Strathclyde Social Work Department

R.I.C.6

Social Work Department
12 Whitehall
Maybole

Ref. : EK

Tel. No. : Maybole 83293

Date 20.01.92

To : Community Medicine Specialist
Assistant Director of Educaiton

Dear Sir/Madam,

The following child(ren) has/~~have~~ been ***received into care/discharged from care/transferred for other reasons**

Please advise appropriate members of your staff.

	1st Child	*2nd Child*	*3rd Child*
Surname	Johnstone		
Forename(s)	Lee David		
Date(s) of Birth	09.02.76		
Religion	Protestant		
Last School(s) attended	Kerelaw School Stevenston		
Family Doctor			
Transferred from	Kerelaw School		
Transferred to	Home: 16 Minnoch Crescent, Maybole		
Date of Transfer	10.01.92		

Statute Social Work (Scotland) Act 1968 Section 44(1)(a)

Supervising Social Worker Mrs M. Ali Tel. No. Maybole 83293

Signed [redacted]

Designation Senior Clerical Officer

* Delete as appropriate

W3999

RIC 5B

Social Work Department

Strathclyde Regional Council

Discharge Form

FOR CHILD IN CARE

NOTE—THIS FORM IS NOT TO BE COMPLETED FOR CHILDREN WHOSE ONLY STATUTE IS SECTION 44(1)(A)—HOME SUPERVISION—SOCIAL WORK (SCOTLAND) ACT 1968 OR SECTION 12 MATRIMONIAL PROCEEDINGS ACT 1958.

A

AREA TEAM: MAYBOLE

UNIQUE NUMBER OF CHILD:

NAME OF CHILD: LEE DAVID JOHNSTONE

DATE OF BIRTH	09 02 76
DATE OF DISCHARGE	10 01 92
DATE ADMITTED TO PRESENT PLACEMENT	19 12 90
DATE ADMITTED TO PRESENT PERIOD OF CARE	01 11 90

SEX: ☑ Male ☐ Female

B ACCOMMODATION

Please give Name and Address of Placement and tick the appropriate box.

PLACEMENT DISCHARGED FROM

KERELAW SCHOOL
STEVENSTON

FOSTERING WITH RELATIVES
- ☐ Temporary
- ☐ Permanent

FOSTERING UNRELATED
- ☐ Temporary
- ☐ Permanent
- ☐ COMMUNITY PARENTS

CHILDREN'S HOME
- ☐ Local Authority
- ☐ Voluntary
- ☑ LIST 'D'
- ☐ SECURE ACCOMMODATION
- ☐ LIST 'G'
- ☐ ASSESSMENT CENTRE
- ☐ HOSPITAL
- ☐ SUPPORTED LODGINGS, ILU, etc.
- ☐ OTHER (PLEASE SPECIFY)

C REASON FOR DISCHARGE

- ☐ Care taken over by parent or guardian
- ☐ Adopted
- ☐ Reached appropriate age
- ☐ Death
- ☑ Decision of hearing
- ☐ Other (specify)

D TICK TYPE OF ACCOMMODATION BEING DISCHARGED TO

- ☐ Supported Accommodation (Incl. ILU)
- ☐ Hostel
- ☑ Parental Home
- ☐ Relatives Home
- ☐ Flat/Bedsit/Digs
- ☐ Living in at Work
- ☐ Unknown
- ☐ Homeless Accommodation including Bed and Breakfast
- ☐ Other (Please, specify)

