ANGELA MCVEY EXTRACTS FROM DOCUMENTS HELD BY SCRA

Please note: Some names have been removed from the document extracts. It would not be reasonable or appropriate to disclose this information to you. In order to make the extracts reader-friendly, names of relevant third-parties have been replaced with a descriptor or [ ].

19/10/2016 – Police Concern Report

Date & Time of Incident:
19/10/2016 18:15

Angela McVey Female 15/05/1969 Adult Concern

Location(s):
1, WEAVER STREET, AYR, KA8 8HB Subject's Home

Markers:
Alcohol Involved
Mental Health
Adults in Charge of Child
Child at Locus

About 1815 hours 19/10/16 police received anonymous call from a male stating he had been attacked with a wine bottle by Angela McVey whereby he had been injured but refused any medical attention.

Police attended at the locus which was 1 Weaver street Ayr the home address of Angela McVey and her daughter, [child]. On arrival Angela McVey appeared under the influence of alcohol and was clearly upset and emotional. Angela McVey states she has bi-polar and is on various medication for mental health issues. Angela was not making much sense and didn't appear to be injured in any way. There was however a smashed glass bottle within the stairwell area. Angela stated she smashed it herself and couldn't find her keys to her flat. At this point Angela said she had her 8 year old daughter, [child], to go an collect from the park. Angela didn't say if anyone else had been with her tonight and was unsure why we were there but asking why she was upset she said it was due to mixing alcohol with her medication and she was in a down moment. Angela appeared to have old self harm marks but said she didn't require any medical attention. Angela McVey managed to force her door open and entry gained. The house was very untidy and unclean and also had a dog within which had done the toilet at the doorway as you enter the property… Unable to establish if any crime had occurred at this time and incident deferred for further enquiry tomorrow. Due to concerns for Angela's ability to look after her daughter this evening both were taken to a friends house. Both dropped off at [address] the home address of a [name] whereby she said she would look after them both for the night. Social work made aware of incident… a visit was paid 12/9/16. This was due to the home conditions.

Angela McVey - 15/05/1969 - Adult Concern
Category:
Subject of Concern

Repeat Victim:
No
Repeat Perpetrator:
No
Female White Scottish
15/05/1969 Irivine
Occupation: Unemployed
Nature of Concern:
Mental Health Issues
Self Harm

Incident Synopsis:
Angela McVey was under the influence of alcohol and has a number of mental health issues in particular bipolar. Angela was crying and upset and overly emotional when dealing with police.

09/01/2017 – Police Concern Report

Date & Time of Incident:
09/01/2017 01:00

Angela McVey Female 15/05/1969 Perpetrator

Address Location Type
1, WEAVER STREET, AYR, KA8 8HB Accused's Home

Markers:
Weapon Used - Other
Violence Used
Alcohol Involved

[Name] and Angela McVey have been in a relationship for approximately 9 months. They do not have any children to this union. Angela has a daughter to a previous relationship [name](age). All 3 reside at 1 Weaver Street Ayr. The victim [name] and his partner Angela McVey (accused) had been out drinking all day on the 8th January 2017 which resulted in both parties being heavily intoxicated. On returning to Angela's home address she became violent and scratched [name] to the neck and back before hitting him with a glass bottle to his ribs. Police attended obtained statements … Angela was later traced, arrested and held custody to appear at Ayr Sheriff Court on 10/01/17…

Angela McVey - 15/05/1969 - Perpetrator
Category:
Perpetrator
Repeat Victim:
No
Repeat Perpetrator:
No
Female White Scottish
15/05/1969 Irivine

Occupation: Unemployed
Address
1, WEAVER STREET, AYR, KA8 8HB Home Address 06/03/2015
Contact
07752014712
Charges:
ASSAULT

10-01-2017 - Investigation Form

Reporter's Decision Date: 10/01/2017 11:22:06
Reporter's Decision: Arrange Hearing
Reporter's Decision Details: Reporter has discussed concerns with the Head-Teacher, [name] who has grave concerns for the child's welfare. Her hair is constantly infested with nits, she is dirty and smelly, no uniform or school bag and homework is never completed. The mother regularly abuses alcohol on top of her medication. The child has also been exposed to DV. There is no parental supervision of this child. It is clear from available information that CMOC are required.

