

If there is any history of other serious illness, or physical or mental condition (e.g. Asthma, Epilepsy, etc.) please enter details below.

Nature of Illness	Date of Illness	Hospital/Clinic Attended
ANCAETIA & KIDNEY INF.	SUMMER 1978 XMAS 1980	RAH. OUT-PATIENTS
REMOVAL EAR BLOCKAGE	AGE 5 YRS	RA HOSP SICK CHILDREN

Give details of any accidents, injuries or operations the child has had

.....

.....

.....

.....

.....

Please give details of any special treatment or diet ordered by doctor, hospital or clinic

18 months - ANCAETIA FROM KIDNEY INF. (UNTIL AGE FIVE +)
- ARTERIAL EAR INF -

PROPHYLAXIS

Please show if the child has had the following vaccinations and immunisations, and state age, and particulars of doctor or clinic, if possible.

	Date or Age of Child
Diphtheria ✓	
Smallpox	
Whooping Cough ?	
Poliomyelitis ✓	
B.C.G. ✓	
Tanus ✓	

Please give details of any important illnesses or defects in the family

.....

.....

.....

.....

.....

NOTE - Please note on first page if authority is not available

AUTHORITY FOR MEDICAL AND SURGICAL TREATMENT

I hereby give my consent to such medical, surgical or dental treatment including immunisation, inoculation and operation under general anaesthetic, as may be recommended by a qualified medical or dental practitioner for CLARE L. FORBES

Signature
(Father/Mother/Legal Guardian/Person legally in charge of the Child)

Address Date 15.8.1990

CONFIDENTIAL

GRAMPIAN REGIONAL COUNCIL
SOCIAL WORK DEPARTMENT - KINCARDINE AND DEESIDE DIVISION

DIVISIONAL OFFICE
52-56 CAMERON STREET
STONEHAVEN AB3 2HE


Director of Social Work

Telephone No. Stonehaven (0569) 63800

Your Ref.

Our Ref.

REPORT TO THE CHILDREN'S PANEL

Hearing continued from Friday 27th July 1990 to Thursday 16th August 1990 at 10 a.m. in Albyn Place, Aberdeen.

<u>NAME</u>	CLAIRE LORRAINE FORBES
<u>DATE OF BIRTH</u>	18.12.75
<u>RESIDENT AT</u>	
<u>MOTHER'S ADDRESS</u>	13 Rosebank, Oldmeldrum
<u>FATHER'S ADDRESS</u>	75 Provost Barclay Drive, Stonehaven

Per the requirment of the Hearing continued from 27th July 1990, a residential place has been acquired at Bon-Accord Children's Home in order to facilitate appropriate assessment of Claire's longer-term needs. This will involve the family, Education Department, Young People's Department at Royal Conrhill Hospital, and the Social Work Department.


(Mrs.) J. CLERK
Social Worker

10th August 1990
JC/DWM

GRAMPIAN REGIONAL COUNCIL - EDUCATION COMMITTEE

CHILD GUIDANCE SERVICE

Ref. No.

NAME CLAUKE FORBES Date of Birth 18.12.75
ADDRESS 75 Provost Barclay Drive, Stonehaven

Name of Parent/Guardian Mr Forbes

G.P.

School Mackie Academy

Referred by School Date of assessment: 19.6.90

Reason for Referral Negative attitude to school and authority. High absence rate. Concern over home environment.

Test Details:

Results of present assessment

Wechsler Intelligence Scale for Children (R.S)

Verbal IQ:	94	} Average ability range
Performance IQ:	108	
Full Scale IQ:	100	

Burt Spelling Test

Chronological Age:	14 years 6 months
Spelling Age:	8 years 6 months

Burt Reading Test

Chronological Age:	14 years 6 months
Reading Age:	10 years 3 months

Claire was referred by Mackie Academy on 30 April 1990, having received Mr Forbes' reluctant permission. Claire failed her first appointment on Friday 15 June, she also failed to see [REDACTED] at the Young People's Department at Cornhill Hospital on 13 June, and again on 29 June. It is therefore a matter of some urgency that this girl be reviewed at a Hearing as soon as possible.

I called at Claire's home at 2.00 pm on 15 June. Mr Forbes, Claire and the baby were present. It was difficult to have a discussion with Mr Forbes as he constantly complained about the negative attitude of school staff towards Claire and himself, as well as having a long harangue on the involvement of professionals making decisions about Claire when they didn't know Claire at all. Eventually, however, he admitted that he had not told Claire about that day's appointment, so I offered a second appointment in the office at 9.30 am on Tuesday 19 June. Claire agreed to attend and indeed she did arrive 45 minutes late.!

Claire Forbes (18.12.75)

Throughout the individual assessment Claire appeared quite relaxed and talkative. She was open about the numerous incidents (well documented by the Guidance Department) which had led up to her conditional exclusion and also to her recent suspension pending the outcome of police investigations (fire raising incident). She was adamant in talking to me that she had not done this. She is very much aware of the trouble she is in but not too concerned to be on her way out of Mackie Academy.

Her attitude to school was not all negative, however she is a girl of average intellectual ability, who is aware of her spelling difficulties. She does not find subjects such as Biology easy and she dislikes things she can't do. As a result she fails to come to school, preferring to take the easy way out, as she sees it. She does enjoy subjects such as Art, Craft & Design and Computing and she feels she is coping reasonably well with these.

In discussion about education in fourth year, Claire expressed a preference to attend a city school rather than Portlethen or Mearns Academy. She felt that she knew too many people in both these Academies and that she found it hard to resist the temptation to act in the way expected by her peer group. Claire had heard of Oakbank, Cordyce and the Reading Centre. She was very clear that she would not want to live away from home. Throughout the interview it was clear that she had an accurate picture of her father's personality, but that she was defensive and very loyal towards him.

