Form E Part 1

Details of child needing family placement

Please read notes for guidance before filling in the form

Confidential

1 Agency details

Name of agency
Tayside Region Social Work Department

Name of child's social worker M. Selfridge 6/11 2.96
Philip McGill Exemption.

Name of senior social worker/team leader/manager
Anne Partington Telephone 833933

Area address
Kirkton Social Work Department
Dundee

Name of link worker for inter-agency placement

Postcode Telephone 833933

Telephone

Date of completion of Part 1
06 03 96
Updated

Date of completion of Part 2
06 03 96
Updated

Completed by M. Selfridge

2 Child concerned

Name
William Tarbett

Date of birth
09 07 91

Present address
[redacted]
DUNDEE
Postcode [redacted]

Telephone 01382 622693

Name(s) of key person(s) caring for the child there, i.e. foster carer, key residential social worker
Mr & Mrs McMaster

3 Type of placement needed (see also section 11, page 6)

For how many children is placement required? Age(s) Gender(s)

Placement for:	adoption	x	fostering with aim of adoption	residence order
long-term fostering x	fostering with aim of rehabilitation		Other (specify)	

Are there any expected legal complications which would affect the choice of family? If so, specify *~~Yes~~ ~~No~~

Matching considerations (Please indicate which are essential requirements and which are preferences. You should indicate in Part 2 the reasons for the importance of these requirements.)

1. Ethnic
White - British

2. Religious
Protestant

3. Geographical
Outwith Dundee

4. Medical

5. Educational

Family structure Add anything you can about the sort of family with whom you think the child would do best
William would benefit from a placement where there are children younger than himself or near his age group.

*delete as appropriate

4 The child

	First names		Surname
	William		Tarbett
see note a	Known as: (include nicknames)	Date of birth: 09 07 91	Gender: Male
	*Marital extra-marital non-marital adopted	Place of birth: Dundee	
AA b	Nationality: British	Ethnic descent: White - Scottish	Religion: what religion, if any, has been specified for the child?
	Give details of baptism, confirmation or equivalent ceremonies		What religion, if any, does the child practise? None
c	Legal status: Section 44(1)(a) Social Work (Scotland) 1968 Named Place	Brief comments	
	If your agency supervises the child on behalf of another agency which agency has legal responsibility for the child? N/A		Has this agency agreed to the proposed plan for the child? *Yes No
AA d	Has the child any rights/claims under the Fatal Accidents Act 1976 sec 30 or any other rights to or interest in property? If yes please specify		*~~Yes~~ No

5 e Brief description of child

William is of stocky build, brown wavy hair and brown eyes. William is a real character who gets on easily with children and adults. William takes everything in his stride and has an ability to comment on situations in a way which is comical and belying his age. He enjoys lots of affection from carers and asks endless questions about anything and everything.

6 f Health

William is normally of good health. He has suffered from Asthma but there has been no trace of this since October 1994.

*delete as appropriate

7 Education

Name of present school – Nursery
Lilybank Child & Family Centre

Address of school – Nursery
Thornbank Street, Dundee

Type of school: Primary | Comprehensive | Special needs | Boarding | Other (specify) Child & Family Centre

see note g — Is the child subject to a statement under the Education Act 1981/ record of needs under the Education (Scotland) Act 1981? Yes/No

List schools previously attended:

Name	Address	Type	Date	Attainments

8 Child's placements since birth

List details of *all* known moves since birth including present placement. At the end of the list give brief comments/ observations about the quality of care the child has received, reasons for moves etc.

h Age of child at placement (months years)	Dates of placement (month year)	Types of placement e.g. at home foster care/ residential care	Names of principal carer(s) e.g. foster carer/ key residential social worker	Total duration
2½	21 01 94 – 26 01 94	foster care	[redacted]	
2½	26 01 94 – 07 02 94	foster care		
3	22 09 94 – 01 12 95	foster care		
4	01 12 95	foster care		

*delete as appropriate

9 Family: Siblings

Put an asterisk* by the name of each child for whom placement is being sought with this child.

Put an 'A' by the name of any sibling with whom the child will have continuing contact.

First name(s)	Gender	Surname	Date of birth	Relationship e.g. full/step/half/ adoptive sibling	Ethnic descent	Where the child is/ type of care/plans
[redacted]						

10 Family: Parents

Give name by which parent is officially known first, then indicate below if he/she is usually known by a different name.

Birth mother

First names	Surname
Linda	Archer
Known as: Robertson	Maiden name:
Name at time of child's birth if different:	Date of birth: 17 06 69
Address: c/o Women's Aid, Perth	Place of birth: Glasgow

Name of husband: N/A

Name of co-habitee: N/A

Current level and quality of access to or contact with child

Weekly access for one hour. William enjoys his contact with mum. He does not demand mum's attention in the same way as [redacted] and tends to amuse himself. There is sometimes confrontation between William and [redacted] as [redacted] has a very close relationship with mum. Ms Robertson finds it difficult to control behaviour of all four children and access sessions are often chaotic.

Brief description

Ms Robertson is of average height and build. She is normally open and friendly but can sometimes be moody and aggressive. Ms Robertson spent her childhood years in the care of local authority and has concerns that William will experience a similar situation. She has expressed a wish that the children should follow a future plan which is in the childrens' best interests and is in agreement this would be in longterm care.

continued

10 continued

Birth father

First names	Surname
David	Tarbett
Known as	Date of birth
	08 04 47
Address	Place of birth
7D Bonnethill Court Dundee	Dundee

Name of wife

Name of co-habitee

Indicate whether: legal father / alleged father / putative father

Does he hold parental responsibility? *~~Yes~~ No

If not, a) has he acknowledged paternity? *Yes ~~No~~

b) does he intend applying for parental responsibility under the Children Act 1989 (England and Wales) or custody under any Scottish legislation? *~~Yes~~ No

Current level and quality of access to or contact with the child

Mr Tarbett has access with [redacted] and William for one hour each month. Mr Tarbett makes little effort to engage with the children in play or conversations. The sessions are often noisy and the children's behaviour uncontrollable. [redacted] has stated she does not wish to continue access with her father. [redacted] has expressed a wish to continue access with his father.

see note i Brief description

Mr Tarbett is of large build and stature. He can often present as loud and aggressive but can also be amicable when not discussing any contentious issues. Mr Tarbett labours on farms and has various other business pursuits.

	Birth mother	Birth father
Educational attainments	None	None
Ethnic descent	White-Scottish	White-Scottish
Nationality	British	British
Religion	Protestant	Protestant
Does he she practise this religion? AA	No	No
Occupation now	Housewife	Casual Labourer
Previous occupations	None	
Marital status when child born	Single	Divorced
Marital status now	Single	Divorced
Do both or either have parental responsibility for the child?	Yes	No
When did they last care for the child?	December 1993	22 09 1994

J If someone other than the birth parents is are legal parent(s), guardian(s) or have parental responsibility for this child, give details here or on a separate sheet.

N/A

*delete as appropriate

11 Placement plan

1. General

What is the plan for this child?
(brief summary of the overall plan, including contact with birth family)

That William be placed with a permanent family. Route to permanency undecided - Section 16 Social Work (Scotland) Act 1968 or Freeing For Adoption.

Date this plan was agreed
March 1994

Where was the plan agreed? *review meeting fostering panel adoption panel

Meeting with Senior Management

Other (specify)

Did this include the key person(s) caring for the child? *Yes ~~No~~

Discussion with carers previous to meeting.

