Dundee City Council Social Work

Unique Reference Number | 9 | 1 | 0 | 1 | 8 | 4 | 4 | 4 | | |

Looking After Children in Scotland: Good Parenting, Good Outcomes

REVIEW OF THE CARE PLAN

Part 6
ute of the Review Meeting

Name of child/young person: *William Tarbett (dob 09.07.91)*

Date of Review: Day 2 9 Month 0 1 Year 2 0 0 2

1 Have reports been received from the following?
(See Question 8 in social worker's report for those requested to submit a report).

	Yes	No	Not Requested
Child/young person	✔		
Mother			
Father			
Carer(s)/residential care worker	✔		
Health professional			
Educational professional	✔		
Other interested parties (please specify)			
Social Worker	✔		

This form contains confidential information which should only be shared in accordance with the Data Protection Act 1998.

2 **Agenda for the Review**

The agenda should be drawn up at the start of the Review. All those invited to the Review should have had an opportunity to read the reports prior to the Review. The chairperson should ensure that action on previous Review decisions, and all issues of progress, change, difficulty or concern in the reports, are put on the agenda for discussion.

Recommendations from last Review

Progress in Placement

Education

Health

Contact

Future Plans

3 Record of Discussion of the Review

RECOMMENDATIONS FROM LAST REVIEW HELD ON 29.08.01

1 **William to remain with his present carers Mr and Mrs [redacted]** - fully met.
2 **William to continue to attend Auchterhouse Primary School** - fully met.
3 **Lifestory work to commence** - commenced and ongoing.
4 **William to have contact with his mother on agreed basis** - fully met.
5 **Contact to be arranged with siblings as appropriate** - ongoing.
6 **William to have dental appointment** - fully met and ongoing.
7 **William to return for further examination re Tourettes Syndrome** - fully met.
8 **William's contact with his father to continue on agreed basis** - fully met.
9 **William continue to be encouraged in his sporting activities** - fully met.

PROGRESS IN PLACEMENT - WILLIAM'S REPORT

Review Officer noted from carer's report that William has excellent personal care skills and rubbish bedroom care skills! It was noted that William enjoys going ice skating, playing ice hockey (training) and football. William just signed up this week for Dundee Tigers and will attend practice on Saturday mornings.

Review Officer noted that William is more settled in placement and he is making progress. Mrs [redacted] Carer reported that William continues to be occasionally aggressive but this is getting better. She stated that William sometimes does what he is told.

William informed that the placement was fine. In his report he said he would like to keep things the same and would change nothing. William said he eats too much and one of his favourite things is doughnuts.

PROGRESS IN PLACEMENT - CARER'S REPORT

Mrs [redacted], Carer reported that some parents of friends have expressed concern about William's inappropriate "nosiness" but she is working on this issue. William is doing fine and generally accepts rules and guidance. Sanctions are issued for things like cheek and William not doing as asked but this is no more frequently than any other boy his age. Generally in the placement there is nothing of any concern.

Ms Von Arnim, Social Worker reported that William has made progress and has come on in leaps and bounds. The stability and security of the placement has been good for William and he is profiting from the high level of behavioural and emotional skills available to him within his foster family.. This has also had a knock on effect on William's contact with his parents and siblings and Ms Von Armin informed that she has noticed a major reduction in William's anxiety and he is now much more confident. William still has outbursts but these are much more reduced.

Ms Kidd, Resource Worker observed that William is continuing to make lots of progress which has had a knock on effect on contact and school being much better.

Ms Von Arnim, Social Worker reported that she has made a start on lifestory work with William.

EDUCATION

William attends Auchterhouse Primary School. Ms Von Armin, Social Worker informed that the Head Teacher reported that William is great and school staff love him to bits. William is working hard in school. He still requires additional help in the classroom but he is responding to this.

Mrs [redacted], Carer reported that William is coming on well at school and she has seen a big improvement in his reading/writing etc.

A school report was received and this is attached to the Minute.

3 **Record of Discussion of the Review - Cont**

HEALTH

William's general health is excellent. He has been receiving orthodontic investigation re his adult teeth and is due to see the dentist again on 31 January, 2002.

Mrs [redacted] Carer reported that William was off school recently with a viral throat infection but he has made a good recovery.

Ms Von Arnim, Social Worker reported that re previous concern that William might have a mild form of Tourettes Syndrome another meeting is to be held with Child and Family Psychiatry shortly.

CONTACT

Review Officer noted that contact is still determined by the Children's Panel. A Hearing has been arranged for [redacted] February, 2002 which is the annual review.

William continues to see his parents on a monthly basis and Mrs Petrie, Social Work Assistant reported that this contact is going very well. There has been a change of venue for William's contact with his father which now takes place at the Ice Rink and this is working very well. It was felt the quality of contact is a lot better.

Mrs Petrie reported that William has starting to go bowling during his contact with his mother. Contact on occasion takes place in Perth but Mrs Petrie informed that Ms Robertson is able and willing to attend contact in Dundee. William saw his sister [redacted] between Christmas and the New Year. He has not seen his brother [redacted] since November but this contact is to be arranged within the next few weeks.

William said in his report that he wanted contact to stay the same.

FUTURE PLANS

William to remain with Mr and Mrs [redacted] and their family for the foreseeable future.

4 **Review Chairperson's Checklist**

Have all the following been discussed at the Review? If the answer is no to any item, either discuss before moving on to the making recommendations/decisions, or confirm that it is not necessary/applicable at this Review.

		Yes	No	N/A
1	Recommendations/decisions of last Review and actions taken	✔		
2	Legal Developments and any need for further legal change	✔		
3	Need for/actions to be taken as a result of completion of an Assessment & Action Record	✔		
4	Changes/progress in placement	✔		
5	Use of sanctions	✔		
6	Child/young person's safety	✔		
7	Stability of placement	✔		
8	Health/disability	✔		
9	Learning/education/employment	✔		
10	Identity	✔		
11	Contact/family and social relationships	✔		
12	Social presentation	✔		
13	Emotional and behavioural development	✔		
14	Self-care skills	✔		
15	Relationship of child/young person and family with social worker	✔		
16	Whether the period of looking after should end and, if so, the actions needed to achieve this			✔
17	If applicable, leaving care and after care arrangements			✔
18	If applicable, pursuit of a claim for criminal injuries compensation			✔

5 **Recommendations/Decisions made at the Review:**

Recommendations/Decisions and Action to be taken	By Whom	By When
1 *William to remain in placement with his present carers.*	*Mr & Mrs* [redacted]	*Until Review*
2 *William continue to attend Auchterhouse Primary School*	*William*	*Until Review*
3 *William continue to have dental treatment as appropriate.*	*William/Mr & Mrs* [redacted]	*On appointment*
4 *Further meeting to be held with Child & Family Psychiatry.*	*All relevant parties*	*On appointment*
5 *Lifestory to continue at William's pace.*	*Ms Von Arnim*	*Ongoing*
6 *Contact to continue at the same level which will be the recommendation to the Children's Panel.*	*Ms Von Arnim/ All parties*	*As current agreement until Review*

Did anyone present at the Review not agree with any decision(s) or recommendation(s)?

Yes ☐ No ☑

If yes, please outline who and what and any action to be taken to resolve the disagreement(s)

6 **Attendance at the Review**

Please list all those who attended the Review and whether they should receive all/part of the record.

Name and Role/Relationship	Parts of the Record to be provided eg all reports, some reports (specify), minute, decision/recommendation only
Mr W Chalmers, Review Officer	
Mrs E Whyte, Minute Taker	
Ms I Von Arnim, Social Worker	*Full Minute*
Mrs M Petrie, Social Work Assist	*Full Minute*
Ms B Kidd, Resource Worker	*Full Minute*
[redacted]	*Full Minute*
Mr D Tarbett, Father	*Full Minute*
William Tarbett, Young Person	*Full Minute*

List anyone invited who was unable/did not attend and whether they should receive all/part of the record

Name and Role/Relationship	Parts of the Record to be provided eg all reports, some reports (specify), minute, decision/recommendation only
Ms G Aboim, Senior Social Worker	*Full Minute*

List anyone else who should receive all/part of the record.

