005058

LOTHIAN REGIONAL COUNCIL
DEPARTMENT OF SOCIAL WORK

RSW-RC6

REC. No. 60/375402

SURNAME	FORENAME(S)	D. O. B.	PLACE of BIRTH
Cummings	Steven	28 10.44	Edinr.

RELIGION	PARENTAGE
P.	David John Cummings Pamela Sally (Lex Cummings) Nee Tailford

ADMITTED	C.L.	CLER	R	Sl. K.	ENTERIC	CONT FIP						DISCHARGED DATE	DISCHARGED TO
6.4.84					1								
1.6.84						1						14.9.84	Home.

LOTHIAN REGIONAL COUNCIL

SOCIAL WORK DEPARTMENT

REF. NO. 607375402

Name: CUMMINGS STEVEN Date of Birth 28.10.74

Date Received into care: 6.4.84

Summary of Residence of Child

Name & Address	Date Boarded out	Date Discharged	
KMERC/ Mrs. A. MARR. 42 HOWDENHALL RD. EDNR. EH16.6PJ 2061	6.4.84		
CONT: MRS M FALCONER 72 FERRY ROAD DRIVE, EDIN EH	1.6.84	14.9.84	Home

Father: DAVID J. CUMMINGS Address: [illegible]

Mother: PAMELA S. (Ex CUMMINGS) Nee TAILFORD Address: [illegible]

Brothers & Sisters DAVID

School: [illegible]

Doctors Name & Address: [illegible] Tel:

Social Worker: [illegible] Area 10

LOTHIAN REGIONAL COUNCIL – DEPARTMENT OF SOCIAL WORK

CHANGE OF CIRCUMSTANCE AND ESSENTIAL INFORMATION

Date of change 14.9.84.

Area Office RHSC.	Social Worker M. Bates.		Reference Number (children only) 6 0 7 3 7 5 4 0 2
Surname (client) CUMMINGS		Sex M.	DOB 28-10-74 Religion
Forename(s) Steven		Name of School/Employer St. Davids School.	
Also known as		Address of School/Employer	
Present Address (before change) and name of foster parent or carer if appropriate	c/o Faulkner 72, Ferry Rd Drive.		
New Address (after change) and name of foster parent or carer if appropriate	Home:- 3/3 Hailesland Gardens, Edinburgh		
Statutory Authority before change Act	S.W.Scot Sections 15		Section 15.
Statutory Authority after change Act	nil.		Section

SECTIONS A B C D MUST BE COMPLETED

A REASON FOR CHANGE Specify in Box 3

	✓
Admission	
Transfer	
Discharge	✓
Death	
Closure of Case	
Change of Statutory Provision	
Other	

1 GENERAL INFORMATION

Order Made		Ceased	✓	Varied	
Change of Address					✓
Change of Name					
Marriage					
Transfer to other Area Team					
Transfer to other Division					
Transfer to other Local Authority					

B CLIENT OR RESOURCE GROUP

Elderly					
Children					✓
Physically Handicapped					
Physically Ill					
Mentally Handicapped					
Mentally Ill					
Offenders					
Disadvantaged					
Others specify					
Foster Parents		Day Carers		Other Carers	

2 OTHER INFORMATION (Children only) date

Hearing Date	
Hearing Result specify in Box 3	
Next Hearing due	
Review Date	
Review Result specify in Box 3	
Next Review due	
Letter to Natural Parents	
Aged 16 Education continuing specify in Box 3	
Employment Commenced	
Employment Changed	
Income/Benefit Changed specify in Box 3	
Special Regular Payments commence	
Special Regular Payments cease	
Change of School specify in Box 3	
School Report received	
Change of Doctor specify in Box 3	
Medical Report received	

C TYPE OF PLACEMENT

Living at Home								
Departmental Home		Voluntary Home						
Hospital								
Holiday		Share the Care						
Lodgings Supported		Unsupported						
Residential Employment								
List 'D' School	Day		Residential					
Penal Establishment								
Adoption								
Fostering	Short Term		Emergency					
Long Term		Relatives		Comm'ty Carer		Other		
Day Care	Whole days		No. of days					
Day Care	Part days		Time in hours					
Guardianship (Mental Health)								
Supervision at home		Informal	✓	Statutory				
Other specify								

3 ADDITIONAL INFORMATION

Steven leaving care on 14th. September. Returns home & to Drumbryden Primary School. Form filled in in advance as I will be on holiday — Contact S. Worker Antony Coyne RHSC.

