LOTHIAN REGIONAL COUNCIL
DEPARTMENT OF SOCIAL WORK

Reference Number

PERSONAL DETAILS

SURNAME	GRATTON		
ALTERNATIVE NAME(S)			
FORENAME(S)	LORNA		
SEX	FEMALE	DATE OF BIRTH	22 3 156
Nationality: BRITISH	Ethnic origin:	Religion:	

ADDRESS on INITIAL CONTACT — TELEPHONE

49/3 WESTER HAILES PARK — 453 3995

HOME ADDRESS if different

1. c/o Carnbee C.V.
2. c/o Moredun Adolescent Unit.

FAMILY DETAILS

Next of Kin	Forename(s)	Surname	Relationship	D.O.B.	Address	Tel.
male						
female	Raymond	JORDAN	co-habitee	42	as above	
(maiden/other names)						
Children	Leon	GRATTON	Son	17.3.75	as above.	
in Household						
Adults						
in Household						

RELEVANT BACKGROUND INFORMATION

(including physical description if child taken into care)

Natural father - Gary GRATTON (Manchester with wife and two children)

FILE DETAILS

Date _____ Time _____

Recorded by _____

NB Complete KEY CONTACT Sheet and CLIENT CARD

KEY CONTACTS

Name	Reference number

Social Work Staff	Location	Date	Tel	Relationship

GP, Work and other Involved Agencies

Contact name	Organisation	Date	Tel	Position
DR MYSCOCH				
DR BOULIS				

Significant Others (Relatives , Friends)

Name	Address	Tel	Relationship

Duty 2.8.89

Mrs Lorna Gratton 49/3 Wester Hailes Park Edinburgh Tel 453 3995

Phone call at 2.45pm.

Wanting someone to visit to "talk to" her son who had just smashed up his room.

Agreed to phone back.

Discussed with duty SSW Paul Noyes and obtained old file from Alex.

Phoned back.

Unable to visit. Appointment book full.

Suggested that a visit would 'undermine her authority..

Offered 10am appointment on the following day instead - which was accepted.

Lorna in considerable distress.

Involved in local playgroups.

Leon (her son) on school holiday from Forrester.

Standby 3.8.89

Lorna to office as arranged.

Much calmer.

Discussed situation. Leon supposed to spend 6 weeks a year in the custody of his father but father has lost interest in his son.

REmarried in Manchester with two daughters.

Lorna and Raymond still together.

Camping holiday to Cornwall planned for later this month.
Leon hoping friend will go with them but suggesting it might be boring.

REcently gave up Karate which he had been doing since he was 6.

Freinds becoming greater influence.

Lorna describing herself as quite strict e.g. makes Leon work delivering eggs etc to pay half for the trainers he wants.

Spoke at some length about the possible causes of Leon's outburst yesterday.

[redacted]

[redacted]

[redacted]

Assessment/Recommendation

[redacted]

Leon in mid-adolescence - turning into a man.

Confirmed that we would treat above with complete confidentiality.

May bring Leon down for a friendly chat.

Otherwise recommend No further action

Bob Cowie
Social Worker

4 August 1989

Ref: A10/JW

CONTACTS / CASE NOTES

Name		Reference number		
Date	**Summary & Action**		**D/R**	**Worker's name**
2/5/90	Type T/C from David Arthur, S.W., Salford, Manchester			J. M. Gratton
	Purpose Leon has arrived at father's, wanting background information			
9/5/90	Type T/C from Mr Gratton.			J. M. Gratton
	Purpose Wanted information re us to become involved. Advised we had no remit unless requested by ex-wife or son			
15.1.91	Type T/C from Hairen Black, Forrester Hs.			
	Purpose concerns re home situation		✓	K Alexander
21/1/91	Type DUTY APPTS			
	Purpose concerns re home situation		✓	[illegible]
22/1/91	Type RLC carried out			
	Purpose		✓	[illegible]
5.2.91	Type File given to me.			
	Purpose			
6.2.91	Type T/c to Cornish -			
	Purpose arranged to meet Leon.			
7.2.91	Type P/c from Cornish			
	Purpose arranged for Friday next.			
11.2.91	Type Visited Cornish.			
	Purpose Saw Leon.			
13.2.91	Type Family meeting at Cornish			
	Purpose Explore issues.			
20.2.91	Type Family Meeting			
	Purpose Explore issues			
21.2.91	Type Visited Leon			
	Purpose [illegible]			
21.2.91	Type Visited Leon			
	Purpose [illegible]			

CONTACTS / CASE NOTES

Name		Reference number		
Date	Summary & Action		D/R	Worker's name
27.2.91	Type: Family Meeting			
	Purpose: discuss problems			
13.3.91	Type: Leave review			
	Purpose: interrupted by visitor leaving and refusing to return			
18.3.91	Type: Visited Leave			
	Purpose: discussed return			
28.3.91	Type: Leave planned & cancelled			
	Purpose:			
11.4.91	Type: Visit			
	Purpose: Discuss Leave living Lunch in Medway			
24.4.91	Type: Visited Leave			
	Purpose: Discuss progress			
3.5.91	Type: Visit Cancelled			
	Purpose:			
9.5.91	Type: Visited Leave			
	Purpose: discuss progress			
4.6.91	Type: Visit Leave discussed Lunch Meeting in Medway			
	Purpose:			
7.6.91	Type: Visit to Leave Cancelled			
	Purpose:			
25/6/91	Type: Leave moved to Medway			
	Purpose:			
8.7.91	Type: Review			
	Purpose: See reports			
12.7.91	Type: Visit to Leave cancelled by Mother			
24.7.91	Purpose: Visit discuss placement - use of drugs			

LOTHIAN REGIONAL COUNCIL
DEPARTMENT OF SOCIAL WORK

INITIAL ASSESSMENT

Name: Lorna GRATTON	Referral number:
Address: 49/3 Wester Hailes Park, Edinburgh	Date: 10/5/90
	Known case:
Referred by: Self	Social worker: D Halligan
Method: Standby Appt	Senior worker: J. Grant.

Number of areas to be covered in write up: 1 Presenting problem, 2 Background, 3 Assessment, 4 Action, 5 Recommendation.

Lorna lives with her fifteen year old son and her partner (Raymond JORDAN) at the above address.

She has recently been having problems with her son (Leon's) behaviour. He quite recently presented a knife at Raymond during an argument. These arguments usually occur after Leon has had a drink.

As a result of these difficulties and Leon's unsettled state it was agreed that he should live with his father in Manchester. He went there on 2.5.90. However it did not work out and Leon has returned home.

Lorna has received a phone call from her ex-husband saying that he has spoken to this department and that a social worker would be allocated. She therefore had visited the office to find out if this was true.

I advised her that we had no intention of

Persons present	Decision	Social worker allocated
	N.F.A.	

Number of pages [ ] Referral / Message form updated and returned to amend Client Index ? YES NO

1194

INITIAL ASSESSMENT
Continuation Sheet

Name:	Referral number:

becoming involved unless invited to do so by herself or Leon but given her description of recent events it might be that she will feel need of support some time in the future. She told me that Leon attends Forrester High and while he does very well there the staff are aware of his difficulties at home and his guidance teacher has offered to assist. There seems to be a degree of trust between Leon and his teachers which might be useful in working through his difficulties.

Lorna has agreed that if she feels in need of social work involvement she will re-refer to this office.

J. McG.

LOTHIAN REGIONAL COUNCIL
DEPARTMENT OF SOCIAL WORK

INITIAL ASSESSMENT

Name: Leon Gratton	Reference number:
Address: 4 9/3 Wester Hailes Pk.	Date: 15·1·91
	Known case:

Referred by: Warren Black, Forrester HS.	Social worker: K. Alexander
Method: T/C.	Senior worker: N. Pleck

Number of areas to be covered in write up: 1 Presenting problem, 2 Background, 3 Assessment, 4 Action, 5 Recommendation.

Leon was found to have hash in school today. The school have contacted the police, reporter, Asst Director (EDUCATION) & Mrs Gratton. Mrs Gratton is on her way to the school just now, she appeared very distressed during the T/C. Mr Black is concerned about family situation & what this incident may result in. Leon & his mother are said to have a very stormy relationship which has culminated on occasions with violence the home being smashed up & both assaulting each other.

Mr Black phoned to enquire as to what support SWD could offer. Suggested that Mrs Gratton may wish to discuss the difficulties she has been experiencing with the duty SW. It would also be important to talk with Leon. If it was felt approp a SW may be allocated or we may be able to refer to more approp supports/agencies. Mr Black felt there was great problems within the

Persons present	Decision	Social worker allocated
	N·FA AT PRESENT MAY PRESENT AS A REQUEST FOR REPORT FROM THE REPORTER N Pleck	

Number of pages [ ] Referral / Message form updated and returned to amend Client Index ? YES NO

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INITIAL ASSESSMENT
Continuation Sheet

Name: Reference number:

dynamics of the family & Leon was not 'to blame' for the difficulties at home.

Suggested if Mrs Gratton was reluctant to contact SWD, an appt could be offered by letter.
Ms Black will re-refer if he feels it is necessary to follow this up.

Karen Alexander.

LOTHIAN REGIONAL COUNCIL
DEPARTMENT OF SOCIAL WORK

INITIAL ASSESSMENT

Name: Grattan	Reference number:
Address: 49/3 Wester Hailes Pk	Date: 21·1·91
	Known case:
Referred by: Self	Social worker: K. Alexander
Method: duty appt	Senior worker: J. Fletcher

Number of areas to be covered in write up: 1 Presenting problem, 2 Background, 3 Assessment, 4 Action 5 Recommendation.

Lorna Grattan lives with her co-hab [Raymond & her son Leon (15yrs) of 9 yrs. Leon has contact with his natural father who has remarried and lives in Manchester. Leon's parents separated when he was 2 yrs old.

Lorna requested RIC as she felt no longer able to cope with Leon's behaviour & said she was at the stage where she may physically harm Leon.

Leon's behaviour was described as being quite violent. He is said to have 'smashed up the house' quite deliberately not breaking anything of value to himself. (This occurred 3 times in the last wk) Lorna also said Leon had been violent towards her - kicking, punching, biting, twisting her arm. Leon is described as being very threatening, refuses to stay in & not undertaking what is seen as reasonable tasks in the house. Leon is also apparently abusing drugs (hash) & has experimented with various other types of drug.

Leon rarely attends school but was able to do very well in his Prelims.

Leon's behaviour is said to have been difficult for a number of years with violence being an issue for appox 3yrs although this is said to have escalated recently & is now unmanageable. Violence appears to have gone beyond the home with Leon being a member of a gang & being said to carry a knife. He is said to have been frightened to go out because of poss. reprocussions following a street fight.

Leon is said to be very unhappy however Lorna cannot pinpoint

Persons present	Decision	Social worker allocated

Number of pages [ ] Referral / Message form updated and returned to amend Client Index ? YES NO

1194

INITIAL ASSESSMENT
Continuation Sheet

Name: Reference number:

Why. Leon

Lorna's inability to manage Leon appears to have escalated since his return from a short spell with his father. Leon went to live with his father in May '90. He is said to idolise his father & it was felt that because of his 'gang' involvement & his apparent unhappiness he would be given a chance to do well. He lived mainly with his grandmother as his father's wife is said to dislike Leon. Leon is also said to have spent much time with a drug dealer & although it was felt he had experimented with drugs his usage increased. Leon returned to Lorna's care in Nov having fallen out with his father who apparently would not listen to Leon's version of an incident at school involving knives. As far as I am aware there remains bad feeling between Leon & his father.

Leon can show a caring side & can be extremely good, however at the present time his bad behaviour overrides this.

A number of issues were raised which gives a clearer picture of the family dynamics & Leon's poss. motivation

[redacted]

Leon has very much been asked to take the resp. for his smoking & drug abuse with no firm limits which he may need.

Leon spent much time with a 29 yr old man who was said to be homosexual. Leon was about 13 at the time Lorna stopped this & had asked him if he had been assaulted. Leon maintained he was only a friend & was upset at contact being stopped.

Leon was told 2 yrs ago the reasons behind Lorna's lack of contact with her own family. (Although Lorna did not say openly [redacted] this was insinuated) Leon was only 13 yrs old when he was told of Lorna's past.

Although Raymond has been part of the family for 9 yrs he does not take on a parental role. Leon does not recognise him as being a 'father figure' or accept that he should be involved with him in any way. Leon has enjoyed contact with his natural father & sees him as the one to start to take on

the parental role. Raymond has lost his temper at Leon & was said on one occasion to have punched him after Leon smashed a chair across him.

Despite giving a lot of info little was given about Leon as a person, how he feels etc. Discussed implications of EIC & if poss to avert this & work at the difficulties in other ways. It is very necessary to see Leon & discuss the situation with him. Lorna agreed to come back to the office with Leon to discuss this further.

22.1.91
T/C to George Quoted; RSSPCC.

George was involved with Leon for 2-3 mths in 1989. It was at this time that Leon was involved with the 29 yr old man believed to be homosexual. Leon maintained it was an innocent friendship - no evidence otherwise. ~~Raymond~~ Leon perhaps questioning his own sexuality.

Leon is very interested in the supernatural & there were concerns that he was heavily involved in a dungeons & dragons group which perhaps went beyond the parameters boundary of a game.

Leon was at that time quite violent towards both his mother & Raymond, & they did show restraint in dealing with this. Leon does also have a very good side & is intelligent. Involvement ceased when Lorna felt the home situation was more settled.

George is willing to discuss case further if it is felt necessary.

21/1/91
OFFICE INTERVIEW WITH LEON.

Leon appeared to quite open and honest about problems within the home.

His confusion about his parents is quite apparent and he doesn't know ~~which story to believe~~ which story to believe or which parent is telling the truth. Leon feels it is important to know which parent is telling the truth about the breakdown of their marriage so he knows which parent he ought to like best.

Leon feels that his mum continually puts him down, calling him stupid etc. He feels that he can't do a thing right as far as his mum is concerned. He also expressed

INITIAL ASSESSMENT
Continuation Sheet

SHEET NUMBER

Name: Referral number:

the feeling that he gets treated like a five year old eg made to eat things he doesn't like, going to bed at 10.30pm etc. Leon also feels that his opinions are never heard and no-one is willing to listen.

Leon says he likes school and finds the work relatively ~~easy~~ easy. He recently passed all his prelims. Leon does not appear to be much problem at ~~school~~ school, but they do know of difficulties at home and seem to be quite understanding.

Leon claimed that his mother has assaulted him on more than one occassion + ~~he~~ was on one case been quite frightened - she had him on the floor with her arm across his throat.

The arguments at home usually start off with small things + escalate ~~with~~ Raymond has to stay at ~~the~~ arguments, but sometimes gets involved + him + Leon have come to throwing punches at each other. Raymond on one occassion when he punched Leon knocked out his two front teeth.

Leon readily admitted that he has experimented with drugs of all kinds, but the only one he continues to take is hash. His feelings are that it ought to be legalised since it is no worse than alcohol. Pointed out the problems of the drug culture ~~and~~ and the fact that no matter what he thinks it is illegal. Leon accepted this, but will not be persuaded not to use hash.

INTERVIEW WITH MUM + LEON

Little was achieved during this interview. Either Leon + ~~his~~ his mum were screaming + yelling at each other, or they were both in tears. Neither are particularly willing to listen to each other opinions. Leon took this to extremes at one point by putting his fingers in his ears so he couldn't hear what his mum was trying to say. Leon expressing a wish to come into care. Mum saying exactly the same.

ACTION Discussed with Jack Fletcher (SSW). It was felt that RIE was advisable since the situation appeared

unretrievable whilst they were both living under the same roof. Mum + Leon advised that we could carry out RIC, but that we would be unable to do so today. Mum arranged for Leon to stay with a family friend overnight Janet Lawson 83/6 Wester Hailes Drive, as there are no relatives nearby that Leon can stay with.