If adoption is planned:
1. Give a summary of any recommendations comments of the adoption panel and the date of the adoption panel's recommendation if different from above.

No decision made regarding legal routie to permanency.

2. Date of agency decision to pursue adoption if different from above.
To be discussed at Permanency Panel.

Do the people caring for the child agree with the plan? If no give details. *Yes ~~No~~

Is there a time limit by which the child must be moved? If so, specify. *~~Yes~~ No

Outline any action necessary before the plan can be carried out (e.g. tracing of relatives, court action, further counselling, preparation of child) and specify who will undertake this.

Further work to be carried out by Social Worker involving preparation of the child for permanency.

2. Family finding

What special efforts will be made to find a suitable family for this child? (e.g. referral to a family-finding agency, publicity campaign)

To be discussed at Permanency Panel.

Have the necessary consents been obtained 1. to the action? *Yes No
2. to the expenditure? *Yes No

*delete as appropriate

continued

11 continued

3. The child

Does the child know of the proposed plan? If no, give brief reasons. *Yes No

William's age makes it difficult for him to understand plans and reasons.

see note k Date the child received written information about the proposed plan

Has the child been counselled regarding his/her future? If yes, by whom? *Yes No

Fiona Sinclair/Sandra Smillie Polepark FCC - Marion Selfride, Social Worker

What are the child's views about the plans for his/her future care? William seems unaffected by his present situation and appears unable to show real understanding of future plans. He continues to express a wish on occasions to return to dad's care.

Has the child any views about his/her religious or cultural upbringing? If yes, please specify. *Yes No

For adoption placements

Does the child understand what *adoption freeing other plan will mean for him/her? *Yes No

Does the child understand the legal implications/procedures of adoption/freeing? Yes No

If another adoption agency has been working with the child are you satisfied that the requirements in the Adoption Agencies Regulations relating to the child have been met? Name of social worker/agency *Yes No N/A

Parents/guardians	Mother	Father	Guardian
Has counselling been given? Name of social worker and agency (where appropriate)	Yes M Selfridge, Whitfield SMD	No	
Date written information sent			
Does the parent understand the plan for the child and its legal implications?	Yes	No	
Does the parent agree to the plan?	Yes	No	
Specify any wishes regarding the child's religious/cultural upbringing.	Protestant	Protestant	
Will the parent give consent to an adoption/freeing order?*	Yes	No	
Does the parent intend to take legal action?	No	Yes	
Does the parent have access to or contact with the child?	Yes	Yes	
Is there any court order or children's hearing requirement in force regarding contact or access?	Yes	Yes	
If so, give details.	Supervised Access - discretion SMD	Supervised Access - Monthly - 1 hour	

Has legal advice been obtained with regard to the plan for the child? *Yes No

If yes, please give summary of advice and details of any legal action recommended. Assumption Parental rights S16(1)(a)ii) Social Work (Scotland) Act -grounds under S16(2)(d) and possible S16(2)(e). Adoption or Freeing for Adoption S16(2)(b) Adoption(S) Act 1978 &S16(2)(e). Evidence to Support **a** disruptive relationship of parents **b** lack of parenting skills and care given to children **c** mother's abuse of alcohol and prostitution **d** constant upheaval in children's lives **e** violence between parents and parents and children.

*delete as appropriate

12 Checklist of additional material

The following should be provided with the completed Part 1 of Form E:

		Date provided	Update
For all children	1 Photograph		For Panel
	2 Report by person caring for child (may be incorporated in the profile in Part 2)	March 1996	
	3 BAAF medical Form C, D or YP and annexes	March 1996	
As appropriate	4 Psychiatric report	N/A	
	5 Psychologist s report	N/A	
	6 Additional specialist medical reports (specify)	N/A	
	7 School report	N/A	
	8 Statement under Education Act 1981 Record of needs under Education (Scotland) Act 1981	N/A	
	9 The child's written statement on his her views about the proposed placement adoption	N/A	

13 Signatures

see note m

Child's signature — Date

Social worker's signature — Date 3/5/96

Team leader's signature — Date 3/5/96

Link person s signature (if inter-agency) — Date

FORM E - PART II

WILLIAM TARBETT

A THE FAMILY

1 Description Of The Birth Family

Ms Archer is slim, dark haired and of average height. She usually presents as chatty and relaxed and enjoys a good sense of humour. When under pressure she can be quite sullen and withdrawn or outspoken and argumentative. She is able on most occasions to make her thoughts and feelings very clear.

[redacted]

Ms Archer has many unhappy memories of her childhood and spent time in nine different placements which included foster homes and children's homes.

Mr Tarbett is the putative father of [redacted] and William. Mr Tarbett is a man of very large statute and build. He has balding fair hair. Mr Tarbett can be very friendly and amenable on occasions, but often presents as angry, abusive and aggressive. He has difficulty seeing the views of others and he has very strong opinions and often refuses to discuss important issues in any helpful way.

Mr Tarbett has been employed on a casual basis on local farms and has various other business interests.

[redacted]

After Michael's birth in 1988 it would appear the couple's relationship deteriorated very quickly. The relationship has continued to be problematic with numerous separations and reconciliations. When together the relationship is acrimonious with many arguments, fights and incidents of physical violence, both parties being very strong willed and unwilling to back down. Ms Archer has abused alcohol in the past and this would appear to be a contributor to disagreements.

2 Family History

See family tree attached.

[redacted] and William (09 07 91) were born during the relationship of Mr Tarbett and Ms Archer. The children have all been party to the ongoing acrimony between parents and have on many occasions been involved directly in Mr Tarbett's determined efforts to have Ms Archer return to the family home subsequent to separation. The children have been subjected to many changes of parent carer and address and also custody applications by both parents.

[redacted] k/a Robertson born to Ms Archer on 18 December 1992 is not the natural son of Mr Tarbett although Mr Tarbett claims he sees [redacted] as his own son. [redacted] has mainly remained in the care of his mother. [redacted] William and [redacted] accept [redacted] as their baby brother although their time together as a family has been limited.

[redacted] and William had close contact with Mr Tarbett's previous family while they resided with their father. While they appear to have been quite close to [redacted] (step siblings), they have also expressed to workers at Polepark Family Counselling Centre that they are quite frightened of [redacted]

3 Birth Families Wishes for Children

Mr Tarbett wishes the three children to return to his care. He receives advice from his solicitor and will strongly oppose any action regarding permanent care of all three children. It has been impossible to discuss the children's future with Mr Tarbett as he has declined to do this.

Ms Archer's views regarding the future of the children does change from time to time. Her own past personal experiences of local authority care made her uncertain about agreeing that it would be in their best interests to remain in permanent care although she now agrees that she would be unable to care for all four children. She wishes to have what is best for the children and now agrees this would be in the permanent care of the local authority. She would prefer that [redacted] and William are placed for adoption as she feels this would allow them the best opportunity to settle into a new life.

Should the children remain in care permanently Ms Archer would have liked all three children placed together. She now feels that [redacted] should be placed separately, and as a result of recent problems between [redacted] and William it would be in [redacted] and William's best interests to be placed separately. Ms Archer strongly wishes to have continued contact with the children. Ms Archer and [redacted] have weekly access with all three children.

Subsequent to an incident at an access session with Mr Tarbett and [redacted] and William in April 1995, the sessions was stopped after Mr Tarbett became very abusive and threatening towards supervising worker. Mr Tarbett declined to discuss the incident or take up further offers of access. At a Children's Hearing on 02 August 1995 a condition of Supervision Order stated that the children would have monthly supervised access with Mr Tarbett. Mr Tarbett has seen the children on a monthly basis.