D RESPONSIBILITY FOR PLACEMENT

Own Authority	–	Supervising	
Other Authority	–	Supervising	
Own Authority	–	Financing	
Other Authority	–	Financing	

	Initials	Date
Social Worker	M.B.	27.8.84.
Area administration	YR	7/9/84

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If necessary take copies using carbon interleaved

LOTHIAN REGIONAL COUNCIL – DEPARTMENT OF SOCIAL WORK

CHANGE OF CIRCUMSTANCE AND ESSENTIAL INFORMATION

Date of change 1.6.84.

Area Office DcFP RHSC	Social Worker M Bates		Reference Number (children only) 6 0 7 3 7 5 4 0 2
Surname (client) CUMMINGS		Sex M	DOB 28 10 74 Religion
Forename(s) STEVEN		Name of School/Employer GRACEMOUNT	
Also known as		Address of School/Employer	
Present Address (before change) and name of foster parent or carer if appropriate	Mrs MB. Marr, 42 Howdenhall RD		
New Address (after change) and name of foster parent or carer if appropriate	Mr & Mrs MB. Faulkner, 72 Ferry RD Drive		
Statutory Authority before change Act	S. Wk Scot.	Section 15	2021
Statutory Authority after change Act	11	Section 11	

SECTIONS A B C D MUST BE COMPLETED

A REASON FOR CHANGE Specify in Box 3

	✓
Admission	✓
Transfer	
Discharge	
Death	
Closure of Case	
Change of Statutory Provision	
Other	

1 GENERAL INFORMATION

Order Made		Ceased		Varied	✓
Change of Address					
Change of Name					
Marriage					
Transfer to other Area Team					
Transfer to other Division					
Transfer to other Local Authority					

B CLIENT OR RESOURCE GROUP

Elderly	✓				
Children					
Physically Handicapped					
Physically Ill					
Mentally Handicapped					
Mentally Ill					
Offenders					
Disadvantaged					
Others specify					
Foster Parents		Day Carers		Other Carers	

2 OTHER INFORMATION (Children only) date

Hearing Date	
Hearing Result specify in Box 3	
Next Hearing due	
Review Date	
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Employment Changed	
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Special Regular Payments commence	
Special Regular Payments cease	
Change of School specify in Box 3	
School Report received	
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C TYPE OF PLACEMENT

Living at Home							
Departmental Home		Voluntary Home					
Hospital							
Holiday		Share the Care					
Lodgings Supported		Unsupported					
Residential Employment							
List 'D' School	Day		Residential				
Penal Establishment							
Adoption							
Fostering	Short Term	✓ Emergency	✓				
Long Term	Relatives		Comm'ty Carer	Other			
Day Care	Whole days		No. of days				
Day Care	Part days		Time in hours				
Guardianship (Mental Health)							
Supervision at home		Informal		Statutory			
Other specify							

3 ADDITIONAL INFORMATION

Change from emergency f. parents → contract.

D RESPONSIBILITY FOR PLACEMENT

			✓
Own Authority	–	Supervising	✓
Other Authority	–	Supervising	
Own Authority	–	Financing	✓
Other Authority	–	Financing	

	Initials	Date
Social Worker		
Area administration		

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Lothian Regional Council
Department of Social Work

Application for Reception into Care (Children) (RIC 1)

The Parent's Declaration on the back of this form (and if necessary, on any additional forms) must be signed.

Child's Surname	CP. No.
CUMMINGS	607375402
Forename(s) Steven Frank	**Sex** M
Also known as	
Address on admission 313 Hailesland Gardens	

D.O.B.	Place of Birth	Legitimate / Illegitimate / Extra-Marital	Religion	Date & Place of Baptism
28.10.74	Edinburgh.		C. of S.	Wester Hailes Ch.

Previous Residence(s) during past year

Child's Doctor: DR. McKee, Sighthill Health Centre

Nursery/School/Employment	PLACEMENT DETAILS: Address of Placement	Section	Admission Date
Drumbrae Primary	Hms MS Main 42 Howdenhall Rd	15	6.4.84.