T/C to Calder Crore Referred Leon. Will ring back tomorrow + advise on availability of beds.

23/1/91

T/C to Calder Crore — possible bed in Comiston.

T/C to Sighthill Health Centre — Medical arranged for 4·15pm.

T/C to Comiston - bed available. Informed them I would bring Leon up at about 5·30pm.

T/C to Mrs Gratton - Advise her of situation + let her know I would pick up clothes at about 4·30pm.

T/C to Warren Black — let him know of current situation + to pass message to Leon that I would pick him up after school.

3·50pm - Picked up Leon.
4·15pm - Medical
4·30pm - Picked up clothes. Mrs Gratton seemed much calmer today and looking at RIC much more optimistically.
5·30pm - Leon to Comiston.

Although Leon was quite apprehensive about the move, he seemed to be at home reasonably quickly and took to his key worker quite quickly.

72 hr Review arranged for Thursday 24th at 2·00pm.

DETAIL RECORD

Name	Reference Number

Date 13.2.91 Event Family Meeting

Explored with the family their differing perception of crime & family events. Likely decision & effects of these etc.

Meeting reasonably productive and I see clarification took place.

(worker)

Date 12/9/91 Event T/C from O.I.C. Moreden

Apparently Dean is taking "acid" & involving other people. O.I.C. concerned about legal point of view ie. allowing Dean to remain in unit knowing that he is involving other young boys in drug taking. Requesting discharge today or early review.

Discussed with Jack Fletcher. Advised O.I.C. that Paul Noyes is back at work next week & to delay any further action until then. O.I.C. agreed unless any major incidents before then.

(worker)

Date Event

(worker)

CONTACTS / CASE NOTES

Name		Reference number	
Date	**Summary & Action**	**D/R**	**Worker's name**
8 Aug	Type: Visit. Purpose: Leon working on C.I.T.B course		
22 Aug	Type: Visit. Purpose: Leon drug consumption causing difficulty.		
Aug 30 – 23/Sep	Type / Purpose: Holiday		
?/30 Sept	Type: P/C to Marsden arranged [illegible]. Purpose: Visited 8 Oct.		
8 Oct	Type: Review. Purpose: See papers		
15 Oct	Type: Visited. Purpose: As per review		
17 Oct	Type: Visited - Mrs Gratton - [illegible]. Purpose: Leon [illegible] out of Marsden over drug use		
21 Oct	Type: Visited Leon. Purpose: discuss about Leon drug complexity		
4 Nov	Type: Visited. Purpose: Leon settled here, not causing great problems referred to W.C.S.T.		
13 Nov	Type: Leon cancelled appt. Purpose:		
26 Nov	Type: Discussed with Leon feels sufficient support available. Purpose: will contact if reqd.		
17 Jan	Type: Leon has moved to flat up north. Purpose: Close. 20.2.92		

CONTACTS / CASE NOTES

Name		Reference number	
Date	**Summary & Action**	**D/R**	**Worker's name**
10.4.92	Type: Duty		
	Purpose: New Tenancy – no furniture	✓	L. Fraser.
25/5/92	Type: Informed Leon problems with tenancy		
	Purpose: caused by bad youths		
1/6/92	Type: Discussed Grant – forms filled and sent		
	Purpose:		
11/6/92	Type: Grant given		
	Purpose:		
15/6/92	Type: Informed Leon.		
	Purpose: Grant not paid out as yet because of [illegible]		
16/6/92	Type: Saw Leon he is going to Manchester		
	Purpose: for period		
23/7/92	Type: Leon back. Staying with mother		
	Purpose:		
3/8/92	Type: Visited.		
	Purpose: Leon still with mother but making attempt		
	Type: to move into tenancy		
[illegible]	Purpose: Visited Leon to move back to		
	Type: tenancy – furniture to be purchased		
	Purpose:		
6/9/92	Type: Grant disbursed Leon		
	Purpose: to re-refer later – for sight of		
	Type: bill – NFA		
	Purpose:		
	Type:		
	Purpose:		

Clowe REVIEW

Name GLATTON Reference number

DESCRIPTION

Summary Lean was received into care on the 22-1-91. because of difficulties at home with drug taking adult without non school attendance.

Placed at Cairn - regular family meetings arranged to look at family dynamics. Lean always wanted to be the saviour involved himself in numerous family problems.

Unable to cope with G.F abuse of mother

Use of drugs continued but violence abated.

Decided he wanted to work his way to independence placed at Moredun 25/6/91. Discharged 18/Oct/91 for persistent drug abuse.

Significant Events/Changes in Circumstances

Lean returned home after being told to leave Moredun because he was taking dope into the unit. This totally denied

Lean under pressure from mother sought help from W.E.S.T. but later left her to stay with friend who was having difficulties

Client's View of Situation Extremely angry about discharge felt that we had taken him into care because of his drug problem but then discharged him because he had same problem.

ASSESSMENT

REVIEW (continued)

Workers definition of Current Situation

Lea is a rather complex character with a very ambivalent attitude towards her mother. Emotions in the family are high with many regrets but family is in fact reasonably cohesive. Lea shortly left Edinburgh no further action needed

Future Plans

Nil.

ACTION

Worker's Aims

Proposed Action

Client's Aims

Note agrees that no further action is possible or necessary

Proposed Action

Client Copy

20/2/92

Panel/Persons Present

Date of Next Review _____

Signed _____ _____ **Date** _____

(Senior Worker) (Client)

Exams	May Exams	Time
no Exams	Wedensday 1st until Monday 6th	
English	Tuesday 7th	9.15am until 10.30am | Break | 1.15pm until 3.15pm
no Exams	Wedensday 8th	
Maths	Thursday 9th	9.30am until 10.10am | Break | 10.40am until 11.20am
no Exams	Friday 10th until Thursday 23rd	
History	Friday 24th	9.30am until 10.30am | Break | 10.50am until 12.20pm

Name L. GRATTON Date JAN '91

Tutor Group 4X2

Year Report

Attendance 18/68 Punctuality Satis

Despite missing a lot, Leon has done well in some subjects. He should now know where he wishes to concentrate his revision.

P.T. Guidance W.A. Black

Name	Leon Gratton	Tutor Group	4x2
		Test of Reading	2
ENGLISH	Standard Grade	Test of Writing	4

ACHIEVEMENT		ATTITUDE	
Shows considerable ability		Shows high level of application	
Copes with the demands of the course	✓	Makes a reasonable effort	✓
Lacks the required skills		Does not respond adequately	

TEACHER'S COMMENTS

Leon's reading exam. is a credit level pass. Exam. essay is a level 4 (general). NB: I am waiting anxiously for his folio work which went south with him. I need it for presentation to the exam. board. He cannot pass Standard Grade without this.

Signed Dorothy M.R Ellen. JAN. 1991

Name	Leon Grattan	Date	Jan 91
		Group	2 & 2

BUSINESS STUDIES

OFFICE AND INFORMATION STUDIES

SUBJECT KNOWLEDGE	MISSED EXAM	ATTITUDE/EFFORT	Sat.
KEYBOARDING	MISSED EXAM	TEST MARK	N.A.
HANDLING INFORMATION	/	GRADE EXPECTED	F6/F7

TEACHER'S COMMENTS Due to circumstances and the fact that Leon missed the exams it is very difficult to assess adequately.

Signature O'Milligan

Name	Tutor Group	Date
LEON GRATTON	4X2	January 1991

Standard Grade Computing Studies

Prelim Results	Grade	Prelim Results	Grade
Knowledge & Understanding		Practical Abilities	
Problem Solving		Overall	

Teachers Comments

Leon will have to work very hard to make up for lost studies.
Practical Projects first then a Crash course in the areas he has missed out on.

Signed DP Lunn

Name	Leon GRATTON	Date	JAN 1991
		Tutor Group	4X2

MATHEMATICS Course: Standard Grade F

Grade 5 5

TEACHER'S COMMENTS

It was nice to see Leon back and even better to see him do so well in this exam just after coming back. If he works hard between now and the final exam he will probably do just as well then. Because he has been away Leon has done none of the classwork the Exam Board need so after Christmas he will have to do several investigations in class time to catch up with the rest of the class. His behaviour and attitude are as good as ever.

Signed ..... N. McClellan .....

HISTORY Name LEON GRATTON Class 4x2

Attitude		Attainment 'S' Grade
Very Good	✓	I am confident that Leon can quickly catch up again and hopefully he should not be too disadvantaged by his long absence. He has always enjoyed this subject and has shown a very good attitude towards his work. He is capable of achieving a good grade at General level in this subject.
Good		
Satisfactory		
Unsatisfactory		Signed _____

SUBJECT STANDARD GRADE CHEMISTRY

NAME Leon Gratton

CLASS 4X2 **DATE** JAN 91

Specific Grades

AREA	GRADE
K & U	5
PS	4

General Performance

	very good	good	poor
Homework			✓
Notes		✓	
Attitude		✓	

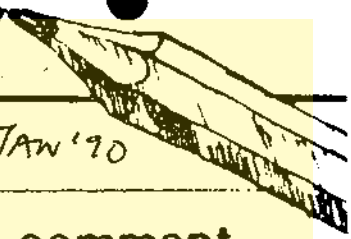
Comment

Has missed a lot. Will have to work hard to catch up.

Signed WRae

name: LEON GRATTON class: 4X2

ART & DESIGN



COURSE: STAND. GRADE date: JAN '90

area of study	A	E	teacher comment
EXPRESSIVE (EXAM)	/		I feel that it would be impossible for Leon to "catch-up" with the rest of the class, due to the time that he has been away. Unfortunately without all the aspects of unit a Standard grade is unobtainable.
DESIGN	/		
CRITICAL	/		

BADingwall.

Employment Service

To SAFEWAY
GLASGOW RD
ED

Tel. 316-4908

Dear JOYCE NICOL

24-26 Torphichen Street
EDINBURGH
EH3 8JP

Tel: 229 9321
Edinburgh Vacancy Office
Tel: 031-556 9211

Our Reference:

Regional Ident. and LO Code	Order No. or Spec.	CODOT
WEST ~~EDIN~~	0214R	361-46

This is to introduce MR L CRATTON 2C

who is interested in your vacancy for PT SALES

It would be helpful if you telephoned the Edinburgh Vacancy Office with the result of the interview

Yours sincerely

Date 30/5/90

Interview Date ..... Time .....

ES 12 JB

Employment Service

To GEORGE HOTEL
GEORGE ST
ED

Tel.

Dear NORMA DAVNUN 3/5

24-26 Torphichen Street
EDINBURGH
EH3 8JP

Tel: 229 9321
Edinburgh Vacancy Office
Tel: 031-556 9211

Our Reference:

Regional Ident. and LO Code	Order No. or Spec.	CODOT
EJB	66592	449-10

This is to introduce MR L CRATTON 2C

who is interested in your vacancy for DAY PORTER.

It would be helpful if you telephoned the Edinburgh Vacancy Office with the result of the interview

Yours sincerely

Date 30/5/91

Interview Date ..... Time .....

ES 12 JB

APPLICATION FOR EMPLOYMENT

JOBCENTRE
EMPLOYMENT SERVICE

Post applied for DAY PORTER

with GEORGE HOTEL, GEORGE ST

Please fill in this form in **Ink** and **BLOCK LETTERS**

Official use only:	
Order No:	66590
CODOT:	449-10
Contact:	NORMA DANNUN 316

Mr, Miss Mrs, Ms	First Name	Surname
	Leon	Gratton

Address	Daytime telephone no.	Date of Birth
93 Pentland View	445-4024	17/3/75
Postcode	Evening telephone no.	Annual Salary/weekly wage you require
	as Above	£ —

Please give details of:-

a. Educational qualifications you have achieved	b. Apprenticeships or traineeships you have completed
c. Courses you have attended	**d. Any other skills which may be relevant to the work**

Work history over the last five years

Name of employer	Date From	Date To	Brief details of duties	Salary/Wage	Reason for leaving

How soon can you start work?	Can you obtain references if necessary? (Please ✓)	How would you travel to this job?
As soon as possible	YES ☐ NO ☑	by bus

If you have a current licence is it (Please ✓)

Car ☐ Motor Cycle ☐ Public Service Vehicle ☐ Heavy Goods Vehicle: Class I ☐ Class II ☐ Class III ☐

Do you have any driving endorsements? (Please ✓) YES ☐ NO ☐

Is there any type of work you cannot do for health reasons? (Please ✓) YES ☐ NO ☑

If 'YES' please give details of the limitations.

Please give the reasons why you want to work in this particular job. I wish to experience the Hotel trade and I feel this position would meet my interests

Please give any other facts which you think would be useful in considering your application.
New school leaver

To the best of my knowledge the information given on this form is correct.

Signature L Gratton Date 30/5/91

Are you registered at a Jobcentre? (Please ✓)
Careers office
Haymarket
Athole House
YES ☐ NO ☑

If 'YES' please give the address.

LOTHIAN REGIONAL COUNCIL
DEPARTMENT OF SOCIAL WORK

INITIAL ASSESSMENT

Name: Leon Gatton
Address: 7/2 Hailesland Grove

Reference number:
Date: 10.4.92
Known case: Yes

Referred by: Self
Method: Duty

Social worker: L. Fraser
Senior worker: J. Gent

Number of areas to be covered in write up: 1 Presenting problem, 2 Background, 3 Assessment, 4 Action 5 Recommendation.

1) Requesting Leaving Case Grant
2) Came into care 22.1.92 returned home 17.10.91 however stated that he left the next day and moved to Aberdeen, homeless.
3) Stated that previous Social Worker, George Coates had said he would qualify for L.C.Grant. George not available to discuss situation.
Also asking to see file.
4) Discussed Open Access policy with A.O. Jane Gent. Agreed to put forward for allocation and to contact Leon in couple of weeks to arrange for him to see files.
Suggested Leon contact FSM - refused due to family fall out with organisers.
He has already contacted follow-up.
Suggested he contact Bridges Project - gave

Persons present	Decision	Social worker allocated
	Allocation	

Number of pages [ ] Referral / Message form updated and returned to amend Client Index ? YES NO

1194

INITIAL ASSESSMENT
Continuation Sheet

Name:	Reference number:

leaflet, also gave address for Bethany Homemaker.
Leon will apply for C.C.Grant.

I will contact Maureen Mallon - W.M.O.T. shop re. money from Princes Trust.

5) To Allocation. L.Fraser.

·EDINBVRGH·
THE CITY OF EDINBURGH COUNCIL
SOCIAL WORK

Lothian health

REFERRALS TO SOCIAL WORK DEPARTMENT

Reference No: (SWD C.I)

C.H.I. number if available

SWD Office or Person receiving referral or office referral sent to :	Date Referral Received by SWD	Time Referral Received by SWD
BRUCE HADDEN	16 09 93	am / pm

Title	Full Name of person referred	Home address of person referred (if different)	Gender:
Mr / ~~Mrs~~ / ~~Ms~~ / ~~Miss~~	LEON GRATTON Current address 11/1 DUNSYRE HOUSE		M/F
	Post code Tel.	Post code Tel.	Date of Birth: 17/3/75

Person making the Referral
Name: REN MHO ROSA.
Address:
Contact Tel:

Referral Reason (please give brief details, including any significant medical factors, social circumstances & current services)

REQUEST FOR SCR.

Specific Requirements (eg sign language)

Are there problems with access?
Wheelchair user YES/NO/NOT KNOWN

Other agencies involved

Title /Name	Relationship	Address	Postcode	Telephone
	G.P.			
SWD	MURRAYBURN GATE.			