Level of Concern: High
Incident Nature: Moderate

Nature of Incident/Extent of Concern - (i)Child's Development (ii)Parenting (iii)Family & Environmental Factors
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3.11.16 PCR - Incident on 19.10.16. Male called Police anonymously to say that mother had attacked him with a wine bottle causing injury… Police attended at the address where mum lives with child. Mum was there. Child was out playing. Mum was under the influence of alcohol and appeared upset. She stated she had bi-polar and had mixed her medication with alcohol. There was a smashed bottle in the stairwell but mum did not admit to any assault. The house was untidy and unclean and that the dog had done the toilet at the entry to the property. Due to the concerns for the mother's presentation Police took both mother and child to a friends house. Given the range of concerns request IAR and SR.

History of Co-operation/Impact of Intervention

The mother has a poor history of engagement with several services including, mental health, health, addiction services and education. (Repeat of above information)

08-02-2017 – Record of Proceedings

Persons Present: Mother

Mother is working with social work and there are no concerns that require consideration by a safeguarder at this time.

Mother did not accept the Grounds and [child] is too young to understand the Grounds and therefore, it is appropriate that due to the seriousness of the Grounds that it is appropriate for them to be sent to the sheriff.

13-02-2017 – Form 60. Form of application to sheriff under section 93(2)(a) or 94(2)(a) of the Children's Hearings (Scotland) Act 2011

A copy of the statement of grounds by the Principal Reporter setting out the section 67 grounds of referral of the case of the said [name] to the children's hearing is attached.

The said Angela McVey (mother) did not accept the conditions, Sections 67(2)(a), (b) and (f) or statements of fact nos. 3, 3a, 3b, 3c, 3d, 4, 4a, 4b, 4c, 4d, 5, 6 and 7 of the statement of grounds.

01-03-2017 – Record of Proceedings

Persons Present: Mother

The serious grounds for referral attached to this case are currently with the sheriff for proof. Given the allegations contained within the grounds the Panel considered a further ICSO was necessary to ensure that [child] receives the care, protection and guidance that she needs. Mum stated that she is now in a more stable position, and social work this meantime.

Mum advised that she was visiting [child] and [name]'s home which was working well.

22-03-2017 – Record of Proceedings

Persons Present: Mother

08-06-2017 - Grounds Established at Ayr Sheriff Court

The children's reporter has arranged a children's hearing for [child] because the reporter believes the following ground(s) apply:

1. that in terms of section 67(2)(a) of the Children's Hearings (Scotland) Act 2011, she is likely to suffer unnecessarily or her health or development is likely to be seriously impaired, due to a lack of parental care.

And

2. that in terms of Section 67(2)(f) of the Children's Hearings (Scotland) Act 2011 she has, or is likely to have, a close connection with a person who has carried out domestic abuse.

Supporting Facts:

1. [child] was born [DOB]. [child] resides with her mother, Angela McVey at 1 Weaver Street, Ayr, KA8 8HB.
2. That at all material times Angela McVey has had parental responsibilities in relation to [child].

3. Angela McVey has failed to provide [child] with adequate levels of parental care and has exposed her to behaviours and individuals that are not conducive to her healthy development;
For example:
a. Angela McVey has failed to ensure [child]'s regular attendance at school which is impacting on her overall educational development. [child] is also frequently late for school.
b. [child] is sent to school wearing dirty and grubby clothes with the school nurse having to repeatedly treat infestations of head lice. [child] presents as tired and withdrawn within school, rarely has the equipment she requires, and her homework is rarely completed.
c. Angela Mcvey has a history of poor mental health and self-harming behaviour by cutting her arms…
4. Angela McVey regularly misuses alcohol whilst having the sole care of [child] exposing her to risk of harm;
For example:
a. on 19h October 2016, police officers in attendance at the home found Angela McVey under the influence of alcohol. Angela McVey was unfit to care for [child] resulting in both having to reside with a family friend for the evening.
b. On 11th November 2016, Angela McVey failed to collect [child] from school as she had been consuming alcohol.
c. On 8th January 2017, Angela McVey consumed large quantities of alcohol with her current partner, [name]. On returning home, Ms McVey and [name] were heavily under the influence of alcohol and unfit to care for [child].
d. On 8th January 2017, [name] assaulted Angela McVey whilst [child] was present within the home.
5. Statements of fact numbered 3 to 4c inclusive demonstrate that [child] is likely to suffer unnecessarily due to a lack of parental care.
6. Statements of fact numbered 2 & 4d demonstrate that [child] has, or is likely to have, a close connection with a person who has carried out domestic abuse.

29-06-2017 – Record of Proceedings

Persons Present: Mother

Although we heard that the risks to [child] had reduced significantly recently, we were mindful of the seriousness of the grounds and therefore felt that measures of supervision were still necessary. As we were unable to issue a full compulsory supervision order, we felt it appropriate to put in place interim measures. [child] has been staying with her mum six nights a week at the moment, and mum has made significant progress in engaging with social work and lessening the risks to the family. With this in mind, we commended mum and, taking on board [child]'s wish to stay with her mum, and were content for her to stay there.