PARENTS

Mother's Surname	Forename(s)	D.O.B.	Occupation
CUMMINGS	Pamela Sally	21.9.51.	Housewife
Née Tailford.	**Known as**	**Custody** YES/NO	**Date & Place of Marriage** 27.6.68. Pilrig (Church).
Present Address 313 Hailesland Gardens. Tel: 453 · 1406.		**Marital Status** Div.	**Details of Separation or Divorce** 16.4.81.
Previous Address		**Religion** C. of S.	

Father's Surname	Forename(s)	D.O.B.	Occupation
CUMMINGS	David John	4.7.50	Lorry Driver
Known as		**Custody** YES/NO	**Date & Place of Marriage** -
Present Address John Russell Court Tel: 554 · 6109		**Marital Status** M	**Details of Separation or Divorce** Remarried.
Previous Address		**Religion**	

Total No. of children in family	Addresses & Tel. Nos. of close relatives or emergency contact
2	NB Boyds, 3 Murrayburn Park.

PREVIOUS ADMISSIONS TO CARE NB

FROM	TO	PLACEMENT	ACT & SECTION UNDER WHICH ADMITTED

OTHER CHILDREN IN FAMILY

SURNAME	FORENAMES	D.O.B.	ADDRESS (state if in care)
CUMMINGS	David John	13.10.69	313 Hailesland Gardens

PARENT'S DECLARATION & AGREEMENT

1. I declare that the information I have given is correct.

2. I understand that I may be obliged to contribute towards my child's/children's maintenance while in the care of the Region.

3. I understand that I must inform the Director of Social Work of any change in my address or financial circumstances.

4. I have received a copy of the appropriate leaflets about the legislation relating to the reception into care of my child/children and have had them explained to me.

Signature of Parent or Guardian [signature]

Date 6.6.84

Witness Mary J. Bates

Date 6.6.84

FOR OFFICIAL USE

Authorisation by Area Officer/Senior S.W. [signature] (Signature)

Area RHSC.

Allocated to Maybole & Bates

Source of referral C.P.

Reason for admission Boredom in family relationships.

EMERG NEW

LOTHIAN REGIONAL COUNCIL
DEPARTMENT OF SOCIAL WORK

PAYMENTS PROCEDURE

Action Sheet [No]

Childs Name [Steven Cummings]

DISCHARGES/MOVES AWAY

		Date	Initials
1.	Receive telephone call from		
2.	Receive Change of Circumstances		
3.	Calculate Overpayment	Amount	
4.	Complete Overpayment Ledger No.		
5.	Send out letter (1) to Foster Parents		
6.	Copy letter (1) to Liaison Social Worker		
7.	Update File/Card/Cost Record		
8.	Complete Relevant Payments Run Reminder		
9.	Complete F2/001		
10.	Note Change on Previous Child Delays		
11.	Notify Parental Contributions		

NEW CASES/MOVES TO

12.	Receive Change of Circumstances	12/4	AMC
13.	Make Up/Update File	13/4	MB
14.	Make Up Cost Sheet/Movements Record	13/4	MB.
15.	Calculate First Manual Payment	Amount ~~~	
16.	Raise First Manual Payment Paye No.	~	~
17.	Update Cost Sheet/Movements Record	—	—
18.	Update Relevant Payments Run Reminder	M	MS
19.	Complete F2/001	17/4	Que.
20.	Note Change on Previous Details		
21.	Notify Parental Contributions	18/4/84	SK

LOTHIAN REGIONAL COUNCIL – DEPARTMENT OF SOCIAL WORK

CHANGE OF CIRCUMSTANCE AND ESSENTIAL INFORMATION

Date of change 6.4.84.

Area Office DCFP/RHSC.	Social Worker M. Bates.	Reference Number (children only) 6 0 7 3 7 5 4 0 3	
Surname (client) CUMMINGS	Sex W.	DOB 28.10.74	Religion
Forename(s) Steven	Name of School/Employer Drumbrae Primary		
Also known as	Address of School/Employer		
Present Address (before change) and name of foster parent or carer if appropriate	3 13 Hailesland Gardens		
New Address (after change) and name of foster parent or carer if appropriate	Mrs Marr, 42 Howdenhall Rd. 2061		
Statutory Authority before change Act	S.W.Sco	Section	
Statutory Authority after change Act	S.W.Scotland	Section 15.	

