

4. Social information

- (a) Mother's relationship with her own family—past and present
Helped her mother when her father died, but now seems to have regular contact with her youngest sister only.
- (b) Education—type of school. Further education or training. Academic or other qualifications
An Edinburgh primary school, then secondary until the age of fifteen.
No qualifications.
- (c) Occupation—present and previous occupations
Doreen Stewart worked in hotels and bars, but eventually drifted into prostitution. Her heavy drinking precludes her from regular work.
- (d) Interests, hobbies, talents
Reading. Watching television.
- (e) Information on her relationship with child's father
Casual.
- (f) Mother's present situation and future plans for herself and any other children she has
Doreen Stewart lives in a council flat in Muirhouse. She expects to give birth to another child in July 1983. No plans to change her situation.

5. Further details of mother's family background (This information is important to the child in later life)

Mother's parents	Her father	Her mother
Age and place of birth (town or region, county)	Died in 1963	Born in Edinburgh Now aged 56 years
Place of residence (if in Great Britain—how long?)	-	Edinburgh
Physical appearance	-	N/K
Religion	-	Protestant
Education and training	-	N/K
Occupations and interests	-	N/K
Health, past and present (if dead, state cause and at what age)	Died in 1963, aged 35. Cause of death not known	N/K

Mother's siblings

Number of brothers and sisters and any relevant information about them

Doreen Stewart was the eldest of five children, and when her father died, she assisted her mother in looking after her younger brothers and sisters. She was then aged twelve. She appears to have been the family "black sheep", but still sees one younger sister.

VII MOTHER'S RELATIONSHIP WITH THE CHILD AND THE PLAN FOR HIS FUTURE

1. Past involvement: mother's attitude to child since birth, efforts made to care for him herself and/or keep in contact and plan for him. Include her response to any social work or other help provided

Although professing to be a good mother, Doreen Stewart failed to provide a good standard of care. There were doubts about her feeding and changing of Morag, and also she failed to take her to the doctor when ill. She drank heavily whilst caring for the child. Since Morag has been in care, visits have been irregular, the last visit being in November 1982, in spite of encouragement from Social Work Dept.

2. Details of present contact with child

- (a) What is the agreed visiting plan? No visits
- (b) When did mother last see child? (give date) 26.11.82
- (c) How many visits have taken place during the past 2 years (or since child in care, if shorter)? Visits irregular
- (d) Does child have contact with relatives of mother? Yes/no. If yes, give details

3. Social worker's assessment of mother

Give your assessment of her capacity to fulfil the functions of a parent towards this child or to accept and pursue an agreed plan for him.

Doreen Stewart has shown that she cannot cope with the responsibility of caring for Morag, or working towards taking her back home.

She accepts this and has stated that in her opinion it would be best for Morag if she were to be adopted.

4. Mother's involvement in the present plan

- (a) Has she been actively involved in making the plan? Yes/No
- (b) Does she agree with the plan? Yes/No
- (c) If she agrees, does she have any stipulation about substitute parents or other aspects of the plan? No
- (d) If she does not agree, what alternative does she propose? N/A
- (e) If she is not in contact with the agency, give date of last contact and what efforts have been made to trace her N/A

5. Are there any grounds for assumption of parental rights or dispensation of consent to facilitate planning for the child? Yes/No. If yes, give details. (1) Doreen Stewart is of such habits or mode of life as to be unfit to have the care of the child. (2) She has so persistently failed without reasonable cause to discharge the obligations of a parent or guardian as to be unfit to have the care of the child.