E LEGISLATION DISCHARGED UNDER

	Main	Secondary
01 Section 15 Social Work (Scotland) Act 1968		
02 Section 16 Social Work (Scotland) Act 1968		
03 Section 37 Social Work (Scotland) Act 1968		
04 Section 40 Social Work (Scotland) Act 1968		
05 Section 44(1)(a) Social Work (Scotland) Act 1968 with Condition of Residence	✓	
06 Section 44(1)(a) Social Work (Scotland) Act 1968 Home Supervision		
07 Section 44(1)(b) Social Work (Scotland) Act 1968		
08 Section 58(a) Social Work (Scotland) Act 1968 (as amended by HASSASSA Act 1983 Sec 8(4))		
09 Section 42(3) Social Work (Scotland) Act 1968		
10 Section 43(4) Social Work (Scotland) Act 1968		
11 Section 198/296(3)—Criminal Procedures (Scotland) Act 1975 + 406		
12 Section 323 Criminal Procedures (Scotland) Act 1975		
13 Section 206/413 Criminal Procedures (Scotland) Act 1975		
14 Section 12(5) Foster Children (Scotland) Act 1984		
15 Section 26(1)(b) Adoption Act 1978		
16 Section 10 Matrimonial Proceedings (Children) Act 1958		
17 Section 12 Matrimonial Proceedings (Children) Act 1958		
18 Section 7 Children Act 1958		
19 Section 11(1)(b) Guardianship Act 1973		
20 Section 24 Social Work (Scotland) Act 1968		
21 Other (Please Specify)		

F To DISTRICT OFFICE

IS FINANCIAL PAYMENT INVOLVED? ~~YES~~/NO.

If YES—(See Sect. B for details)

ANY SPECIAL INSTRUCTIONS

G NOTIFICATIONS

Form No.	Area/Agency	Date Sent	Init.
R.I.C.6	Other Area/Region		
R.I.C.6	Health Board	20.01.92	
R.I.C.6	Education	20.01.92	
R.I.C.7-8	4-Week Medical		
	Finance	20.01.92	
C.H.193	D.H.S.S.	20.01.92	

H SIGNATURES

Signed [redacted]

Designation: Social Worker

Area Office: Maybole Date: 20.1.92

Countersigned [redacted] Admin

Strathclyde Social Work Department

R.I.C.8

SOCIAL WORK DEPARTMENT
12 KIRKHILL
MAYBOLE

Ref. : EK

Tel. No. :

Date 10.01.91

To : Community Healthcare
Area Officer SWD Ayr & Saltcoats
Asst Dir Education

Dear Sir/Madam,

The following child(ren) has/~~have~~ been ***received into care/discharged from care/transferred for other reasons**
Please advise appropriate members of your staff.

	1st Child	2nd Child	3rd Child
Surname	Johnstone		
Forename(s)	David Lee		
Date(s) of Birth	09.02.76		
Religion	Protestant		
Last School(s) attended	Carrick Academy, Maybole		
Family Doctor			
Transferred from	19.12.91 Newfield Assessment Centre		
Transferred to	Kerelaw School, Stevenston		
Date of Transfer	19.12.90		

Statute Social Work (Scotland) Act 1968 Section 44(1)(b)

Supervising Social Worker Mrs M. Ali Tel. No. Maybole 83293

Signed

Designation Senior Clerical Officer

* Delete as appropriate

W3999

RIC 5A

Social Work Department

Strathclyde Regional Council

Changes/Transfer Form

FOR CHILD IN CARE

A

AREA TEAM MAYBOLE

UNIQUE NUMBER OF CHILD						

NAME OF CHILD LEE DAVID JOHNSTONE

DATE OF BIRTH	0 9	0 2	7 6
DATE OF TRANSACTION	1 9	1 2	9 0
DATE ADMITTED TO PRESENT PERIOD OF CARE	0 1	1 1	9 0

SEX ☑ Male ☐ Female

B IS THIS CHANGE/TRANSFER? (Please tick appropriate box)

- ☐ A change of accommodation and statute (Complete Sections D + E)
- ☐ A change of statute only (Complete Section E)
- ☑ A change of accommodation only (Complete Section D)
- ☐ A transfer to another area team. Name area team to which transferred.

C REASON FOR CHANGE

- ☐ 01 Decision of Hearing
- ☐ 02 Decision of Court
- ☑ 03 Planned Change
- ☐ 04 Breakdown
- ☐ 05 Other (Please Specify)

D ACCOMMODATION

Please give Name and Address of Placement and tick the appropriate box

PREVIOUS Name and Address

NEWFIELD ASSESSMENT CENTRE

NEW Name and Address KERELAW SCHOOL STEVENSTON.

