For the attention of:

Area Team MAYBOLE

Address WHITEHALL

MAYBOLE

Division AYR

Immediate Telephone Notification to Above: Yes ✓ No

Previously Known to Standby: Yes ✓ No

Mauyum

Strathclyde Social Work Department

STAND-BY SERVICE

OVERNEWTON CENTRE
52 LUMSDEN STREET
GLASGOW
Telephone: 041-357 3696

Linkline 0800 811 505

Serial No. [redacted]

Date 13.5.91

Time Referred 8:00

Time Completed 10.30

Distribution

Area Team

P O S S

Div. Org

Other

Client's Surname JOHNSTONE Forenames LEE

Present Address KERELAW RESIDENTIAL SCHOOL STEVENSTON Age/DOB 15 YRS

Previous Address 15 MINNOCH CRESCENT MAYBOLE Telephone

Children: Name / Age / Sex

RECEIVED
SOCIAL WORK DEPARTMENT
- 5 JUN 1991

Referrer: Name AYR POLICE Address KING ST. AYR Telephone 266966

1. (a) Details of **PROBLEM** as given by referrer.

LEE HAS BEEN APPREHENDED BY THE POLICE. LISTED AS AN ABSCONDER FROM KERELAW

(b) Specific **REQUEST** of referrer.

RETURN LEE TO KERELAW

(c) **FURTHER ACTION**, if any, referrer proposed to take.

NONE

Signed [redacted] Seen by

Social Worker Senior Social Worker

2. Subsequent **INVESTIGATION** and Action by Standby Service:

046918

PICKED HER UP AT MYR POLICE STATION AND RETURNED HIM TO KELLOW. HE APPEARED FIT AND HEALTHY

3. Areas which require further **INVESTIGATION/ASSESSMENT/FOLLOW-UP** by Area Team.

(a)

(b)

(c)

(d)

Signed [redacted] Seen by .....

Social Worker Senior Social Worker

SOCIAL WORK DEPARTMENT
STAND-BY SERVICE

REFERRAL MONITORING FORM

01
Division
Area Team

(Please insert Regional Code)

02
Week Number

1–52

03
Day Number

Mon. 1
Tues. 2
Wed. 3
Thurs. 4
Fri. 5
Sat. 6
Sun. 7

04
Session

N—Night Shift
B—Back Shift
D—Day Shift

05

Call out — code 1
Non Call out — code 9

12

Urgent — code 1
Non Urgent — code 9

13

not checked — code 1
checked—not on register — code 5
checked—on register — code 9

14

Alert on referral — code 1
No alert on referral — code 9

COMPUTER SERVICES DEPARTMENT

INPUT FORM

046918

01	Division Area Team	
02	Week Number	20
03	Day Number	1
04	Session	/
05	Call out/Home Visit	1
06	Living Group	/
07	Referral Method	1
08	Referrer	03
09	Main Problem	04
10	Referrers Request	07
11	Action Taken/Services Provided	07
12	Urgent Referral	/
13	Child Abuse Reg. Check	
14	Alert Status	
16	Local Option Boxes	00 | 00 | 00 | 00

06 Living Group

01 Family Group with children including 1 or more under 5
02 Family Group with children under 17 but none under 5
03 Family with children over 17
04 Single parent H/hold with children incl. 1 or more under 5
05 Single parent H/hold with children under 17 but none under 5
06 Single parent with children over 17
07 Family with no children
08 1 Person H/hold Not Pensioner
09 1 Person Pensioner
10 2 Persons Pensioners
11 Other Private Household
12 Residential Accommodation
13 Other

07 Referral Method

1 Telephone
2 Caller
3 Letter
4 Other

08 Referrer

01 Self
02 Relative/Friend
03 Police
04 SWD Area Team
05 Residential Establishment
06 Voluntary Organisation
07 RSSPCC
08 Hospital
09 GP/Nurse
10 DHSS
11 Housing
12 MP/Councillor
13 Anonymous
14 Other