Claire is the youngest member of Mr Forbes' family except for the baby to his present girlfriend. Claire's sister and brother have both left school now but live in the family home. Claire's parents separated about seven years ago and Mr Forbes has always cared for Claire since then. She does see her mother from time to time but does not live with her, nor would she want to. However Claire wanted her mother to be present at the next hearing.

As to the future, Claire is very interested in becoming a stable hand and would be trying to get a YTS placement on leaving school. She attends Army Cadets and enjoyed a recent weekend working with disabled people. It might be possible to involve her in Riding for the Disabled. We talked about this and she seemed interested.

Claire feels that school has very little to offer her, but perhaps in the correct, supportive environment there would be enough structure to bring out the better side to Claire's personality and allow her to develop in a more meaningful way. In my view, Claire would benefit from being away from home and perhaps being residential at Oakbank at least for an assessment period. I do not see any future for Claire in a mainstream Academy as her history of truancy and lack of self-discipline in time keeping etc would make this a non-starter.

Claire Forbes (18.12.75)

Claire has agreed to see me again to discuss the results of my assessment. I would be very interested in participating in an assessment team meeting or in attending a Hearing on this girl. I would strongly recommend that a Hearing be re-convened as quickly as possible as I feel that Claire is not benefitting from the present delays brought about by her father's failure to comply with Social Work Department advice.


Educational Psychologist

c.c.  Divisional Education Officer, Stonehaven
Ms J Clerk, Social Work Department, Cameron Street, Stonehaven ✓
 The Reporter, The Childrens Panel, 4 Albyn Place, Aberdeen

GRAMPIAN REGIONAL COUNCIL

CONFIDENTIAL

SOCIAL WORK DEPARTMENT - KINCARDINE AND DEESIDE DIVISION

DIVISIONAL OFFICE

52-56 CAMERON STREET

STONEHAVEN AB3 2HE

, B.A.
Director of Social Work

Telephone No. Stonehaven (0569) 63800

Your Ref.

Our Ref. JC/DWM

INITIAL ENQUIRY REPORT

NAME CLAIRES LORRAINE FORBES

DATE OF BIRTH 18.12.75 AGE 14 years SEX Female

ADDRESS 75 Provost Barclay Drive, Stonehaven

PREVIOUS OFFENCES

29.09.87	Police Warning for theft	Initial Enquiry
17.11.87	Fraud	Initial Enquiry
13.02.89	Vandalism - denied	No further action

GROUND OF REFERRAL

The school referred due to truancy

This report is based upon contact with Claire, her family, and Social Work Department records.

FAMILY

<u>Father</u>	Terence Forbes (16.11.54)
<u>Brother</u>	Michael Forbes (27.06.72)
<u>Sister</u>	Deborah Forbes (05.10.73)
<u>Subject</u>	Claire L. Forbes (18.12.75)


Mother Jean Inglis or Forbes (34)

SCHOOL On roll at Mackie Academy, Stonehaven

HOME CONDITIONS The ^{four}three-bedroomed, semi-detached Council house, which is in a modern Council estate, is comfortable. When finance permits, decoration progresses to make a pleasant home.

FINANCIAL CIRCUMSTANCES



CLAIRE LORRAINE FORBESHISTORY

The family lived in Aberdeen until approximately 1982 when, it is alleged, the mother wished to live in the country; they moved near Banff when Claire was six years old, and lived on the farm for four months. Mother left home at Christmas 1982.

Father removed with the children to a cottage near Auchenblae. He brought up the three children there for five years before taking the present home three years ago.

Claire is said to have had a normal birth but had kidney failure when aged 4½ years and was in hospital. A recurrent problem with kidneys meant hospital checks until she was eleven years old. She is prone to kidney infection and has missed a lot of schooling, particularly in the early years, due to this.

Claire enjoys Air Cadets, which her sister is also committed to. She had a horse when living near Auchenblae and has a continuing interest in horses. Bikes also form a real interest and activity.

In several ways a pleasant child, Claire can provoke adults with an unco-operative, quiet attitude. Her positive strengths need to be worked with.

EMOTIONAL
CIRCUMSTANCES

Mr. Forbes had worked offshore prior to his wife's departure, on a two weeks on/two weeks off basis. He then did not work for six years as the children were dependent on him. In many ways this appears to have been domestically successful. He is a very young father for the family [REDACTED]

Mr. Forbes got to know [REDACTED] two years ago and she joined the family eighteen months ago. This allowed Mr. Forbes to go back to work where he worked exceedingly long hours as a decorator [REDACTED]

Claire has no contact with her own mother unless she or her sister initiate it. She does not get on with her mother's partner and is very uncertain of the relationship with her mother.

THIS REFERRAL

Claire has a physical ailment which has seriously interfered with primary school attendance. Her mother left home when Claire was six years old; consequent to that crisis, the family moved twice from Aberdeen to Banffshire to near Auchenblae in Claire's first years at school.

CLAIRE LORRAINE FORBES

Claire was brought up as the baby of the family by a young, single father and was indulged with superb and well-used opportunities for activities, e.g. having the horse.

Father has exercised control through laissez-faire attitudes which have utterly failed in maintaining Claire's motivation for schooling at Mackie Academy. While school itself is not, in my opinion, felt to be the fundamental problem (Claire has enjoyed periods at school) the breakdown of respect and co-operation between family and Mackie Academy has allowed Claire to find it easier to opt out. Father has not coerced her to attend. His partner has made attempts but only out of affection and concern for Claire.

Other issues about Claire's place in the family with [REDACTED] fully settled and the arrival of baby [REDACTED], interfere with Claire's motivation. There is also difficulty around contacts with natural mother which has to be resolved.

