

For the attention of:

Area Team MAYBOLK

Address WHITEHALL

MAYBOLK

Division AYR

Immediate Telephone Notification

to Above: Yes ☒ No ☐

Previously Known to Standby:

Yes ☒ No ☐

Mangum



Strathclyde
Social Work
Department

STAND-BY SERVICE

OVERNEWTON CENTRE

52 LUMSDEN STREET

GLASGOW

Telephone: 041-357 3696



Linkline 0800 811 505

Serial No.

046018

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 JONES, TONIA Forenames LEE

Present Address HERELAN RESIDENTIAL SCHOOL STURKISTON Age/DOB 15 yrs

Previous Address 15 MINNICOCH CRESCENT MAYBOLK 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 TWO POLICE. LISTED AS AN ASSAULTER
FROM HERELAN

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

RETURN LEE TO HERELAN

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

None

Signed

Seen by

Social Worker

Senior Social Worker

2. Subsequent INVESTIGATION and Action by Standby Service:

046918

Picked LER up at myr police station and returned him to Kellon. He appeared fit and healthy

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

(a)

(b)

(c)

(d)

Signed Seen by

Social Worker

Senior Social Worker

**SOCIAL WORK DEPARTMENT
STAND-BY SERVICE**

REFERRAL MONITORING FORM

**COMPUTER SERVICES
DEPARTMENT**

INPUT FORM

046918

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
Non Call out

code 1
code 9

12 Urgent
Non Urgent

code 1
code 9

13 not checked
checked—not on register
checked—on register

code 1
code 5
code 9

14 Alert on referral
No alert on referral

code 1
code 9

01 Division Area Team

02 Week Number

03 Day Number

04 Session

05 Call out/Home Visit

06 Living Group

07 Referral Method

08 Referrer

09 Main Problem

10 Referrers Request

11 Action Taken/Services Provided

12 Urgent Referral

13 Child Abuse Reg. Check

14 Alert Status

16 Local Option Boxes

06 Living Group

07 Referral Method

08 Referrer

09 Main Problem

10 Referrer's Request

11 Action Taken/ Services Provided

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

1 Telephone

2 Caller

3 Letter

4 Other

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

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

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

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 *A16S*

Address *Maybole*

District *Team*

Immediate Telephone Notification

to Above: Yes No ☒

Previously Known to Stand-by:

Yes No ☒



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 sect 44(1B), has absconded.
Police notified.*

RECEIVED
SOCIAL WORK DEPARTMENT
11 DEC 1989

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

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

Signed *[Redacted]* Seen by *[Redacted]*

Social Worker

Senior Social Worker

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

057225

Mayhew
Team

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

(a)

(b)

(c)

(d)

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

Social Worker

Senior Social Worker

SOCIAL WORK DEPARTMENT

REFERRAL FORM

Client's Name: Lee Johnstone

Address: 16 Minnoch Crescent

..... Maybole

Date of Birth: 9.2.76

Date of Referral: 12.9.89

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

SSW 13/9/89

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

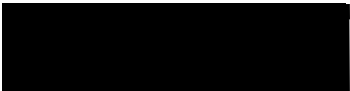
PREVIOUS INFORMATION (If appropriate) e.g. FILE No.

Known.

BACKGROUND/MAIN PROBLEM

Request for Supplementary Report for Children's
Panel by 26th June 1989.

ACTION TAKEN

Signed 

Social Worker Initial.....

ALLOCATION DECISION

STRATHCLYDE REGIONAL COUNCIL

Reporter to the Children's Panel

Reporter:

LL.B.

MEMORANDUM

From The Reporter's Department, To Senior Social Worker
 11 Alloway Place, Social Work Department
 Ayr. 115 Dalrymple Street, GIRVAN

Subject: Social Work (Scotland) Act 1968 - Section 33(1) - Existing Supervision Requirement - Supplementary Report

The undernoted child/~~XXXXXX~~ who is/~~XX~~ subject to a supervision requirement has/~~XX~~ been referred again. Details undernoted.

The view of the supervising social worker/~~XXXXXXXXXXXXXXXXXXXX~~ 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).

RECEIVED
 SOCIAL WORK DEPARTMENT
 13 JUN 1989

STRATHCLYDE REGIONAL COUNCIL
 SOCIAL WORK DEPARTMENT

12 JUN 1989

Date 8 June 1989

Reporter

* Delete as appropriate

SOCIAL WORK DEPARTMENT

REFERRAL FORM

Client's Name: Ms. JohnstonAddress: 16 Murch CrescentWingdaleDate of Birth: 9/1/26Date of Referral: 12/1/89

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

Known:

BACKGROUND/MAIN PROBLEM

Report of 3 children and report of 1 child
and 1 child in 1987.

ACTION TAKEN

12.8.89 - Memo from Reporter's Department -
No further action.Signed: Social Worker Initial SSW 15/6/89

STRATHCLYDE REGIONAL COUNCIL

Reporter to the Children's Panel

Reporter:



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)

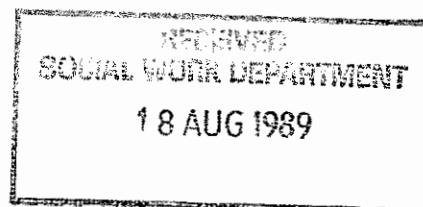
Having studied all the information relative to the undernoted child/children who was/were
*further/referred for the undernoted reasons. I have decided to take no further action.

Name:

Maybole
JOHNSTONE, Lee (9.2.76)
16 Minnoch Crescent
MAYBOLE

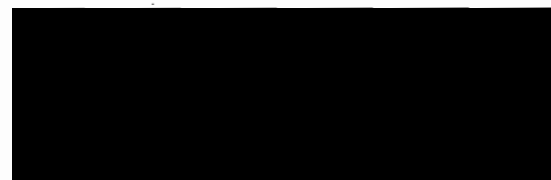
Details of referral:

18.7.89 - Vandalism on 21.3.89



Date 9th August 1989

*Delete as appropriate


for Reporter

CASE NO.

DATE

PROGRESS NOTES

SIGNATURE

CONTACT SHEET

DATE OF CONTACT

TYPE OF CONTACT (Visits, Correspondence, Significant Phone Calls, Third Parties)