Name and Role/Relationship	Parts of the Record to be provided eg all reports, some reports (specify), minute, decision/recommendation only
Ms M Dymock, Manager	*Full Minute*
Ms L Cameron, Manager	*Full Minute*

7 Date and time of next Review Day 18 Month 06 Year 2002

at 4 pm

Venue of next Review *Kirkton Office*

Part 6 above is an accurate and complete record of the Review meeting.

Signed _____ Name *WILLIAM CHALMERS*

Chairperson of the Review Meeting (BLOCK CAPITALS)

Date 06/02/02

30.01.02
REF WC/EW
MINUTETAKERS/LACMTGS/REVIEWS-TARBHETT-W

Dundee City Council
Social Work

Unique Reference Number | 9 | 1 | 0 | 1 | 8 | 4 | 4 | 4 | | |

Looking After Children in Scotland:
Good Parenting, Good Outcomes

REVIEW OF THE CARE PLAN

PART 1
Social Worker's Report

When recording the child/young person's forename(s) and family name please state the names recorded on his/her birth certificate. If the child/young person is known by a different name(s) also record this name(s)

1 Forename(s): *William*

Family Name: *Tarbett*

Known as:

2 Date of Birth: Day | 0 | 9 | Month | 0 | 7 | Year | 1 | 9 | 9 | 1 |

3 Date when child/young person started to be looked after away from home
Day | 2 | 2 | Month | 0 | 9 | Year | 1 | 9 | 9 | 4 |

4 Date of last Review meeting (if appropriate)
Day | 2 | 8 | Month | 0 | 8 | Year | 2 | 0 | 0 | 1 |

5 Date of this Review meeting
Day | 2 | 9 | Month | 0 | 1 | Year | 2 | 0 | 0 | 2 |

6 Reason for Review

	Tick
Child/young person looked after for 6 weeks	
Child/young person looked after for 4½ months	
Six monthly review	✓
Other (Please specify)	

Placement type: Please use the following categories: with friends/ relatives; with foster carers; with prospective adopters; other community (specify); local authority home; voluntary home; residential school; secure accommodation; other residential (specify).

7 Current placement type: *Permanent (mainstay)*

Name of carer(s)/ keyworker: [redacted]

Relationship to child/young person (if any): *Foster carers*

Address (including postcode): [redacted]

8 Please state whom you have consulted before the Review, who has been invited to the Review, and who has been invited to submit a report:

	CONSULTED *(Please tick if applicable)*	INVITED *(Please tick if applicable)*	REPORT REQUESTED *(Please tick if applicable)*
Child/young person	✓	✓	✓
His/her mother	✓	✓	✓
His/her father		✓	✓
His/her carer(s)/residential keyworker	✓	✓	✓
Health professionals (please specify)			
Other interested persons (please specify)			
Headteacher/class teacher	✓	✓	✓
Dr Esparon, Child & Fam Psychiatry	✓		

9 How often has the social worker visited the child/young person since the last Review or, if first Review, since the child started to be looked after away from home?

4 Times

Is this is as frequent as agreed in the Day to Day Placement Arrangements

Yes ☐ No ✓

If NO, please explain

William is increasingly settled. Visits approx 1 x monthly max is more appropriate than a higher frequency. Social Worker on sick leave November 2001.

Does this frequency meet statutory requirements?

Yes ✓ No ☐

If NO, please explain

10 How often has the social worker visited the following? (If parent(s) deceased or whereabouts unknown, please state).

Mother | *1 meeting* | Father | *no meetings*

Other relatives, including siblings, or friends. (Please state whom).

11 Was a full assessment of the child/young person's needs completed either before being looked after away from home, or since?

Yes [✓] No [ ]

12 Has an Assessment and Action Record been completed since the last Review?

Yes [ ] No [✓] If yes, attach a copy of the summary sheet from the Assessment and Action Record in Part 5 of this Review folder

Not yet applicable [ ]

13 What is the child/young person's legal status?

Section 70 (away from home)

Has this changed, or have there been any other legal developments eg referral to the Reporter, since starting to be looked after away from home/last Review?

Yes [ ] No [✓]

If yes, please give brief details.

Mr Tarbett's Section 11 Specific conditions application, due to be heard September 2001 has been held over to March 25/26 2002.

14 Is the child/young person's name on the Child Protection Register?

Yes [ ] No [✓]

If yes, and the Reviews are not being held simultaneously, attach the decisions/recommendations of the most recent child protection review in Part 5 of this Review folder.

Has there been a change in child protection status since the child/young person started to be looked after away from home/last Review

Yes [ ] No [✓]

If yes, please explain

15 Please list the recommendations/decisions of the last Review and indicate if each is fully met/ partly met/not met. Where 'not met' or only 'partly met', please explain. If this is the first Review, add here a copy of Questions 16 and 17 from the Care Plan.

Recommendations/Decisions and Action to be taken	By Whom?	By When?	Fully Met/Partly Met/ Not Met. Please explain
William to continue in placement with Mr and Mrs [redacted]	*Mr & Mrs* [redacted]	*Until review*	*Fully met*
William to continue to attend Auchterhouse PS	*William*	*Until review*	*Fully met*
Lifestory work to commence	*Ingrid von Arnim*	*Sep 01*	*commenced/ongoing*
William to have contact with his mother on agreed basis	*Linda Robertson* *William*	*once monthly*	*Fully met*
Contact to be arranged with siblings as appropriate	*William & siblings carers*	*As appropriate*	*Sibling contact has taken place arranged in part between carers, but also arranged and supervised by SWA*
William to have dental appointment Dental appt 31/3/02	*William/Carers*		*Fully met and ongoing*
Further assessment by C&F Pysch	*Mr & Mrs* [redacted]	*Sep 2001*	*Fully met. Further meeting with C&F Psych Jan 2002*
William's contact with father to continue on agreed basis	*William / Mr Tarbett*	*once monthly*	*Fully met*
William continue to be encouraged in his sporting activities	*All parties*	*Ongoing*	*Fully met*

ADD ADDITIONAL PAGES IF REQUIRED

16 **Please describe what has happened in the child/young person's placement since the last Review**. (If this is the first Review, describe what has happened since the child/young person started to be looked after away from home). Make sure you describe positive developments as well as any problems. Always record something under each heading.

i Has there been a change of placement? If yes, describe the circumstances and the effects on the child/young person.

No change of placement

ii Have there been any significant changes within the current placement which have affected the child/young person eg someone arriving or leaving?

No

iii What are the child/young person's relationships like with adults and other children/young people in the placement?

William has developed an affectionate and trusting relationship with Mr and Mrs [redacted] and is able to express his feelings to them. He is developing solid relationships with Mr and Mrs [redacted] children. He is very much 'part of the family'.

ADD ADDITIONAL PAGES IF REQUIRED

iv Does the child/young person understand and accept the rules and guidance provided by staff/ carers? Has s/he been subject to any sanctions? If so, what, how often and with what result?

William has had to learn to cope with the more liberal and flexible rules operating in the [redacted] household, which has given him greater responsibility to deal with. He seems to be learning, by trial and error, and generally his behaviour is not regarded as a problem by Mr and Mrs [redacted] He has been subject to sanctions when required eg hitting Robert, having a tantrum or huff.

At times William's poor attention span can result in behaviour which is frustrating for his carers and requires great patience and clear direction.