Mr Tarbett and Ms Archer have both shown an inability in the past to plan for the children. Ms Archer has attempted to separate from Mr Tarbett on numerous occasions both with and without the children. She has been unable to set up a permanent home independent from Mr Tarbett although she has now been separated for a period of nearly one year and she has her own tenancy outwith Dundee. Mr Tarbett has continued to undermine any attempts by Ms Archer to live independently and he has often used the children in his determined efforts to have Ms Archer return e.g. For example by having them approach Women's Aid hostels to determine whether their mother is resident.

It is improbable that Mr Tarbett will co-operate with any future planning for the children as he refuses to discuss the possibility that they will remain in permanent care.

Ms Archer now accepts she is not able to care for all her four children and accepts it would be in [redacted] William and [redacted] best interests to remain in permanent care. She is co-operating fully with the Social Work Department in future plans for [redacted] and William.

B CHILD'S PROFILE

1 <u>William Tarbett</u>

William is of sturdy build, he has brown wavy hair and a friendly, chubby face.

William communicates well with adults in a mature way which belies his age. He is a real character who continuously asks questions about anything which catches his attention. William usually gets on well with his peer group, although he can also, on occasions, be quite aggressive towards other children.

William is usually a happy, go-lucky character, who takes everything in his stride. he is very independent but also enjoys lots of physical contact/comfort, by cuddles from adults close to him. William is normally able to talk about things which have made him unhappy and upset e.g. when he moved home from Mr and Mrs [redacted] to Mr and Mrs [redacted] he was able to talk to staff at the Family Centre about this.

William has recently become the subject of aggressive, abusive behaviour from Michael. William appears to deal with this behaviour with no outward signs of being angry or upset.

William has also displayed sexualised behaviour towards other children and his language can be very sexually explicit. It is difficult to determine whether this is behaviour learned from [redacted] since Reception Into Care or as a direct result of his experiences at home. There are present concerns that there have been incidents of a sexual nature between [redacted] and William when alone. The children also clearly described incidents of physical abuse e.g. [redacted] have both said Mr Tarbett hit [redacted] with a belt from his kilt. William has also said that Mr Tarbett used to kick [redacted] around the floor. There have been no direct allegations regarding physical abuse towards William. Work has been ongoing with Polepark Family Counselling Centre. Conclusions from this work are that all three children have witnessed sexual acts between adults but have not been sexually abused. William has also witnessed incidents of physical violence between parents. Mrs [redacted] (present carer) feels that William's sexualised behaviour is often heightened following sessions at Polepark but at other times there is now very few incidents of a sexualised nature.

William requires clear boundaries regarding behaviour and he usually reacts positively to this.

William copes well with routine but he can become quiet and shows little emotion to major changes in his lifestyle.

William has an extremely good appetite and enjoys a wide range of foods. He is especially partial to sweets. William sleeps well, presents as clean and tidy and there are no problems with personal hygiene.

William enjoys playing out of doors. He especially enjoyed the spell of snow and can play quite happily on his own or in the company of other children. William enjoys days out with the family and joins in most activities. William tends to have a short concentration in regard to indoor activities but again he can play contentedly for periods on his own. He can be quite boisterous when in the company of other children and will imitate characters from TV especially pretend fighting.

William's predominant need at present is a stable, secure permanent home. He needs lots of attention to answer his endless questions, an open, affectionate approach to his friendly character and firm boundaries regarding his sometimes over zealous approach to life.

William sometimes remembers the good times spent with this parents and he was particularly close to Mr Tarbett prior to Reception into care. As with [redacted] one of William's predominant memories is time spent with dad at the "berries". William portrays himself as a "worker" and maintains a particularly strong Dundee accent which adds to his likeable character.

William's reactions to stress and change in the past have displayed very few outward signs. As already stated he tends to take things in his stride. He did appear more confused and withdrawn subsequent to his moves over the Christmas period but has now quickly settled to his new family and routine.

2 **Health**

William has suffered from Asthma in the past for which he receives medication, but there has been no recurrence of this problem and he has not required medication since Reception Into Care. Apart from normal childhood illnesses William is normally of good health and very robust.

3 **Intelligence and Level of Functioning**

William has continued to reach all his developmental milestones. He is a bright, able child who can communicate in a very mature way with adults.

4 **Child & Family Centre**

William has attended Lilybank Child & Family Centre intermittently since he was about one year old. There have been some problems regarding William's behaviour e.g. being aggressive towards other children and incidents of a sexualised nature towards adults and children. William's character makes him well liked by staff members and he formed a particularly close relationship with his keyworker at the Family Centre. William's aggressive behaviour often towards other children became more apparent when Mr Tarbett had visited the Family Centre and spoke to William through the fence. William is to start school in August 1996.

5 **Religion**

William was born Protestant but neither parents nor children have practised religion. [redacted] attended Sunday School while in placement in Monifieth.

Ms Archer shows no interest in religion.
Mr Tarbett is opposed to William being brought up in roman Catholic religion.

6 **Social Links In The community**

William does not at present attend any organised clubs or activities. He enjoys days out with his carers and he mixes well with other children in the household and in the community. William also enjoys going to visit the family and friends of Mr and Mrs[redacted]

William as already stated particularly enjoys the freedom to play out of doors and would benefit from a safe, play area where he could play with other children or on his own.

William has recently moved placement to Mr and Mrs [redacted] William relates well to Mr [redacted] enjoying the male role he portrays. William also enjoys open affection from Mrs [redacted] William also gets on well with other children in the home. At present there have been serious concerns regarding [redacted] behaviour towards William. These problems were noted in previous placement but appear to have been exacerbated by move. [redacted] has become more openly hostile and verbally aggressive towards William. He makes statements such as "I wish he didn't live here", "I hate William", "I wish William was dead". He often openly calls William really offensive names. It would appear [redacted] would like to settle into this placement without William.

William does not appear to react openly in any way to this behaviour although he does sometimes appear quite quiet and withdrawn.

7 **Child's History and Relationships Within The Family**

William was born in Ninewells Hospital in September 1991.

Michael was born in Ninewells Hospital in June 1988. At this time Ms Archer and Mr Tarbett were living at 54 Whitfield Loan, Dundee. Their relationship quickly deteriorated after the birth of [redacted] and the couple were often verbally abusive towards each other with allegations of domestic violence in the home. Separations and reconciliations have been an ongoing feature of their relationship.

There has been a history of Child Protection Investigations involving allegations of physical abuse against [redacted] by both Mr Tarbett and Ms Archer but there have been no allegations of physical abuse against William by either parent.

William was often involved in the separations of Mr Tarbett and Ms Archer and has many moves as a result of this since his birth. The involvement of the children in these incidents are too numerous to detail for example on one occasion Mr Tarbett brought [redacted] and William to Douglas SWD stating it was Ms Archer's "turn to look after them". The children were all clearly distressed and regardless of social work staff's advice Mr Tarbett left the children, knowing Ms Archer could not care for them. On other occasions Mr Tarbett has taken the children to various Women's Aid hostels, sending them in to as if their mother is resident.

William has often been exposed to derogatory statements about his mother from Mr Tarbett e.g. "Your mum's away with a Paki". "Your mum doesn't love you". William appeared quite unaffected by these statements and has shown a continued loyalty towards Mr Tarbett and Ms Archer. William has in the past expressed a wish to return to Mr Tarbett's care.