An interview at Portlethen Academy resulted in the positive offer of enrolment there if father and Claire take up the issues within and adhere to the obligatory contract between school and family. This was as a result of father's application to transfer Claire from the incompatibilities at Mackie.

Whatever the outcome of enrolment at Portlethen Academy, Claire and her family have been referred to the Young People's Department at Royal Cornhill Hospital by the Social Work Department and the Divisional Education Officer.

Concerns about Claire's behaviour socially and outside the school in schooltime have caused concern at Mackie Academy.

SUMMARY AND
CONCLUSION

Claire's history points to many reasons, which need to be addressed, for difficulties around school attendance. There are feelings of injustice at home for the attitudes held at school. These are being addressed through referral to Portlethen Academy who have confronted these very issues. Whether or not full attendance and motivation are achieved, Claire is to be assessed at the Young People's Department at Cornhill to support either mainstream schooling or the process of seeking and sustaining alternative education. Issues around her total welfare will be inevitably confronted.

To this end it is respectfully suggested that the need to endorse school attendance is already being addressed in the most appropriate and effective way. The need to attempt to enforce through the Children's Panel any other method is not, at this stage, appropriate. The option of residential education cannot be seen to be of any benefit in addressing Claire's problems, and alternatives are already being actively pursued.

(Mrs.) J. CLERK
Social Worker



15th March 1990
JC/DWM

GRAMPIAN REGIONAL COUNCIL
SOCIAL WORK DEPARTMENT - KINCARDINE AND DEESIDE DIVISION

██████████ B.A.
Director of Social Work

Telephone No. Stonehaven (0569) 63800

Your Ref.

Our Ref. JC/DWM

DIVISIONAL OFFICE
52-56 CAMERON STREET
STONEHAVEN AB3 2HE

REPORT TO THE CHILDREN'S PANEL

Provisional arrangement: Friday 27th July 1990 at 10.30 a.m. in Stonehaven

NAME: CLAIRe LORRAINE FORBES DATE OF BIRTH: 18.12.75

ADDRESS: 75 Provost Barclay Drive, Stonehaven

Since the Hearing of 25th May 1990, the following has transpired:

1. Claire went in to Mackie Academy for readmission on Monday 28.05.90 and started the school day normally on Tuesday 29.05.90.
2. A fire was started in the girls' toilets on Tuesday 29.05.90 and the Police were involved.
3. On Wednesday 30.05.90 Claire was challenged about her possible involvement with the fire; she went and locked herself in a girls' toilet. A lengthy session with Claire, School Nurse and Mr. Hay (Guidance Teacher) almost enabled her to emerge to resolve her reaction when the Police, summoned by Mr. MacDonald (Depute Rector) arrived and charged Claire with Breach of the Peace.
4. Verbal ^{confirmation} confrontation by the Police on 30.05.90 that Claire would be charged with Breach of the Peace and Reckless Fireraising.
5. 27.06.90 - Copy of the Police Complaint received by Social Work Department from the Reporter's Office.
6. 06.07.90 - Social Worker received letter from ██████████ confirming that father and Claire were unable to attend appointments on 13.06.90 and 29.06.90.
7. Claire appears to stay out at least one night per week, against adults' wishes.
8. Contact with mother, a Residential Social Worker, has recently arisen. Claire's Social Worker has been trying to contact her

Professionals connected with Claire feel an increasing need to have Claire assessed efficiently. She cannot be engaged usefully in any contact while at home. It is respectfully recommended that a period of residential assessment be considered in order to put some structure around Claire and to enable consistent adult contact, so that some measure of her profounder and long-term needs can be gauged.

J.S. Hobson.

(Mrs.) J. CLERK
Social Worker

P.P.

9th July 1990
JC/DWM

SAR COPY

NOTIFICATION FORM C3

Form circulated to:

Divisional Administration

Computer Record, Woodhill House

Division	KINC + DEESIDE
S.W.	JESSIE CLERK
Case No.	1042564
44909	

For - Admissions to Care
 Notifiable Changes of Circumstances in Care
 Discharges from Care

*Delete as Applicable

1. Full Name of Child CLAIRE LORRAINE FORBES
 Date of Birth 18.12.1975 *Male/Female
 (S.W.S.G. Reference No.)

2	5	0	1	0	3	6	0	7
---	---	---	---	---	---	---	---	---

2. Reason for *Admission/Change/Discharge: TRUANCY; NEED TO
ENDORSE PSYCHIATRIC + SW APPOINTMENTS
+ SCHOOL ATTENDANCE @ MACKIE AC

Date of *Admission/Change/Discharge 25th MAY 1990
 Complete one of these as appropriate { Admissions: Statute Applicable for Admission SW(SOT)A 1980 Sec 44(i) a
 Discharge: Statute Applicable up to Discharge
 Changes: { Statute Applicable before Change
 Statute Applicable after Change

3.

	Prior to	After
	Admission/Change/Discharge	Admission/Change/Discharge
Fosterparent/Houseparent/ Parent, responsible	<u>MR. TERENCE FORBES</u>	<u>→</u>
Address of Child (Division only if placed for adoption)	<u>75 PROVOST BARCLAY</u> <u>STONEHAVEN DRIVE</u>	<u>→</u>
School attended	<u>MACKIE ACADEMY</u>	<u>→</u>
Name and Address of G.P.	<u>MEDICAL CENTRE</u> <u>ROBERT ST</u> <u>STONEHAVEN</u>	<u>→</u>

Completed by Jessie Clerk Date 30.05.1990
M. Frost SSN 1 6 90

STRICTLY CONFIDENTIAL

SWS FORM CH2
Revised 1/4/83

ADMISSION FORM FOR CHILDREN

Please send both parts
of this form to SWSG

Please refer to notes issued for 1/4/86

Please use ink, not pencil, and write
carefully in the centre of each box.