Degree of Urgency: How quickly should this person be seen eg. key dates. (as indicated by referrer)

At risk? YES / NO
Risk to others? YES / NO

Is the person aware of this referral ? YES / NO

Does the person agree to this referral being made? YES / NO

If No, why?

Consent of individual for this information being forwarded to Social Work and further enquiries if necessary. **Please obtain signature if possible.** It is preferable to have this, but where this is not possible the referral can still proceed.

..... (Signature) ..... (Date)

Signature of Referrer or SWD receiving Officer	**Date**

2000396

N.B. Personal information held by the Social Work Department for Social Work purposes is shared with clients subject to certain exemptions in terms of the Access to Personal Files Act. Donors of personal information relating to clients should indicate whether part or all such information may be shared or should be restricted.

1600

REFERRAL INITIAL ASSESSMENT

LIVING GROUP: (Please circle one box only)				
	01	Not at home (living in long stay accommodation)	02	Living at home alone
	03	One adult & dependent child(ren) at home	04	Two adults & dependent child(ren) at home
	05	One adult & dependent adult(s) at home	06	Two adults & dependent adult(s) at home
	07	At home other	08	Not known

Please list known HOUSEHOLD/FAMILY MEMBERS/SIGNIFICANT OTHERS starting with **Next of Kin**:

Name	Relationship	Other information (inc address if different)	D of B or Age (if appropriate)

IS THIS REFERRAL ONLY? **YES** ☒ **Stop here.**
NO ☐ **Please continue by providing further information below.**

Further information - including user's views of their needs *(use continuation sheet as necessary)*

ALERT: Carer's Needs Assessment required?: **Yes / No** Welfare Benefits Assessment completed?: **Yes / No**

Worker's Recommendation

B. Headed to complete SCR.

Please indicate if continuation sheet, Form 1195 has been used: **Yes / No**

Name of worker | Location/Team | Date work completed

Social Work Department Use Only

Screening/Assessment Decision (circle as many as apply)		For outcomes other than 1, 2 or 3 enter relevant DATES below				User notified of decision	When	Method
1	Not appropriate					Referrer notified of decision		
2	User not traceable	Required	Waiting List	Active	Ceased	Worker involved	Pract Team	Notes
3	Referred on to external agency							
5	Simple Service							
6	Initial Assessment							
7	Comprehensive Assessment (CC)							
8	Supplementary Assessment Internal							
9	Supplementary Assessment External							
10	Carer's Needs Assessment							
11	Children & Families Assessment							
12	Criminal Justice Assessment							
13	Child Protection Investigation							

Screened by : **Practice Team:** **Date:**

Name of allocated worker (if known): Practice Team:

Screen decision endorsed by *(if different)*: Date:

CONTACTS / CASE NOTES

Name		Reference number		
Date	Summary & Action		D/R	Worker's name
OCT93	Type SER.			
	Purpose SER COMPLETED + FORWARDED TO RMO MWC - NO SECTION 18 INDICATED.			
	Type LETTER TO INFORM MRG OF DISCHARGE PLANS..			
	Purpose NO FURTHER MHO INVOLVEMENT REQ.			
17/5/96	Type CLOSURE.			
	Purpose CARE CLOSE.			
	Type			
	Purpose			
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	Purpose			

From:	Headquarters Shrubhill House Shrub Place Edinburgh EH7 4PD
Emergency Duty Team	Tel. 031-554-4301 Fax. 031-555-0960
To: SW/SSW	George Coates
AREA TEAM	CO

LOTHIAN REGIONAL COUNCIL
DEPARTMENT OF SOCIAL WORK

REFERRAL FORM
EMERGENCY DUTY TEAM

Referral Number	91/2553
Date:	7·5·91
Time referred:	00·03
Time completed:	

DETAILS OF CLIENT

Surname	GRATTON	Forename(s)	LEON	Age/D.O.B.	17·3·75
Present Address	Comiston CH.			In care under Section	S.15.
Previous Address	h/a 49/3 wester Hailes Park.				
Children	Name				
	D.O.B				
	Sex				
Husband/ Father	Name and Address			Age/D.O.B.	
Wife/ Mother	Name and Address			Age/D.O.B.	

DETAILS OF REFERRER

Name and Title: Comiston.	Dr.'s name
Address/Agency	Address Tel. No.

Leon has failed to return to the unit.
The police have been notified.

H Smith
A Tully

02·10 Leon has been picked up and returned to the unit by Police.

HY.
A Tully

AREA TEAM
-8 MAY 1991
FOR g-Coates
C.C.

Is the Client aware of the referral?	YES / NO	E.D.T. File Number		2	5	3	6
Referral telephoned to:		Number of pages					

Lana Gratton

LOTHIAN REGIONAL COUNCIL DEPARTMENT OF SOCIAL WORK

CHILD IN CARE REVIEW REPORT

CHILD'S NAME: LEON GRATTON
REVIEW DATE: 13th March 1991 **VENUE:** Comiston Children's Unit

DATE OF BIRTH: 17.3.75
TYPE OF REVIEW:

CURRENT PLACEMENT:

Address: Home: 49/3 Wester Hailes Park
Placement: Comiston Children's Unit

Type of Placement: Group A Children's Home
Name of Carer/Parent:
Date of Placement: 22nd January 1991

DATE OF LAST REVIEW:

DATE OF LAST MEDICAL: 22nd January 1991

DATE OF LAST SCHOOL REPORT:

Leon was admitted to care following a family breakdown after a long history of behavioural difficulties both in the home and to a lesser extent in the community.

Comiston will comment on his progress and relationships within the Children's Home in fuller detail in their report, but basically Leon has settled into Comiston quite well although there have been two major incidents when Leon barricaded himself into his room.

There has also been some non school attendance and lateness at school and to accommodate this Forresters have modified Leon's timetable. He himself approached his guidance teacher to achieve this.

Leon presents as an articulate and open young man who is struggling to make some sense of the confusions he feels in terms of relating both to his immediate family and the extended family.

He is pre-occupied one feels almost to the point of obsession with his family and his family's history, particularly as it relates to his grandparents and his mother, but he also involves himself in the marital difficulties of his various aunties and uncles.

It is this preoccupation and the attendant emotional distress it causes him, which Leon blames for all his troubles. His anger at what has happened and how it has been dealt with, he says, surfaces at times of stress or confrontation and it is this which have caused the numerous violent outbursts in the past.

He also says that he is unable to sleep at night thinking about these things and this affects his work at school.

Much of the anger and frustration he displays is directed towards his mother who he feels is the route cause of all the family disturbance.

[redacted]

As mentioned above the school, ie via Warden Black, do feel that his preoccupation with his extended family is unhealthy and that this does indeed interfere with his day to day work at the school.

To try to clarify some of the issues and to open up lines of communication between Leon and his mother, a serious of family meetings has been held. These have, in my opinion, had some beneficial effects without necessarily changing the overall functioning and relationship between Mrs Gratton and her son. These meetings have been attended by myself, a worker from Comiston, Mrs Gratton, Leon, and Raymond Jordan, Mrs Gratton's long-time partner.

I have also seen Leon individually on two occasions, apart from having a quick talk to him prior to these meetings beginning. The last time I spoke to Leon he did not see his future lying at home because he felt that there would be little chance of establishing a safe and stable relationship with his mother. Attempts at Leon spending a short time at home have not been successful and it was felt that Leon manipulated the situation in such a way, ie by an argument starting from nothing, to avoid staying in the home, and also to do whatever he had decided to do with his friends.

There have been a couple of incidents of truancy recently, during which Leon has returned to his maternal grandparent's home, [redacted]

Following an outburst at Comiston when Leon barricaded himself in a room, after talks with staff about this incident, Leon agreed to a referral being made to the Young People's Unit, a move he had always resisted previously. I have therefore written to the Young People's Unit asking for their help in making an assessment of the situation and if it is felt that it would be helpful for ongoing counselling to be offered.

A small clothing grant has been applied for for Leon as he is generally well provided for in terms of clothing.

During this period Mrs Gratton and her partner Raymond have shown a great deal of commitment in working with both myself and the staff at Comiston in an attempt to explore with Leon and indeed themselves the issues mentioned above.

SUMMARY AND CONCLUSIONS

It seems to me that at present the level of emotional and disturbance within the family, particularly as displayed by Leon, would make a return home extremely difficult to achieve, certainly in the short term. To attempt to do so before Leon learns to cope somewhat better with all the emotions that are aroused within him, would be both foolhardy and possibly danger.

It seems to me therefore that we need to discuss the practicalities of Leon's continued placement and whether Leon should be referred now for a Group B placement, or possibly placed directly into supported accommodation. I personally would have severe doubts about Leon being able to live independently at present given the emotional weight he is working under.

In the meantime I will continue for a period holding the family meetings, exploring the issues for all the participants. I will also pursue with the Young People's Unit the referral made there, but it must be said that there may be some delay in this coming to fruition.

REPORT WRITTEN BY: GEORGE COATES (Author)
Social Worker

OF: Wester Hailes ~~Area~~ Office (Area Team/
5 Murrayburn Gate Unit address)
Edinburgh EH14 2SS

ON: 13th March 1991 (Date)

SUPPLEMENTARY DOCUMENTS:

REF: 6/GC/PN

LOTHIAN REGIONAL COUNCIL
Department of Social Work

RECORD OF DECISIONS TAKEN AT REVIEW OF CHILD IN CARE (CCR2)

Review Date	Place
13 March 91	Comiston Children's Unit

Child's Name	D.O.B.
LEON GRATTON	17.3.75

Placement
Comiston

See report: George Coates

Action to be taken before next Review	Person Responsible
At Comiston Leon settling well and is no management problem in Unit. Mainly friendly with one other boy with whom he shares a room. Leon can get frustrated at times but is handling this by 'taking himself off' for a while. School Attending Forrester - some non-attendance May leaver. Home Contact Family relationships still very difficult with emotions running high. Leon is sixteen next week and is likely to make his own decisions about family contact.	CHILD'S SOCIAL WORKER George Coates LIAISON SOCIAL WORKER SENIOR SOCIAL WORKER Paul Noyes KEY WORKER/FOSTER PARENT Peter Mucha
If any other Section of the Department or Organisation is to be advised, indicate task requiring action and person responsible, including action related to "Time Limits"	Other

LONG-TERM PLAN
Leon sixteen next week - a return home does not seem to be an option at present.
Leon to remain at Comiston - plans to move onto independence need to be implemented.

Date	Signature of Chairperson	Date of Next Review	Time
26.3.91	P. Noyes.	To be arranged	

Participants	Designation	CCR2	Date sent	Admin. Use	Date
George Coates	SW - A10	✓	✓		
Paul Noyes	SSW - A10	✓			
Mrs Gratton	Mother				
Mr Johnston	Partner				
Leon Gratton	Subject				
Peter Mucha	Key Worker	✓			

Comiston.

LOTHIAN REGIONAL COUNCIL
Department of Social Work

RECORD OF DECISIONS TAKEN AT REVIEW OF CHILD IN CARE (CCR2)

Review Date	Place
24.1.91	Comiston

Child's Name	D.O.B.
Leon GRATTON	17.3.75

Placement
Comiston Adolescent Unit

Action to be taken before next Review	Person Responsible
1. Case to go for allocation	**CHILD'S SOCIAL WORKER** Alene Chisholm
2. Family meetings to be organised to involve Leon and mother to discuss present difficulties and complicated family background.	**LIAISON SOCIAL WORKER** **SENIOR SOCIAL WORKER** Neil Fleck **HOUSE PARENT/FOSTER PARENT**
If any other Section of the Department or Organisation is to be advised, indicate task requiring action and person responsible, including action related to "Time Limits"	**Other**

LONG-TERM PLAN

The care plan is to work with Leon and his mother in enabling Leon to return home. He does however require some time out at present due to volatile relationship with his mother,

Date	Signature of Chairperson	Date of Next Review	Time
24.1.91			

Participants	Designation	CCR2	Date sent	Admin. Use	Date
Alene Chisholm	S.W.				
Neil Fleck	S.S.W.				
Martin Cunning	O.I.C. Comiston				
Peter Mucha	Keyworker				
Mrs Gratton					
Leon Gratton					

LOTHIAN REGIONAL COUNCIL
Department of Social Work

Review
24.1.91
Child's
Leon GR
Placemer
Comiston

RECORD OF DECISIONS TAKEN AT REVIEW OF CHILD IN CARE (CCR3)

(Note: Use in conjunction with CCR2 when insertin

72 hour review

1. Alene Chisholm informed the meeting of the events leading up to Leon Gratton being received into care.

2. Mrs Gratton described to the meeting how her relationship with her son had been poor for the last three years. Leon was sent to his father in Manchester last year for six months from May 1990 until November 1990. He has been rejecting his mother's advice and has been openly admitting to using cannabis. He was recently charged with possessing this drug having been discovered with it at his school. Mrs Gratton has been restraining herself from hitting Leon as she has been verbally abused and attacked by Leon as well as her present partner Raymond.

3. Leon related his understanding of how he came to be in care. He traced his discontentment back to the split up of his mother's family and being forced to stay with his father in Manchester. He described himself as needing to "get his head together" which indicated his willingness to work with the staff at Comiston plus social work in order to resolve the breakdown on communications between himself and his mother.

4. He has adequate clothing and will continue to attend his own school.

5. Mrs Gratton will arrange visits and contact with her son through the staff at Comiston. It was felt to be appropriate to allow both Mrs Gratton and her son some time apart. Mrs Gratton was encouraged to maintain telephone contact.

6. There would appear to be some potential for some constructive family work as both Leon and his mother would appear to have some insight into their present difficulties. These can be best arranged once this case is allocated.

Neil Fleck

Neil Fleck
Senior Social Worker

Ref: A10/5/NF1/JW

LOTHIAN REGIONAL COUNCIL
Department of Social Work

Review Date	**Place**
8 Oct 1991	Moredun Adolescent Unit

RECORD OF DECISIONS TAKEN AT REVIEW OF CHILD IN CARE (CCR2)

Child's Name	**D.O.B.**
LEON GRATTON	**17.3.75**

Placement
Moredun Adolescent Unit

Report provided by George Coates
Social Worker

Discussion

Moredun Though Leon is basically settled in the unit, there are serious problems relating to use of 'hash'. This raises legal issues as well as problems for Leon. Leon is not addressing his real problems in a constructive way. Leon can also be aggressive. The last week has been much better. On the positive side Leon has lots of potential and is working on a CTTB Training Scheme.

George has not had a lot of contact due to leave etc but is available to help Leon. Level of future contact to be addressed.

Home Home contact has not been going well. Mother stated she does not want Leon to visit home.

DECISIONS

(1) Contract of residence to be drawn up with Leon at Moredun if place is to continue - Moredun and George
(2) Leon needs to address his problems more constructively - Moredun and George
(3) Leon needs tools for work. George to arrange.
(4) Long term plan - own flat or move to Supported Accommodation

Date	**Signature of Chairperson**	**Date of Next Review**	**Time**
17.10.91	P Noyes	To Review in 3 Months	

Participants	**Designation**	**CCR2**	**Date sent**	**Admin. Use**	**Date**
Paul Noyes	SSW Area 10	✓			
George Coates	SW Area 10	✓	✓		
Mrs Gratton	Mother				
Ian Birtles	OIC Moredun	✓			
Leon Gratton	Subject				

LOTHIAN REGIONAL COUNCIL DEPARTMENT OF SOCIAL WORK

CHILD IN CARE REVIEW REPORT

CHILD'S NAME: Lean GRATTON
REVIEW DATE: 8 October 1991 **VENUE:** Moredun Adolescent Unit
DATE OF BIRTH:
TYPE OF REVIEW: 6 months

CURRENT PLACEMENT: c/o Moredun A.U.