Listed are some of the moves in home situation [redacted] has experienced:

30 09 91		
21 10 91	Women's Aid Hostel Dunfermline home with both parents.	**Mother**
10 12 91	Women's Aid Hostel Elgin	**Mother**
Jan 1992	Women's Aid Hostel Tulllibody	**Mother**
25 04 92	Foster Care (number of hours mother had been arrested by Police).	
26 04 92	Bed & Breakfast accommodation.	
July 1992	Alloa Home with both parents	**Mother**
09 02 93 to 11 02 93	Homeless Unit Dundee	**Mother**
11 02 93 to 01 03 93	Temporary accommodation, Dundee	**Mother**
01 03 93	Mr Tarbett uplifted [redacted] while going to Lilybank C&F Centre. [redacted] remained in his care.	
06 03 93	Mr Tarbett forcibly removed [redacted] and William From their mother's care. All three children in Mr Tarbett's care.	
July 1993	Ms Archer returned to the family home.	
20 01 94	Ms Archer leaves family home with [redacted] and William remain in Mr Tarbett's care.	
21 01 94	Mr Tarbett decides he is unable to care for the children and all three are received into care under Section 15 Social Work (Scotland) Act 1968.	
	[redacted] Invergowrie returning to Mr Tarbett's care ten days later.	

Throughout these numerous moves William has been consistently exposed to the animosity between Mr Tarbett and Ms Archer. There have been numerous allegations by Mr Tarbett regarding Ms Archer's inability to care for the children. There were also occasions when Ms Archer has abused her use of alcohol. A number of times this has resulted in her being involved in disagreements and fights resulting in charges of alleged breach of the peace and assault. This often meant she had to move from Women's Aid Hostels and the children when in her care were exposed to yet another move.

An example of this was when Ms Archer and the children were living in Women's Aid Hostel in Tullibody (January 1992). Ms Archer was under the influence of alcohol. She was involved in a fracas with another resident and was arrested and detained in Police custody. The children were received into care for a few hours and on their mother's release had to move to Bed & Breakfast accommodation. The children have often been witness to these incidents.

[redacted] and William have also been exposed to acts of violence committed by Mr Tarbett against an ex partner of Ms Archer's. The children have watched from the car while Mr Tarbett has assaulted this man. They appeared to accept this behaviour as normal and exciting rather than being frightened by it.

Over his formative years William has been exposed to many incidents of physical violence; between parents; between parents and children and between parents and other adults. William accepts violence and aggression as a normal way of dealing with difficult situations.

William's behaviour while at home was often outwith parental control. He was often aggressive towards his siblings but there was also a close bond and the children would defend each other against adults attempts to make changes in their behaviour.

William was not exposed to the same level of risks as [redacted] as he did not roam the neighbourhood unattended. He was, however, seen on various occasions in the Wellgate Centre with no adult present. Mr Tarbett claimed it was safe for William to play in the lifts etc, as the security men "watched out" for him.

Mr Tarbett is unable to accept William was at risk or that his behaviour was out of control. Ms Archer made attempts to enforce adequate behavioural controls but believed these were often undermined by Mr Tarbett. The children's physical needs were catered for adequately by Mr Tarbett and he believed this was all that was necessary.

Ms Archer returned to the family home subsequent to [redacted] and William's reception into care as Mr Tarbett had assured her the children would return to them if she returned home

REHABILITATION

Plans to rehabilitate the children to Mr Tarbett and Ms Archer's care were implemented subsequent to their reception into care. Individual sessions were undertaken with Mr Tarbett by Calum Strathie, St Matthew's. Mr Tarbett refused to accept any responsibility for the children's Reception Into Care. He would not accept the children's behaviour was problematic and he could not appreciate the need for the children's emotional security. Mr Tarbett continued to deny any physical violence had occurred with either Ms Archer or the children.

Ms Archer co-operated with individual sessions with Ms Selfridge, social Worker. She was very aware of the children's needs and the problems Mr Tarbett and herself had meeting these. She acknowledged the unsettled lifestyle, and lack of behavioural controls the children had experienced had detrimental effect on their present behaviour.

Ms Archer continued throughout sessions to state she would not remain in a permanent relationship with Mr Tarbett.

Joint sessions were then undertaken with Mr Tarbett, Ms Archer, Mr Strathie and Ms Selfridge. Mr Tarbett continued throughout sessions to deny there were any problems regarding the care he gave the children and he blamed all other agencies involved for their Reception Into Care. Ms Archer acknowledged the problems outlined but neither parent could give any commitment to an ongoing relationship and a stable home life for the children. The decision was made in March 1995 that Social Work Department would recommend that the children would not return to Mr Tarbett and Ms Archer's care. There remained a possibility that should Ms Archer decide to set up a permanent, independent home an assessment would be completed regarding her ability to care for one or more of the children. Ms Archer has failed to achieve this and has since had four moves of address and [redacted] has been received into care on two occasions under a Place of Safety warrant when Ms Archer has been detained in the custody of the Police. [redacted] is presently in care under Section 44 (1)(a) Social Work (Scotland) Act 1968 named place. Plans are that he will be rehabilitated to his mother's care.

ACCESS

Access between Mr Tarbett, Ms Archer, [redacted] William and [redacted] continued on a twice weekly basis subsequent to reception into care.

These sessions were usually noisy and loud with the children fighting between each other, climbing over furniture and generally reverting to behaviour which parents found themselves unable to control. Ms Archer made efforts to engage the children in play, with board games and singing games etc. She also attempted to give them some individual attention by speaking to them and giving them cuddles.

Mr Tarbett tended to distance himself and expected the children to come to him. He made no efforts to control their behaviour. William continued for some months to have a close relationship with Mr Tarbett and often spent time sitting on his knee.

Ms Archer separated from Mr Tarbett in April 1995 taking [redacted] to live at Women's Aid hostel in Arbroath. Access was then arranged weekly for Mr Tarbett and Ms Archer separately.

Ms Archer's access has continued on a weekly basis. William looks forward to seeing his mother and although sessions still tend to be rowdy when all four children are together and competing for mum's attention; they are on the whole enjoyed by all the children.

Mr Tarbett was angry that his access had been reduced to weekly sessions. Following an incident in April 1995 when Mr Tarbett was very abusive and aggressive towards supervising worker the session was stopped. [redacted] was retained at access by Mr Tarbett while worker left with the other two children. The children were all very upset and frightened by this experience.

William was at Social Work Office when worker left to collect [redacted] He commented "where are you going Marian? Are you going to fight big Davy". When [redacted] was later released by his father, he was concerned about the worker and that Mr Tarbett had told him he wouldn't get to see [redacted] again. Mr Tarbett was invited to attend numerous meetings to discuss future access visits but declined. Access was reintroduced with Mr Tarbett, subsequent to a Children's Hearing in August 1995, when a condition of supervision order stated that Mr Tarbett should have monthly access for one hour. These sessions have shown improvement from former sessions. Mr Tarbett now makes attempts to talk to the children and at the last session the children, enjoyed memories with Mr Tarbett of when they lived in the "multis" and went to the "berries".

William would like contact to continue with both Mr Tarbett and Ms Archer.

8 Placements

William was received into care on a voluntary basis in January 1994 when Mr Tarbett felt he was unable to care for the children subsequent to Ms Archer leaving the family home. William was rather confused when placed with Mr and Mrs [redacted] for five days then moved to Mr and Mrs [redacted] William settled well into placement but he was very upset and showed obvious distress when leaving his father after access sessions.