The family have been engaging well with social work, and we are keen for this good work to continue, hence why we are asking them to provide support and supervision, The panel heard that one to one support is in place at school, but that she is very keen to learn. Support will also be provided by Barnardo's over the summer.

08/07/2017 - AYR-B66-17 at Ayr Sheriff Court

The sheriff, on the unopposed motion of [name] on behalf of the reporter, allows an amended application to be received at the bar; thereafter in respect that the mother of the child now accepts the grounds of referral and supporting facts contained therein, as amended, dispenses with the hearing of evidence; finds the grounds of referral established and remits to the reporter for disposal; discharges the evidential hearing assigned for 16 June 2017; …
Sheriff Leslie
Sheriff

20-07-2017 – Record of Proceedings

Persons Present: Mother

The grounds had recently been established, ... We did, however, hear that both [name] and her mum were doing well, and that mum was engaging well with Social Work. We commended them for their engagement, and for the progress they were making.

06/06/2018 – Social Background Report

32 Victoria Street
KA8 0DN
Mother, Angela McVey
07543351564
Previous address from 2010 to 2015 - 21 Houldsworth View, Patna, East Ayrshire

Chronology of Significant Events:

Date of Entry	Date of event	Event	Action	Entered By
21.03.03		Report from Police that Angela McVey and her partner of the time, [name] had been drinking and a domestic incident pursued. Angela's daughter [name] had been present and frightened to leave her bedroom.	Police attended and settled situation, [name] went to stay with friends for the night.	In respect of Social Work records.
18.02.04		Angela admitted to A&E after taking an overdose whilst [name] was in the house with her. Angela reporting low mood after losing her partner 3 weeks ago.	[name] was in the care of another adult whilst Angela in hospital, period of Social Work intervention by [name].	In respect of Social Work records.

24.02.04	Police share concerns raised with them in relation to Angela, it appears she has been consuming large quantities of alcohol and drugs. Concerns also raised in relation to the hygiene of the home environment.	She was arrested on 21.02.04 and in possession of cannabis, a large amount of amphetamine and a 2-bladed knife.	In respect of Social Work records.
21.04.04	Angela again admitted to hospital,	Caring arrangements made for [name].	In respect of Social Work records.
29.08.05	Domestic incident between Angela and her partner.		In respect of Social Work records.
30.12.05	Police information that Angela was within hospital under the influence of alcohol.	[name] found with neighbours who were happy to continue caring for her	In respect of Social Work records.
20.12.07	Domestic incident between Angela and a Mr [name], whereby Mr [name] was charged with assaulting Angela. Angela was reported to be 10 weeks pregnant.	Both adults had been consuming alcohol however were not unfit to care for [name].	In respect of Social Work records.
31.03.08	Mr [name] returned home drunk and could not get entry to the home therefore smashed a window.	Angela and [name] were not present at this time	In respect of Social Work records.
02.07.08	Domestic incident between Mr [name] and Angela, Mr [name] was under the influence of alcohol.	Angela at this time upset as Mr [name] disputed the paternity of Angela's baby who was due to be born tomorrow.	In respect of Social Work records.
03.07.08	Baby [child] McVey born.		In respect of Social Work records.
30.11.16	31.07.08 A&E attendance	[child] experiencing breathing difficulties, not registered with GP.	Health records
June 2009	Angela detoxed from alcohol.		In respect of Social Work records.

April 2010	Angela detoxed from dihydrocodeine.	In respect of Social

Historical

Ms Angela McVey is an only child to her mother and father, she recalls her father ending her parent's relationship due to her mother's infidelity when she was only a toddler. She remained in her father's care and her mother entered another relationship resulting in her 6 half siblings. Ms McVey advised she did not see her mother from around the age of 2 years old until she was around 14 years old. Ms McVey and her father moved to Crofthead Caravan Park in Ayrshire, where she became victim to two men as a small child, she recalls sexual abuse vividly and maintains she did not disclose this to her father who died in 1990. Prior to his passing, Ms McVey's behaviours became outwith his control and she advised she spent 2-3 years in a children unit in Kilbirnie, she maintained contact with her father on a regular basis. Ms McVey speaks fondly of her father.

