTOR HEARSE

ACCOUNTS MONTHLY

FEB 17TH

Langholm Academy - Return

From 17TH, 18TH, 19TH, 20TH, 21ST

90 mb per Day 49p per ml £ 220.50

marshall, Anne
Douglas

Interest charged on all overdue Accounts

**DUMFRIES AND GALLOWAY COUNCIL
SOCIAL SERVICES DEPARTMENT**

FORM C21

- To be completed to START all Fostering/Catch Allowances
under the Boarding Out Regulations

SEND TO

- Assistant Service Manager (Client Services)
Social Services Headquarters, Irongray Road, Dumfries
- copy for File

Please START the necessary payment in accordance with the following information:

NAME OF CARER:

Mrs Mas Carter

ADDRESS OF CARER:

NAME OF CHILD(REN) :

Marshallam Douglas

HOME OR LAST ADDRESS OF CHILDREN
(with name of previous carer if appropriate)

*6 Middleton side
Langholm*

DATE(S) OF BIRTH:

16.1.84

DATE OF PLACEMENT:
(when allowance should commence)

11/4/97

EXPECTED DURATION OF PLACEMENT:

ALLOWANCE PAYABLE: (per week)

FEE IF APPROPRIATE: (per week)

IF CHARGEABLE TO ANOTHER
AUTHORITY: (Full Name and Address)

(Please complete all Sections)

NOTE:

Have you completed a Reception into Care Form?	YES/NO
Have you completed a C18?	YES/NO
If this is a transfer, have you completed a C22 for previous carer?	YES/NO

Name : *Ivonne Stuart* {Print please}

Signed: *J. S. Stewart* *16/4/97* Date

Social Worker

{on behalf of Social Services Director}

Form C21

**DUMFRIES AND GALLOWAY COUNCIL
SOCIAL SERVICES DEPARTMENT**

FORM C18

To be completed when a child or young person is received into care, transferred in care, or discharged from care.
Please use this form also to notify change of social worker.

SEND TO

Community Medical Specialist
Department of Community Medical Services, Cree North,
Crichton Hall, Crichton Royal Hospital, Dumfries, DG1 4TG

Director of Education
Education Offices, 30 Edinburgh Road, Dumfries, DG1 1JQ

Children's Services
Social Services Dept, 27 Moffat Road, Dumfries, DG1 1NB

NAME OF CHILD

Marshall Ann Douglas

DATE OF BIRTH

16/1/89

**DATE OF RECEPTION INTO
CARE /TRANSFER/DISCHARGE**

3.4.97

ADDRESS BEFORE CHANGE
(With name of Parent/Carer)

*Mr & Mrs
Carver.
(foster carers)*

ADDRESS AFTER CHANGE
(With name of Parent/Carer)

*Mr & Mrs Douglas (parents)
6 Melkeshden side
Langholm.*

SCHOOL TO BE ATTENDED

N/A

ALLOCATED SOCIAL WORKER
(If known)

Yvonne Stuart

NOTE:

If this notification is in respect of a child in foster care,
have you completed the appropriate C21 or C22 Form?

YES

NO

Name: *Yvonne Stuart* (Print please)

Signed: *[Signature]*
{Social Worker}

16/4/97
{Date}

(on behalf of Social Services Director)

Form C18

DUMFRIES AND GALLOWAY COUNCIL
SOCIAL SERVICES DEPARTMENT

FORM C.22

To Be completed to STOP all Fostering/Catch Allowances
under the Boarding Out Regulations

SEND TO:

- Assistant Service Manager (Client Services)
Social Services Headquarters, Irongray Road, Dumfries
- Copy for File

Please STOP the necessary payment in accordance with the following information:

NAME OF CARER:

Mr & Mrs Carter

ADDRESS OF CARER:

[Handwritten address]

NAME OF CHILD/CHILDREN:

Marshallann Douglas

DATES OF BIRTH:

16.1.84

DATE OF PLACEMENT:

11.4.97

DATE ALLOWANCE TO STOP:

13.4.97

IF CATCH, DATE FROM WHICH
PAYMENT OF FEES SHOULD
CEASE IF DIFFERENT FROM
ABOVE:

[Empty box for date]

{Please complete all Sections}

NOTE

Have you completed a C.18

YES/NO

Name: *Yvonne Stuart* {Print please}

Signed: *Y Stuart*
{Social Worker}

(on behalf of Director of Social Services)

16/4/97
{Date}

**DUMFRIES AND GALLOWAY COUNCIL
SOCIAL SERVICES DEPARTMENT**

FORM C18

To be completed when a child or young person is received into care, transferred in care, or discharged from care.
Please use this form also to notify change of social worker.

SEND TO

Community Medical Specialist

Department of Community Medical Services, Cree North,
Crichton Hall, Crichton Royal Hospital, Dumfries, DG1 4TG

Director of Education

Education Offices, 30 Edinburgh Road, Dumfries, DG1 1JQ

Children's Services

Social Services Dept, 27 Moffat Road, Dumfries, DG1 1NB

NAME OF CHILD

Mashallann Douglas

DATE OF BIRTH

16 / 1 / 84

**DATE OF RECEPTION INTO
CARE / TRANSFER / DISCHARGE**

11 - 4 - 97

**ADDRESS BEFORE CHANGE
(With name of Parent/Carer)**

Mrs & Mrs Douglas (Parents)
6 Meikleholan Drive
Loughigan

**ADDRESS AFTER CHANGE
(With name of Parent/Carer)**

Mrs & Mrs Carter
(Foster carers)

SCHOOL TO BE ATTENDED

N/A

**ALLOCATED SOCIAL WORKER
(If known)**

Yvonne Stuart

NOTE:

If this notification is in respect of a child in foster care,
have you completed the appropriate C21 or C22 Form?