Reference number 1-9

250103607

Sex (1=boy, 2=girl)

10 2

Date of birth (D.M.Y.)

11-16

11811275

Surname

17-28

FORBES

Initials

29-30

CL

Type of admission (1=new admission 3=transfer
2=re-admission 4=amendment)

31 1

A. PERSONAL INFORMATION

Col. 1 3

Reference number 2-10

250103607

2 Sex (1=boy, 2=girl)

11 2

3 Date of birth (D.M.Y.)

12-17

11811275

4 Physical handicap or mental disorder

18

5 Social Work Department

19-20

25

6 Area Code

21-22

41

C. PRESENT PERIOD OF CARE OR SUPERVISION

1 Date of admission (D.M.Y.)

31-36

259590

2 Reason for admission—Statute

37-38

06

Primary reason within statute

39-40

02

3 Accommodation—Type

41-42

01

District code

43-44

25

punch—skip 45-54

4 Number of previous periods of care or supervision
(if none, enter 0; if 9 or over, enter 9)

55

0

SPARE BOXES

for use, see notes

56-57

58-59

60-66

FAMILY INFORMATION (at date of admission)

1 Household composition code

23 4

2 District code of residence

24-25

25

3 Employment code of father

26 6

4 Employment code of mother

27 2

5 Number of children in household (9 or over, enter 9)

28 3

6 Birth order of child (9 or over, enter 9)

29 3

7 Number of siblings in care or under supervision
(9 or over, enter 9)

30 0

D. MOST RECENT PREVIOUS PERIOD OF CARE OR SUPERVISION

punch—reproduce columns 2-10

Date of admission (D.M.Y.) 11-16

| | |

Reason for admission—Statute

17-18

| |

Primary reason within statute

19-20

| |

Date of discharge (D.M.Y.) 21-26

| | |

Reason for discharge

27

|



GRAMPIAN REGIONAL COUNCIL - EDUCATION COMMITTEE

MACKIE ACADEMY STONEHAVEN KINCARDINESHIRE AB3 2DF

JOHN FRASER, M.A., Rector

Telephone STONEHAVEN 62071

Our Ref: DDM/CAC/9

Your Ref:

[REDACTED]
Principal Social Work Officer,
Grampian Regional Council,
Woodhill House,
Westburn Road,
ABERDEEN

9th November 1990

Dear [REDACTED]

CLAIRE LORRAINE FORBES (D.O.B. 18-12-75)

Following the meeting of the Assessment Team on Tuesday 6th November 1990, the Rector has asked me to confirm in writing the views which I expressed during the meeting and in our conversation afterwards.

1. I would concur with the contents of the Educational Psychologist's report by [REDACTED] and the Consultant Psychiatrist's report by [REDACTED]
2. I was surprised to learn that Claire had been enrolled at Inverurie Academy before the meeting of the Assessment Team and concerned that I heard of this only because Inverurie Academy had requested her records. I noted that Inverurie Academy were not represented at the meeting.
3. I was pleased for Claire that the reports of the social workers indicated that she was more settled and contented than before. However, there were unquantified instances of temper which were consistent with our experience when we attempted to enforce attendance and punctuality.
4. I noted with concern that Claire is not to repeat third year. Even with considerable learning support I would question whether she can overcome the substantial gaps in course content and assessment due to her erratic attendance at Mackie Academy.

5. It is now almost one year since the Rector referred Claire to the Divisional Education Officer for truancy proceedings and to the Childrens Panel on the grounds of concern for her moral and physical welfare. This step was taken only after considerable efforts had been made to resolve the difficulties and when the staff involved had become alarmed about the situation.

I am most concerned that it has taken so long to deal with this case and also that none of the external agencies was prepared to communicate with the school to keep us informed of developments until I wrote again in February 1990.

It is our wish to cooperate fully with all external agencies to achieve the best possible support and assistance for our pupils, and we would be prepared to discuss possible improvements in procedures to ensure closer cooperation and more effective communication on future occasions.

Yours sincerely,

D.D. Macdonald

D.D. Macdonald
DEPUTE RECTOR

10 December 1990

Mrs J Clerk
Social Worker
Social Work Department
52 Cameron Street
STONEHAVEN

Dear Mrs Clerk

CLAIRE LORRAINE FORBES (D.O.B. 18.12.75)

This is to confirm the discussion and agreements reached at the Assessment Team meeting on the above named girl.

Mrs Clerk

Claire had been received into care in August 1990 and the initial intention had been to integrate her into mainstream education at Kincorth Academy. However, events had overtaken this intention through Mrs Forbes taking a greater interest in, and becoming more involved in her daughter's welfare. This development had led to Clair spending increasing periods with her mother at Oldmeldrum and because of this a view was taken that Claire should be tried at Inverurie Academy on the basis that she might eventually move to live with her mother. Admission to Inverurie was eventuated mid October and while it was far too early to say Claire had settled at the Academy preliminary indications were she is trying to make the placement work. The same could be said about the mother's re-involvement i.e. it is far too early to be confident it is working but Mrs Forbes and Claire appear to want to try and make it work. There is another complication however in the shape of Mrs Forbes' boyfriend (he lives with her) who is largely an unknown quantity to Claire and those responsible for her future.

Prior to admission to Bon-Accord, Claire had lived with her mother for about a month following the breakdown of Claire's relationship with her father. In the time Claire had been at the children's home she had made it clear where her heart lay - with her mother - and by and large had responded to the home's regime in such a way as to facilitate this.