When she was around 16 years old, Ms McVey gave birth to her first child [child1]. [child1] arrived in the world 4 months early via caesarean section due to preeclampsia. She advised his delivery was very risky for her and she 'nearly died'. Ms McVey advised her son was later discharged from hospital and when he was around 18 months old he developed a double hernia. It was during a hospital admission he was diagnosed with cerebral palsy, following this diagnosis, [child1]'s father and family began to care for [child1] fulltime, this was against her wishes. Ms McVey advised she was allowed contact for a short period, however this was eventually stopped by family members, she recalls violent incidents around this time. Ms McVey states her son is unaware she is his mother to this day, however she often sees him in the local area.

Ms McVey was first married around the age of 21, this relationship was short lived as alcohol and domestic incidents played a part.

Ms McVey met [name] and married again a short 7 months later, she advised it was around 6 weeks into married life she was seriously assaulted by [name] and he 'slashed her face'. Ms McVey sought refuge, but returned a short time later and Ms McVey's eldest daughter [child2] was born in 1996, unfortunately, domestic abuse and substance misuse from both adults continued to feature throughout this relationship.

During [child2]'s early years it is noted within Social Work records that Ms McVey was victim to domestic violence from several partners and in fact [child2] had been witness to a large number of these incidents. Ms McVey was also noted to suffer from low mood and poor mental health; however, it was not until later following the birth of [child] that she appears to have been diagnosed with bipolar disorder. Ms McVey was also admitted to A&E on several occasions with low mood and poor mental health, on one occasion having taken an overdose. These events appeared to centre around early 2004 following the death of her partner [name]. Ms McVey was present during his sudden death whereby he died of a heart attack.

Also within Social Work records it is noted that Ms McVey has a history of addiction, however it is recorded clearly that she has in the past successfully completed detoxes of various substances. These included cannabis, co-codamol, dihydrocodeine and alcohol. Ms McVey does not appear to have had much family support around during these difficult times. In 2007 Ms McVey entered in a relationship with a Mr [name]. Again, this relationship appeared to feature alcohol use of both parties and there were also concerns in relation to domestic incidents whereby Ms McVey was the victim. It was during one of these incidents that Ms McVey reported to Police she was in fact 10 weeks pregnant. Later in the pregnancy there are records indicating Ms McVey to

be upset due to Mr [name] refuting paternity of new baby [child] born in July 2008. The relationship between the pair seems to have ended around the time of [child]'s birth.
Approximately the end of 2009 and beginning of 2010, Ms McVey entered into a relationship with Mr [name]. Ms McVey and Mr [name] went on to have a 5 year relationship, getting married and moving to Patna together. Information shared by East Ayrshire Council and also education notes that [child] had a good relationship with him and thought of him as her dad. Concerns were shared by East Ayrshire Council with South Ayrshire in January 2015 that Ms McVey and [child] had moved back to the area and it was suggested Ms McVey may require some additional supports in caring for [child] as Mr [name] had appeared to be a significant protective factor in the past. This referral was discussed at the DASG and decision that named person in the first instance would monitor and provide some supports and refer for additional supports if required.
Ms McVey and [child] lived within a private let tenancy within Ayr at 1Weaver street, Ayr. [child] was enrolled in Newton Primary in Ayr. Previous concerns are recorded in relation to her attendance at school being as low as 41% in April 2016 and despite school interventions and conversations with mum this only rose to 66% for the month of June 2016. Education colleagues were concerned about the impact this was having on [child]'s education and also her social and emotional well-being. [child]'s attendance rose to 77%, this being an improvement, however, it remained a barrier to learning.
During the months of June and July 2016, [name], Initial response social worker received multiple referrals highlighting concerns regarding Ms McVey's parenting and concern's for [child]'s wellbeing (Please see chronology) When gathering information for the Initial assessment submitted by [name], social worker, she highlighted, Information gathered from health services including [name] Child Protection Advisor for health and also the Community Mental Health Team would raise concerns in respect of Angela's poor mental health and engagement with appropriate supports. Ms McVey had been referred to Community Mental Health on 2 occasions by her GP and both of these occasions she was discharged due to non-attendance or engagement with planned appointments. Ms McVey was referred to meet with Dr [name] Psychiatrist and also [name] CPN however she was discharged in June 2016 following several non-attendances at planned appointments. Ms McVey had also been involved with Addiction Services between 2010 and 2014. Similarly, she was discharged from this service due to non-engagement. It was shared with the writer that the reasons for Angela's involvement with Addiction Services were due to her amphetamine use.
The writer initially met Ms McVey and [child] following the referral recorded on 20.10.16. Ms McVey was accused of hitting her partner Mr [name] over the head with a bottle; [child] was alleged to be present. On arrival, the Police were unable to prove a crime had been committed, however they considered Ms McVey to be unfit to care for [child] as she was under the influence of alcohol. They moved [child] and mother to a friend's house for the evening. On arrival the following day, Ms McVey was sober, and appropriate, however it was evident that her life style was potentially chaotic and her mood was fluctuating continuously during visits. Ms McVey identified she required support around finances at this time and she agreed to seek guidance from her GP regarding her emotional wellbeing and medication. Ms McVey's lacks of supervision of her daughter in the community, lack of routine and home environment were questionable at this early stage of intervention. These were discussed with her to no avail. Appointments were cancelled and missed.