Address:

Type of Placement:
Name of Carer/Parent:
Date of Placement:

DATE OF LAST REVIEW:

DATE OF LAST MEDICAL:

DATE OF LAST SCHOOL REPORT:

This review has been called to discuss the viability of Lean remaining at Moredun given recent events.

The main difficulty has surrounded Lean's continued involvement in drug taking, the effect this has on other young people in the unit and the staff's ability to maintain control there given Lean's flaunting of the rules.

Lean has persistently defied in an open and confrontational manner, strictures against it bringing drugs into the unit. This of course poses severe difficulties for the staff and brings into question his ability to use the placement and the advice and support available to him.

Since being taxed with this behaviour and the consequences for him Lean appears to have tried to "toe the line" but his ability to maintain this over a longer period will have to be addressed. Whilst Lean uses substances whether alcohol or "soft" drugs recreationally, there are also times when he appears to use it to relieve depression, feelings of confusion etc.

Lean has states that he would like to remain at Moredun as he realises that he is not yet ready for independent living and that if he was to return home that this would probably not be successful. Lean is still unable to curtail his outbreaks of anger at home and his ego-centricty makes it difficult for him to understand others points of view.

Unfortunately he does not really accept that he has a drug problem and therefore will not go for specialist counselling.

On the positive side Lean has held down his job and is able to look at his behaviour realistically at times. He is also committed to stay at Moredun

and perhaps the review should look at how this commitment can be turned into positive action.

It is important that clear grounds rules are set for Lean if he is to remain and the immediate consequences of his actions spelt out should he fail to meet them

REPORT WRITTEN BY: GEORGE COATES (Author)
Social Worker

OF: Wester Hailes Area Office (Area Team/
5 Murrayburn Gate Unit address)
Edinburgh EH14 2SS

ON: 7 October 1991 (Date)

SUPPLEMENTARY DOCUMENTS:

REF: 10/GC2/JW

CANONGATE YOUTH PROJECT LTD

South Bridge Resource & Education Centre
Infirmary Street
Edinburgh EH1 1LT 031 556 9389/9719

1/5/91

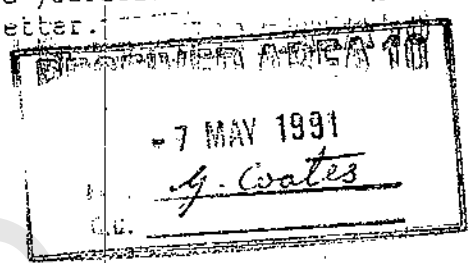
Dear George,

Dean Lyatton has indicated to us that you would be willing to act as a referee on his/~~her~~ behalf. He/~~she~~ has offered his/~~her~~ services as a volunteer with the intention of working with young people involved with C.Y.P. It is our normal practice to ask potential volunteers to provide references regarding their suitability as people being placed in a position of trust in working with young people aged between 5 years and 20+ years of age.

We enclose a leaflet outlining the work of the project and hope you will sign the declaration at the foot of this page, if you see it as appropriate. Should you require further information, or wish to discuss any aspect of the potential volunteer's suitability or should you find yourself unable to sign the declaration please contact us by telephone or letter.

Mike Tait

Project Worker



I know of no reason why ..... should not be involved in a responsible role as a volunteer working with young people at C.Y.P.

Signed .....

Nature of relationship with potential volunteer .....

Time known potential volunteer .....

Gratton.

REVIEW

Name	Reference number

DESCRIPTION

Summary

Leon has has finished his formal Education and is looking for employment. He has regular contact with his mother and with occasional ups and downs this seems to be reasonably positive. Leon seems less preoccupied with his family and its past and more interested in normal adolescent pastimes. He is still an occasional smoky dope but this does not appear to be worsening. He has set the C.I.T.B. test and there is some chance that he may be accepted on the scheme. He has adjusted well to his move to Mareham and is managing his money well.

Significant Events/Changes in Circumstances

Change from Caistor - Mareham.
Leaving school.
possibly entering employment.
Have positive relationships with Mother

Client's View of Situation

Leon feels that things are going well and at a pace that he feels he can manage.

REVIEW (continued)

ASSESSMENT

Workers definition of Current Situation

Future Plans

Learn to be helped to eventual independence
Seek explanation of his feelings re his family & child
necessary

ACTION

Worker's Aims

Proposed Action

Client's Aims

Proposed Action

Panel/Persons Present

Date of Next Review

Signed _____ _____ Date _____

(Senior Worker) (Client)

LOTHIAN REGIONAL COUNCIL – DEPARTMENT OF SOCIAL WORK

CHANGE OF CIRCUMSTANCE AND ESSENTIAL INFORMATION

Date of change: 25/6/90

Area Office	Social Worker G Conte	Reference Number (children only)
Surname (client) GRATTON	Sex	DOB / Religion
Forename(s) LEON	Name of School/Employer	
Also known as	Address of School/Employer	
Present Address (before change) and name of foster parent or carer if appropriate 96 Comiston Cres.		
New Address (after change) and name of foster parent or carer if appropriate Moredun Adolescent Unit		
Statutory Authority before change Act	Section	
Statutory Authority after change Act	Section	

SECTIONS A B C D MUST BE COMPLETED

A REASON FOR CHANGE Specify in Box 3 ✓

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

B CLIENT OR RESOURCE GROUP

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

C TYPE OF PLACEMENT

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

D RESPONSIBILITY FOR PLACEMENT

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

1 GENERAL INFORMATION

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

2 OTHER INFORMATION (Children only) date

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

3 ADDITIONAL INFORMATION

	Initials	Date
Social Worker		
Area administration		

If necessary take copies using carbon interleaved

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LOTHIAN REGIONAL COUNCIL **SOCIAL WORK**

MOREDUN ADOLESCENT UNIT
15 MOREDUN PARK COURT
EDINBURGH EH17 7EY.

TELE: 664 5297

MEMORANDUM

Our Ref. IB/HD

Your Ref.

Date 14th June 1991.

From: Ian Birtles. O.I.C
Moredun A. U.

To: George Coates.

Dear George

Moredun Adolescent Unit are taking the resident group of young people on holiday abroad. We would be grateful if you could supply Iean Grattan. with finance for Passport and Passport Photo, total cost £9.00 - as our budget does not allow for the above cost.

Ian Birtles.
Officer in Charge.
Moredun Adolescent Unit.

RECEIVED AREA 10
16 JUN 1991
FOR G. Coates
d.o.

LOTHIAN REGIONAL COUNCIL
DEPARTMENT OF SOCIAL WORK

APPLICATION FOR FINANCIAL ASSISTANCE — under Ss 20, 24, 26, 27 & 29 of the Social Work (Scotland) Act 1968

Please use black biro

S W NAME	APPLICATION DATE
G. Coates	25 June 1991
UNIT: Wester Hailes HC.	DIVISION: SE West

		Full Name	Date of Birth	Care status
Mr		Lean Gratton.	7 3 75	Act C W S.
Mrs				Section S 15.
Miss				
Ms				

Home Address: 49/3 Wester Hailes Road EH

Name of placement (if appropriate): 6 Moredun Adolescent Unit

Details of any previous payments within the last six months — Amount

Date	Items	£	P
25 3 91	SECTION 20		
		13	40

Cheque should be made payable to: (Attach relevant invoice if appropriate)
Name and Address of Payee

SW RECOMMENDATION

Total requested £9

I recommend the payment of a Section 20 grant for the reasons given below.

Cheque from HQ ☐ Cash at Unit ☑

SW Signature ..... Date 25/6/91

Unit Head Signature Noel Peck Date 25/6/91

CLIENT AGREEMENT AND RECEIPT

☐ I acknowledge that payment will be made direct to the above payee

☑ I have received from the Social Work Department the sum of £ 9 in cash for

Client's Signature Jean B. Aitken O.I.C. Date 26.6.91

REASONS FOR PROPOSED EXPENDITURE — Section (20) 24 26 27 29 (Please circle)

Money for passport - Going holiday with Moredun.

AUTHORISATION

I authorise the payment of the amount £ 9.00.

Signature ..... Date 25/6/91

Divisional Director/Principal HSW/Unit Head/SSW/SW

HQ USE ONLY (CLIENT FINANCE)

Date received Checked by Folio number

Date Authorised by Date of cheque request

SW.176

INFORMATION

From:	Headquarters Shrubhill House Shrub Place Edinburgh EH7 4PD Tel. 031-554-4301 Fax. 031-555-0960
Emergency Duty Team	
To: SW/SSW	George Coates
AREA TEAM	10

LOTHIAN REGIONAL COUNCIL
DEPARTMENT OF SOCIAL WORK

REFERRAL FORM
EMERGENCY DUTY TEAM

Referral Number	91/5814
Date:	17/10/91
Time referred:	16.40
Time completed:	

DETAILS OF CLIENT

Surname	GRATTON	Forename(s)	LEON	Age/D.O.B.	17/3/75
Present Address	c/o Moredun AU			In care under Section	15
Previous Address	Home: 49/3 Wester Hailes Park, Edinburgh				

Children	Name					
	D.O.B					
	Sex					
Husband/ Father	Name and Address				Age/D.O.B.	
Wife/ Mother	Name and Address				Age/D.O.B.	

DETAILS OF REFERRER

Name and Title	David Black	Dr.'s name	
Address/Agency	Moredun AU	Address	
		Tel. No.	

Leon has had several warnings about smoking hash in the unit and at his last review the decision was taken that, if there was another such incident, Leon would be asked to leave.

Last night Leon was found smoking hash in the unit and today he was asked to leave. A staff member arranged for Leon to contact the Housing Dept, but he declined this offer of help. He said he will spend tonight with a friend and contact the Housing Dept tomorrow. He has left his belongings at the unit.

George Coates is aware of the above.

C Pomfret, Social Worker — B Webb, Asst Co-ordinator

RECEIVED AREA 10
21 OCT 1991
For G Coates
C.C.

Is the Client aware of the referral? YES NO	E.D.T. File Number	0	2	5	3	6
Referral telephoned to:	Number of pages	1				

LOTHIAN REGIONAL COUNCIL
DEPARTMENT OF SOCIAL WORK

APPLICATION FOR FINANCIAL ASSISTANCE — under Ss 20, 24, 26, 27 & 29 of the Social Work (Scotland) Act 1968

S W NAME	APPLICATION DATE
G. Coates	25/3/91
UNIT: West Mains	DIVISION: E.D. East

Please use black biro

Mr / Mrs / Miss / Ms	Full Name	Date of Birth	Care status
	Leon. Grattan	17/3/91.	Act S.W.S. Section ~~15~~ 15

Home Address: 49/3. West Mains Park.

Name of placement (if appropriate): Canisten C. H.

Details of any previous payments within the last six months

Date	Items	Amount £	Amount P
	NIL		

Cheque should be made payable to: (Attach relevant invoice if appropriate)
Name and Address of Payee

SW RECOMMENDATION

Total requested £13-70

I recommend the payment of a Section 20 grant for the reasons ~~given~~ below.

Cheque from HQ ☐ Cash at Unit ☑

SW Signature ..... Date 25.3.91

Unit Head Signature P. Norgate. Date 25.3.91

CLIENT AGREEMENT AND RECEIPT

☐ I acknowledge that payment will be made direct to the above payee

☐ I have received from the Social Work Department the sum of £13.70 in cash for

Client's Signature Susan Hunter Client Diff. Date 25/3/91.

REASONS FOR PROPOSED EXPENDITURE Section (20) 24 26 27 29 (Please circle)

Visit extended July in Manchester.

Pay to Canisten

AUTHORISATION

I authorise the payment of the amount £13.73

Signature ..... Date .....

~~Divisional Director/Principal HSW~~/Unit Head/SSW/SW

HQ USE ONLY (CLIENT FINANCE)

Date received Checked by Folio number

Date Authorised by Date of cheque request

SW.176

LOTHIAN REGIONAL COUNCIL
DEPARTMENT OF SOCIAL WORK
SOUTH WEST EDINBURGH DISTRICT

INTERNAL MEMO TO
GEORGE COATES
WEBSTER HAMES
FROM JIM VERTH
CLIENT SERVICES MANAGER

Date 11/6/92.

Re LEON GRATTON.

Thank you for your form 2037. ~~of the~~

☐ I have approved the ..... and passed it for payment

☑ I require more information before dealing with your request please telephone me.

☐ I have approved the ..... request for ..... and have passed it for action.

☐ Please .....

.....

THANKS

JW.

.....

RECEIVED HOUSING
15 JUN 1992
G. Coates

Lorna Gratton.

LOTHIAN REGIONAL COUNCIL
DEPARTMENT OF SOCIAL WORK

APPLICATION FOR FINANCIAL ASSISTANCE — under Ss 20, 24, 26, 27 & 29 of the Social Work (Scotland) Act 1968

S W NAME	APPLICATION DATE
S. Coates	25/5/92
UNIT Western Hill	DIVISION 2nd

Please use black biro

Mr / Mrs / Miss / Ms	Full Name: Lean Gratton	Date of Birth: 17/3/75	Care status: Ex Act: S.W.S. Section: 5.15
Home Address: 7/2 Harbertsland Grove Edinburgh		Name of placement (if appropriate): /	

Details of any previous payments within the last six months

Date	Items	£	P

Cheque should be made payable to: (Attach relevant invoice if appropriate)
Name and Address of Payee

SW RECOMMENDATION

Total requested: £15

I recommend the payment of a Section 26 grant for the reasons given below.
Cheque from HQ ☐ Cash at Unit ☐

SW Signature ..... Date .....
Unit Head Signature P. Dwyer Date 25.5.92.

CLIENT AGREEMENT AND RECEIPT

☐ I acknowledge that payment will be made direct to the above payee
☐ I have received from the Social Work Department the sum of £15-00 in cash for food

Client's Signature Lynton / L. Gratton Date .....

REASONS FOR PROPOSED EXPENDITURE

Section: 20 | 24 | (26) | 27 | 29 (Please circle)

Money for food — Lean was in new living alone. Poor state of health. D.S.S. refused arrears loan.

AUTHORISATION

I authorise the payment of the amount £15
Signature P. Dwyer Date 25.5.92.
Divisional Director/Principal HSW/Unit Head/SSW/SW

HQ USE ONLY (CLIENT FINANCE)

Date received Checked by Folio number

Date Authorised by Date of cheque request

SW.176 216

From:	Headquarters Shrubhill House Shrub Place Edinburgh EH7 4PD Tel. 031-554-4301 Fax. 031-555-0960
Emergency Duty Team	
To: SW/SSW G. Coates	
AREA TEAM 10	

LOTHIAN REGIONAL COUNCIL
DEPARTMENT OF SOCIAL WORK

REFERRAL FORM
EMERGENCY DUTY TEAM

Referral Number	91/2639
Date:	11.5.91
Time referred:	15.22
Time completed:	

DETAILS OF CLIENT

Surname	GRATTON	Forename(s)	LEON	Age/D.O.B.	17.3.75
Present Address	Comiston CU			In care under Section	15
Previous Address	Home - 49/3 Wester Hailes Park, Edinb.				

Children	Name					
	D.O.B					
	Sex					

Husband/ Father	Name and Address		Age/D.O.B.
Wife/ Mother	Name and Address		Age/D.O.B.

DETAILS OF REFERRER

Name and Title	Comiston CU	Dr.'s name	
Address/Agency		Address	
		Tel. No.	

Comiston advise that Leon having an overnight tonight c/o Maybury, 80 Raeburn Rigg, Carmondean, Livingston [redacted] This is for the one night only.

P. Linnett, Social Worker.

A. Tullis, Asst. Co-ordinator.

RECEIVED AREA 10
14 MAY 1991
FOR G Coates
C.C.

