Client Copy

CC1

Tayside Regional Council - Social Work Department

RECEPTION OF CHILD INTO CARE - CHECK LIST

NAME ..... WILLIAM TARBETT ..... DOB ..... 9/7/91 .....

HOME ADDRESS ..... 70 BONNETHILL ST. DUNDEE .....

	Date Completed			
	Day	Mth	Year	
Application Form CC2 a, b, c, d, e & f completed and submitted to appropriate Service Manager (Refer to Operational Instruction No 1.2)	26	9	94	
"Your Child in Care" information given to parent/guardian (Refer to Operational Instruction No 1.14)				
Birth Certificate seen/copy held				
Initial Medical completed (Form No CC3) (Refer to Operational Instruction No 1.22)	22	9	94	
Medical Card Received				
Milk Token Book received	N/A			
Assessment of Parental Contribution Form F8 completed (Refer to Operational Instruction No 1.8)	26	9	94	
Initial clothing checked (see clothing guide)				NONE
Initial Clothing Grant (if required) - request on AO11				
Equipment Issued to foster parent (if requd)- AO17 Receipt Refer to Operational Instruction No 1.9)				
Case opened or amended as necessary (Forms AO7 and CH2) to District Admin	26	9	94	
Area Review System notified (Refer to Operational Instruction No 1.5)	23	9	94	
Fostering Allowance requested (where necessary) - F24 (Refer to Operational Instruction No 1.24)			✓	
Senior Resource Worker Advised	[illegible]	[illegible]	[illegible]	
Advice to other parent (if separated)	[illegible]	[illegible]	[illegible]	
Advice to Education Dept/Headmaster	N/A			
Advice to Health Department — Pro Forma Letter - CC13	[illegible]	7	94	
Advice to Director of Social Work (other L.A.) - as necessary	N/A			

Social Worker ..... Date .....

This check list should be read and completed in accordance with the Manual of Operational Instructions No 1.2 and with reference to other Operational Instructions as stated above.

Client Copy

CC2(a)

Tayside Regional Council - Social Work Department

CASE NO: ....

APPLICATION/RECEPTION OF CHILD INTO CARE

NAME William TARBETT | DATE AND PLACE OF BIRTH 9.7.91 DUNDEE | RELIGION ....

ADDRESS 70 Bonnethill Ct Dundee

FATHER'S NAME DAVID TARBETT D.O.B. 8-4-47 RELIGION ....

ADDRESS 70 Bonnethill Ct

NATIONAL INS. NO [ ][ ][ ][ ][ ][ ][ ][ ][ ]

OCCUPATION/EMPLOYER UNEMPLOYED

MOTHER'S NAME LINDA ARCHER D.O.B. 17-6-69 RELIGION ....

ADDRESS NOT TO BE DISCLOSED - SEE RESTS SOI

NATIONAL INS. NO. [ ][ ][ ][ ][ ][ ][ ][ ][ ]

OCCUPATION/EMPLOYER UNEMPLOYED

Date and Place of Marriage ....

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

YES	NO

Particulars William and siblings are subject to 44(1)(a) home supervision orders. Names on C.P. Register.

Long standing involvement with family.

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

Name	D.o.b.	Age	Present Address	In Care (Yes/No)	LA Responsible
[redacted]					TAYSIDE
[redacted]					"
[redacted]					"

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OTHER INTERESTED RELATIVES

None identified.

Name	Address	Relationship

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

Not appropriate.

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

Long standing concerns for Williams welfare. Children hearing determined that father failure to comply with conditions of supervision order - placed child at risk. P.O.S. order issued.

Statutory reason for R.I.C.

Act S.W. (Scot) Act 68

Section 40 (7)

Estimated Duration of Care

maximum 21 days

Date 22 01 -

Social Worker [signature]

Agreement to RIC approved by:-

Senior Social Worker [signature]

District Manager [signature] acting Manager

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Tayside Regional Council - Social Work Department

CC2(b)

RECEPTION OF CHILD INTO CARE

BACKGROUND INFORMATION FROM Ms Anderson (mother) (State Relationship)

Name of Child: [redacted] Tolbert D.o.b. [redacted]

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? Willie

What does he/she usually call you? mummy (dad)

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

.....

.....

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

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

.....

Bed Time Routine

What time does he/she usually go to bed?

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

Do you leave the light on? no

Does he/she leave the bedroom door open? yes

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

Does he/she have a story or game at night? no

Does he/she dream or have nightmares? no

Does he/she ever get up in the night? no

Does he/she ever wet the bed? no

Does he/she wear a nappy at night? no

Does he/she like having a bath? no

Does he/she like having his/her hair washed? no

Does he/she sleep during the day? no

General Behaviour

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

.....