6. Attitude of mother's partner or relatives to plan (state source of information) (a) What is the attitude of child's stepfather/mother's cohabitee towards the plan? Give details and any other relevant information about him N/A

(b) What is the attitude of mother's relatives towards the plan? Give details Not known

VIII NATURAL FATHER

1. Factual information

Name (underline surname) George NEWBYKnown as (underline surname) George NEWBYAddress DeceasedDate of birth N/K Religion N/K Race CaucasianPlace of birth Edinburgh Nationality BritishSingle/married*/separated/legally separated*/divorced*/widowed* (delete) N/A* Have you a copy of the relevant certificate? Yes/no N/AName of child's stepmother/father's cohabitee N/A

Address

2. Paternity and maintenance information

Is he named on the child's birth certificate? xxx/noDoes he know he is said to be the father of the child? Yes/no N/AIs a maintenance order in effect or being applied for? Yes/no. If yes, give details N/A

3. *Pen picture*. brief description of father including colour and texture of hair, skin, eyes, height, build and overall impression of temperament and physique. Include manner of speech and dress if distinctive, e.g. regional accent, foreign dress

Small build, quiet temperament.

4. Health information

(a) Is his present state of health satisfactory? Yes/no. If no, give details N/A(b) Has he had in- or out-patient treatment at a hospital? Yes/no. If yes, give name of hospital, dates and reason N/A(c) Is there any evidence of mental illness, low intelligence, or unstable personality? xxx/no. If yes, give details(d) Has he suffered from epilepsy, allergic conditions, tuberculosis, diabetes, or any hereditary defect or disease? xxx/no. If yes, give details(e) Are any of the above conditions (c and d) or other disorders present amongst near relatives? xxx/no. If yes, give details

5. Social information

(a) Father's relationship with his own family—past and present N/K

(b) Education—type of school. Further education or training. Academic or other qualifications N/K

(c) Occupation—present and previous occupations N/K

(d) Interests, hobbies, talents N/K

(e) Information on his relationship with child's mother Casual

(f) Father's present situation and future plans for himself and any other children he has Deceased

6. Further details of father's family background (This information is important to the child in later life)

Father's parents

His father

His mother

Age and place of birth
(town or region, country)

N/K

N/K

Place of residence
(if in Great Britain—how long?)

N/K

N/K

Physical appearance

N/K

N/K

Religion

Protestant

Protestant

Education and training

N/K

N/K

Occupations and interests

N/K

N/K

Health, past and present
(if dead, state cause and at what age)

N/K

N/K

Father's siblings

Number of brothers and sisters and any relevant information about them

N/K

Child's Name

Page No.

FORM E

IX FATHER'S RELATIONSHIP WITH THE CHILD AND THE PLAN FOR HIS FUTURE

1. *Past involvement: father's attitude to child since birth, efforts made to care for him himself and/or keep in contact and plan for him. Include his response to any social work or other help provided.*

N/A

2. *Details of present contact with child*

- (a) What is the agreed visiting plan? N/A
- (b) When did father last see child? (give date)
- (c) How many visits have taken place during the past 2 years (or since child in care, if shorter)?
- (d) Does child have contact with relatives of father? Yes/no. If yes, give details

3. *Social worker's assessment of father*

Give your assessment of his capacity to fulfil the functions of a parent towards this child or to accept and pursue an agreed plan for him.

N/A

4. *Father's involvement in the present plan*

- (a) Has he been actively involved in making the plan? Yes/no N/A
- (b) Does he agree with the plan? Yes/no
- (c) If he agrees, does he have any stipulation about substitute parents or other aspects of the plan? Yes/no. If yes, give details

(d) If he does not agree, what alternative does he propose? N/A

(e) If he is not in contact with the agency, give date of last contact and what efforts have been made to trace him

N/A

(f) Are there any grounds for assumption of parental rights or dispensation of consent to facilitate planning for the child? Yes/no. If yes, give details

N/A

5. *Attitude of father's partner or relatives to plan (state source of information)*

(a) What is the attitude of child's stepmother/father's cohabitee towards the plan? Give details and any other relevant information about her

N/A

(b) What is the attitude of father's relatives towards the plan? Give details

N/A

NAME OF AGENCY Lothian Region Social Work Department Telephone no: 031-343-1991
 ADDRESS Area 8 (Muirhouse), 34, Muirhouse Crescent,
EDINBURGH

**MEDICAL REPORT ON CHILD OF 2 YEARS
OR OLDER BEING CONSIDERED FOR
ADOPTION OR LONG-TERM CARE**

In order to complete this report and to provide an adequate opinion, a knowledge of the past medical history, the family medical history and the social circumstances will be required. Consultation with the family doctor, the social worker or other persons will therefore be necessary before the child is seen.

