

WATSON AGNES

D.O.B. 30-3-65.

ADMITTED TO THORNTOUN

-8-77.

LEFT 14-10-78.

APPLICATION FOR RESIDENTIAL CARE

PLEASE ANSWER EACH QUESTION. IF YOU DO NOT KNOW THE ANSWER PLEASE INDICATE NOT KNOWN OR NOT APPLICABLE.

1. Name of the Unit requested by social worker

2. Name of the Unit (to be completed by Barnardo's)
Thornhill
3. Name of Local Authority
Shetland
Address

4. Local Authority (if other than applicant authority) responsible for:-
 - a. Care -----
 - b. Maintenance -----
5. Responsible Social Worker (LASSD)
Name -----
Address -----

Telephone -----
Local Authority Liaison Officer
Name -----
Address -----

Telephone -----

Details of Child

6.

Name of Child

Agnos Watson

7.

Last residing at

8.

Home address (if different from above)

9.

Date of birth

30-3-65

10.

Sex (please tick)

Male

1

☐
☒

Female

2

11.

Number of previous admissions to care

Please complete if no admissions to care as 0

12.

Time spent in care (total)

_____ years

Details of Placement(s) if known

13.

Admitted from

a.

Home (please tick)

1. Parents' home
2. Relatives' home
3. Foster home
4. Other Barnardo Units
5. Other Voluntary Agencies
6. Other

1	☐
2	☒
3	☐
4	☐
5	☐
6	☒

b.

Medical (please tick)

1. Mental subnormality hospital
2. Psychiatric hospital
3. Psychiatric hostel
4. Hospital

1	☐
2	☐
3	☐
4	☐

c.

LASSD (please tick)

1. Observation and Assessment Centre
2. Community Home
3. Community Home with Education
4. Hostel

1	☐
2	☐
3	☐
4	☐

d.

Education (please tick)

1. Boarding ESN School
2. Boarding Maladjusted School
3. Boarding Physically Handicapped School
4. Boarding School

1	☐
2	☒
3	☐
4	☐

Question No.

14

Legislation (please tick)

- | | | |
|---|---|-------------------------------------|
| 1. Sec I 1948 Children Act | 1 | ☐ |
| 2. Sec II 1948 Children Act | 2 | ☐ |
| 3. Voluntary Agreement Children
1948 Children Act | 3 | ☐ |
| 4. Care Order 1969 C & YP Act | 4 | ☐ |
| 5. Matrimonial Causes Act 1973 | 5 | ☐ |
| 6. Wardship Proceedings | 6 | ☐ |
| 7. Sec 15 Social Work (Scotland)
Act 1968 | 7 | ☐ |
| 8. Sec 16 Social Work (Scotland)
Act 1968 | 8 | ☐ |
| 9. Supervision Order Sec 44
Social Work (Scotland) Act
1968 | 9 | ☐ |
| 0. Other | 0 | ☒ |

15

Parental rights assumed under Section 2 of the
Children Act 1948 as amended by Section 57 of
the Children Act 1975

On

16

*a) Parents notified of responsibilities under
Section 56 of Children Act 1975

On

Or

*b) Section 56 of Children Act 1975 does not
apply

Because

*delete as appropriate

17.

Health (please tick)

1. Normal - no known illness
2. Recurring illnesses such as diabetes, asthma, heart condition, eczema. Please give the details.

1	☒
2	☐

- a. _____
- b. _____
- c. _____

3. On medication (please tick)

YES	☐	1
NO	☒	2

Please give details of medication:-

18.

Name of family doctor _____

Address _____

Telephone No. _____

NOTE: A SEPARATE MEDICAL FORM REM OR RNM MUST BE COMPLETED AND ACCOMPANY THIS APPLICATION

19.

Ascertained Handicaps (please tick)

1. Physically handicapped
2. Mentally handicapped
(ESN(M)/ESN(S))
3. Maladjusted
4. None

1	☐
2	☐
3	☒
4	☐

If the child has more than one handicap please tick the one which has been used by DES for ascertainment purposes.

20.

Source of Referral (please tick)

- | | | |
|--|---|--------------------------|
| 1. LASSD | 1 | ☐ |
| 2. Self-referral e.g. parents, relatives | 2 | ☐ |
| 3. Voluntary agency other than Barnardos | 3 | ☐ |
| 4. Barnardo transfer | 4 | ☐ |

21.

Reasons for Referral - only tick if the reasons directly influence the present referral. If there are a number of reasons for referral please tick all relevant categories in questions 21, 22, 23 and 24.

Abuse (please tick)

- | | | |
|---|---|--------------------------|
| 1. Subject to physical abuse - hitting by parent or relative | 1 | ☐ |
| 2. Physical neglect | 2 | ☐ |
| 3. In need of care and protection as defined by Sec I 1969 C & YP Act | 3 | ☐ |

22.

Criminal (please tick)

- | | | |
|--|---|--------------------------|
| 1. Court order arising from criminal offences by the child | 1 | ☐ |
| 2. Sexual misbehaviour by the child | 2 | ☐ |
| 3. Sexual misbehaviour by an adult with the child | 3 | ☐ |
| 4. School non-attendance | 4 | ☐ |

23.

Family Illness and Handicap

- | | | |
|---------------------------------|---|--------------------------|
| 1. Acute parental illness | 1 | ☐ |
| 2. Chronic parental illness | 2 | ☐ |
| 3. Parental mental illness | 3 | ☐ |
| 4. Parental mental subnormality | 4 | ☐ |

24.

Personal/Social

- | | | |
|---|---|-------------------------------------|
| 1. Child has left home | 1 | ☐ |
| 2. Parents refuse to have the child at home | 2 | ☐ |
| 3. Homelessness of parents | 3 | ☐ |
| 4. Marital break-up | 4 | ☐ |
| 5. Foster Home breakdown | 5 | ☐ |
| 6. Beyond parents' control | 6 | ☒ |
| 7. Other | 7 | ☐ |

Please give details of other

1

2

3

4

25.

Age on admission 124 4m

26.

Ethnic Origin (please tick)

- | | | | |
|--------------|--|---|-------------------------------------|
| 1. Caucasian | - UK, Ireland & Europe including those born in other countries but of Caucasian origin | 1 | ☒ |
| 2. Negroid | - Africa including those born in other countries but of negroid origin | 2 | ☐ |
| 3. Indian | - India including those born in other countries but of Indian origin | 3 | ☐ |
| 4. Asian | - Including those born in other countries but of Asian origin | 4 | ☐ |
| 5. Mixed | - Including any of the categories mentioned above | 5 | ☐ |

27.

Place of Birth (please tick)

- | | | |
|------------------------|---|-------------------------------------|
| 1. UK - including Eire | 1 | ☒ |
| 2. West Indies | 2 | ☐ |
| 3. Africa | 3 | ☐ |
| 4. India | 4 | ☐ |
| 5. Asia | 5 | ☐ |
| 6. Europe | 6 | ☐ |
| 7. Unknown | 7 | ☐ |

28.

If not born in UK state year of arrival _____

29.

Number of siblings 6

1954
Include half siblings and those not residing at home at the present.

Please do not include foster children.

30.

Position in family 4th of 7

Please indicate as follows

1st of 4

4th of 6 etc.

31.

School (please tick one box and give the name of the last school attended before admission to the unit. (Please fill in even if the child has been suspended or left school).)

- | | | |
|--|---|-------------------------------------|
| 1. Ordinary schools - infants, junior etc. | 1 | ☐ |
| 2. Special school | 2 | ☒ |
| 3. None | 3 | ☐ |

Name of school last attended

Residential

32.

School facts (please tick)

- | | | |
|--|---|-------------------------------------|
| 1. Progressing normally - no known school problems | 1 | ☐ |
| 2. Not progressing normally - eg not working to level of known ability | 2 | ☐ |
| 3. ESN - child is ascertained as such | 3 | ☐ |
| 4. Truant - child has a record of persistent truancy | 4 | ☐ |
| 5. School refusal - diagnosed as such by teachers or child guidance service | 5 | ☐ |
| 6. Behaviour problem - described as being disruptive in class, suspended or expelled from school, known to assault teachers and children | 6 | ☒ |
| 7. Other - please indicate | 7 | ☐ |

33. a.

Has the child had contact with other agencies before admission to care (Please tick)

YES	☒	1
NO	☐	2

b.

If the answer is YES to the above question please tick which of the following agencies have been involved -

- | | | |
|---|---|-------------------------------------|
| 1. School Psychological Service | 1 | ☒ |
| 2. Child Guidance Service | 2 | ☒ |
| 3. NSPCC | 3 | ☐ |
| 4. Voluntary Agency-other than Barnardo's | 4 | ☐ |
| 5. Education Welfare Office | 5 | ☐ |
| 6. School pastoral service/social worker | 6 | ☐ |
| 7. Probation Service | 7 | ☐ |
| 8. LASSD | 8 | ☒ |
| 9. Other | 9 | ☐ |

Self Destructive behavioural tendencies

(Please circle)

34.

1. The child has a record of self inflicted injuries YES / ☒ NO
2. The child has threatened suicide YES / ☒ NO
3. The child has attempted suicide YES / ☒ NO

35.

Has the child been convicted of any indictable offences (please tick) YES 1 ☐

NO 2 ☒

36.

Number of Court Appearances for indictable offences _____

37.

Estimate No. of offences

Please give the number of known offences for previous year. Take the date from filling in this form _____

38.

Types of offences - If the child has been convicted of any of the following offences, please tick the appropriate category.

- | | | |
|--|---|--------------------------|
| 1. Dishonesty - stealing, receiving | 1 | ☐ |
| 2. Sexual - rape, indecent assault | 2 | ☐ |
| 3. Assault - grievous bodily harm | 3 | ☐ |
| 4. Motoring - taking and driving away, driving under age | 4 | ☐ |
| 5. Malicious damage to property etc. | 5 | ☐ |
| 6. Arson - actual or attempted | 6 | ☐ |
| 7. Drug offences - possession of drugs, "peddling" | 7 | ☐ |
| 8. Other | 8 | ☐ |

39.

Religion of the child

40.

Date and Place of Baptism (if appropriate)

Question No.

41.

Home Base - the child's present home base is -

1. Family home

1

☒

2. Relatives' home

2

☐

3. Foster home

3

☐

4. Other

4

☐

5. None

5

☐Family Profile

42.

Present Living Situation

1. Both natural parents at home

1

☐

2. Mother only

2

☐

3. Father only

3

☐

4. Mother and stepfather

4

☒

5. Father and stepmother

5

☐

6. Mother and cohabitee

6

☐

7. Father and cohabitee

7

☐

8. Foster parents

8

☐

9. Adoptive parents

9

☐

10. Relatives

10

☐

11. Other

11

☐

43.

Circumstances of Child's Natural Family

1. Only one marriage - intact

1

☐

2. Mother separated

2

☐

3. Mother divorced

3

☐

4. Mother deserted

4

☐

5. Mother dead

5

☐

6. Mother re-married following death or divorce

6

☒

7. Father separated

7

☐

8. Father divorced

8

☒

9. Father deserted

9

☒

10. Father dead

10

☐

11. Father re-married following death or divorce

11

☐

12. Both parents dead

12

☐

13. Single parent - unmarried

13

☐

14. Inconsistent parents have problems leaving each other but returning

14

☐

15. Mother is cohabiting

15

☐

16. Father is cohabiting

16

☐

17. Other

17

☐

44.

State in respect of the parents:

(a) If divorced: Date _____
Court _____

(b) If separated (legally or mutually):
Date _____
Court _____

(c) Legal custody of children given to:

(d) Care and control given to:

(e) Details of maintenance order, where applicable:

Date _____

Court _____

Amount { Mother _____
 { Child _____

45.

(person with whom child
Father or Father-Figure normally resides) --

Occupation - please include a full description
 of father's occupation. If unemployed please
 give details of previous work:-

46.