William was received into care under Place of Safety Order by a Children's Hearing on 22 September 1994. [redacted] and William were very upset as Mr Tarbett had insisted on bringing them to the Children's Hearing but then refused to talk to them about Reception into Care and reassure them he would see them soon.

William was placed with Mr and Mrs [redacted]. There were no problems with William's behaviour and he settled quickly, responding well to firm boundaries and sanctions. There were some problems early in the placement when William was involved in an incident of a sexual nature with another foster child. There were no further indications within the home of continued problems. William related well to Mr and Mrs [redacted] and enjoyed a good relationship with the other children. Towards the end of the placement Mr and Mrs [redacted] were concerned that [redacted] attitude towards William had become very aggressive and he often destroyed William's toys.

9 **Relationships With People William Is Currently Living With**

William moved to the care of Mr and Mrs [redacted] on 01 December 1995. William's behaviour was quite difficult in the beginning. Mr [redacted] continued to see William on a regular basis as he transported William to the nursery. This caused William some confusion and made it difficult for him to settle. William spent two weeks respite care over the Christmas holidays with Ms [redacted] This was a result of a bereavement in the [redacted] family. [redacted] and William made allegations of physical abuse against Ms [redacted] These allegations were investigated by Police and found to be unsubstantiated.

Since returning to Mr and Mrs [redacted] care, William has settled well into the family routine. He is very affectionate especially towards Mrs [redacted] and enjoys lots of physical contact with her. William also enjoys a close relationship with Mr [redacted], especially the role model of the working man.

There have been concerns raised by Mr and Mrs [redacted] regarding William's sexualised behaviour and bad language from time to time. They feel this is linked to sessions at Polepark as this behaviour is more evident on William's return from sessions. They also have concerns that [redacted] instigates this behaviour while the boys are alone in their bedroom.

Mr and Mrs [redacted] are very concerned about the effect [redacted] increasingly aggressive, verbally abusive behaviour towards William is having on him. William seldom shows any retaliation or effects from this but Mrs [redacted] feels the continued statements such as "I hate William", "I don't want William to live here" must be having some detrimental effect on William's confidence and self esteem.

William has settled well into this placement and has shown an easy ability to make good relationships within the family. He is again described as a likeable wee boy with lots of character.

10 **Relationships With Other People**

William has had minimal contact with [redacted] half sister since Reception Into Care. [redacted] is the daughter of Mr Tarbett from a previous marriage. [redacted] was involved with the care of [redacted] and William while at home, and shows an ability to manage their behaviour. The children have an obvious bond with [redacted] which has been evident during contact.

C PLAN FOR THE CHILD

1 **Planning**

William should be placed with a family on a permanent basis. Legal advice is that there would be grounds for permanency under Section 16 Social Work (Scotland) Act and probably Freeing for Adoption.

William's understanding of his present situation is limited in relation to his age. He has not experienced the same levels of physical abuse as [redacted]. William did have close relationship with Mr Tarbett and given the opportunity would probably be happy to return to Mr Tarbett's care.

William needs to have a settled home environment. William would be a very rewarding addition to the right family given the opportunity to develop close relationships and the security of knowing he belonged.

2 **Contact**

Contact between William and Ms Archer should continue and Ms Archer accepts this will be reduced from present level. Michael enjoys his contact with his mother and it would be important to him that this continues.

Contact between William and Mr Tarbett would have to be reviewed. William does not display the same closeness to Mr Tarbett as previously and tends to see him as a hero figure who "fights" everyone he meets. It would be important William maintains contact with [redacted].

3 **Preparation of the Child for Placement**

William, as age appropriate, has found it difficult to discuss or concentrate for any length of time regarding plans for his future. William has attended Polepark FCC and has been given the opportunity to explore his feelings regarding his past experiences at home, his present situation and future plans.

Again William has found it difficult to look at future plans. As already stated William would probably settle quickly into a permanent home but given the opportunity would just as easily return to Mr Tarbett or Ms Archer's care. Further work will be completed by new Social Worker Phillip McGill.

4 **Legal Situation**

William is presently subject to Section 44 (1)(a) Social Work (Scotland) Act 1968 named place with Mr and Mrs [redacted] Legal advice - see attached.

5 **Placement Required**

William would benefit from a placement where there are other children either younger than himself or near his own age group.

William would require carers who could offer him open affection and lots of patience to answer his endless questions. William responds well to clear boundaries regarding his behaviour but also the freedom to develop his personal character.

Marion Selfridge
Social Worker
Children & Families East 2

MS/SD
07.03.96
FORME.MS3

PRIVATE AND CONFIDENTIAL

ANNEX TO FORM C

PROFILE OF BEHAVIOURAL AND EMOTIONAL WELL-BEING OF A CHILD AGED 1½ – 5 YEARS

PLEASE NOTE

1. This form should be completed by the child's main caregiver or by the social worker from information provided by the main caregiver. Please answer by ticking as appropriate and by adding any comments in the spaces provided.
2. In thinking about this child's behaviour etc., caregivers are asked to compare the child with other children of similar age and not just with children in care.

Child's name WILLIAM TARBETT Date of birth 9-7-91 Age 4

Name of caregiver [redacted] Relationship to child CARER

Experience of child care ..... Length of contact with child 5 MONTH.

Name of social worker PHILIP M'GILL Length of contact with child .....

Profile completed by ..... Date .....

1. WHAT IS THIS CHILD LIKE TO LIVE WITH AND BRING UP?

(Please answer this question in your own words before turning over the page)

WILLIAM CAN BE A GOOD BOY AND VERY LOVING. BUT HE HAS HIS BAD TIMES AND WHEN HE IS BAD HE IS. HIS WORST TIME IS GETTING DRESSED IN THE MORNING WHEN HE LASHES OUT KICKING AND HITTING SWEARING ETC. HE IS VERY LAZY AND DOES NOT LIKE GETTING DRESSED OR DOING ANYTHING FOR HIMSELF.

2. EVERYDAY LIVING

How would you describe this child?

Taking his/her age into account:

Can he/she do things for him/herself?	☐
No more problems in everyday life than most children of the same age	☑ *tick one box*
Definite problems in everyday life/needs a great deal of looking after	☐

Problems encountered — tick any which apply

Eating: poor appetite	☐	*Sleeping: difficult to settle down*	☑
very greedy	☑	*very reluctant to be left alone at night*	☐
Toilet training: wets beds regularly	☐	*disturbs others at night*	☐
day-time wetting	☐	*night terrors*	☐
soiling	☐		
not yet started training	☐		

Any further comments about everyday living? WILLIAM IS HAPPY ENOUGH AND WILL PLAY AWAY BUT WHEN OTHER CHILDREN ARE ABOUT HE HAS TO BE WATCHED AT ALL TIMES BECAUSE OF HIS SEXUAL BEHAVIOUR ALTHOUGH THIS IS GRADUALLY GETTING LESS

3. RELATIONSHIPS

a) What is this child like with adults?

Affectionate and rewarding child	☑
Not very easy, but no more so than many children	☐ *tick one box*
Definite difficulties in relationships with adults	☐

b) How does this child get on with other children?

Enjoys other children	☑
Some difficulty with others but no more than most other children of that age	☐ *tick one box*
Definite difficulties in getting on with other children	☐

Type of difficulty with other children — tick any which apply

Shy or fearful of others	☐
Aggressive or very bossy with others	☐
Cannot be left alone	☑
Isolated	☐

Type of difficulty in relationships — tick any which apply

Difficult to cuddle	☐	*Reacts very differently to men*	☐
Excessive interest in adults	☐	*Reacts very differently to women*	☐
Excessive fear of adults	☐	*Indiscriminately friendly*	☑
Excessive crying	☐	*Excessively clinging*	☐
Very demanding	☑		

Any further comments on relationships? .....