In November [child] was not collected from school and workers actively sought her out, Ms McVey was noted to smell of alcohol at 4.00 pm and she advised she had vodka at mid-day with her lunch. Ms McVey was unclear on [child]'s whereabouts believing she was playing in the community. Social workers assessed her as fit to care for [child].
…Mr [name] and Ms McVey's relationship appeared extremely tense due to allegations of infidelity via social media. …by her own omission, bail conditions were breeched several times, lacking insight into her own safety, and exposure to her daughter [child]…Ms McVey and Mr [name] continued their relationship despite reservations from the department.
…an incident was recorded on 09.01.17, whereby Ms McVey was arrested and charged with domestic assault against Mr [name]. Ms McVey was held at the police station…[name], social worker carried out home visit, no concerns noted within property…
On 10.01.17 Ms Angela McVey was released from Ayr Sheriff Court having pled not guilty, she herself was now subject to bail conditions stating she should not make contact with Mr [name]. A Women's Aid referral was submitted due to the fact Ms McVey advised she was in fact the victim of assault by Mr [name], however Ms McVey refused an Addiction services appointment stating she did not have a substance misuse issues.
… Ms McVey was made aware of this [Child Protection Investigation] and she was accepting of the reasons why. A home visit was carried out, full house check carried out as Ms McVey believed Mr [name] had keys – no other person within the property. Ms McVey advised Mr [name] assaulted her and regularly consuming alcohol. She refused medical treatment. Ms McVey's emotional presentation was deemed acceptable and [child] returned to her care for the evening. During this home visit, conditions were noted as poor, the flat was extremely cluttered with rubbish bags, furniture and general household items. An agreement was made to visit in the morning to support with cleaning.
Unfortunately, on 11.01.17 at 8.40 am Ms McVey contacted the writer to cancel the appointment; … Ms McVey contacted the writer 20 mins later to advise Mr [name] no longer had keys, her speech was noted as slurred, and concerns regarding her ability to provide care for [child] on her return from school were yet again in play. A home visit was carried out by the writer and [name] around 12.00 pm, Ms McVey presented as pale, shaking, and home conditions remain poor. S.25 agreed by Ms McVey who presented as having capacity, [child] has been placed with her sibling [name]…

Overall, Ms McVey appears to manage her day to day activities and parenting to an acceptable standard. Ms McVey has been effected by her mental health issues most of her adult years, this area of pressure will not change and can generally be controlled by her medication. Ms McVey is aware this is within her ability to achieve. Ms McVey made a choice to move house in February 2018, this stemmed from her wish for [child] to be able to 'go out to play' and have a garden. They moved into 32 Victoria street, a three bedroom property on 15th February 2018 and this house move has resulted in further positive changes for the family. The family home is situated in a 'safer area' according to Ms McVey, the family home is less cluttered and [child] remains at the same school, Newton Primary. Ms McVey'S eldest daughter is pregnant and expecting her first child in June 2018. Both Ms McVey and [child] are excited about this. [name] has lived with [child] and mother throughout some of her pregnancy, this has been

both a support and a pressure however [name] does not plan to live with her mother long term, only occasionally for emotional support.

[child] is encouraged to attend after school activities. Her attendance was around 90% at that time. Ms McVey was in receipt of benefits including, DLA, child benefit, child tax credits and family allowance. Ms McVey and [child] appear to have limited family supports; however Ms [name] and Mr [name] have consistently been available to both since January 2017. Overall, these relationships have been positive.

06-07-2018 – Record of Proceedings

As there was no reasonable excuse for [child] and her mum's non-attendance today, the panel were unwilling to proceed in their absence. Given that the recommendation from social work was to terminate the compulsory order we would want to see [child] and her mum to have a discussion before making this decision… [Child] and her mum should attend the next hearing in order for a substantive decision to be made. The panel noted the positive engagement and progress made by [child] and her mum to date.

