LEAVING CARE TEAM

BASIC INFORMATION

CLIENT NAME: STEVEN MCCULLOCH
DOB/AGE: 28/2/92
ADDRESS (home ☐) foster care

1. 27 HARBOUR PLACE
Ramsbottom
BL9 9DP
2.
3.

(Specify from date and Address if other than home)

PIN NO: 245935
AREA TEAM: PARK HEAD SOCIAL WORK SERVS.
TEAM LEADER
SOCIAL WORKER: STEVEN WILSON
DATE ALLOCATED: 14/9/9
RISK MANAGED (Now or in past) YES/NO
LEGAL STATUS: S25
COMMENCED: July 1999
ENDED:
To Be Cross Referenced With Files From
C/J ☐ C&F ☐ C/C ☐ CSS ☐ M/H ☐ other ☐
(Please specify)

Tel No's: 01592 874717
Mobile No:

NI NUMBER:
NEXT OF KIN: STACEY MCCULLOCH (SISTER)
BANK DETAILS (if any):
A/C NUMBER:

Family Details

NAME	RELATIONSHIP	ADDRESS	TEL NO
WENDY MCCULLOCH	MOTHER	current address in England	
STACEY MCCULLOCH	SISTER	Glasgow area.	

Professional contacts/Relevant others etc

RELEVANT OTHERS	RELATIONSHIP	ADDRESS	TEL NO
LINDA + ROBERT ADAMS	FOSTER CARERS	(HOME ADDRESS)	

PATHWAY PLAN DATE: ..... PATHWAY REVIEW DATE: .....

CASE CLOSED
DATE: .....

SOCIAL WORKER SIGNATURE: .....
MANAGERS SIGNATURE: .....

FIFE SOCIAL WORK SERVICE – FILE CLOSURE PROFORMA **MAY 2005** **V1**

Client Name: STEVEN MCCULLOCH **DOB:** 28/2/92 **PIN:** 245935

Address: UNKNOWN – GLASGOW (WITH FAMILY) **Date of file closure:** 29/6/10

RETENTION CATEGORIES FOR SOCIAL WORK FILES		RETENTION PERIOD
✓	Tick as appropriate On closure, all SW teams must allocate a retention period for all files and authorise closure as per SW Document Retention Schedule. Files will be returned where this has not been completed. Remember! Return any outstanding papers to Admin to complete the file before closure.	
	1. CHILD & FAMILY RELATED FILES:	
	Child Adoption: On receipt of Adoption Order granted the record is deemed ceased. Forward <u>all</u> relevant child and adoptive parents records to Adoption & Fostering Panel for finalising. Adoption and Fostering secretariat will transfer files to Central Archive Unit (CAU) within 6 months of receipt.	**Send to CAU as soon as order is granted - 75 years**
	Foster Care and Adoption applicants/Approved Foster Carers and Adoptive Parents.	5 years at JD Unit the CAU **75 years**
✓	Children in voluntary or local authority care for <u>more than</u> 6 months.	5 years at JD Unit then CAU **indefinite**
	Child Abuse (confirmed)	5 years at JD Unit then CAU **indefinite**
	Child Abuse (alleged)	5 years at JD Unit then CAU **indefinite**
	Children convicted of serious offences (Criminal Procedure (Scotland) Act 1975, s.206 & 413).	5 years at JD Unit then CAU **indefinite**
	Children/Young People with Problematic Sexualised Behaviour.	5 years at JD Unit then CAU **25 years**
	Children with Disability – Social Worker to recommend destruction date – when child reaches 18, or retain 10-15 years dependant on age of child at point of closure	Destruction date:
	Children in Residential Care	Send to CAU – **indefinite**
	2. MENTAL HEALTH:	
	Secretary of State patient, Curator bonis or medical Social Work records.	10 years then **destroy**
	3. ADULTS WITH INCAPACITY:	
	Adults with Incapacity - Welfare/Financial Guardianship	10 years then **destroy**
	Adults with Incapacity - Power of Attorney	Send to CAU - **indefinite**
	4. ADULT OFFENDERS:	
	Offenders under the terms of Social Work (Scotland) Act 1968 s.27(1)	10 years then **destroy**
	5. SEX OFFENDERS:	
	Any files containing information relating to offences of a sexual nature.	75 years then **destroy**
	6. CLIENT FILE(S) OF SPECIAL INTEREST:	
	Client files adjusted to merit a retention period <u>longer</u> than 5 years/10 years due to unusual aspects of the case and/or effects or potential effects on practice. Include front of file memo giving brief reasons for retention. Initial recommended retention period: (subject to annual review thereafter)	Review and destroy after period ends

7. OCCUPATIONAL THERAPY:

☐	Occupational Therapy Child Health files	10 years then **destroy**

8. ALL OTHER CLIENT FILES (ie: Home Care/General OT/Enquiry & Information):

☐	All other client files (including Child and Family unless meeting any of the above categories).	5 years then **destroy**

9. DECEASED CLIENTS

☐	Deceased clients – unless meeting one of the categories above.	
	Date of death:	2 yrs and **destroy**

10. RESOURCES/RESIDENTIAL/ADULT DAY CENTRE FILES

☐	All Resources Files - including Elderly Residential and Adult Day Centre	
	UPON CLOSURE FILES SHOULD BE SENT TO JOHN DOUGLAS	5 years then **destroy**

11. COMMUNITY ALARM FILES

☐	Papers returned to SW office for collation within main client file	
		As All Other Client Files

12. AUTHORISATION BY RESPONSIBLE EMPLOYEES

Responsible Worker: [redacted] **Date** 29/6/10

Team Leader: [redacted] **Date** 29/6/10

All files must be authorised for closure by operational teams. If Team Leader is not authorising closure in person, responsible worker must add their designation (OT, SW) to confirm closure authority.

Checklist for Administration:

- Is closure complete and authorised by responsible worker/Team Leader?
- Papers collated and file complete?
- Updated computer record to show closure?
- If file has been reopened/updated after closure, has new retention date been applied?

Clerical Assistant: [redacted] **Date:** 30.06.10

Label file with closure date and store.

For further information or to discuss changes to this form please contact:

Admin Assistant
File and Records Management
John Douglas File Store
81 Golfdrum Street
Dunfermline

01383 312853 (707 2853)

March 2005

FIFE COUNCIL SOCIAL WORK SERVICE

CHILDREN AND FAMILIES FILE AUDIT TOOL

Note:
1. Team Leaders will use this form to undertake an annual audit of the SWIFT and paper case files for each allocated child.
2. Such audits will take place on a rolling programme during staff supervision sessions.
3. The completed signed File Audit form will be placed at the front of the paper file.

PIN: ***CHILD'S NAME:***

SOCIAL WORKER:

Where info found (in Paper File or SWIFT)		Standard to be met	Tick if met	Comment (especially if not met)
		ALL FILES		
	S	Monthly summaries in place as per procedures		
PF	**S**	Service users' views clearly recorded		
	S	Managers' decisions recorded within one month		
		REFERRALS / ALLOCATIONS		
PF		Service user informed of outcome of referral within 5 working days		
PF		Referrer informed of outcome within 5 working days		
		INITIAL ASSESSMENTS		
PF		Fife Initial Assessment Record present		
PF		FIAR records parental involvement in assessment process		
PF		FIAR contains a clear social work plan		
PF **PF**		Has child committed any offences recently? If yes, have these been addressed directly in the Care Plan?		
PF **PF** **PF**		Has child attended a Children's Hearing on offence grounds? If Y, has YLS-CMI assessment been completed? Is record of YLS-CMI assessment on file?		
		CHILD PROTECTION		
PF	**S**	Comprehensive risk assessment complete / recorded		
	S	Weekly child protection visits recorded and up to date?		
	S	Four-weekly child protection summary?		
PF	**S**	Review Case Conferences held on time		
PF	**S**	Child Protection Plan recorded and up to date		
		LOOKED AFTER CHILDREN		
PF		Reg 7 forms sent out within 24 hours		
PF		CHICAMO forms completed within 24 hours		
	S	1st visit after child becomes looked after made within 1 week		
	S	Child visited at least once a month		
	S	Reasons for lack of monthly visited recorded		
PF	**S**	LAC Reviews held on time		
PF	**S**	(Supervised) Contact recording up to date		
	S	Record of child's/parents' request for a visit		
PF	**S**	Service users' views recorded wherever relevant		
PF	**S**	Child provided with written info on how to access children's rights services		

Signed by Team Leader:

NAME: ***SIGNATURE:*** ***DATE:***

CSP4

First Contact:

Fife Council

First Contact:	
Local Authority Code:	
Date of Application:	
H'less App Ref. No:	
Previous HA Ref No:	**No Link**
Gen Needs App No:	

SECTION 1 - YOUR DETAILS

Q1. As the main applicant, we need to know how to contact you.

Contact Address: 19 CADHAM TERRACE GLENROTHES **Type Of Acomm** **IE – Foster Care, Residential, Parents etc.** SUPPORTED LODGINGS.	Tel No: Mobile No: Email:

SECTION 2 - HOUSEHOLD DETAILS

Q2. We need to know who you want housing for, so please give as much information as possible.

Full Name	Relationship	D.O.B.	AGE	SEX	N.I. No	Child School
STEVEN McCULLOCH	SELF	28/2/92	17	M	JR 20 152 3D	

Q3. Have you or any members of your household had any previous homeless applications since December 2001? If yes – please state when you last applied, to which authority you applied and the outcome, if known?

YES/NO

Section 3 - YOUR ETHNIC ORIGIN

Q4. We need to know the ethnic origin of you and each adult you wish to be rehoused with. Please enter the Number of adults in the appropriate box/boxes below.

1. White: Scottish	0	**9. Asian, Asian Scottish or Asian British : Pakistani**	0
2. White: Other British	0	**10. Asian, Asian Scottish or Asian British : Bangladeshi**	0
3. White: Irish	0	**11. Asian, Asian Scottish or Asian British : Chinese**	0
4. White: Other	0	**12. Asian, Asian Scottish or Asian British : Other**	0
5. Black, Black Scottish or Black British : African	0	**13. Mixed**	0
6. Black, Black Scottish or Black British : Caribbean	0	**14. Other**	0
7. Black, Black Scottish or Black British : Other	0	**15. Not Known**	0
8. Asian, Asian Scottish or Asian British : Indian	0	**16. Refused**	0

First Contact:

SECTION 4 – EMERGENCY CONTACT DETAILS

Q5. We need to know the person you would like us to contact in the case of an emergency – it does *not* need to be your legal next of kin

Name: STACEY MCCULLOCH	Address: 55 LEWIS TERRACE SPRINGBURN GLASGOW
Relationship To Self: SISTER	
Tel No: 0141 558 2677	
Mobile No:	

SECTION 5 – WHERE HAVE YOU LIVED FOR THE PAST 5 YEARS

Q6. We need to know where you have been living for the past 5 years. Please start with your most recent address.

Address	Dates You Lived There	Name & Address of L/Lord (State if you were tenant, owner, Living with parents etc.)	Reason You Left That Address
19 CADHAM TERRACE GLENROTHES	18/11/9 – PRESENT	SUPPORTED LODGINGS	
8 HAZLEHEAD DRIVE, ARDLER DUNDEE	26/10/9 – 18/11/9.	FOSTER CARE	MOVED TO LODGINGS
27 HARBOUR PLACE BURNTISLAND	APRIL 2004 – 26/10/9.	FOSTER CARE	MOVED TO ALTERNATIVE FOSTER CARE

SECTION 6 – YOUR REASON FOR HOMELESSNESS

Q7. We need to know why you have become homeless. In your own words, explain how you have become or are about to become homeless.

SECTION 7 - LOCAL CONNECTION

Q8. Have you lived outside the UK during the last 5 years? **Yes / No**

Q9. If yes – are you an asylum seeker?	**Yes / No**
Q10. Do you have a relative who has lived in Fife for 5 year?	**Yes / No**

Q11. If yes, we need to know their name, address and what relation they are to you

Name:	Address:
Relationship To Self:	
Tel No:	
Mobile No:	

First Contact:

SECTION 8 - MEDICAL DETAILS OF HOUSEHOLD MEMBERS

Q12. Are you currently registered with a doctor? If yes, please provide details.

Name of G.P./Specialist: Telephone No:	Address: NORTH GLEN MEDICAL PRACTICE GLENROTHES.

Q13. Are you a smoker? **Yes / No**

Comments (Please state who they are and who is affected)

Q14. Are you or any member of your household pregnant? **Yes / No**

Comments (Please state who they are and who is affected)

Q15. Do you or any members of your household listed above have a medical problems? **Yes / No**

Comments (Please state what they are and who is affected)

Q16. Are you on any medication? **Yes / No**

Comments (Please state current medicines)

Q17. Have you recently be discharged from hospital? If yes – **Yes / No**

Comments (please state from where and give date of discharge)

Q18. Do you have a history of self harm? **Yes / No**

Comments

Q19. Are you involved with any support agencies? **Yes / No**

Comments LEARNING CARE TEAM

First Contact:

Q20. Do you have a Social Worker? Comments KAREN FLEMING.	**Yes** / No

Q21. Do you have issues relating to the abuse of drugs or alcohol? Comments	Yes / **No**

Q22. Do you consider that there is a risk of your continuing use of alcohol? Comments	Yes / **No**

Q23. Are you on a rehabilitation programme? Comments	Yes / **No**

Q24. Are you receiving support regarding your addiction? Comments	**Yes / No**

SECTION 9 - OTHER DETAILS

Q25. Are you known by any other names? (A.K.A):- NO

Q26. Do you currently have any Court Orders? NO

Q27. Do you have any criminal unspent offences? **Yes / No**

Comments

Q28. Do you or is anyone in your household required to register with the police under the Sex Offenders Act 1997? **Yes / No**

Comments

Q29. What was the offence?