Surname (capitals) STEWART Forename(s) (capitals) MORAG ANN
 Other names by which known ✓
 Date of birth 24-6-80 Sex FEMALE
 Country of birth SCOTLAND Race CAUCASIAN
 Family Doctor ✓ Address 6 Robertson (Lower) Road
2 Newbyres Crescent
COXSBURG MIDDLOTHIAN
 Telephone no. 49-20544

FIRST EXAMINATION: Date 16/6/82 Age 2 1/2 yrs
 Persons accompanying child Mr. McCarty, Mrs. Robertson
 SECOND EXAMINATION: Date _____ Age _____
 Persons accompanying child _____

SOCIAL HISTORY

1. Date of first admission into care	<u>9-1-82</u>														
2. Number of re-admissions to care	<u>✓</u>														
3. Circumstances leading to admission(s) into care	<u>MOTHER (SINGLE PARENT) INJURED IN HOUSE FIRE. SHE HAD BEEN DRINKING. ADMITTED TO HOSPITAL, AND MORAG ADMITTED TO CARE.</u>														
4. Recent changes in circumstances where relevant	<u>FOSTER MOTHER'S MALE FRIEND HAS RECENTLY MOVED IN TO THE HOUSE, THUS GIVING MORAG A "FATHER FIGURE"</u>														
5. Caretakers from birth to present	<table border="1"> <thead> <tr> <th>Relationship</th> <th>Dates</th> </tr> </thead> <tbody> <tr> <td>1. <u>Mother</u></td> <td><u>24.6.80 - 9.1.82</u></td> </tr> <tr> <td>2. <u>Mrs. Watt (Foster Mother)</u></td> <td><u>9.1.82 - 1.2.82</u></td> </tr> <tr> <td>3. <u>Mrs. Sudden (" ")</u></td> <td><u>1.2.82 - 12.3.82</u></td> </tr> <tr> <td>4. <u>Mrs. of Ashure (" ")</u></td> <td><u>12.3.82 - 2.7.82</u></td> </tr> <tr> <td>5. <u>Mrs. Robertson (" ")</u></td> <td><u>2.7.82 - PRESENT</u></td> </tr> <tr> <td>6. _____</td> <td>_____</td> </tr> </tbody> </table>	Relationship	Dates	1. <u>Mother</u>	<u>24.6.80 - 9.1.82</u>	2. <u>Mrs. Watt (Foster Mother)</u>	<u>9.1.82 - 1.2.82</u>	3. <u>Mrs. Sudden (" ")</u>	<u>1.2.82 - 12.3.82</u>	4. <u>Mrs. of Ashure (" ")</u>	<u>12.3.82 - 2.7.82</u>	5. <u>Mrs. Robertson (" ")</u>	<u>2.7.82 - PRESENT</u>	6. _____	_____
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6. _____	_____														