20-08-2018 – Record of Proceedings

Persons Present: Mother

The panel decided to terminate the compulsory supervision order because they were satisfied that Mum had made good progress and was meeting [child]'s needed. We heard from social work that Mum was engaging with them and that they would continue to support Mum and [child] in the future.

31/05/2022 – Child Assessment and Plan

32 Victoria Street, Ayr
Ms Angela McVey (Mother)

(Historical information repeated from previous social work report dated 06-06-2018 above.)

Parenting assessment/supports, and intervention was undertaken from the period of January 2017- July 2017:
Historical information was that throughout the parenting assessment and subsequent rehabilitation plan (January 2017-May 2017), Ms McVey demonstrated positive changes in her emotional and physical presentation. This is namely due to consistently taking her prescribed medication and limited alcohol misuse. This resulted in her ability to parent more effectively and enforce routines and boundaries following 1-1 focused work and ongoing support from [name], [child]'s older sibling. As a result, the endorsed outcomes highlight progress in [child]'s contact plan and 6 over nights per week commenced from 6th May 2017. It was a family agreement that [name] would resume responsibility for [child] on a Thursday evening until a children hearing was held. [child] returned to her mother's full-time care, as agreed by the LAC meeting and children's hearing from June 2017 where she remains to this day…

 … every week staff tried to support [child] to engage with this however she refused to attend despite mum being in favour of her engaging…
 We have worked hard to build a supportive relationship with mum, and mum has attended meetings to help us plan for [child]…

Current social work involvement
[name] has been involved with the family since February 2021…It was agreed after completed training in SOS (signs of safety) in November 2021 that Angela and [child] may benefit from this new framework. SOS work began in January 2021 and continues to present date, however, there has been very limited progress. [name] and [name] have tried really hard to engage both Angela and [child] in a meaningful way to create a safety plan that the family can take ownership of with a view that the family can progress positively without their involvement…we have also looked at what is priorities for both Angela and [child]. It is fair to note that Angela has engaged more with this process, not always enthusiastically which can also, on observations by [name] and [name], impact on [child]'s engagement…Angela is inconsistent with any boundaries and there has been very little consequences for [child] not attending school, if there have been consequences these have been lifted quickly. [child] appears to be out with parental control with no boundaries, guidance, structure, and very little routine. The home environment has also slipped significantly in particular the kitchen area, which is observed to be unkempt and chaotic. The living room area is also chaotic with clothes and other items all over the place. [name] and [name] are aware that Angela's bi-polar disorder can have an impact on her focus to carry out daily tasks, this is something that requires more work. As far as workers are aware Angela does take her prescribed medication and workers have been present when she has taken her medication, however, recorded information suggests Angela has been inconsistent in the past.

Parental Alcohol/Substance misuse
Information recorded in 2016 relates to Angela McVey misusing heroin regularly and often leaving [child] with a variety of people who were known to take substances and/or misuse alcohol.

Parental Mental Health
There are recordings in 2016 of non-engagement with mental health services and non-engagement with addiction services. Angela had a potential diagnosis of emotional unstable personality disorder with possible bi-polar affective disorder, Angela was discharged from both these services due to her non- engagement. There is also a history of self-harming. Recordings also inform that Angela was not taking her prescribed medication consistently in the past. Angela did describe a period that she felt she had a mental breakdown.

Parenting capacity
Historical information recorded informs there was an accumulation of concerns in 2016 this led to [child] being removed under s25 Children (Scotland) Act 1995 in early 2017, whereby she was being cared for by her elder sister [name]. According to social work records [child] was being left by her mum in the care of a variety of people known to misuse substances, mum was also misusing substances/alcohol, the home was reported to be unkempt and chaotic and [child] was reported to be attending school dirty with her hair unwashed.

Domestics
Since the writer's involvement with the family there have been ongoing relationship difficulties between Angela and her eldest daughter, this can result in verbally abusive arguments, verbally abusive phone calls or abusively written text messages. [child] is very much aware of the negative relationship and is exposed to these outbursts at times.

Parental Alcohol/Substance misuse
Information recorded in 2016 relates to Angela McVey misusing heroin regularly and often leaving [child] with a variety of people who were known to take substances and/or misuse alcohol. This recording seems to be the worst event in the family's life.

Parental Mental Health
There are recordings in 2016 of non-engagement with mental health services and non-engagement with addiction services. Angela had a potential diagnosis of emotional unstable personality disorder with possible bi-polar affective disorder, Angela was discharged from both these services due to her nonengagement. There is also a history of self-harming. There are also recordings suggesting that Angela was not taking her prescribed medication consistently. Angela did describe a period that she felt she had a mental breakdown and was not available for [child] or providing any structure or routine around the home or with regards her education.