Comments

Q30. When were these committed?

Comments

Q31. Have you been in prison? **Yes / No**

Comments

Q32. What was your sentence?

Comments

Q33. When where you released?

Comments

Q34. Was the injured party (male / female / both)? **Male / Female / Both**

Comments

Q35. Was the injured party under 16? **Yes / No**

Comments

Q36. Do you have a recent history of violence?	**Yes / No**
Comments	

Q37. Are you receiving support regarding your violence?	**Yes / No**
Comments	

Q38. Have you been excluded from other agencies as a result of your violent actions?	**Yes / No**
Comments	

Q39. Have you ever been in care?	**Yes / No**
If so, Please tell us where : YES see Q6 and when : (first placed in care in July 1999).	

Q40. Have you recently been discharged from the armed forces?	**Yes / No**
If yes – please state from where : and give date of discharge :	

ANY OTHER RISKS/ISSUES

REFERRED BY ..Karen Fleming..... **DATE** .....

First Contact:

HOMELESSNESS OFFICERS'S NOTES

Q 11. Have you come from the family home? (the answers would be yes if the family home was the applicants last settled accommodation, from which they left no more that 6 weeks ago)	**Yes / No**
Q 12. Has any member of the household slept rough during the 3 months preceding this application?	**Yes / No**
Q 13. Did any member of the household sleep rough on the night immediately preceding the date of this application?	**Yes / No**
Q 14. Was your most recent accommodation preceding presentation settled accommodation? (settled accommodation being a dwelling in which resident of least 6 months)	**Yes / No**
Q 15. What is the full postcode of your last settled home if within Scotland	

Benefits/Income:
Notice To Quit:
Pets:
Area of choice:

EMPLOYABILITY/BASIC SKILLS ASSESSMENT

Personal Details

Throughcare Client? YES/~~NO~~ **Social Work PIN No:** 245935

Name: STEVEN MC CULLOCH **DOB:** 28/02/92

Address: 19 CADHAM TERRACE

GLENROTHES **Post Code:** KY7 6PS

NI No: JR 20 15 23 D **Mob:** 07547821771

Current Status: ~~Employment/Training/Education~~/Unemployed

Details: Employer's Name/Agency/College/School/Jobcentre

Contact Name: _____ **Tel No:** _____

Address: _____

_____

_____

Education (Secondary Schools)

Name of School	From	To
BALWEARIE		2008

Qualifications

Subject	Grade STD	Date
MATHS		2008
ENGLISH		
HISTORY		
PE		
MUSIC		

Any Other Achievements (i.e. Health & Safety Certificate/Sports Awards)

Achievement	Certificate	Date

/cont'd.....

Work Experience
(Including Voluntary, Part-Time, Work Placements, etc) (Most recent first)

Employer's Address	Job Title & Responsibilities	From	To	Reason for Leaving
RAMSOND		02/08	08/09	Comp.
ROSS SMITH K/K	STORE WORKER			LOST

/cont'd....

Employability/Basic Skills Assessment

The following sections aim to identify your strengths and/or areas for further development which will increase your employability potential.

This form will be completed by you and/or your employability worker and will assist with the full employability assessment process.

Communication

How confident do you feel about your communication skills?
(Please tick the appropriate box)

Reading Skills	**Confident**	**Need Help**	**Not sure**
Reading Job Adverts			
Using a Dictionary			
Reading Official Documents	✓		
Reading a Timetable	✓		
Listening Skills			
Listening & Understanding what is said	✓		
Writing Skills			
Writing Down Phone Messages	✓		
Writing Personal Letters	✓		
Writing Business Letters			
Writing a CV			
Writing an Essay			
Punctuation			
Spelling Skills	✓		
Spelling Rules	✓		
Silent Letters			
Words which sound the same			

Cont'd...

Numbers	Confident	Need Help	Not Sure
Can you do simple sums? ie. Adding & subtracting? (6+13, 17-9)			
What about multiplying & dividing? (3x6, 21÷7)			
Do you know your tables? (3x4, 3x5, 3x6)			
Fractions			
Do you know what fractions are? (1/8, 3/8)			
Can you add & subtract fractions			
Decimals			
Do you understand decimals? (3.8, 4.567)			
Do you know where to put the decimal point?			
Can you add and subtract decimals?			
Measuring			
Can you use a measuring tape/ruler to measure length?			
Can you measure out a pint/litre of liquid?			
Can you count money?			
Can you tell the time?			
Can you read a 24 hour timetable?			
Can you weigh items on scales?			
COMPUTER/IT SKILLS			
How confident are you about			
Saving your work to a floppy/hard drive?			
Open your work from a floppy/hard drive?			
Type a letter?			

Cont'd/....

Do you know?			
What Windows is?			
What a mouse is?			
What a keyboard is?			
What the keyboard layout is?			
What the monitor is?			
When to use single/double mouse click?			
What a word processing package is?			
What a database package is?			
What a graphs/presentation package is?			

Please give details of any previous computing knowledge:

Core Skills

If you can, please give examples of where you have used your skills to improve a situation:

1 **Reliability** - timekeeping, attendance, being part of a team etc.,

2 **Adaptability** - change of working environment, becoming a parent, release from prison, moving home, etc.,

cont'd/....

3 **Trainability** - certificates gained, previous training course, driving licence, etc

certs

4 **Communication** - dealing with people, writing letters, making enquires by phone/letter, interviews, listening

good

5 **Problem Solving** - gathering facts to make decisions, budgeting, puzzle books, driving test, computer games/problems

family good

6 **Team Working** - team sports, getting on with people, coping with a working environment, membership of clubs, etc)

sports

As well as your practical skills and abilities, employers are also interested in your personal qualities.

Again, please give as many examples as possible, where you have demonstrated these qualities.

1 **Confidence** – willing to try new experiences, not afraid of changes, etc

✓

2 **Motivation** – self-starter, willingness to work and learn, etc

✓

3 **Attitude** – talking to people, politeness, etc

✓

Action Plan

Through discussion, we have agreed the following course of action:

Basic Skills	OK/NA	Action to be taken	By Whom	Review Date
Literacy				
Numeracy				
IT				

Core Skills	OK/NA	Action to be taken	By Whom	Review Date
Adaptability				
Reliability				
Trainability				
Communication				
Problem Solving				
Team Work				

Qualities	OK/NA	Action to be taken	By Whom	Review Date
Confidence				
Motivation				
Attitude				

Other Areas

Are there any other issue for you, either currently or in the past that may cause you difficulty in moving on to either employment, education or training? If there are, can we help you in this area?

anxiety etc

Client's Signature ..... S. McCulloch ..... Date 08/12/09

Worker's Signature ..... [redacted] ..... Date 08/12/09

16th June 2008

FIFE COUNCIL
SOCIAL WORK SERVICE

LEAVING CARE - REFERRAL FORM

SWISS No: 350409

Young Persons Name: Steven ~~Wilson~~ McCulloch. **Swift No:** N/a 245935

Date of Birth: 28.02.1992 **N I Nos:** _____

Referred By: Steven Wilson

Team/Agency: Parkhead Social Work Services,
Newlands Centre,
871 Springfield Rd,
Glasgow, G31 4HZ

Tel. No. 0141 565 0140

Current Placement (if in care: Foster Placement.
e.g. foster care, residential care)

Current Address: C/o Linda Adam (foster parent)
27 Harbour Place
Burntisland
Fife.
KY3 9DP.

Tel. No. 01592 874717

Home Address: N/a

Tel. No.

Legal Status: Section 25 C(S)A 1995

If young person left care what was discharge date: Still in Foster care

If still in care what is timescale for moving on: Within the next 3 – 6 months.

If still in care date of next Child Care Review: 02.12.2009

If in Hearing system date of next Hearing: N/a.

Brief outline of care history:

According to departmental records Steven and His sister were accommodated on the 16.07.1999. [redacted]

Steven and his sister were in the same foster care placement until April 2004 when the then carers said that they could not continue to look after Steven and Stacey. Steven was then placed with Linda and Robert Adam in Burntisland, Fife. Steven settled really well in his foster placement and was very much viewed as part of the family. Steven has flourished in his current placement and is maturing into a responsible young man.

Steven has been resident with his current foster carer's for the last 4 years and is very much viewed as part of the family. Steven has started to think about his future and where he would like to stay when moving on from Foster Care.

Steven has indicated he would like to stay in the Fife area as he is very settled in there. It is the writer's assessment that supported accommodation / carer's would be suitable in meeting his needs and would be beneficial in supporting him to develop his independent living skills.

Please outline any risks that the young person may present to themselves, others & the wider community. Please indicate the level of risk e.g. low, medium, high:

Steven Picked up charges for taking a car without the owner's permission on the 09.02.09. Steven's case was heard at the district court were he recived a fine of £290 and had 9 points put on his provisional licence. On the 17.04.09, Steven admitted to his foster parents that he took their car and went joyriding. Steven's foster parents did not want to press charges at that stage.

This was a very surprising development for Steven as he had not been involved in any previous offending behaviours. As far as the writer is aware Steven has not picked up any charges and it is the writers assessment that Steven is has a low risk of reoffending.

Who is the Case Co-ordinator? Name: Steven Wilson (SCW) **Tel No:** 0141 565 0140

If there are no risks please tick box ☐

Please list other agencies involved (include keyworker details).

Linda and Robert Adam (Foster Parent's)
Stuart Kinnear (LCS Support Lodging co-ordinator)

Areas of Concern/Vulnerability (please tick all that apply)

1. Lack of family support systems	X	**9. Offending**	X
2. Mental health/emotional difficulties	☐	**10. Drug/Alcohol misuse**	☐
3. Learning disability/difficulties	☐	**11. Health difficulties**	☐
4. Poor communication skills	☐	**12. Low self esteem/confidence**	☐
5. Behavioural difficulties	☐	**13. Sexual issues**	☐
6. At risk of exploitation	☐	**14. Peer group issues**	X
7. Chaotic lifestyle	☐	**15. Previous abuse**	☐
8. Risk of social isolation	☐		

16. Other (please specify)

Areas of work you would wish Leaving Care Team to address (please tick all that apply)

1. Accommodation	X	**7. Education**	☐
2. Practical skills	X	**8. Personal Development**	☐
3. Budgeting	X	**9. Leisure pastimes**	☐
4. Social Skills	☐	**10. Assessment**	☐
5. Emotional/mental health issues	☐	**11. Benefits**	X
6. Careers/Employment/Training	X	**12. Information Visit to young person returning home**	X

13. Other (please specify)

N/a.

Please attach most recent Full Composite Hearing Report, Review minutes and any specialist assessments

Please find attached Pathways assessment.

e.g. AIM Assessment, YLS Assessment, Risk of Serious Harm Assessment RAMAS Assessment. Incomplete forms will be returned to referrer.

Signed: Steven Wilson

Referrer: Steven Wilson **Date:** 27.02.2009

Young Person: Steven McCulloch **Date:** 27.02.2009

Return form to Steven Hatch (Acting Team Leader), Leaving Care Team, Social Work Office, 11 Boston Road, Glenrothes KY6 2RE

For Project Use Only

Date Received: **Allocated: Yes/~~No~~**

Reason for non-allocation

Date of Allocation: 14/9/09 **Allocated to:** Karen Fleming

[redacted]

14/9/09.

SWIFT ID 24593

FIFE COUNCIL
SOCIAL WORK SERVICE
SUPPORTED LODGINGS SCHEME
REFERRAL FORM

Please complete all sections of this form and return to Stuart Kinnear, Supported Lodgings Co-ordinator, Throughcare Project, Social Work Service, 11 Boston Road, Glenrothes. Telephone 08451 555555 Ext:443807, Fax 01592 583233

Name of Referrer Steven Wilson

Office: Parkhead Social Work Services
Newlands Centre
871 Springfield Rd
Glasgow, G31 4HZ.

Tel No: 0141 565 0140

Young Person's Details

Name: Steven McCulloch **DOB:** 28.02.1992 **Swift No:** N/a

Current Address: C/o Linda Adam (Foster Parent)
27 harbour Place
Fife
KY3 9DP

Phone No: 01592 874717

Placement Type: Foster Placement.

Current Legal Status: Section 25 C(S)A 1995

National Insurance Number:

Occupation: Currently in training via the Raithbone Project (01592 623950) Key Worker Maria Collie.

Source of Income: Training Programme via Raithbone project.

Weekly Income: £65 pre week.

C:\Documents and Settings\SWilliams-85-lo\Local Settings\Temp\GWViewer\Steven McCullcoh Supported Lodgings.doc

Does Social Work pay rent? Once supported carer / accommodation costs are known then this will be discussed with Social Work Services Line Management (Glasgow City Council).

Date Lodgings required: Within the next 3 months.

Preferred Area of Lodgings: Within the Fife area to include Burtisland and Kirkcaldy.

Would young person accept other areas: Steven has indicated that he would be willing to look at supported accommodation in the Glenrothes area.

Further Information **Please provide information as follows:**

Alcohol/Drug Misuse

Reports form Steven's foster parents indicate that he does not have any drug or alcohol misuse issues. Steven has advised the writer that on occasions he will consume alcohol in the community with his friends. However, this type of behaviour is not frequent and understandable given Steven's age and stage of development.

Offending Behaviour

Steven Picked up charges for taking a car without the owner's permission on the 09.02.09. Steven's case was heard at the district court were he recived a fine of £290 and had 9 points put on his provisional licence.

On the 17.04.09, Steven admitted to his foster parents that he took their car and went joyriding. Steven's foster parents did not want to press charges at that stage.

Violent/Aggressive Behaviour

Steven has not shown any violent or aggressive behaviour in the community or towards his carers.

Any other areas of concern

No.

