CEASED CLIENT RECORD – INFORMATION FOR ARCHIVE

Client Name: KELLY / SAMANTHA McINTYRE

Address: DAMSIDE FARM

CRAIL

PIN: KELLY 269083
SAM 273396

Date of Last Contact: 21/3/93
(date case ceased)

CEASED RECORD CATEGORY FOR DIVISIONAL ARCHIVE

( ) = Tick as appropriate

Retention period in Divisional Office and disposal

CHILD & CHILD RELATED FILES

( ) **Child Adoption**
On receipt of adoption order granted the record is deemed ceased. Forward all relevant child & adoptive parents records to Adoption & Fostering Panel for finalising. Adoption & Fostering secretariat will Transfer files to Central Archives Unit (CAU) within 6 months of receipt.

(●) **Children in voluntary or local authority care for more than 6 months.** — 5 years then to CAU

( ) **Child abuse (confirmed cases)** — 5 years then to CAU

(✓) **Child abuse (alleged)** — 5 years then to CAU

( ) **Children convicted of serious offences**
(Criminal Procedure (Scotland) Act 1975, s 206 & 413) — 10 years then destroy

MENTAL HEALTH

( ) **Ceased client files specifically dealing with Guardianship. Secretary of State patient. Curator bonis or medical Social Work records.** — 10 years then destroy

ADULT OFFENDERS

( ) **Offenders under the terms of Social Work (Scotland) Act 1968 s. 27 (1)** — 10 years then pass to Team Leader before Destroying

SEX OFFENDERS

( ) **Any files containing information relating to offences of a sexual nature**
(All files to be archived to Criminal Justice Service, 21 St Catherine Street Cupar). — 75 years

( ) **ALL OTHER CLIENT FILES** — 5 years then destroy

CLIENT FILE(S) OF SPECIAL INTEREST

( ) **Client files adjusted to merit a retention period longer than 5 /10 years due to unusual aspects of the case and/or effects or potential effects on practice. Include front of file memo giving brief reasons for retention.** — Destroy if no longer required

Initial Recommended Retention period: _____
(subject to annual review thereafter)

Signature: [redacted] **Designation:** Team Leader **Date:** 17/10/03

NFA 1997

FIFE REGIONAL COUNCIL - SOCIAL WORK DEPARTMENT - ENQUIRY FORM

Effective from 21/12/92

1.

Full Name: KELLY ANN McINTYRE (née GIBB) 28.8.85

Mr/Ms [redacted] Pin No. [redacted]

Address: AAMSIDE FARM
CRAIL

Phone No.

DOB/Age: KELLY 28.8.85
SAMANTHA 30.7.88

Marital Status:

School/Occupation:

Source of Income:

2. REFERRAL

Referral taken Date: 21.1.93

Time:

Source of Enquiry (please circle): (R)epresentative S(ubject) SHEILA RHODES

Method of Enquiry (please circle): V(isit) (L)etter) P(hone) SW TAYSIDE

Consent to Referral: Y / N / (A*) *Awaiting

Information Recorded by: Libby Bailey

3. ETHNIC ORIGIN (please circle one only) not known

Bangladeshi	B	Pakistani	P
Black African	BA	White British/Irish	WB
Black Carribean/Guyanese	BC	White Other European	WOE
Black Other	BO	White Other	WO
Chinese	C	Any Other Group	OTH
Indian	I		

4. ADDITIONAL CONSUMER DETAILS (please circle)

Registered Blind	Y	Lives Alone	Y
Partially Sighted	Y	Housebound	Y
Registered Deaf	Y	Dementia Sufferer	Y
Confidentiality Issues	Y	Mobile Wheelchair(indoors)	Y
Behavioural Issues	Y	Mobile Wheelchair(outdoors)	Y
Communication Issues	Y	Mobile with Aids	Y

Method of Communication .....

5. RELATIONSHIPS

Name:	Relationship eg, Next of Kin, GP, Contact, other Family	Address/Phone:	Keyholder Y/N
Mr & Mrs McIntyre	Adoptive parents	as above – Damside Farm Crail.	
SHEILA RHODES	SW	Tayside SWD 6 KIRKTON ROAD DUNDEE DD3 0BZ 0382 833933	

6. **ENQUIRY**

Enquiry Details: (include medical condition if relevant)

letter informing us that these children have been placed for adoption in NEFIFE

25.1.93 letter of acknowledgement sent.

