

29/11/94

REPORT ON INCIDENT OF ABSCONDING / FAILURE TO RETURN TIMEOUSLY

(Delete as appropriate)

- 1. CHILDREN'S CENTRE: LOUL PARK
- 2. NAME OF CHILD: PAMELA MARGARET RATTRAY
- 3. DATE OF BIRTH: 01/03/81
- 4. HOME ADDRESS: 51 JOHNSTON PLACE PLACE HILTON, INVERNESS
- 5. SOCIAL WORKER: EVELYN STEWART 712209
- 6. DATE OF INCIDENT: 29/11/94
- 7. TIME WHEN ABSENCE NOTED: 8.45 am

- 8. ACTIONS TAKEN: (1) PARENT/GUARDIAN INFORMED
- (2) SOCIAL WORK DEPARTMENT INFORMED OSW via
- (3) POLICE INFORMED
- (4) NO ACTION TAKEN
- (5) OTHER (specify) _____

9.50 pm
Police
9.40 pm

- 9. DATE CHILD RETURNED: 30th Nov 94 TIME: 3.15 A.M.
- LENGTH OF TIME MISSING 4^{H} HOURS
- (I am at Police H.Q, Inverness)

- 10. RETURNED BY: (1) SELF
- (2) CENTRE STAFF
- (3) POLICE
- (4) PARENTS
- (5) OTHER (specify) D.S.W.

✓

11. ACTION TAKEN ON RETURN:

- (1) NO ACTION
- (2) CHILD IN CARE REVIEW
- (3) CASE DISCUSSION / PLANNING MEETING
- (4) HOME LEAVE WITHDRAWN
- (5) INTERVIEWED BY POLICE
- (6) TRANSFERRED TO ANOTHER ESTABLISHMENT

WHERE?

12. ARE YOU AWARE OF ANY OFFENCES COMMITTED DURING PERIOD OF ABSENCE?

- NO
- YES - ASSAULT
- BREAKING AND ENTERING
- THEFT OF VEHICLE
- SHOPLIFTING
- SOLVENT/DRUG ABUSE
- OTHER

✓

13. IF ABSENCE WAS SPENT OVERNIGHT, DO YOU KNOW WHERE CHILD SPENT THE NIGHT?

- (1) WITH PARENTS/FAMILY
- (2) WITH FRIENDS
- (3) OTHER PLACE
- (4) CHILD WOULD NOT DISCLOSE

WHO?

WHERE?

14. IS THERE ANY EVIDENCE OF CHILD BEING ABUSED / OFFENDED AGAINST DURING ABSENCE?

NO

YES

SPECIFY _____

15. WHAT REASON DID CHILD GIVE FOR ABSENCE?

PLEASE SEND A COPY OF THIS REPORT TO:

Mr J Goodfellow
Principal Officer (Children)
Social Work Department
Kinmylies Building
Leachkin Road
INVERNESS.