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? older

Can he/she dress him/herself? yes

Can he/she manage buttons, laces etc? no

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

dogs cats

Client Copy

Food Likes/Dislikes (Feeds for baby)

.....

.....

.....

Hobbies/Interests/Favourite Toys/Games

.....

.....

.....

Education

Last School Attended ..... Kilbeale PC .....

Details of any Certificate Courses undertaken .....

.....

.....

Any special aptitudes .....

.....

.....

Religion

Clergyman's Name	Address	Telephone No.
.....	.....	.....

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

..... N/A .....

.....

.....

.....

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

.....

.....

.....

.....

Parent's Signature ..... Date 20/2/96

Social Worker's Signature .....

1/92
(FORMS.CC/cc2b)

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CC2(c)

Tayside Regional Council - Social Work Department

RECEPTION OF CHILD INTO CARE

Ms Archer (mother)

MEDICAL INFORMATION FROM [redacted] (State Relationship)

Name of Child: William Talbot D.o.B. 9-7-91

Name of GP	Tel.No.	Health Clinic	Tel.No.
Dr. Gemmell		Wallacestown	

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 .....

Details of any known allergies .....

Details of any illness (with dates) Asthma

Details of any operations (with dates and name of hospital) .....

Has the child had contact with any recent infection? .....

If Yes state nature .....

Details of any current medication Asthma inhaler (when necessary)

Form Completed By Maria Selbridge Date 24/9/96

01.92
(FORMS.CC/cc2c)

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Tayside Regional Council - Social Work Department CC2(d)

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 _____ D.O.B. _____

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 _____ Date _____

(Father/Mother/Legal Guardian/person having charge of the child)

Signed _____ Date _____

(2nd Parent)

Witness _____ Date _____

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

CLIENT COPY

Client Copy

2

PARENTAL AGREEMENT

B Compulsory Measures of care:- [Social Work (Scotland) Act S.44 1(b); S.44 1(a) (named place); S.37(2); S.37(4); 40(7); 40(8); 43(4); Matrimonial Proceedings (Children) Act 1958. S.10]

Name of Child William Tarbatt D.O.B. 4-7-91

1 I certify that the particulars given are correct to the best of my knowledge and belief.

2 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.

3 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.

4 I understand that I am liable to contribute towards the Cost of Maintenance.

Signed (Mother) Date X

(Father/Mother/Legal Guardian)

Signed [signature] Date Y

(2nd Parent)

Witness [signature] Date 26/9/91

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

CLIENT COPY

Client Copy

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 _____ D.O.B. _____

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 _____ Date _____

(Father/Mother/Legal Guardian/person having charge of the child)

Signed _____ Date _____

(2nd Parent)

Witness _____ Date _____

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

CLIENT COPY

Client Copy

CC2e

Tayside Regional Council - Social Work Department

RECEPTION OF CHILD INTO CARE

SECOND PARENTAL AGREEMENT
(Where parents living apart)

Name of Child ..... D.O.B. .....

I ..... mother/father

of ..... have read the

application form completed and signed by my husband/wife

.....

I certify that the particulars given are correct and complete to the best of my knowledge and belief and I am in agreement with my husband's/wife's request that the child be received into care by Tayside Regional Council.

Signed ..... Date .....

Witness .....

Designation and Address .....

.....

.....

CLIENT COPY

Client Copy

Tayside Regional Council - Social Work Department CC2/F

Reception of Child into Care
Access Arrangements

CHILD'S NAME William Tennant

Section 1

Your child came into care on 22/9/94

Your child's new address is _____

The person with care of your child is Mr & Mrs [redacted]
~~Residential Worker~~/Foster Parent

The telephone number is _____

Your child is in care under Section 40 of (7)
Social Work (S.+) Act 68 Act

Your social worker is Maureen Sollowitz

Address SWD
Balmerino Rd

Telephone number Dundee 503388

If your social worker is not available, please ask for Steve Murray

Section 2 - Access Arrangements - Visits

You can visit your child twice weekly/~~fortnightly/monthly~~

The days for visits are _____

The times for visits are between _____ and _____

Any conditions on the visits _____

You can get there by _____

Any difficulties or problems should be discussed with your social worker

Section 3

If you are dissatisfied with these arrangements to see your child, you have a right to ask the District Manager to review them.

Name and address of Group Manager Jacqui Roberts
Children & Young People's Services
6 Kirkton Road, Dundee DD3 0BZ

A Child Care Review will be held on 27/9/94

at 9.30 a.m. At this meeting your child's future will be discussed, including any changes to the visiting arrangements. Any changes to these arrangements must be given to you in writing on a copy of this form.