<p>6. Composition and circumstances of the child's family and the degree of contact. (Include the number of siblings and half siblings, their present whereabouts, health and development)</p>	<p>MORNA IS THE ONLY CHILD OF Mrs. STEWART, HER FATHERS DIED BEFORE HER BIRTH. SHE HAS HAD OCCASIONAL CONTACT WITH HER MOTHER'S SISTERS, AND VERY OCCASIONAL CONTACT WITH MATERNAL GRANDMOTHER. SINCE ABANDON TO CARE, MOTHERS VISITS WERE INTERRUPTED. THE LAST VISIT BEING ON 26-11-52.</p>																		
<p>7. Composition and circumstances of the household where child is now living</p>	<p>MORNA LIVES WITH FOSTER MOTHER AND HER DAUGHTER, PLUS FOSTER MOTHERS FUTURE HUSBAND. THERE IS LITTLE CONTACT WITH THE EXTENDED FAMILY.</p>																		
<p>8. Has the child suffered any form of abuse such as:</p> <p>(a) Injury</p> <p>(b) Sexual assault</p> <p>(c) Neglect of:</p> <p>i. Nutrition</p> <p>ii. Warmth and clothing</p> <p>iii. Cleanliness</p> <p>iv. Protection from injury</p> <p>v. Medical care</p> <p>(d) Emotional cruelty or neglect</p>	<p>Please give details and state whether certain or suspected and the approximate age of the child at the time</p> <p>DUE TO HER MOTHER'S EXCESSIVE DRINKING MORNA WAS FREQUENTLY LEFT UNCHANGED, THERE WERE TIMES HE TO HER FEEDING, CONCERN FOR HER SAFETY, AND IT IS KNOWN THAT Mrs. STEWART HARDLY TOOK THE CHILD TO SEE THE DOCTOR. ON ONE OCCASION MORNA'S BRONCHITIS WAS TREATED WITH "SUMMER DISKIN".</p> <p>I SUSPECT THAT MORNA WAS MAINLY LEFT OUT OF THE WAY WITH LITTLE ATTENTION OR CARE, WHEN MOTHER WAS DRINKING.</p>																		
<p>9. Has the child been exposed to family problems such as material adversity, family discord, ill-health, or any form of deviant behaviour or other problems?</p>	<p>Please give details</p> <p>None known due to mother's DRINKING (SEE ABOVE)</p>																		
<p>10. Education</p>	<table border="1"> <thead> <tr> <th></th> <th>Place & type of school</th> <th>Dates</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>Not Applicable</td> <td></td> </tr> <tr> <td>2.</td> <td></td> <td></td> </tr> <tr> <td>3.</td> <td></td> <td></td> </tr> <tr> <td>4.</td> <td></td> <td></td> </tr> <tr> <td>5.</td> <td></td> <td></td> </tr> </tbody> </table>		Place & type of school	Dates	1.	Not Applicable		2.			3.			4.			5.		
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MEDICAL HISTORY

(Where the information is not reliably known, please write N.K.)

<p>11. Family medical history (physical conditions which may have a genetic or social significance)</p> <p>NB. Psychiatric conditions are included in Question 20</p>	<p>a. Biological mother Height _____ IN ANE QUITE HISTORY.</p> <p>b. Biological father Height _____ NOT KNOWN</p> <p>c. Siblings (state whether full or half siblings) NONE</p> <p>d. Other members of family or household (state relationship) NONE</p>
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<p>12. Ante-natal and peri-natal history</p> <p style="text-align: center;"><i>not available</i></p>	<p>a. Abnormalities of pregnancy or delivery _____</p> <p>b. Duration of pregnancy <u>40</u></p> <p>c. Birth weight <u>7.15 lb</u></p> <p>d. Difficulties in resuscitation or feeding or history of convulsions or other illness in the newborn period _____</p>																
<p>13. Early development (circle as appropriate)</p> <p style="text-align: center;"><i>not available</i></p>	<table border="0"> <tr> <td>a. General development:</td> <td>Superior</td> <td>Average</td> <td>Delayed</td> </tr> <tr> <td>b. Walking unaided:</td> <td>Before 12 mths</td> <td>About 12 to 15 mths</td> <td>After 15 mths</td> </tr> <tr> <td>c. Speech in sentences:</td> <td>Before 2 years</td> <td>About 2 years</td> <td>After 2 years</td> </tr> </table>	a. General development:	Superior	Average	Delayed	b. Walking unaided:	Before 12 mths	About 12 to 15 mths	After 15 mths	c. Speech in sentences:	Before 2 years	About 2 years	After 2 years				
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<p>14. Previous growth records, if known</p>	<table border="0"> <tr> <td style="text-align: center;"><i>Date</i></td> <td style="text-align: center;"><i>Height</i></td> <td style="text-align: center;"><i>Weight</i></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	<i>Date</i>	<i>Height</i>	<i>Weight</i>	_____	_____	_____	_____	_____	_____							
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<p>15. Past medical history (with dates)</p> <p>(a) Immunization</p> <p style="text-align: center;"><i>not known</i></p> <p>(b) Infectious diseases</p> <p>(c) Other illnesses, operations, accidents or handicaps (Please indicate dates and hospitals attended)</p>	<table border="0"> <tr> <td>1. Whooping Cough _____</td> <td>5. Measles _____</td> </tr> <tr> <td>2. Diphtheria _____</td> <td>6. Rubella _____</td> </tr> <tr> <td>3. Tetanus _____</td> <td>7. BCG _____</td> </tr> <tr> <td>4. Poliomyelitis _____</td> <td>8. Other _____</td> </tr> <tr> <td>1. Chicken Pox _____</td> <td>5. Rubella _____</td> </tr> <tr> <td>2. Hepatitis _____</td> <td>6. Whooping Cough _____</td> </tr> <tr> <td>3. Measles _____</td> <td>7. Other _____</td> </tr> <tr> <td>4. Mumps _____</td> <td></td> </tr> </table>	1. Whooping Cough _____	5. Measles _____	2. Diphtheria _____	6. Rubella _____	3. Tetanus _____	7. BCG _____	4. Poliomyelitis _____	8. Other _____	1. Chicken Pox _____	5. Rubella _____	2. Hepatitis _____	6. Whooping Cough _____	3. Measles _____	7. Other _____	4. Mumps _____	
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<p>16. Medical disorders for which the child is under supervision or receiving treatment</p> <p style="text-align: center;"><i>none</i></p>	<p>1. Disease(s) _____</p> <p>2. Treatment _____</p> <p>3. Place of treatment _____</p> <p>4. Doctor in charge _____</p>																
<p>17. Are there any problems of sexual maturation?</p> <p>In the case of girls:</p> <p>Has the menarche been reached?</p> <p>Is there any possibility of pregnancy?</p> <p>Please give details of contraceptive therapy, if appropriate</p>	<p style="text-align: center;">/</p>																