Expressed surprise on hearing of Claire's admission to Inverurie as Mackie Academy had at times found her to be a very difficult pupil to manage in class. This had been compounded by Mr Forbes' attitudes to the schools difficulties, these attitudes were described as consistently obstructive and the school had apparently not been helped from other sources in its attempts to overcome these problems.

Had been surprised when she had found Claire to be open and friendly, this contrasting so much with the Academy's description of their experiences. When this was added to the developing possibility of Claire returning to the care of her mother, the plan to integrate Claire at Kincorth had been called into question. This had led [redacted] to discussing the case with the Assistant Divisional Education Officer, Aberdeen, and arising from this it had been agreed to try Claire at Inverurie Academy.

Had been as surprised as [redacted] on learning of Claire's admission to Inverurie and was concerned this had occurred without reference to the Psychological Service. [redacted] questioned the appropriateness of this placement because of Claire's severe learning difficulties.

Had been similarly surprised to [redacted] by Claire's openness and honesty especially about her difficulties when living with her father i.e. within the home and at school. [redacted] looked favourably on the possibility of Claire's moving to live with her mother but identified a number of difficult areas including:

- (i) what were the implications of the mother's abandoning her daughter when aged 6/7 years.
- (ii) what was the meaning of Claire's contacts or alleged contacts with her mother while Claire resided with Mr Forbes.
- (iii) the role of Mrs Forbes' boyfriend (this was a view shared by others) and his willingness to take on some responsibility/involvement for Claire's care and management.
- (iv) in her urge to make living with her mother work, Claire could build a 'fake' honeymoon period that could come crashing down around her ears.

It was against this background the following plan was agreed:

- (a) The current gradualist approach of moving Claire to the care of her mother would continue and a careful eye would be kept on developments, with Claire and mother along with boyfriend being counselled - this to be shared by [redacted].
- (b) Inverurie Academy would be kept up to date with events and be alerted to any arising difficulties - [redacted] to undertake this along with keeping [redacted] informed of developments.

- (c) [REDACTED] did not think it necessary or appropriate for her to see Claire again (unless the situation deteriorated) but would be willing to be approached for consultative purposes by those continuing to work with Claire.
- (d) Mrs Clerk will emphasise to her management and via them to Gordon Division the need for Claire's supervision to be transferred to a social worker from that Division.

The above is what I recall was agreed by the Assessment Team but should anyone who attended the meeting and will be receiving a copy of this letter wish to comment on its content, I would expect this to be done in writing to me. Should it then be necessary I would circulate to the others involved.

Please note I am copying the letter and reports to [REDACTED], Principal Educational Psychologist for his information.

Yours sincerely

[REDACTED]
PRINCIPAL SOCIAL WORK OFFICER

c.c. [REDACTED], Educational Psychological, Psychological Service,
66 Carden Place, Aberdeen
[REDACTED], Principal Educational Psychologist, Psychological Service,
Gordon House, Blackhall Road, Inverurie
Mr J Fraser, Head Teacher, Mackie Academy, Slug Road, Stonehaven
[REDACTED] Home Tutor, Room 5, Gilcomestoun School, Skene Street,
Aberdeen
[REDACTED] Officer In Charge, Bon-Accord Children's Home,
148 Bon-Accord Street, Aberdeen
[REDACTED] Consultant Psychiatrist, Young People's Department,
Cornhill Hospital, Cornhill Road, Aberdeen



GRAMPIAN REGIONAL COUNCIL - EDUCATION COMMITTEE

MACKIE ACADEMY STONEHAVEN KINCARDINESHIRE AB3 2DF

JOHN FRASER, M.A., Rector

Telephone STONEHAVEN 62071

Our Ref: DDM/CAC/9

Your Ref:

[REDACTED]
Principal Social Work Officer,
Grampian Regional Council,
Woodhill House,
Westburn Road,
ABERDEEN

9th November 1990

Dear [REDACTED]

CLAIRE LORRAINE FORBES (D.O.B. 18-12-75)

Following the meeting of the Assessment Team on Tuesday 6th November 1990, the Rector has asked me to confirm in writing the views which I expressed during the meeting and in our conversation afterwards.

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5. It is now almost one year since the Rector referred Claire to the Divisional Education Officer for truancy proceedings and to the Childrens Panel on the grounds of concern for her moral and physical welfare. This step was taken only after considerable efforts had been made to resolve the difficulties and when the staff involved had become alarmed about the situation.

I am most concerned that it has taken so long to deal with this case and also that none of the external agencies was prepared to communicate with the school to keep us informed of developments until I wrote again in February 1990.

It is our wish to cooperate fully with all external agencies to achieve the best possible support and assistance for our pupils, and we would be prepared to discuss possible improvements in procedures to ensure closer cooperation and more effective communication on future occasions.

Yours sincerely,

D.D. Macdonald

D.D. Macdonald
DEPUTE RECTOR

GRAMPIAN REGIONAL COUNCIL

SOCIAL WORK DEPARTMENT - GORDON DIVISION

██████████, B.A.
Director of Social Work

31 HIGH STREET

INVERURIE AB5 9QA

Telephone No. Inverurie 25555

Our Ref. 6CS2.11/AM

Your Ref.

5 November 1992

Miss Clare Forbes,
c/o 46 Polinar Place,
Inverurie.

Dear Clare,

Just a note to say I'd like you to come in next Wednesday 11th at 10.30 a.m. so that we can finalise your views on Airyhall. If you don't come, I'd have to assume you've decided against Airyhall.

Yours sincerely,

CYNTHIA SMAIL (Mrs)
Social Worker

SAR COPY

GRAMPIAN REGIONAL COUNCIL

SOCIAL WORK DEPARTMENT - GORDON DIVISION

██████████, B.A.
Director of Social Work

Telephone No. Inverurie 25555

Our Ref.