Parenting capacity
Historical information recorded informs there was an accumulation of concerns in 2016 this led to [child] being removed under s25 Children (Scotland) Act 1995 in early 2017, … According to social work records [child] was being left by her mum in the care of a variety of people known to misuse substances, mum was also misusing substances/alcohol, the home was reported to be unkempt and chaotic and [child] was reported to be attending school dirty with her hair unwashed. During discussions/reflection with Angela whilst carrying out SOS (signs of safety work/2022) she did advise on reflection that she feels she was having a "mental breakdown" and did not know what was going on at this time, she cannot fully recollect how bad things had been during this time for [child] and willing to admit she did not know what routine/structure/boundaries if any were in place.

Domestic incidents
On 21st April 2022 there was an altercation between Angela and her eldest daughter with Angela being physically assaulted in front of [child] and Angela's granddaughter [name]. This caused upset and distress to all involved at the time.

Parenting capacity
More recently Angela has admitted to bribing [child] with cigarettes to get her to do what she wants. Angela did further inform workers that this was how she was parented. Angela has also taken [child]'s phone from her but can be inconsistent with this, she will threaten to ground her but doesn't always follow through. These inconsistencies are creating a situation whereby [child] is becoming out with parental control.

Alcohol/substance misuse
Angela has now completed work with “We are with You” (support to manage substance/ alcohol use) and the case has now been closed.

Mum’s Health
[name] (We Are with You) has been working with Angela since 2021 and has reported that Angela’s parental substance misuse is not a barrier to her parenting. Angela has reduced her cannabis misuse. [name] will give Angela a call in a couple of weeks’ time, if all is well, he plans to close the case. However, we can re-refer if concerns arise in the future. At this time there are no concerns or significant changes and reports ongoing abstinence from alcohol. [name] has also previously discussed a referral for mum to seek CPN (community psychiatric nurse) with regards her own mental health. Mum is not willing to engage with this at the moment but will continue to be mindful that this is a support that she may feel she needs in the future. Previous records indicate that mum has in the past failed to engage with services, at the present time mum is engaging with social work, education, and health. Angela is also diagnosed with Bi-polar which impacts on her mood causing her mood to fluctuate. Angela has advised she can feel worried and anxious some days and is fearful she may “die”. This is something that [child] said she worries about I would like to acknowledge the positive steps the family have made. Angela has been able to abstain from alcohol and complete relapse prevention work with “We Are With You”. This is something Angela should be proud of. The report highlights that Angela is engaging with services and she acknowledges that education have went above and beyond to try and support her daughter…This report also highlights concerns that are not only current but also have been highlighted historically, therefore there are similar themes running through it. [name] and [name] are in no doubt Angela loves [child] and wants what is best for her. Angela has voiced that [child] is the one person that keeps her going, hence the reason she is fearful this process will remove [child] from her care. Angela is aware that she needs to make some changes to her parenting and has agreed to become stricter in her parenting approach, however this has also been an ongoing discussion throughout signs of safety work, which began in January 2022 to present with very limited progress made. Angela agrees she has let the reins go and it is difficult to rein [child] back in…There is also recognition in terms of [child]’s health needs and for this to be taken more seriously by Angela and [child], as previously stated this is about what [child] “needs” and not what [child] “wants”, and Angela needs to prioritise this. …Unfortunately Angela did not attend the meeting on the 3rd as requested but has been fully updated of the outcomes from all meetings that took place

12-07-2022 – Record of Proceedings

Relevant Person:
Angela McVey

Attendance:
No

Unfortunately due to non-attendance of both mum Angela McVey and [child] the hearing had no option but to arrange another grounds hearing due to this non attendance. Social Work stated that they would rather try to get mum and [child] to

work with them to attend the rearranged hearing. The family were worried as they felt they were under pressure regarding the possible outcome of the grounds hearing.

09-08-2022 – Record of Proceedings
Relevant Person:
Angela McVey

Attendance:
Yes

Today's hearing was a grounds hearing and all the grounds were accepted by both [child] and mum, therefore we were able to have a full discussion.

17/01/2023 – Child Assessment and Plan

32 Victoria Street, Ayr
KA8 0DN
Ms Angela McVey (Mother)
07444868291 (Angela's number)

(Historical information repeated from previous Social Work Report dated 06-06-2018 and Child Assessment & Plan dated 31-05-2022 above.)

Who do parents/carer's say are important to the family/child/young person? Who helps and supports them? How do they do this?