YES
NO

☒

Name: Yvonne Stuart (Print please)

Signed: Y. Stuart

{Social Worker}

(on behalf of Social Services Director)

16 / 4 / 97

{Date}

Form C18

SOCIAL SERVICES
LOCKERBIE
- 8 MAY 1997

PASSED TO

Yvonne Stuart

DUMFRIES AND GALLOWAY COUNCIL
DEPARTMENT OF SOCIAL WORK

DUTY RECORD

CLIENT NAME

Marshall-Anne Douglas

6 Meikleholmside
Larghalm
013873 80303

DATE: 7-5-97

CONTACT MADE BY:

EVENT: Day Duty, Annan

S. Prie

Alan Gray, headteacher, Larghalm Academy phoned (10.10 am). He is concerned that Marshall-Anne had a bad week-end with her family. He had contacted Family,

Mr. Gray feels that Marshall-Anne feels that mum has no time for her and this is also the impression he gets.

Mr. Gray had contacted Lockerbie office but Yvonne on annual leave. Mr. Gray concerned for Marshall-Anne.

Plc to Helen Johnston Cavello, NCH. She saw Marshall-Anne on Thursday. Positive session. They have a good relationship. Helen reports that Marshall-Anne would like to get more attention from her mum.

Duty Worker:
(Print Name)

Signed:

Date:

32601
PO- 3225
~~3237~~

(C278)

In 5 weeks time Mr. Dafter goes away for 2 weeks. Ropke care is being organized by Yvonne.

P/c to Mr. Gray. Informed him that Helen Canella involved with Marshellene. If Marshellene needs to speak to Helen she should phone (gave number). Mr. Gray will speak to her.

P/c to NCH. message passed to Helen that Marshellene might phone.

SOCIAL SERVICES LOCKERBIE	PASSED TO
- 5 JUN 1997	

LOCKERBIE

FILE COPY



Telephone: Annan 202419
Established 1902
Proprietor: J. Hodgson

No 004

House Address: 134 High Street
DG12 6DP

MACLEAN'S GARAGE,	
SOCIAL SERVICES LOCKERBIE	PASSED TO Annan 17 MAY 1997 43

Social Work Dept

To M. & E. MACLEAN

—MOTOR HIRERS—

E HIRE CARS

MOTOR GARAGE

LIMOUSINE HIRE

ACCOUNTS MONTHLY

oil 20.7 6 muckleholm side Langholm
to Annan family centre 4.2 mb

£ 21.42

marshall Anne Douglas

1614 6 muckleholm side Langholm to
Annan family centre + RTN 84 mb

£ 42.84
64.26

Interest charged on all overdue Accounts

DUMFRIES AND GALLOWAY COUNCIL
SOCIAL SERVICES DEPARTMENT

FORM C.22

- To be completed to STOP all Fostering/Catch Allowances under the Boarding Out Regulations

SEND TO:

- Assistant Service Manager (Client Services)
Social Services Headquarters, Irongray Road, Dumfries
- Copy for File

Please STOP the necessary payment in accordance with the following Information:

NAME OF CARER:

Isobel Muir

ADDRESS OF CARER:

NAME OF CHILD(REN):

Marshallann Douglas

DATES OF BIRTH:

16.1.84

DATE OF PLACEMENT:

13/6/97

DATE ALLOWANCE TO STOP:

15/6/97

IF CATCH, DATE FROM WHICH
PAYMENT OF FEES SHOULD
CEASE IF DIFFERENT FROM
ABOVE:

{Please complete all Sections}

NOTE

Have you completed a C.18.

YES / NO

Name: Ivonne Stuart {Print please}

Signed: J. Stewart {Social Worker} 16/6/97 {Date}

(on behalf of the Director of Social Services)

Form C.22
{Revised March 1997}

**DUMFRIES AND GALLOWAY COUNCIL
SOCIAL SERVICES DEPARTMENT**

FORM C21

- To be completed to START all Fostering/Catch Allowances under the Boarding Out Regulations

SEND TO

- Assistant Service Manager (Client Services)
Social Services Headquarters, Irongray Road, Dumfries
- copy for File

Please START the necessary payment in accordance with the following information:

NAME OF CARER:

Isobel Nis�

ADDRESS OF CARER:

NAME OF CHILD(REN) :

Marshall Ann Douglas

HOME OR LAST ADDRESS OF CHILDREN
(with name of previous carer if appropriate)

6 Meiklehan Side
Langhous

DATE(S) OF BIRTH:

16.1.84

DATE OF PLACEMENT:
(when allowance should commence)

13/6/97

EXPECTED DURATION OF PLACEMENT:

3 DAYS

ALLOWANCE PAYABLE: (per week)

FEE IF APPROPRIATE: (per week)

IF CHARGEABLE TO ANOTHER
AUTHORITY: (Full Name and Address)

(Please complete all Sections)

NOTE:

Have you completed a Reception into Care Form?	YES/NO
Have you completed a C18?	YES/NO
If this is a transfer, have you completed a C22 for previous carer?	YES/NO

Name : Ivonne Stuart {Print please}

Signed: I. Stuart 16/6/97 Date
Social Worker

{on behalf of Social Services Director}

Form C21

**DUMFRIES AND GALLOWAY COUNCIL
SOCIAL SERVICES DEPARTMENT**

FORM C18

To be completed when a child or young person is received into care, transferred in care, or discharged from care.
Please use this form also to notify change of social worker.