Signed _____
Social Worker

CLIENT COPY

Client Copy

AUTHORITY FOR MEDICAL AND SURGICAL TREATMENT

Name of Child .....WILLIAM TARBET..... D.O.B. 9-7-91..

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 .....Linda Tarbet.....

Relationship ...(Mother).....

Address .....On file.....

.....

Witness .....M Taylor.....

Designation ....Social Worker.....

Address .....Balmuirfield Rd SWP.....

.....Douglas Dundee.....

Date .....24/9/94.....

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 District Manager or his representative in case of emergency.

CLIENT COPY

Client Copy

Tayside Regional Council
SOCIAL WORK DEPARTMENT

CC3

PRIVATE AND CONFIDENTIAL

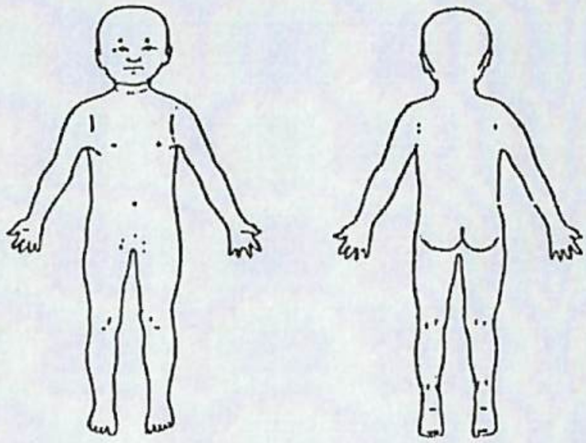
CHI NO

MEDICAL REPORT ON CHILD COMING INTO CARE

Surname: TARBETT
Forenames: WILLIAM.
Date of Birth: 09 | 07 | 91
Age: 3
Sex: M
Date of Admission Into Care: 22 | 09 | 94
School/Nursery Attended: Lilybank F.C
Examination Requested By: T.R.C SWD.
Child Accompanied By: MARION JEFFRIDGE
Place of Examination: DOUGLAS M.C.
Date of Examination: 22 | 09 | 94

1 General Physical Appearance of Child
(Note especially any evidence of infection, neglect or injury)

Small yellow bruise (L) forehead
Minor scratches both cheeks



2 Measurements

Weight 18.5 Kgs 97th Percentile
Height/Length 97.2 Cms 75th Percentile
Head Circumference ____ Cms ____ Percentile

Comment

Well nourished child

3 Physical Examination (Appropriate to Age and Circumstances)

	N/D/A	Comments
a) Skin and Hair	A	Pigmented naevus 3rd (R) toe
b) Teeth	N	Chronic Paronychia both gt toes
c) Eyes	N	
d) Ears, Nose and Throat		Purulent nasal catarrh
e) CVS	N	
f) Blood Pressure (If Applicable)		
g) Respiratory System	N	
h) Alimentary System	N	
i) Genitalia/Testes (Males Only)	N	
j) Nervous System	N	
k) Locomotion/Posture	N	

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4 Developmental Assessment (Include Information from most recent screening with date if available **and** give impression from this contact)

Gross Motor Normal

Fine Motor/Manipulative/Vision Not tested done at 3y

Hearing/Communication Not tested

Social/Behaviour

---

5 Background Information Available at this Examination

(a) Past Medical History Not available

(b) Family History

---

6 Do you consider this child to be at high risk from HIV or Hepatitis?

☐ Yes ☐ No ☑ Inadequate Information

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7 Treatment Required (if any) and note of action taken

May need treatment - see 9

8 Immunisation Status Complete?

☐ Yes ☐ No ☑ Unknown

Specify _____

9 Further Action Required Including:

(a) Further Investigation of identified or potential medical factors

Speech should be reviewed at 3y (screening)

Ingrowing toe nails / paronychia - should be watched

(b) Further Developmental/Educational Assessment

If more influenza or bad - should attend GP.

(c) Other

10 Action Taken

Further Appointment Arranged ☐

Referred to Specialist Paediatrician ☐

Social Worker Informed ☑

Specify _____

Signature of Doctor N Macdonald

Name (in block capitals) M.C. MACDONALD

Designation CMO

Time 3.05 Date 22/9/94

Please give details of contact made with child's Social Worker/Parent/Foster Parent

_____

_____

_____

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SOCIAL WORK (SCOTLAND) ACT 1968

HEARING'S REASONS

I: The Hearing decided to dispense with the attendance of the following parties for the following reason(s):

Mum did not attend but sent her apologies

II: The children's hearing has advised those persons present at Section A of the decision or advice, and:

1. of the reasons for the decision;
2. of the right of the child, mother, father, guardian(s) and/or safeguarder to appeal to the Sheriff;
3. and of the right of the child, mother, father, guardian(s) and/or safeguarder to receive a statement in writing of the reasons which are recorded in writing below.