Is the Client aware of the referral?	YES / NO	E.D.T. File Number	0	2	5	3	6
Referral telephoned to:		Number of pages	1				

LOTHIAN REGIONAL COUNCIL
DEPARTMENT OF SOCIAL WORK

YOUNG PERSON LEAVING CARE

Application for Material Provision

Child's Name	Date of Birth
LEON GRATTON	17.3.75

Date Received into Care	If Discharged from Care.	Length of time in Care
21 January 1991	Date Discharged 18 October 1991	9 months

Current Placement

New Address 7/2 Hailesland Grove, Edinburgh

Type of Accommodation Edinburgh District Council flat

Accommodation Provided by Edinburgh District Council

Brief Report

Please include statement about the young person's ability and willingness to contribute towards the purchases. Please indicate whether a Community Care Grant has been applied for and the result of this application.

Leon was received into care following a family breakdown occasioned by Leon's use of drugs. He was placed initially at Comiston and latterly at Moredun. Unfortunately Moredun discharged Leon on the above date because he was found to be bringing drugs into the Unit.

Leon returned to his mother's and then went to stay at an aunt's in Aberdeen. He was offered the above tenancy and returned. His mother has helped with some basics but is unable to provide for the items listed. Leon applied for and was refused a Community Care Grant and cannot apply again for five months.

Please always read the guidelines before you complete this form. Application MUST always be made to the DSS to establish how much they will contribute. Young people should also be encouraged to contribute themselves to the purchases. The items listed are not all essential, some are desirable but unlikely to be able to be provided with the ceiling figure for the leaving care grant. Where items are available in the accomodation they should not be purchased again unless in an unsatisfactory condition.

Item	No. Recomm.	Maximum Price Each £	Where to obtain at Maximum Price	No. Required	Amount Required £
Continental Quilt	1	22.60	Texstyle World		
Continental Quilt Cover	2	15.50	Texstyle World		
Sheets	2	7.40	Texstyle World		
Pillows	2	6.20	Texstyle World		
Pillow Cases	4	3.90	Texstyle World		
Bath Towel	2	5.00	Texstle World		
Towels	2	3.90	Texstyle World		
Face Cloth	2	0.70	Texstyle World		
Dish Towels	2	1.10	Texstyle World		
Curtains			Texstyle World		
Curtain Track			Texstyle World		
Toilet Bag	1	1.90	Woolworths		
Suitcase/Holdall	1	17.70	Woolworths		
Alarm Clock	1	10.00	Woolworths		
Table Lamp and Shade	1	10.00	Woolworths		
Electric Kettle	1	21.40	Woolworths		
Electric Iron	1	10.00	Woolworths		
Electric Fridge with Freezer Compartment	1	62.10	Second Hand		
Smoke Detector	1	5.00	Woolworth		
Cooker	1	125.30	Second Hand		125.00
Cooker fitting costs			Get estimate		
Table Kitchen/Dining	1	25.00	Second Hand		25.00
Dining Chairs	2	12.40	Second Hand		24.80
Coffee Table	1	12.40	Second Hand		
Sofa	1	125.30	Second Hand		
Armchair	1	31.10	Second Hand		
Chest of Drawers	1	49.90	MFI		
Wardrobe	1	81.00	MFI		
Divan Bed and Headboard	1	49.90	Grove Bedding Craigmillar Works		60.00
Mattress	1	49.90	Craigmillar Works		
Floor Coverings			Get estimate		
			Max. £7 per sq. mtr. for carpets		76.00
				fitting	15.00
			Max. £3.50 per sq. mtr. for lino		
Heater	1		Get estimate		
TOTAL (this page)					£ 325.80

Item	No. Required	Maximum Price All £	Where to obtain at Maximum Price	No. Required	Amount Required £
Bread Bin	1	6.20	Woolworths		
Chopping Board	1	6.20	Woolworths		
Tea Pot	1	7.40	Woolworths		
Salt & Pepper Set	1	2.40	Woolworths		
Dinner Set for Two	1	21.60	Woolworths		
Mugs	4	1.90	Woolworths		
Cutlery for Two		6.20	Woolworths		
Glasses	4	1.90	Woolworths		
Mixing Bowl	1	2.00	Woolworths		
Kitchen Utensil Set	1	8.70	Woolworths		
Set of Sharp Knives	1	16.60	Woolworths		
Set of Pans	1	12.40	Woolworths		
Frying Pan	1	6.20	Woolworths		
Peeler	1	1.30	Woolworths		
Grater	1	3.40	Woolworths		
Cork Screw	1	4.30	Woolworths		
Sugar Bowl	1	1.30	Woolworths		
Milk Jug	1	2.00	Woolworths		
Egg Cups	2	1.20	Woolworths		
Oven Tray	1	2.40	Woolworths		
Flip Top Bin	1	6.20	Woolworths		
Ironing Board	1	17.90	Woolworths		
Clothes Horse	1	14.40	Woolworths		
Dust Pan & Brush	1	5.00	Woolworths		
Mop	1	3.10	Woolworths		
Bucket	1	2.40	Woolworths		
Toilet Brush	1	6.20	Woolworths		
Carpet Sweeper	1	19.10	Woolworths		
Dish Cloths	4	3.10	Woolworths		
Floor Cloths	2	1.20	Woolworths		
Set of Screwdrivers	1	5.00	Woolworths		
Plugs and Fuses	6	6.20	Woolworths		
Light Bulbs	6	3.10	Woolworths		
Others (give reasons)					

TOTAL THIS PAGE	£
BROUGHT FORWARD FROM PAGE 2	£
TOTAL REQUIRED (Total Page 2 plus total this page)	£
LESS CONTRIBUTION FROM D.H.S.S	£
LESS CONTRIBUTION FROM YOUNG PERSON	£
TOTAL SECTION 24 GRANT REQUEST	£

CHEQUES REQUIRED

PAYEE	AMOUNT
1	
2	
3	
4	

CASH REQUIRED

Amount

I undertake to provide an expenditure record, submit full receipts and return any unspent balance to the Department.

Signature _____ Social Worker

Supported By _____ Area Officer

Authorised By _____ Divisional Director

Copy to be retained by Social Worker

Copy to be provided to Area Team Senior Clerk

FINANCE USE ONLY

Cheque 1 Processed Date _____ To Area Team Date _____

Cheque 2 Processed Date _____ To Area Team Date _____

Cheque 3 Processed Date _____ To Area Team Date _____

Cheque 4 Processed Date _____ To Area Team Date _____

Expenditure Statement Received Date _____ Checked Date _____

Balance Pay In No. _____ Date Checked _____

DATE	NAME	TOTAL	RENT	ELECT.	GAS	NAME OF AGENCY	MISC.	RECEIPT NO.
25/6/92	Leon Gratton	325 80	LRC			Leaving Care Grant	325 80	265405
Cheque	7/2 Hailesland Grove							
REF. NO.	RECEIVED FROM							RECEIVED BY

LOTHIAN REGIONAL COUNCIL

DEPARTMENT OF SOCIAL WORK

RECEIPT NO.

265406

Lothian Regional Council
Department of Social Work

RECEPTION INTO CARE (RIC 1)

Child's Surname	CP. No.
GRATTON.	6090995O5
Forename(s) LEON.	Sex M.
Also known as	
Address on admission 49/3 Wester Hailes Park.	

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

D.O.B.	Place of Birth	Legitimate / Illegitimate / Extra-Marital	Religion	Date & Place of Baptism
17/3/75				

Previous Residence(s) during past year	Child's Doctor

Nursery/School/Employment	PLACEMENT DETAILS		
	Address of Placement	Section	Admission Date
	COMISTON	15	22/1/91

PARENTS

Mother's Surname	Forename(s)	D.O.B.	SOURCE OF INCOME
GRATTON	LORNA	22.7.56.	Employed ☐ Unemployed ☐
Maiden	Known as	Custody YES/NO	Occupation Employer's name & address
Present Address	Tel;	Marital Status	
Previous Address		Religion	

	Yes	No	Order Book No.
FIS			
Supp.Ben.			

Father's Surname	Forename(s)	D.O.B.	SOURCE OF INCOME
GRATTON	Gary.		Employed ☐ Unemployed ☐
Known as		Custody YES/NO	Occupation Employer's name & address
Present Address	Tel; Manchester.	Marital Status	
Previous Address		Religion	

	Yes	No	Order Book No.
FIS			
Supp.Ben.			

Total No. of children in family	Addresses & Tel. Nos. of close relatives or emergency contact
1.	

PREVIOUS ADMISSIONS TO CARE

FROM	TO	PLACEMENT	ACT & SECTION UNDER WHICH ADMITTED

OTHER CHILDREN IN FAMILY

SURNAME	FORENAMES	D.O.B.	ADDRESS (state if in care)

Lothian Regional Council
Department of Social Work

Child's Surname	
GRATTON.	
Forename(s)	
LEON	
D.O.B. 21/3/75	C.P.No.

Medical Information at Application (RIC 2)

Previous Infections – indicate YES or NO or NOT KNOWN. If YES, give date.

Measles	Chicken-pox ✓ 1980
German Measles	Scarlet Fever
Whooping Cough	Diphtheria
Mumps	Other – Specify ECZEMA.
Dysentery	

Completed Inoculations – indicate YES or No. If Yes, give date. NO

Smallpox	Polio
Triple Antigen – diphtheria, whooping cough, tetanus.	Measles
B.C.G.	Other – Specify (e.g. German Measles)

Has the child had any operations? If so, where, when, and for what?

NO.

Is a special diet required e.g. diabetic? If so please specify.

NO

Has the child attended a Child Guidance Clinic? If so when and where? NO

Does the child have any particular behavioural difficulties?

PARENT'S DECLARATION

I declare that the information given on this form is correct.

Signature K. Gratton Date 21-1-91

PLEASE COLLECT NATIONAL HEALTH CARD

SW.93

169

Lothian Regional Council
Department of Social Work

Reception into Care – Information to Care Staff (RIC 6)

Full Name of Child	D.O.B.
LEAN GRATTON	17.3.76
*LEGITIMATE/ILLEGITIMATE/EXTRA MARITAL	Religion
Act & Section under which admitted: Sec. 15. S.L.I.S.Act.	
Admitted by (SW): Alene Chisholm	
SW Area & phone no.: A/10. 442 4131.	Date form completed: 22/11/91

*Delete as appropriate

Home Address	Admitted from (if different)	School/~~Nursery~~ attended
49/3 Wester Hailes Park.		Forrefters Sec.
		Staff Contact Warren Black.
		Other agencies involved

Name of Father	Custody *YES/NO	D.O.B.	Occupation	Address	Tel. No.	Marital status
Gary Gratton.				Manchester.		
Name of Mother	**Custody**	**D.O.B.**	**Occupation**	**Address**	**Tel. No.**	**Marital status**
Lorna Gratton	*YES/~~NO~~	22.3.56.		49/3 Wester Hailes Park	453 3995	

Doctor's Name & Address	Siblings & Addresses	Possible Visitors
Tel.No.		

Names of other significant adults	Addresses	Relationship
JANET LAWSON	59/6 WESTER HAILES DRIVE.	FAMILY FRIEND

Reasons for admission.

Family situation untolerable for both Lean and mum. Physical assaults on both sides have taken place and they cannot communicate with each other without a fight ensuing. Both parties concerned about their safety.

Child's attitude to RIC/What was the child told?

Lean, though not entirely happy about RIC feels there is no other choice at present as he can no longer live at home.

Carer's contract with Social Worker e.g. duration of placement.

Forms Rec'd – tick

RIC – 2
RIC – 3
RIC – 4
RIC – 5

RIC 6 (Part 2) As far as possible these sections should be completed at time of admission (some information may only be available at a later date)

Previous Admissions to Care

Placement	Act & Section under which admitted	From/To

Behavioural Problems

Leon can be violent and aggressive, but this kind of behaviour is only evident at home. School does not find Leon difficult to control. Leon was rational and appeared to have a fairly mature attitude when interviewed in our office.

Brief Details of Family Situation

Leon lives at home with mum + her co-habitee Raymond of nine years. Leon does not regard this man as his father and refuses to accept that he has any parental role. Arguing is a frequent occurrence in the home + often ends in violence + physical assaults. Leon natural father is remarried + lives in Manchester with his two children. Leons parents separated when he was 2, but he has maintained regular contact with his father. Mum + natural father still have difficult relationship + Leon has been caught in the middle, each parent trying to colour Leons view of the other.

Mum continues to have difficulty coming to terms with her own past and is unable to help Leon herself at present. Leon uses drugs socially hash to escape from his problems at home.

Leon refuses to help round house and tends to spend most of his time out of the house.

Future Plans

1. **Parents;**

To improve communication between Mum + Leon.

2. **Department;**

S.W.86

LOTHIAN REGIONAL COUNCIL

DEPARTMENT OF SOCIAL WORK

PARENTAL CONSENT TO MEDICAL TREATMENT AND ACTIVITIES

Child's Surname	Case Number
GRATTON	
Forename(s)	D.O.B.
LEON	17 | 1 | 91

Home Address	Name and Address of G.P.
49/3 Wester Hailes Park.	

A CONSENT TO MEDICAL TREATMENT:

I hereby give my consent to vaccination against Poliomyelitis, Tuberculosis, Diphtheria, Whooping Cough, Tetanus, or any other disease, and to any treatment, injection or operative measures, including the administration of an anaesthetic considered necessary by a registered medical practitioner or dental surgeon, for the time that my child remains in the care of Lothian Regional Council.

I understand that wherever possible I will be consulted about any significant treatment so long as my whereabouts remain known to the Social Work Department.

CONSENT TO ACTIVITIES:

I give my consent to my child being involved in normal sporting,holiday and social activities during his/her stay in the care of Lothian Regional Council.

I also understand that if my child is to participate in any significant holiday, sport, or hazardous activity I will be notified and consulted about this so long as my whereabouts are known to the Social Work Department.

I also understand that sport and activities will be supervised, where appropriate,by a responsible adult.

I have detailed below those activities in which I do not wish my child to participate.

LIST OF ACTIVITIES NOT AGREED TO:

1. .....
2. .....
3. .....
4. .....

Signed .....Parent/Guardian Date 22-1-91

Signed .....Witness Date 22/1/91

B REFUSAL TO CONSENT TO MEDICAL TREATMENT:

I have been asked to give my consent to appropriate treatment for my child during his/her stay in the care of Lothian Regional Council and I have refused to give this consent.

Signed .....Parent/Guardian Date .....

Signed .....Witness Date .....

C TO WHOM IT MAY CONCERN

The parents of this child are unable to be found or have refused to sign their consent to any essential medical treatment which the child may require.

* The child is now in the care of the Lothian Regional Council Department of Social Work under Section .....of the.....Act 19

OR * The child is subject to a Place of Safety Warrant/Court Order in terms of Section ..... of the ..... Act 19 and is presently being cared for by the Lothian Social Work Department.

Since the Lothian Regional Council does not at this stage hold parental rights in respect of this child I would request medical staff, in consultation with their colleagues, to consider offering any necessary medical or surgical treatment despite the absence of parental consent.

Signature .....Designation.....Date.....

LOTHIAN REGIONAL COUNCIL — DEPARTMENT OF SOCIAL WORK

MEDICAL EXAMINATION OF CHILD

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

Please Return to
Name A. Clelland.
Address Wester Hailes A/C
5 Murrayburn Gate.

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

Surname	Home Address	Date of Birth
FRATTON	69/3 Wester Hailes Park.	17/3/75
Forenames	**Present Address (if different)**	**Sex**
LEON		M
Next of Kin (if applicable)	**Name and Address**	
	LORNA GRATTON AS ABOVE	

1. Immunisation Record

	First Medical		Additions since last examined	
Polio Vaccination	1.	2.	3.	Nov. 90
Triple Antigen	1.	2.	3.	
Whooping Cough	1.	2.	3.	
Diptheria/Tetanus	1.	2.	3.	? Nov. 90
Rubella	1.			
Measles	1.			
B.C.G.	1.			