Father's particulars
 (legitimate child)

Alleged or putative
 father's particulars
 (illegitimate child)

delete as
 appropriate

(a) Full name _____

(b) Date of birth _____

35

(c) Religion _____

(d) Home address (when child received into care)

47.

Details of affiliation order (if applicable)

Name of court _____

Date _____

Amount _____

48.

Ethnic Origin (please tick)

- | | | |
|--|---|-------------------------------------|
| 1. Caucasian - UK, Ireland & Europe
including those born in
other countries but of
Caucasian origin | 1 | ☒ |
| 2. Negroid - Africa including those
born in other countries
but of negroid origin | 2 | ☐ |
| 3. Indian - India including those
born in other countries
but of Indian origin | 3 | ☐ |
| 4. Asian - Including those born in
other countries but of
Asian origin | 4 | ☐ |
| 5. Mixed - Including any of the
categories mentioned
above | 5 | ☐ |

49.

If immigrant please state year
 of arrival in Great Britain _____

Mother or Mother-Figure (person with whom child normally resides)

50.

Occupation - if mother is not working please give a full description of her previous employment:-

51.

Mother's particulars

- (a) Full name _____
- (b) Maiden name _____
- (c) Known as _____
- (d) Former married name/s _____
- (e) Date of birth _____ 36
- (f) Religion _____
- (g) Home address (when child received into care)
- _____
- _____

52.

Ethnic Origin (please tick)

- | | | |
|---|---|-------------------------------------|
| 1. Caucasian - UK, Ireland & Europe including those born in other countries but of Caucasian origin | 1 | ☒ |
| 2. Negroid - Africa including those born in other countries but of negroid origin | 2 | ☐ |
| 3. Indian - India including those born in other countries but of Indian origin | 3 | ☐ |
| 4. Asian - Including those born in other countries but of Asian origin | 4 | ☐ |
| 5. Mixed - Including any of the categories mentioned above | 5 | ☐ |

53.

If immigrant please state year of arrival in Great Britain _____

Question No.

54.

Information completed by

55.

Date when form was completed

Question No.

FOR BARNARDO USE ONLY

56. Outcome (please tick)

- 1. Accepted
- 2. Not accepted

✓

57. Date of admission

9-8-77

58. Name of Unit requested

Barnardo

59. Name of Unit allocated

60. Date of discharge

1-10-78

Question No.

61.

DISPOSAL (please tick)

1. Parents' home	1	☒
2. Relatives' home	2	☐
3. Foster home	3	☐
4. Placed for Adoption	4	☐
5. Bedsit accommodation	5	☐
6. Lodgings	6	☐
7. Independent accommodation with support	7	☐
8. Hostel	8	☐
9. LASSD O & A Centre	9	☐
10. LASSD Community Home	10	☐
11. LASSD CHE	11	☐
12. LASSD Special School	12	☐
13. LASSD Mental Subnormality Hostel	13	☐
14. Other Barnardo Unit	14	☐
15. Other Voluntary Agency Unit	15	☐
16. Barnardo CHE	16	☐
17. Barnardo Special School	17	☐
18. Psychiatric Unit	18	☐
19. Mental Subnormality Hospital	19	☐
20. Sheltered Housing Accom.	20	☐
21. Sheltered Living Unit for MH	21	☐
22. Sheltered Living Unit for PH	22	☐
23. Further Education - Residential	23	☐
24. Further Education + Lodgings	24	☐
25. Remand Home	25	☐
26. Retention Centre	26	☐
27. Borstal	27	☐
28. Prison	28	☐
*29. Other	29	☐

BARNARDO'S SCOTTISH DIVISION		CHILD INFORMATION SHEET	
DETAILS OF CHILD AND FAMILY			
Name	Agnes Watson	Religion	protestant
D.O.B.	30.3.65	Handicap (if any)	
Parents		Addresses	
Mother	Mrs Agnes Watson/Palmer	82 Wellhouse Crescent, Easterhouse.	
Father	Mr Archie Palmer	" "	
Barnardo Unit	Thorntoun	Group within Unit	Iona
Barnardo Social Worker	Liz Swan	Member of Staff Responsible	
Local Authority Responsible		Strathclyde Region	
Local Authority Social Worker Name, address and Tel.No.			
Act/Section in care and Parental Rights details if applicable			
Family known to Local Authority since			
Details of previous admissions into care			
Details of Police involvement and Panel appearances (if any)			
Family G.P. - Name, address and telephone no.			

Details of Holiday/Weekend Placements

Foster Friends - Names, addresses and telephone numbers

Other Relevant Information and Comments

file

NOTIFICATION CONCERNING LOCAL AUTHORITY CHARGE

D.O. 712 (1/73)

To: Local Authority Accounts Section
Child Care Department
Dr. Barnardo's
Tanners Lane
Barnsley
West Yorks
S70 10G

Division 244 Office

- NOTES: 1. Complete child's name and the Responsible Authority/District and then Parts 1-5 of this form.
2. This form is only submitted for new cases to be charged or when a change in circumstances affecting a charge occurs.

Responsible Authority/District:
(the authority of district to be charged)

Address to which invoices should be sent if different from above

Child's name:

WATSON

ARNES.

PART 1-NEW ADMISSION/ACCEPTANCE

Date of birth:

Current maintenance charge

Date of admission/acceptance:

Special rate:

Admitted to:

Admitted on:

PART 2-TRANSFER/HOSPITAL*/HOLIDAY (Including Regular Holiday Card)

Child transferred to:

from:

On holiday during period from:

Exempt normal school holidays away from unit:

Entered hospital:

Date admission hospital:

*Maintenance charge applicable
(if different from that already notified)

PART 3-INCIDENTAL EXPENSES TO BE ADDED TO NEXT ACCOUNT (Give brief details)

Clothing

£

S. 1000

£

Public transport

£

S. 1000

£

From

To

Private car mileage

£

S. 1000

£

.....miles @p.m.

Hobbies and recreation

£

S. 1000

£

Miscellaneous

£

S. 1000

£

Holidays

£

S. 1000

£

Period.....

PART 4-DETAILS OF ANY OTHER FACTORS AFFECTING L.A. CHARGE

(Continued over if necessary)

PART 5-CASE CLOSED

Signature:

M. H. Waller

Date:

14.10.78

All communications should be addressed to Divisional Education Officer

STRATHCLYDE REGIONAL COUNCIL

DEPARTMENT OF EDUCATION — GLASGOW DIVISION

EDWARD MILLER, M.A., M.Ed.
Director of Education

~~S. T. BAIN, C.B.E., M.A., B.Sc., B.Ed., J.P.~~
Divisional Education Officer

In Reply
Please Quote SS/BBB/MB

Your Reference is.....

Date 13 September 1977

129 BATH STREET
GLASGOW, G2 2SY
204 2900

Telephone: 041-221-9600-Ext. 2806...

The Divisional Administrative Officer
Scotland
Dr Barnardo's Scottish Divisional Office
22 Drumsheugh Gardens
EDINBURGH EH3 7RP

Dear Sir

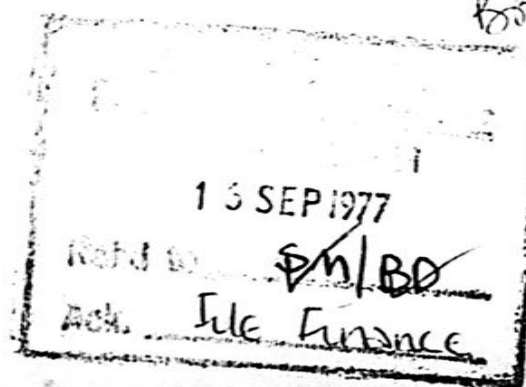
AGNES WATSON (30 3 65)
82 WELLHOUSE CRESCENT, GLASGOW G34

I have to acknowledge your letter of 5 September regarding the above-named pupil who has recently been admitted to Thorntoun School, Kilmarnock.

I have to advise you that financial responsibility for her education and maintenance at Thorntoun School is hereby accepted by the Glasgow Division of the Strathclyde Region.

Yours sincerely

J. N. Cameron
Divisional Education Officer



DEPARTMENT OF HEALTH AND SOCIAL SECURITY

CONFIDENTIAL..... THORNTON School or Home**MEDICAL RECORD**Name WATSON AGNES Date of Admission 9/5/77
(Block capitals, surname first)Date of Birth 30/3/65 Sex F Register Number**PERSONAL HISTORY**

Number in family
 Place in family
 Age of walking
 Age of talking
 Bowel control
 Bladder control
 (Age of the menarche)

Prophylaxis

Diphtheria
 Smallpox
 Whooping Cough
 Tetanus
 Poliomyelitis
 B.C.G. Vaccination
 Other

PREVIOUS MEDICAL HISTORY

Whooping Cough Tuberculosis
 Measles Rheumatism
 Diphtheria Chorea
 Scarlet Fever Fits
 Mumps Bed wetting
 Chickenpox Other
 German Measles

Operations
 Injuries

SCHOOL HISTORY

(e.g. Absence through illness; attendance at a
 Special School; results of any mental test.)

.....

FAMILY HISTORY (Important illnesses or defects)

Father
 Mother
 Siblings
 Others

CONDITION ON ADMISSION

(e.g. General appearance; demeanour; cleanliness
 any marks of injury or violence.)

.....

GENERAL MEDICAL INSPECTIONS

(V—Normal ×—Abnormality present)

Details of abnormal conditions should be noted on opposite page. It is important that **any** significant abnormality or sign of injury should be noted, whatever the apparent cause. The vision should be tested with Snellen's Type at 20 feet and the hearing for ordinary conversational voice at the same distance.

[illegible]

CLINICAL NOTES

Record of illnesses and treatment; immunizations; results of special examinations, e.g. ophthalmic; notes on medical inspections.

Date

12.8.77

below fingers 4 & 5 & 5th finger R hand
after old burn → Plastic surgery

[illegible]

(Weight to be taken in a single garment)

[illegible]

CONDITION ON DISCHARGE

Date.....

Dd. 161112 K640 12/71 Ed (8850)

25

DR. BARNARDO'S

Head Office: Turners Lane, Barkingside, Ilford, Essex

Application Register No.

Divisional/Area Office

FREE DOM FROM INFECTION CERTIFICATE

To be signed by Medical Practitioner.

This is to certify that

Agnes Watson

is/~~are~~ free from infectious or contagious disease; from all infectious skin complaints; and to the best of my knowledge and belief has/~~have~~ not recently been in contact with any persons suffering from infectious or contagious disease.

SIGNED

Thel. 11

DATE

3rd March 1978



ADMISSION MEDICAL REPORT FORM

AO 230

Application Register No.

DIVISIONAL OFFICE

Note: This form to be completed by a registered Medical Practitioner.

Name of Candidate Agnes Watson

Date of birth

30/3/65

1. MEDICAL HISTORY

(a) Please give details of any admission to Hospital, or any serious or chronic illness from which the child is known to have suffered.

Appendicitis - ? age 2

(b) Has candidate been known to suffer from any of the following?

(Please give details)

1. Skin diseases No
2. Fits, convulsions, or seizures of any kind No
3. Asthma, tuberculosis or other respiratory disease No
4. Enuresis or soiling or any symptom of emotional or nervous disorder None recently - enuresis until 1 year ago
5. Recurrent sore throats, nasal infection or ear discharge No
6. Any bowel or urinary infection No
7. Any other infection which could be passed on to other children, including Parasitic infestation No

2. EXAMINATION

Eyes and Vision $\frac{6}{6}$ (R) & (L) NADEars and hearing (R) chm injected
Haw -

Nose and throat and speech NAD

Teeth Fair

Heart and lungs NAD

Abdomen NAD

Locomotor system NAD

Feet Callus on basal toes

3. HAS CANDIDATE HAD:

Measles? No

Chicken Pox? No

Scarlet Fever? No

Whooping Cough? No

Diphtheria? No

Mumps? No

Any other infectious diseases?