Your Ref.

31 HIGH STREET

INVERURIE AB5 9QA

FACSIMILE TRANSMISSION

NR. OF PAGES
INCLUDING FRONT PAGE

6

FAX NUMBER:

0467 - 25010

TO:

██████████

SOCIAL WORK DEPT.

FAX NR:

0224 633324

FROM:

CYNTHIA SMAIL, SOCIAL WORKER

SUBJ:

CLAIRE FORBES

KIND REGARDS,

Signed: _____

REASON FOR REFERRAL

1. Claire does not have a permanent place to stay following break down in her relationship with her mother's co-habitee [REDACTED], which caused conflict between Claire and her mum, resulting in her being asked to leave the family home.
2. Claire has been unable to cope with the offer of emergency accommodation made to her by Gordon District Housing (ie. the Gordon Arms Hotel - she agreed to the accommodation, registered at the hotel, but never stayed there, saying 'she could not hack it'. Claire acknowledged she would not be able to cope with her own tenancy at the present time, even if she was offered one.
3. Claire acknowledges a need for emotional support and adult guidance to help her:-
 - a) look at her relationship difficulties that exist between her and her family
 - b) establish a more stable life style that will give her a better chance of securing and maintaining employment
4. Space to plan for her future.

SUMMARY OF SOCIAL BACKGROUND

1. FAMILY HISTORY

Claire was the youngest of a family of three children. She lived with her siblings and both natural parents in Aberdeen until 1982, when, aged 6, she moved with her family to Banff because it is suggested her mother wished to live in the country. The family lived on a farm for four months. Claire's mother separated from the family in Christmas 1982.

Claire's father moved with the three children to a cottage near Auchenblae and remained there for five years before moving to Stonehaven. Claire's father gave up his job off shore to look after the children. Contact between Claire and her mother appears to have been very limited during her early years.

Claire's father got to know [REDACTED] in 1988 and she joined the family some six months later. This allowed Claire's father to return to employment as a painter and decorator. It seems Claire accepted her step mum initially, but that difficulties began to emerge in the family following the birth of [REDACTED], Claire's step brother, in January 1990.

Overall, it seems that Claire's father made a good attempt to manage the child care during the children's younger years. Claire was introduced to many activities (her father had a keen interest in motorcycles). Claire was a keen member of the Air Cadets in her adolescent years and particularly enjoyed having her own horse.

However, during her 14th and 15th year, she presented serious problems with school attendance. Social work records suggest that co-operation between Mackie Academy and her father broke down altogether, giving Claire the opportunity 'to opt out' altogether for a period. Matters had come to a head when Claire was found, along with other school pupils, to have lit a fire in the school toilet and caused about £200 worth of damage. This, along with the concern about school attendance were the two matters that formed a basis of a referral to the Children's Panel at that time.

The other unresolved issue for Claire around this time seems to have been in connection with the inconsistency of contact with her natural mother and the feelings this evoked in Claire.

Claire was then referred to Portlethen Academy but regular school attendance was not achieved there. A referral was made to [REDACTED] (Young People's Department).

Subsequently Claire was received into care in August 1990 and placed at Bon Accord Children's Home on a 44(1)(b) Scotland Work Scotland Act 1968. The initial intention was to integrate her into mainstream education at Northfield Academy, but Claire's mother began to take an increased interest in her, resulting in Claire spending time in her home at Oldmeldrum. It is recorded that Claire made 'rapid' strides at Bon Accord in making use of the adults to look at her emotional difficulties. A home tutor was engaged for Claire and again her progress in this sphere was rapid too, and she was ready for mainstream schooling some three months after being received into care. However, Claire's anxieties about school emerged again at that time and was involved in an episode of gas sniffing, resulting in a hospital admission to check out the consequent period of unconsciousness.

An assessment team meeting met to consider longer term plans for Claire at this stage. It was confirmed that notwithstanding the implication for Claire of her mother abandoning her when she was 6/7 years old, that the best way forward would be to gradually move Claire towards the care of her mother and co-habitee, with counselling being offered to all of them by Claire's Social Worker at that time, Jessie Clerk. It was also agreed that Claire should be integrated into Inverurie Academy that being the closest to her mother's home in Oldmeldrum. Contact with [REDACTED] showed Claire to be an open, honest and amiable girl, but one who did not need ongoing psychiatric help.

I was introduced to Claire in January 1991 at which point Claire was almost resident with her mother full time. Formal supervision was terminated at this time and Claire and her mum maintained contact with the writer on a voluntary basis.

Claire managed to maintain her place at Inverurie Academy and obtain 3 Standard Grade passes. Her particular interest was in Art. Claire was allowed to leave school in July last year when in fact she should have been a Christmas leaver. Claire was successful in getting a place at Clinterty College to do a preliminary course in Horse Management and this started in August 1991. At this time, the writer terminated contact.

At the beginning of July this year, Claire re-referred herself. She felt she was in crisis in that her relationship with her mother's co-habitee [REDACTED], had completely broken down and her mother had asked her to leave. She had given up her course at Clinterty in December last year, she hadn't enjoyed the content of the course, and had found managing herself in the residential setting there difficult. Her return home had put pressure on her relationship both with her Mum and [REDACTED].

[REDACTED]

[REDACTED]

Claire's Mum has been unwilling to consider allowing Claire to return home, feeling it would not work for anyone. She still provides some financial support to Claire and allows her to visit. Claire's mother feels the application to Airyhall for Claire is the best way forward for her. Claire's Mum discounts the possibility of family meetings with social work support to look at the difficulties meantime, stating [REDACTED] would not be agreeable to this. Claire remains saddened by her mother's response to her and would have liked her mother to have kept her and asked [REDACTED] to leave. Claire has not expressed any anger at her rejection by her mother to the writer nor to her mother. Claire is anxious to protect her relationship with her mother as it now stands, and will not prejudice this by being confrontational with her.