Brief Family/Care History

Steven has been resident with his current foster carer's for the last 4 years and is very much viewed as part of the family. Steven has started to think about his future and where he would like to stay when moving on from Foster Care.

Steven has indicated he would like to stay in the Fife area as he is very settled in there. It is the writers assessment that supported accommodation / carer's would be suitable in meeting his needs and would be beneficial in supporting him to develop his independent living skills.

Referrer: Steven Wilson (SCW)

Signed: **Date:** 27.07.2009

Jobcentre Plus

Karen Fleming
08451 555555 ext. 443809
karen.fleming@fife.gov.uk

Our Ref: KF/LS

Date: 31 March 2010

Dear Sir/Madam

RE: STEVEN MCCULLOCH (28.02.1992)
19 CADHAM TERRACE, GLENROTHES
NI NO: JR-20-15-23-D

I am writing to confirm that ***Steven McCulloch*** was previously Looked After and accommodated by Glasgow City Council under Sect 29 of the Children (Scotland) Act 1995. ***Steven*** ceased to be Looked After on 2 December 2009.

Steven was financially supported by Glasgow City Council in respect of a Maintenance Allowance and Rent Payments as stipulated in The Support and Assistance of Young People Leaving Care (Scotland) Regulations 2003.

Steven is now 18 years old and as such is no longer entitled to the above financial support. ***Steven*** is therefore submitting a claim for Jobseekers Allowance.

If you require further information please contact me.

Yours sincerely

Karen Fleming
Social Worker
Leaving Care Team

Social Work Service
11 Boston Road, Glenrothes. KY6 2RE

Admin Contact No: 08451 55 55 55
Extension: 443791

Glasgow
CITY COUNCIL

Pilot

PATHWAY ASSESSMENT

&

PATHWAY PLAN

NAME	Steven McCulloch.

Glasgow
CITY COUNCIL

Social Work Services
Leaving Care Services
Pathway Assessment & Pathway Plan

Pathways is designed to help you start thinking about what you are doing just now and what you would like to be doing in the future. It will help you decide when will be the best time for you to leave care and make sure that you have the support you need. The person who will assist you to complete this document is known as the Pathways Co-ordinator.

The Pathway Assessment should be a clear statement of how you are doing just now, where you want to get to and the kind of support you will need to get there. There is also a section where you can write down what you consider your needs to be and if you disagree with the views of your Pathways Co-ordinator make sure this is written down as well.

Once the Pathway Assessment has been completed, this information will be used to complete your Pathway Plan. The plan will set out what is going to happen, by when, and who is responsible for taking any action.

Along with your Pathways Co-ordinator and other named persons you will explore various aspects of your current life and what needs to be put in place to allow you to confidently face your future. Where you will live, your future training, education and employment options, how much money you will qualify for, your rights to keep in touch with the people most important to you, your health and happiness and finally your absolute right to be treated as an individual young person in accordance with Council procedures will all be discussed. Furthermore, you have the right to raise any other issue in the process of formulating the Pathway Plan that you consider to be important, not just current issues but also past or future issues.

There may be times when it will be helpful to share information contained within the assessment and plan with other people or agencies. This can be particularly useful when we are negotiating with other agencies to secure for you supports and services that have been identified in your Pathway Plan. Another reason for sharing information is to prevent you from unnecessarily repeating answers to issues, which are addressed in the plan with people you probably will not know. No information will be shared without your consent and any information that is shared can only be used for the purposes specified. At any time you can withdraw your consent if you feel that this is necessary or else you can be selective on who receives the information. The only exception to this would be if we need to share information in order to ensure your or another person's safety.

Glasgow CITY COUNCIL

Social Work Services
Leaving Care Services
Pathway Assessment & Pathway Plan

Initial Agreement

I have been advised that Stevn Wilson will be my Pathway Co-ordinator and that the assessment will start on (date) and the plan will be completed by June 09 (date).

It has been explained to me that I will meet regularly with my Pathway Co-ordinator to see how things are going and to work through the assessment.

I wish for the following important people to be involved in working through Pathways:-

Name	Designation	Their Role
Linda and Rab Adam	Foster Parents	
Steven Wilson	SCW	
Margaret McIntyre.	PTL	
Stacey McCulloch	Sister.	

The above details have been agreed by:-

Signed		**Print Name**	**Date**
	(Young Person)		
	(Co-ordinator)		

Please make sure that all the relevant people referred to above receive a copy of this agreement.

Contents

Introduction

Section 1 - Personal Details

Section 2 - Useful Contacts

Section 3 - Family & Social Relationships

Section 4 - Current Circumstances

Section 5 - Health & Well Being

Section 6 - Education, Employment & Training

Section 7 - Financial Support Needs

Section 8 - Rights & Legal Issues

Section 9 - Future Accommodation Needs

Glasgow CITY COUNCIL

Social Work Services
Leaving Care Services
Pathway Assessment & Pathway Plan

Pathways Assessment

Section 1 – Personal Details

Family Name	McCulloch		
First Name	Steven	Known as	
Date of Birth	28.02.1992	Ethnicity	W - White
Legislation	Sec 25 C(S)A 1995		

Current Address

Name of unit/carer	Rab and Linda Adam		
Address	27 Harbour Place, Burntisland, Fife.		
Post Code	KY3 9DP	Telephone Number	01592 874717

Family Home Address

Name			
Address			
Post Code		Telephone Number	

Next of Kin

Next of Kin	Stacey McCulloch (sister)	Telephone Number	0141 558 2677

Social Worker

Name	Steven Wilson		
Area Service	East Area Services	Telephone Number	0141 565 0140

Pathways Co-ordinator (if different)

Name			
Location		Telephone Number	

Key Worker

Name			
Location		Telephone Number	

Careers Advisor

Name			
Location		Telephone Number	

Education Establishment

Name	Adam Smith College		
Location	Kirkcaldy, Fife	Telephone Number	

Section 1 – Personal Details (continued)

Doctor

Name

Address | Telephone Number

Dentist

Name

Address | Telephone Number

Young Person's Supporter

Name

Address | Telephone Number

Other(s)

Name

Address | Telephone Number

Name

Address | Telephone Number

Name

Address | Telephone Number

Pathways Assessment

Useful Contacts

Name	Relationship	Address	Telephone Number	Email
Margaret McIntyre	PTL	Parkhead Social Work Services, Glasgow	0141 565 0140	
Steven Wilson	SCW	Parkhead Social Work Services, Glasgow	0141 565 0140	
Linda Adam	Foster Parent	27 Harbour Place, Burntisland, Fife.	01592 874 717	
Adam Smith College		Kirkcaldy, fife.		

Pathways Assessment

Section 2 – Family & Social Relationships

Areas to cover

- Family background
- Reasons for LA status
- Significant events
- Family relationships and contact
- Social and environmental circumstances
- Other significant events

Family Composition

According to departmental records Steven and His sister were accommodated on the 16.07.1999. [redacted]

Steven and his sister were in the same foster care placement until April 2002 when the then carers said that they could not continue to look after Steven and Stacey. Steven was then placed with Linda and Robert Adam in Burntisland, Fife. Steven settled really well in his new foster placement and was very much viewed as part of the family. Steven has flourished in his current placement and is maturing into a responsible young man.

Steven remains in contact with Wendy McCulloch (mother) via telephone conversations. Steven has had limited contact with his mother due to her relocation to England and it is the writers opinion that this has at times put a strain on their relationship. Steven is very close to his sister Stacey who stays in the Galsgow area. Steven will often visit his sister and is particularly found of his young niece. Steven and Stacey's relationship is developing more now that they are entering into adulthood. It has been noted by Steven's Foster carers that Stacey has been a positive factor in Steven's life.

Young Persons Views

Steven has read the above and agreed with the content. Steven family is very important to him as is sustained contact with his sister Stacey. Steven has supported by his foster family to see his family and has had unsupervised contact with his sister Stacey. Steven envisages that this will continue and he and Stacey will make there own contact arrangements to see each other.

Steven would like to see his mother on a more regular basis but this has been hampered by Wendy McCulloch's (mother) transient lifestyle and subsequent relocation to England.

Significant Supports Required

Steven is confident enough to manage his own contact arrangements regarding his family and there is no need for extra supports at this time.

Co-ordinator Signature _____ **Date** _____

Glasgow
CITY COUNCIL

Social Work Services
Leaving Care Services
Pathway Assessment & Pathway Plan

Young Person Signature | | **Date** |

Pathways Summary Action Plan

Has "Family & Social Relationships" Assessment been completed? ☐ **Have your views been noted?** ☐

If not, why not? Please explain

Action to be taken	Who is responsible for this?	When will this happen?	Contingency Plan	Did it happen?	Outcome: Give Details
Steven to maintain contact with his sister Stacey McCulloch and arrange contact when possible.	Steven & Stacey McCulloch.	As requireed	This is the responsibility of Steven and Stacey.	On-going.	

Review Date

Pathways Assessment

Section 2 – Family & Social Relationships

There may be times when it is helpful to share information in the assessment and planning sections with other people or agencies. The reasons for passing on the information are

- **To help make sure that you receive the support from particular services**
- **So that you don't have to answer the same questions again in a different setting**

Person/Agency (see examples below)	Yes/No	Details
Accommodation Provider		
Health Service / Professional		
Education / Employment		
Family		
Other (please specify)		

Completed by		**Date**	
Signed (Co-ordinator)		**Date**	
Signed (Senior)		**Date**	
Signed (Young Person)		**Date**	

Pathways Assessment

Section 3 - Current Circumstances

Areas to cover

- Living environment
- Daily routine
- Interests/hobbies
- Leisure pursuits
- Strengths
- Skills/abilities
- General social and emotional presentation
- Areas of risk and vulnerability (ie offending, addictions, personal safety)

Current Circumstances

Steven is currently staying with Linda Adam (foster parent) in the Kirkcaldy area. Steven has flourished in his current placement and has a good relationship with his foster parents. As such, Steven has grown in confidence and has started to look at his future with regards to careers and further education.

Steven was at Adam Smith College and participating in an NC in sports coaching. However, Steven has stated that he does not like attending college and has with the support of his foster parents been pro-active into looking at his future options. As such, Steven has applied to the Raithbone Project and is looking to gain access to a suitable vocational training course. His trainng with the raithbone project is due to finish at the end of August 09. Steven has agreed to engage with Careers Scotland in an attmept to access future training or employment.

Steven has a keen interest in football and plays for an amature team in the Kirkcaldy area. Steven is committed to playing sports and there are no issues regarding substance use.

Vulnerability.

Steven has natural anxieties about how he would make the transition to independent living and who would support him with this. However, Steven has stated that he wants more independence and has expressed a desire to move on from foster care.

On the 10.02.09, Steven left his foster home and took his neighbours car without permission causing minor damage to the car. Steven was charges with taking a car without the owners permission and criminal damage. On the 17.04.09, Steven admitted to his foster parents that he took their car and went joyriding. Steven's foster parents did not want to press charges at that stage. This type of behaviour is very surprising and in the writer's opinion out of character for Steven.

Young Persons Views

Steven has expressed remorse regarding his behaviour and causing damage to his neighbours car and taking his foster parents car and has stated that he will not repeat this type of behaviour.

Steven is in agreement that he would initially require support to develp his independent living skills when moving from foster care. In addition to this, Steven would also like to be supported to access employement and training oportunities when relocating to another area.

Significant Supports Required

Section 3 - Current Circumstances

1. Referral to leaving care services In Fife in order for Steven to access appropriate support with regards to accessing a supported carer's accommodation and support with accessing careers oportunites.

2. Referral to be made to the Care Leavers Employment Service or nearest Careers Office when Steven relocates to another area.

Co-ordinator Signature		**Date**	
Young Person Signature		**Date**	

Pathways Summary Action Plan

Has "Current Circumstances" Assessment been completed? ☐ **Have your views been noted?** ☐

If not, why not? Please explain

Action to be taken	Who is responsible for this?	When will this happen?	Contingency Plan	Did it happen?	Outcome: Give Details
Steven to be given practical and emotional support onve she is ready to move onto an independent living setting.	Steven Wilson/ Social work Services.	On-going	Steven to contact the area team to duty system if the allcoted worker is not availiable.		
Referral to be made to leaving care services in Fife.	Social Work Services	ASAP	Steven to continue to receive support form the area team.		
Steven to Sopeak to Careers Scotland regarding Training oportunites that are available in the local area.	Steven McCulloch	ASAP			

Review Date

Pathways Assessment

Section 3 – Current Circumstances

There may be times when it is helpful to share information in the assessment and planning sections with other people or agencies. The reasons for passing on the information are

- **To help make sure that you receive the support from particular services**
- **So that you don't have to answer the same questions again in a different setting**

Person/Agency (see examples below)	Yes/No	Details
Accommodation Provider		
Health Service / Professional		
Education / Employment		
Family		
Other (please specify)		

Completed by		**Date**	
Signed (Co-ordinator)		**Date**	
Signed (Senior)		**Date**	
Signed (Young Person)		**Date**	

Pathways Assessment

Section 4 - Health & Well Being

Areas to cover

- Significant medical issues
- General emotional well-being and mental health
- Attitude towards healthy lifestyle
- Alcohol, drugs or other substance issues

Health & Well-Being

Steven appears to be in good physical health and is encouraged to attend all medical appointments as necessary by his foster parents. There are no apparent substance misuse issues regarding Steven who is a fit young man who likes to participate in sporting activities.

Steven will need support to develop his independent living skills which includes assistance and advice regarding having a health diet. In addition to this, Steven will need support to register with a GP, dentist and optician.

Young Persons Views

Steven has read the above and agrees with the content and the writer's assessment of supports that would be required.