Angela informs [child] and her granddaughter, [name], are very important to her. Angela has a new partner who she states is a good influence but according to Angela he does not come into the family home and [child] has only met him once…(repeated information)

Parental Mental Health:

Angela has a diagnosis of Bi-polar disorder and is insightful about how her condition impacts her and at times prevents her from being able to parent [child]. When Angela is experiencing a low period she finds it difficult to ensure there is any structure within the home and the living conditions become more chaotic. This often means [child] is left to her own devices and will spend long periods on her mobile phone in her bedroom and is not encouraged to attend school.

Parental Substance Misuse:

Angela continues to smoke cannabis which she feels helps her remain calm. The concern is the impact Angela's cannabis use has on her motivation, willingness and ability to set clear parental guidelines and boundaries for [child]…

Domestic Violence:

Although the incidents of Intimate Partner Violence have stopped there has still been incidents of violence between Angela and her oldest daughter, [name], that [child] has

witnessed. The concern for [child] is she is still witnessing abuse within relationships and will believe this is normal behaviour within all relationships. The fractious relationship between Angela and [name] is also preventing [child] from having a relationship with [name] and her niece, [name].

SAFE

There have been no incidents relating to domestic violence and whilst Angela reports she has a partner he is not coming into the family home or spending time with [child]. There have also been no further police reports since the last one which was in November 2022.

Health

Angela is continuing to take her prescribed medication for Bi-polar disorder.

Nurtured

Angela and [child] have a very close relationship. It is clear they love one another and care for each other.

Harm Analysis:

Social work involvement with Angela, [name], and [child] is longstanding. In 2017 Child Protection procedures commenced due to concerns around Angela's substance/alcohol misuse and domestic violence incidents which [child] witnessed. Due to the risks and concerns for [child]'s safety and overall wellbeing, Angela agreed to [child] living with her older sister, [name]. Over a period of 6 months, a parenting assessment was completed which Angela engaged with and a rehabilitation plan was completed which meant [child] was able to return home in June 2017. [child] returning home was successful and there was a period from 2018-2020 where there was no social work involvement. However, further incidents of domestic violence, poor school attendance and concerns around Angela's substance misuse meant social work became involved in 2020.

Angela struggles to implement boundaries and structure within the home to ensure [child] attends school regularly and consistently.

Full account of Angela's views has not been obtained due to Angela cancelling or postponing visits.

Angela advised her biggest worry is the threats [child] has been receiving from the group of young people she used to be friends with. Angela states this makes [child] anxious and prevents her from going out. Angela sights this as a contributing factor to why [child] is not attending school.

Angela feels transport should be provided to take [child] to and from school.

Anji, you have continued to take your prescribed medication which you know is helping you to manage the symptoms for your Bi-polar. I also think it is positive that you are

keeping your new relationship separate from [child] and not allowing your new partner to come into your family home. This ensures that [child] continues to feel safe at home as she may be anxious about any new relationship you have due to previous experiences. I am worried that you are using cannabis and the impact this will be having on you mentally and financially. You have told me it helps you to manage your emotions and keep you calm; however, I am concerned this is an unhealthy coping strategy and is likely impacting on your ability to set clear structures and boundaries and is preventing you from ensuring [child] is up and organised to attend school. There are times over the past couple of weeks where you have sought financial support from social work as you have no money left in your gas meter. I am concerned if you continue to misuse cannabis your financial expenditure will be prioritised on this rather than prioritising [child]'s need to live in a warm home environment.

Anji you are aware of services you can refer to for support with your cannabis use and this is something you have done successfully in the past. We would like to see you implement strategies which will encourage [child] to attend school regularly as this is important for her development, mental health and overall wellbeing.

Although the assessment highlights extensive historical and current need for social work input it does also evidence Angela's ability to make effective and positive changes for her and [child]. Despite all the adversities and difficulties they have experienced it is clear [child] and Angela have a close and loving bond. Yet, the concerns around Angela's substance misuse and [child]'s considerably low school attendance are still of significant concern.

15-05-2023 – Record of Proceedings

Relevant Person:
Angela McVey

Attendance:
Yes

08-05-2024 – Record of Proceedings

Relevant Person:
Angela McVey

Attendance:
No

The panel heard that neither [child] nor her Mother were attending today despite the importance being explained by their Social Worker and Educational Support Worker...

05-06-2024 – Record of Proceedings

Relevant Person:
Angela McVey

Attendance:

Yes (virtual attendance)

[Child] and Angela are happy with the Social Work recommendation that the CSO should be terminated.