PROFILE AND NEEDS OF CHILD

Claire presents as an open and honest young woman in contact with the writer. Since contact has been re-established between us, she has shown good motivation in that she has kept every appointment offered. However, Claire acknowledges that she is reticent to admit to things she finds difficult and therefore tends to go in for avoidance e.g. dealing with DSS, maintaining contact with Careers, continuing contact with her Mum when [REDACTED] is at home. This is an indication of Claire's long standing underlying lack of confidence

and insecurity. Claire tends to conceal her disappointments also, particularly in relation to her mother for fear of prejudicing the relationship further and losing her mother altogether.

In total, it can be seen that Claire is emotionally vulnerable at the present time and principally reliant on the rather precarious and inconsistent support from her peer group.

Her needs are identified as follows:

- 1) Needing a permanent place to stay
- 2) Needing consistent adult support to help her cope with day to day pressure on her, e.g. getting a job; interview skills
- 3) Needing appropriate adults to support her and facilitate an opportunity to explore her feelings about her contact with her mother, her lost contact with her father and siblings and anxieties about re-establishing contact
- 4) Needs time to establish herself and be supported towards achieving the skills necessary for independent living, at a pace appropriate to her coping ability

TYPE OF RESOURCE REQUIRED

Supported accommodation - Airyhall

Claire has had a preliminary visit to Airyhall and seems well motivated towards residence there. She is academically quite bright and articulate and there are good indications she would be able to make use of the support offered.

PURPOSE AND EXPECTATION OF PLACEMENT

To work towards meeting Claire's needs as detailed above.

LENGTH OF PLACEMENT

Difficult to say at this stage, but likely to be a minimum of twelve months if Claire is to be allowed time to make real progress towards achieving and maintaining a tenancy in her own right.

Cynthia Smail

CYNTHIA SMAIL (Mrs)
Social Worker
10CS2.

To be completed by Chairperson of Child Care Resource Forum

Resource options considered: (a) Res - Care .

(b)

(c)

(d)

Outcome AIRYHALL.

Signature of Chairperson

Date of CCRF

T. C. Sloan

8/9/92

SAR COPY

GRAMPIAN REGIONAL COUNCIL - SOCIAL WORK DEPARTMENT

GORDON DIVISION

OFFICE MEMORANDUM

From	Cynthia Smail Social Worker	To	Chris Booth Social Work Manager
Our Ref.	4CS.9/AM Your Ref.	Date	4 September 1992

Claire Forbes, c/o 46 Polinar Place, Inverurie

Just a note to update you on Claire's situation. The City Resources Forum, chaired by [REDACTED], agreed that Claire should be offered a place at Airyhall, at least for the six week assessment period. At the end of this period, all aspects of her progress (including any contact from her mum, will be assessed, but generally, [REDACTED] was of the opinion that Claire should not be precluded from consideration because of her mother's situation.

CYNTHIA SMAIL (Mrs)
Social Worker

27CS.8/AM

24 August 1992

Miss Claire Forbes,
c/o 46 Polinar Place,
Inverurie.

Dear Claire,

Just a note to say I'm applying for Airyhall and I have to go to a meeting on Thursday 3 September to present your application. If this letter enclosed is about your housing appeal - please let me know as soon as possible.

Also, don't forget you're to phone Careers regularly in order to keep qualifying for benefit. You can use our phone any time for this.

Yours sincerely,

CYNTHIA SMAIL (Mrs)
Social Worker

Enc

SAR COPY

SECTION 12 SOCIAL WORK (SCOTLAND) ACT 1968

ISSUE OF LOANS/GRANTS

No. 43115

Division <u>GORDON</u>	Loan	Tick
Social Worker <u>CHRISTINA SMITH</u>	Grant	☒
Case No.		

1. Name of Client CHAD FORBES
2. Client's Address 6046 POLARIS
PHASE AB ONO
3. Date of Payment 17.8.92 4. Amount £ 8

5. Authorised by C. Smith Designation S. Smith
6. Reason for Payment DSS CARE MISSING

7. Client's Receipt/Undertaking to Repay

I acknowledge receipt of £ 8 being paid to me in *cash/by cheque/by foodline or being paid on my behalf
to *and I undertake to repay this sum by *weekly/monthly instalments of £
to Grampian Regional Council or I understand that this money will be recovered from my entitlement to Statutory Benefit.

s sum will be repaid by 19

The first instalment is due on 19

Signature of Client Chad Forbes Witness C. Smith
(see note 1) (see notes 1 and 2)

Date 17.8.92 Witness

1. Normally the Client will acknowledge receipt of assistance given at Section 7 of the form without the signature being witnessed.
2. Should the client be unable to read or not have the capacity to give a valid signature, the form must be signed on behalf of the client and the fact witnessed by 2 adults.

*Delete as appropriate

COPY FOR FILE

GRAMPIAN REGIONAL COUNCIL

SOCIAL WORK DEPARTMENT - GORDON DIVISION

MARY C. HARTNOLL, B.A.
Director of Social Work

31 HIGH STREET
INVERURIE AB5 9QA

Telephone No. Inverurie 25555

Our Ref. **7CS2.8/RMW**

Your Ref.

6th August 1992

Mrs. Joan Inglis
13 Rosebank
Oldmeldrum
Aberdeen

Dear Joan,

I think you may have already heard from Claire that she has approached the Department to ask for help with housing. Claire let me know that you are away for a week just now, but could you telephone me next Monday 10th, when I should be in all day except between 12.30 and 1.30, so we can discuss the situation.