Has the child had the appropriate immunisation for his/her age? YES ✓ NO ☐

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

LONG STANDING ECZEMA —

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

Eyes/Sight	"LAZY" (R) R/E ASSESSED 1985; VISION 6/6 R 9 6/9 L.
Ears/Hearing	SATISFACTORY
Throat	NORMAL
Tonsils	NORMAL
Teeth and Gums	NORMAL
*Skin and Scalp	DRY SKIN — GENERALISED — RESOLVING INFANTILE ECZEMA

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

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

Cardiovascular	NO ABNORMALITY
Respiratory	
Alimentary	
Central Nervous	
Genito-urinary	
Other	

5. State of Nutrition

SATISFACTORY.

6. Are speech and articulation satisfactory?

YES

7. Does the child suffer from incontinence?

Urinary YES ☐ NO ☑ Faecal YES ☐ NO ☑

8. Particulars of present medication/~~treatment~~

TRILUDAN — PRN (SKIN IRRITATION)

9. Particulars of any condition of which the carers should be aware:

e.g. allergies, medication to which the child does not respond, bedwetting, attendance at hospitals/clinics etc. Evidence of abnormality of development or behaviour which is inconsistent with the child's age.

NONE

10. Has there been any change in the child (physically or mentally) since last seen by you?

MARKED IMPROVEMENT IN ECZEMA.

11. Child's general state of health and any other comments.

SATISFACTORY.

12. CERTIFICATE I certify that I have today examined LEON GRATTAN who is*/~~is not~~ already known to me, and find this child fit*/~~unfit to be~~ in care, i.e. ~~this child does*~~/does not require hospital care.

I also certify that I find this child free from infection*/~~suffering from the conditions mentioned above.~~

This was an initial*/~~subsequent*~~/~~emergency*~~ consultation by me. *Delete as appropriate

Signature ..... J. Crispin

Date 22/1/91

Name and Address (in block capitals)

DR JOHN CRISPIN
Sighthill Health Centre
Calder Road, Edinburgh
EH11 4AU Tel: 031 453 5335

PARENT'S DECLARATION

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

2. I understand that I may be obliged to contribute towards my child's/children's maintenance while in the care of the Region. If required to contribute, I understand that the weekly rate of contribution for each child is approximately half the current child benefit rate.

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

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

Signature of Parent or Guardian L Gratton

Date 21-1-91

Witness [signature]

Date 22/1/91

FOR OFFICIAL USE

Authorisation by Area ~~Officer~~/Senior S.W. Neil P. Fleck
(Signature)

Area 10

Allocated to

Source of referral Mrs Gratton

Reason for admission BREAKDOWN IN FAMILY RELATIONSHIP

LOTHIAN REGIONAL COUNCIL

SOCIAL WORK

Director — John Chant CBE
Wester Hailes Area Office,
5 Murrayburn Gate,
Edinburgh EH14 2SS
Telephone: 031-442 4131/8
FAX No: 031-442 4842

Our Ref. A10/L24/GC/PN

Your Ref.

Date 5th March 1991

The Young People's Unit
Royal Edinburgh Hospital
Morningside
Edinburgh

Dear Sir

LEON GRATTON (17.3.75)
c/o Comiston Children's Home
Home Address: 49/3 Wester Hailes Park

I would like to refer the above named young man to your Department for assessment and possibly ongoing help.

Leon is at present in care at Comiston Children's Unit following a family breakdown.

Briefly his history is that his parents separated when Leon was very young and he has been raised by his mother and her long=-standing partner. Contact has been maintained with his natural father who lives in Manchester and who has remarried.

Leon was an unproblematic child I am told, until he was thirteen years of age.

At that time his mother revealed to her family that she had been sexually abused by her father. This caused a great rift in the family for which Leon felt in some way responsible as he was unaware of why this had occurred. Mother therefore explained what had happened in an attempt to help Leon.

He appears not to have been able to cope easily with this revelation and has felt trapped in a mask of conflicting loyalties exacerbated by differing stories told to him about these events.

Much of his anger and confusion has been directed towards his mother and there have been many incidents in the household when he has gone into a rage and smashed up his room etc and been generally unbidable.

His behaviour outside the home also caused concern to his mother, particularly as Leon turned to smoking cannabis, drinking etc.

In an attempt to help Leon break this pattern he was sent to Manchester were he stayed for a period with his paternal grandmother. This just worsened the confusion Leon felt and he returned to Edinburgh.

There was no improvement in the situation with arguments becoming physically violent and events reached a crisis when Leon was found in school with a 'joint'.

On 21st January 1991 it was agreed that Leon should be admitted to Comiston Children's Home where he remains.

Leon presents as a very open boy who talks freely about his difficulties and confusions.

Perhaps not surprisingly in an adolescent, he has some difficulty appreciating others points of view and sees any challenging of his view points as being an invalidation of himself.

He seems to have taken on himself the responsibility for healing a very fractured family and becomes despondent and angry when people do not respond. He claims that he has difficulty concentrating on anything other than his family problems and this affects his functioning in most areas.

Family meetings have been held over the past four weeks which do seem to have helped to clarify some of the difficulties, but I am not a family therapist and to some extent I am beginning to struggle with how best to maintain the progress. There is also a feeling that Leon needs skilled individual attention if he is going to be able to come to terms with his family as it is rather than how he would like it to be.

Leon has always resisted a referral to your Department because of received ideas about the function of psychiatry and what it says about himself - ie that it was a sign that he was mad. However the staff at Comiston have spoken to him at length on this and he has agreed finally to such a referral. His mother is also in complete agreement.

I would be more than pleased to discuss this further with you if wished but would appreciate some early indication of whether you are in a practical position to accept referrals at this point, as I realise there are great demands on your limited resources.

Yours faithfully

GEORGE COATES
Social Worker

LOTHIAN REGIONAL COUNCIL

SOCIAL WORK

Director — John Chant CBE
Supported Accommodation Team,
20-24 Albany Street,
Edinburgh EH1 3QB
Telephone: 031-556 9140

George Coates
Westerhailes Area Office
Social Work Dpt.

Our Ref.

Your Ref.

Date Fri 19/4/91

Dear George,

re. Leon Gratton D.O.B 17/3/75

Please find enclosed referral form for Leon. He has completed and returned an application form and I have arranged to visit him at Comiston unit on Monday to discuss his application.

I have suggested to him that the three of us can get together at some point after I have met with him and after I have got referral form back. I'll give you a phone to arrange this sometime soon.

cheers, Hans Clarke.

If telephoning please ask for

LOTHIAN REGIONAL COUNCIL **SOCIAL WORK**

Wester Hailes Area Office
5 Murrayburn Gate
Edinburgh EH14 2SS

MEMORANDUM

Our Ref. A10/L15/GC/PN
Your Ref.
Date 3rd May 1991

From: GEORGE COATES
Social Worker

To: DAVID FERRIER
Assistant Principal Officer
Residential Services (Children)
Shrubhill House

Please find attached a report prepared for **Leon Gratton's** Review.

The decision of the Review was that Leon should move to independence and there seemed little likelihood of a successful return home being affected. A referral has been made to the Supported Accommodation Team but the general consensus is that Leon should in the first instance move as soon as possible to an adolescent unit. Martin at Comiston has made, as far as I am aware, informal contact with Moredun Adolescent Unit and this would seem to be an appropriate move for Leon. Leon is now sixteen and leaves school at the end of this term.

If you require any further information please do not hesitate to contact me.

GEORGE COATES
Social Worker

CANONGATE YOUTH PROJECT LTD
South Bridge Resource & Education Centre
Infirmary Street
Edinburgh EH1 1LT 031 556 9389/9719

27/5/91.

Dear George Leon Gratton ..... has indicated to us that you would be willing to act as a referee on his/her behalf. He/she has offered his/her services as a volunteer with the intention of working with young people involved with C.Y.P. It is our normal practice to ask potential volunteers to provide references regarding their suitability as people being placed in a position of trust in working with young people aged between 5 years and 20+ years of age.

We enclose a leaflet outlining the work of the project and hope you will sign the declaration at the foot of this page, if you see it as appropriate. Should you require further information, or wish to discuss any aspect of the potential volunteer's suitability or should you find yourself unable to sign the declaration please contact us by telephone or letter.

Mike Smith

Project Worker

I know of no reason why Leon Gratton ..... should not be involved ~~in a responsible~~ role as a volunteer working with young people at C.Y.P.

Signed .....

Nature of relationship with potential volunteer Social Worker

Time known potential volunteer 3 mths

LOTHIAN REGIONAL COUNCIL **SOCIAL WORK**

Director — John Chant CBE
Supported Accommodation Team,
20-24 Albany Street,
Edinburgh EH1 3QB
Telephone: 031-556 9140

Our Ref. PL/MG/YPT
Your Ref.
Date 14/3/91

Dear Leon,

I understand that you are interested in applying for Supported Accommodation. I would therefore like to invite you to attend an introductory session which will give you information to help you decide if you want to continue with an application to us.

The session will be held at this office on Tuesday 19 March 1991 from 11am to 1pm

I attach an outline of the programme for the session and look forward to seeing you here. Also it will be helpful if you will complete the tear-off slip below and return it to us immediately in the envelope provided.

It is important that you do attend this session as otherwise your application will not go ahead.

Yours sincerely,

Greg McKenzie

Support Worker
Young People's Team

Tear here

I can/cannot attend the introductory session for Supported Accommodation to be held on .....

.....

LOTHIAN REGIONAL COUNCIL **SOCIAL WORK**

Director — John Chant CBE
Supported Accommodation Team,
20-24 Albany Street,
Edinburgh EH1 3QB
Telephone: 031-556 9140

Our Ref. PL/MG/YPT

Your Ref.

Date 14/3/91

Dear Peter

Further to your recent referral to this team I now write to let you know that .Leon..Grattan..... has been invited to attend the introduction session which begins at ..11:00.am..... on Tuesday 19.March.1991 in this office.

I have advised the young person that their application will not go ahead until they have attended this session and I attach the outline of the programme. We will be in contact with you after this.

Yours sincerely,

Greg Mc Kenzie

Support Worker
Young People's Team

RECEIVED AREA HQ
18 MAR 1991
FOR G. Coates
C.C.

PLEASE REPLY TO:

SAFEWAY
145 MORNINGSIDE ROAD,
EDINBURGH
EH10 4AY TEL: 447 9955

SAFEWAY

EMPLOYMENT APPLICATION FORM

CONFIDENTIAL

REF No: SP

PLEASE ANSWER ALL QUESTIONS IN FULL IN YOUR OWN HANDWRITING (BLOCK CAPITALS)

POSITION APPLIED FOR _____ ~~FULL~~ / PART TIME *delete as appropriate

DO YOUR CIRCUMSTANCES RESTRICT WHAT HOURS/DAYS YOU ARE AVAILABLE FOR WORK?
IF YES, PLEASE GIVE DETAILS

PERSONAL DETAILS

Surname Gratton Previous Name ~~LEON~~ Date Of Change _____

Forenames LEON JAMES MR / ~~MRS/MISS/MS~~

Home Address 83 PENTLAND VIEW Tele. No.(Home) 445-4024

[redacted] National Insurance No JC 49 65 64 A

[redacted] Date of Birth 17/3/75

Post Code [redacted]

IN CASE OF EMERGENCY....PLEASE NOTIFY

Name AS Above Relationship _____

Address _____

_____ Post Code _____ Telephone Number 445-4024

Please tick where appropriate

Status :- Single ✓ Married ____ Divorced ____ Separated ____ Widow(er) ____

Number and ages of children (if any) _____

Do you have a current driving licence? ~~YES~~ / NO If YES what type? Car / HGV *delete as appropriate

Give details of any Traffic offences _____

Do you hold an accredited licence to operate a Fork / Reach Truck? ~~YES~~ / NO

Do you have your own transport? ~~YES~~ / NO

If you have ever worked for Safeway before or any Company in The Argyll Group, please give details of when, where and position _____

If you have any relatives working for Safeway/The Argyll Group, please give names, relationship and location

_____

Have you ever been convicted of any crime or offence? ~~YES~~ / NO
If YES, please give details (under the Rehabilitation of Offenders Act 1974, spent convictions need not be declared)

ETHNIC ORIGIN MONITORING

We are an Equal Opportunity Employer and in order that we can monitor the effectiveness of our Equal Opportunities Policy would you please indicate to which of the following ethnic origin groups you belong.

Black Origin			Asian Origin			White Origin	
Afro Caribbean	African	Other- please specify	Indian Sub-continent	Chinese	Other- please specify	European (inc UK)	Other- please specify
						✓	

Do you require a work permit to work in this country? ~~YES~~ / NO
If YES, What is your Nationality

GENERAL EDUCATION AND TRAINING (Including Industrial Training & Vocational Education)

SCHOOL / COLLEGE / UNIVERSITY	DATE FROM	DATE TO	SUBJECTS STUDIED	EXAMINATIONS/ AWARDS/ACHIEVEMENTS
FORRESTER HIGH SCHOOL	August 18th		History English Chemistry Maths Computing ART OIS. TVEI	AWAITING

CURRENT EMPLOYMENT (incl Service in HM Forces)

*Young people in or recently out of full time education should include part time seasonal and temporary work.

NAME & ADDRESS OF PRESENT EMPLOYER	JOB TITLE & DUTIES	RATE OF PAY& BENEFITS

DATE EMPLOYMENT COMMENCED ..... PERIOD OF NOTICE REQUIRED .....

PREVIOUS EMPLOYMENT

NAME & ADDRESS OF PREVIOUS EMPLOYER (Please include full postal address)	DATE FROM	DATE TO	JOB TITLE & DUTIES	REASON FOR LEAVING
1				
2				
3				

MEDICAL HISTORY - Please complete All Relevant Sections

As a major food retailer, we expect all our staff to enjoy good health. All applicants, irrespective of position, are therefore requested to complete this medical questionnaire.

FAMILY DOCTOR (GENERAL PRACTITIONER) *ADDRESS* 4 OXGANGS PATH

NAME Dr Chu 445 1073

Do you have any disability? ~~YES~~/NO

If YES, please explain _____

If you are disabled and have a Registration Number

Please record it here _____

If you have received treatment from any Doctor in the last twelve months

Please give details _____

If you have ever had a serious accident, please give details _____

If you have ever left a job because of illness, please give details _____

How many times have you been ill during the last twelve months?
In each case show how long you were ill.

Can you bend and lift satisfactorily? YES/~~NO~~

Is your hearing satisfactory? YES/~~NO~~

Do you know of any medical limitations likely to affect you in a food store? ~~YES~~/NO

Do you wear glasses or lenses? ~~YES~~/NO

How many cigarettes/cigars per day do you smoke? ~~NONE~~ 5-10

Please tick the box if you have suffered from any of the following

☐ *Typhoid*	☐ *Mental Disorder*	☐ *Diabetes*
☐ *Dysentery*	☐ *Depression*	☐ *Dermatitis*
☐ *Other Carrier Diseases*	☐ *Nerve Problems*	☐ *Skin Trouble*
☐ *Angina*	☐ *Giddiness or Fainting*	☐ *Jaundice*
☐ *Heart Trouble*	☐ *Fits or Blackouts*	☐ *Back Trouble*
☐ *Blood Pressure*	☐ *Varicose Veins*	☐ *Hernia or Rupture*
☐ *Tuberculosis*	☐ *Swollen Ankles*	☐ *Migraine*

HOBBIES & INTERESTS - Please detail below your hobbies, interests or membership of clubs or societies.

Squash, swimming, Weightlifting

ARE THERE ANY OTHER DETAILS WHICH YOU CONSIDER MAY HAVE A BEARING ON YOUR APPLICATION ?