The decision was to place all 3 children on a Place of Safety Order. (It was a Majority decision.)

(1) The 3 children attended the Hearing and their behaviour was seen to be violent, disruptive and completely out of control despite their Dad's presence.

(2) Mr. [illegible] was point blank in his refusal to adhere to the conditions of the Care Order, or work with the S.W. and support agencies.

(3) The 2 older children were disruptive and violent at school, and the Headmaster stated that they were back.

(continue overleaf if necessary)

Signed. Frank Fraser (Chairman)

Signed. M.Spalding (reporter)

Date. 22.9.94

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SOCIAL WORK (SCOTLAND) ACT 1968

Hearing's Reasons (continued)

very close to exclusion.

(4) As the S.W. were refused access to the children at home in non abs feb they were probably at risk because of Dads unreliable & to service control.

(5) Access arrangements with the children Mother is still a problem does not like to be addressed in order to benefit the children.

The Majority decision was to continue the Supervision Order and leave the children with Dad, on the basis that he would see Sarah and agree to work with the support agencies for the benefit of the children at home like the future.

Signed.... Frank Fraser.. (Chairman)

Signed.... M Kane..... (reporter)

Date..... 22.9.94.....

Client Copy

SOCIAL WORK (SCOTLAND) ACT 1968

HEARING'S REASONS

I: The Hearing decided to dispense with the attendance of the following parties for the following reason(s):

[redacted]

II: The children's hearing has advised those persons present at Section A of the decision or advice, and:

1. of the reasons for the decision;
2. of the right of the child, mother, father, guardian(s) and/or safeguarder to appeal to the Sheriff;
3. and of the right of the child, mother, father, guardian(s) and/or safeguarder to receive a statement in writing of the reasons which are recorded in writing below.

The panel decided to discharge the referral for the following reasons:-

The decision was to place all 3 children in a [illegible] home/placement.

(1) Since being placed in Foster Care the behaviour of all 3 children has improved and they have calmed down.

(2) Dad is still refusing to adhere to the Supervision Order and work with the S.W. or support agencies. Mum at this time is unable to offer the children a Home.

(3) It was felt that Dad was totally selfish in his attitude towards the care of the children and was not meeting their

(continue overleaf if necessary)

Signed. Frank Fraser (Chairman)

Signed. D Rawlinson (reporter)

Date. 12.10.94

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SOCIAL WORK (SCOTLAND) ACT 1968

Hearing's Reasons (continued)

Physical and Emotional needs. Therefore he was not offered a stable and satisfactory quality of care, which they were receiving on Tenterfield.

It was agreed that both Mum and Dad should have Supervised Access at the discretion of the S.W. Dept.

This was as ~~Order~~ voted that the children should retain contact with their natural family, and hopefully work towards re-habilitation.

It was also agreed to allow respite care, and approved activities for the children at the discretion of the S.W. Dept

Signed..... Frank Fraser (Chairman)

Signed..... (reporter)

Date..... 12-10-94

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Form 18A, Rule 27

SOCIAL WORK (SCOTLAND) ACT 1968

Warrant for detention under Section 40(7) of the Act

Children's Hearing Centre
91 Commercial Street
DUNDEE

Date: 22 September 1994

A children's hearing for Tayside in exercise of the powers conferred by section 40(7) of the Social Work (Scotland) Act, 1968,

1. ~~having reason to believe that~~

.....

.....

a. ~~may not attend at a further hearing of his/her case;~~ and/or

b. ~~may not attend at proceedings arising from his/her case;~~ and/or

c. ~~may fail to comply with a requirement~~ imposed under Section 43(4) of this Act; and/or

2. being satisfied that detention of

William Tarbett (9.7.91)

.....

is necessary in his/~~her~~ interest;

grant warrant for the said child to be detained in a suitable place of safety chosen by the Local Authority for a period not exceeding 21 days from this date.

Frank Fraser..... Chairman of the Children's Hearing

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CP5A
APPENDIX D

Child's Name: ...WILLIAM...TANSETT..... DoB 9-7-91

Carer: ....Mr. & Mrs. [redacted]
.....[redacted]

Parent: ....DAVID TANSETT.....
.....7a Bonnethill St., ...Dundee.....