William is aware that some of his behaviours were unacceptable within the household, particularly physical violence. He has been proud to indicate to me that he has been trying hard, and successfully, to reduce such behaviours since the last review.

v How does the child/young person spend his/her leisure time? Are there activities s/he would like to be able to do which s/he is not doing?

William has developed significant and sustained leisure/sporting activities since the last review. In particular he has taken up ice skating and ice hockey at Dundee Ice Arena on a regular basis. William also plays football with the Auchterhouse school tea, and he still enjoys swimming from time to time.

Mr and Mrs [redacted] work hard to ensure that all the children are able to meet their friends to play in the village nearby. William has established a excellent circle of friends locally and attends sleepovers and birthday parties regularly. William also spends much of his free time playing in the extensive gardens at home, watching videos and playing with the other children in the household etc.

vi Are there any concerns about the child/young person's safety either because of his/her own or other people's actions? If yes, describe what will be done to protect him/herself.

No

ADD ADDITIONAL PAGES IF REQUIRED

vii Does the child/young person feel safe in the placement? If not, describe why and outline what is being done to help him/her feel safer.

William feels very safe in placement.

viii Is the placement appropriate for the child/young person? Is the placement stable, fragile or approaching breakdown? Is a move needed for other reasons eg a time limited placement? If the placement might need to end, what alternative(s) has/have been considered and what needs to be done to achieve it?

This placement is entirely appropiate to Williams short and longer term needs and is currently very stable. Care will need to be taken to ensure that any additional placements do not jeopardise his sense of security and belonging within the family and do not result in a diminution of family activities and stimulation.

17 **Please describe the child/young person's development since the last Review.** (If this is the first Review, describe what has happened since the child/young person started to be looked after away from home). Make sure you describe positive developments as well as any problems. Always record something under each heading. Attach copies of any relevant reports at Section 5 of the Review folder.

i How is the child/young person's health? Has the child/young person had or refused any assessments or treatment? If the child/young person is disabled, are there any specific needs or issues arising for him/her or his carer(s)?

William's general physical health is excellent.

A recent dental appointment showed that William's secondary teeth are either not coming through or are coming through incorrectly. He is currently undergoing orthodontic investigation to correct the problem.

Re previous concern that William might have a mild form of Tourettes syndrom, it has been confirmed by Dr Dewar, and subsequently by Dr Esparon, Senior Registrar, Child and Family Psychiatry, that such a diagnosis if very unlikely. However, it is thought that some of William's repetitive physical behaviours might be due to some form of anxiety. A further meeting is to be held between Dr Esparon, the carers and social worker on January 23rd 2002 to discuss strategies for helping William cope with anxiety-produced behaviours.

ADD ADDITIONAL PAGES IF REQUIRED

ii How is the child/young person progressing in pre-school provision/school/training/college/ work? Are there barriers to him/her achieving his/her potential? If so, describe them. Does the child/young person have an education plan? If so, what date was it or will it be reviewed?

William is in a small, composite class at Auchterhouse Primary school, where he is in P6. He has integrated well and gets on exceptionally well with his classmates. Both he, [redacted] are well integrated into the social life of the school and village.

Auchterhouse PS has taken a proactive and pragmatic approach to William's slow educational development and has produced an IEP for 2001-02 to focus on his mathematical and language/conceptual development. William's Head Teacher has taken Learning Support advice and has incorporated this into her teaching of William, so that he continues to receive a significant level of one-to-one attention. There has been a significant improvement in educational attainment in all basic areas, ie reading, writing and arithmetic during the last year. While William can be easily distracted at times he is highly motivated and working well at his own level. He is working within 'Level B" in all areas of the curriculum.

The school has concentrated on builing up his confidence and William is highly responsive to appreciation of his efforts.

iii What sense does the child/young person have of his/her identify eg concerning gender, disability, sexuality, religion, culture, ethnicity, language, self worth, knowledge and understanding of own and family circumstances? What is being done to support the child/young person to achieve a positive sense of identity?

Social Worker has commenced lifestory work with William, which is supported both by William's carers and his mother. William has a good sense of his birth family identity and that his home is in the Dundee area. He has expressed a great deal of curiosity about his birth family and family history, and has been enthusiastic about lifestory work, which is ongoing.

William has regular contact with both his birth parents and immediate sibliungs, which is viewed positively by Mr and Mrs [redacted]. William has stated that he wishes to maintain birth family contact at the current level. At the same time William seems fully integrated into his foster family and at present he manages remarkably well to combine his sense of belonging to both families.

Williams self-confidence has continued to develop, and has been helped by his recent participation in skating/ice hockey, football teams etc.

iv With whom is contact taking place? Is it taking place as often as planned? What effect is it having on the child/young person? What contribution do the parent(s) or people with parental responsibilities make to the child/young person's day to day care?

Contact continues to be planned on a monthly basis with each parent individually, and contact with both parents is generally good, though superficial. Mr Tarbett's increased reliability in attending contact and the improved quality noted at the last review has been maintained. Ms Robertson's contacts have been reliable, and William has had the opportunity to meet his young brothers, [redacted] and [redacted] on occasion, as well as his mother's brother, [redacted] on one contact.

William continues to have contact with [redacted] during the school holidays, although contact with [redacted] during the Christmas holiday was not possible and this has to be arranged in the near future. William has a stronger relationship with [redacted] than he does with [redacted]

William has consistently stated that he is happy with the level of contact he is having with his parents and siblings and does not want to change the arrangements.

ADD ADDITIONAL PAGES IF REQUIRED

v How does the child/young person relate with members of his/her family? Have there been any changes in these relationships or of family membership? How have these affected the child/young person?

See above.

William enjoys meeting with his mother and his baby half-brothers [redacted]. He is ambivalent about his relationship with his father, which is fairly superficial, but the anxiety and anger which used to precede contact with his father because of his unreliability, has reduced. William continues to have a strong relationship with [redacted] less so with [redacted]

vi How does the child/young person present himself in social situations? What impression does s/he make on other people?

William is becoming increasingly socially adept in different social situations and generally behaves appropriately. He is popular with his peers and well-liked by his carers, workers and teachers.

vii Describe the child/young person's behaviour. How is s/he developing emotionally? Have there been any changes? If so, give details and possible reasons why you think they happened.

William's behaviour is generally appropriate and he presents no particular problems in this regard, either at home or at school. William's carers note that he can be moody at times at home, but this does not present a major problem in the family or elsewhere. Social Worker notes that William is beginning to develop a mature sense of humour!

William is developing significant attachments within his foster family and is also developing the ability to self-reflect on his actions and its impact and consequences for others. He is profiting from the high level of behavioural and emotional skills available to him within his foster family.

William copes admirably with having 'two families'. He will be helped to maintain all his relationships positively in the future by an openness and acceptance of the arrangements by all involved with his care.

ADD ADDITIONAL PAGES IF REQUIRED

viii What self care skills does the child/young person have? Are there any barriers to the child/young person achieving appropriate self care skills? If so, describe them.

William is fully self-caring, although like all boys of his age, he requires constant reminders. William is becoming quite fashion conscious and his personal presentation is excellent.

18 Please describe the child/young person's, and his/her family's, relationship with you since the last Review. (If this is the first Review, describe what has happened since the child/young person started to be looked after away from home). If there has been a change of social worker, what effect has this had on the child/young person and his/her family? Make sure you record positive developments as well as any problems.

William and I have met on a regular basis to discuss his progress in placement, his carer and family relationships and to work on issues around eg emotional development, life story etc. Welliam generally has a comfortable and open relationship with myself and Maureen Petrie, who supervises family contact.

I have met with Ms Robertson on one occasion to discuss with her issues relating to William's placement and to update her. Other than by letter I have had no contact Mr Tarbett since the last Review. However, there has been regular contact with the Department through Mrs Petrie.