SEND TO

Community Medical Specialist

Department of Community Medical Services, Cree North,
Crichton Hall, Crichton Royal Hospital, Dumfries, DG1 4TG

Director of Education

Education Offices, 30 Edinburgh Road, Dumfries, DG1 1JQ

Children's Services

Social Services Dept, 27 Moffat Road, Dumfries, DG1 1NB

- COPY FOR FILE

NAME OF CHILD

Marshallann Douglas

DATE OF BIRTH

16.1.84

**DATE OF RECEPTION INTO
CARE /TRANSFER/DISCHARGE**

13/6/97

**ADDRESS BEFORE CHANGE
(With name of Parent/Carer)**

*6 Meddelston side
Langholm.*

**ADDRESS AFTER CHANGE
(With name of Parent/Carer)**

Marelas Nicol

SCHOOL TO BE ATTENDED

Langholm Academy

**ALLOCATED SOCIAL WORKER
(If known)**

Yvonne Stuart

NOTE:

If this notification is in respect of a child in foster care,
have you completed the appropriate C21 or C22 Form?

YES

☒

NO

Name: *Yvonne Stuart* (Print please)

Signed: *Y Stuart*
{Social Worker}

(on behalf of Social Services Director)

16/6/97
{Date}

Form C18

**DUMFRIES AND GALLOWAY COUNCIL
SOCIAL SERVICES DEPARTMENT**

FORM C18

To be completed when a child or young person is received into care, transferred in care, or discharged from care.
Please use this form also to notify change of social worker.

SEND TO

Community Medical Specialist
Department of Community Medical Services, Cree North,
Crichton Hall, Crichton Royal Hospital, Dumfries, DG1 4TG

Director of Education
Education Offices, 30 Edinburgh Road, Dumfries, DG1 1JQ

Children's Services
Social Services Dept, 27 Moffat Road, Dumfries, DG1 1NB

- COPY FOR FILE

NAME OF CHILD

Marshallann Douglas

DATE OF BIRTH

16.1.84

**DATE OF RECEPTION INTO
CARE / TRANSFER / DISCHARGE**

15/6/97

**ADDRESS BEFORE CHANGE
(With name of Parent/Carer)**

Mrs Mrs Nicol

**ADDRESS AFTER CHANGE
(With name of Parent/Carer)**

*6 Meckleburn Side
Langholm.*

SCHOOL TO BE ATTENDED

Langholm Academy

**ALLOCATED SOCIAL WORKER
(If known)**

Yvonne Stewart

NOTE:

If this notification is in respect of a child in foster care,
have you completed the appropriate C21 or C22 Form?

YES

NO

Name: *Yvonne Stewart* (Print please)

Signed: *Y Stewart*

{Social Worker}

(on behalf of Social Services Director)

16/6/97.

{Date}

Form C18

**DUMFRIES AND GALLOWAY COUNCIL
SOCIAL SERVICES DEPARTMENT**

FORM C18

To be completed when a child or young person is received into care, transferred in care, or discharged from care.
Please use this form also to notify change of social worker.

SEND TO

- FILE -

Community Medical Specialist

Department of Community Medical Services, Cree North,
Crichton Hall, Crichton Royal Hospital, Dumfries, DG1 4TG

Director of Education

Education Offices, 30 Edinburgh Road, Dumfries, DG1 1JQ

Children's Services

Social Services Dept, 27 Moffat Road, Dumfries, DG1 1NB

NAME OF CHILD

DATE OF BIRTH

**DATE OF RECEPTION INTO
CARE / TRANSFER / DISCHARGE**

**ADDRESS BEFORE CHANGE
(With name of Parent/Carer)**

**ADDRESS AFTER CHANGE
(With name of Parent/Carer)**

SCHOOL TO BE ATTENDED

**ALLOCATED SOCIAL WORKER
(If known)**

Marshallanne Douglas

16.1.84

23/6/97

Mrs Mrs McCormack

Mrs Mrs Douglas (Parents)
6 Melksham Side
Langhorne

Langhorne Academy

Yvonne Stuart

NOTE:

If this notification is in respect of a child in foster care,
have you completed the appropriate C21 or C22 Form?

YES

NO

Name: Yvonne Stuart (Print please)

Signed: [Signature]
{Social Worker}

(on behalf of Social Services Director)

23/6/97
{Date}

Form C18

DUMFRIES AND GALLOWAY COUNCIL
SOCIAL SERVICES DEPARTMENT

FORM C18

To be completed when a child or young person is received into care, transferred in care, or discharged from care.
Please use this form also to notify change of social worker.