No

4. GENERAL OBSERVATIONS

1. General State of Health Good

2. Mental development in relation to age (This must be answered)

Below average

I.Q. if known Not known

3. Any other observations

Signature of Medical Examiner

J. A. L. M. S. U. S.

Date

3rd March 1978

Address

11 New Lills Rd.
Glasgow G33



To: Mr and Mrs Palmer
82 Wellhouse Crescent
Easterhouse
GLASGOW

Dear Mr and Mrs Palmer

Date 5th September 1977

**FORM OF CONSENT TO ROUTINE MEDICAL AND DENTAL TREATMENT, IMMUNISATION,
AND EMERGENCY MEDICAL TREATMENT**

Name of child Agnes Watson

In order to ensure the general health and well-being of the above child, we are anxious to have your consent to:

- (a) Routine medical examinations and treatment as recommended by a Medical Officer and dental inspections and treatment, including the administration of anaesthetic for this purpose, if necessary;
- (b) The carrying out of various standard immunisations and vaccinations, i.e. smallpox; diphtheria; whooping cough; BCG (tuberculosis); tetanus (lockjaw); poliomyelitis; measles.

It is necessary to obtain parental consent whenever surgery or anaesthetic are required and although in all circumstances we would make every effort to obtain your prior consent, there could be an occasion, for example in the event of sudden illness or accident, when (child's name) urgently required treatment, including an operation or anaesthetic. In these circumstances, we should be pleased if you would agree to a senior member of the Barnardo staff giving consent to the medical authorities on your behalf. Should this be necessary you would be informed of the circumstances as soon as possible. May I emphasise that whenever possible you would be consulted for your consent in advance of treatment.

If you agree, would you kindly sign and return the attached tear-off portion.

If you would rather discuss this further, please let me know.

Yours

Divisional Children's Officer

Form of Consent to Routine Medical and Dental Treatment, Immunisation, and Emergency Medical Treatment	
To: Divisional Office	From:
I agree to <u>AGNES WATSON</u> (child's name) being medically examined from time to time; having dental treatment, including the administration of an anaesthetic for this purpose if necessary, and in a case of serious emergency, to be given whatever medical treatment is required, including anaesthetic or operation as recommended by a medical officer. I also agree to the carrying out of the various immunisations and vaccinations mentioned below, unless they have already been given.	
Signature <u>CA Palmer</u> (mother/father/guardian)	Date <u>5/3/78</u>
or signature of representative _____	Date _____
_____ Local Authority/Area Board	
If any immunisations or vaccinations have already been carried out please indicate below, dates of treatment and the places at which they were given.	
Smallpox _____	Poliomyelitis <u>YES (DON'T REMEMBER DATE)</u>
Diphtheria <u>YES (DON'T REMEMBER DATE)</u>	Measles _____
Whooping Cough <u>YES (DON'T REMEMBER DATE)</u>	Other (please specify) _____
Tetanus (Lockjaw) _____	_____
BCG (Tuberculosis) _____	_____

cc Thorntoun
Byres Road
SH/File

REPORTAGNES WATSON

Case Records, 2 October 1978

Called to see the Palmers on the evening of 20 September, following a phone call from Mrs Scott telling me of Agnes' return home following on her difficult behaviour at school. It was suggested that she return to Thorntoun as soon as possible, the parents coming down at a later date to discuss Agnes's future.

A very difficult interview - Agnes sitting tearfully in a corner taking a lot of abuse from her mother and her sisters - Mrs Palmer becoming hysterical and rushing from the room as the discussion continued.

Mr Palmer was able to talk constructively about Agnes' difficulties and how they will cope with her return home. Agnes can certainly be very difficult, and unhappily this is a family who have neither the capacity to understand the child nor the qualities necessary to cope with her difficulties.

If she is agreeable and peaceable there will be no problem, but if she is objectionable in any way she will find the whole family against her. This is not to say that other members of the family are amenable, but it seems that Agnes is the scapegoat, and behaviour from the others which is tolerated is found to be totally unacceptable when the source of the trouble is Agnes.

Agnes was very willing to return to school the following morning, and this was arranged. Parents agreed to visit the school in the near future.

I wrote to the Palmers on 21st, suggesting they come to the school on 29 September. Mrs Palmer phoned on Tuesday 26 and I arranged to take them both to Thorntoun and return with Agnes.

Agnes greeted me immediately on arrival with the news that she was leaving Thorntoun immediately. Will be admitted to Canniesburn Hospital on 2 October, meantime discussions will take place with Miss Cumming about a possible place in Ladywell Day School in Glasgow. Agnes seems quite keen to go there. She has known Miss Cumming for a number of years and seems happy to go along with her suggestions. Mrs Palmer also happy if this could be arranged. She would be reluctant to let Agnes go to the local secondary school, which she feels would create further difficulties.

I do feel that Agnes has been away from home for such a long time that a continuation of residential schooling would militate against successful return to the family. However, both she and her mother are emotionally fragile, and problems are likely to continue.

LIZ SWAN
Social Worker

3 October 1978
ES/EW

REPORTAGNES WATSONRecord of visits for week ending 7 February 1978

Mrs Palmer was not feeling too well, and in fact had been in bed for the last few weeks; she says she has a pain in her back. However, when I arrived she was sitting by the fire, and looked fairly well. Mr Palmer was getting on with the washing, and apparently had been making all the meals. I really think Mrs Palmer quite enjoys the situation, and indeed is fortunate in having someone like Mr Palmer, who seems very happily to get down to the task of looking after her while she is ill, which is quite often.

Patricia and Mary Lou were at home, and little Archie, and it was quite evident that Mr Palmer has easily slipped into the role of father in this family. He really does take an active interest in all of the children, indeed more so than Mrs Palmer. He said Agnes had had a very good weekend, and had been most helpful, and he did notice that Sally and Joanne were out of the house at the weekend as they were staying with friends, and he feels that it is Sally and Joanne who are baiting Agnes when she is at home, and that this is when the difficulties occur.

Both Mr and Mrs Palmer, with some relief, said that they were hopeful that Archie would get into school this summer. He is an extremely active child, and awakes very early in the morning. If he doesn't get into school this summer, I believe it will be another year before he can commence.

Patricia's baby due in a few weeks' time, and they have definitely decided not to apply for a house of their own until after the birth of the baby.

ELIZABETH SWAN
Social Worker

8 February 1978
ES/EW

REPORTAGNES WATSONCase records for week ending 6 January 1978

Visited the Palmer family a few days after New Year. According to Mrs Palmer the holiday had gone very well. I was somewhat concerned about this, as Agnes's sister Martha

3rd party information

3rd party information

3rd party information

Martha

3rd party information

I feel that from Agnes's point of view this was one of my more successful visits. She was more willing to take part in the conversation, and spoke happily about all the events that had taken place during the holiday, and showed me the new puppy dog which had arrived. Agnes is looking forward to returning to Thorntoun, but Mrs Palmer does keep reminding her that she should be preparing to return to secondary school in Easterhouse at least within a year. This is certainly a change of heart, and

3rd party information

Martha.

Patricia is very well, and looking forward to the birth of her baby in March.

3rd party information

MRS E SWAN
Social Worker

10.1.78

ES/EW

Copy 28.

AGNES WATSON

Case Transfer:

In this case I have found it necessary to concentrate on the respective backgrounds of Agnes' mother and her common-law husband. This individual therapy has developed from my earlier contacts with the family. In these initial interviews discussion was continually interrupted by the children or by Mrs Palmer's hospitality. Contentious subjects were often avoided by offers of tea and cakes or discussion about food or neighbours.

Mrs Palmer:

She is a heavy smoker and this expression of her anxieties is allied to continuous viewing of television. Her background was unsettled as marriage to Mr Watson ended after the birth of the first two children. She 3rd party information still suffers from intermittent epileptic fits.

Archie Palmer:

He has lived with Mrs Palmer for 4 years. He is a regular worker and at present on the oil rigs in Aberdeen. He sends home regular allowances and the children, including Agnes, appear fond of him.

Marital Relationship:

Archie expresses more desire to marry than Mrs Palmer. She is still married to Mr Watson. The Palmer's relationship appears reasonably settled with Archie always willing to assist in housekeeping.

Agnes:

She had a reasonably settled holiday. Her relationship with Archie is good, with her calling him "Dad". Her mother seems slightly ambivalent towards her daughter; accepting positive comments but always adding negative provisos. Agnes' lack of femininity, her love of football. The fact that Agnes' surname is Murdoch and not Watson has to be clarified.

Watson children:

Patricia Palmer, Mrs Palmer's daughter (Agnes' mother), is married to Archie Palmer's brother, and they are expecting a baby in 7 months.

3rd party information

Thelma

Work, I believe, must involve discussing more of the past history of the "Palmer-watsons", especially Mrs Palmer's attitude to her husband (Mr Watson), and Mr Murdoch (the father of Agnes), who is the only child who is not a Watson.

The Palmer's are positive about social work intervention. However, I found it most important to define my role within the family. It is extremely easy in this case to become enveloped and allow them to ignore or reject the obvious problems that exist.

MIKE MORAN
Social Worker

MM/MFS
29.8.77

AGNES WATSON

4.8.77 - Home Visit:

Aim:

- 1) Confirm arrangements for Agnes' transfer to Thorntoun.
- 2) Explain transfer of case from myself to Mrs Swan.

Mr & Mrs Palmer:

Agnes Palmer was relaxed although expressing tiredness.

Archie is now in Aberdeen, having obtained work on the oil rigs. The contract is for 5 weeks. Agnes receives £70 per week, the other £50 being deposited in the bank.

He has already written to both Agnes and the children. Mrs Palmer appeared pleased by this financial security. She is already talking of installing a telephone. However, I advised her to be more financially secure before applying.

Family:

3rd party information

Jimmy Palmer -

Martha -

3rd party information

3rd party
information

Mrs Palmer

3rd party information

Martha

3rd party information

3rd party
informatio

Patricia (Mrs Palmer's daughter) and Willie Palmer (Archie's brother), are due to have a baby in seven months. Mrs Agnes Palmer believes Patricia will be allocated a house in Easterhouse. "Billy" works as a waiter.

The other children seem well. Mary Lou (13) was very friendly and asked about qualifications for social work or nursing. She is in the 'O' level class.

Agnes - Seems to have had a good holiday. Relationships at home seem more settled with problems not always blamed on Agnes but on all the girls. Mrs Palmer has bought her a number of clothes for Thorntoun and she has a suitable wardrobe. Agnes is still keen to leave home, however. We talked about the possibilities of Agnes returning home in the future when she is more settled at school. Both Agnes and Mrs Palmer were positive on this subject and talked of Mary Lou's school!

9.8.77 - Visit to Thorntoun:

Mary Lou and Mrs Palmer accompanied Agnes to the School. They all helped Agnes unpack and all three were allowed to sit in the room and chat. This link between home and School relaxed everyone and although Agnes was excited, there were friendly goodbyes. Mrs Palmer asked Agnes for a kiss which she embarrassingly refused, however, she waved to us as we left.

All the family are aware of Mrs Swan's involvement in the family and a joint interview was arranged.

MIKE MORAN
Social Worker

AGNES WATSON

26.7.77 - Home Visit:

Aims:

- 1) Concentrate on the individual backgrounds of Mr Archie Palmer and Agnes.

Agnes was born in Maryhill and lived with her parents. At 16 she married Mr Watson. He is the father of Martha and Patricia. She

3rd party information

With Mr Watson's departure, the two children moved in with their grandmother while Agnes joined the buses

3rd party information

Joanne and Sally, the two youngest, possess the surname Watson. However, Agnes (aged 12) has on her birth certificate the surname Murdoch.

ARCHIE PALMER:

Is one of 16 children all of whom live around Maryhill. He never married and lived with his mother until moving in with Agnes five years ago. He admitted

3rd party information

3rd party information

He worked for a number of years on the "dustbins" but since leaving this employment has had a variety of labouring jobs.