Significant Supports Required

1. Steven will require support to register with health professionals to include GP, dentist and optician.

2. Steven will need initial support and assistance to help sustain a health diet.

Co-ordinator Signature		**Date**	
Young Person Signature		**Date**	

Pathways Summary Action Plan

Has "Health & Well-Being" Assessment been completed? ☐ **Have your views been noted?** ☐

If not, why not? Please explain

Action to be taken	Who is responsible for this?	When will this happen?	Contingency Plan	Did it happen?	Outcome: Give Details
Steven to be given support to register with heatlh professionals following any proposed relocation to other areas.	Steven McCulloch and Social Work Services.	When moving from Foster placement.	N/a.		
Steven to be given ongoing health advice regarding maintining a health lifestyle.	Social Work Services.	Ongoing	Possible referral to a LAAC nurse to get advice.		

Review Date

Pathways Assessment

Section 4 – Health & Well-Being

There may be times when it is helpful to share information in the assessment and planning sections with other people or agencies. The reasons for passing on the information are

- **To help make sure that you receive the support from particular services**
- **So that you don't have to answer the same questions again in a different setting**

Person/Agency (see examples below)	Yes/No	Details
Accommodation Provider		
Health Service / Professional		
Education / Employment		
Family		
Other (please specify)		

Completed by		**Date**	
Signed (Co-ordinator)		**Date**	
Signed (Senior)		**Date**	
Signed (Young Person)		**Date**	

Glasgow CITY COUNCIL

Social Work Services
Leaving Care Services
Pathway Assessment & Pathway Plan

Pathways Assessment

Section 5 – Education, Employment & Training

Areas to cover

- Experience of education
- School attendance and changes
- Academic ability & qualifications
- Social abilities
- Psychological services involvement
- Record of needs
- Specific interests
- Educational, training or employment status & future options

Education, Employment & Training

Steven completed his educaiton at Balwearie High School in Kirkcaldy were he took his standard grade examinations. Steven's experience of school is mixed and at times he did not fully focus or concentrate on his education. However, to his credit Steven took his standard grade examinations in May 06 and achived English (foundation), Maths (Access 3), Physical Education (General) and Music (General).

Steven was enrolled at Adam Smith College and participating in an NC in sports coaching. However, Steven has stated that he does not like attending college and has with the support of his foster parents been pro-active into looking at his future options. As such, Steven has applied to the Raithbone Project and is looking to gain access to a vocational training course. However, this traingn provision will finish at the end of August 09 and steven has agreed to speak to Careers Scotland in order to access further training or employement.

Steven needs to be encouraged to continue to pursue his interests and develop a career path. As such it is envisaged that he will continue to engae with Careers Scotland regarding what oportunities are available to him.

Young Persons Views

Steven advised that he did not like the college course in sports coaching as he thought there would be more phisical/ practical activity based work involved. Steven has indicated that he would like to pursue employment or training in a suitable vocation such as painting and decorating or construction.

Significant Supports Required

1. Steven to be supported to identify careers oportunities and apply for relevent work and futher education courses with a referral to the Care Leavers Employment Service.

2. A financial assessment to be carried out regarding Steven's current circumstances with possible support to supply work clothing and intial transport costs.

3. Steven to be supported to apply for any relvent funding pertaining to his career or further educaiton choice.

Co-ordinator Signature		**Date**	
Young Person Signature		**Date**	

Pathways Summary Action Plan

Has "Education, Employment & Training" Assessment been completed? ☐ **Have your views been noted?** ☐

If not, why not? Please explain

Action to be taken	Who is responsible for this?	When will this happen?	Contingency Plan	Did it happen?	Outcome: Give Details
Steven to be supported to contact Careers Scotland young persons work advisor Dearie Bell (Careers Scotland)in order to identify careers oportunities.	Steven McCullcoh & Careers Scotland.	On-going			
Steven to be supported to apply for any relvent funding pertaining to his career or further educaiton choice.	Steven McCulloch & Social Work Services.	On-going			

Review Date

Pathways Assessment

Section 5 – Education, Employment & Training

There may be times when it is helpful to share information in the assessment and planning sections with other people or agencies. The reasons for passing on the information are

- **To help make sure that you receive the support from particular services**
- **So that you don't have to answer the same questions again in a different setting**

Person/Agency (see examples below)	Yes/No	Details
Accommodation Provider		
Health Service / Professional		
Education / Employment		
Family		
Other (please specify)		

Completed by		**Date**	
Signed (Co-ordinator)		**Date**	
Signed (Senior)		**Date**	
Signed (Young Person)		**Date**	

Pathways Assessment

Section 6 - Financial Support Needs

Areas to cover

- Current income & outgoings
- Budgeting skills
- Future financial arrangements

Financial Support Needs

Steven is currently attending Adam Smith College in Kirkcaldy and has applied for his bursary which gets paid directly into his own bank account. Steven is responsible for budgeting his own money.

As stated previously, Steven is interested in obtaining a training course via the Raithbone Project and commenced employemnt in March 09. Steven receives a training allowance in the region of £65 per week.

Steven has limited budgeting skills and will require support to manage his money when moving onto an independent living setting. This would include budgeting for everyday expenses to include costs associated with travelling to and from any proposed training course / employment provider.

Young Persons Views

Steven has advsied that he would like initial support to budget for day to day living cost's associated with independent living. Steven advised that he would not require this type of support long term.

Significant Supports Required

1. Steven to with support to dvelop his budgeting skills when moving onto a more independant living setting.

Co-ordinator Signature		**Date**	
Young Person Signature		**Date**	

Pathways Summary Action Plan

Has "Financial Support Needs" Assessment been completed? ☐ **Have your views been noted?** ☐

If not, why not? Please explain

Action to be taken	Who is responsible for this?	When will this happen?	Contingency Plan	Did it happen?	Outcome: Give Details
Steven to be supporrted to develop budgeting skills.	Steven McCulloch & Social Work Services.	On-going	N/a		
Steven to be supported to apply for any relevent funding in conection with his career/ further educaiton choices.	Steven McCulloch & Social Work Services.	On-going	N/a		

Review Date

Pathways Assessment

Section 6 – Financial Support Needs

There may be times when it is helpful to share information in the assessment and planning sections with other people or agencies. The reasons for passing on the information are

- **To help make sure that you receive the support from particular services**
- **So that you don't have to answer the same questions again in a different setting**

Person/Agency (see examples below)	Yes/No	Details
Accommodation Provider		
Health Service / Professional		
Education / Employment		
Family		
Other (please specify)		

Completed by		**Date**	
Signed (Co-ordinator)		**Date**	
Signed (Senior)		**Date**	
Signed (Young Person)		**Date**	

Pathways Assessment

Section 7 - Rights and Legal Issues

Areas to cover

- **Need for legal representation in relation to Children's Hearing System, Court or Criminal Injuries Compensation**
- **Understanding of current legislation**
- **Understanding of after care provision under Section 29**

Rights and Legal Issues

Steven McCulloch is looked after and accommodated under Section 25 of the Childrens Scotland Act 1995.

Young Persons Views

Steven Informed the writer that he understands his legal rights.

Significant Supports Required

It is the responsibililty of the writer to advise Steven of her legal rights and what he is entitled to from Social Work Services.

Co-ordinator Signature		**Date**	
Young Person Signature		**Date**	

Pathways Summary Action Plan

Has "Rights & Legal Issues" Assessment been completed? ☐ **Have your views been noted?** ☐

If not, why not? Please explain

Action to be taken	Who is responsible for this?	When will this happen?	Contingency Plan	Did it happen?	Outcome: Give Details

Review Date

Pathways Assessment

Section 7 – Rights & Legal Issues

There may be times when it is helpful to share information in the assessment and planning sections with other people or agencies. The reasons for passing on the information are

- **To help make sure that you receive the support from particular services**
- **So that you don't have to answer the same questions again in a different setting**

Person/Agency (see examples below)	Yes/No	Details
Accommodation Provider		
Health Service / Professional		
Education / Employment		
Family		
Other (please specify)		

Completed by		**Date**	
Signed (Co-ordinator)		**Date**	
Signed (Senior)		**Date**	
Signed (Young Person)		**Date**	

Pathways Assessment

Section 8 - Future Accommodation Needs

Areas to cover	Accommodation Options	
o Social/support network	o Family	
o Vulnerability	o Friends	
o Coping skills	o Supported carers	o Funding arrangements
o Practical skills	o Supported units	
o Support needs	o Supported tenancies	
o Steps to achieving long-term goal	o Own tenancy	
	o Private lets	

Future Accommodation Needs

Steven has been in foster care for 9 years and has stayed with his current foster parents Linda and Rab Adam for 4 years. Steven has a good realtionship with his foster parents who are very supportive and view him as part of the family.

Steven has at times been reluctant to engage with the pathways plan process and his presentation suggests that he is concerned and anxious about moving from foster care. Steven has natural anxieties about how he would make the transition to independent living and who would support him with this. However, Steven has stated that he wants more independence and has expressed a desire to move on from foster care.

Steven has discussed his future with the writer and is unsure as to where he would like to stay. Steven has said that he is very settled the Fife area, as this were his friends stay. However, Steven has to consider what type of placement would be suitable and best palced to support him to make the transistion to independent living.

It is the writers assessment that Steven needs to be supported to develop his independent living skills. As such, it is the writers opinion that securing supported accommodation in the form of a supported carer would be suitable in meeting Steven's needs at this time.

If this option is to be sucsessful Steven will need to be supported to develop independent living skills. In addtion to this it is vitally important that Steven is in training or employement in order to support himself financially and provide routine in his life.

Young Persons Views

Steven has advised the writer that his prefered choice would be to stay in the Fife area. Steven has recently met with Stuart Kinnear *(LCS support lodings co-ordinator) and has shown an interest in moving from foster care to a supported carer.

Significant Supports Required

Section 8 - Future Accommodation Needs

1. Referral to be made to Fife Leaving Care Services regarding accessing a supported carer for Steven and possibly a Leaving care services worker.

2. Steven to approach Careers Scotland and access further work oportunities.

3. A referral to be made to Fife LCS for a leaving care worker who can support Steven with the move from Foster care and support him to access future work oportunities.

Co-ordinator Signature		**Date**	
Young Person Signature		**Date**	

Pathways Summary Action Plan

Has "Future Accommodation Needs" Assessment been completed? ☐ **Have your views been noted?** ☐

If not, why not? Please explain

Action to be taken	Who is responsible for this?	When will this happen?	Contingency Plan	Did it happen?	Outcome: Give Details
Referral to be made to LCS in Fife regarding accessing a LCS worker and a supported Carer for Steven.	Social Work Serivces	ASAP			
A supported carer to be idnetified and the matching process to begin.	Social Work Serivces	Within 3 months.			

Review Date

Pathways Assessment

Section 8 – Future Accommodation Needs

There may be times when it is helpful to share information in the assessment and planning sections with other people or agencies. The reasons for passing on the information are

- **To help make sure that you receive the support from particular services**
- **So that you don't have to answer the same questions again in a different setting**

Person/Agency (see examples below)	Yes/No	Details
Accommodation Provider		
Health Service / Professional		
Education / Employment		
Family		
Other (please specify)		

Completed by		**Date**	
Signed (Co-ordinator)		**Date**	
Signed (Senior)		**Date**	
Signed (Young Person)		**Date**	

Pathways Progress Review Plan

Name

The purpose of Progress Reviews is to see how things are going with the Pathway Plan. During the Review, you should go over the previous plan and agree what needs to happen next.

Review Date

Date of Next Review

Attendance	Which, if any, Sections of the Pathway Assessment and Action Plans require to be re-assessed and updated?	Who will do this? Date for completion?	Please note unmet need and action to be taken. Identify timescales.

File Copy

FINANCIAL REQUEST FORM

INVOICE REQUEST

SOCIAL WORK — **FINANCIAL CODE: S0364.55115**

NAME OF PAYEE: Fife Council, Social Work Department, Throughcare Team

ADDRESS OF PAYEE: 11 Boston Road
Glenrothes, KY6 2RE

PURPOSE OF PAYMENT: Maintenance – Steven McCulloch

AMOUNT REQUESTED:

159166 – 08.02.10 – Maintenance	£50.95
161575 – 17.02.10 – Maintenance	£50.95
161585 – 22.02.10 – Maintenance	£50.95
Total	£152.85

ADDRESS FOR INVOICE TO BE SENT: Tom McGuiness
Newland Centre
871 Springfield Road
GLASGOW
G31 4HZ

PROPOSING OFFICER'S SIGNATURE: [redacted]

DATE: 26TH FEBRUARY 2010

ESTABLISHMENT ADDRESS: SOCIAL WORK SERVICE,
BOSTON ROAD, GLENROTHES, FIFE, KY6 2RE

McCulloch £50-95

Fife Council

SOCIAL WORK SERVICE 159166

to be invoiced

FINANCIAL REQUEST FORM

OPERATIONAL SECTION/BASE Boston Road

FINANCIAL CODE 50370 ~~5680~~ 55125

SOCIAL WORK (SCOTLAND) ACT 1968

SECTION 12 2(B) ☐ 27 ☐ 28 ☐ 29 ☐

CHILDREN (SCOTLAND) ACT 1995

SECTION 17 ☐ 22 ☐ 29 ☐

Imprest ☐ Headquarters Payment ☐

Local Purchase Requisition ☐

Other *(please detail)* ☐ _____

NAME STEVEN McCULLOCH

ADDRESS 19 CASHAM TERRACE
GLENROTHES

POSTCODE KY7 6PJ

AMOUNT £ 50-95

NAME/ADDRESS OF PAYEE AS ABOVE ☑

NAME

ADDRESS

POSTCODE

REASON FOR PAYMENT INCOME MAINTENANCE

☐ GRANT ☐ LOAN (Complete Loan Repayment Agreement)

I have personally received the sum of £ 50-95

Signature S. McCulloch Date 15/02/10

AUTHORISATION

SIGNED [redacted] NAME STUART KINNEAR

DESIGNATION Social Worker DATE 8/2/10

CASH ISSUED BY

SIGNED [redacted] NAME HELEN MCARTHUR

DESIGNATION Cashier DATE 09-02-10

White Sheet: APPLICANT'S FILE
Blue Sheet: SW/FC FINANCE SECTION/HOLDING ACCOUNT FILE COPY
Yellow Sheet: OFFICE/UNIT FILE COPY

McCulloch.

take invoice

Fife Council

SOCIAL WORK SERVICE

161575

FINANCIAL REQUEST FORM

OPERATIONAL SECTION/BASE 11 Boston Rd, Glenrothes

FINANCIAL CODE SO370.5515

SOCIAL WORK (SCOTLAND) ACT 1968

SECTION 12 2(B) ☐ 27 ☐ 28 ☐ 29 ☐

CHILDREN (SCOTLAND) ACT 1995

SECTION 17 ☐ 22 ☐ 29 ☐

Imprest ☑ Headquarters Payment ☐

Local Purchase Requisition ☐

Other *(please detail)* ☐

NAME Steven McCulloch

ADDRESS 19 Cadham Terrace Glenrothes

POSTCODE

AMOUNT £ 50.95

NAME/ADDRESS OF PAYEE AS ABOVE ☑

NAME

ADDRESS

POSTCODE

REASON FOR PAYMENT Maintenance.