PLEASE READ CAREFULLY BEFORE SIGNING

1. THE COMPANY WILL APPLY FOR REFERENCES TO PREVIOUS EMPLOYERS, BUT NOT TO YOUR CURRENT EMPLOYER UNTIL YOU ACCEPT A JOB OFFER.
   IF YOU HAVE NOT BEEN EMPLOYED PLEASE PROVIDE THE NAMES AND ADDRESSES OF TWO PERSONAL REFEREES, WHO HAVE GIVEN THEIR PERMISSION FOR THEIR NAMES TO BE USED. THESE SHOULD NOT BE RELATIVES.

MR A. McCAIG	MR. L. FRASER
46 COMISTON C.U.	46 COMISTON C.U.
88 PENTLAND VIEW	88 PENTLAND VIEW.

2. PROBATIONARY PERIOD - I AGREE THAT MY EMPLOYMENT BY THE COMPANY WILL BE SUBJECT TO A PROBATIONARY PERIOD, SPECIFIED IN MY OFFER LETTER. DURING THE FIRST FOUR WEEKS, MY EMPLOYMENT MAY BE TERMINATED BY EITHER SIDE GIVING 1 DAYS NOTICE. IN THE REMAINING WEEKS OF THE PROBATIONARY PERIOD, NOTICE OF ONE WEEK EITHER SIDE IS REQUIRED.

3. SECURITY - IN THE INTEREST OF SECURITY I AGREE TO ABIDE BY THE COMPANY SEARCH PROCEDURE.

4. VALIDITY - I DECLARE THAT THE INFORMATION GIVEN ON THE APPLICATION FORM IS, TO MY KNOWLEDGE, TRUE. I UNDERSTAND THAT IF IT IS SUBSEQUENTLY DISCOVERED THAT ANY STATEMENT IS FALSE OR MISLEADING, I MAY BE DISCHARGED FROM EMPLOYMENT BY THE COMPANY. I ALSO AGREE TO A MEDICAL EXAMINATION IF REQUIRED.

SIGNATURE L Grattan

DATE 8/4/91

FOR OFFICE USE ONLY

ENGAGED AS FOLLOWS:-

JOB CODE _____ JOB TITLE _____

DEPT _____ LOCATION _____

AT :- £

* PER HOUR - PAYABLE WEEKLY
* PER WEEK - PAYABLE WEEKLY
*PER ANNUM - PAYABLE EVERY 4 WEEKS

UNDER 16 WORK PERMIT _____

NORMAL WORKING HOURS _____ DATE OF COMMENCEMENT _____

REDUCED LIABILITY CARD _____ P45 PRODUCED _____

REFERENCES APPLIED FOR _____

APPROVED BY _____ INTERVIEWED BY _____

CITB

CONSTRUCTION INDUSTRY TRAINING BOARD

Established under the Industrial Training Act 1964

Area Office:
Pritchard House
32 Inglis Green Road
Edinburgh EH 14 2ER

Telephone: 031 443 8893
Fax: 031 443 1820

Your Ref: L1
Our Ref: JGS/BW

19th July, 1991

Mr. L J Gratton
15 MOREDUN PARK,
COURT,
EDINBURGH,
EH17 7EY

Dear Mr. Gratton,

Further to your application for a place on a C.I.T.B. Training Scheme, I would like you to attend for an interview with the company named below:-

Your interview will take place at:

PETER WALKER & SON (EDIN) LTD
20/30 UPPER GRAY STREET
EDINBURGH

On: 29th July

At: 02.30 p m

When you arrive please ask for MR MCCARRY

It is in your own interests to present yourself well at this interview, but if this appointment is not convenient, or you need any further information or help, please let me know.

Yours sincerely,

J. Smith

J G SMITH,
Training Adviser

Scottish Office:
4 Edison Street, Hillington,
Glasgow, G52 4XN

Head Office:
Bircham Newton, King's Lynn
Norfolk. PE31 6RH

YOUTH TRAINING FOR THE CONSTRUCTION INDUSTRY

General Information

TYPE OF COURSE: ROOF SLATING & TILING

START DATE OF COURSE: 26TH AUGUST 1991

NAME AND ADDRESS OF SPONSORING FIRM/EMPLOYER: Peter Walker & Son (Edinburgh) Limited
20-30 Upper Gray Street
Edinburgh EH9 1SP

NAME AND ADDRESS OF COLLEGE YOU WILL ATTEND: TELFORD COLLEGE OF F.E.
CREWE TOLL
EDINBURGH

On your first day, please report as follows:

TIME: 8.30 a.m.

PLACE: COLLEGE - TROWEL SECTION

PERSON: MR R TRACEY

THE CITB TRAINING ADVISER RESPONSIBLE FOR YOUR COURSE IS:

MR J G SMITH

CONSTRUCTION INDUSTRY TRAINING BOARD
PRITCHARD HOUSE
32 INGLIS GREEN ROAD
EDINBURGH

Telephone no. 031-443-8893

NAME OF TRAINEE: LEON GRATTON

Before returning the form, please fill in the following section. It will he

To [redacted]rent or Guardian of:

Child's Name ..... Leon Grattan .....

Address ..... 49/3 Westers Hailes Park .....

School ..... Torrosters ..... Class ..... 4+2 .....

Result: 19 APR 1991

Your child was found by a skin test to have no natural protection against Turberculosis and has been given BCG vaccination. Two or three weeks from now a small red pimple will appear which will heal completely in the course of a month or two. No dressing should be necessary, but if there is any discharge or if the child pulls off the scab, cover with a DRY piece of lint or gauze held down with a thin piece of adhesive. On no account use a closed dressing as air must be allowed to circulate around the vaccination. Ready made elastoplast or any sort of ointment or poultice are not suitable and should be avoided.

Children will be able to take part in games but swimming should be avoided if there is any discharge.

[redacted]you are worried about the reaction at any time, do not hesitate to make enquires to the address below.

Lothian Health Board-Community Health Service,
15-17 Carlton Terrace, Edinburgh EH7 5DG. 0315572100

S.W.86

LOTHIAN REGIONAL COUNCIL

DEPARTMENT OF SOCIAL WORK

PARENTAL CONSENT TO MEDICAL TREATMENT AND ACTIVITIES

Child's Surname	Case Number
GRATTON	
Forename(s)	D.O.B.
LEON	17/22 3/91 95/96

Home Address	Name and Address of G.P.
49/3 Wester Hailes Park.	

A CONSENT TO MEDICAL TREATMENT:

I hereby give my consent to vaccination against Poliomyelitis, Tuberculosis, Diphtheria, Whooping Cough, Tetanus, or any other disease, and to any treatment, injection or operative measures, including the administration of an anaesthetic considered necessary by a registered medical practitioner or dental surgeon, for the time that my child remains in the care of Lothian Regional Council.

I understand that wherever possible I will be consulted about any significant treatment so long as my whereabouts remain known to the Social Work Department.

CONSENT TO ACTIVITIES:

I give my consent to my child being involved in normal sporting,holiday and social activities during his/her stay in the care of Lothian Regional Council.

I also understand that if my child is to participate in any significant holiday, sport, or hazardous activity I will be notified and consulted about this so long as my whereabouts are known to the Social Work Department.

I also understand that sport and activities will be supervised, where appropriate,by a responsible adult.

I have detailed below those activities in which I do not wish my child to participate.

LIST OF ACTIVITIES NOT AGREED TO:

1. .....
2. .....
3. .....
4. .....

Signed L. Gratton .....Parent/Guardian Date 22-1-91

Signed .....Witness Date 22/1/91

B REFUSAL TO CONSENT TO MEDICAL TREATMENT:

I have been asked to give my consent to appropriate treatment for my child during his/her stay in the care of Lothian Regional Council and I have refused to give this consent.

Signed .....Parent/Guardian Date .....

Signed .....Witness Date .....

C TO WHOM IT MAY CONCERN

The parents of this child are unable to be found or have refused to sign their consent to any essential medical treatment which the child may require.

* The child is now in the care of the Lothian Regional Council Department of Social Work under Section .....of the.....Act 19

OR * The child is subject to a Place of Safety Warrant/Court Order in terms of Section ..... of the .....Act 19 and is presently being cared for by the Lothian Social Work Department.

Since the Lothian Regional Council does not at this stage hold parental rights in respect of this child I would request medical staff, in consultation with their colleagues, to consider offering any necessary medical or surgical treatment despite the absence of parental consent.

Signature .....Designation.....Date.....

LOTHIAN REGIONAL COUNCIL — DEPARTMENT OF SOCIAL WORK

MEDICAL EXAMINATION OF CHILD

M I

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

Please Return to
Name A. Clelland.
Address Water Hall A/D
5 Murrayburn Gate.

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

Surname	Home Address	Date of Birth
FRATTON	69/3 Water Hall Park.	17/3/75
Forenames	**Present Address (if different)**	**Sex**
LEON		M
Next of Kin (if applicable)	**Name and Address**	
	LORNA GRATTON AS ABOVE	

1. Immunisation Record	First Medical		Additions since last examined	
Polio Vaccination	1.	2.	3.	Nov. 90
Triple Antigen	1.	2.	3.	
Whooping Cough	1.	2.	3.	
Diptheria/Tetanus	1.	2.	3.	? Nov. 90
Rubella	1.	Has the child had the appropriate immunisation for his/her age?	YES	✓
Measles	1.		NO	
B.C.G.	1.			

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

LONG STANDING ECZEMA —

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

Eyes/Sight	"LAZY" (L) E/S ASSESSED 1988; VISION 6/6 R 6/9 L.
Ears/Hearing	SATISFACTORY
Throat	NORMAL
Tonsils	
Teeth and Gums	
*Skin and Scalp	DRY SKIN — GENERALISED — RESOLVING INFANTILE ECZEMA

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

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

Cardiovascular	
Respiratory	
Alimentary	NO ABNORMALITY
Central Nervous	
Genito-urinary	
Other	

5. State of Nutrition

SATISFACTORY.

6. Are speech and articulation satisfactory?

YES

7. Does the child suffer from incontinence?

Urinary YES ☐ NO ☑ Faecal YES ☐ NO ☑

8. Particulars of present medication/~~treatment~~

TRILUDAN – PRN (SKIN IRRITATION)

9. Particulars of any condition of which the carers should be aware:

e.g. allergies, medication to which the child does not respond, bedwetting, attendance at hospitals/clinics etc. Evidence of abnormality of development or behaviour which is inconsistent with the child's age.

NONE

10. Has there been any change in the child (physically or mentally) since last seen by you?

MARKED IMPROVEMENT IN ECZEMA.

11. Child's general state of health and any other comments.

SATISFACTORY.

12. CERTIFICATE I certify that I have today examined LEON GRATTAN who is*/~~is not~~ already known to me, and find this child fit*/~~unfit to be~~ in care, i.e. ~~this child does*~~/does not require hospital care.

I also certify that I find this child free from infection*/~~suffering from the conditions mentioned above.~~

This was an initial*/~~subsequent*~~/~~emergency*~~ consultation by me. *Delete as appropriate

Signature ..... J Crispin

Date 22/1/91

Name and Address (in block capitals)

DR JOHN CRISPIN
Sighthill Health Centre
Calder Road, Edinburgh
EH11 4AU Tel: 031 453 5335

LOTHIAN REGIONAL COUNCIL
Department of Social Work

On discharge please return to:-

CHILD HEALTH RECORD

This card must accompany the child while in care.

Surname	Forename(s)
GRAFTON	LEON
Date of Birth	**Place of Birth**
17-3-91	Edinburgh

BRIEF HISTORY OF CHILD

1 Birth weight	2 Feeding to date (where relevant e.g. infant)

3 Infectious illnesses with dates

Infections

Measles _____ Mumps _____ Others _____

German Measles _____ Chicken Pox _____

Whooping Cough _____

4 Immunisation Record.

				Booster
Polio Vaccination	1. _____	2. _____	3. _____	_____
Triple Antigen	1. _____	2. _____	3. _____	_____
Whooping Cough	1. _____	2. _____	3. _____	_____
Diphtheria/Tetanus	1. _____	2. _____		_____
Rubella	1. _____			_____
Measles	1. _____			_____
B.C.G.	1. 19/4/91.	AT FORRESTERS SCHOOL.		_____
Other (state)	_____	_____	_____	_____
	_____	_____	_____	_____

5 Other conditions or operations with dates and hospitals (if attended)

6 Any relevant medical history

CHILD HEALTH RECORD

DATE	DETAILS PLEASE NOTE ANY MEDICAL EXAMINATIONS, ILLNESSES OR INJURIES	SIGNATURE
24/1/91	10 10pm 1x Eczema Pill	
25/1/91	3pm 1 " "	Jenny
27/1/91	Tramil (500) 1 tablet	Coral
3/2/91	2 x Aspirin	Chris.
4/2/91	Tramil (500) x 1 tablet	Andy
11/8/91	Tramil (500) x 1 tablet	Coral
11/2/91	Tramil (500) x 1 tablet	Coral
12/2/91.	2 x Aspirin	Pat.
13/2/91	Tramil (500) x 1 tablet	Coral
15/2/91	Amoxil x 1	Andy
17/2/91	Amoxil x 1	Andy.
18/2/91	Tramil (500) x 1 tablet	Coral
23.2.91	Trihydri. (1 tablet)	MG.
6/3/91.	Tramil x 1	Chris.
18/3/91	2 ASPRINS	Jenny.
29/3/91	2 ASPRINS	Rema Mkenyo
30/3/91	1 TOOTABLOCK	Jenny

Lothian Regional Council
Department of Social Work

Child's Surname	
GRATTON.	
Forename(s)	
LEON	
D.O.B. 12/3/75	C.P. No.

Medical Information at Application (RIC 2)

Previous Infections – indicate YES or NO or NOT KNOWN. If YES, give date.

Measles	Chicken-pox ✓ 1980
German Measles	Scarlet Fever
Whooping Cough	Diphtheria
Mumps	Other – Specify
Dysentery COMMON	

Completed Inoculations – indicate YES or No. If Yes, give date. 22.7.56.

Smallpox	Polio
Triple Antigen – diphtheria, whooping cough, tetanus.	Measles
B.C.G.	Other – Specify (e.g. German Measles)

Has the child had any operations? If so, where, when, and for what?

NO.

Is a special diet required e.g. diabetic? If so please specify.

NO

Has the child attended a Child Guidance Clinic? If so when and where? NO

Does the child have any particular behavioural difficulties?

PARENT'S DECLARATION

I declare that the information given on this form is correct.

Signature R. Gratton Date 21-1-91

PLEASE COLLECT NATIONAL HEALTH CARD

W.93

169

Lothian Regional Council - Department of Social Work

Children's Residential Units - Care History Project

ADMISSION

Forename(s): LEON JAMES [redacted] Surname: GRATTON

Date of Birth: 17 | 3 | 91 Unit: Coniston Children's Unit

Sex: Male Date Admitted: 22 | 1 | 91 Time: 6.00pm

Address: 49 | 3 Westerhailes Park, Edinburgh

SW allocated? YES/NO SW Name: Abbie Chisholm Area: Westerhailes

At school? YES/NO Name of School: Forrester High

Referral Source

- [ ] Children's Hearing
- [x] Social Worker (Area Team)
- [ ] Residential Unit
- [ ] E.D.T.
- [ ] Court
- [ ] Other

Act & Section

(tick one or two boxes)

- [ ] 44 (1) b
- [ ] 44 (1) a
- [ ] 44 (6)
- [x] 15
- [ ] 16
- [ ] 58 (a)
- [ ] 37
- [ ] 40(7)
- [ ] 43(4)
- [ ] 40(4)
- [ ] 42(3)
- [ ] 413
- [ ] 205
- [ ] 206
- [ ] Other

Main Problem

- [x] Family Stress
- [ ] Community/foster Stress
- [ ] Residential Unit Stress
- [ ] Beyond Parental Control
- [ ] Homeless
- [x] At Risk
- [ ] Offending
- [ ] Truancy
- [ ] Other

Purpose in Admission

- [ ] Coordinated Assessment
- [ ] Group A Assessment
- [ ] Emergency Measure
- [ ] Secure Protection
- [x] Respite Care
- [ ] Other

Is this the S.W's preferred 'care' resource ? YES/NO

If not what was the preferred resource :-

- [ ] Foster Parents
- [ ] Residential School
- [ ] Community Carer
- [ ] Supported Accomodation
- [ ] Relatives
- [ ] Flat in Community
- [ ] Group B
- [ ] Secure Accomodation
- [ ] Other Group A
- [ ] Other

Comments:

CASE REVIEW/CLOSURE STATEMENT/TRANSFER

Name LEON GRATTON	Reference number
Date of Review 24/1/91	Key Worker P. Mucha.