SEND TO

- FIVE

Community Medical Specialist

Department of Community Medical Services, Cree North,
Crichton Hall, Crichton Royal Hospital, Dumfries, DG1 4TG

Director of Education

Education Offices, 30 Edinburgh Road, Dumfries, DG1 1JQ

Children's Services

Social Services Dept, 27 Moffat Road, Dumfries, DG1 1NB

NAME OF CHILD

DATE OF BIRTH

DATE OF RECEPTION INTO
CARE /TRANSFER/DISCHARGE

ADDRESS BEFORE CHANGE
(With name of Parent/Carer)

ADDRESS AFTER CHANGE
(With name of Parent/Carer)

SCHOOL TO BE ATTENDED

ALLOCATED SOCIAL WORKER
(If known)

Marshall Ann Douglas

16.1.84

20/6/97

6 Merchiston Side
Langholm
(Parental address)

Wendy Stuart McCormack

Langholm Academy

Yvonne Stuart

NOTE:

If this notification is in respect of a child in foster care,
have you completed the appropriate C21 or C22 Form?

YES

NO

✓

✗

Name: Yvonne Stuart (Print please)

Signed: Yvonne Stuart
{Social Worker}

(on behalf of Social Services Director)

23/6/97
{Date}

Form C18



Telephone: Annan 202419
Established 1902
Proprietor: J. Hodgson

SOCIAL
SERVICES
LOCKERBIE

PASSED TO:

MACLEAN'S GARAGE,

Annan.....
DG12 6DP.

26-24664

№ 015

House Address: 134 High Street
DG12 6DP

JUNE 1997

Social Work Dept

TO M. & E. MACLEAN

—MOTOR HIRERS—

PRIVATE HIRE CARS

MOTOR GARAGE

LIMOUSINE HIRE

ACCOUNTS MONTHLY

MAY

157

Langholm Academy to Annan
family tent 42 mls per Run
From 1st, 15th

$$\underline{\underline{42.84}}$$

157

Human family centre to 6 muckleholm side
Lanzholm 42 mls per Run
From 1st, 15th

£ 42.84

85.68

SOCIAL
SERVICES
LOCKERBIE

PASSED TO

~~23 JUN 1997~~

Interest charged on all overdue Accounts

Your Ref:
Our Ref: YS/WS

Mr and Mrs Douglas
6 Meikleholm Side
LANGHOLM

Department of Social Services

Keith Makin - Director of Social Services
Area Sub Offices, Council Offices
Dryfe Road, Lockerbie, DG11 2AP
Telephone 01576 203040 Fax 01576 204411

**If telephoning or calling ask for:-
Yvonne Stuart**

23/06/97

Dear Marshallanne

I would like to visit you at home on Monday 30th June 1997 at 12:30pm.

If this is not convenient please contact me at the above telephone number to arrange another time.

Thank you.

Yours sincerely

Yvonne Stuart
Social Worker

**DUMFRIES AND GALLOWAY COUNCIL
SOCIAL SERVICES DEPARTMENT**

FORM C21

- To be completed to START all Fostering/Catch Allowances under the Boarding Out Regulations

SEND TO

- Assistant Service Manager (Client Services)
Social Services Headquarters, Irongray Road, Dumfries
- copy for File

Please START the necessary payment in accordance with the following information:

NAME OF CARER:

Wendy & Stuart McCracken

ADDRESS OF CARER:

11

NAME OF CHILD(REN) :

Marshallan Douglas

HOME OR LAST ADDRESS OF CHILDREN
(with name of previous carer if appropriate)

*6 Meckleholm side
Langholm*

DATE(S) OF BIRTH:

16.1.84

DATE OF PLACEMENT:
(when allowance should commence)

20/6/97

EXPECTED DURATION OF PLACEMENT:

4 days / 3 nights

ALLOWANCE PAYABLE: (per week)

FEE IF APPROPRIATE: (per week)

**IF CHARGEABLE TO ANOTHER
AUTHORITY: (Full Name and Address)**

(Please complete all Sections)

NOTE:

Have you completed a Reception into Care Form?	YES/NO
Have you completed a C18?	YES/NO
If this is a transfer, have you completed a C22 for previous carer?	YES/NO

Name : *Wendy Stuart* {Print please}

Signed: *W Stuart* *23/6/97* Date

Social Worker

{on behalf of Social Services Director}

Form C21

Your Ref:
Our Ref: YS/LMQ

Mr and Mrs Douglas
[Redacted]
[Redacted]
[Redacted]

Department of Social Services

Keith Makin - Director of Social Services
Area Sub Offices, Council Offices
Dryfe Road, Lockerbie, DG11 2AP
Telephone 01576 203040 Fax 01576 204411

If telephoning or calling ask for:-
Yvonne Stuart

10/07/97

Dear Mr and Mrs Douglas

As you may be aware the Social Services have become involved with the care of your granddaughter, Marshallann Douglas.

The input from this department has mainly been supporting Marshallann and her parents through the difficulties they are presently experiencing. Much of this work has involved the use of respite foster care for Marshallann.

I would like to discuss this matter further with you both and therefore I would like to visit on Wednesday 16 July at 5.00 pm.