MARITAL RELATIONSHIP:

Archie and Agnes are not married. Agnes is still married to Mr Watson. My enquiries as to whether Agnes wished to divorce were met with lukewarm response from Agnes. Archie wants to marry. Agnes stated she couldn't obtain a divorce; when I informed her of the 5 year separation clause, she again avoided the divorce situation. Finally she shrugged and admitted that at present she didn't wish to marry. However, their relationship seems fairly settled. Archie works around the house, often cooking and washing. When at work he always hands over his wages. He

3rd party information

he showed no acrimony or bitterness and does, I believe, have every affection for Agnes.

CHILDREN:

Martha,

3rd party information

All the younger children, from Agnes down, believe their father is in London, an illusion the Palmer's support. The older children, including Mary Lou are aware that Agnes is the only Murdoch in the family. When I asked why Agnes had not been told they said they did not wish to upset her. Why then did Mary Lou know? Because she is older. I emphasised the importance of telling Agnes very soon.

Archie,/

AGNES WATSON:

Archie, the youngest child, is the Palmer's child. Agnes
3rd party information

3rd party information

ASSESSMENT:

The couple were open about their life history, although Agnes was ambivalent of the period around the birth of the four middle girls.

Two factors are significant - the lack of enthusiasm of Agnes to marry Archie; and the parentage of the daughter, Agnes Murdoch, and the complicity surrounding the name.

Mrs Palmer, v
3rd party information

3rd party information

Agnes Watson's position is confusing. The fact that she is the only child with a different name must indicate some degree of scapegoating. Agnes' parentage must be discussed.

MIKE MORAN
Social Worker

MM/MFS
12.8.77

copy 28.

AGNES WATSON

5.7.77 - Home Visit with Shirley Gray, RSW Thorntoun School:

AIMS:

- 1) Confirm links between Thorntoun (through Miss Gray), Social Worker and Palmer family.
- 2) Give support to Agnes - Palmer family.
- 3) Consolidate and emphasise contract between myself and Palmer family.

FAMILY INTERACTION

Present during interview were Mr & Mrs Palmer, Agnes, Patricia, myself and Miss Gray.

Agnes sat on the couch beside myself and Miss Gray. Mr & Mrs Palmer sat together, while Patricia sat in the corner; we all faced each other.

Throughout the interview, two subjects dominated, Archie, the Palmer's 3 yr old son and the future Orange Lodge March. When either I or Shirley Gray endeavoured to include Agnes into the conversation, it was usually ignored or the subject directed.

MARITAL RELATIONSHIPS

Both Mr & Mrs Palmer are strong characters, with Mrs Palmer the more dominant. Mr Palmer, at present unemployed, hopes to gain work in Aberdeen soon. While at home he goes shopping with his "wife" and they sometimes go dancing. The Orange Lodge is there main social link. All the family attend the Club.

The couple talked warmly of stories related to Marches and neither appeared to relate the lodge to particular religious discrimination. However, Mrs Palmer

3rd party information

3rd party information

Mr Palmer commented on his wife's love of television. She does literally watch from, if possible, 8 a.m. till closedown. There was no acrimony in his comment, it is an accepted part of the Palmer household.

Mr Palmer admitted to feeling ill at ease around the house due to not working; however, he helps around the house and did make tea.

ARCHIE PALMER -SON

3rd party information

Each/

AGNES WATSON(Contd)

3rd party information

Archie 1 3rd party information

3 All the family talked about him, including Agnes, who it seems is the
r one person able to relate well with her brother.

d

p AGNES:

a She was quiet throughout the interview. Shirley continually joked with
r her but had little response due to the pressures and influence of Mrs
t Palmer in the conversation.

y

i She did admit to concern about Joyce, an ex-resident of Thorntoun,
r and relieved that she had left. She had no other questions; perhaps
f because some of her family had asked or enquired despite opportunities.

o

r Agnes did say when asked about missing Nerston, that she had liked it.
r She wanted to go to Thorntoun now and leave home. A dominant element
m in Agnes' behaviour was that questions asked by myself or Shirley were
a often replied with a cynical, wry humour. ("What are you doing now?
t Nothing - sitting here") Mrs Palmer then interjected, calling her
i daughter "cheeky".

o

r Agnes never spoke out of turn and only interjected when talking about
r Archie.

She looked very nice, in a dress and bright socks. Shirley and I
commented on how she looked. Compliments were received by the family
with scepticism and by Agnes with embarrassment, even denial.

ASSESSMENT:

3rd party information

Archie.

3rd party information

Mrs Palmer
3rd party
information

3rd party information

Mr Palmer now appears to be seeking work away from home. However, the
Palmer's still appear fairly close; but the stresses within their marriage
may be reflected through Archie

3rd party information

Where does Agnes fit in? Does she? When I asked how she had enjoyed her
days at home, she said she hadn't. Mrs Palmer when talking about Agnes
raised her eyebrows, but could not substantiate further; and could only
retell one story of taking a box of chocolates, of which all the children
were involved in.

Further/

AGNES WATSON(Contd)

Further work will involve contacting with her knowledge, local doctor, to confirm her illnesses.

I have already began commenting on her continual smacking, but she receives assistance from Mr Palmer although he realises the damage it is causing.

Questions to be answered:

- 1) Why does she watch so much television -

3rd party information

- 2) Is Archie,

3rd party information

MIKE MORAN
Social Worker

MMK/MFS

25.7m77

AGNES WATSON

30.5.77 - Home Visit:

Composition of Household -

Agnes Watson Palmer	Housewife
Archie Palmer	Working in England
Mary Lou, 13 yrs	Schoolgirl
Joanne, 10 yrs	"
Sally, 7 yrs	"
Archie, 3 yrs	
Martha Palmer	3rd party information
Agnes Warson	Nerston
Patricia, 16 yrs and husband	Waiter
Mr Palmer: (Archie's brother)	

At present Archie is away in Carlisle and returns at two to four week intervals.

Martha, v
3rd party information

Patricia, who married a few weeks ago, now lives with her husband in one of the bedrooms but hopes to have a house nearby within a few months.

Archie's brother, also resides in the house, occupying one of the bedrooms.

Agnes returns every weekend and shares a bedroom with her three younger sisters.

Mrs Palmer
3rd party information

Due to the numbers within the house, Mrs Palmer buys tin foods as she believes it easier to provide meals by this method. She freely admitted the considerable added expense of such a method but endeavours to budget.

Family Situation: Interview with Mrs Palmer and Patricia:

Both Mrs Palmer and Patricia appeared friendly during the visit. Mrs Palmer has a bright personality and showed no indication of embarrassment or nervousness. Patricia was quieter, continually biting her finger nails but well able to contribute to the conversation.

Mrs Palmer, when I asked her if she missed her husband, laughed when she replied she was "glad" he was away. She repeated this later in the interview stating it was much quieter when everyone was out of the house. She and her husband had arguments but nothing serious. Patricia missed her "Dad" and he was a "laugh".

Throughout the interview I was very conscious of close family ties between different relations. During Agnes' sister's funeral, which Agnes and her family paid for, including flying the body by aircraft from London to Glasgow, both sides of the family were well represented. Agnes' mother visits every weekend and stays overnight and relatives continually "hop in and out". There is also good communications between relatives.

At/

AGNES WATSON

At weekends the house, according to Mrs Palmer, is "like hell". This, at first, appeared to be due to Agnes' visits but there is the added "help" of Agnes' mother, who is a little deaf, and thus is "shouted at"; the kids running around the house and Archie's homecoming.

3rd party information

Patricia
3rd party information

Agnes' position within Household:

Agnes' mother said she "dreads" Agnes' return from Nerston; due to the noise and confusion she causes. "She is too rough with the kids" was Mrs Palmer's comment. Mrs Palmer realised it was not deliberate and all the children love her especially young Archie, for whom Agnes has a special affection.

During weekends Agnes is never in the house, usually playing football with the boys of the area. Mrs Palmer, however, always knows of her whereabouts.

Both Mrs Palmer and Patricia joked about Agnes' preference for football and her preference for masculine clothes. When I suggested this was just a stage of development, Mrs Palmer, not vindictively, stated "she'll never change"; an opinion Patricia supported.

They both believed Agnes was "much better" than years ago, but Mrs Palmer was adamant that she could not cope with Agnes for an extended period.

I believe Mrs Palmer was most perceptive of the problems. Agnes will face over her transfer to Thorntoun. She commented that it was only over the last few months she had realised Agnes' educational potential, believing before that Agnes was a "bit slow".

Both Patricia and her mother dismissed my suggestions that Agnes and Archie were continually arguing. This had occurred but it was now Archie and Agnes "against" Mrs Palmer.

Mrs Palmer:

Mrs Palmer was most proud of her house and gave the impression of being a warm, friendly personality. I was offered tea before I had even sat down.

She was ambivalent about relationships with Archie, responding to my questions with cryptic comments of "glad he's away - a lot quieter", coupled with laughter. However, she was proud of the money he was receiving and the family talked openly of presents they had bought for him, especially records. Records are Mrs Palmer's favourite pastime, she buys the "latest pops".

There was obvious concern over Agnes but this was clouded by "the dread" she feels at her visits.

At present Mrs Palmer

3rd party information

3rd party information

AGNES WATSONAssessment:

I found the household to be one of warmth and Agnes' an integral part of the family. I believe much of the disruptive elements that occur at weekends often are blamed upon Agnes when often she is not even in the house.

It is difficult to assess the marital situation and whether it affects Agnes' behaviour, or whether Mrs Palmer Agnes? (especially in relation to Mrs Palmer's comment of alliances against her by Archie and Agnes.)

However, Mrs Palmer is aware of many of Agnes' problems and the difficulties that will arise over transferring of schools.

In future interviews I believe it important to concentrate on:-

- 1) Mr & Mrs Palmer's marital affairs; do they cause conflict within the house - is Agnes "scapegoated"?
- 2) Agnes is at present ridiculed by the family and it must be stressed that she is only passing through an adolescent stage and understanding not derision is required.
- 3) Supporting Mrs Palmer. 3rd party information
3rd party information
- 4) Have a Family Group with all the family represented (this needs time and perception) but I feel Agnes maybe the only one expressing some of the problems within the family.

Note: (Patricia's role - not working - marriage).

MIKE MORAN
Social Worker

MM/MPS
17.6.77

ROYAL HOSPITAL FOR SICK CHILDREN
DEPARTMENT OF CHILD PSYCHIATRY
Out-Patient Clinic

DEPT. NUMBER
P.

DATE SURNAME WATSON OTHER NAMES AGNES DATE OF BIRTH 30.3.65

ADDRESS 82 Wellhouse Crescent, Easterhouse REFERRED BY Mr. Wilson, Nerston

25.1.77

PRESENT AT INTERVIEW Agnes, Mrs. Watson, step father Mr. Palmer, Mrs. Reid from Nerston.

Agnes was referred by Mr. Wilson, Nerston for psychiatric assessment to help decide if a further residential placement was required, when she leaves Nerston and to use such a report towards these ends if this was thought to be necessary.

Complaint: Mother complains that Agnes is bad tempered and irritable during her stay at home in the holidays but is now improving until the last fortnight of these periods. She hits her siblings and denies it. They feel she could not cope if she came back home, especially as the eldest sibling 3rd party information

3rd party information If she needs hitting and goes upstairs and mumbles. The problems began when she was five years old with hitting other children, shouting to the teachers and tearing up school books, although on the whole she was tolerated at school. She began at Nerston when 8 years of age and is happy there. At Nerston she has improved since October of last year and does not want to leave. Before then she had tantrums and exhibited violent behaviour towards other children and staff eg throwing chairs.

SYMPTOMATIC ENQUIRY:

Eating: Good appetite. Parents buy in four loaves extra for her weekends.

Digestion: NAD.

Elimination: BOR. Wet bed once or twice per week.