☑ GRANT ☐ LOAN (Complete Loan Repayment Agreement)

I have personally received the sum of £ 50.95

Signature G. Paterson Date 17/02/10.

AUTHORISATION

SIGNED [redacted] NAME Karen Fleming

DESIGNATION Social Worker DATE 17/2/10

CASH ISSUED BY

SIGNED [redacted] NAME K. Christie

DESIGNATION OHR DATE 17-02-10.

White Sheet: APPLICANT'S FILE
Blue Sheet: SW/FC FINANCE SECTION/HOLDING ACCOUNT FILE COPY
Yellow Sheet: OFFICE/UNIT FILE COPY

McCULLOCH £50-95

TO BE INVOICED

Fife Council

SOCIAL WORK SERVICE

161585

FINANCIAL REQUEST FORM

OPERATIONAL SECTION/BASE Boston Road Glenrothes

FINANCIAL CODE S3370. 55125

SOCIAL WORK (SCOTLAND) ACT 1968

SECTION 12 2(B) ☐ 27 ☐ 28 ☐ 29 ☐

CHILDREN (SCOTLAND) ACT 1995

SECTION 17 ☐ 22 ☐ 29 ☐

Imprest ☐ Headquarters Payment ☐

Local Purchase Requisition ☐

Other *(please detail)* ☐ _____

NAME STEVEN McCULLOCH

ADDRESS 19 CASHAM TERRACE

GLENROTHES

POSTCODE KY7 6AJ

AMOUNT £ 50-95

NAME/ADDRESS OF PAYEE AS ABOVE ☑

NAME

ADDRESS

POSTCODE

REASON FOR PAYMENT INCOME MAINTENANCE

☐ GRANT ☐ LOAN (Complete Loan Repayment Agreement)

I have personally received the sum of £ 50-95

Signature S.McCulloch Date 22/02/10

AUTHORISATION

SIGNED [redacted] NAME STUART KINNEAR

DESIGNATION SOCIAL WORKER DATE 22/2/10

CASH ISSUED BY

SIGNED [redacted] NAME HELEN MCARTHUR

DESIGNATION Cashier DATE 22-02-10

White Sheet: APPLICANT'S FILE
Blue Sheet: SW/FC FINANCE SECTION/HOLDING ACCOUNT FILE COPY
Yellow Sheet: OFFICE/UNIT FILE COPY

FINANCIAL REQUEST FORM

INVOICE REQUEST

SOCIAL WORK — **FINANCIAL CODE: S0370.55125**

NAME OF PAYEE: Fife Council, Social Work Department, Throughcare Team

ADDRESS OF PAYEE: 11 Boston Road
Glenrothes, KY6 2RE

PURPOSE OF PAYMENT: Maintenance – Steven McCulloch

AMOUNT REQUESTED:

161713 – 02.03.10 – Maintenance	£ 50.95
161714 – 15.03.10 – Maintenance	£ 50.95
Total	£101.90

ADDRESS FOR INVOICE TO BE SENT: Tom McGuiness
Newland Centre
871 Springfield Road
GLASGOW
G31 4HZ

PROPOSING OFFICER'S SIGNATURE: [redacted]

DATE: 31/3/10

ESTABLISHMENT ADDRESS: SOCIAL WORK SERVICE,
BOSTON ROAD, GLENROTHES, FIFE, KY6 2RE

McCULLOCH £50-95

PARKHEAD S/W

Fife Council
SOCIAL WORK SERVICE

161713

FINANCIAL REQUEST FORM

OPERATIONAL SECTION/BASE: Leaving Care Team
FINANCIAL CODE: S370.5525

SOCIAL WORK (SCOTLAND) ACT 1968

SECTION 12 2(B) ☐ 27 ☐ 28 ☐ 29 ☐

CHILDREN (SCOTLAND) ACT 1995

SECTION 17 ☐ 22 ☐ 29 ☐

Imprest ☐ Headquarters Payment ☐

Local Purchase Requisition ☐

Other *(please detail)* ☐ _____

NAME: Steven McCulloch
ADDRESS: 19 Cadzow Terrace
Cleland
POSTCODE:

AMOUNT £ £0.95

NAME/ADDRESS OF PAYEE AS ABOVE ☐

NAME:
ADDRESS:
POSTCODE:

REASON FOR PAYMENT: Maintenance Allowance for 2/3/10

☐ GRANT ☐ LOAN (Complete Loan Repayment Agreement)

I have personally received the sum of £ £0.95

Signature: S.McCulloch Date:

AUTHORISATION

SIGNED: [redacted] NAME: STUART CUNNEAR

DESIGNATION: SOCIAL WORKER DATE: 15/3/10

CASH ISSUED BY

SIGNED: [redacted] NAME: HELEN MARTHUR

DESIGNATION: Cashier DATE: 15-03-10.

White Sheet: APPLICANT'S FILE
Blue Sheet: SW/FC FINANCE SECTION/HOLDING ACCOUNT FILE COPY
Yellow Sheet: OFFICE/UNIT FILE COPY

MCCULLOCH £50-95

PARKHEAD S/W

Fife Council
SOCIAL WORK SERVICE

161714

FINANCIAL REQUEST FORM

OPERATIONAL SECTION/BASE Leaving Care Team
FINANCIAL CODE SD380.5512.5

SOCIAL WORK (SCOTLAND) ACT 1968

SECTION 12 2(B) ☐ 27 ☐ 28 ☐ 29 ☐

CHILDREN (SCOTLAND) ACT 1995

SECTION 17 ☐ 22 ☐ 29 ☐

Imprest ☐ Headquarters Payment ☐

Local Purchase Requisition ☐

Other *(please detail)* ☐ _____

NAME Steven McCulloch
ADDRESS 19 Cadman Terrace
Glenrothes
POSTCODE

AMOUNT £ 50.95

NAME/ADDRESS OF PAYEE AS ABOVE ☐

NAME
ADDRESS
POSTCODE

REASON FOR PAYMENT Maintenance Allowance
16.3.10

☐ GRANT ☐ LOAN (Complete Loan Repayment Agreement)

I have personally received the sum of £ 50.95

Signature S.McCulloch Date

AUTHORISATION

SIGNED [redacted] NAME STUART KINNEAR
DESIGNATION SOCIAL WORKER DATE 15/3/10

CASH ISSUED BY

SIGNED [redacted] NAME HELEN MCARTHUR
DESIGNATION CASHIER DATE 15-03-10

White Sheet: APPLICANT'S FILE
Blue Sheet: SW/FC FINANCE SECTION/HOLDING ACCOUNT FILE COPY
Yellow Sheet: OFFICE/UNIT FILE COPY

File Copy

FINANCIAL REQUEST FORM

INVOICE REQUEST

SOCIAL WORK — **FINANCIAL CODE: S0370.55125**

NAME OF PAYEE: Fife Council, Social Work Department, Throughcare Team

ADDRESS OF PAYEE: 11 Boston Road
Glenrothes, KY6 2RE

PURPOSE OF PAYMENT: Maintenance – Steven McCulloch

AMOUNT REQUESTED:	**161693 – 09.03.10 – Maintenance**	**£50.95**
Total		**£50.95**

ADDRESS FOR INVOICE TO BE SENT:
Tom McGuiness
Newland Centre
871 Springfield Road
GLASGOW
G31 4HZ

PROPOSING OFFICER'S SIGNATURE: [redacted]

DATE: 24/03/10

ESTABLISHMENT ADDRESS: SOCIAL WORK SERVICE,
BOSTON ROAD, GLENROTHES, FIFE, KY6 2RE

McCULLOCH £50-95

TO BE INVOICED TO GLASGOW

Fife Council
SOCIAL WORK SERVICE

161693

FINANCIAL REQUEST FORM

OPERATIONAL SECTION/BASE: BOSTON ROAD

FINANCIAL CODE: S0370.55125

SOCIAL WORK (SCOTLAND) ACT 1968

SECTION 12 2(B) ☐ 27 ☐ 28 ☐ 29 ☐

CHILDREN (SCOTLAND) ACT 1995

SECTION 17 ☐ 22 ☐ 29 ☐

Imprest ☐ Headquarters Payment ☐

Local Purchase Requisition ☐

Other *(please detail)* ☐

NAME: STEVEN McCULLOCH

ADDRESS: 19 CADHAM TERRACE

GLENROTHES

POSTCODE: KY7 6PJ

AMOUNT £ 50.95

NAME/ADDRESS OF PAYEE AS ABOVE ☑

NAME:

ADDRESS:

POSTCODE:

REASON FOR PAYMENT: INCOME MAINTENANCE

☐ GRANT ☐ LOAN (Complete Loan Repayment Agreement)

I have personally received the sum of £ 50.95

Signature: S McCulloch Date: 09/03/10

AUTHORISATION

SIGNED: [redacted] NAME: J HOLLYWOOD

DESIGNATION: SNR PRACTITIONER DATE: 9/3/10

CASH ISSUED BY

SIGNED: [redacted] NAME: HELEN MCARTHUR

DESIGNATION: Cashier DATE: 09/03/10

White Sheet: APPLICANT'S FILE
Blue Sheet: SW/FC FINANCE SECTION/HOLDING ACCOUNT FILE COPY
Yellow Sheet: OFFICE/UNIT FILE COPY

Filing

FINANCIAL REQUEST FORM

INVOICE REQUEST

SOCIAL WORK — **FINANCIAL CODE: S0364.55115**

NAME OF PAYEE: Fife Council, Social Work Department, Throughcare Team

ADDRESS OF PAYEE: 11 Boston Road
Glenrothes, KY6 2RE

PURPOSE OF PAYMENT: Travel Money – Steven McCulloch

AMOUNT REQUESTED:	**159119 – 26/01/10 – Travel**	**£ 11.00**
Total		**£ 11.00**

ADDRESS FOR INVOICE TO BE SENT:
Tom McGuiness
Newland Centre
871 Springfield Road
GLASGOW
G31 4HZ

PROPOSING OFFICER'S SIGNATURE: [redacted]

DATE: 10/2/10

ESTABLISHMENT ADDRESS: SOCIAL WORK SERVICE,
BOSTON ROAD, GLENROTHES, FIFE, KY6 2RE

McCULLOCH £11-00

Fife Council

SOCIAL WORK SERVICE

159119

FINANCIAL REQUEST FORM

OPERATIONAL SECTION/BASE HEAVING CARE TEAM/BOSTON RD GLENROTHES

FINANCIAL CODE S0364.55075

SOCIAL WORK (SCOTLAND) ACT 1968

SECTION 12 2(B) ☐ 27 ☐ 28 ☐ 29 ☐

CHILDREN (SCOTLAND) ACT 1995

SECTION 17 ☐ 22 ☐ 29 ☐

Imprest ☐ Headquarters Payment ☐

Local Purchase Requisition ☐

Other *(please detail)* ☐ _____

NAME STEVEN McCULLOCH

ADDRESS 19 CRAIGHALL TERR

GLENROTHES

POSTCODE

AMOUNT £11—

NAME/ADDRESS OF PAYEE AS ABOVE ☑

NAME

ADDRESS

POSTCODE

REASON FOR PAYMENT TRAVEL MONEY TO GLASGOW

☐ GRANT ☐ LOAN (Complete Loan Repayment Agreement)

I have personally received the sum of £11—

Signature S.McCulloch Date 26/1/10

AUTHORISATION

SIGNED [redacted] NAME STUART KINNEAR

DESIGNATION SOCIAL WORKER DATE 26/1/09

CASH ISSUED BY

SIGNED [redacted] NAME HELEN MCARTHUR

DESIGNATION Cashier DATE 26-01-10

White Sheet: APPLICANT'S FILE
Blue Sheet: SW/FC FINANCE SECTION/HOLDING ACCOUNT FILE COPY
Yellow Sheet: OFFICE/UNIT FILE COPY

Filing

FINANCIAL REQUEST FORM

INVOICE REQUEST

SOCIAL WORK — **FINANCIAL CODE: S0370.55125**

NAME OF PAYEE: Fife Council, Social Work Department, Throughcare Team

ADDRESS OF PAYEE: 11 Boston Road
Glenrothes, KY6 2RE

PURPOSE OF PAYMENT: Maintenance Payments – Steven McCulloch

AMOUNT REQUESTED:		
	159094 – 25/01/10 – Maintenance	£ 50.95
	159131 – 01/02/10 – Maintenance	£ 51.00
Total		£101.95