NEURO-PSYCHIATRIC HISTORY

(Where a question is answered YES—please give details)

18. Has the child suffered from any neurological disorder?	Yes/No	<i>not known</i>		
19. Has the child had any fits or convulsions?	Yes/No	Age of onset	Type of seizure	Frequency
		Last attack	Treatment	<i>not known</i>
20. Has any close relative or member of the household suffered from any neurological, psychiatric or convulsive disorder not recorded in the family medical history? (Please give details including names of hospitals involved)	Yes/No	<i>both parents are or were of inadequate personal type</i>		
21. Has the child been separated from either parent or parent-figure for any significant period having regard to the age of the child at the time? (List all significant periods of separation)	<input checked="" type="radio"/> Yes <input type="radio"/> No	Age	Duration	Reason
		<i>see 5</i>		
22. Are the results of any intelligence tests known? (Please attach psychologist's report if available)	Yes <input checked="" type="radio"/> No	Test and Result	Date	
23. Are the child's school attainments unsatisfactory for his age and intelligence? (Please consult school report)	Yes <input checked="" type="radio"/> No			
24. Has the child been recommended for special educational treatment?	Yes <input checked="" type="radio"/> No	Type	School	
25. Has the child suffered from any emotional or behavioural disorder in the past? (Please state type, severity, duration and treatment)	Yes <input checked="" type="radio"/> No			
26. Has the child suffered from any disorder of speech or language?	<input checked="" type="radio"/> Yes <input type="radio"/> No	<i>language delay</i>		
27. Is there any evidence at present of emotional or conduct disorder? Please give details of any of the following: (a) Anxiety or panic (b) Depression or sadness (c) Withdrawal or solitariness (d) Fears or phobias (e) School refusal (f) Disturbance of eating (g) Sleep disturbance (h) Enuresis or encopresis (i) Restlessness, distractibility, poor concentration or hyper-activity (j) Stealing (k) Lying (l) Truancy (m) Severe aggressive behaviour (n) Other	Yes <input checked="" type="radio"/> No	<i>appears to have rather superficial emotional contacts</i>		
28. Has the child received or is he receiving treatment for any of the above? If Yes, please state hospital or clinic and consultant, if known.	Yes <input checked="" type="radio"/> No			

