

29th October, 1980

Report for Children's Hearing

re: Andrew Jones d.c.b. 26.12.69

Enclosed is a copy of the preliminary report on Andrew which gives an accurate picture of the boy up until September.

Since then the only notable changes are as follows:- Andrew seems to be much closer to Sarah now, and they can often be seen together chatting and playing games. No great emotion is seen on Andrew's face at any time so it is difficult to assess how he really feels about his sister, but the fact that they spend a lot of time together is indicative of the closeness of their relationship. For a few weeks now Andrew has been attending the Boy's Brigade Company he belongs to. He appeared to enjoy this at first but now seems ambivalent about attending. He tends to forget and needs reminding of the time etc. This may be a natural phenomenon in as much as he changed over from junior to senior meetings and he may not like the change very much. However it is an outlet for him in the community and is being encouraged.

Andrew does not have a very good attitude towards authority and dislikes being told off for misdemeanors. He becomes huffy, dour and puts on a look of injured innocence at times. He is quite a forceful character and seems to stand out in a crowd even if not doing anything. This therefore attracts attention to him and he is easily caught out at mischief, which he naturally finds very frustrating.

Like his sister Andrew has been home for a few hours on Sunday afternoons. He seems to thoroughly enjoy these visits or at least he tells us so. When asked what he did on Sunday afternoon he said he was out playing with his pals most of the time. Andrew appears to be drifting through the family situation almost unaffected. It may be that he can be returned home fairly soon after a gradual re-introduction.

However at this stage it is felt to be in his best interests to remain in Roineach Mhor for a period in order that this re-introduction can be monitored. This is therefore recommended.

Kerr Sweetin,
Assistant Officer in Charge

Copies to:

Reporter to the Children's Panel, Dundee
Mr. Titterton, Social Worker (2)
Mrs. Frank, Child Guidance
Mrs. Erskine, Teacher in Charge
File

2nd September, 1980

Report for Children's PanelRe: Andrew Jones d.o.b. 26.12.69

Andrew was admitted to Roineach Mhor along with his sister, Sarah, on the 4.8.80, under Section 15 of the Social Work (Scotland) Act 1968. The childrens admission to the unit followed a breakdown in the home situation, that ultimately led to Miss Mill (mother) being admitted into Liff Hospital, where she was later diagnosed as suffering from Schizophrenia.

The events leading to the childrens admission into care and the methods that had to be employed, by both Police Officers and Social Workers to secure the childrens safety, had obviously been a traumatic experience for them. On admission, Andrew appeared very subdued, bewildered and frightened. He was very dirty and unkempt, wearing his older sisters jeans, which were many sizes too large for him. However, after a bath, a change of clothes and some explanation regarding why he had to be removed from home, he appeared to settle reasonably well.

Of the three children, Andrew presents as being the most uncommunicative and guarded about home and mother and appears somewhat more reluctant than his sisters in accepting and trusting staff. Never the less, he has presented little in the way of behavioural problems, although he does not always do things at the first time of asking. When asked to complete tasks not to his liking, he will openly display his lack of enthusiasm, preferring to show any resentment he may feel, by funny looks, rather than verbal retort. Andrew tends to be rather demanding, seeking immediate satisfaction to any request he makes. However, this is not considered a serious problem and can be easily overcome by providing him with clear, precise boundaries within which to function socially.

Although Andrew initially approached his peers with some caution, he is now fully integrated into the group and appears to relate best with those of his own age, or in the small group situation. He participates in most activities but tends to show some preference for playing with smalltoys. His relationships within the group are relatively good, although he has of late began to impose his personality on the group. On a number of occasions, Andrew has been seen to instigate trouble between himself and other children but this is not considered to be anything other than normal behaviour for a boy his age.

Andrew has shown little concern and an apparent lack of affection for his two sisters and has rarely asked about his mother. Although he appears to be the least affected by his mothers disturbed behaviour, unlike his sisters, Andrew had a number of interests that often took him outside the family home, with the result, he had less contact with her.

Conclusion

During the period Andrew has resided at Roineach Mhor, he has presented as what could be considered, a relatively normal boy. He has shown he is capable of forming and sustaining relationships with other children and appears capable of competing at an equal, if not superior level, with his peers. However, it has become apparent, that without very clearly defined and precise boundaries, Andrew has the potential to become a bully and could resort to anti-social behaviour if his demands are not met. He therefore needs an environment that is both secure and stable and one which contains a sufficient number of adults, who could provide the support, guidance and discipline necessary to ensure that he progresses satisfactorily through his most formative years.

Recommendation /

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Recent contact with Liff Hospital indicates that it could be some months before Miss Mill is considered well enough for discharge and even then may not be able to provide adequately for her children's emotional and physical needs. In the interim, it will be necessary to provide residential accommodation for the children.

As already stated, Andrew appears to be the least affected by his mother's behaviour. However staff feel that in the relatively short period Andrew has resided with us, it is possible that we may not as yet have seen any form of behaviour that would suggest a degree of emotional disturbance.

It is therefore suggested, that in order to place Andrew in accommodation appropriate to his needs, he be returned here for a further 21 days to allow further investigation to be carried out and that during this period full Psychiatric and Psychological Assessments be requested.

R. Scott,
Care Assistant

E. Traynor,
Assistant Officer in Charge

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