19 Are there any other significant developments for the child/young person not outlined in Questions 16-18 above?

No

20 I have checked this report for accuracy and completeness. [If applicable] The following questions have not been fully completed because:

Signed Name *INGRID VON ARNIM*
(BLOCK CAPITALS)

Date *16th January 2002* Designation *SOCIAL WORKER*

Dundee City Council Social Work

Unique Reference Number

Looking After Children in Scotland:
Good Parenting, Good Outcomes

REVIEW OF THE CARE PLAN

PART 2
Carers'/Key Worker's Report

Name of the child/young person: WILLIAM TARBETT

Current Placement Address: [redacted]

Date of Review: Day 29 Month 01 Year 2002

1 **Please describe what has happened in the child/young person's placement since the last Review.** (If this is the first Review, describe what has happened since the child or young person started to be looked after away from home). Make sure you describe positive developments as well as any problems. Always record something under each heading.

i Has there been a change of placement? If yes, describe the circumstances and the effects on the child/young person.

NO CHANGE OF PLACEMENT.

ii Have there been any significant changes within the current placement which have affected the child/young person eg someone arriving or leaving?

NO SIGNIFICANT CHANGES.

ADD ADDITIONAL PAGES IF REQUIRED

This form contains confidential information which should only be shared in accordance with the Data Protection Act 1998

iii What are the child/young person's relationships like with adults and other children/young people in the placement?

WILLIAM CONTINUES TO HAVE GENERALLY GOOD RELATIONSHIPS WITH EVERYONE.

iv Does the child/young person understand and accept the rules and guidance provided by staff/carers? Has s/he been subject to any sanctions? If so, what, how often and with what result?

WILLIAM GENERALLY ACCEPTS RULES & GUIDANCE. SANCTIONS ARE ISSUED FOR THINGS LIKE CHEEK & NOT DOING AS ASKED. NO MORE FREQUENTLY THAN ANY OTHER BOY HIS AGE. THESE ARE USUALLY "GROUNDINGS" OR WITHDRAWAL OF PRIVILEDGES. WILLIAM IS VERY HUFFY & BAD TEMPERED AT THESE TIMES.

v How does the child/young person spend his/her leisure time? Are there activities s/he would like to be able to do which s/he is not doing?

WILLIAM ENJOYS GOING ICE SKATING, PLAYING ICE HOCKEY (TRAINING) AND FOOTBALL (TRAINING). HE IS AN 'OUTDOORS' PERSON. HE WOULD LIKE TO DO MORE SKATEBOARDING AT THE SKATEPARK, BUT CAN ONLY DO THIS WHEN TIME AND DOMESTIC COMMITMENTS ALLOW.

vi Are there any concerns about the child/young person's safety, either because of his/her own or other people's actions. If yes, describe what will be done to protect him or her.

GETTING BETTER AT BEING SENSIBLE OUTSIDE. HOWEVER, WHEN ASKED/TOLD TO DO SOMETHING FOR HIS SAFETY (EG. DON'T STAND NEXT TO LOCKER WHEN TEA IS BEING MADE) WILLIAM THINKS YOU ARE SAYING THIS FOR NO OTHER REASON THAN TO STOP HIM FROM DOING WHAT HE WANTS. STILL HAS PROBLEMS CONCEPTUALISING DANGER.

ADD ADDITIONAL PAGES IF REQUIRED

vii Does the child/young person feel safe in the placement? If not, describe why and outline what is being done to help him or her feel safer.

YES, WILLIAM FEELS SAFE'

viii Is the placement appropriate for the child/young person? Is the placement stable, fragile or approaching breakdown? Is a move needed for other reasons eg a time limited placement? If the placement might need to end, what alternative(s) has/have been considered and what needs to be done to achieve it?

PLACEMENT IS STABLE AND APPROPRIATE FOR WILLIAM.

2 **Please describe the child/young person's development since the last Review.** (If this is the first Review, describe what has happened since the child/young person started to be looked after away from home). Make sure you describe positive developments as well as any problems. Always record something under each heading.

i How is the child/young person's health? Has the child/young person had or refused any health assessments or treatment? If the child/young person is disabled, are there any specific needs or issues arising for him/her or you as carer(s)?

WILLIAM CONTINUES TO REMAIN PHYSICALLY HEALTHY, HAS NOT NEEDED TO ATTEND GP. RECEIVING ORTHODONTIC INVESTIGATION RE ADULT TEETH. CARERS & S.W. STAFF LIAISING WITH DR ESPERON RE ANY POTENTIAL EMOTIONAL PROBLEMS.

ADD ADDITIONAL PAGES IF REQUIRED

ii How is the child/young person progressing in pre-school provision/school/training/college/work? Are there barriers to him/her achieving his/her potential? If so, describe them. Does the child/young person have an education plan? If so, has it been reviewed or does it need to be reviewed?

WILLIAM COMING ON WELL AT SCHOOL HAVE SEEN A BIG IMPROVEMENT IN HIS READING/WRITING ETC.

iii What sense does the child/young person have of his/her identity eg concerning gender, disabili sexuality, religion, culture, ethnicity, language, self worth, knowledge and understanding of ow family circumstances? What is being done to support the child/young person to achieve a positive sense of identity?

WILLIAM VERY MUCH IDENTIFIES HIMSELF AS A 'TARGET' BUT STILL FANTASISES ABOUT WHAT THIS ACTUALLY IS. HE REQUIRES AND IS GETTING, LIFE STORY SUPPORT TO LOOK AT SOME OF THESE ISSUES.

iv With whom is contact taking place? Is it taking place as often as planned? What effect is it having on the child/young person? What contribution do the parent(s) or people with parental responsibilities make to the child/young person's day to day care?

DAD 1 x 4 WKS.

MUM 1 x 4 WKS.

[redacted] - AS AND WITCH (BETWEEN CARERS)

[redacted] - 3-4 x PER YR.

ADD ADDITIONAL PAGES IF REQUIRED

v How does the child/young person relate with members of his/her family? Have there been any changes in these relationships or of family membership? How have these affected the child/young person?

ENJOYS SEEING OTHER FAMILY MEMBERS DURING CONTACT TIME BUT DOES NOT ASK FOR OR SPEAK ABOUT MUCH IN BETWEEN.

vi How does the child/young person present him/herself in social situations? What impression does s/he make on other people?

WILLIAM MAKES A VERY FAVOURABLE IMPRESSION UPON INITIAL SOCIAL CONTACT. SOME PARENTS OF FRIENDS HAVE EXPRESSED CONCERN ABOUT HIS INAPPROPRIATE 'NOSINESS' AND ONE HAS TALKED TO ME ABOUT A "PERSONALITY CHANGE" THEY WITNESSED AND WERE CONCERNED ABOUT. WILLIAM SEEMS TO BE POPULAR,

vii Describe the child/young person's behaviour. How is s/he developing emotionally? Have there been changes? If so, give details and possible reasons why you think this happened.

WILLIAM IS STILL VERY IMMATURE AND SELF-CENTERED. HE FINDS IT HARD TO UNDERSTAND WHY HE IS NOT AT THE CENTRE OF EVERYTHING. HE IS GENERALLY WELL BEHAVED BUT VERY RESTLESS, MOODY AND IRRITABLE WHEN NOT GIVEN SOMETHING TO DO. CANNOT AMUSE HIMSELF. HE CONTINUES TO BE OCCASIONALLY AGGRESSIVE BUT THIS IS GETTING BETTER.

ADD ADDITIONAL PAGES IF REQUIRED

viii What self care skills does the child/young person have? Are there any barriers to the child/young person achieving appropriate self care skills? If so, describe them.

WILLIAM HAS EXCELLENT PERSONAL CARE SKILLS AND RUBBISH BEDROOM CARE SKILLS!