EXAMINATION

(Where a question is answered YES—please give details)

	First Examination Date	Second Examination Date
29. Weight	14 kg. 50. th centile	kg. th centile
30. Height	90.25 cms. 25. th centile	cms. th centile
31. Head circumference	49.5 cms. 50 th centile	cms. th centile
32. Is the child dirty or does he have ectoparasitic infestation?	Yes/No	Yes/No
33. Is the clothing inadequate having regard to the prevailing weather?	Yes/No	Yes/No
34. Is there any evidence of injury?	Yes/No	Yes/No
35. Are the skull and face abnormal? (e.g. Down's syndrome, microcephaly, etc.)	Yes/No <i>flat, small mouth.</i>	Yes/No
36. Are the eyes abnormal? (e.g. squint, cataract, nystagmus, coloboma) Are the optic fundi abnormal?	Yes/No Visual acuity _____	Yes/No Visual acuity _____
37. Are the mouth and pharynx abnormal? Are the teeth and gums unhealthy?	Yes/No Yes/No	Yes/No Yes/No
38. Is the speech abnormal?	Yes/No	Yes/No
39. Are the ears abnormal or the eardrums unhealthy on auriscopic examination? Is there a defect of hearing? (Include the result of an audiogram where relevant)	Yes/No Yes/No	Yes/No Yes/No
40. Does the child have any significant skin disorder? Does the child have any deformity or abnormality of the musculo-skeletal system? (e.g. scoliosis) Is the cardiovascular system abnormal? Is the respiratory system abnormal? Is there any abnormality in the abdomen? (e.g. hernia) Is there any abnormality of the genito-urinary system? (e.g. undescended testes) Does the urine contain: Albumen? Sugar?	Yes/No Yes/No <i>functional murmur</i> Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No	Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No
41. Is there any abnormality of the central nervous system? Is the child clumsy, inco-ordinate or does he have an abnormality of posture or gait?	Yes/No Yes/No <i>mild clumsiness.</i>	Yes/No Yes/No

	First Examination	Second Examination
42. Does the child appear to be mentally abnormal?	Yes/No <i>developmental delay</i>	Yes/No
43. Does the child appear to be emotionally unstable?	Yes/No	Yes/No
44. Is the child's behaviour abnormal?	Yes/No	Yes/No
45. Special tests:		
(a) Serological test for syphilis (if any)	Test <i>VORL</i> Date <i>16/6/83</i> Result <i>NEG</i>	On mother/child
(b) Test for Sickle Cell Trait (where relevant)	Test Date Result	
(c) Tests for aminoaciduria	Test <i>plasma</i> Date <i>16/6/83</i> Result <i>NEG</i>	

CONCLUSIONS

	First Examination	Second Examination
46. Do you think that the child has any significant abnormality?	Yes/No <i>developmental delay</i>	Yes/No
47. Do you think that the child has any intellectual, emotional or behavioural abnormality?	Yes/No <i>as above but no obvious emotional problems</i>	Yes/No
48. Do you think that there are any medical circumstances that require further investigation?	Yes/No	Yes/No
49. Has the child any condition for which he is or should be receiving treatment?	Yes/No	Yes/No
50. Are there any conditions which should be specially explained to adopters, foster parents or other caretakers?	Yes/No <i>as 46</i>	Yes/No
51. On the basis of the history and your examination, are you able to offer an opinion on planning future placement having regard to the prognosis for the physical and mental health of the child?	Yes/No <i>should respond with continuing placement in stable but understanding family with adoptive or fostering</i>	Yes/No

Signature (print in capitals after) *W. S. OFFICEY*

Qualifications *NS PREP QCF*

Post held *Consultant Paediatrician*

Address *RMA L*

Date *16/6/83* Telephone *667 7991*

Home Finding Panel

Held at the Wester Hailes Social Work Department Office

on 21st July, 1983.

Present: Christine Anderson, Bob Horn, Ljubica Erickson (Chairperson),
Rosemary Laxton, Jean Robertson,
John McCaskey, Social Worker,
Mrs. Robertson, Foster Parent,
Lesley London (Observer).