09 Main Problem

01 Family/Social Relationship
02 Family Break up
03 Spouse Assault
04 Abscondee/runaway child
05 Child Abuse
06 Child sexual Abuse
07 Child Neglect
08 Child outwith control
09 Other child problem
10 Finance/Material
11 Homelessness
12 Other acc. problem
13 Mental Disorder emotional distress
14 Alcohol Abuse
15 Drug Abuse
16 Solvent Abuse
17 Physical Disability
18 Frail Elderly
19 Social Isolation
20 Other

10 Referrer's Request

01 Information/Advice
02 Investigation
03 Investigation Child Abuse
04 Financial Assistance
05 Rail/Travel Warrant
06 Other Material
07 Escort
08 Transport
09 Emergency Home Help
10 Residential Care (Child)
11 Residential Care (Aged)
12 Hostel type accommodation Young Person
13 Hostel type accommodation Mentally Handicapped
14 Accommodation single adult
15 Accommodation Family
16 Service of MHO
17 Other

11 Action Taken/ Services Provided

01 Information/Advice
02 Investigation
03 Investigation CA1 report
04 Financial Assistance
05 Rail/Travel Warrant
06 Other Material Assistance
07 Escort
08 Transport
09 Emergency Home Help
10 Residential Care (children)
11 Residential Care (Aged)
12 Hostel type accommodation (Young Person)
13 Hostel type accommodation (Mentally handicapped)
14 Accommodation single parent
15 Accommodation family
16 MHO Consent: Sec. 24
17 MHO Consent: Sec. 25
18 MHO Consent: Sec. 26
19 MHO Other
20 Referral to police
21 Referral to DHSS
22 Referral to HMD
23 Referral to Community Alarm Service
24 Referral to Av. List staff
25 Ref. to other facilities
26 No Action Taken
27 Other

For the attention of:
Area Team ... AIOS
Address ... Maybole
... Team
District ...

Immediate Telephone Notification to Above: Yes ... No ... ✓

Previously Known to Stand-by: Yes ... No ... ✓

Strathclyde Social Work Department

STAND-BY SERVICE

OVERNEWTON CENTRE
52 LUMSDEN STREET
GLASGOW
Telephone: 041-357 3696
Fax: 041-334 8577

LINKLINE 0800 811 505

Serial No. 057225
Date 6·12·89
Time Referred 20·05
Time Completed ...

Distribution
Area Team ...
District Officer ...
Other ...
Other ...

Client's Surname ... JOHNSTONE ... Forenames ... LEE
Present Address ... REDBRAE SCHOOL ... Age/DOB ... 9·2·76
Previous Address ... 16. MINNOCK CR. MAYBOLE ... Telephone ...

Children
Name ...
Age ...
Sex ...

Referrer: Name ... [redacted] Address ... Redbrae ... Telephone ...

1. (a) Details of **PROBLEM** as given by referrer.

Lee, who is subject of secn 44 1B, has absconded from school.

RECEIVED
SOCIAL WORK DEPARTMENT
11 DEC 1989

RECEIVED
- 8 DEC 1989
SOCIAL WORK DEPARTMENT

(b) Specific **REQUEST** of referrer.

(c) **FURTHER ACTION**, if any, referrer proposed to take.

Signed ... [redacted] ... Seen by ... [redacted] ...
Social Worker — Senior Social Worker

W16

2. Subsequent **INVESTIGATION** and Action by Stand-by Service.

057225

Maylde
Yeom

3. Areas which require further **INVESTIGATION/ASSESSMENT/FOLLOW-UP** by Area Team.

(a)

(b)

(c)

(d)

Signed ..... Seen by .....

Social Worker Senior Social Worker

FORM A1

Strathclyde Regional Council

SOCIAL WORK DEPARTMENT

Ref/File No. OC3884

REFERRAL FORM

Client's Name: Lee Johnstone

Address: 16 Minnoch Crescent
Maybole

Date of Birth: 9.2.76

Date of Referral: 12.9.89

PREVIOUS INFORMATION (If appropriate) e.g. FILE No.

Known

BACKGROUND/MAIN PROBLEM

Request for Review Report for Children's Hearing by 10th October 1989.

ACTION TAKEN

Signed: [redacted] Social Worker Initial.....