3 **Please describe the child/young person's and his/her family's relationship with the social worker since the last Review?** (If this is the first Review, describe what happened since the child/young person started to be looked after away from home). If there has been a change of social worker, what effect has this had on the child/young person, his/her family and you as carer(s)? Make sure you record positive developments as well as any problems.

WILLIAM AND FAMILY CONTINUE TO HAVE GOOD RELATIONSHIPS WITH STAFF (S.W.).

4 I have checked this report for accuracy and completeness. [If applicable] The following questions have not been fully completed because:

Signed [redacted] Name [redacted]

(BLOCK CAPITALS)

Date 16/1/02 Designation CARER.

Updated 20/5/02

Statement by Ingrid von Arnim, Social Worker, in connection with D H Tarbett vs Linda Archer and Dundee City Council.

My name is Ingrid von Arnim. I am 45 years old. I am a qualified Social Worker.

I have an MA (Hons) in Mental Philosophy, and an MSc in Applied Social Studies. I also have a Certificate of Qualification in Social Work.

I have been working in the social work field since 1984. I qualified in 1988. Prior to qualification, I worked as a residential worker with children and young people. After qualification I worked for a Children and Families team in Berkshire doing child protection work and other statutory work for two years. I then worked for 4 ½ years in a hospice for people with HIV and AIDS, the majority of the younger adults having a history of drug and alcohol abuse, but gradually the focus of my work became working with the children of these adults. I then worked with Barnardo's Riverside Project, Dundee, for three years, working with the children of people with HIV and AIDS. During this time I was a member of the Dundee City Council Fostering and Adoption Panel. I joined Dundee City Council in 1998 and since then have worked as a social worker in their Permanence Team. My job is to prepare the case work for placing children permanently when a recommendation has been made that a child requires a permanent placement away from his or her original family, to find the permanent placement required, and to work with the children, their birth families where possible, and the new family to prepare them for the placement.

I became the social worker for William Tarbett in September 1998, following the departure of his previous social worker, Philip McGill. At that time William was placed with Mr and Mrs [redacted] temporary foster carers, and had been there since March 1997. His brother [redacted] had previously been in the same placement, but the brothers had been separated following assessment, as contact with [redacted] seemed to encourage William into forms [redacted] behaviour. The two of them together also seemed to spur each other on to other forms of behaviour which were difficult to manage. Separate placements enabled their needs to be addressed individually. The plan for William, approved in 1996, was placement in some form of permanent substitute placement, as he could not return to his parents. At the time the plan was formulated, it was not clear whether this should be through adoption or long-term fostering. In the course of the assessments carried out by Philip McGill and *Children 1st* it became clear that William had a relationship with his siblings and his

parents strong enough to justify long-term fostering as the most appropriate means of securing William's future.

Unfortunately, it took three years to achieve a permanent placement for William. This created insecurity for him for a significant period of time. Mr and Mrs [redacted] were identified as permanent carers for William in late 1999/early 2000. After introductions and discussions with William's mother, together with the relevant Departmental approvals, William was placed with Mr and Mrs [redacted] on 22nd March 2001. I attempted to involve Mr Tarbett in the placement process, but he did not respond to any of my letters or telephone calls.

William has been in placement with Mr and Mrs [redacted] to date and has moved with them from Dundee to Auchterhouse. William had made some progress at Mr and Mrs [redacted] but there was a marked improvement after he moved to live with Mr and Mrs [redacted]. It is clear that being settled and secure, and knowing that there need be no more moves, has enabled William to progress and begin to deal with some of the difficulties he experienced in the past. He has made significant progress in his social and emotional development. He is now able to empathise with other people and give and take affection appropriately. There has been a reduction in disturbed behaviour and William is now able to function very well in family settings. He has occasional tantrums and has been known to hit his carers' children, but these incidents have significantly reduced in frequency and are well within manageable boundaries. At school he is perceived as being conscientious and socially integrated and he has made enormous strides academically, although he remains delayed in his achievements.

Nevertheless, William remains a child of multiple needs which are being addressed by the Education Department, Social Work Department and the Health authorities. He has motor visual co-ordination difficulties and has been diagnosed as having dyspraxia. Although the impact of this is lessening as it is addressed, and William develops in confidence, the dyspraxia has caused him considerable difficulty, particularly at school. He has to try harder than everybody else in many daily tasks and sometimes finds the concentration necessary exhausting for him. This impedes his educational development and William continues to require educational support. Dr Jan Esparon of Child and Family Psychiatry has provided consultation to William's carers and workers to assist in the process of improving his social and emotional functioning.

William is subject to a Supervision Requirement imposed by the Children's Hearing. In the past Mr Tarbett has challenged many of the Hearing's decisions. In 1997 and in 1998 various aspects of the children's relationship with their parents were the subject of independent assessments commissioned by the Council from *Children 1st*. The assessment concluded that rehabilitation of any of the children to either of their parents was not possible because of their parents' lifestyle and because of the children's needs. With regard to birth family contact, *Children 1st* recommended that each child should see each parent once every four weeks and should have separate contact with his/her siblings, and that all contact should be supervised. (16)

These recommendations were accepted and put into practice once Mr Tarbett's objections were overcome. Contact is planned in six-month blocks. A detailed timetable is sent to each parent. For a number of years Mr Tarbett seemed unable to place dates in his diary or remember them and was very erratic in maintaining his attendance at contact. Out of every six contacts, he would attend maybe three or four, and would not inform us beforehand if he was unable to attend. I therefore sent Mr Tarbett a reminder letter every month and copied this to his solicitor at Mr Tarbett's request until 5th April 2001, when the solicitor requested these copies should no longer be sent. Meeting with his father was problematic for William. He would become very anxious when he knew that contact was due and there was a deterioration in his behaviour and increasing difficulties reported at school. This contrasted markedly with Ms Robertson who was reliable in her attendance for contact with William. (16) (17) (18)

Over the last year Mr Tarbett has settled into the routine of monthly contact with William; he is now fairly reliable in his attendance and the quality of the relationship between Mr Tarbett and William has improved, although it remains superficial and continues to require Departmental supervision, as Mr Tarbett finds it very difficult to engage in conversation or activity with William and on occasion brings inappropriate people with him to the sessions. William no longer displays evidence of anxiety before and after these sessions but remains anxious that the sessions should remain supervised. William seems to be aware of Mr Tarbetts unpredictable and sometimes inappropriate behaviour, which remains a source of anxiety to him, even though such behaviour is now minimal; when William was still living in Dundee, Mr Tarbett occasionally attempted to meet William either in the local corner shop or at school. These occasions caused William anxiety and he informed his carers and myself. The improvement in contact between Mr Tarbett and William is also due in part to the consistency over (19)+ (20)

many years of the supervisor, Social Work Assistant Maureen Petrie, who is trusted and liked by William's parents and William himself.

Mr Tarbett is invited to all Social Work Looked After Child Reviews for William, which take place every six months. Mr Tarbett has attended only two Reviews of William's circumstances (29th August 2001, 29th January 2002) since September 1998. William's circumstances are also reviewed annually by the Children's Hearing. Mr Tarbett is invited to these Hearings but has not attended the last three Annual Reviews.

