SSBT1148

SURNAME AND ALIAS(ES): REILLY

8 · 7 · 6 · 5 · 4 · 3 · 2 · 1 CICP

14719 1710

[redacted]

MAIDEN NAME AND ALIAS(ES):

FORENAME(S) AND ALIAS(ES): Philip

D.O.B. 14.07.69

NAME OF SOCIAL WORKER: MR DAVID INNES

ADDRESS (1) 171 Tranent Crescent, Whitfield

(2) Burnside House 29/4/83

(3) Ellen Street Hostel 19/7/83

(4) ROSSIE LIST 'D ~~SCHOOL 18.10.83~~

(5) 2 KERRYSTONE PL, (FATHER) 19.6.84. 0047 SOW

CROSS REF: MARGARET REILLY (MOTHER) GRAHAM (BROTHER)

CASE REGISTRATION NO.	CASE TYPE	DATE CASE OPENED	DATE CASE TRANSFERRED	TRANSFERRED TO/FROM	DATE CASE CLOSED
D 2836	Section 12	17.12.82	CT01 SE12		18.1.83
	changed to 44(1)(a) 18/1/83		CT05 SW04		CHANGED TO
	changed to S. 15 29/4/83		CT02 SW01		CHANGED TO
	changed to 44(1)(b) 9/5/83		CT07 SW05		CHANGED TO
	changed to 44(1)(a) 26/6/84		CT05 SW04		15.5.85

Rossie School, Montrose 18/10/83
McDonald Wing, Rossie School 31/1/84
2 Kerrystone Place 19/6/84

PREVIOUS RECORD CARD FILED IN C/C.

MISC. FILE NO. .....

DATE	REASON FOR CONTACT	DISPOSAL	
20.12.82	Copy letter from Southwark S.W. Dept.		N. Hume
24.12.83	Formal report 18/1/83		
4.5.83	C/Unit. 9.5.83		
5.5.83	RESSI Absconder (Burnside House)		
21.7.83	Formal report 22/7/83		
14.9.83	" " 18/10/83		
2.12.83	" " 10/1/84		
16.3.84	" " 27/3/84		
12.6.84	FORMAL REPRT 19.6.84	CHANGED TO 44(1)(a)	D. INNES
9.4.85	FORMAL REPORT 15.5.85	44(1)(a) TERMINATED.	D. INNES.

MISC. FILE NO. [redacted]

DATE	REASON FOR CONTACT		DISPOSAL	
12.6.84	Formal report	19.6.84	Changed to 44 (1) (A)	Dhss
19.4.85	"	15.5.85	44(1)(A)	"

CC2(a)

Tayside Regional Council - Social Work Department

APPLICATION/RECEPTION OF CHILD INTO CARE

CASE NO: D. 2836

NAME PHILIP REILLY DATE AND PLACE OF BIRTH 14.7.69 DUNDEE RELIGION CH. OF ENG.

ADDRESS 171, TRANENT CRESCENT, DUNDEE

FATHER'S NAME PHILIP REILLY D.O.B. [redacted] RELIGION PROT.

ADDRESS 9o 7, MIDMILL RD. DUNDEE

NATIONAL INS.NO | | | | | | | | | |

OCCUPATION/~~EMPLOYER~~ UNEMPLOYED

MOTHER'S NAME ELIZABETH REILLY D.O.B. 17.4.50 RELIGION

ADDRESS 171, TRANENT CRESCENT, DUNDEE

NATIONAL INS.NO. | | | | | | | | | |

OCCUPATION/~~EMPLOYER~~ HOUSEWIFE

Date and Place of Marriage

Has the child any other member of the family been in contact with this Department previously?

YES	~~NO~~

Particulars PHILIP MADE SUBJECT TO 44(1)(a) - 14.1.83 BROTHER GRAHAM AWAITING TRANSFER OF CARE ORDER FROM LONDON BOROUGH OF SOUTHWARK

BROTHER(S) AND SISTER(S) NOT INCLUDED IN THIS APPLICATION

Name	D.o.b.	Age	Present Address	In Care Yes/No	L.A. Responsible
GRAHAM REILLY	4.7.67	IS	9o 7, MIDMILL RD.	YES	SOUTHWARK (LONDON)
SISTER	MARCH '83		171, TRANENT CRES.	NO.	

OTHER INTERESTED RELATIVES

Name	Address	Relationship
ROBERT STEWART	171 TRANENT CRESCENT	MOTHER'S COHAB

Have you approached relatives or neighbours who might be able to look after the child? If so, what assistance can they offer.

NONE

Brief description of circumstances leading to R.I.C.

CONTINUED RUNNING AWAY FROM HOME (TO LONDON ON AT LEAST THREE OCCASIONS) NON-ATTENDANCE AT SCHOOL.

Statutory reason for R.I.C.

Act SW (SCOTLAND) 1968

Section 15

Estimated Duration of Care

LONG-TERM - VARIATION TO S. 44(1)(b) AT FORTHCOMING PANEL

Date 29.4.83 Social Worker David R Innes

Agreement to R.I.C. approved by:- Senior Social Worker

Area Controller

Tayside Regional Council - Social Work Department CC2(b)

RECEPTION OF CHILD INTO CARE

BACKGROUND INFORMATION FROM MOTHER (State Relationship)

Name of Child: PHILIP REILLY D.o.b. 14.7.69

Your child may be looked after by somebody who doesn't know him/her yet. It will help him/her to settle down if you can answer the following questions:-

Names

What is your child usually called? PHILIP

What does he/~~she~~ usually call you? MUM

What does he/she usually call his/her brothers, sisters, grandparents, other relations?