Pain: None.

Sleep: Retires 7 pm at home. TV in own room. Off to sleep at 9.30pm. Wakens 8.30 am.

TVS: NAD.

RS: NAD.

Activity: Normally active. No tics. Not clumsy.

Spatial: Right handed. NR webbed fingers.

Speech: NAD.

Vision: NAD.

Hearing: Earache frequently. On antibiotic and drops but on the whole unimpaired.

DATE

Temperament: Occasionally shy but frequently forward in her manner. Irritable at times. Parents find "can't talk to her".

Concentration: Concentration and attention good.
Not depressed. Happy. NB aggression towards siblings.

Relationships: Superficially improving with mother and step father but easily upset by siblings. Plenty of friends. No problem making friends. Enjoys football.

Anti-social: Used to take money from mother. No Police trouble. Once stopped with a friend all night before Christmas and did not tell mother.

Attack disorders: None.

Sexual: May have had first period last summer.

Schools: 1. Maryhill P.S. Dislikes teachers. Hard on other children.
2. Nerston.

PERSONAL HISTORY:

Well in pregnancy. Delivered at 8 months at home. Precipitate delivery 2 hours. 8lbs. Well at birth. Thrived. Bottle fed. Milestones essentially normal.

Illness: Right hand burned, in hospital, resulting in some webbing. Measles, mumps, chickenpox, pertussis.

Separations: Hospital and Nerston. Mother.
Biological father: No proper contact.
Good relationship with maternal grandfather. Mr. Palmer. Important figure at 8¹/₂ years of age, when at Nerston, called him Dad, but little proper contact.

FAMILY AND SOCIAL HISTORY:

Mother: 36 Protestant. Housewife. Ex machinist. Married. Epileptic with occasional turns but not taking medications at present
3rd party information
3rd party information

Chesty. Belvidere. Nerves better now but hysterical bouts when children are noisy. 1/6 one sister died aged 2 from burn. One sister 3rd party information Married two years. Three brothers.

PGM: 60. Active.

HGF: Died hospital. 7 years ago. Fluid on the lung.

Biological father: Described as a rogue who came and went. No details offered - out of the picture before Agnes was actually born.
Present paramour Mr. Palmer. 35. Unemployed. Paid £13 more on the panel than when he was working, so no incentive. Health satisfactory. No nervous disorder 1/15. 7 brothers 7 sisters. Frequent visiting. NAD

PGF: Died. Angina. 72, five years ago.

PGM: Alive. Sees her daily age 56.

DATE

Siblings:

Martha

3rd party information

3rd party
information

Patricia 15½ at school. NAD.

Mary Lou 13 NAD.

Agnes - patient.

Joanne Marie 10.

Sarah 8

Archibald 2½ (Palmer)

3rd party information

Present cohabitation - reasonably settled

Home:

Just moved from Maryhill to Wellhouse Crescent.
5 apartment house. Pleased with it.

Income:

Tight. No debts.

AGNES ON EXAMINATION:

Blond, tomboyish girl. Speech normal. Talk free. Uses left hand for writing because of webbing of right hand from burns. Usually happy. Sleeps well. Three wishes - nothing in particular. Interests, walks about, plays at home, discos at school. Spends money on smokes. Likes Nerston. Describes relationship with mother as up and down but on the whole better. Mr. Palmer all right.

Nil of note physically. Infection in right ear. Webbing of fingers of right hand following burn.

DIAGNOSTIC FORMULATION:

Essentially normal girl who has exhibited the slightly superficial shallow relationships and demanding behaviour of a child who has suffered some early deprivation which is quite probable from the social circumstances, although exact details of the first five years are not known. The present family situation is sub optimal to meet her needs as the relationship with her step father is somewhat superficial and her mother remains limited by her personality resources and would be unlikely to cope with the continual testing out behaviour, rivalry with siblings that Agnes exhibits. Her tomboyish behaviour is not unduly alarming but her entry into adolescence will require caring but firm guidance.

RECOMMENDATION: Continue at residential school and apply for Thornton in the first instance.

D.S. James

Copy 18.

STRATHCLYDE REGIONAL COUNCIL

Department of Education -- Glasgow Division
CHILD GUIDANCE SERVICE

Tel. No.—East Kilbride 31537
" " 20059

NERSTON RESIDENTIAL SCHOOL,
EAST KILBRIDE,
GLASGOW, G74 4PD

19.....

SCHOOL REPORT.

AGNES WATSON (d.o.b. 30. 3.65).
82 Wellhouse Crescent,
Easterhouse, Glasgow.
Stanford Binet Form L - M I.Q. 83.

AT PRESENT A PUPIL IN NERSTON RESIDENTIAL SCHOOL.

Agnes was originally referred to Child Guidance by the Headmistress of the Primary School in December 1971 for extreme anti-social behaviour towards other children in her class. Outwith school she fought with her sisters and would run away from home, not returning until very late. In addition to her behavioural problems Agnes also suffered from chronic enuresis.

By April 73 Agnes was more settled in class but there^{was} still outbursts of aggression in the playground and reports of petty thieving. Because of the continuing problem of control at home Agnes was recommended for residential placement and was admitted here in October 1973.

During her three year period here Agnes has made progress both socially and educationally but outbursts of aggression still occur. Indeed her behaviour in the classroom has been summarized by one teacher as a trinity: charming, helpful, polite; very withdrawn, easily upset, insecure; and awkward, stubborn, disruptive.

When in the mood to work Agnes works well and is keen to learn. When tested recently her educational attainments were:

Schonell Silent Reading Test A R.A. 12 y 8 mths.

Schonell Word Recognition Test R.A. 10 y 2 mths.

In Arithmetic she has a good grasp of all four basic rules in number and money.

Agnes' main interest is in drama. Last year she had a leading role in a series of situation drama programmes prepared by visiting student teachers from Hamilton College of Education. With her strong personality Agnes set the pace for the other participants.

In out of school hours Agnes enters into all group activities with tremendous energy. Her main interests are swimming and football. In swimming she has gained a number of preliminary tests and in football she is the best player in the school at present.

Over the past few months the more ^{feminine} ~~feminine~~ side of her nature has begun to appear. She is taking a greater interest in her/-

/in her personal appearance - even on the football pitch - and in the evening she joins the other girls in playing 'houses' and dressing dolls.

Although the school has received full co-operation from Agnes' mother and step-father, ~~Mrs~~ & Mrs. Palmer, both are quite adamant that to have her home full-time would be too much for them and the other members of the family. Because of the rather organised chaotic state of the home and the number of house changes over the past three years full time residence at home would be too unsettling for Agnes.

To return Agnes to a secondary school would, of course, not be practical at present. It is therefore felt by the writer that placement in a residential setting which offers secondary education and fairly frequent visits home should be the next step for Agnes.

.....

REF: WCW/JS.
4th October, 1976.

L.C. Palmer

HEADMASTER.

copy to

STRATHCLYDE REGIONAL COUNCIL

Department of Education — Glasgow Division

CHILD GUIDANCE SERVICE

Tel. No.—East Kilbride 31537
" " 20059

NERSTON RESIDENTIAL SCHOOL,
EAST KILBRIDE,
GLASGOW, G74 4PD

19.....

SOCIAL BACKGROUND REPORT

AGNES WATSON (d.o.b. 30. 3.65).
82 Wellhouse Crescent,
Easterhouse, Glasgow.

AT PRESENT A PUPIL IN NERSTON RESIDENTIAL SCHOOL.

FAMILY: Mrs. Agnes Watson/Palmer - Mother.
Mr. Archie Palmer - Stepfather.
Martha (17) 3rd party information
Patricia (15)
Mary-Lou (13)
Agnes (11) Subject of report.
Joanne (10)
Sally (7)
Archie (2).

HOME: The family has recently moved to a five-apartment council house in the Easterhouse district. The house is adequately furnished and is presently being redecorated. This is the sixth house the family has lived in during the 2½ year period they have been known to the writer.

Reason for Referral:

Agnes was initially referred to Child Guidance for extreme anti - social behaviour - causing a great deal of trouble in the classroom and playground (fighting and spitting). There were also reported incidents of theft and truancy. She suffered from chronic anuresis and was described as being completely out of control at home.

This referral was made in November, 1972. Clinic attendance was erratic, and contact with mother proved difficult. Eventually, application was made for a residential placement, and Agnes was admitted to Nerston on 24th October, 1973.

Family Background:

It appears that the Watson marriage was fairly short-lived, that Mr. Watson has no contact with the family, and that he is father to only the eldest two girls. Following the break-up of the marriage, Mrs. Watson/Palmer seems to have experienced a long period of great emotional/-

difficulty and stress. She is reported to have moved from paramour to paramour, and run a home which came to the notice of the R.S.S.P.C.C. through allegations that the children were neglected, subject to violence, and 3rd party information

Since that time, mother has married Mr. Archie Palmer, who is the father of the youngest child. Compared to the situation described in earlier reports, the home now provides a relatively stable environment while still contriving to give the impression of organised chaos.

Mrs. Watson/Palmer is a plump, youthful looking woman. It seems that her own childhood was far from satisfactory. The eldest in her family, she felt inferior to her younger sibs and in later years attempted to overcome this and tried to win pride of place in her mother's affections. This resulted in immature behaviour and attitudes were appropriate to adolescence^{15 16 17} than adulthood.

She has however, developed considerably in recent years and can cope reasonably well, with support, in most connections. Unfortunately, the difficulties which Agnes presents in the home frequently prove too much for her.

Mr. Palmer, a stocky, plain-spoken man, seems to have provided his wife with some measure of support and stability which was lacking previously. He has an excellent work record and provides well for the family's physical needs. He states that he has a good relationship with all the children except Agnes. She refuses to acknowledge his role in the family, frequently telling him that he has no right to be there. He is conscious that he is her stepfather and finds difficulty coping with Agnes' reaction to him.

Mother has suffered from ill-health, having undergone an operation for 3rd party information She is also epileptic.

Personal History:

Mrs. Watson/Palmer states that her pregnancy with Agnes was normal but only lasted 8 months. Although the baby weighed 8 lbs., mother insists her dates are correct. After birth, Agnes lost weight sharply for about two weeks, but thereafter she ate and slept well - 'a good baby'. She has had a lisp in her speech since babyhood.

There have been several separations from mother, the first being when Agnes was about 2 years old. She grasped bare wires on the wall and received a severe shock. She spent 3 months in hospital (Oakbank and Drumchapel). On her return mother noted that she was quiet and 'cowed'.

At one point, some years ago, the family was in care for about 6 weeks (exact details not available).

Agnes has also spent a week in a residential holiday home but was sent home because of difficult behaviour. One significant event for Agnes seems to have been the death of Mr. Baxter (M.G.F.). She was very close to him, according to mother, and referred to him as 'Daddy'.

On starting school, Agnes at once fell into conflict with her teacher, and often experienced difficulties in her relationships with adults and peers alike ever since. She is reported to have caused a great deal of trouble in the classroom and playground, been a source of/-

of annoyance to other children and stolen articles from desks and pockets. Her class teacher stated that when her mood was right she could do good work and show intelligence, but that she needed constant attention and encouragement to attain that standard.

At home, Agnes seems to be the focus of many negative feelings - ^{3rd party information} Martha? She spends much of her time at home out of the house - to her credit she has only once become involved in any form of delinquent activity, despite living in areas with a high incidence of delinquency. When in the house she is said to be in almost constant conflict with all other members of the family.

Dr. Small, Consultant Psychiatrist, interviewed Agnes on 3rd November, 1975. She reported that Agnes 'has a little capacity for self-observation but not for self-control... Temperamentally and by her environment, Agnes has not internalised controls and needs external support'.

The family seems unable to set and enforce limits for Agnes, and it is doubtful if she gets the necessary support. As she grows older, and stronger, her outbursts become more difficult to manage. Her aggressiveness can quickly turn to violence and, as it is often directed against smaller children or females, can create management difficulties.