Persons in attendance * specify involvement if necessary

Neil ? S.S.W Westerhailes	Leon ———
Alaine Chisholm SW " "	Lorna Gratton – Mother
Martin Cunning OIC Comiston	
Peter Mucha Key Worker "	

Assessment (background, accommodation, finance, employment, health and changes since last review)

At this 42 hr Review. Leon & his mother were asked to give their points of view as to why they thought the situation had deteriorated to the ~~stage~~ it was

At the moment both feel that they can't live together because of the distance between them. Mum feared for Leon's safety at home and also in the local area (because of the people he hung about with and also because of his involvement with hash) Leon felt that his friends weren't accepted by Mum and that she had let him down when she sent him to live with natural dad in Manchester from May to November last year. There was obviously a lot of anger around between

Review of Objectives and Evaluation of work to date

them but both managed to talk without losing their tempers.

Because of the obvious emotion that was around it was felt at this stage to allow both Mum & Leon time apart to think about what they were wanting out of Leon's stay at Comiston.

Leon's schooling is OK at the moment — Contact has been made with Mr Black (Leon's Guidance Teacher) and he has stated he will inform us of Leon's progress and attendance at school.

Current/New objectives (including action required and named persons responsible for implementation)

Leon was informed of the Unit's attitude to drugs. - if he was ever suspected of carrying hash or having smoked hash the police would be called in. Leon accepted this as being fair.

He was informed that O/N contacts would be checked up on and arrangements would have to be confirmed with Unit Staff.

Agreement with Client/Specific Action Required

It was agreed that no major work could be done with Leon & his mum until a permanent S.W was allocated to the case (hopefully at an Area Team Meeting tomorrow [25th]). S.W to work as support for Mum and co worker for family meetings.

Keyworker to begin work with Leon — try to encourage and restart outside activities - squash etc. and to get Leon's views on what he wanted to do and as Leon put it help him get his "head together"

OFFICE

Were copies of this review sent to persons / other agencies? ~~Yes~~ No
Was this recorded on the Contact Sheet (form 1188)?

Has the client participated in this review? Yes ~~No~~
Comment

Key Worker [signature] Client [signature]
Senior Worker/Chair _____ Date 24/1/91.

FOR TRANSFER CASES ONLY

To	Team	Client data base Amended
_____ (dispatched sign. & date)	_____ (received sign. & date)	Date __ / __ / __

LOTHIAN REGIONAL COUNCIL

SOCIAL WORK

Wester Hailes Area Office
5 Murrayburn Gate
Edinburgh EH14 2SS

MEMORANDUM

Our Ref. A10/L15/GC/PN

Your Ref.

Date 3rd May 1991

From: GEORGE COATES
Social Worker

To: DAVID FERRIER
Assistant Principal Officer
Residential Services (Children)
Shrubhill House

Please find attached a report prepared for **Leon Gratton's** Review.

The decision of the Review was that Leon should move to independence ~~and~~ as there seemed little likelihood of a successful return home being affected. A referral has been made to the Supported Accommodation Team but the general consensus is that Leon should in the first instance move as soon as possible to an adolescent unit. Martin at Comiston has made, as far as I am aware, informal contact with Moredun Adolescent Unit and this would seem to be an appropriate move for Leon. Leon is now sixteen and leaves school at the end of this term.

If you require any further information please do not hesitate to contact me.

GEORGE COATES
Social Worker

Contract of Expectations for period of residence in Comiston

Clients Name : Leon Gratton

D.O.B. : 17.3.75

Social Worker : George Coates

Key Worker : Peter Mucha/Jimmy Cairns

It is the expectations of all persons working with Leon that he will demonstrate a willingness to use his placement in Comiston as an opportunity to be assisted, educated and supported towards independant living. As Leon has now attained the age of sixteen, he must agree to accept the responsibilities of an adult and therefore conduct himself accordingly within the live-in group at Comiston.

Employment

Leon officially leaves school on 31st May 91. Leon has not attended school much and has no intention to return. Leon will attend exams at school, the last being on 24th May. Leon has said he intends to apply to colleges of further education and also visit job centres and careers offices.
The days Leon has agreed to look for employment / college courses are as follows: Monday Tuesday and Thursday.

Social Education - Cooking Washing Budgeting Etc

Leon has agreed to remain in the Unit on Monday and Wednesday nights to do the above. In tandem, it will be fully expected that Leon will accept responsibility for cleaning his own part of his room.

Arrangements for going out

As agreed at time of Leons admission to the unit, Leon will inform all adults of her arrangements. As agreed Leon must return to the unit by 10.30p.m. or if unable to do so must phone the unit and ask for an extension to the time which must not exceed 11.00p.m. However, if Leon wishes to return to the unit later than the above he must first negotiate this with his key worker, support worker or social worker. In such a request there would have to be a special reason for wanting an extension i.e. a planned evening out or a particular function.

Bedtime : per unit expectations
Rising time : By 9.00a.m. up and dressed.
Smoking : per unit expectations
Music : per unit expectations
Pocket money : per unit expectations

Visitors

As per unit expectations : No visitors allowed in upper part of the Unit. Visitors over 16, must leave by 10.30p.m. or, if adults advise earlier, due to management of other young people.

CONT/

CONT/

Unacceptable Standards or Negative Responses to Others

As Leon is now 16 he must accept that any negative involvement with the other young people will be dealt with by adults through the appropriate agency.

As agreed, at my 72 hour review, I agree to meet with my key worker to discuss work or individual areas of work as follows:

1. Social Skills

2. Cooking

3. Budgeting skills, benefits, rights.

4. Employment

As agreed at my 72 hour review, I agree to meet with my Social Worker when meetings are arranged.

I further agree to participate in other meetings as requested by my key worker, support worker and social worker.

I agree not to return to the unit either under the influence of either drink or drugs, nor shall I bring such into the unit.

signed

1. Leon Gratton — Leon Gratton

2. J Cairns — Jimmy Cairns K.W.

3. _____ George Coates S.W.

date 23/5/91

CONTACTS / CASE NOTES

Name LEON STATION · Reference number

Date	Summary & Action	D/R	Worker's name
2/5/91	Type Phone to Skinner, Corras Surf		
	Purpose Application Forms.		
2/5/91	Type T/c from George Coates	✓	
	Purpose Application to group 'B' + A&B unit.		Jimmy
2/5/91	Type Boxed Zones		Norrie
	Purpose Arranged to meet outwith area		
6/5/91	Type T/C to Gorebridge C.U.		
	Purpose Ask what time Leon left		Andy
6/5/91	Type T/C from Leon at Gorebridge		
11.15am	Purpose How can I put it ???!!!	✓	Andy
6/5/91	Type T/C to E.D.T.		
11.20pm	Purpose Arrange uplift.	✓	Andy
7/5/91	Type T/C DALKEITH POLICE STATION		
1.20pm	Purpose PICKED UP LEON IN GOREBRIDGE		Gordon?
7/5/91	Type T/C from LEON		
3.40	Purpose Inform us of his whereabouts.	✓	Jimmy
28/5/91	Type T/C from Gordon at Moredun		
	Purpose Arrange visit.	✓	Andy
11/6/91	Type T/C from Gordon Moredun		
	Purpose Arrangements for o/n + Admission	✓	Jimmy
12/6	Type T/c to George Coates		
	Purpose re family meeting	✓	Jane
	Type		
	Purpose		
	Type		
	Purpose		

CONTACTS / CASE NOTES

Name LEON GRATTON Reference number /

Date	Summary & Action	D/R	Worker's name
20/3/91	Type T/c to Forrester		
	Purpose Had arrived at school		Dave
20/3/91	Type Seemed a bit depressed, not his		
	Purpose usual talkative self		R. McKenzie
21/3/91	Type T/C to Nan in Manchester		
	Purpose arrange visit at Easter	✓	Andy
22/3	Type T/C to Nan in Manchester	✓	[illegible]
	Purpose as above		
22/3	Type T/C to S/W		
	Purpose Cis Above	✓	[illegible]
27/3	Type T/c from father in Manchester		
	Purpose concern re Leons behaviour in Manchester	✓	Dave
30/3	Type T/C from GRANNY		
11.20AM	Purpose ARRANGE VISIT for SUMMER.	✓	Jimmy
30/3	Type Telecon from James + Nana		Forrest
12.00	Purpose A chat (Leon cont)		
30/3	Type T/C from mum		
5.30pm	Purpose Speak to Leon, Leon refused.	✓	Andy
31/3	Type T/C to James.		
	Purpose Chat about last night	✓	Coral
9/4	Type T/C To OXFORDS police		
	Purpose Inform them that James was nearby	✓	Jimmy
19/4/91	Type James phoned.		Forrest
	Purpose To meet Leon in Devizes + go Penarth		
26/4/91	Type T/C from mum	✓	Jimmy
	Purpose CHAT		

SUMMARY OF KEY EVENTS

LEGAL SECTION(S)

Section & Subsequent changes - please note DATE changes

1	15.	17 3 75		5				9			
2				6				10			
3				7				11			
4				8				12			

	Unit/Resource	Admission Date	Discharge Date	Comments
1	MOREDUN A/UNIT	19.6.91.	18.10.91	Drug Abuse.
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

Review Dates

1	24 6 91	5		9		13	
2	13 3 91	6		10		14	
3		7		11		15	
4		8		12		16	

Hearing Dates

1		3		5		7	
2		4		6		8	

SUMMARY OF KEY EVENTS

LEGAL SECTION (S)

Section & Subsequent Changes – please note Date changes

1 Section	1 5	5		9	
2		6		10	
3		7		11	
4		8		12	

	Unit / Resource	Admission Date	Discharge Date	Comment
1	Coniston Outdoors Unit	22/1/91		
2	Morden A/U	19/6/91		
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

Review Dates

1	5	9	13
2	6	10	14
3	7	11	15
4	8	12	16

Hearing Dates

1	3	5	7
2	4	6	8

KEY CONTACTS

Name LEON GRATTON D.O.B 17-3-75 File number

Social Work Staff	Location	Date	Tel	Relationship
GEORGE COATES	WESTER HAILES A/O.	19-6-91.	442-4131	S/W

GP, Work and other Involved Agencies

Contact name	Organisation	Date	Tel	Position
MR BLACK	FORRESTER HIGH		334-9262	GUID/TEACHER
	CAREERS	30/4/91	225-2526	
CATRIONA WILSON	STEVENSON COLLEGE	30/4/91.		
	EDINVARR SLIPWAY	1/5/91	557 2226	

Significant Others (Relatives , Friends)

Name	Address	Tel	Relationship
MARCO MAYBURN	[redacted]	[redacted]	FRIEND
JAMES WILLIAMSON			FRIEND
DAVID ALLAN			UNCLE
MR+MRS ALLAN			9 PARENTS
JILL	061		AUNT
NANA	061		
SIMONE	6224		AUNT
DAD			FRIEND
	061		DAD

KEY CONTACTS

Name Leon Gratton Reference number

Social Work Staff	Location	Date	Tel	Relationship
ALAINE CHISHOLM	W/Halles A.O.	22/1/91	442-4131	S.W (TEMP)
GEORGE COATES	W/Halles A. O	5/2/91	442-4131	S. W.

GP, Work and other Involved Agencies

Contact name	Organisation	Date	Tel	Position
MR BLACK	FORRESTER HIGH		334-9262	Guid/Teach
		30/4/91	225-2526	CARERS (W/END)
CATRIONA WILSON	STEVENSON COLL	30/4/91		
	MIDWAY / SLIPWAY	1/5/91	557-2221	

K

Significant Others (Relatives , Friends)

Name	Address	Tel	Relationship
Marco maybury 415	[redacted]	[redacted]	Friend
James Williamson	[redacted]	[redacted]	Friend.
David Allan	[redacted]	[redacted]	Uncle
Mr & Mrs ALLAN	[redacted]	[redacted]	G/Parents.
Jill	061	[redacted]	Aunt
Nana.	061	[redacted]	
	0224	[redacted]	Aunt
Simone	061	[redacted]	Friend.
Dad	061	[redacted]	Dad

LOTHIAN REGIONAL COUNCIL
DEPARTMENT OF SOCIAL WORK

Reference Number

PERSONAL DETAILS

SURNAME	GRATTON	
ALTERNATIVE NAME(S)		
FORENAME(S)	LEON JAMES	
SEX	MALE	DATE OF BIRTH: 17 / 3 / 75.
Nationality: BRITISH.	Ethnic origin: WHITE	Religion:

ADDRESS on INITIAL CONTACT — TELEPHONE

COMISTON CHILDRENS UNIT

HOME ADDRESS if different

1. 49/3 WESTER HAILES PARK EDINBURGH 453 3995.
2.

FAMILY DETAILS

Next of Kin	Forename(s)	Surname	Relationship	D.O.B.	Address	Tel.
male						
female	NORNA	GRATTON	MUM		A/A	
(maiden/other names)						
Children						
in Household						
Adults	RAYMOND	JORDAN	CO/HAB		A/A	
in Household						

RELEVANT BACKGROUND INFORMATION

Face - Shape OVAL. Complexion Eye Colour BLUE.
Glasses (style) Hair - Colour(s) LIGHTBROWN Style SHORT.

Ear(s) Pierced - Both/Left/Right Number of times Nose Pierced

Distinguishing Features (Birthmarks, scars etc.) -

General - Colour WHITE Approx. Height 6' Approx. Build SLIM.

Medical Problems and Medication -
(see Medical Section for further details)

FILE DETAILS

Date 19.6.91 Time 1 am.
Recorded by A Monaghan -

NB Complete KEY CONTACT Sheet and CLIENT CARD

LOTHIAN REGIONAL COUNCIL
DEPARTMENT OF SOCIAL WORK

PERSONAL DETAILS

Reference Number

SURNAME GRATTON
ALTERNATIVE NAME(S)
FORENAME(S) LEON JAMES
SEX Male DATE OF BIRTH 17/03/75
Nationality: | Ethnic origin: | Religion:

ADDRESS on INITIAL CONTACT — TELEPHONE

49/3 WESTERHAILES PARK — 453-3995

HOME ADDRESS if different

1

2

FAMILY DETAILS

Next of Kin	Forename(s)	Surname	Relationship	D.O.B.	Address	Tel
male						
female (maiden/other Names)	LORNA	GRATTON	Mother		A/A	453-3995
Children in Household						
Adults in Household	RAYMOND	JORDAN	Co Habitee		A/A	

RELEVANT BACKGROUND INFORMATION

(including physical description if child taken into care)

Height: 6ft
Build: Slim
Eyes: blue.
Hair: light brown

FILE DETAILS

Date 22/1/91 Time 6-00pm
Recorded by PLs

NB Complete KEY CONTACT Sheet and CLIENT CARD

1182