.....

.....

4. EMOTIONAL STATE

How would you best describe this child?

Happy and enjoying life	☐
No more often distressed than others of his/her age	☑ *tick one box*
Definitely more distressed than others	☐

Type of emotional problem — tick any which apply

Fearful about new things or changes	☐
Shows no reaction to changed circumstances	☐
Withdrawn/hard to communicate with	☐
Seems unduly or inexplicably sad	☐
Whines a great deal	☐
Very temperamental	☐
Has unusual or worrying habits e.g. WILLIAM HAS BAD SEXUAL HABITS FLASHING ETC.	☑

Any further comments on emotional state? WILLIAM IS A HAPPY WEE BOY BUT WHEN HE IS UPSET HE GOES BACK TO SEX TALK & BEHAVIOUR THE LEAST THING SEEMS TO TRIGGER IT OFF.

.....

.....

5. BEHAVIOUR

How would you best describe this child's behaviour?

Good	☐
No more problems or just about as naughty as others of the same age	☐ *tick one box*
Definitely more problems than others of the same age	☑

Types of behaviour problem encountered — tick any which apply

Persistently disobedient	☑	*Very frequent tantrums*	☑
Very fidgety or restless	☐	*Exceptionally passive*	☐
Very often irritable	☑		

Any further comments on behaviour? .....
.....
.....
.....
.....

6. DOES THIS CHILD ATTEND A PLAYGROUP, NURSERY OR NURSERY SCHOOL?

If so, how do you find he/she reacts to it?

Enjoys it and takes it all in his/her stride	☐
Copes with it as well as most other children	☑ *tick one box*
Has definite problems in attending or coping	☐

Type of problem encountered — tick any which apply

Very distressed about going	☐
Reluctant to join in with other children	☐
Disruptive	☑

Any further comments on emotional state? .....
.....
.....
.....
.....
.....

7. POSTSCRIPT

Is there anything else you want to mention?

British Agencies for Adoption and Fostering, 11 Southwark Street, London SE1 1RQ

PRIVATE AND CONFIDENTIAL FORM C

Agency DUNDEE CITY COUNCIL SOCIAL WORK DEPT.

Address DUNDEE WEST SOCIAL WORK DEPT. Social Worker PHILLIP McGILL

6 KINNAIRD RD DUNDEE Telephone 01382 858935

Medical Adviser DR S DEWAR Telephone DR S DEWAR 01382 858834

If any problems arise in completing this form, please contact the Medical Adviser. Refer to attached sheets if space is inadequate.

MEDICAL REPORT & DEVELOPMENTAL ASSESSMENT OF CHILD UNDER 5 YEARS REFERRED FOR ADOPTION OR RECEIVED INTO CARE

Please complete only sections 1-6 on pages 1-3

Child's surname TAGGART Forename(s) WILLIAM M/F

Also known as - Date of birth 9.7.91 Ref. no.

Date of examination 16/07/96 Age at examination 5 years

IMPORTANT *The following information should be available to the doctor making the examination*

Any previous medical report
Neo-natal report/Obstetric report
Medical history (inc record of immunisations)
Growth charts to date
Family history of parents
List of placements/caregivers
List of nurseries etc
Any relevant specialist reports

THE CHILD SHOULD BE ACCOMPANIED BY ITS CURRENT CAREGIVER

1. Summary by examining doctor or medical adviser of anything in the collected information which is likely to be relevant to the child's present condition or future prospects *(eg genetic conditions in family; obstetric or neonatal complications; disability: previous illness, accidents and operations; history of growth, development, speech and learning; frequent changes of caregiver etc.)* There do not appear to be any genetic conditions in the family. William was born SVD at term: Wgt 3100g, length 49.5cm, OFC 35.4cm. No resuscitation required. He had meningococcial meningitis at 5 weeks from which he made a full recovery. He has had asthma in the past - requiring hospital admission on 4 occasions, but no problems for nearly 2 years. William reached early milestones appropriately although he has had behaviour problems. He had numerous changes of address while with his parents, and has stayed in 4 different foster placements - the current carers since Dec. '95. He has attended Lilybank C&FC intermittently since about 1 year. William attended Polepark for counselling re sexualised behaviour, but this was discontinued in March 1996 as the sessions seemed to be reinforcing these behaviour patterns - and there has been significant improvement since then.

2. Is the child attending hospital, clinic or other special unit or receiving medication or other treatment?

No

3. Comments from current caregiver on child's well-being and behaviour
(Please give name of caregiver. Indicate if current caregiver is not present)

Mrs [redacted] - Present.
Generally affectionate child but can have tantrums easily. Usually likes the carer to do most things for him - especially dressing him, virtually daily he fights her over this. Greedy eater, using hands more than cutlery. Needs a lot of adult supervision and attention. Indiscriminately friendly - will talk to and would go with anyone - no sense of personal danger. Sexualised behaviour much less now - still occassionally appears. Will curse and swear - can be agressive - relatively easy to cajole out of temper. Willing to be hugged and cuddled, enjoys this. Chatty, inquisitive boy.

CONFIDENTIAL

Name of child William Tarbett Ref. no.

Date of birth 09/07/91 M/F M

7. REPORT FROM AGENCY'S MEDICAL ADVISER

(summary and interpretation of preceding medical information for the agency panel, the prospective parents or caregivers, the court etc)

a) Relevant family history

There does not appear to be any relevant maternal history.
There is no information available from the father.

b) Child's own medical history including care, growth and developmental progress

William is a healthy 5 year old boy - he is on no regular medication, and does not attend his GP for any reason. He had meningococcal meningitis at 5 weeks of age from which he made a full recovery. However, he failed to attend audiology for a hearing assessment - has now been referred. He suffered from asthma when younger but has had no problems for 2 years now. His immunisations are incomplete - he still needs his pre-school booster. William seemed to reach his developmental milestones up to 3 and a half years, but at 5 years he is now not demonstrating age appropriate skillls, particularly in fine and gross motor areas. He is reported to be lazy in self help tasks. His behaviour is generally attention seeking and immature. He changed address many times while in his parents care - often moving between them, and has witnessed violence and probably sexual acts between his parents and others. He has suffered abuse - including physically and verbally from his brother, especially over the last year, and his behaviour - violent and /or sexualised can reflect this - although big improvements have been made. He did attend Polepark for counselling re sexualised behaviour but this discontinued as it seemed to be reinforcing the behaviour.

c) Implications of above for child's current care, education, long-term prognosis

William needs security - he needs to be in an environment where he would receive lots of love and attention and be able to reciprocate. He enjoys company and seems particularly happy with adults or younger children. Verbally, he presents as a bright able child, but his personal skills and attention span are limited at present. He is unlikely to be able to cope unsupported in Primary 1 at his current level of development. It may be that he would benefit from placement away from his brother because of the level of violent aggressive and sexualised behaviour they demonstrate together.

d) Details of services needed, follow-up arranged, monitoring or support offered

Needs to be assessed by Community Cild Health once he is settled in Primary 1, re his gross and fine motor skills, and general overall ability. Needs referral to Educational Psychology for asssessment of his educational needs, and referral to Ryehill Hearing Clinic for hearing assessment. Needs to have pre-school booster. He may need referral to Child and Family Psychiatry at some stage in the future.

e) Details of how information has been provided to prospective parents or other caregiver(s)

Signature

Name (in CAPITALS) Date 30/9/96

British Agencies for Adoption & Fostering, 11 Southwark Street, London SE1 1RQ

PRIVATE AND CONFIDENTIAL

ANNEX TO FORM C

PROFILE OF BEHAVIOURAL AND EMOTIONAL WELL-BEING OF A CHILD AGED 1½ – 5 YEARS

PLEASE NOTE

1. This form should be completed by the child's main caregiver or by the social worker from information provided by the main caregiver. Please answer by ticking as appropriate and by adding any comments in the spaces provided.
2. In thinking about this child's behaviour etc., caregivers are asked to compare the child with other children of similar age and not just with children in care.