As William has settled into living with Mr and Mrs [redacted] he has consistently stated to myself, and on his Looked After Child Review forms, that he wishes to maintain the status quo in terms of his living arrangements and level of birth family contact, particularly with his parents. . As William grows older he is becoming increasingly articulate and reasonable about his needs and wishes, and also more trusting of the carers and workers around him, so I have every confidence that he is conveying a true picture of his needs and wishes. William's first concern is to maintain his relationship with the [redacted] He loves his placement there, though as you would expect, this may change as he gets older. During his two years in placement he has become fully integrated into the family, which also includes three other boys aged 10 to 14, and community and farming life in the Auchterhouse area. 22

Mr and Mrs [redacted] have actively supported William's links with his birth family. They encourage him educationally and work closely with myself and other agencies to ensure that William gets the support he needs. At present William is working on his lifestory book with myself. This has been a difficult and at times traumatic experience for him, but one from which he is clearly benefitting. Mrs [redacted] says that she is aware of the healing that the work is helping William with. William himself has a strong identity as a Tarbett and, as a result of the work being undertaken, is now beginning to ask his parents about his family history. Both Mr Tarbett and Ms Robertson were informed that this work would take place and Ms Robertson has made some contributions to the process. 23

William has managed to balance his sense of Tarbett identity and his desire to remain living with his foster family with a fairly impressive maturity.

I have had very little personal contact with Mr Tarbett although in the past I received a number of telephone calls which were fairly abusive. Mr Tarbett has not spoken to me other than cursorily at William's LAC Reviews, and I communicate with him by letter. (21)

It is difficult to see how Mr Tarbett's obtaining parental rights and responsibilities could provide William with any additional benefits. The Social Work Department's plans will not change while it remains clear that William's circumstances are helping him to thrive and develop, and I would expect the Children's Hearing to continue to support the Department. Mr Tarbett would gain the right to request Children's Hearings and to appeal their decisions. Potentially, therefore, Mr Tarbett could use these rights to destabilise the situation and cause instability and anxiety for William, although it must be said that, at present, all parties seem to have reached tacit agreement to maintain the status quo, given the obvious benefits for William. There is a marked contrast in this regard with Mr Tarbett's attitude and actions relating to his older children, [redacted] (22)

I remain in favour of contact between Mr Tarbett and William, and indeed, the other members of his immediate birth family, to the extent that William wishes to have such contact and it is not destructive or distressing for him.

Ingrid von Arnim

Social Worker, Dundee City Council

20th May, 2002

STATEMENT BY MARGARET LESLIE, SOCIAL WORKER IN CONNECTION WITH TARBETT -v- ARCHER AND OTHERS

My full name is Margaret Leslie. I am 40 years old. I am a qualified social worker employed by Dundee City Council.

I have a BA in Applied Social Studies and a CQSW. I qualified as a social worker in 1983. I have been employed by local authorities since 1983 working with children and families. I have been in my current post since 1994, successively with Tayside Regional Council and Dundee City Council. My work involves trying to find permanent or long-term placements for children who have been looked after by the Council and who have been identified as being unlikely to return to their birth parents. This involves seeking alternative placements, pursuing legal security for children, preparing children to move into a permanent family placement, supporting children in their current placements, working with birth parents to enable them to have a positive involvement in their child's care, and arranging and facilitating contact between children/young people and their families of origin.

I became involved with the Tarbett family in January 1996 when I became [redacted] social worker. Mr Philip McGill was social worker for [redacted] brothers, [redacted] and William. Prior to this, the children's social worker was Mrs Marion Selfridge.

When I first knew [redacted] she was placed in a temporary foster placement with Mr and Mrs [redacted] foster carers. She had been placed there in October 1994 shortly after being removed from her father's care. A departmental review meeting had recommended that a permanent family placement be sought for [redacted] [redacted] could be a demanding child, but, with the routine and structure of her foster placement, her behaviour had settled. [redacted] and William were in a separate foster placement because there was evidence that when together the three children's behaviour was very unruly and difficult to manage. As a result the Social Work Department had experienced difficulties in identifying foster carers able or willing to care for all three children together.

There has been social work involvement with the children dating back to 1989 when [redacted] was one year old. The children have been accommodated by the Council three times. On 26 June 1992, [redacted] and William were received into care for a few hours while their mother, Ms Robertson, was interviewed by the police. They were received into care for the second time on 21 January 1994 during a period of separation between Mr Tarbett and Ms Robertson. Ms Robertson had left the family home and the children were in the care of their father. Mr Tarbett requested that they be received into care stating that he was unable to look after them. [redacted] returned 10 days later and [redacted] and William a week after that.

On 22 September 1994, the Children's Hearing decided to issue a Place of Safety Order. The Social Work Department had requested a review of the children's supervision requirements because of concerns about their behaviour and their care. Mr Tarbett was not complying with two of the conditions of the children's supervision requirements which stated that the children should attend Polepark Family Counselling Centre and that the children should have supervised contact with their mother. The Hearing's reasons for issuing a Place of Safety Order were as follows:-

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

2. Mr Tarbett was point blank in his refusal to adhere to the conditions of the supervision requirement and work with the Social Work Department and support agencies.

3. The two older children were disruptive and violent at school. The headmaster stated that they were both very close to exclusion.

4. The Social Work Department were refused access to the children at home. It was also felt they were probably at risk because of Mr Tarbett's clear inability to exercise control and,

5. Access arrangements with the children's mother was still a problem area and had to be addressed in order to benefit the children.

Mr Tarbett's acrimonious relationship with the children's mother has been a persistent source of difficulty within the children's care. On occasions he has sought to prevent them from having contact with their mother, has made negative and derogatory comments bout their mother in front of the children and has sought to involve the children in his disputes with her. For example, prior to my involvement in the case, there were instances reported of Mr Tarbett taking the children to sit in the car with him while he waited outside the refuge where Ms Robertson was staying with a view to harassing her.

A permanent placement was identified for [redacted] moved to live with [redacted] in December 1996. However, [redacted] placement there broke down as [redacted] had a son with special needs who became very disruptive and aggressive during the time that [redacted] was placed there. Mr and Mrs [redacted] felt that due to the demands of caring for their son, they were not able to give [redacted] the care and attention she needed and asked for the placement to end. [redacted] therefore, moved from the placement in May 1997 to temporary foster carers, Mr and Mrs [redacted] This gave the Social Work Department an opportunity to reconsider her parents' circumstances and to consider what options there were for permanent placement. Children 1st were asked to explore the possibility of [redacted] returning to the care of either of her parents. Children 1st workers had a number of meetings with Mr Tarbett during which he continued to reject any suggestion that there needed to be changes in his approach to parenting the children. Mr Tarbett gave no indication that he understood why the children were originally taken into care. He presented a limited ability to understand the children's needs and to accept that these needs might be different from his own. Children 1st were unable to engage with Ms Robertson who did not keep the appointments offered to her. Children 1st as a result could not recommend that [redacted] return to the care of either parent.

At an earlier stage in the children's care, Children 1st had been asked to make recommendations with regard to contact. At that time each parent had had contact with all three children together. This was very chaotic, with each child presenting different demands and appearing to have very little positive time with either parent. Children 1st recommended that contact between the children should be separate from parental contact and that each child should see each parent separately every month. Contact was arranged between all three children fortnightly. Mr Tarbett was not in agreement with this. He did not feel that there was a difficulty with his contact and wanted to continue to see all three children together.

[redacted] placement with Mr and Mrs [redacted] broke down. Mr and Mrs [redacted] expressed difficulties in managing [redacted] behaviour and felt she presented a very negative attitude to the placement. In September 1997 [redacted] had to move and a placement was found with Mr and Mrs [redacted] Mr and Mrs [redacted] were temporary foster carers who continued caring for [redacted] until it was felt that she was ready to move on to a permanent placement. In view of the outcome of the Children 1st assessment, it was decided not to pursue return to parental care and a potential long term foster placement with Mr and Mrs [redacted] Linda's current foster carers, was identified.