SECTIONS A B C D MUST BE COMPLETED

A REASON FOR CHANGE Specify in Box 3

Admission	✓
Transfer	
Discharge	
Death	
Closure of Case	
Change of Statutory Provision	
Other	

1 GENERAL INFORMATION

Order Made		Ceased	Varied
Change of Address			
Change of Name			
Marriage			
Transfer to other Area Team			
Transfer to other Division			
Transfer to other Local Authority			

B CLIENT OR RESOURCE GROUP

Elderly	
Children	✓
Physically Handicapped	
Physically Ill	
Mentally Handicapped	
Mentally Ill	
Offenders	
Disadvantaged	
Others specify	
Foster Parents / Day Carers / Other Carers	

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Departmental Home		Voluntary Home			
Hospital					
Holiday		Share the Care			
Lodgings Supported		Unsupported			
Residential Employment					
List 'D' School	Day		Residential		
Penal Establishment					
Adoption					
Fostering	Short Term		✓ Emergency		
Long Term		Relatives		Comm'ty Carer	Other
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Guardianship (Mental Health)					
Supervision at home		Informal		Statutory	
Other specify					

3 ADDITIONAL INFORMATION

D RESPONSIBILITY FOR PLACEMENT

Own Authority	–	Supervising	✓
Other Authority	–	Supervising	
Own Authority	–	Financing	✓
Other Authority	–	Financing	

	Initials	Date
Social Worker	M.B	6.6.84
Area administration	A. Toal	10.4.84

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LOTHIAN REGIONAL COUNCIL — DEPARTMENT OF SOCIAL WORK

MEDICAL EXAMINATION OF CHILD

Reception into care medical	
28 day medical	✓
Annual medical	
Transfer/discharge medical	

Please Return to

Name

Address

Administration of Children's Homes Regulations 1959, Boarding out of Children (Scotland) Regs. 1959,

Surname [illegible]	Home Address [illegible]	Date of Birth 28 x 74
Forenames [illegible]	Present Address (if different) [illegible]	Sex M

Next of Kin (if applicable) | Name and Address

1. Immunisation Record — First Medical | Additions since last examined

	1.	2.	3.
Polio Vaccination	1.	2.	3.
Triple Antigen	1.	2.	3.
Whooping Cough	1.	2.	3.
Diptheria/Tetanus	1.	2.	3.
Rubella	1.		
Measles	1.		
B.C.G.	1.		

Has the child had the appropriate immunisation for his/her age? [illegible] YES / NO

2. History of illness, infections or injuries. — Since Birth | Since last seen

2 Appendicitis 1983.

3. The condition of: (please eleborate in Section 10 if necessary)

Eyes/Sight	Normal
Ears/Hearing	
Throat	
Tonsils	
Teeth and Gums	
*Skin and Scalp	

*Please indicate presence and extent of bruising, vermin etc. and any need for treatment

4. Evidence of abnormality in the following systems (comment in Section 10 if necessary)

Cardiovascular	Nil
Respiratory	
Alimentary	
Central Nervous	
Genito-urinary	
Other	

5. State of Nutrition

Excellent

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RIC3

6.	Are speech and articulation satisfactory?
7.	Does the child suffer from incontinence?
	Urinary YES☐ NO☐ Faecal YES☐ NO☐
8.	Particulars of present medication/treatment
9.	Particulars of any condition of which the carers should be aware:
	e.g. allergies, medication to which the child does not respond, bedwetting, attendance at hospitals/clinics etc. Evidence of abnormality of development or behaviour which is inconsistent with the child's age.
10.	Has there been any change in the child (physically or mentally) since last seen by you?
11.	Child's general state of health and any other comments.
12.	CERTIFICATE I certify that I have today examined ..... who is*/is not already known to me, and find this child fit*/unfit to be in care, i.e. this child does*/does not require hospital care. I also certify that I find this child free from infection*/suffering from the conditions mentioned above. This was an initial*/subsequent*/emergency* consultation by me. *Delete as appropriate

Signature .....

Date .....

Name and Address (in block capitals)

Dr. J. Roy Robertson
1 Muirhouse Avenue
Edinburgh EH4 4PL
332 2201

RIC3 Part2