FOSTERING WITH RELATIVES	PREVIOUS	NEW
01 Temporary		
02 Permanent		
FOSTERING UNRELATED		
03 Temporary		
04 Permanent/Pre adoptive		
05 COMMUNITY PARENTS		
CHILDREN'S HOME		
06 Local Authority		
07 Voluntary		
08 LIST 'D'		✓
09 SECURE ACCOMMODATION		
10 LIST 'G'		
11 ASSESSMENT CENTRE	✓	
12 HOSPITAL		
13 AT HOME		
14 SUPPORTED LODGINGS, ILU, etc.		
19 OTHER (PLEASE SPECIFY)		

E STATUTE

Please Tick appropriate box(es)

	PREVIOUS STATUTE Main	PREVIOUS STATUTE Second	NEW STATUTE Main	NEW STATUTE Second
01 Section 15 Social Work (Scotland) Act 1968				
02 Section 16 Social Work (Scotland) Act 1968				
03 Section 37 Social Work (Scotland) Act 1968				
04 Section 40 Social Work (Scotland) Act 1968				
05 Section 44(1)(a) Social Work (Scotland) Act 1968 with Condition of Residence	✓		✓	
06 Section 44(1)(a) Social Work (Scotland) Act 1968 Home Supervision				
07 Section 44(1)(b) Social Work (Scotland) Act 1968			✓	
08 Section 58(a) Social Work (Scotland) Act 1968 (as amended by HASSASSA Act 1983 Sec 8(4))				
09 Section 42(3) Social Work (Scotland) Act 1968				
10 Section 43(4) Social Work (Scotland) Act 1968				
11 Section 198/296(3)—Criminal Procedures (Scotland) Act 1975 + 406				
12 Section 323 Criminal Procedures (Scotland) Act 1975				
13 Section 206/413 Criminal Procedures (Scotland) Act 1975				
14 Section 12(5) Foster Children (Scotland) Act 1984				
15 Section 26(1)(b) Adoption Act 1978				
16 Section 10 Matrimonial Proceedings (Children) Act 1958				
17 Section 12 Matrimonial Proceedings (Children) Act 1958				
18 Section 7 Children Act 1958				
19 Section 11(1)(b) Guardianship Act 1973				
20 Section 24 Social Work (Scotland) Act 1968				

21 Other (Please Specify)

F To DISTRICT OFFICE FOR FINANCIAL PAYMENT.

1 START PAYMENT TO: NAME OF FOSTER PARENT/ESTABLISHMENT.
(See Sect. D for address)

IF APPROPRIATE

2 STOP PAYMENT TO: NAME OF FOSTER PARENT/ESTABLISHMENT.
(See Sect. D for address)

ANY SPECIAL INSTRUCTIONS

G NOTIFICATIONS

Form No.	Area/Agency	Date Sent	Init.
R.I.C.6	Other Area/Region	10·01·91	
R.I.C.6	Health Board	10·01·91	
R.I.C.6	Education	10·01·91	
R.I.C.7-8	4-Week Medical		
	Finance		
C.H.193	D.H.S.S.	10·01·91	

H SIGNATURES

Signed [redacted]

Designation Social Worker

Area Office Maybole Date

Countersigned [redacted] Admin

Sent to finance

SOCIAL WORK DEPARTMENT

RIC 4

[redacted] PARENTAL CONTRIBUTIONS ASSESSMENT FORM

NOTE: NO ASSESSMENT IS REQUIRED WHERE THE FATHER IS UNEMPLOYED OR IF SUPPLEMENTARY BENEFITS ARE BEING PAID

1. Name of Child: LEE JOHNSTONE

2. Date Received into Care: 1-11-90

3. Admitted To: NEWFIELD ASS. CENTRE

*Father/Guardian's Name: [redacted]

5. Occupation: [redacted]

Mother's Name: [redacted]

Address: 16, MINNOCH CRES MAYBOLE.

Details of Gross Income of Working Parent: £ [redacted] per week

Payslips Available? YES/~~NO~~* CHECKED BY SSW.

If YES, give dates which confirm Gross Income: [redacted]

If NO, do the earnings appear reasonable? YES/NO*

Is this the first child received into care from this family? YES/~~NO~~*

If NO, give details:

Certification:

The information given above is correct to the best of my knowledge and belief.