If this appointment is not convenient, please contact me to arrange another time.

Thank you for your cooperation.

Yours sincerely

Yvonne Stuart
Social Worker



Telephone: Annan 202419
Established 1902
Proprietor: J. Hodgson

Nº 035

House Address: 134 High Street
DG12 6DP

MACLEAN'S GARAGE,

Annan July 1997
DG12 6DP.

Special Work (Lockerbie)

To M. & E. MACLEAN

—MOTOR HIRERS—

PRIVATE HIRE CARS

MOTOR GARAGE

LIMOUSINE HIRE

ACCOUNTS MONTHLY

JUNE 1974

*car from Lougholm Academy to
Annan family centre 42 mb*

L 21.42

*Return to 6 Melkholm Side
Lougholm 42 mb
(marshal Anne Douglas)*

L 21.42

42.84

SOCIAL
SERVICES
LOCKERBIE

PASSED TO

- 4 AUG 1997

Interest charged on all overdue Accounts



Diane



Hi - hope you're doing.

Just wanted to mention about
Marshaell Ann - she can go to
the N.C.H. on 27th Aug after
School - can you transport her
there because I'll get a taxi
if not.
(I'm on office duty so can't do it
myself). Thanks - let me know.

Yours



Your Ref:
Our Ref: TK/SMP

Mr and Mrs Douglas
6 Meikleholm Side
LANGHOLM

Department of Social Services

Keith Makin - Director of Social Services
Area Sub Offices, Council Offices
Dryfe Road, Lockerbie, DG11 2AP
Telephone 01576 203040 Fax 01576 204411

If telephoning or calling ask for:- Teresa Kerr

18/11/97

Dear Mr and Mrs Douglas

I would like to come and see you both and Marshall Ann on Thursday 27 November 1997 at 1.00 p.m.

If this time is not convenient please contact me to re-arrange.

Yours sincerely

Teresa Kerr
Social Worker

yes
Hi

Dumfries & Galloway

C O U N C I L
Serving South West Scotland

FOR OFFICE USE
FAX SENT

TIME:

DATE:

Urgent - requiring a visit on Friday 19/12.

DUMFRIES AND GALLOWAY COUNCIL
SOCIAL SERVICES DEPARTMENT

EMERGENCY SERVICE REFERRAL

Date: 18.12.97	Time: 21.15	ESM: ADYER	Pages: 7
FAO: TREN, Dwyll/Dwyll	CG: Child Protection		
Contacted By: Mr Douglas Father		WILL BE AT HOME on Friday 12.30 - 3.30pm	
		Tel: 013873 80303	
Details: Marshall - Ann Douglas 14yrs 6 Heikleholmside 2 Agholm (in charge)			
		Tel: as above	
Reason for Referral and Action Taken			

EMERGENCY SERVICE REFERRAL FORM

Client's Name:

Marshall Ann Douglas

(continuation sheet)

Accident checked CPE - negative
Spoke at length with Marshall Ann
who had no bruising and was not
hurt. She felt confident that
her father would not hurt her again
tonight.
From her point of view, she feels
blamed / scapegoated for all that

EMERGENCY SERVICE REFERRAL FORM

Client's Name:

Hannah Ann Douglas

(continuation sheet)

goes missing/wrong. Admits to have taken chocolate that didn't belong to her (or her parents) yesterday. She also admits to being "really, really cheeky" to her mother & father. (~~but feels it~~) She feels bad about this) doesn't like doing it but says it's beyond her control. She is having problems w/ her relationship with her boyfriend. (She thinks that her unhappiness about this has resulted in the escalating tensions between her and everyone else in

EMERGENCY SERVICE REFERRAL FORM

Client's Name:

Marshall Ann Douglas

(continuation sheet)

her family
specific work

Marshall Ann stated that she
"does not want to come into
permanent care or respite care
at weekends". She was quite
tearful at this idea and
accepted that she will have
to do some work (indeed she
seemed quite keen) if care/
accommodation was to be
overlooked.

Outcome

① Agreed with Marshall Ann &

EMERGENCY SERVICE REFERRAL FORM

Client's Name:

Marshall Ann Douglas

(continuation sheet)

Mr Douglas that there was no need for a visit tonight on the basis that Marshall Ann was en route to bed.

② Note Marshall Ann will go to school at 8.10 (which finishes at 3pm)

Recommendation

That this be followed up on Friday 19/12, under CP procedures. The family need support if

EMERGENCY SERVICE REFERRAL FORM

Client's Name:

Marshall Ann Douglas

(continuation sheet)

accommodation of Marshall Ann
is to be awarded (as is her will)

On 10/12/97, Marshall
Ann presented very well on
the phone - she was open and
willing to talk & accept responsibility
for her difficulties.