Discussion: Morag Stewart

Morag is a very placid wee girl. Morag cries easily. Very little can make her cry. Sometimes she is not very keen on having a bath, but is beginning not to fuss quite so much. Foster mother thinks she has had a fright at some time. On the whole Morag is a nice pleasant girl.

Morag is now in a play group. She watches what other children are doing before she does anything. She normally plays on her own because there is no one in the foster mother's home for her to play with. She can amuse herself all day. She likes cuddles and attention from Mrs. Robertson's two girls and the friends they bring to the house.

Morag would go with anyone, which could be quite a concern. In the beginning of the placement she was quite wary of men. Mrs. Robertson's son-in-law did not force the issue, and it took a while before she would go to him. Morag gets on well with Jim, Mrs. Robertson's partner. He has worked a lot with her.

It is fair to say Morag has come on a great deal. She is fast making progress, although she is not as far on as she should be. She is beginning to put sentences together and is beginning to be able to tell what has happened. Morag is very slow at meal times. She can use a fork and spoon. Morag still needs to be shown how to play.

Morag did not cry at separation from her mother. Her former foster parent thought she looked a bit anxious. She was able to distract her and then she was all right. Morag may miss the Robertsons more, and any move would have to be gradual.

Natural Mother

Mother belongs to Edinburgh family whose father died when she was twelve or thirteen. Responsibility fell on her to look after her siblings. Mother's sister says she has been a heavy drinker since she was fifteen, and is well known in the Leith district. Mother tends to get injured when she is drunk. She continued to drink while pregnant. The paternity of Morag is not certain. Mother claims George Newby was the father. Mother's care of Morag was not satisfactory. The Health Visitor felt child had been left in the cot all day, and was never given any kind of stimulation.

Morag was taken into care following a fire in the house. Mother was seriously burned and taken to Bangour. Mother telephoned quite regularly. When she was discharged from hospital she visited a few times when Morag was in placement in Leith, but visits were irregular. Mother did not know how to talk or deal with the child. Although it seemed there was no real bonding there may have been some affection. Mother did not send Christmas or birthday cards to Morag.

Mother has ^{now} ~~not~~ agreed to adoption and feels it would be best for Morag if she went to another family. Mother's baby is due next week. She was taken into hospital because baby's development is not what it should be.

Morag is due to see Dr. Graham Yule in August. Dr. Uttley, while carrying out the adoption medical, seemed optimistic that Morag would be able to attend normal school. Babyhood could account for a lot of Morag's poor body co-ordination. Morag needs a lot more attention, and she now seems to be making up for lost time.

Decision

Morag to be registered as in need of permanent substitute family.

It was agreed not to apply for Section 16 as mother consents to adoption. As we are hoping to match child with couple fairly quickly we hope to get serial number and ask mother to sign parental consent prior to placing the child with the adopters.

Co-ordinator of the placement is Ljubica Erickson.

JEAN ROBERTSON
Clerical Assistant

A10/JR/SMT

8th September, 1983.

XXXXXX 3/3 1991

Mrs M Clark
48 Beechwood Drive
Clarkston
GLASGOW
G76 7XB

M/B/JMcG/CC

11 November 1983

Dear Mrs Clark

Re: Morag Anne Stewart

Morag was placed with emergency foster parents on 9.1.82 for three weeks (normal procedure) before being transferred to short term foster parents on 1.2.82. Unfortunately, after six weeks the foster mother was taken into hospital for an operation, and was unable to work, necessitating Morag's transfer on 12.3.82 to another foster home. After four months, the foster mother had to give up her work because of a blood condition and Morag had to be transferred yet again on 2.7.82. From here normal procedure was followed, with Morag being transferred to potential adopters on 24.8.83.

These extremely unfortunate but unavoidable circumstances meant that Morag had three short term foster placements instead of one, before going to potential adopters.

Doreen Stewart is fully in agreement with plans for Morag's adoption, and I enclose interview form, birth certificate and a copy of the adoption medical report.

Please contact me if further information is required.