[redacted] moved to foster carers, Mr and Mrs [redacted] on 2 July 1998 and has been there ever since. Mr and Mrs [redacted] are now pursuing adoption for [redacted]

[redacted] has progressed extremely well in placement with Mr and Mrs [redacted] Her behaviour can be challenging and confrontational at times, but such episodes have reduced and are dealt with appropriately by Mr and Mrs [redacted]. Mr and Mrs [redacted] demonstrate a high level of commitment to [redacted] and provide her with stability, security, a high level of supervision and clear behavioural guidelines. There is a great deal of warmth evident between [redacted] and her carers. [redacted] has progressed well at school. [redacted] primary school noted her behaviour becoming much more settled over time.

Mr and Mrs [redacted] are pursuing adoption at [redacted] initial request. [redacted] raised this subject approximately 18 months ago. This was further explored with [redacted], Mr and Mrs [redacted] and Ms Robertson. [redacted] wishes regarding adoption were raised with Mr Tarbett at a looked after children's review on 12 February 2001. It was felt that it would not have been appropriate to raise the question of adoption at an earlier stage given the tentative nature of discussions and there were concerns that Mr Tarbett might respond angrily to [redacted] during his contact. There was no opportunity to discuss the question of adoption with Mr Tarbett separately before the review meeting as for some time now Mr Tarbett has advised he would not be prepared to meet with social workers and that all communication should be sent to his solicitor.

Mr McGill, Social Worker, left the Social Work Department in October 1998 and I took over as [redacted] Social Worker. At that time [redacted] was at "Thornbrae", a therapeutic residential unit for children and young people in Alnwick in the north of England. He had been placed there because there was no appropriate placement nearer to Dundee which would have been able to manage his behaviour and provide the emotional and therapeutic support which he needed. [redacted] behaviour prior to his placement at Thornbrae had been destructive, aggressive and challenging. He had refused to accept care or supervision from the adults around him and was struggling to manage in school. [redacted] had periodically threatened to harm himself. These threats had prompted the involvement of Child Psychiatry.

[redacted] responded very well to the care and routine at Thornbrae. His aggressive and destructive behaviour reduced. His social skills improved and he was eventually able to attend mainstream school on a full-time basis with no additional support. Eventually, it was felt that [redacted] would be able to be looked after within a family setting. This was something which [redacted] himself requested. [redacted] moved to stay with foster carers, Mr and Mrs [redacted] on 1 November 2000. These are carers who are part of Dundee City Council "ACE" Carers Scheme and who have had previous experience and proven skills in working with children and young people and vulnerable adults. Mr and Mrs [redacted] are at home full-time and provide [redacted] with a high level of support and supervision.

[redacted] is very committed to his placement with Mr and Mrs [redacted] His behaviour has continued to improve. There have been no significant aggressive or destructive incidents within the home. He is attending secondary school on a full-time basis with some periodic behavioural support in and out of class.

[redacted] needs stability and a high level of help and support in developing social and independence skills. He requires lots of encouragement with his education and, outwith school hours, needs to channel his energy into constructive activities, for example, he plays football and attends karate.

I have found it very difficult to have any kind of co-operative arrangement with Mr Tarbett. His attitude has always seemed to be that he should be in charge of the children, that he knows what they need and that the Social Work Department are to blame for the difficulties experienced and exhibited by the children. Mr Tarbett has been generally unwilling to meet with social workers and if he does approach the Social Work Department it is usually to pursue a complaint or express dissatisfaction with some aspect of the children's care. I have found that when I have met with Mr Tarbett or speak to him on the telephone, Mr Tarbett generally wishes to put his point of view across with little consideration of alternative perspectives and does not wish to engage in constructive discussion or reach agreement about his approach toward the children.

As Mr Tarbett is not currently recognised as a relevant person by the Children's Hearing, he has been unable to appeal Children's Hearing decisions or call reviews. He is, however advised of Children's Hearings. His lack of status as a relevant person has enabled the children to have a choice as to whether he attends their Hearing or not. In the past when Mr Tarbett was treated as a relevant person with a right to attend Hearings, [redacted] chose not to come to Children's Hearings as she was concerned about her father's reactions and possible conflict within the Hearing. This year [redacted] attended to the annual review of her Supervision Requirement in April and requested that her father was not present. Mr Tarbett was not permitted to participate in the Hearing at [redacted] request. [redacted] stated clearly that she would not attend if her father was present. Likewise, at her Adoption Advice Hearing on 31 July, [redacted] was seen separately from her father at her request. If Mr Tarbett was accorded the status of a relevant person, the Hearing would be obliged to share [redacted] views with him. This would be likely to inhibit [redacted] in expressing her views freely.

Mr Tarbett advised [redacted] Hearing on 31 July that he was applying for parental responsibilities and rights so that he could pursue the children returning to his care. This suggests it is probable that Mr Tarbett would make use of his right to appeal Hearing decisions and to request that Children's Hearings be convened. This could be extremely unsettling for the children and could undermine their feelings of stability. This could result in the children attending Hearings more frequently. My experience is that during Children's Hearings where Mr Tarbett is present, the experience for the child has not been a positive one.

After [redacted] Children's Hearing in October 2000, which endorsed his move to carers, Mr and Mrs [redacted] Mr Tarbett insisted that [redacted] wished to appeal the Children's Hearing decision in relation to contact with his father and that [redacted] was requesting his own solicitor. This was explored further with [redacted] himself who was given every opportunity to pursue both these actions. The Children's Rights Officer of Dundee City Council visited [redacted] to offer to support [redacted] with these requests. I offered to write a letter of appeal to the Children's Hearing, but [redacted] chose not to pursue this. On hearing about "his" request to have his own solicitor, [redacted] asked for an explanation of this and told me he did not feel it to be necessary.

If Mr Tarbett were given parental rights and responsibilities, the department would be obliged to obtain his consent for certain matters regarding the children, eg in relation to health, school, leisure activities and holidays. This could result in delays given the history of difficulties in communication between the Social Work Department and Mr Tarbett. We have had difficulties at times in negotiating contact dates with Mr Tarbett when he will not return telephone calls, respond to letters or provide sufficient notice when unable to attend. It may be extremely difficult to obtain Mr Tarbett's agreement where that was necessary and which could be very disruptive to the children and their placements, undermining the role and influence of carers.

Mr Tarbett will initiate phone contact if there is a particular issue he is displeased with or feels strongly about. However, there have been examples when Mr Tarbett has not telephoned to advise the Social Work Department that he is unable to attend contact. My practice has been to send letters arranging contact directly to Mr Tarbett and send a copy to Mr Tarbett's solicitor. On 5 April 2001 Mr Tarbett's solicitor requested that all correspondence only be sent directly to Mr Tarbett.

In an urgent situation I would try to telephone Mr Tarbett. For example, in June 2001 I attempted to telephone Mr Tarbett to rearrange a contact with [redacted] which had not taken place because Mr Tarbett had been in hospital . There was no reply on his home telephone number. I left a message on his mobile phone requesting he contact the Department and he did not respond.

There have been occasions when I have written to Mr Tarbett requesting he get in touch but he has not done so.

Contact between [redacted] and her father was reduced to twice yearly at [redacted] request. Mr Tarbett was not in favour of this as he believes that [redacted] misses him and that other people are influencing [redacted] to say she wishes less contact.

Mr Tarbett does not always act responsibly in arranging contact or in honouring these arrangements. For example, when Mr Tarbett was due to have contact with [redacted] on a particular Monday, I discovered by chance at a meeting the day before that Mr Tarbett was going into hospital the next day and therefore could not attend contact. This meant that [redacted] did not know about the cancellation until the day contact was due to take place. I asked Mr Tarbett to advise the Social Work Department of his discharge. He did not do so and I eventually obtained this information by phoning the hospital. I then made attempts by telephone and letter to rearrange contact. [redacted] was due to go abroad on holiday with his foster carers. Mr Tarbett was aware of this holiday but did not respond to my attempts to contact him until the day before [redacted] was due to leave on holiday when [redacted] did not have enough time to see his father. On another occasion in April 2001 [redacted] was waiting in Perth to see her father and only discovered that he would not be attending due to a (planned) hospital admission when she had a chance meeting with her mother.