For urgent follow up please

ADYET ESM

Notified police re above

MMCK → TK → RIG

SOCIAL SERVICES LOCKERBIE

PASSED TO:

DUMFRIES AND GALLOCHAY COUNCIL
SOCIAL SERVICES DEPARTMENT - EMERGENCY DUTY CONTACT FORM

DATE	18.12.08	TIME	18.48	MANAGER	[Signature]	LOG NO	3212.08
------	----------	------	-------	---------	-------------	--------	---------

REASON FOR REFERRAL AS PRESENTED

Placed with the Carrols at
until Monday 20.12.08

CONTACTED BY

[Signature]

POLICE MEDICAL PUBLIC SWD OTHER AGENCY

OUTWITH THE REGION

NAME AND ADDRESS OF CLIENT

Mr & Mrs Donald
6 Northdown Road
Dunblane

CLIENT GROUP

CHILD CARE
SOCIAL WORKER AS APPROPRIATE ADULT

ADULT CARE
NON-SPECIFIC CLIENT GROUP

ELDERLY

MENTAL HEALTH

SERVICE REQUESTED

NITHSDALE ANNANVALE & ESKDALE
STEWARTRY WIGTOWN

FINANCE ACCOMMODATION REQUEST FOR CARE

MENTAL HEALTH ASSESSMENT

TRANSPORT

DUTY SOCIAL WORKER TO ATTEND

ADVICE

HOME CARE

INFORMATION

OTHER

copies sent.
GIF

DUMFRIES AND GALLOWAY COUNCIL
SOCIAL SERVICES DEPARTMENT

FORM C.18

- To be completed when a child or young person is received into care, transferred in care or discharged from care. Please use this Form also to notify change of Social Worker.

SEND TO:

- Community Medical Specialist, Department of Community Medical Services, Cree North, Crichton Hall, Crichton Hospital, Dumfries DG1 4TG
- Director of Education, Education Offices, 30 Edinburgh Road, Dumfries DG1 1JQ
- Children's Services, Social Services Dept, 27 Moffat Road, Dumfries DG1 1NB

NAME OF CHILD:

MARSHALL - ANNE DOUGLAS

DATE OF BIRTH:

16. 01. 84.

DATE OF RECEPTION INTO CARE/
~~TRANSFER / DISCHARGE.~~

19/12/97

ADDRESS BEFORE CHANGE:
(With name of Parent/Carer)

MR. DOUGLAS
& MRS.
55 Nickleholme side
Langholm

ADDRESS AFTER CHANGE:
(With name of Parent/Carer)

MR & MRS CARTER (Foster)

SCHOOL TO BE ATTENDED:

LANGHORN ACADEMY

ALLOCATED SOCIAL WORKER:
(If known)

TERESA KERR

NOTE:

If this notification is in respect of a child in foster care, have you completed the appropriate C.21 or C.22 Form?

YES
NO

☒

Name: G. GAVAN {Print please}

Signed: G. GAVAN {Social Worker} 19/12/97 {Date}

(on behalf of Director of Social Services)

Form C.18
{Revised March 1997}

Copies sent
GLE

DUMFRIES AND GALLOWAY COUNCIL
SOCIAL SERVICES DEPARTMENT

FORM C.21

- To be completed to START all Fostering/Catch Allowances under the Boarding Out Regulations

SEND TO:

- Assistant Service Manager (Client Services)
Social Services Headquarters, Irongray Road, Dumfries
- Copy for File

Please START the necessary payment in accordance with the following Information:

NAME OF CARER:

MR & MRS CARTER.

ADDRESS OF CARER:

11 - - - - - N - - - - -

NAME OF CHILD(REN):

MARSHALL ANNE DOUGLAS -

HOME OR ~~LAST~~ ADDRESS OF
CHILDREN:
(with name of previous carer if
appropriate)

MR & MRS DOUGLAS
6 NICKLE HOUNESIDE
LANGHAM.

DATE(S) OF BIRTH:

16-01-84.

DATE OF PLACEMENT:
(when allowance should commence)

19-12-97

EXPECTED DURATION OF
PLACEMENT:

30 DAYS?

ALLOWANCE PAYABLE: (per week)

NORMAL

FEE IF APPROPRIATE: (per week)

IF CHARGEABLE TO ANOTHER
AUTHORITY:
(full name and address)

{Please complete all Sections}

NOTE

Have you completed a Reception into Care Form.

Have you completed a C.18.

If this is a transfer, have you completed a C.22 for previous carer?

YES / NO

YES / NO

YES / NO

Name: G. EVANS. {Print please}

Signed: G. Evans. {Social Worker} 19-12-97. {Date}

(on behalf of the Director of Social Services)

Form C.21 - {Revised March 1997}

DUMFRIES AND GALLOWAY COUNCIL

SOCIAL SERVICES DEPARTMENT

APPLICATION FOR ADMISSION TO ACCOMMODATION

(To be completed for all Admissions under Section 25 (1)

Children (Scotland) Act 1995

I hereby consent to my child MARSHALL - ANNE DOUGLAS being admitted to
..... I have been advised in terms of
Section 18 of the Children (Scotland) Act 1995, that I am required to ensure that the
Local Authority is informed of my address. I understand that I may be liable to make
financial contributions in respect of the above named child until he/she reaches the
age of 16 years.