.....

.....

What words does he/she use for the toilet? .....

.....

Does he/she have a special friend? (Adult and/or child). What is his or her name?

NO

Bed Time Routine

What time does he/she usually go to bed? .....

Does he/she sleep alone, or share a room or bed? .....

.....

Do you leave the light on? .....

Does he/she leave the bedroom door open? N/A

Does he/she take a teddy or blanket or anything else to bed? .....

.....

Does he/she have a story or game at night? .....

Does he/she dream or have nightmares? N/A

Does he/she ever get up in the night? .....

Does he/she ever wet the bed? .....

Does he/she wear a nappy at night? N/A

Does he/she like having a bath? .....

Does he/she like having his/her hair washed? .....

Does he/she sleep during the day? .....

General Behaviour

How can you tell when he/she is worried? .....

.....

How do you cope with him/her when he/she sulks or is in a temper? .....

.....

Does he/she get on better with older or younger children? YOUNGER

Can he/she dress him/herself? .....

Can he/she manage buttons, laces etc? N/A

Is he/she frightened of dogs, cats, thunder, the dark or anything else? .....

.....

Food Likes/Dislikes (Feeds for baby)

NONE

Hobbies/Interests/Favourite Toys/Games

No particular hobbies.
Football / Swimming.

Education

Last School Attended WHITFIELD H.S.

Details of any Certificate Courses undertaken —

Any special aptitudes

Religion

Clergyman's Name	Address	Telephone No.
N/A		

What have you told him/her about why he/she has to leave home?

HE REALISES THAT NEITHER PARENT IS ABLE TO OFFER HIM A HOME

Are there any other points concerning your child that you would like to make?

Parent's Signature Margaret Reilly Date 4-5-93

Social Worker's Signature David B Jones

CC2(c)

Tayside Regional Council - Social Work Department

RECEPTION OF CHILD INTO CARE

MEDICAL INFORMATION FROM MOTHER (State Relationship)

Name of Child: PHILIP REILLY D.o.B. 14.7.69

Name of G.P.	Tel. No.	Health Clinic	Tel. No.
.....	.....	.....	.....

Medical Card No. .....

Has the child been immunised against the following:-	Tick	Date
Basic Whooping Cough, Diptheria and Tetanus	✓	
School booster of above	✓	
Basic Oral Polio	✓	
School booster of Polio	✓	
Measles	✓	
B.C.G.	✓	
Others (State Type)		

Date of last X-ray 1978

Details of any known allergies NONE

Details of any illness (with dates) NONE

Details of any operations (with dates and name of hospital) NONE

Has the child had contact with any recent infection? NONE

If Yes state nature .....

Details of any current medication NONE

Form Completed By DAVID INNES (SOCIAL WORKER) Date 4.5.83

AUTHORITY FOR MEDICAL AND SURGICAL TREATMENT

Name of Child ..... PHILIP REILLY ..... D.O.B. 14.7.68 ....

1. I hereby give my consent to such medical, surgical and dental treatment, including operations under general anaesthetic, as may be recommended by a qualified medical or dental practitioner.

2. I additionally consent that the person/persons who care for my child should have free access to all medical and dental information which has been given by a qualified practitioner and is relevant to his/her health.

Signed ... Margaret Reilly .....

Relationship ... MOTHER .....

Address ... 171, TRANENT CRESC. .....

..... DUNDEE .....

Witness ... DAVID INNES David R Innes

Designation ... SOCIAL WORKER .....

Address ... 91, COMMERCIAL ST. .....

..... DUNDEE .....

Date ... 4.5.83 .....

NOTE:-
Parents will, wherever practicable, be advised of admission to hospital and need for surgical treatment, including administration of anaesthetic, and consent for such purposes will only be given by the Area Controller or his representative in case of emergency.

Tayside Regional Council - Social Work Department

RECEPTION OF CHILD INTO CARE

PARENTAL AGREEMENT

A. Voluntary Measures of Care (S.15 Social Work (Scotland) Act 1968 as amended by S.73 - Children Act 1975.)

Name of Child PHILIP REILLY D.O.B. 14-7-69

I certify that the particulars given are correct to the best of my knowledge and belief, and hereby request Tayside Regional Council Social Work Department to care for the above child in accordance with the provisons of the Social Work (Scotland) Act 1968.

(a) I understand that I am liable to contribute towards the cost of maintenance.

(b) I undertake to co-operate with Tayside Regional Council in any arrangements made for the care of the said child and to participate in the planning and reviewing of his/her needs whenever the social worker feels it appropriate for me to do so.

(c) I undertake to inform Tayside Regional of any change in the circumstances necessitating the reception of the said child into care.

(d) I understand that I must keep Tayside Regional Council informed of my address at all times, as long as the said child remains in the care of the Tayside Regional Council.

(e) The content of the leaflet "Your Child in Our Care" has been explained to me by Tayside Regional Council Social Work Department.

Signed Margaret Reilly Date 14-7-69
(~~Father~~/Mother/~~Legal Guardian~~/person having charge of the child)

Signed ..... Date .....
(2nd Parent)

Witness David R Innes Date 4.5.69

N.B. The Authority for Medical and Surgical treatment on Form CC2(c) must also be completed.