(Signed) [redacted] SSW. Social Worker

Agreed (Signed) ..... Area Officer

FOR ADMINISTRATIVE USE ONLY:

1. Date Received:

2. Assessment Calculation:

5% of £ ((8) above) = p.w. *

2½% of £ ((8) above) = p.w. *

Total

3. Assessed at £ . per week (N.B. Max. is £30.00 per week)

4. EFFECTIVE FROM: _____

5. Social Worker Notified:

Completed By (Signed).....

Checked By (Signed).....

Date .....

* Delete as necessary

Financial Instructions

CASE FILE

	FIRST	SECOND	THIRD

24 NOTIFICATION TO COMMENCE PAYMENT TO FOSTER PARENT

Name of Foster Parents

Address			
Name(s) of Child(ren)			
Date of Birth			
DATE PAYMENTS TO COMMENCE			
Any Special Instructions			

25 ADMISSION TO VOLUNTARY HOME, LIST D, LIST G ETC.

Name of Establishment	[illegible]	[illegible]	
Name(s) of Child(ren)	[illegible]		
Date Child(ren) Admitted	01.6.90		
DATE PAYMENT OF ACCOUNT TO COMMENCE	[illegible] 90	[illegible]	

26 NOTIFICATIONS

Form No.	Area/Agency	Date Sent	Init.
R.I.C.6	Other Area/Region		
R.I.C.6	Health Board	[illegible]	[illegible]
R.I.C.6	Education	[illegible]	[illegible]
R.I.C.7-8	4-Week Medical		
	Finance	[illegible]	[illegible]
C.H.193	D.H.S.S.		

27 SIGNATURE

Admin [redacted] [redacted]

Strathclyde Social Work Department

R.I.C.6

SOCIAL WORK DEPARTMENT
TOWNHALL
MAYBOLE

Ref. : EK

Tel. No. : Maybole 83293

Date 02.11.90

To : Education
Community Dir.

Dear Sir/Madam,

The following child(~~ren~~) has/~~have~~ been ***received into care/~~discharged from care/transferred for other reasons~~**

Please advise appropriate members of your staff.

	1st Child	*2nd Child*	*3rd Child*
Surname	Johnstone		
Forename(s)	Lee		
Date(s) of Birth	09.02.76		
Religion	Protestant		
Last School(s) attended	Carrick Academy, Maybole / Red Brae School, Maybole		
Family Doctor			
Transferred from	Home: 16 Minnoch crescent, Maybole		
Transferred to	Newfield Assessment Centre, (3 week assessment)		
Date of Transfer	01.11.90		

Statute Social Work (Scotland) Act 1968 Section Section 44(1) (a)

Supervising Social Worker Mrs M. Ali Tel. No. 83293

Signed [redacted]

Designation Senior Clerical Officer

* Delete as appropriate

W3999

Strathclyde Regional Council

CASE NO. KC/G/1098 DATE 3/12/87

CASE TYPE SRO(C)

SOCIAL WORK CASEFRONT

W9501

SURNAME	Forenames	Date of Birth	Religion	Marital Status
Johnstone	Lee David	9.2.76	Protestant	

ADDRESS 16 Minnoch Crescent Maybole. (as of 21/4/88).

POST CODE

TEL. NO.

CHANGE OF ADDRESS
Moved from 25 Linden Avenue Girvan.

OCCUPATION/SCHOOL
Redbrae Residential School.

NEXT OF KIN
[redacted]
(Father)

G.P. NAME AND ADDRESS

TEL. NO.

REFERRED BY

REASON(S) FOR ALLOCATION (Including appropriate legislation and accommodation if moved from own home)

REASON(S) FOR REFERRAL
Transferred from Girvan Area Team.

HOUSEHOLD COMPOSITION (Numbers of members: Relationship to case

NAME	Relationship	Age	Name(s) of other relevant persons	Address
[redacted]	Mother Father Brother	[redacted]		

OTHER AGENCIES INVOLVED

NAME	ADDRESS	TEL. NO.
(1)		
(2)		

OTHER RELEVANT/SIGNIFICANT INFORMATION AND CHANGES (e.g. Financial, Housing situation)