Signature of Parent(s):

John W D Douglas

Address:

.....
.....
.....Signature of
Social Worker:Gravels

Date of Completion:

19/12/97

File

DUMFRIES AND GALLOWAY COUNCIL
SOCIAL SERVICES DEPARTMENT

FORM C21	- To be completed to START all Fostering/Catch Allowances under the Boarding Out Regulations
SEND TO	- Assistant Service Manager (Client Services) Social Services Headquarters, Irongray Road, Dumfries - copy for File

Please START the necessary payment in accordance with the following information:

NAME OF CARER:	Mrs Mrs Carter
ADDRESS OF CARER:	
NAME OF CHILD(REN) :	MARSHALL ANNE DOUGLAS
HOME OR LAST ADDRESS OF CHILDREN (with name of previous carer if appropriate)	6. MEIKLE HOLM SIDE LANGHOLM
DATE(S) OF BIRTH:	16-01-84
DATE OF PLACEMENT: (when allowance should commence)	19-12-97
EXPECTED DURATION OF PLACEMENT:	SHORT TERM (RESPIRE)
ALLOWANCE PAYABLE: (per week)	NORMAL
FEE IF APPROPRIATE: (per week)	
IF CHARGEABLE TO ANOTHER AUTHORITY: (Full Name and Address)	

(Please complete all Sections)

NOTE:	Have you completed a Reception into Care Form?	YES/NO
	Have you completed a C18?	YES/NO
	If this is a transfer, have you completed a C22 for previous carer?	YES/NO

Name : M. McKenzie {Print please}

Signed: M. McKenzie 19-12-97 Date

Social Worker

{on behalf of Social Services Director}

Form C21

DUMFRIES AND GALLOWAY COUNCIL SOCIAL SERVICES DEPARTMENT

FORM C18

To be completed when a child or young person is received into care, transferred in care, or discharged from care.
Please use this form also to notify change of social worker.

SEND TO

Community Medical Specialist
Department of Community Medical Services, Cree North,
Crichton Hall, Crichton Royal Hospital, Dumfries, DG1 4TG

Director of Education
Education Offices, 30 Edinburgh Road, Dumfries, DG1 1JQ

Children's Services
Social Services Dept, 27 Moffat Road, Dumfries, DG1 1NB

NAME OF CHILD

DATE OF BIRTH

DATE OF RECEPTION INTO
CARE /TRANSFER/DISCHARGE

ADDRESS BEFORE CHANGE
(With name of Parent/Carer)

ADDRESS AFTER CHANGE
(With name of Parent/Carer)

SCHOOL TO BE ATTENDED

ALLOCATED SOCIAL WORKER
(If known)

MARSHAL ANNE DOUGLAS

16-01-84

19-12-97

6 MEIKLE HOLM SIDE
LANGHOLM

c/o MR + MRS CARTER

LANGHOLM ACADEMY

TERESA KERR

NOTE:

If this notification is in respect of a child in foster care,
have you completed the appropriate C21 or C22 Form?

YES

NO

Name: MARTIN MCKENZIE (Print please)

Signed: Martin McKenzie
{Social Worker}

(on behalf of Social Services Director)

19-12-97

{Date}

Form C18

File

DUMFRIES AND GALLOWAY COUNCIL
SOCIAL SERVICES DEPARTMENT

FORM C.22

- To be completed to STOP all Fostering/Catch Allowances under the Boarding Out Regulations

SEND TO:

- Assistant Service Manager (Client Services)
Social Services Headquarters, Irongray Road, Dumfries
- Copy for File

Please STOP the necessary payment in accordance with the following Information:

NAME OF CARER:

MR + Mrs CARTER

ADDRESS OF CARER:

NAME OF CHILD(REN):

MARSHALL ANNE DOUGLAS

DATES OF BIRTH:

16-01-84

DATE OF PLACEMENT:

19-12-97

DATE ALLOWANCE TO STOP:

22-12-97

IF CATCH, DATE FROM WHICH
PAYMENT OF FEES SHOULD
CEASE IF DIFFERENT FROM
ABOVE:

—
{Please complete all Sections}

NOTE

Have you completed a C.18.

YES / ~~NO~~

Name: M. McKenzie {Print please}

Signed: M. McKenzie 22-12-97
{Social Worker} {Date}

(on behalf of the Director of Social Services)

Form C.22
{Revised March 1997}

DUMFRIES AND GALLOWAY COUNCIL
SOCIAL SERVICES DEPARTMENT

FORM C18

To be completed when a child or young person is received into care, transferred in care, or discharged from care.
Please use this form also to notify change of social worker.

SEND TO

Community Medical Specialist
Department of Community Medical Services, Cree North,
Crichton Hall, Crichton Royal Hospital, Dumfries, DG1 4TG

Director of Education
Education Offices, 30 Edinburgh Road, Dumfries, DG1 1JQ

Children's Services
Social Services Dept, 27 Moffat Road, Dumfries, DG1 1NB

NAME OF CHILD

DATE OF BIRTH

DATE OF RECEPTION INTO
~~CARE / TRANSFER / DISCHARGE~~

ADDRESS BEFORE CHANGE
(With name of Parent/Carer)

ADDRESS AFTER CHANGE
(With name of Parent/Carer)

SCHOOL TO BE ATTENDED

ALLOCATED SOCIAL WORKER
(If known)

MARSHALL ANN DOUGLAS
16-01-84
22-12-97
C/O MR + MRS CARTER
MR + MRS DOUGLAS 6 MEIKLE HOLM SIDE LANGHOLM
LANGHOLM ACADEMY
T. KERR

NOTE:

If this notification is in respect of a child in foster care,
have you completed the appropriate C21 or C22 Form?