Child's name WILLIAM TARRETT ..... Date of birth ..... Age 4

Name of caregiver [redacted] ..... Relationship to child FOSTER CARERS

Experience of child care 1 ..... Length of contact with child 1 YEAR

Name of social worker ..... Length of contact with child 1 YEAR

Profile completed by [redacted] ..... Date .....

1. WHAT IS THIS CHILD LIKE TO LIVE WITH AND BRING UP?

(Please answer this question in your own words before turning over the page)

WILLIAM IS A LIKEABLE FOUR YEAR OLD WHO ON FIRST IMPRESSIONS SEEMS MATURE FOR HIS YEARS. HE CHATS CONSTANTLY AND QUESTIONS EVERYTHING. HE IS MUCH HAPPIER IN THE COMPANY OF ADULTS OR CHILDREN YOUNGER THAN HIMSELF, RATHER THAN OLDER CHILDREN. WILLIAM CAN HAVE PROBLEMS WITH AGRESSION BOTH PHYSICAL AND VERBAL. THIS IS USUALLY CAUSED BY [redacted] WHO USES WILLIAM FOR A FOCUS OF HIS ANGER AND FRUSTRATION. WILLIAM ENJOYS GOING ON OUTINGS AND IS NEVER ANY TROUBLE. HE LOVES THE PARK, SWIMMING AND LOVES BEING OUTSIDE PLAYING.

Types of behaviour problem encountered — tick any which apply

Persistently disobedient	☐	*Very frequent tantrums*	☐
Very fidgety or restless	☐	*Exceptionally passive*	☐
Very often irritable	☐		

Any further comments on behaviour? BECAUSE OF HIS SEXUALISED BEHAVIOUR AND AGRESSION SHOWN BETWEEN [redacted] AND WILLIAM. HE CAN BE DIFFICULT AT TIMES.

6. DOES THIS CHILD ATTEND A PLAYGROUP, NURSERY OR NURSERY SCHOOL?

If so, how do you find he/she reacts to it?

Enjoys it and takes it all in his/her stride	☐
Copes with it as well as most other children	☑ *tick one box*
Has definite problems in attending or coping	☐

Type of problem encountered — tick any which apply

Very distressed about going	☐
Reluctant to join in with other children	☐
Disruptive	☑

Any further comments on emotional state? NURSERY SAY HE CAN BE DISRUPTIVE IF IN ONE OF HIS MOODS

7. POSTSCRIPT

Is there anything else you want to mention?

WE FEEL THAT MANY OF THE BROBLEMS WITH WILLIAM, ARE HIS WAY OF SHOWING HOW UNCERTIAN HE IS ABOUT HIS FUTURE. AND HOPEFULLY ONCE HE IS SETTLED IN A PERMANENT FAMILY, THINGS WILL IMPROVE.

British Agencies for Adoption and Fostering, 11 Southwark Street, London SE1 1RQ

CONFIDENTIAL
FORM B.1

NAME OF AGENCY SOCIAL WORK DEPT., Telephone no: 503838

ADDRESS Whitfield Social Work Dept,
Lochan Cresc, Dundee

OBSTETRIC REPORT ON MOTHER

Please answer all questions

Name of mother (surname underlined) Linda ARCHER

Name of child (surname underlined) WILLIAM TARBETT

Name of hospital NINEWELLS HOSPITAL DUNDEE

Place of confinement if not the hospital

1.	Date of birth of child	090791
2.	Age of mother at confinement	21
3.	Details of any known previous illnesses	nil
4.	Has the mother had any previous pregnancies? If so, please give dates, outcome and any known abnormality in mother or child	[redacted]
5.	Details of any obstetric disorders during this pregnancy (especially first trimester)	nil.
6.	Details of physical or mental illness during pregnancy. Please specify drugs and treatment provided, and whether mother was in-patient, out-patient or at home	nil.
7.	What ante-natal care has been given? When did ante-natal care begin?	12 week on @ hospital
8.	Mother's serological test for syphilis: Tests Result Date	Blood 22 1 91 negative

9. Mother's blood group and Rhesus factor: antibodies?	B neg no a/Ss.
10. Labour. Please give details of character, duration, details of any abnormal features, and of drugs used.	Spont. 2½ hrs Entonox
11. Delivery: Expected date	30.6.90
Period of gestation (in weeks)	41.
Type (if forceps or Caesarian, please give reasons)	SVD.
12. Puerperal disorder (if any)	nil.

Signature *(print in capitals after)* R Smith R. SMYTH

Qualifications MRCOG FRCOG

Address WH 37

Nuneaton

Date 26.2.96 Telephone No. 632002

For use of agency medical adviser

CONFIDENTIAL
FORM B.2

NAME OF AGENCY Social Work Dept. Telephone no 503838

ADDRESS Whitfield Social Work Dept,
Lethem Cres, Dundee

NEONATAL REPORT ON CHILD

(To be completed by a medically qualified person)

Please answer all questions.

Name of child (surname underlined) William Tarbet Sex: Male

Name of hospital Ninewells

Place of birth (if not the hospital)

1.	Date and time of birth (if known)	23 4 4
2.	Singleton or multiple birth (if multiple, state whether first born or other)	SINGLETON
3.	Apparent gestational age in weeks	41 weeks
4.	Birth weight	3100 g
5.	Length at birth	49.5 cm
6.	Head circumference, with date	35.4 cm
7.	Result of cord blood examination for syphilis (if tested)	not done
8.	How long after delivery was spontaneous respiration established? If resuscitation was required, please give *full* details	IMMEDIATE
9.	Was jaundice noted? If so, state date of onset, severity, duration, treatment, and give maximum serum bilirubin, if known	NO
10.	Details of any convulsions, twitching or cyanotic attacks, with dates of occurence	NONE
11.	How was infant fed in hospital? Details of any feeding difficulties (e.g. in sucking, in swallowing, vomiting)	BOTTLE
12.	Were any problems in managment encountered? (Please give details.)	NO
13.	Were there any abnormal signs in the cardiovascular system? (Please detail)	NO

14.	Were any abnormal neurological symptoms noted in neonatal period (e.g. apathy, hypotonia, hyper excitability)	NO.
15.	Details of known disorders in siblings and/or other relatives	NONE.
16.	Details of any infections suffered. Please give details of treatment, and state whether major or minor infection	NONE
17.	Were any physical abnormalities noted? If so, please give details Was test for dislocation of hips performed – if so result?	NO HIPS STABLE
18.	Have there been any indications of mental abnormality (e.g. mongolism, cranial abnormality, cerebral birth injury or abnormal behaviour)?	NO
19.	Details of any other treatment given to infant	NONE
20.	Has a test for phenylketonuria been carried out? State test, date and result if known. If not known, where can information be obtained?	NOT DONE IN HOSPITAL
21.	What care has mother given infant herself?	NORMAL
22.	Latest known weight (with date)	3080 g/
23.	Date of infant's discharge from maternity unit	11 07 91