ADDRESS FOR INVOICE TO BE SENT:
Tom McGuiness
Newland Centre
871 Springfield Road
Parkhead
GLASGOW
G31 4HZ

PROPOSING OFFICER'S SIGNATURE: [redacted]

DATE: 10/2/10

ESTABLISHMENT ADDRESS: SOCIAL WORK SERVICE,
BOSTON ROAD, GLENROTHES, FIFE, KY6 2RE

MCCULLOCH £50-95

Fife Council
SOCIAL WORK SERVICE

159094

to be invoiced

FINANCIAL REQUEST FORM

OPERATIONAL SECTION/BASE LEAVING CARE TEAM | BOSTON RD GLENROTHES

FINANCIAL CODE S0370. 55125

SOCIAL WORK (SCOTLAND) ACT 1968

SECTION 12 2(B) ☐ 27 ☐ 28 ☐ 29 ☐

CHILDREN (SCOTLAND) ACT 1995

SECTION 17 ☐ 22 ☐ 29 ☐

Imprest ☐ Headquarters Payment ☐

Local Purchase Requisition ☐

Other *(please detail)* ☐ _____

NAME STEVEN MCCULLOCH

ADDRESS 19 CADHAM TERR
GLENROTHES

POSTCODE

AMOUNT £50.95

NAME/ADDRESS OF PAYEE AS ABOVE ☑

NAME

ADDRESS

POSTCODE

REASON FOR PAYMENT MAINTENANCE PAYMENT

☑ GRANT ☐ LOAN (Complete Loan Repayment Agreement)

I have personally received the sum of £50.95

Signature S.MCCULLOCH Date 25/1/10

AUTHORISATION

SIGNED [redacted] NAME KAREN FLEMING

DESIGNATION SOCIAL WORKER DATE 25/1/10

CASH ISSUED BY

SIGNED [redacted] NAME HELEN MCARTHUR

DESIGNATION Cashier DATE 25-01-10

White Sheet: APPLICANT'S FILE
Blue Sheet: SW/FC FINANCE SECTION/HOLDING ACCOUNT FILE COPY
Yellow Sheet: OFFICE/UNIT FILE COPY

Fife Council

SOCIAL WORK SERVICE

159131 TO BE INVOICED

FINANCIAL REQUEST FORM

OPERATIONAL SECTION/BASE 11 Boston Rd, Glenrothes

FINANCIAL CODE 50370.55125

SOCIAL WORK (SCOTLAND) ACT 1968

SECTION 12 2(B) ☐ 27 ☐ 28 ☐ 29 ☐

CHILDREN (SCOTLAND) ACT 1995

SECTION 17 ☐ 22 ☐ 29 ☐

Imprest ☑ Headquarters Payment ☐

Local Purchase Requisition ☐

Other *(please detail)* ☐ _____

NAME Steven McCulloch

ADDRESS 19 Cadham Terrace

Glenrothes

POSTCODE

AMOUNT £~~50.95~~ £1.00

NAME/ADDRESS OF PAYEE AS ABOVE ☑

NAME

ADDRESS

POSTCODE

REASON FOR PAYMENT Maintenance

☑ GRANT ☐ LOAN (Complete Loan Repayment Agreement)

I have personally received the sum of £1.00

Signature see receipt no 188259 Date 1/2/10

AUTHORISATION

SIGNED [redacted] NAME Karen Fleming

DESIGNATION Social Worker DATE 1/2/10

CASH ISSUED BY

SIGNED [redacted] NAME K. Cousins

DESIGNATION CA DATE 01.02.10

White Sheet: APPLICANT'S FILE
Blue Sheet: SW/FC FINANCE SECTION/HOLDING ACCOUNT FILE COPY
Yellow Sheet: OFFICE/UNIT FILE COPY

Fife Council

SOCIAL WORK SERVICE

161607

FINANCIAL REQUEST FORM

OPERATIONAL SECTION/BASE Leaving Care Team

FINANCIAL CODE S0364.50316

SOCIAL WORK (SCOTLAND) ACT 1968

SECTION 12 2(B) ☐ 27 ☐ 28 ☐ 29 ☐

CHILDREN (SCOTLAND) ACT 1995

SECTION 17 ☐ 22 ☐ 29 ☐

Imprest ☐ Headquarters Payment ☑

Local Purchase Requisition ☐

Other *(please detail)* ☐

B/N 1426759.
D/N 9177039.

NAME Steven McCulloch

ADDRESS 19 Cadhan Terrace
Clenrothes

POSTCODE

AMOUNT £ 440.00

NAME/ADDRESS OF PAYEE AS ABOVE ☐

NAME Ms Gill Paterson (2333346)

ADDRESS 19 Cadhan Terrace
Clenrothes

POSTCODE

REASON FOR PAYMENT Supported Lodgings

19/2-26/2-513

☐ GRANT ☐ LOAN (Complete Loan Repayment Agreement)

I have personally received the sum of £.....

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

AUTHORISATION

SIGNED [redacted] NAME Janice Munro

DESIGNATION Team Manager DATE 23-2-10

CASH ISSUED BY

SIGNED HQ PAYMENT NAME

DESIGNATION DATE

White Sheet: APPLICANT'S FILE
Blue Sheet: SW/FC FINANCE SECTION/HOLDING ACCOUNT FILE COPY
Yellow Sheet: OFFICE/UNIT FILE COPY

FINANCIAL REQUEST FORM

INVOICE REQUEST

SOCIAL WORK — **FINANCIAL CODE: S0370.55125**

NAME OF PAYEE: Fife Council, Social Work Department, Throughcare Team

ADDRESS OF PAYEE: 11 Boston Road
Glenrothes, KY6 2RE

PURPOSE OF PAYMENT: Maintenance Payments – Steven McCulloch

AMOUNT REQUESTED:		
	158980 – 22/12/09 – Maintenance	£ 50.95
	158981 – 22/12/09 – Maintenance	£ 50.95
	158996 – 04/01/10 – Maintenance	£ 50.95
	159036 – 12/01/10 – Maintenance	£ 50.95
	159061 – 18/01/10 – Maintenance	£ 50.95
Total		**£254.75**
		======

ADDRESS FOR INVOICE TO BE SENT: Tom McGuiness
Newland Centre
871 Springfield Road
Parkhead
GLASGOW
G31 4HZ

PROPOSING OFFICER'S SIGNATURE: [redacted]

DATE: 22/1/10

ESTABLISHMENT ADDRESS: SOCIAL WORK SERVICE,
BOSTON ROAD, GLENROTHES, FIFE, KY6 2RE

MCCULLOCH £50.95

Fife Council

SOCIAL WORK SERVICE 158980

FINANCIAL REQUEST FORM

OPERATIONAL SECTION/BASE..... BOSTON ROAD

FINANCIAL CODE..... S0370.55125

SOCIAL WORK (SCOTLAND) ACT 1968

SECTION 12 2(B) ☐ 27 ☐ 28 ☐ 29 ☐

CHILDREN (SCOTLAND) ACT 1995

SECTION 17 ☐ 22 ☐ 29 ☐

Imprest ☐ Headquarters Payment ☐

Local Purchase Requisition ☐

Other *(please detail)* ☐ _____

NAME..... STEVEN MCCULLOCH

ADDRESS..... 19 CASHAM TERRACE

GLENROTHES

..... POSTCODE..... KY7 6PJ

AMOUNT £..... 50-95

NAME/ADDRESS OF PAYEE AS ABOVE ☑

NAME.....

ADDRESS.....

.....

..... POSTCODE.....

REASON FOR PAYMENT..... INCOME MAINTENANCE

☐ GRANT ☐ LOAN (Complete Loan Repayment Agreement)

I have personally received the sum of £..... 50.95

Signature..... Date..... 22/12/09

AUTHORISATION

SIGNED..... [redacted] NAME..... GRACE ERSKINE

DESIGNATION..... SOCIAL WORKER DATE..... 22/12/09

CASH ISSUED BY

SIGNED..... [redacted] NAME..... HELEN MCARTHUR

DESIGNATION..... CASHIER DATE..... 22-12-09

White Sheet: APPLICANT'S FILE
Blue Sheet: SW/FC FINANCE SECTION/HOLDING ACCOUNT FILE COPY
Yellow Sheet: OFFICE/UNIT FILE COPY

McCulloch £50-95

Fife Council
SOCIAL WORK SERVICE

158981

FINANCIAL REQUEST FORM

OPERATIONAL SECTION/BASE: Boston Road

FINANCIAL CODE: 50370, 55125

SOCIAL WORK (SCOTLAND) ACT 1968

SECTION 12 2(B) ☐ 27 ☐ 28 ☐ 29 ☐

CHILDREN (SCOTLAND) ACT 1995

SECTION 17 ☐ 22 ☐ 29 ☐

Imprest ☐ Headquarters Payment ☐

Local Purchase Requisition ☐

Other *(please detail)* ☐ _____

NAME: Steven McCulloch

ADDRESS: 19 Cashan Terrace
Glenrothes

POSTCODE: KY7 6AJ

AMOUNT £ 50-95

NAME/ADDRESS OF PAYEE AS ABOVE ☑

NAME:

ADDRESS:

POSTCODE:

REASON FOR PAYMENT: Income Maintenance

☐ GRANT ☐ LOAN (Complete Loan Repayment Agreement)

I have personally received the sum of £ 50-95

Signature: [redacted] Date: 22/12/09

AUTHORISATION

SIGNED: [redacted] NAME: George Erskine

DESIGNATION: Social Worker DATE: 22/12/09

CASH ISSUED BY

SIGNED: [redacted] NAME: Helen M Arthur

DESIGNATION: Cashier DATE: 22-12-09

White Sheet: APPLICANT'S FILE
Blue Sheet: SW/FC FINANCE SECTION/HOLDING ACCOUNT FILE COPY
Yellow Sheet: OFFICE/UNIT FILE COPY

McCulloch
£50-95

Fife Council
SOCIAL WORK SERVICE

158996

to be moved

FINANCIAL REQUEST FORM

OPERATIONAL SECTION/BASE 11 Boston Rd, Glen
FINANCIAL CODE 903705512S

SOCIAL WORK (SCOTLAND) ACT 1968
SECTION 12 2(B) ☐ 27 ☐ 28 ☐ 29 ☐

CHILDREN (SCOTLAND) ACT 1995
SECTION 17 ☐ 22 ☐ 29 ☐

Imprest ☑ Headquarters Payment ☐

Local Purchase Requisition ☐

Other *(please detail)* ☐ _____

NAME Steven McCulloch
ADDRESS 19 Cadbury Ter
Glenrothes
POSTCODE

AMOUNT £ 50.95

NAME/ADDRESS OF PAYEE AS ABOVE ☑

NAME
ADDRESS
POSTCODE

REASON FOR PAYMENT Maintenance

☑ GRANT ☐ LOAN (Complete Loan Repayment Agreement)

I have personally received the sum of £ 50.95
Signature S McCulloch Date 4/1/10

AUTHORISATION
SIGNED [redacted] NAME KAREN FLEMING
DESIGNATION SOCIAL WORKER DATE 4/1/10

CASH ISSUED BY
SIGNED [redacted] NAME HELEN MCARTHUR
DESIGNATION Cashier DATE 04-01-10

White Sheet: APPLICANT'S FILE
Blue Sheet: SW/FC FINANCE SECTION/HOLDING ACCOUNT FILE COPY
Yellow Sheet: OFFICE/UNIT FILE COPY

McCULLOCH £50.95.

INVOICE PAYMENTS SOCIAL WORK SERVICE 159036 GLASGOW

Fife Council

SOCIAL WORK SERVICE

FINANCIAL REQUEST FORM

OPERATIONAL SECTION/BASE LEAVING CARE TEAM | BOSTON GLENROTHES

FINANCIAL CODE S0370.55125

SOCIAL WORK (SCOTLAND) ACT 1968

SECTION 12 2(B) ☐ 27 ☐ 28 ☐ 29 ☐

CHILDREN (SCOTLAND) ACT 1995

SECTION 17 ☐ 22 ☐ 29 ☐

Imprest ☐ Headquarters Payment ☐

Local Purchase Requisition ☐

Other *(please detail)* ☐ _____

NAME STEVEN McCULLOCH

ADDRESS 19 CAIRNHILL TERR

GLENROTHES

POSTCODE

AMOUNT £50.95

NAME/ADDRESS OF PAYEE AS ABOVE ☑

NAME

ADDRESS

POSTCODE

REASON FOR PAYMENT MAINTENANCE PAYMENT

☐ GRANT ☐ LOAN (Complete Loan Repayment Agreement)

I have personally received the sum of £50.95

Signature S. McCulloch Date 12/01/10

AUTHORISATION

SIGNED [redacted] NAME GEORGE RUSSELL

DESIGNATION Social Worker DATE 12/01/10

CASH ISSUED BY

SIGNED [redacted] NAME HELEN MCARTHUR

DESIGNATION Cashier DATE 12-01-10.

White Sheet: APPLICANT'S FILE
Blue Sheet: SW/FC FINANCE SECTION/HOLDING ACCOUNT FILE COPY
Yellow Sheet: OFFICE/UNIT FILE COPY

McCulloch
£50-95

Fife Council
SOCIAL WORK SERVICE

159061

FINANCIAL REQUEST FORM

OPERATIONAL SECTION/BASE: LEAVING CARE TEAM | BOSTON RD GLENROTHES

FINANCIAL CODE: S 0370. 55125

SOCIAL WORK (SCOTLAND) ACT 1968

SECTION 12 2(B) ☐ 27 ☐ 28 ☐ 29 ☐

CHILDREN (SCOTLAND) ACT 1995

SECTION 17 ☐ 22 ☐ 29 ☐

Imprest ☐ Headquarters Payment ☐

Local Purchase Requisition ☐

Other *(please detail)* ☐ _____

NAME: STEVEN McCULLOCH

ADDRESS: 19 CADHAM TERR
GLENROTHES

POSTCODE:

AMOUNT £60.95

NAME/ADDRESS OF PAYEE AS ABOVE ☑

NAME:

ADDRESS:

POSTCODE:

REASON FOR PAYMENT: MAINTENANCE PAYMENT

☐ GRANT ☐ LOAN (Complete Loan Repayment Agreement)

I have personally received the sum of £60.95

Signature: G. Paterson Date: 18/1/10

AUTHORISATION

SIGNED: [redacted] NAME: IAN WATSON

DESIGNATION: SOCIAL WORKER DATE: 18-JAN-2010.