CONCLUSION:

Details of Agnes' early life are vague, but the home environment seems to have been extremely unstable - characterised by many moves and separations. It may be that Agnes' capacity to form relationships has been harmed by this, though perhaps not (one would hope) irreversibly. Despite increased stability and improved physical standards, the family does not as yet seem able to meet Agnes' needs. Both Mr. and Mrs. Palmer cooperate well with the school and can respond to social work help, but they are not ready to cope with Agnes living at home. It also seems that Agnes herself would have great difficulty adjusting to seven days a week at home, and any premature move in that direction could cause an extremely damaging breakdown in the parent-child relationship.

I would therefore recommend that a further residential placement is sought for Agnes, while still allowing for home contact.

.....

REP: NMacL/JS.
23/ 9/76.

...B.A. MacKellan:.....
Social Worker.

copy to

STRATHCLYDE REGIONAL COUNCIL

Department of Education — Glasgow Division
CHILD GUIDANCE SERVICE

Tel. No.—East Kilbride 31537
" " 20059

NERSTON RESIDENTIAL SCHOOL,
EAST KILBRIDE,
GLASGOW, G74 4PD

19.....

PSYCHOLOGICAL REPORT

AGNES WATSON (30. 3.65).

NERSTON RESIDENTIAL SCHOOL.

Test results:

W.I.S.C. : Verbal I.Q. : 91
Performance I.Q. : 98
Full Scale I.Q. : 93

Burt R.A. : 10 yrs. 2 mths.

Neale Analysis: Rate of Reading: 11 yrs. 10 mths.
Accuracy of Reading: 9 yrs. 11 mths.
Comprehension " 9 yrs. 10 mths.

Staffordshire Test of Computation : Score 39. *Standard Score . 85*

Projective Tests:

Bender - Gestalt: *Emotional*
~~Educational~~ Indicators.

Large Size: acting out behaviour.

Overwork or Reinforced Line: impulsiveness and aggressiveness.

C.P.Q. Profile:

High: 9: Excitable, impatient.
7: Assertive, independent.
7: Socially bold, uninhibited.
8: Doubting.
8: Schrewd.

Low: 4: Evades rules, feels few obligations.
4: Tough-minded, self-reliant.

Agnes was admitted to Nerston in October 1973, having experienced Child Guidance involvement since 1971 when she was referred for extreme anti-social behaviour towards peers.

Psychological and psychiatric assessments of Agnes prior to admission to Nerston suggested she was quite a damaged child emotionally with no close ties of affection and many separations in infancy including two periods of hospitalisation. It was felt that Agnes' capacity to trust and relate might have been blunted by these separations and that chaotic home circumstances might have failed to provide a structure to enable Agnes to establish some degree of internalised self-control.

At/-

At the present time Agnes is the longest - established pupil in the school - her entry predating the arrival of all the other children and many of the staff. Her behaviour over the ensuing period has validated the indications suggested by both psychological and psychiatric examination while modifying significantly as a result of the security in acting out offered by Nerston and the increasing emotional and physical maturation of Agnes herself.

Agnes is still in many respects a Tom-boy, although to a lesser degree than hitherto. She has a strong need to compete with other children and come out on top - probably because it provides a secure, non-threatening base on which to determine relationships with peers. She must lead and not be led, and if she wants to do something or satisfy a need, then for Agnes it has to be 'here and now'. Agnes cannot readily tolerate frustration and resorts to the strategy of immediate, impulsive need gratification as a means of satisfying her own independent self-assertiveness. Projective testing reveals traits of excitability, independent assertiveness, lack of inhibition, and shrewdness - all of which are congruent with Agnes' personality as reflected in behaviour and relationships. Traits of lack of need to feel obligations, and tough-minded self-reliance are in keeping with Agnes' profile, while a high level of doubt would be consistent with her own feelings of insecurity which she allays through sublimation through the dimensions previously indicated.

Educationally, Agnes has been able to tolerate a gradual increase in demands made on her both in terms of time of instruction and level of difficulty of work and amount of concentration required. Much of her work is characterised by her impulsive desire to complete it quickly, to which the more specific details of the nature of the work to be completed take second place.

Despite the stresses to which Agnes sometimes subjects both peers and adult figures, she is popular with both. Her self-assertive, boisterous forthrightness is so apparent and open that adults tend to see her as both a challenge and a stimulant.

Her approaching adolescence has begun to smooth some of Agnes' more abrasive qualities and she is indeed increasingly more feminine than probably she herself is aware. However, the normal emotional conflicts which adolescence engenders combined with Agnes' still-prevalent impulsiveness and aggressiveness will probably result in a degree of psychological turmoil for Agnes as she struggles to come to terms with her increasing sexual awareness.

For these reasons, a further period of residential care will be essential in providing Agnes with a secure physical and psychological environment where she might best be supported at least through the initial stages of adolescence.

I would, therefore, recommend further residential provision where her educational needs at secondary age can be met.

Ref: RM/JS.
15/11/76.

.....*R. Murphy*.....
R. Murphy,
Educational Psychologist.

ANNUAL REVIEW OF CHILDREN IN RESIDENTIAL CARE

R5

REVIEW SUMMARYREVIEWDate of Review: 9.1.78Time: 11.30 amUnit: ThorntounChild to be reviewed:Date of birth:Date admitted:Act:

Agnes Watson

30.3.65

9.8.77

Responsible local authority:

SUMMARYPlans made at last Annual ReviewDate:

First Review

Comments from last 6 monthly report
or plans made at last case conference.Date:

Plans from current review:

- Long term plan and way to progress to this, any action to be taken and by whom.
- 1 Discussion took place regarding speech therapy, but no move yet was agreed.
- 2 It seems important that we provide the family with a possible return date, to enable a focus to be placed on the work.
- 3 It is early days yet, but Agnes needs to develop a good image of self.
- 4 Family meeting to be organised in the near future.

	<u>Present at review</u>	<u>Designation</u>	<u>Pre-review papers sent</u>	<u>Post-review</u>
Chairman	David Pomfret	SRO		
	Mr Murphy	Ed Psych		
	Miss Cumming	Ed Psych		
	Thorntoun Staff			

Signature of Chairman *David Pomfret*

Designation: Senior Residential Officer

Date: 1.2.78

ANNUAL REVIEW OF CHILDREN IN RESIDENTIAL CARE

R4A

RESIDENTIAL STAFF REPORTREVIEW

<u>Date of Review:</u> 9 January 1978		<u>Time:</u> 11.30	<u>Unit:</u> Thorncloun School
<u>Child(ren) to be Reviewed</u>	<u>Date of Birth</u>	<u>Date admitted into Care</u>	<u>Act & Section</u>
Agnes Watson	30.3.65	9.8.77	

Responsible Local Authority: Strathclyde Regional Council

REPORTS OF RESIDENTIAL STAFF1. Progress Report from Unit

General progress since last review; observations of personality, emotional and social development; person and group relationship, description of play and for leisure time; outside interests and contacts. Christian Upbringing.

Agnes joined us in August this year. Her settling in period has been slow and difficult. She has been moody and sullen and on the whole not very popular with her peers.

Her first six weeks were fairly calm with Agnes summing everything up. We progressed from there to a very violent patch where she attacked staff and children alike. Any movement towards Agnes even though it was to comfort her met with a vicious reaction. This culminated in her having to be sent home to cool off and talk to her parents about it. She returned with her mother and it was explained that we could not tolerate that type of behaviour. She is a frightened and anxious girl who finds difficulty in coping with anything new and needs much encouragement and reassurance in this area.

The combination of Agnes and Brenda hasn't always been the best, with Brenda being the brains and Agnes being the brawn. They seem to set each other off then find difficulty in settling down.

Agnes' personal hygiene is very poor and any attempts re help are taken very sensitively. She is finding growing up rather hard. Agnes seems fairly institutionalised, in that her bedroom walls and room are bare, is very aware of routine and isn't able to express herself very freely.

Person and Group Relationships/

Person and Group Relationships

Agnes has taken a long time to find a place amongst the girls but its starting to come. She can be very considerate and helpful to the others in the unit when in the mood, though very awkward when not. She is still very afraid of the group as a whole but is starting to assert herself in a more healthy way. Her relationships with staff are still very tentative but are beginning.

Play and Leisure Time

Agnes recently joined the Crosshouse guide company and has done very well at it. She often feels nervous before it and by reports during it, but this hasn't stopped her enthusiasm for going. She uses her free time well, getting involved in various activities and putting much into them.

2. Development of Family & Community Relationships

Involvement with family; dates of visit by and to family; holiday arrangements, specific social contacts.

Agnes seems somewhat unsure of her place in this family. She has talked quite a bit about them, often there is a lot of bravado, but underneath she seems a bit overawed by them. The set up sounds like the survival of the fittest. Any contact is initiated by Agnes her self but she doesn't seem to resent her parents for this.

EDUCATIONAL REPORT - AGNES WATSONPsychometric Details

4.10.76	Schonell Silent Reading	Reading Age	12.8 years
"	Schonell Word Recognition	Reading Age	10.2 years
15.11.76	W.I.S.C.	Verbal I.Q.	91
		Performance I.Q.	98
		Full Scale I.Q.	93
15.11.76	Burt	Reading Age	10.2 years
15.11.76	Neale Analysis	Speed Reading Age	11.10 years
		Accuracy R.A.	9.11 "
		Comprehension R.A.	9.10 "
6.12.77	Neale Analysis	Accuracy R.A.	11. 8 "
		Comprehension R.A.	11. 4 "
13.12.77	Nottingham Number	Number concepts and number skills scored at 50th %ile of a sample of 10-11 year olds. Little or no ability to subtract or divide. No knowledge of fractions. Can add decimals. Addition and multiplication satisfactory.	

1. Academic.

Agnes can be one of the best workers in the group. She works neatly and quickly. In maths and English she is working at P7/S1 level. She is quick to pick up new concepts in maths but has some gaps in her knowledge of basic arithmetic. She has also worked well in History, Geography and Arts and Crafts. JMcK.

Agnes' work in science has been satisfactory and she has occasionally done extra work. Sometimes lack of interest, perhaps, causes her to make copying errors.

2. Behaviour

She is fairly punctual to lessons and begins work immediately when in the mood. Work is seen through to completion as a rule. She is quite interested in English, music and art but has shown no evidence of other interests. Agnes can work best on her own. When working with others, squabbles quickly start.

3. Social

Agnes is a sociable girl. Although she has no particular friend in the class group she is very friendly with Brenda ^{3rd party} She can be both disruptive and disrupted.
information

Teacher

Usually a good working relationship with JMcK. She is often rude when asked to do a simple task but will usually do it, protesting as she does. Agnes can be polite but she can also be very abusive - threatening and cursing. She likes to tidy up and can be helpful often when other children are upset or disruptive.

Additional

JMcK finds Agnes' aggressive behaviour towards other children in class very disturbing and for this reason has recently been excluding her from the class for short periods of time. This means that she has done less work than usual of late.

ANNUAL REVIEW OF CHILDREN IN RESIDENTIAL CARESOCIAL WORKER'S REPORTREVIEWDate of Review: 9 January 1978Time: 11.30Unit: Thornthoun SchoolChild(ren) for ReviewDate of BirthDate Admitted
into CareAct & Section

Agnes Watson

30.3.65

9.8.77

Responsible Local Authority: Strathclyde RegionCasework Responsibility: Barnardo's/Joint/Local AuthorityName of Local Authority Social Worker (if appropriate)SOCIAL WORKER'S REPORTFamily Membership

<u>Name</u>	<u>Relationship to Child</u>	<u>Address</u>	<u>Employment</u>
Mrs Agnes Watson/Palmer	mother		
Mr Archibald Palmer	co-habitee		
Martha (18)	sister	3rd party information	
Patricia (16)	sister	married, living at home with her husband (Archie Palmer's brother)	Schoolgirl
Mary-Lou (14)	sister		
Agnes (12)	subject		
Joanne (11)	sister		Schoolgirl
Sally (8)			
Archie (2)			

Family Situation:

Development of and changes in family situation, observation on relationship between child and family and social contacts, relationships towards Social Worker.