ALLOCATION DECISION [redacted] SSW 13/9/89.

W8206

FORM A1

Strathclyde Regional Council

Ref/File No. 003723

SOCIAL WORK DEPARTMENT

REFERRAL FORM

Client's Name: Lee Johnstone

Address: 16 Minnoch Crescent
Maybole

Date of Birth: 9/2/76

Date of Referral: 12/6/89

PREVIOUS INFORMATION (If appropriate) e.g. FILE No.

Known.

BACKGROUND/MAIN PROBLEM

Request for Supplementary Report for Childrens Panel by 26th June 1989.

ACTION TAKEN

Signed [redacted] Social Worker Initial.....

ALLOCATION DECISION

W8206

STRATHCLYDE REGIONAL COUNCIL

Reporter to the Children's Panel

Reporter:
[redacted] LL.B.

MEMORANDUM

From The Reporter's Department, 11 Alloway Place, Ayr.

To Senior Social Worker, Social Work Department, 115 Dalrymple Street, GIRVAN

Subject: Social Work (Scotland) Act 1968 - Section 38(1) - Existing Supervision Requirement - Supplementary Report

The undernoted child/xxxxxxx who is/xxx subject to a supervision requirement has/xxxx been referred again. Details undernoted.

The view of the supervising social worker ~~xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx~~ as to the advisability of a further hearing at this stage is requested. Should it be considered that the existing treatment measures require adjustment the completion of the appropriate proforma requesting a review under Section 48(2) would allow matters to be co-ordinated.

A Supplementary Report should be submitted as soon as possible, and not later than 26 June 1989 and should indicate 1) the attitude of the child and parent/guardian to the new referral and 2) the level of co-operation and progress achieved under the present supervision requirement.

Name and Address:
Lee Johnstone
(d.o.b 9.2.76)
16 Minnoch Crescent
MAYBOLE

Details of Referral:
That on 21 March 1989 at St Cuthberts Primary School, Maybole, he did wilfully or recklessly damage a window by punching it. Contrary to: Criminal Justice (Scotland) Act 1980 Section 78(1).

STRATHCLYDE REGIONAL COUNCIL
SOCIAL WORK DEPARTMENT
12 JUN 1989

RECEIVED
SOCIAL WORK DEPARTMENT
13 JUN 1989

[redacted]

Date 8 June 1989

Reporter [redacted]

* Delete as appropriate

FORM A1

Strathclyde Regional Council

SOCIAL WORK DEPARTMENT

Ref/File No. [illegible]

MA

REFERRAL FORM

Client's Name: Lee Johnstone

Address: 16 Muirfield Crescent
Newton

Date of Birth: 9/1/76

Date of Referral: 12/6/89

PREVIOUS INFORMATION (If appropriate) e.g. FILE No.

Known.

BACKGROUND/MAIN PROBLEM

Request for Supervision Report for Children's Hearing
to be held on 26th June 1989.

ACTION TAKEN

15.8.89 - Memo from Reporter's Department -
No further action.

Signed: [redacted] Social Worker Initial

[redacted] SSW 15/6/89

WB206

SWD/2

STRATHCLYDE REGIONAL COUNCIL

Reporter to the Children's Panel

Reporter:

[redacted]

MEMORANDUM

From:	Reporter's Department	*To:*	Social Work Department
	11 Alloway Place		12 Whitehall
	AYR		MAYBOLE

Subject: Social Work (Scotland) Act, 1968 Section 39(1)

Having studied all the information relative to the undernoted child/children who was/were *further/referred for the undernoted reasons. I have decided to take no further action.

Name:	*Details of referral:*
JOHNSTONE, Lee (9.2.76) 16 Minnoch Crescent MAYBOLE	18.7.89 - Vandalism on 21.3.89

RECEIVED
SOCIAL WORK DEPARTMENT
18 AUG 1989

[redacted]

for Reporter

Date 9th August 1989

**Delete as appropriate*

CASE NO.

DATE

PROGRESS NOTES

SIGNATURE

CONTACT SHEET

DATE OF CONTACT	TYPE OF CONTACT (Visits, Correspondence, Significant Phone Calls, Third Partie