The above child is in your care on a Place of Safety Order. Should any attempt be made to remove the child, contact (S.W. Name ...MARION SELFRIDGE and Tel. No. .....50.33.84....) from 8.45 a.m. to 5.00 p.m. Monday to Friday. At any other time and during Public Holidays contact the Out of Hours Service on Dundee 819251 (4 lines).

A copy of the Place of Safety Order is attached.

Signed: .....

Name: .....Marion Selfridge.....

Designation: .....S.W.....

FORMS. CP/cp5a

CLIENT COPY

Client Copy

9108444 c/o GW

FORM 1A

REPORTER TO THE CHILDREN'S PANEL FOR TAYSIDE

SOCIAL WORK (SCOTLAND) ACT, 1968

Notice about Child referred to the Reporter to the Children's Panel ..... SOO (EAST)

Surname ..... Tarbett ..... Christian Names ..... William .....

Date of Birth ..... 9.7.91 ..... Age ..... 2 ..... School .....

Home Address ..... 70 Bonnethill Court, Dundee .....

Present Address ..... c/o [redacted] .....

Social Work Area ..... EAST ..... Social Worker ..... DAWN Wilson .....

Reporter's Reference No E/10515 Referral No ..... 7 .....

PLEASE QUOTE IN ALL COMMUNICATIONS

SWSGS NO ..... 910911807 ..... Dated ..... 4/2/94 .....

Reason for Referral ..... 43(2) Review at request of Social Worker .....

☐ Thank you for your report/referral ..... Dated .....

INFORMATION REQUESTED :

☐ Please give me more information as specified in the attached note.

☐ I would be grateful for a report to assist me and any Hearing which may be convened for this child.

☐ Please submit the report by : .....

☐ Note : .....

HEARING

☐ I will arrange a Hearing upon receipt of a social background report.

☐ I have arranged a Hearing on ..... at ..... am/pm.

☐ You are expected/invited to attend the Hearing.

☐ A representative who knows the child and can take part in the discussion at the Hearing is expected/invited to attend.

☐ Note : .....

RESULT

☐ I am taking no further action/and have asked the Police to warn the child.

☐ I am referring the case to the Social Work Department to offer advice, guidance and assistance on a voluntary basis.

THE HEARING DECIDED

☐ To Discharge the referral under Section 42(2) (c) or 43(2). . . . on .....

☐ To apply to the Sheriff for proof of the Grounds Section ..... on .....

☐ To continue the case as arranged above. From .....

☐ To issue a Supervision Requirement under Section ..... on .....

☐ To ~~continue the existing Supervision Requirement under Section~~ ..... on .....

☑ To vary the Supervision Requirement from Section 44(1)(c) to Section 44(1)(c) on 28/2/94

☐ ~~To terminate the Supervision Requirement on~~ ..... with conditions.

☑ As a result of the Requirement/decision, the child will be living at ..... home address .....

.....

☐ Note : .....

☐ Enclosures .....

Signed ..... Catherine M'Leod .....

Dated ..... 1/3/94 .....

ADDRESS OF REPORTER

Reporter to Children's Panel for Tayside
Dundee District,
91 Commercial Street,
Dundee. DD1 2AH
Tel. 23281 Ext. ... / ...

Client Copy

FORM 11A, Rule 24, 1986 Rules

SOCIAL WORK (SCOTLAND) ACT 1968

SUPERVISION REQUIREMENT VARYING EXISTING SUPERVISION REQUIREMENT

23 FEBRUARY 1994

Children's Hearing Centre
91 Commercial Street, Dundee.

A Children's Hearing for Tayside, by way of variation of and in substitution for the supervision requirement dated 14 OCTOBER 1993 to which

WILLIAM TARBETT
(DOB 07.04.91)

is subject, hereby require him/~~her~~ to be under the supervision of the Director of Social Work for Tayside, subject to the conditions noted below; and the requirement dated 14.10.93 is hereby revoked.

Elisabeth Ballantyne (Chairman)

CONDITIONS REFERRED TO IN THE FOREGOING SUPERVISION REQUIREMENT

1. The child shall comply with directions given by the supervising social worker.
2. THE CHILD SHALL ATTEND KILNBANK CHILD & FAMILY CENTRE
3. THE CHILD SHALL HAVE A SUPERVISED ACCESS TO HIS MOTHER, MRS LINDA ARCHER, ARRANGEMENTS TO BE MADE AT THE DISCRETION OF THE SOCIAL WORK DEPARTMENT.

Elisabeth Ballantyne (Chairman)