Agnes's family have been visited regularly by me since I took over from the student social worker in September. At that time Mr Palmer was employed at the oil rigs at Kishorn, and was earning a high wage. Unfortunately work is now completed, and Mr Palmer is unemployed. There were some financial difficulties initially as he had been a self-employed person undertaking contracts for the oil companies,

3rd party information

and he is receiving unemployment benefit.

Mr Palmer has been accepted by all of the children, and seems to have a good relationship with them. He has brought stability to the family, which I understand was previously lacking, and does provide well when in employment.

Mrs Palmer is a rather immature person who copes extremely well given that few demands are made on her. She occupies herself with the daily trivia and skilfully denies the real problems that confront her. In some areas she demands high standards of behaviour/

(Continue overleaf)

behaviour from the children, but these are not consistent as they only apply if little effort is expected from herself. Generally there are few restraints on behaviour, and the licence given to the youngest child is extreme. Both parents refuse to appreciate the probable consequences of their child-rearing practices.

Mrs Palmer's health recently has been poor, although between bouts of indisposition she appears remarkably well and has a robust appetite - as has all of the family; food is an important item in the life of the family. When Mrs Palmer is unwell, Mary-Lou invariably takes time off school to help out. I am concerned about the time she has lost from school, as I understand she has some potential.

Patricia and her husband have elected to stay with the Palmers until after the New Year. Their baby is due in March; they hope then to be allocated a house in Easterhouse, Patricia hopes near to her mother's home. Mrs Palmer says she will look after the baby while her daughter goes out to work, but Mr Palmer at the moment anyway is opposed to this.

At the moment Patricia spends part of her day taking young Archie into town; the girls in the family all spoil Archie, 3rd party information

In many ways Mrs Palmer is feckless, yet the home is always neat and clean and, in her own way, is highly organised. She has always stressed the importance of keeping reserve stocks of food, and the family tease her about this, but when they were recently in financial difficulties Mrs Palmer was very proud that she was able to keep things going.

In general the family are very close, indeed their closeness sometimes throws into highlight the 'differentness' of Agnes - they seem to be united against her, and this, I feel, is the greatest hurdle. Agnes is not what Mrs Palmer expects of a daughter. In a rather child-like way she enjoys encouraging even the youngest ones to be fashion conscious and experiment with make-up, and Agnes' disinterest and often downright sloppy dress irritates her mother. If things do not slot into her mould then Mrs Palmer simply ignores them, and I believe this is happening to Agnes. She spends a fair portion of her leave out of the home.

The Palmer family has its own values, and lives by them; this will always bring them problems, but Agnes' difficulties would be minimised if the family gave her more support and she was able to feel more a part of the family. In many ways she is treated like her sister Martha 3rd party information Mrs Palmer 3rd party information
Martha 3rd party information

3rd party information

Despite the quite desperate features of this family, there are more positive aspects, and I thoroughly enjoy knowing them and working with the Palmers. I see it as being most important to continue with efforts to reintegrate Agnes into the family and to generate interest and support from the family.

Health

Appointment at Plastic Surgery Clinic for webbed hand - September 2nd. Operation to be done at Canniesburn Hospital, Glasgow.

26.10.77 Dental check - one filling.

Points of Discussion at Review

1. Length of stay at Thorntoun.
2. Family Contact with school
3. Management of Agnes' violent tendencies.

Signature of Head of Unit

DesignationPrincipal..... Date19th December 1977.....

THORNTOWN SCHOOL - TERMLY REVIEW - MARCH 1978

AGNES WATSON

In general we have seen a much calmer girl in Agnes. She is now well involved in the local guides and this seems to have given her a lot more confidence. She can still look frightened and unsure of her place amongst the girls but she is much more accepted than previously. She isn't so dependent on her friendship with Brenda and is more able to separate herself from nonsense. She is relating much better to staff and Mike Pennack in particular. Has taken a real interest in the week end cooking. I feel we are seeing many encouraging signs with Agnes.

SHIRLEY GRAY, Team Leader.

A changed girl from the frightened, aggressive hoyden of just a few months ago.

JAMES H. BALE, Depute Principal.

Much more settled - may be becoming very dependent upon Thorntown. Not functioning well in school which may relate to a fear of premature leaving.

JOHN S. SCOTT,
Principal.

THORNTOWN SCHOOL DATA SHEETSET 3PSYCHIATRIC ASSESSMENTCOMPLETED BY PSYCHIATRISTNAME... Agnes WATSON39. Referring Agency440. Chronic Physical Illness:

Currently Treated

0Past History of Treatment ... Electro. BURN to R. Head141. Squint042. E.E.G.

1.

0

2.

3.

043. Previous Help:

Child Guidance

Psychiatry

Supervision/Probation

(Other)

Other

Now	In Past
	☒
	☒
<u>0</u>	<u>0</u>

44. Number of Children's Hearings/Convictions:045. Reasons for Committal to Hearing/Court:

Recent

Past

1046. Attitude towards previous school047. Rutter Score from previous school17W=1
AG=7.48. Coarse ClassificationConduct Disorder.

1.

3

2.

0

Set 3, page 3

50. Mandsley/I.C.D. 5-axial Classification:

I	Clinical/Psychiatric	(1) <i>Immediate Conduct Disorder</i>	312.0
		(2)	
II	Developmental Delays	(1)	0
		(2)	
III	Intellectual level		0
IV	Associated Biological Factors	(1) <i>2nd BORN (2) HAND</i>	0
		<i>1 STARR NO. GRAFTS</i>	
		(2)	
V	Psycho/social Factors	(1) <i>out of home</i>	01
		(2) <i>Discontent. 1st family. Ref.</i>	02
		(3) <i>Transferred. Immediate Conduct.</i>	05
		(4) <i>Discontent. with first caregiver.</i>	08
		(5) <i>Rem. to school.</i>	10

FORMULATION:

Emotionally normal child - some shallowness of affect.
Early deprivation, shifting foster parents no Ego variable.
limited personality

REVIEW - THORNTON SCHOOL - 9TH JANUARY 1978

AGNES WATSON

Mrs. Beltrich, David Pomphret, (Nerston Psychologist). Mrs. Rummy

Mr. Murphy

- Social Worker Mrs. Swan (a) She is disliked by family quite obviously and shows bravado. Responds to affection and relates well to Liz. Family see nothing good in Agnes - scruffy and breaking everything. Stepfather violent towards her.
- (b) Agnes wants apparently to stay here for ever!

We must not delay initiating realistic plans for Agnes going home.

BJ - Does someone who attacks headmasters, etc. not need residential schooling?

Mr. Callaway - We asked for residential schooling because Agnes is outsider at home. Does not think this is due to absence from home.

Liz - If we do not reintegrate NOW she is an outsider forever. This is the whole point. Mr. Palmer has joined family since Agnes' placement at Nerston four years ago. The family have changed - can they now cope? Suggestion that Martha
3rd party information

Do not feel family would tolerate alternative home base for Agnes.

She finds it difficult to accept praise - e.g. haircut.

Violence, self-control, batterings, central in what is going on in the family - Agnes very much at the receiving end.

Sign of some self-control lately, but still seems to assert herself physically - a matter of "survival". ~~te-assert-herself-physically~~

Retires to room when under pressure from older girls.

Home is a mixture of rigid rules and elsewhere unacceptable behaviour.

We must work hard on returning Agnes home (because otherwise unacceptable to parents).

Day school of some sort possible - even maladjusted. Becoming more feminine.

This move will take a longer rather than a shorter time. Martha
3rd party information

Medical - Hand - waiting for appointment to have hand de-webbed.

Lisp - received no treatment at Nerston. Speech therapist possible if Agnes wants to lose lisp.

Hearing - one of her ears may need attention. Colds etc. go to her ear. May have abscess.

Plan - carry forward Treatment Plan - focus on bringing Agnes out as a person.

Hang on to family for present - enable to accept positive things about Agnes.

Family meeting within next four months to discuss going home.

When Patricia's baby arrives whole family focus may change - father may opt out.

Glenn Wood.

AGNES WATSON1. RELATIONSHIPS WITHIN GROUPS (Living and House Groups - Outings etc.)

It has taken Agnes a long time to be accepted by the Iona Group. She is often rough and boyish and this seems to go against their grain. She is slowly finding a place in the group but is still very afraid to assert herself except when in a temper. Gets involved in many different activities and seems to enjoy them to the full. Goes on quite a lot of outings but gets very disruptive in the minibus if she has to go a long distance - too close contact with too many people. For most Agnes gives a fair contribution to any group activity, etc.

Agnes is still at the building up process of relationships. She has found it difficult to fit into a group, mainly I feel, because she can't switch ^{on} a warmth and affection, like an electric light; however she is gradually fitting into the unit and mixes now in most unit activities.

Within a group tends to dominate boys but be dominated by older girls.

2. RELATIONSHIPS WITH INDIVIDUALS AND STAFF RESPONSE

As yet Agnes is still at the stage of bouncing off many people though has a deeper friendship with Brenda. This can be a mutually beneficial friendship but can also be disruptive and unsettling. Her relationships with staff are still shallow but she is beginning to be less afraid and more trusting.

Has now a friendship with Brenda which she has worked very hard to achieve. Has no particular friendship with a staff member as yet but I feel Agnes is a bit too inhibited yet to give much of herself.

Agnes and Brenda seem to have started a healthy looking friendship.

3. OBSERVATION OF BEHAVIOUR/HABITS

Agnes needs to know where the units are. Is still testing people in a physical way but is more able to be controlled verbally. Is very moody and huffy when spoken to or corrected. Can be very rude and abusive. Her personal hygiene is improving but still leaves a lot to be desired. Has a very warm affectionate side to her but doesn't show it too often.

Agnes has had the habit of shutting herself away in her room with a book when things are troubling her, although this has been less obvious of late. She enjoys a physical rough and tumble, but doesn't know where to draw the line and she can't cope with too much excitement of this type.

Seems to be going through a stage of clumsiness. Agnes has a lovely smile - lights up her whole face but however is seen more often frowning. Is teased about her speech defect.

4. RECENT ITEMS OF INTEREST AND ANY OTHER COMMENTS

Recently cooked all the meals for the unit on a weekend. Agnes did this with great gusto and produced a lovely spread. She was praised much for this and was obviously very proud of herself.

She is beginning to get to know us a little better and is now accepting criticism and advice without flying off in a huff. She seems to realise now that we want to help her to be tidier, cleaner etc. for her satisfaction not for our own.

SUMMARY Has accepted her place here, and would feel very threatened by any suggestion of her place being in danger. She has a long way to go however, before this develops into any real relationships.

THORNTOWN REPORT - January 1978

Agnes Watson

When asked to see Agnes prior to her coming to Thornton she struck me as essentially normal but a girl who exhibited the slightly superficial shallow relationships and demanding behaviour of a child who has suffered from early deprivation which is quite probable from the social circumstances. Although the exact details of her first 5 years of life are not clear, but the mother was probably well in the pregnancy. The Watson marriage was short-lived and after the break-up the mother seems to have experienced some years of being unsettled. She is reported to move from paramour to paramour and run a home which came to the notice of the RSSPCG. The children

3rd party information

Mrs Watsons

own childhood is reported as being far from satisfactory so that Agnes is very likely to have experienced a poor mother model and received inconsistent care.

The present family situation is not quite able to meet her present needs as the relationship with her stepfather is somewhat superficial and her mother remains limited by a personality that will be unlikely to cope with the continual testing out behaviour and rivalry with siblings that Agnes exhibits. Her tomboyish behaviour is not unduly alarming but her entry into adolescence will require firm guidance. Considering the background reports Agnes's personality development is not all that impaired.