If Mr Tarbett misses contact without warning, this is unsettling for the children and undermines attempts to provide stability and predictability in their lives.

At the present time, contact is regulated by the Children's Hearing. It could be argued that one of the reasons why the children's placements have worked so well has been a reduction in the number of Children's Hearings at Mr Tarbett's request to reconsider care or contact arrangements. This might change if Mr Tarbett were to be granted parental rights and responsibilities and exercised these to appeal and request Hearings.

The children indicate that they feel let down when their father does not attend for contact and worry as to the reasons why he is not there. Mr Tarbett has [redacted] mobile telephone number and [redacted] carers' telephone number, so could therefore make direct contact if he wished to explain his absence even if he did not want or was unable to contact myself. Whilst [redacted] was in Thornbrae it was difficult to reach agreement with Mr Tarbett over contact arrangements so contact did not take place on a regular basis as planned.

I am aware of one occasion after [redacted] moved to stay with Mr and Mrs [redacted] when [redacted] (with a friend) visited his father's house in Dundee. [redacted] had told his carers that he was spending the afternoon with his friend but instead had travelled by train to Dundee. [redacted] could not explain to me why he had gone to Dundee other than that he had felt a need to see his father and was curious to visit his house. Mr Tarbett did not report this visit to the Social Work Department or to any other authority despite the fact that he knew that the visit contravened [redacted] supervision agreement. I only learned of the visit because of a remark made by Mr Tarbett's counsel to the Council's legal representative in court. As far as I am aware, [redacted] has made no further visits to Mr Tarbett.

Margaret Leslie.
31.1.02.

CURRENT PLACEMENT REPORT

COMMENTS BY SOCIAL WORKER

NAME OF SOCIAL WORKER: Ingrid Von Arnim

NAME OF CARER(S): [redacted]

NAME OF CHILD: William Tarbett

DATE OF PLACEMENT: From: 5.4.00 To: current

NB Wherever possible any comments or opinions expressed should be supported by examples/evidence

1 Is the placement appropriate, taking into account the carer(s) approval range, skills and experience and the needs of the child?

This placement is highly appropriate to William's long-term needs: a) the carers are offering a long-term, stable placement with continuing birth family contact, b)the carers are able to offer a successful model of family and community life which is demonstrably enhancing William's intellectual, emotional and social development and c) both carers have a range of life-experience skills which enable them to provide a proactive foster placement responsive to William's needs and his care plan.

2 Comment on the quality of the relationships within the carers home, ie between carers, their own and other children in the foster home. How does the child fit in?

[redacted] *appear to have a co-operative, negotiating relationship which is very task-focussed. They have established firm parent-child boundaries with their own children, within which the children enjoy an easygoing and trusting relationship with their parents. The children have a strong bond with each other but present as highly individual, strong personalities.* [redacted] *and* [redacted] *respect William's difference, but have nevertheless worked hard to incorporate him into their family ethos. William and the children have a strong but non-dependent relationship. All the children are able openly to acknowledge theat they have problems with each other at times, but that they value their relationships enough to attempt to resolve such problems.*

3 Comment on the quality of physical/practical care given to the child, ie how are the child's physical and day to day practical needs met?

[redacted] *make no distinction between William and their own children in the level and quality of practical/physical care provided. The quality of care is of a very high standard in respect of accommodation, personal space, clothing, food, medical and dental attention, hygiene, provision of access to appropriate leisure facilities etc.*

4 Comment on the quality of the emotional care given to the child, ie carer(s) receptiveness to the child's emotional state, ability to help child with his or her feelings, to help understand his or her situation etc?

Excellent. Both [redacted] are extremely sensitive to William's emotional presentation. They are responsive and have demonstrated an exceptional ability to help William identify and reflect on his feelings and relate his feelings to his behaviour in a constructive way. Social worker is aware of significant change in William's sensitivity to the world around him, and ability to reflect on his impact on the world. Carers have used to good effect a consultation referral to Child and Family Psychiatry to explore strategies to help William deal with his emotions appropriately.

5 Comment on the carer(s) quality of working relationships with the following. (Are there difficulties and how are these resolved?)

a Child's parents and significant other people

Although [redacted] has met with William's mother on only a few occasions, she has established a useful working relationship with her. She has met Mr Tarbett only twice, at LAC Reviews. Mr and Mrs [redacted] make every effort to ensure that William has regular contact with his parents and siblings. They present to William a clear message that they respect his parents, and they encourage discussion about his birth parents in a realistic but positive manner. As a result, Linda Robertson and Mr Tarbett appear to have developed some respect and trust for Mr and Mrs [redacted] as William's carers.

b Members of the Social Work Department's staff

[redacted] have both established a good working relationship with myself and other members of the Department. [redacted] is particularly assiduous at ensuring a regular flow of information, consultation when required and implementing plans agreed.

c Other agencies, ie Health/Education

Mr and Mrs [redacted] maintain appropriate links with other agencies as required to meet William's needs, particularly Health and Education. They are proactive initiating referrals when they think this is appropriate, and are articulate in expressing their concerns/William's needs.

6 Is the support and practical help given appropriate to meet the needs of the placement child?

I think so, but carers should advise if there are gaps. Social Work Department plans, arranges, provides transport and supervision for birth family contact on an ongoing basis. Social Worker provides support to William and carers in respect of William, and is working actively with William on life history issues etc. Social Worker also maintains liaison with resource worker, school and relevent health agencies.

7 Comment on the carer(s) ability to use advice and support during the placement

See 5(b) above. [redacted] *make good use of any advice and support offered. They are both willing and able to think issues through in detail, discuss and act upon them. They work cooperatively to the extent that they are also able to express and discuss any differing views they may hold.*

8 Are the tasks, as detailed in the Day to Day Placement Arrangements and Care Plan, carried out? If not, why?

Yes, assiduously. [redacted] *have contributed to, and amplified, the tasks necessary to meet William's needs. Where they have done so, it has alsways been in full discussion with the social workerand/or resource worker..*

9 Comment on strengths and weaknesses of this foster home

***Strengths**: Provision of an affectionate, stable and consistent family atmosphere. Ability to , incorporate William into and provide a 'normal' family life, while maintaining and enhancing Williams relationships with his birth family. Ability to create strategies which enhance William's self-esteem and personal identity. Excellent role model for William's emotional and social development. Ability to analyse and make provision to meet William's needs - problem-solving skills. Excellent negotiating skills. Strength of relationship between* [redacted]
***Weaknesses:** I do have concerns that* [redacted] *sometimes takes on too much and too quickly, perhaps overanalysing the situation and causing herself more stress than is necessary.*

10 Areas you consider would need further information, advice or training

I understand that [redacted] have been approved for a further long-term placement (female age 5 - 6mths younger than [redacted]. Such a placement may be very positive for the family as a whole, and William in particular, as it could reduce the feeling of 'difference' which he has. However, I do have concerns that there is the potential for negative consequences, which needs to be considered carefully before placement, and monitored on a regular basis thereafter, , namely a) this is an extremely busy and active family, where the management of all the individuals' differing activities requires a high degree of cooperation and coordination. The addition of another child may result in all the children, as well as the parents, having less time, both to organise their respective activities and spend 'quality' time with each other.
both to organise their respective activities and spend 'quality' time with each other (b) another placement may reinforce William's feeling of difference and detract from his successful incorporation into this family to date (c) a younger, female, child, may require a degree of attention from Mr and Mrs [redacted] which detracts from the current level of emotional involvement and attention to his needs which William enjoys.

Signed by Social Worker _____ Ingrid von Arnim

Date: 8th April 2002