CASH ISSUED BY

SIGNED: [redacted] NAME: HELEN MCARTHUR

DESIGNATION: Cashier DATE: 19-01-10

White Sheet: APPLICANT'S FILE
Blue Sheet: SW/FC FINANCE SECTION/HOLDING ACCOUNT FILE COPY
Yellow Sheet: OFFICE/UNIT FILE COPY

File Copy

FINANCIAL REQUEST FORM

INVOICE REQUEST

SOCIAL WORK — **FINANCIAL CODE: S0364.50316**

NAME OF PAYEE: Fife Council, Social Work Department, Throughcare Team

ADDRESS OF PAYEE: 11 Boston Road
Glenrothes, KY6 2RE

PURPOSE OF PAYMENT: Supported Lodgings – Steven McCulloch
13/11/09 – 15/01/10

AMOUNT REQUESTED:	**9 weeks at £205**	**£1845.00**
Total		**£1845.00**

ADDRESS FOR INVOICE TO BE SENT:
Tom McGuiness
Glasgow District Council
Parkhead Social Work Services
Newland Centre
871 Springfield Road
GLASGOW
G31 4HZ

PROPOSING OFFICER'S SIGNATURE: [redacted]

DATE: 6/1/10.

ESTABLISHMENT ADDRESS: SOCIAL WORK SERVICE,
BOSTON ROAD, GLENROTHES, FIFE, KY6 2RE

File Copy

FINANCIAL REQUEST FORM

INVOICE REQUEST

SOCIAL WORK — **FINANCIAL CODE: S0370.55125**

NAME OF PAYEE: Fife Council, Social Work Department, Throughcare Team

ADDRESS OF PAYEE: 11 Boston Road
Glenrothes, KY6 2RE

PURPOSE OF PAYMENT: Maintenance Payment – Steven McCulloch

AMOUNT REQUESTED:	158937 – 14/12/09 – Maintenance	£ 50.95
Total		£ 50.95

ADDRESS FOR INVOICE TO BE SENT:
Tom McGuiness
Newland Centre
871 Springfield Road
Parkhead
GLASGOW
G31 4HZ

PROPOSING OFFICER'S SIGNATURE: [redacted]

DATE: 24/12/09

ESTABLISHMENT ADDRESS: SOCIAL WORK SERVICE,
BOSTON ROAD, GLENROTHES, FIFE, KY6 2RE

McCulloch £50-95

Fife Council
SOCIAL WORK SERVICE

158937

To be invoiced

FINANCIAL REQUEST FORM

OPERATIONAL SECTION/BASE: LEAVING CARE TEAM / BOSTON RD GLENROTHES

FINANCIAL CODE: SO370 · 5125

SOCIAL WORK (SCOTLAND) ACT 1968

SECTION 12 2(B) ☐ 27 ☐ 28 ☐ 29 ☐

CHILDREN (SCOTLAND) ACT 1995

SECTION 17 ☐ 22 ☐ 29 ☐

Imprest ☑ Headquarters Payment ☐

Local Purchase Requisition ☐

Other *(please detail)* ☐

NAME: STEVEN McCULLOCH

ADDRESS: 19 CADHAM TERR, GLENROTHES

POSTCODE:

AMOUNT £50.95

NAME/ADDRESS OF PAYEE AS ABOVE ☑

NAME:

ADDRESS:

POSTCODE:

REASON FOR PAYMENT: MAINTENANCE PAYMENT

☑ GRANT ☐ LOAN (Complete Loan Repayment Agreement)

I have personally received the sum of £50.95

Signature: S. McCulloch Date: 14/12/09

AUTHORISATION

SIGNED: [redacted] NAME: KAREN FLEMING

DESIGNATION: SOCIAL WORKER DATE: 14/12/9

CASH ISSUED BY

SIGNED: [redacted] NAME: HELEN MCARTHUR

DESIGNATION: Cashier DATE: 14-12-09

White Sheet: APPLICANT'S FILE
Blue Sheet: SW/FC FINANCE SECTION/HOLDING ACCOUNT FILE COPY
Yellow Sheet: OFFICE/UNIT FILE COPY

File Copy

FINANCIAL REQUEST FORM

INVOICE REQUEST

SOCIAL WORK — **FINANCIAL CODE: S0364.55115**

NAME OF PAYEE: Fife Council, Social Work Department, Throughcare Team

ADDRESS OF PAYEE: 11 Boston Road
Glenrothes, KY6 2RE

PURPOSE OF PAYMENT: Travel Money – Steven McCulloch

AMOUNT REQUESTED:	158938 – 14/12/09 – Travel	£ 11.00
Total		£ 11.00

ADDRESS FOR INVOICE TO BE SENT:
Steven Wilson/Margaret McIntyre
Glasgow City Council
Parkhead Social Work Services
Newlands Centre
871 Springfield Road
GLASGOW
G31 4HZ

PROPOSING OFFICER'S SIGNATURE: [redacted]

DATE: 23/12/09

ESTABLISHMENT ADDRESS: SOCIAL WORK SERVICE,
BOSTON ROAD, GLENROTHES, FIFE, KY6 2RE

McCulloch
£11-00

to be invoiced

Fife Council

SOCIAL WORK SERVICE

158938

FINANCIAL REQUEST FORM

OPERATIONAL SECTION/BASE LEAVING CARE TEAM / BOSTON RD GLENROTHES

FINANCIAL CODE S0364 . 55115

SOCIAL WORK (SCOTLAND) ACT 1968

SECTION 12 2(B) ☐ 27 ☐ 28 ☐ 29 ☐

CHILDREN (SCOTLAND) ACT 1995

SECTION 17 ☐ 22 ☐ 29 ☑

Imprest ☑ Headquarters Payment ☐

Local Purchase Requisition ☐

Other *(please detail)* ☐ _____

NAME STEVEN MCCULLOCH

ADDRESS 19 CADHAM TERR, GLENROTHES

POSTCODE

AMOUNT £11.—

NAME/ADDRESS OF PAYEE AS ABOVE ☑

NAME

ADDRESS

POSTCODE

REASON FOR PAYMENT TRAVEL MONEY

☑ GRANT ☐ LOAN (Complete Loan Repayment Agreement)

I have personally received the sum of £11.—

Signature S.McCulloch Date 14/12/09

AUTHORISATION

SIGNED [redacted] NAME KAREN FLEMING

DESIGNATION SOCIAL WORKER DATE 14/12/9

CASH ISSUED BY

SIGNED [redacted] NAME HELEN MCARTHUR

DESIGNATION Cashier DATE 14-12-09

White Sheet: APPLICANT'S FILE
Blue Sheet: SW/FC FINANCE SECTION/HOLDING ACCOUNT FILE COPY
Yellow Sheet: OFFICE/UNIT FILE COPY

File Copy

FINANCIAL REQUEST FORM

INVOICE REQUEST

SOCIAL WORK — **FINANCIAL CODE: S0370.55125**

NAME OF PAYEE: Fife Council, Social Work Department, Throughcare Team

ADDRESS OF PAYEE: 11 Boston Road
Glenrothes, KY6 2RE

PURPOSE OF PAYMENT: Maintenance Payments – Steven McCulloch

AMOUNT REQUESTED:	158862 – 02/12/09 – Maintenance	£ 50.95
	158870 – 07/12/09 – Maintenance	£ 50.95
Total		£ 101.90

ADDRESS FOR INVOICE TO BE SENT:
Steven Wilson/Margaret McIntyre
Glasgow City Council
Parkhead Social Work Services
Newlands Centre
871 Springfield Road
GLASGOW
G31 4HZ

PROPOSING OFFICER'S SIGNATURE: [redacted]

DATE: 16/12/09

ESTABLISHMENT ADDRESS: SOCIAL WORK SERVICE,
BOSTON ROAD, GLENROTHES, FIFE, KY6 2RE

TO BE INVOICED
158862

Fife Council

SOCIAL WORK SERVICE

FINANCIAL REQUEST FORM

OPERATIONAL SECTION/BASE LEAVING CARE TEAM / BOSTON RD GLENROTHES

FINANCIAL CODE 50370.SF125

SOCIAL WORK (SCOTLAND) ACT 1968

SECTION 12 2(B) ☐ 27 ☐ 28 ☐ 29 ☐

CHILDREN (SCOTLAND) ACT 1995

SECTION 17 ☐ 22 ☐ 29 ☐

Imprest ☐ Headquarters Payment ☐

Local Purchase Requisition ☐

Other *(please detail)* ☐ _____

NAME STEVEN McCULLOCH

ADDRESS 19 CADHAIN TERR

GLENROTHES

POSTCODE

AMOUNT £50·95

NAME/ADDRESS OF PAYEE AS ABOVE ☑

NAME

ADDRESS

POSTCODE

REASON FOR PAYMENT

MAINTENANCE

☑ GRANT ☐ LOAN (Complete Loan Repayment Agreement)

I have personally received the sum of £50·95

Signature S. McCulloch Date 2/12/09

AUTHORISATION

SIGNED [redacted] NAME GEORGE ERSKINE

DESIGNATION Social Worker DATE 02/12/09

CASH ISSUED BY

SIGNED [redacted] NAME SARAH FOULIS

DESIGNATION CA DATE 2/12/09

White Sheet: APPLICANT'S FILE
Blue Sheet: SW/FC FINANCE SECTION/HOLDING ACCOUNT FILE COPY
Yellow Sheet: OFFICE/UNIT FILE COPY

McCULLOCH
£50-95

Fife Council
SOCIAL WORK SERVICE

158870

FINANCIAL REQUEST FORM

OPERATIONAL SECTION/BASE LEAVING CARE TEAM / 13 JOHN ST

FINANCIAL CODE 50370.5512S

SOCIAL WORK (SCOTLAND) ACT 1968

SECTION 12 2(B) ☐ 27 ☐ 28 ☐ 29 ☐

CHILDREN (SCOTLAND) ACT 1995

SECTION 17 ☐ 22 ☐ 29 ☐

Imprest ☐ Headquarters Payment ☐

Local Purchase Requisition ☐

Other *(please detail)* ☐ _____

NAME STEVEN McCULLOCH

ADDRESS 19, CADHAM TERRACE
GLENROTHES

POSTCODE

AMOUNT £ 50.95

NAME/ADDRESS OF PAYEE AS ABOVE ☐

NAME

ADDRESS

POSTCODE

REASON FOR PAYMENT

MAINTENANCE

☐ GRANT ☐ LOAN (Complete Loan Repayment Agreement)

I have personally received the sum of £ 50.95

Signature S.McCulloch Date 07/12/09

AUTHORISATION

SIGNED [redacted] NAME GEORGE ERSKINE

DESIGNATION SOCIAL WORKER DATE 07/12/09

CASH ISSUED BY

SIGNED [redacted] NAME HELEN McARTHUR

DESIGNATION Cashier DATE 07-12-09

White Sheet: APPLICANT'S FILE
Blue Sheet: SW/FC FINANCE SECTION/HOLDING ACCOUNT FILE COPY
Yellow Sheet: OFFICE/UNIT FILE COPY

CLIENT'S NAME	STEVEN Mc CULLOCH.	
DATE	**CASENOTES**	
19/1/2010	NEW REFERRAL. - CASENOTES.	KO
"	RISK ASSESSMENT	KO
"	CONTACT LETTER ISSUED / INFO SHEET & CONTACT CARD ISSD	KO
20/5/10	REVIEW	KO.
"	RISK ASSESSMENT UPDATED	KO.
6/7/10	CLOSURE - MOVED TO GLASGOW / CASENOTES	KO.

ACCOMMODATION HISTORY			
NAME: STEVEN MCCULLOCH.			DOB:
Start date	**End date**	**Accommodation type / provider**	**Reasons for moving**
APRIL 2004	26/10/09	27 HARBOUR PLACE BURNTISLAND (FOSTER CARE.)	MOVED TO ANOTHER FOSTER CARE PLACEMENT.
26/10/09	18/11/09	8 HAZELHEAD DRIVE ALDEE. DUNDEE (FOSTER CARE)	MOVED TO SUPPORTED LODGINGS.
18/11/09	4/5/10	19 GRAHAM TERRACE GLENROTHES (S/LODGINGS).	STOLE LANDLADY'S CAR. MOVED IN WITH FRIEND.
4/5/10		C/O 11 MARION STREET, KIRKCALDY (FRIEND)	

CONTENTS LIST

Section 1 - Closure Form

Section 2 - Accommodation/Risk/Review Information/Furniture Referrals/Miscellaneous

Section 3 - Correspondence
Letters/E-mails/Faxes to, from and regarding the customer

Section 4 - The First Contact Form/Section 40 Information

Surname	McCulloch	DOB	28/02/1992	Last Updated		Q1-16c	☑
Forename	Steven	NI No	JR201523D	06/07/2010 12:10:18		Q17-20d	☑
MiddleName		Tel No	[redacted] Landlady			Q21-27	☑

Initial Contact

1. Local Authority Code as used by Scottish Executive 250
2. Date of Application 11/01/2010
3. Unique Application Reference Number GKO_100111_15

3(b). NI. Number of Adult1 JR201523D Adult2

4. Application Reference of most recent of any associated applications which were made since December 2001

4(a). Are all adult members of both the associated and current applicant households the same

4(b). Are the family circumstances of both the associated and current applicant households the sam

5. Number of Adults in the households at the time of applicatio

	Male	Female
16 - 17	1	0
18 - 24	0	0
25 and up to retirement age	0	0
Retirement age or over	0	0
Total Number of Adults	1	0

6. Number of Children in the household at time of application, by age an

	Male	Female
0 - 4	0	0
5 - 11	0	0
12 - 15	0	0
16 - 18	0	0
Total Number of Children	0	0

7. Is there a married/cohabiting couple in the household 0_No

8. Date of Birth Adult 1 28/02/1992 Adult2

9. Gender Adult1 1_Male Adult2

10. Ethnic Group Adult1 1_White: Scottish

Ethnic Group Adult2

10(a). Does the Adult1 describe themselves as a gypsy / traveller? 2_No

Does the Adult2 describe themselves as a gypsy / traveller?