D S James

Consultant Child Psychiatrist

Agnes WATSON

18/8/77

Nov 12. Ex norton, seen plenty - parents at single interview to "approve" Mr Watson's reports.

Tanboy → more feminine.

Speech less - Blue eyed - fair hair

This Norton better -- "taunter" says "all the people bully you"

Chats on.

Sleep / appetite / no formal psychiatric disorder.

Managed summer holiday - looking forward to 1st WIE leave.

No pains.

G.P. Crookmore may need more plaster surgery for him (electro) @ hand when a traveller.

Little finger not for etc.

No particular psychiatric disorder.



FILE SCOT 55-10
Barnardo's

Dr. Barnardo's Scottish Divisional Office,
22 Drumsheugh Gardens, Edinburgh, EH3 7RP
Telephone 031-225 3366

APPLICATION FOR THORNTON SCHOOL

NAME AGNES WATSON

DATE OF BIRTH 30.3.65

Comments from Sylvia Massey

Agnes has been away from home a great deal during her life but it does seem that the help she has received at Netherston should be "completed". She may not need too long at Thornton. How far she has had an opportunity to form really meaningful relationships which have stood the test of negative behaviour is uncertain. Thornton state she would need to "Survive" there!

Comments from Ian Sparks Sue Hunter

I hope we can consider her seriously

Comments from Irene Heggie

Seems a good referral. Would like more indication of what type of self they can respond to. It seems helpful and one where constructive work with the family may be ~~possible~~ possible (by whom?)

Comments from Susan Lodge

Seems a very suitable referral. Little mention of specifics with family - dates, fathers etc. and also of work done with them and their capacity to accept social work help. From the information available there seems potential and scope for work (by whom?)



Barnardo's

Dr. Barnardo's Scottish Divisional Office,
22 Drumsheugh Gardens, Edinburgh. EH3 7RP
Telephone 031-225 3366

Copied to Thornton

APPLICATION FOR THORNTOWN SCHOOL

NAME AGNES WATSON

DATE OF BIRTH 30.3.65

Comments from Thornton Staff

(Please forward all notes to Dr. James after completing your comments)

Seems a very suitable referral. she seems to have a high need to be here, and to have a great deal of potential to work with. *MB.*

Seems for a good referral R.C.T.

At that time contract to work towards a return home at 13+ years. frequency of weekends from Newton? No further indications *J*

On paper seems a suitable candidate - should fit into existing girls group already away from home 3 years - agree with S.S.S above. *me*

Comments from Dr. James

It is always a pity to see Junior Schools not being carried on into secondary especially when there is evidence of progress. I am due to see Agnes on 25/1 for the psychiatric report. I will also see the parent, so should have a clear idea of pos. cons after that.

Please return to Miss S.A. Massey, Assistant children's Officer (R), 22 Drumsheugh Gardens, Edinburgh as soon as possible.

Our ref. SM/MS

[Signature]

James

Thompson notes

2nd September 1977

Miss S. Massey,
Dr Barnardo's,
Drumsheugh Gardens,
Edinburgh.

Dear Sylvia,

I do not have the social, psychological
and psychiatric reports for either a) 3rd party information
b) Agnes Watson.

This is probably because I have seen
these children at Yorkhill and it is assumed that I
will have the notes but of course the Yorkhill notes
remain in the Yorkhill files and this problem will
keep recurring unless the Barnardo's secretariat know
to treat the Yorkhill referrals in the same way as
all the others.

Yours sincerely,

David James.

Thorntown file

4 October 1977

Miss S.A. Massey,
Dr. Bernardo's,
22 Drumsheugh Gardens,
Edinburgh EH3 7RP.

Dear Sylvia,

Thank you for forwarding Agnes Watson's notes for
my Thorntown file. *x*

I am writing to you in the hope that your secretary
will read the letter because these papers could be
addressed to me but go to Thorntown School so that
Mrs. Brown could let me have them when I go on
Thursday mornings. One does not wish to be too fussy
but over the years the extra time and postage
involved in sending things through Yorkhill will
probably mount up. Also I use a small motorcycle
as my regular transport from my home to the hospital
which makes it difficult to carry papers about.

Papers sent via Yorkhill may (a) be put to the bottom
of a bit heap of papers in my office filing cabinet
or (b) end up in a big heap of papers in my study at
home.

If they go directly to Thorntown Mrs. Brown can give
them to me and I can immediately put them where they
are needed which is in my filing cabinet at Thorntown.

Kind regards,

Yours sincerely,

David James

ANNUAL REVIEW OF CHILDREN IN RESIDENTIAL CARE

R5

REVIEW SUMMARY

REVIEW

Date of Review: 9.1.78

Time: 11.30 am

Unit: Thorntoun

Child to be reviewed:

Date of birth:

Date admitted:

Act:

Agnes Watson

30.3.65

9.8.77

Responsible local authority:

SUMMARY

Plans made at last Annual Review

Date:

First Review

Comments from last 6 monthly report
or plans made at last case conference.

Date:

Plans from current review:

- Long term plan and way to progress to this, any action to be taken and by whom.
- 1 Discussion took place regarding speech therapy, but no move yet was agreed.
- 2 It seems important that we provide the family with a possible return date, to enable a focus to be placed on the work.
- 3 It is early days yet, but Agnes needs to develop a good image of self.
- 4 Family meeting to be organised in the near future.

	<u>Present at review</u>	<u>Designation</u>	<u>Pre-review papers sent</u>	<u>Post-review</u>
Chairman	David Pomfret	SRO		
	Mr Murphy	Ed Psych		
	Miss Cumming	Ed Psych		
	Thorntoun Staff			

Signature of Chairman review: *David Pomfret*

Designation: Senior Residential Officer

Date: 1.2.78

DR. BARNARDO'S—THORNTOWN SCHOOL—REPORT

Name..... AGNES WATSON.....

Age..... 13.6.....

Date..... OCTOBER 1973.....

Average age of class..... 14.....

Height..... 158.....cms.

Number in class..... 8.....

Weight..... 62.....kgs.

SUBJECT		
ENGLISH Reading Writing Spoken	D	Agnes has made a few, isolated, attempts at written work J.M.
MATHEMATICS Arithmetic Practical problems Other	E	Has tackled very little work in the last two terms J.M.
SCIENCE Physics Chemistry Biology	D D	Too often, Agnes refused to attend class B.P. There have been occasional bright sparks F. in an otherwise low term.
ART AND CRAFTS	D	Has done very little work.
SOCIAL STUDIES Geography History		
DOMESTIC SUBJECTS Baking Sewing	D.	Rarely seen in class this term. Work static.
WOODWORK AND WORKSHOP		
LANGUAGE		
MUSIC		
GARDENING	B	A good worker. Sometimes arrives late. J.M.
GAMES AND PHYSICAL ACTIVITIES		
OTHER INTERESTS		Attended fairs 1977/78 season with mum.

HEALTH

plethoric as been good although
she is rather overweight. m.b.

HOUSE REPORT

Agnes' aggression to other children and
stuff has made it very difficult for anyone
to get near her. She does seem determined
to try harder at home, however. J.P.B.

HEADMASTER'S REPORT

Agnes - as the report shows made little use of the classwork during
the final term. Her behaviour being dominated by the anxiety to be
moving back to home

FILE SCOT 65-10 DR. BARNARDO'S--THORNTOUN SCHOOL--REPORT

Name AGNES Age 12.11
 Average age of class 13.10
 Number in class 2

Date March 1978
 Height 1.56 cms.
 Weight 62 kgs.

SUBJECT		
ENGLISH Reading Writing Spoken	E	Agnes has potential but has done no work this term. J.M.
MATHEMATICS Arithmetic Practical problems Other	D	Has done a negligible amount of work this term although previously she has worked well J.M.
SCIENCE Physics Chemistry Biology	C+ C+	Agnes has produced satisfactory work most of the time. Occasionally she does good work B.G. Capable of good work. Inconsistent.
ART AND CRAFTS	C	The classroom used to be considerably brightened by Agnes' pictures, but she has done very little work this term J.M.
SOCIAL STUDIES Geography History	D	Has done very little.
DOMESTIC SUBJECTS Baking Sewing	C	Agnes gives good practical work, and would be better if she had a more settled approach to life S.W.
WOODWORK AND WORKSHOP		
LANGUAGE		
MUSIC		
GARDENING	A	Works well. J.M.
GAMES AND PHYSICAL ACTIVITIES	B+	Agnes is game for anything and joins in enthusiastically. In only got a few runs and football fields. J.H.
OTHER INTERESTS		Enjoys and succeeds in girl guides.

HEALTH

Good. waiting word about operation to her hand.

HOUSE REPORT

Agnes has been much more settled this term. Has done well at the guides - this seems to have given her greater confidence. co-operates well over unit jobs. still tends to be a bit moody. S.G.

HEADMASTER'S REPORT

Agnes has been happier and easier about the school this term but she has not worked in class. This attitude sometimes we may lose to consider same other school.

J. P. H.
Principal

DR. BARNARDO'S-THORNTOWN SCHOOL-REPORT

Name AGNES WATSONAge 12.6Date OCTOBER 1977Average age of class 13.5Height 1.54 cms.Number in class 7Weight 27.5 kgs.

SUBJECT		
ENGLISH Reading Writing Spoken	A-	Effort can vary from day to day but Agnes is quite competent in English and normally works very well. J.M.
MATHEMATICS Arithmetic Practical problems Other	B	Agnes puts considerable effort into maths but is uncertain of some processes. J.M.
SCIENCE Physics Chemistry Biology	B	Agnes has made a good start.
ART AND CRAFTS	B	Works well and shows interest. J.M.
SOCIAL STUDIES Geography History	B	Works well. J.M.
DOMESTIC SUBJECTS Cooking Sewing	B	Has to be brainwashed to be convinced she can do anything. However I hope for signs of improvement next term.
WOODWORK AND WORKSHOP		
LANGUAGE		
MUSIC		
GARDENING	A	Works well. J.M.
GAMES AND PHYSICAL ACTIVITIES		Strong and active
OTHER INTERESTS		Agnes is interested in music, and frequently takes a music book out from the library. I must have felt for her.
HEALTH	Good so far. HOUSE REPORT Agnes has had some difficulty in settling into the girls' group, but is a thoughtful & helpful member of it. Sally (from nurse)	

HEADMASTER'S REPORT

A good report - Agnes seems to have made a very good start in the classroom.

J. J. J. J.
Principal

DR. BARNARDO'S—THORNTOUN SCHOOL—REPORT

Name AGNES WATSONAge 12.6Date OCTOBER 1977Average age of class 13.5Height 1.54 cms.Number in class 7Weight 52.5 kgs.

SUBJECT		
ENGLISH Reading Writing Spoken	A-	Effort can vary from day to day but Agnes is quite competent in English and normally works very well. J.M.
MATHEMATICS Arithmetic Practical problems Other	B	Agnes puts considerable effort into maths, but is uncertain of some processes. J.M.
SCIENCE Physics Chemistry Biology	B	Agnes has made a good start.
ART AND CRAFTS	B	Works well and shows interest. J.M.
SOCIAL STUDIES Geography History	B	Works well. J.M.
DOMESTIC SUBJECTS Domestic Sewing	B	Has to be brainwashed to be convinced she can do anything. However I hope for signs of improvement next term.
WOODWORK AND WORKSHOP		
LANGUAGE		
MUSIC		
GARDENING	A	Works well. Enjoys outdoor activities. J.M.
GAMES AND PHYSICAL ACTIVITIES		Strong and active
OTHER INTERESTS		Agnes is interested in music, and frequently takes a music book out from the library. She has found friends.
HEALTH	Good so far. HOUSE REPORT Agnes has had some difficulty in settling into the girls group, but is a thoughtful & helpful member of it. Sally (Team leader)	

HEADMASTER'S REPORT

A good report - Agnes seems to have made a very good start in the classroom.

J. J. J. J.
Principal