YES	☒
NO	☐

Name: M. McKenzie (Print please)

Signed: M McKenzie
{Social Worker}

(on behalf of Social Services Director)

22-12-97
{Date}

Form C18

Marshall-Ann Douglas.
6 Meckleholmside
Langholm.
01387380303

Diane Dyllie started working with Marshall-Ann last March (81).

Marshall-Ann is the eldest of 5 children at 16 yrs.

"Problems" started 2 yrs ago, but not the usual things i.e. boys, drink etc. Marshall-Ann has low self esteem and has personal hygiene problems. She also displays an aggressive side.

There are also allegations of lying and stealing - some of which Marshall-Ann has denied. Marshall-Ann had a boyfriend who attended the cadets with Marshall-Ann and when the relationship was brought out into the open Marshall-Ann was banned from this activity which she enjoyed. There is no evidence that Marshall-Ann is sexually active. There are no major education concerns as Marshall-Ann's attendance is good - only really problems surrounding the wearing of ear-rings and personal hygiene problems. Diane has described the home-life as "horrific".

Marshall-Ann Douglas.

Following contact with J. Deem and D. Wyllie I arranged a visit to meet Marshall-Ann on Monday evening.

I met and spoke briefly to both mum and dad before taking Marshall-Ann out to a local hotel for a drink.

We talked about many subjects including home, family, school. Marshall-Ann was most insistant that she would not be taken into care. She expressed no concerns about her own safety in the home.

Her biggest problem seemed to be with her parents ban on her Cadet activity to which she kept referring. I suspect that her keenness to go to Cadets has less to do with "Cadets" and more to do with her relationship with two boys who also attend. Marshall-Ann's parents are probably concerned about the age of these boys, and may have more knowledge of them and feel that this justifies the ban.

I have arranged to visit at 12.30 p.m for a few hours. I found no evidence at this stage of any personal hygiene problems and found Marshall-Ann to be clean and tidy.

Barbara Smart.

Social Care Worker.

29.12.97.

Your Ref:
Our Ref:

Department of Social Services

Keith Makin Director of Social Work

MARYFIELD, 7 Solway Street, Annan, DG12 6DU

Telephone 01461-201761

If telephoning or calling ask for:-

Marshall - Ann Douglas
6 , Meikleholmside,
Langholm
Tel: 01387 380303

Following a request from J. Dean I contacted Diane Wyllie who called into Maryfield during the evening of the 29th December. During the visit Diane gave me some information which she had gathered during the nine months or so that she had been working with Marshall-Ann. Diane phoned the Douglas's before leaving to inform them that someone from the unit would call to see Marshall-Ann during the next few days. After some discussion with Grant Hamilton it was decided I should travel over that evening and could also arrange to visit on the Tuesday during the day.

The Douglas house is small and looked clean and tidy. Marshall- Ann herself was clean and did not evidence the personal hygiene problems mentioned by Diane. We went for a drink at a local hotel and spent about an hour talking touching on subjects like home , family , school . During this time Marshall - Ann was most insistent she should not be taken into care. I asked if she had any concerns for her safety and she said no. I arranged to meet her the following day. We again went out to a local cafe and then went for a walk. During this time I asked Marshall- Ann how I might be able to support her and she expressed her surprise and confusion over my involvement and felt that this extra input was not needed. She again re-affirmed that she has no concerns about her personal safety.

The biggest problem that Marshall - Ann has presented to me was the ban on the cadets. Whether this is due to the non-attendance at cadets or not being able to maintain her relationship with two male cadets is not clear.

Otherwise Marshall-Ann seemed happy and relaxed, and would seem to have friends both in Langholm and further afield in Carlisle. Given Marshall-Ann's views about any further social work involvement I have indicated to her I will not visit on Sunday as I had previously intended, but have left the unit phone number in case she feels she needs to speak to someone. I also understand that Diane is to visit on Tuesday next.

Further given her stated desire not to be brought into care then I would recommend that the referral which was to be made be given further thought.

Barbara Smart
Social Care Worker
30/12/97.

Marshall-Ann Douglas.

I arrived at the Douglas house at about 1.00 p.m. I was invited in to wait while Marshall-Ann got ready.

Marshall-Ann was a bit slow to get ready and was encouraged verbally by dad and a younger sibling - while this was demeaning it was not over the top and Marshall-Ann was called by her given name.

Again Marshall-Ann looked clean and tidy and we left the house to go for some lunch in a local café.

I asked Marshall-Ann outright what she felt I could offer her and she expressed confusion and surprise that we had become involved and said she did not want to offend me but felt that my trips had been un-necessary. She felt that with her social worker and Diane both involved any further involvement was silly. She re-affirmed to me that she has no concerns about her personal safety and her relationships with her parents while I was there was fairly relaxed, although the ban on the Cadets is still in force.

I do not believe our involvement is wanted or necessary on Marshall-Ann's behalf, however I have left her my name and the unit telephone number in case she needs to contact someone during the next few days.

I have made no more plans to visit and Diane is due to see Marshall-Ann next Tuesday. 6.1.98.

Barbara Smith

Social Care Worker.

30.12.97