10(b). Is Adult1 eligibile for assistance because?

1_They are British nationals of one of the EEA countries, pre EU expansion in 2004 (including the UK) or Switzerland

Is Adult2 eligibile for assistance because?

10(c). Was any member of the applicant household formerly in the armed services, and, if so, how long ago?	1_less than 5 years ago
10(d). Was any member of the applicant household aged under 25 formerly looked after as a child by the local authority, and, if so, how long ago?	1_less than 5 years ago
12. Has any member of the applicant household slept rough during the 3 months preceding their application	0_No
13. Did any member of the applicant household sleep rough on the night immediately preceding the date of application	0_No
14(a) From what type of property did the applicant become homeless / threatened with homelessness? (Record previous property type if been staying with friends, family, etc. for a period of less than 6 months and had become homeless prior to making application)	11_Children's residential accommodation (looked after by the local authority)
14(b). Was the applicant's most recent accommodation preceding presentation settled accommodation	0_No

Surname	McCulloch	DOB	28/02/1992	Last Updated	Q1-16c ☑
Forename	Steven	NI No	JR201523D	06/07/2010 12:10:18	Q17-20d ☑
MiddleName		Tel No	[redacted] Landlady		Q21-27 ☑

15. What is the full postcode of the applicant's last settled home if within Scotland. If outwith Scotland record as NS. If not known record as NK	NK
15. Enter HouseNumber For Linking	
15(b) Was any member of the applicant household on the waiting list for LA or other social housing within this authority immediately prior to application?	0_No
16(a) Technical reason for application (main applicant only)	5_Discharge from prison/hospital/care/other institution

16(b) Reason for failing to maintain accommodation mentioned at Question 14(a):

1. Financial difficulties / debt / unemployment	0_No
2. Physical health reasons	0_No
3. Mental health reasons	0_No
4. [redacted]net need for support from housing / social work / health services	1_Yes
5. Lack of support from friends / family	0_No
6. Difficulties managing on own	0_No
7. Drug / alcohol dependency	0_No
8. Criminal / anti-social behaviour	0_No
9. Not to do with applicant household (e.g. landlord selling property, fire, circumstances of other persons sharing previous property, harassment by others, etc.)	0_No
10. Refused	0_No
16(c) Would the applicant household be willing to take part in research into homelessness?:	0_No

Surname	McCulloch	DOB	28/02/1992	Last Updated	Q1-16c ☑
Forename	Steven	NI No	JR201523D	06/07/2010 12:10:18	Q17-20d ☑
MiddleName		Tel No	[redacted] Landlady		Q21-27 ☑

Assessment

17. Statutory assessment decision: 1_Homeless - priority unintentional

18. Date of assessment decision: 11/01/2010

19. Was the Assessment Decsion reached after appeal: 0_No

20a.Category of Priority Need (from 1 April 2007)

0_No	1. Household with dependent children
0_No	2. Household member pregnant
0_No	3. old age
0_No	4. mental illness or personality disord
[redacted]No	5. learning disability
0_No	6. physical disability
0_No	7. chronic ill health
1_Yes	8. Young person(s) under the age of 2
1_Yes	9. Young person(s) aged 16-17 years
0_No	10. Young person(s) under the age of
0_No	11. Household fleeing domestic violence or abuse
0_No	12. Household fleeing non-domestic violence [violence from person(s) outside the household]
0_No	13. Household fleeing discriminatory harassment
0_No	14. Household contains a woman who has had a miscarriage, or an abortion
0_No	15. Household member discharged from armed forces, hospital or prison
0_No	16. Homeless as a result of an emergency (fire, flood, storm etc.)
[redacted]_No	17. Household (member) vulnerable for other special reasons
0_No	18. According to local policy
0_No	19. Household not in priority need
0_No	20. Lost contact, or withdrew, or homelessness resolved before assessment decision or ineligible for assistance

Surname	McCulloch	DOB	28/02/1992	Last Updated	Q1-16c ☑
Forename	Steven	NI No	JR201523D	06/07/2010 12:10:18	Q17-20d ☑
MiddleName		Tel No	[redacted] Landlady		Q21-27 ☑

20a.Category of Priority Need (from 1 April 2007)

0_No	1. Household with dependent children
0_No	2. Household member pregnant
0_No	3. old age
0_No	4. mental illness or personality disorder
0_No	5. learning disability
0_No	6. physical disability
0_No	7. chronic ill health
1_Yes	8. Young person(s) under the age of 21 previously looked after
1_Yes	9. Young person(s) aged 16-17 years old
0_No	10. Young person(s) under the age of 21 and at risk
0_No	11. Household fleeing domestic violence or abuse
0_No	12. Household fleeing non-domestic violence [violence from person(s) outside the household]
0_No	13. Household fleeing discriminatory harassment
0_No	14. Household contains a woman who has had a miscarriage, or an abortion
0_No	15. Household member discharged from armed forces, hospital or prison
0_No	16. Homeless as a result of an emergency (fire, flood, storm etc.)
0_No	17. Household (member) vulnerable for other special reasons
0_No	18. According to local policy
0_No	19. Household not in priority need
0_No	20. Lost contact, or withdrew, or homelessness resolved before assessment decision or ineligible for assistance

20(b). Does any member of the household have support needs for any of the following reasons?

0_No	1. Mental health problem
0_No	2. Learning disability
0_No	3. Physical disability
0_No	4. Medical condition
0_No	5. Drug or alcohol dependency
1_Yes	6. Basic housing management / independent living skills

20(c). Local connection within the receiving LA

1_Yes	1. Residency (at least 6 months of previous year, or 3 years out of the previous 5)
0_No	2. Current employment
0_No	3. Family associations (family member resident for at least 5 years)
0_No	4.Special Circumstances

20(d) If there is no local connection with the receiving LA, does any member of the applicant household have a local connection with another LA in Scotland for reason of:

1. Residency (at least 6 months of previous year, or 3 years
2. Current employment
3. Family associations (family member resident for at least 5
4.Special Circumstances

Surname	McCulloch	DOB	28/02/1992	Last Updated		Q1-16c	☑
Forename	Steven	NI No	JR201523D	06/07/2010 12:10:18		Q17-20d	☑
MiddleName		Tel No	[redacted] Landlady			Q21-27	☑

Outcome

21. Application outcome - complete when case closed (if 1-7 selected in q17)

1_Contact with applicant lost before LA Duty discharged

21a. For applicants assessed as threatened with homelessnes

21b. Action taken to prevent homelessness occurring (if selected 4, 5, 6 or 7 at question 17) Select all that apply.

1. Assessment of support needs
2. Basic housing support (e.g. to manage finances or living alon
3. Provision of independent financial, legal or housing advice
4. Assistance in dealing with landlords/mortgage providers
5. Assistance in claiming benefits
6. Assistance in maintaining or finding employment, educati
7. Direct financial assistance
8. Use of rent deposit / guarantee scheme
9. Assistance with costs for 'essential goods'
10. Assistance with any addictions'
11. Involvement of Social Work or Health/Community Care s
12. Other services, such as counselling, mediation, befriendi
13. Assistance in finding alternative accommodation

22. Duty discharge action taken by authority in respect of this application (if 2 selected in q21).

23. Accommodation following final discharge of duty or case closure (all applicants)

23a. Was the final rehousing outcome as indicated in answer t

23b. If support were provided, what were the identified needs?

1. Housing support
2. Social or personal support
3. Education or training
4. Support for finding or maintaining employment

24. Accommodation occupied between application date and discharge of duty (including temporary accommodation provision)?

Arranged by applicant

1. Remained in original accommodation	0_No	7. Hostel - RSL	0_No
2. Stayed with friends or relatives	1_Yes	8. Hostel - other	0_No
3. Other arranged by applicant	0_No	9. Bed and breakfast	0_No
Placed by local authority under homelessness legislation		10. Women's refuge	0_No
4. LA ordinary dwelling	0_No	11. Private sector lease	0_No
5. Housing association / RSL dwelling	0_No	12. Other placed by authority	1_Yes
6. Hostel - local authority owned	0_No		

27. Date the case is closed 06/07/2010

Surname	McCulloch	DOB	28/02/1992	Last Updated		Q1-16c	☑
Forename	Steven	NI No	JR201523D	06/07/2010 12:10:18		Q17-20d	☑
MiddleName		Tel No	[redacted] Landlady			Q21-27	☑

L.A.DATA

Other Adults In HouseHold

Alias Of Adults In Household

!!!! Case Notes Added To By Karen Ogilvie At 06/07/2010 12:07:18 !!!!
Per discussion with Karen Fleming, social worker, Steven has moved with family to live in Glasgow and will not be returning.
Case Closed.

Fife COUNCIL

Risk Assessment

@20/5/10

Customer Name **Steven McCulloch (cp)**

Date Of Birth **28/02/1992**

Case Reference Number **Risk Assessment=30063 HL:-GKO_100111_15**

1. Hazard	2. Person/s Affected	3. Proposed Control Measures	4. Risk Code	5. Related Procedure Reference No.
CRIMINAL OFFENCES ADDICTIONS VIOLENCE & AGRESSION MENTAL HEALTH OTHER				

Fife Council

Risk Assessment

Reference Number:Risk Assessment=30063 HL:-GKO_100111_15

Comments		
19/1/2010 - Per new referral from Karen Flemingthere are no risks or issues to note. KO 20/5/2010 - Review - Per Karen Fleming there may possibly be a charge as Steven stole his Landlady's car, no other risks or issues to add.	No Comment	No Comment

Risk Assessment compiled by:-Karen Ogilvie **Date 19/01/2010 11:26:54**

Review dates:-	20/05/2010	KO											
(8 WEEK ROTATION)													

Risk Code Definitions

01	Violence	04	Offender - Other	07	Medical - Other	10	Mental Health - Medicated
02	Aggressive	05	Fire Raiser	08	Sacro	11	Mental Health - Suicide/Self Harm
03	Offender - Child	06	Medical - Infection	09	Mental Health - General	12	Other

Fife COUNCIL

Risk Assessment

Reference Number:Risk Assessment=30063 HL:-GKO_100111_15

1. Hazard	2.Person/s Affected	3.Hazard Effect	4.Exisisting Control Measures	5. Related Procedure Reference Number
@ 19/1/2010 no risks or issues.	Unknown			Not Yet Available

REVIEW

NAME:- Steven Mcculloch **FHR Ref:** 243310

SOCIAL WORKER:- Karen Fleming

IS THE ABOVE STILL AT:- 19 Cadham Terrace, Glenrothes.

YES/NO

IF NO PLEASE CONFIRM:- C/O 11 MARION STREET, KIRKCALDY.

DATE OF MOVING - 4/5/10

REASON FOR MOVING – NEW ADDRESS - ~~Left~~ close to leave supported lodgings NOW - unknown.

DOES THE ABOVE HAVE ANY NEW COURT CHARGES IN THE PAST 3 MONTHS? **YES/NO** Possibly

IF YES, PROVIDE DATE & DETAILS:- stole covers car.

ARE THERE ANY NEW RISKS/ISSUES IN THE PAST 3 MONTHS? **YES/NO**

IF YES PROVIDE DATE & DETAILS see above

ARE THERE ANY OTHER AGENCIES INVOLVED?

IF SO GIVE DETAILS:- Ian Kirk, Employment adviser

COMPLETED BY:- [redacted]

DATE COMPLETED:- 11/5/10

HL1 ✓ Risk ✓
Database —
Excelsis —
File —

KO 20/5/10

Steven McCulloch
19 Cadham Terrace
Glenrothes
Fife

Direct Line 08451 555555
Ext: 443800
Mobile - 07515187617
Our Ref: KO

Date: 19/1/2010

Dear Steven,

Housing

I write with regards to a referral received from your Leaving Care Team Social Worker, Karen Fleming.

As I am the Link Housing Officer for the Leaving Care Team, I will contact you in due course to arrange an appointment so that Advice and Assistance can be provided regarding your future Housing Options. Should you wish to contact myself prior to this please do not hesitate to contact me on the above number

Please find enclosed information for your use.

Yours sincerely,

Karen Ogilvie

Karen Ogilvie
HOMELESS PERSONS OFFICER
FOR THE LEAVING CARE TEAM

Enc.

: !!!! Case Notes Added To By Karen Ogilvie At 19/01/2010 11:35:02 !!!!
Homeless priority under Corporate Parenting duty due to being a Previous Looked After Child.
Not Intentionally Homeless
Local Connection - Yes
Letter issued confirming contact will be made in due course also information sheet & contact card.

*****************************CORPORATE PARENTING CASE*****************************
Previous Looked After Child. Leaving Care Team, Social Worker - Karen Fleming. Steven is currently residing in Supported Lodgings at 19 Cadham Terrace, Glenrothes, he moved there on 18 Nov, 2009. There are no risks or issues. Visit still to be carried out to complete Housing Needs Assessment & FHR.