Yours sincerely

JOHN McCASKAY
Social Worker

Mr McCaskay

Royal Hospital For Sick Children
9 Sciennes Road EDINBURGH EH9 1LF Tel: 031-667 1991

Ward 5

Consultants:
Dr W. M. McCrae
Dr W. S. Uttley

27th June, 1983.

WSU/LM

Mr. McCasky,
Lothian Regional Social Work Dept.,
34 Muirhouse Crescent,
Edinburgh.

Dear Mr. McCasky,

I enclose the completed medical report on Morag Stewart and felt that I should write more fully about her.

My first concern about this child is obviously over her clear developmental delay. At age 3 years she has poor communication ability and is not yet producing short sentences. However, she appears to be learning new words satisfactorily with picture book attention by her foster mother and is making progress. There is no overt hearing deficit. She exhibits some clumsiness of coarse and fine movement and is at least six months delayed in her overall motor development.

I note that she had a rather low birth weight, her height age is somewhat less than her weight age and I feel that both the developmental delay and the marginally poor growth probably result from her early intra-uterine experiences when her mother is known to have been drinking heavily during pregnancy. In short, I feel that this child is probably an example of the so-called foetal/alcohol syndrome.

These discrepancies in development are not, of course, gross and there is to my mind no reason why Morag should not be brought up in a normal family atmosphere and I will be hopeful that she will be suitable for normal education at age 5 although there must be a question mark against that.

She will certainly require placement with understanding and not too demanding parents who are fully informed of the present position but who could also be told that the signs of improvement made to date since coming under your care can reasonably be expected to continue. I would certainly be happy to discuss these questions with any potential adoptive parents.

Yours sincerely,



W.S. Uttley.
Consultant Paediatrician.

21.8.83

11.00 a.m.

STEWART

C/O ROBERTSON (ROBERTSON MOTHER)
 2 NEWRYRES CRESCENT
 GORRIBLINE
 BILLOTHIAN

MORAG ANN

21.8.83

Type in this

PROCEEDINGS

Review of the Supervision Requirement for Morag Ann Stewart

1. Fri 26th March 1982 - Referred to Sheriff Court
2. Fri 2nd April 1982 - Grounds of referral established at Sheriff Court
3. Thurs 13th May 1982 - Section 32 (2)(c) that Lack of Parental Care is likely to cause her unnecessary suffering or to seriously impair her health and development.
4. Thurs 21st April 1983 - Annual review of the Supervision Requirement

SUBJECT OF REPORT:

Since 21st April 1983, Morag, although still one year behind in some aspects of her development, has continued to make some progress in her speech and her play skills. She has shown no signs of missing her natural mother (Doreen Stewart) and is a warm, affectionate and contented child.

PARENTAL INVOLVEMENT:

Miss Stewart has not visited Morag since 26th November 1982, and had not been seen by anyone from the Social Work Department either until she turned up at the annual review hearing on 21st April 1983. It was only at this point that she heard of our department's intentions of assuming parental rights with a view to placing Morag for adoption.

Although initially taken aback by the idea, Miss Stewart and myself had several long discussions over the following two months after which she decided that it would be in Morag's best interests if she were adopted.

As Miss Stewart had not seen Morag since 26th November 1982, and had continued to drink heavily, she had our department's full backing in this decision. On hearing that Miss Stewart was expecting another child (Louise Stewart, born on 22nd July 1983) I was even more convinced that this decision was the correct one, and Miss Stewart too agreed that although with support, she may be able to cope with the care of one child, she would not be able to give Morag all the time and attention she needs.

On 1st June 1983, Miss Stewart signed the "Adoption of Children: Explanatory Memorandum", and on 11th August 1983 she signed her "Consent to the making of an Adoption Order" in front of a Justice of the Peace.

PLANS FOR THE FUTURE:

Norag has been introduced to her prospective adoptive parents, and the meetings have been a complete success. Following today's review it is hoped to place Norag permanently with her new family.

Miss Stewart's final involvement will be when she is visited by the Curator and Linton.

18.8.63

JOHN MCCASKEY
Social Worker