Signature *(print in capitals after)* [signature]

Qualifications MD, FRCP, DCH, DObst RCOG

Address Special Care Baby Unit, Newmills Hospital Dunfermline

Date 23/7/96 Telephone No. 01383-660114

For use of agency medical adviser

Sources of evidence for pursuing permanence:

a Children's life histories, including disruptive relationships of parents and frequent changes of living circumstances.

b Lack of adequate parental care being given to the children.

c Evidence of 'at risk' factors for the children prior to RIC; physical & sexual abuse, and neglect.

d An absence of any prognosis for positive change by Mr. Tarbett, as evidenced by: 1 events prior to RIC. Mr. Tarbett's response to SWD and Childrens' Hearing requirements
2 outcome of assessment carried out at St Matthews (individual sessions with Mr. T and Ms. Archer; joint work with both.)
3 observed behaviour at and in relation to access.
4 evidence arising from work undertaken at Polepark.

a) Childrens Life Histories prior to RIC
& c)
-24 changes of living situation (i.e carer Mr T / Mrs A - or of address) between March 1989 & RIC Sept 1994

- 15 child protection incidents (ie. allegation or observed incidents) leading to enquiries and, on 9 occasions, formal CP investigations, between Dec '91 + Sep '94. 4 alleged physical abuse incidents against Mr. Tarbett, 1 incident where children left unattended

9/12/91 Mr. T. charged with assault on [redacted] by striking him on face. Charges later dropped. Children to Women's Aid with mother. (19/12/91 Case Conference [redacted] registered Ph'l Abuse - Proven.)

12/2/93 CP investigation. Mrs Archer alleges [redacted] hit by Mr. T. with yard-stick and hose from vacuum cleaner. No evidence.

23/6/93 CP Investigation. Mr. Tarbett acknowledged hurting [redacted] arm by pulling him off the breakfast table.

30/8/93 CP Investigation [redacted] alleges Mr. T threw him across the room causing grazing and liver marks to nape of neck. Parents refuse consent for medical. (9/9/93 CPCC - all 3 children registered in Physical Abuse category.)

7/5/94 Children found playing unattended in Wellgate Centre - they were returned home at 1630 having left home at 1400 hours - Mr. T. did not see any risk events to the children & would not accept that they were in danger (Then aged [redacted], 4, 2).

- Numerous incidents of the children being used in the disagreements between the parents

and of their needs being neglected as a result eg.

1. [redacted] & Mr. T wait for hours outside Ms. A's house (3/3/93). Two hours earlier [redacted] had had nine teeth removed under general anaesthetic.

2 3/93 Mr. T. forcibly enters Ms. A's house and removes the children, in breach of interim interdict

3 15/6/93 Mr. T. threatens in front of the children to leave them at Ms. A's address to necessitate RIC.

4 9/4/94 Mr. T. telephones Women's Aid drunk at 2 a/m. Phone handed to distressed, crying child by Mr. T.

b) Lack of adequate pastoral care.

See C.P. incidents outlined above. Numerous other incidents which would be detailed in court reports eg. 12/4/94 [redacted] arrived at Lilybank C+FC on his scooter (aged 5) having made his way from Bovesthill Court (Hilltown). Mr. T. insisted that [redacted] make his own way home and had to be persuaded of the risks to [redacted] in so doing.

19/4/94 [redacted] (4) seen in the middle of Victoria Road waving her arms about attempting to stop the traffic.

etc.

c) 'At risk' factors prior to RIC.

– See CP incidents detailed above.

[redacted]

d) Absence of prognosis for positive change.

1) The Place of Safety taken by the Children's Hearing was the result of Mr. T's refusal to work with the Dept as the stated wes forewn. He would not, or could not, acknowledge there at the Hearing. At a Hearing in June 1994, he was encouraged to

comply with the conditions imposed the previous February, namely that the children attend Polepark Family Counselling Centre and that they be permitted their access to their mother. A Hearing on 25/7/94 continued again to allow Mr. T. to cooperate. He did not do so, and stated he would not comply with the terms of any supervision order.

2 Assessment at St. Matthews

Sessions between Calum Strathie + Mr. T. began on ~~8/11/94~~ 1/11/94 (?). "David was unable to acknowledge any emotional needs, even when prompted" (8/11/94) "Their behaviour was not seen by David as a reaction or response to circumstances in their lives" (8/11/94). "Any attempts by myself to raise sensitive areas met with dismissive comments". "David did acknowledge that the constant moves were bad for the children, but that was all Linda's fault" (no acknowledgement his violence towards her) "He has indicated clearly that he is not able to, or willing to, change in order to secure the children in his care" "I would feel it is questionable whether he is able to provide appropriate or consistent care to any or all of the children" (all 18/11/94)

Outcome of joint sessions looking at relationship issues and parenting — "Ms Archer setting punishments, Mr. Tabeth giving or

* - only finds recordings from 8/11 +

undermining these" " Mr. Tarbett still unwilling to accept that the children have any behavioral problems and that he should be looking at making changes — he stated quite clearly that he has no faults." (21/11/94) " Mr. T maintains ... it is only the fault of the SWD they are in care " (1/12/94)

G.B. Attempted to encourage work with Mr. T. at meetings on 15/12/94, 4/1/95, 13/1/95 Mr. T. adamant that nothing had to change. Session continued to 21/2/95 then abandoned.

Further meeting 20/4/95 involving CCM Lynn Cameron outlined concerns. Mr. T. adamant that nothing had to change.

3 Access

Concerns around access remain :—

— presence of supervising social worker necessary to prevent accidental injury through lack of supervision

— Mr. T unable to manage the children's unruly behaviour without assistance.

— children will be questioned about mother's whereabouts and inappropriate remarks made to them unless SW present.

— [redacted] only attended recent session after persuasion by foster-carer + carer's agreement to wait next door.

— Mr. T. uses access to challenge staff

about plans. He has threatened staff in front of the children, who have become distressed as a result.
— One one occasion, refused to allow [redacted] to leave access.

Evidence in DRS to support above. Some recent improvements in quality of access.

4 Polepark

Work on children's prematurely sexualised behaviour.
Children posturing dolls to simulate adults performing oral sex. "Mummy and daddy do it."
Sexualised behaviour by William at Polepark, Ladybank and foster home eg attempting touch keyworker's breasts, simulating sex with teddy which he describes as "shagging".
"The children have clearly been exposed to adult sexual activity (+ possibly abused themselves)" (Review 23/3/95)
"Clear conversations about their unhappiness at getting hit" Described being hit by wedding suit belt. "Quite violent scenes between male and female figures in their play"
Parents shown report on 17/4/95.

Review 19/6/95 reported further incidents sexualised behaviour and statements [redacted]

[redacted]

[redacted] Related concerns:

[redacted]

Mr. Tabett advised of decision not to pursue rehabilitation to his care on 6/2/95 by M. Selfridge & G. Bourne of his home & reasons for this decision. He was informed that there was a possibility that rehabilitation would be considered for Linda Archer (mother) as sole carer, but that this would require further assessment. Mr. Tabett made threats to us and we had to leave before further explanation could take place. However, he and Mr. Booth have been advised on a number of occasions since then of our reasons for not considering rehabilitation & Mr. T's. care, eg in interviews, telephone