Recommendation: Record information
NFA

7. **NATURE OF ENQUIRY: (please circle one only)**

Housing:		Financial:	
Rent	HR	Benefits	FB
Homelessness	HH	Fuel	FF
Other	HO	Travel	FT
		Charity	FC
Offenders	OF	Other	FO
Child Protection	CP	Mental Illness	MI
Children & Families	(CF)	Mental Handicap	MH
Children with Special Needs	CS	Dementia (Non-elderly)	D
Elderly	E	Physical Disability	PD
Domiciliary Care	DC	OT Services	OT
Meals on Wheels	MW	Physical Illness	PI
Community Alarms	CA	HIV/AIDS	HIV
		Alcohol/Drugs/Solvent Abuse	ADS

8. **TOTAL TIME SPENT DEALING WITH ENQUIRY: (please circle one only)**

A Up to 15 minutes (B) 16-30 minutes C 31mins-1hour

D 1-2hours E More than 2 hours

9. **OUTCOME TYPE FOR THIS ENQUIRY: (please circle one only)**

RO	Redirection to Other Agency	GI	General Information	A	Advocacy
CA	Cash Assistance (Section 12)	CO	Counselling/Advice	ADL	Simple ADLs
STD	Referral going directly to Specialist Team			(O)	Other
STA	Pass to Specialist Team via Access Point				NFA
STI	Pass to Specialist Team via Access Point for Information only.				

Comments: Information provided to this dept.

10. **OT REFERRALS ONLY (please circle)**

Y	Recent Diagnosis/Exacerbation	
Y	Terminally Ill	
Y	To maximise level of independence	
Y	To improve and/or resolve deteriorating situation and enable client to manage in present conditions.	
Y	Recent hospital discharge medical/surgical requiring prompt attention	
Y	To resolve problems related to basic bodily functions	
Y	Loss (permanent/temporary) of carer	(5 each)
Y	Access problems	
Y	House move	
Y	Reduce risk of accidents	(3 each)
Y	To relieve family pressure	
Y	To reduce risk of physical damage to others	
Y	Limited/no family support	
Y	Living alone/living with handicapped person	(2 each)
Y	No agency support	
Y	No community support	(1 each)

TOTAL PRIORITY POINTS _____

11. **CASE TYPE CODES (please circle one only)**

D	Deafness/Hard of Hearing
PHC	Physical Handicap and Chronic Illness
P65	Physical Handicap and Chronic Illness (<65)
API	Acute Physical Illness
MI	Mental Illness
MHA	Mental Handicap
MHG	Mental Health Guardianship
E	Elderly and Infirm
PA	Parole
FSO	Fine Supervision Order
PRO	Probation
AC	After Care (statutory)
FHP	Financial and Housing Problems
CRP	Child Related Problems (non-statutory)
FMP	Other family/marital/personal all other cases
(CRS)	Child related (statutory) additional.

12. **ALLOCATION**

Team Directed to:	Social Worker:	Date:
Not allocated — NFA		

SIGNATURE ..... [redacted] ..... DATE 21.3.93

E. Law

Tayside
Regional Council

SR/LS

22 December 1992

Social Work

Department

6 Kirkton Road
Dundee
DD3 OBZ

Tel 0382 833933
Home Help 0382 832431
Fax 0382 88644

CONFIDENTIAL
Director of Social Work
Fife Regional Council
Fife House
North Street
GLENROTHES
Fife

Dear Sir

Regulation 20 (2)(a) The Adoption Agencies (Scotland) Regulations 1984

Natural Name of Children: Kelly Ann Gibb (dob 28.08.85) [redacted]

In accordance with the above Regulations, I wish to inform you that the above named children were placed for adoption by this authority with Mr and Mrs McIntyre* on 19.12.92.

The children are to be known Kelly McIntyre and Samantha McIntyre.

Your local health authority will be informed of the placement.

Sheila Rhodes, social worker at this office, will continue to provide support and undertake supervision of the placement on behalf of the placing agency.

I shall inform you when the Court determines the adoption petition.

Yours sincerely

[redacted]

Service Manager
(Children and Families)

*Address: Damside farm, Crail.

Director
Peter James Bates