Yours sincerely,

Cynthia Smail
Social Worker

SAR COPY

GRAMPIAN REGIONAL COUNCIL

SOCIAL WORK DEPARTMENT - GORDON DIVISION

██████████, B.A.
Director of Social Work

Telephone No. Inverurie 25555

Our Ref. 18CS2.8/DG

Your Ref.

31 HIGH STREET

INVERURIE AB5 9QA

Miss C Forbes
c/o 46 Polinar Place
Inverurie

10 August 1992

Dear Claire

Sorry I was not available last Friday. When you come in on Wednesday can you make it afternoon please.

Regards

D. J. Grabe

pp Cynthia Smail
Social Worker

SAR COPY

GRAMPIAN REGIONAL COUNCIL
SOCIAL WORK DEPARTMENT
CONTACT RECORD

User Name FORBES Claire		User Ref. No. 1042564		Page No 1
Date 17/10/89	Type of Contact Visit	With Whom	Worker	JC
12.20 p.m. No answer at home. Left explicit handwritten message asking for contact, acknowledging tedious nature of contact following issues at school being made to Social Work Department.				
Date 25/10/89	Type of Contact Phone call	With Whom Div. Educ. Office	Worker	JC
[REDACTED] not available.				
Date 24/10/89	Type of Contact Letter	With Whom Mr. and Mrs. Forbes	Worker	JC
Letter sent to family - invitation to office at 6.30 p.m. on Monday 30.10.89.				
Date 27/10/89	Type of Contact Phone call	With Whom Mr. White	Worker	JC
Informed [REDACTED] of attempts to engage family. If parents do not contact on Monday, one further invitation will be made. [REDACTED] related real concern from school re home conditions.				
[REDACTED]				

User Name FORBES Claire		User Ref. No. 1042654	Page No 2
Date 27/10/89	Type of Contact Phone call	With Whom Mackie Acad	Worker JC
10.47 a.m. Mrs. Rzechorzek, Depute Rector available in absence of Mr. Robin Hay. She is concerned about Claire, fearing that she may be 'on the streets' already, given the age of the men she appears to be seen with, also her relatively sophisticated appearance. Concern re family relationships and conditions at home. Imparted information re contact and plans to offer second formal invitation to parents. If these fail then school may have to consider approach to Children's Panel.			
Date 01/11/89	Type of Contact Phone call	With Whom Mackie Acad	Worker JC
12/04 p.m. Mr. Robin Hay, Mackie Academy Guidance Teacher, rang. Claire was in all day Monday with a positive air about her. Not around today. Claire seeks attention in an almost carefree manner or else she is utterly absent/empty of feeling. Social Wprker to inform Mr. Hay whether family appeared at Social Work Department on Monday 06.11.89.			
Date 07/11/89	Type of Contact Phone call	With Whom Mackie Acad	Worker JC
11.41 a.m. Left message for Mr. Hay that Forbes did not appear for appointment on Monday 06.11.89.			
Date 13/11/89	Type of Contact Phone call	With Whom Mackie Acad	Worker JC
10.40 a.m. Further attempt to return Mr. Hay's call. Left message: 16.11.89.			
Date 27/11/89	Type of Contact Phone call	With Whom Mackie Acad	Worker JC
9.29 a.m. Mr. Hay, Guidance Teacher rang confirming that Claire is still not attending school. Social Worker confirmed that family had not responded at all. Mr. Hay and Social Worker to inform [REDACTED], Divisional Education Officer as Education Department must pursue procedure.			

6.11.89 - Forbes DNA for appt.

GRAMPIAN REGIONAL COUNCIL
SOCIAL WORK DEPARTMENT
CONTACT RECORD

User Name FORBES Claire		User Ref. No. 1042564	Page No 3
Date 27/11/89	Type of Contact Phone call	With Whom Ed Dept	Worker JC
9.33 a.m. [REDACTED] not available			
Date 04/12/89	Type of Contact Phone call	With Whom Ed Dept	Worker JC
9.35 a.m. [REDACTED] said that he'd received a letter from Mackie Academy and that letter to Reporter would be sent. School emphasising truancy as expressed reason. [REDACTED] and Social Worker agreeing truancy is only symptom of wider needs. Social Work Department to expect at least request for Initial Enquiry Report.			
Date 07/12/89	Type of Contact Letter/papers	With Whom Reporter	Worker JC
Papers received into Department for Initial Investigation Report.			
Date 08/12/89	Type of Contact Phone calls	With Whom Reporter	Worker JC
12.52 p.m. 1.44 p.m. No replies to repeated telephone calls.			
Date 13/12/89	Type of Contact Phone call	With Whom Reporter	Worker JC
9.24 a.m. [REDACTED] requiring social background. Agreed Christmas and New Year in the way. Social Worker endeavouring to acquire report by end of second week in January. [REDACTED] agreed.			

User Name FORBES Claire		User Ref. No. 1042564	Page No 4
Date 11/01/90	Type of Contact Visit	With Whom Forbes family	Worker JC
3.30 p.m. Home visit			
Date 17/01/90	Type of Contact Phone call	With Whom Reporter	Worker JC
Date 17/01/90	Type of Contact Phone call	With Whom Mackie Academy	Worker JC
Date 18/01/90	Type of Contact Phone call	With Whom Mr R Hay	Worker JC
1.30 p.m. Mr. Hay, Guidance Teacher phoned to clarify that Claire had told school nurse that she is seeing a Social Worker every week. Social Worker confirmed contact and family update. Last week Claire was late on several occasions.			
Date 19/01/90	Type of Contact Office visit	With Whom Claire	Worker JC
4.30 p.m. Claire came into office.			

GRAMPIAN REGIONAL COUNCIL
SOCIAL WORK DEPARTMENT
CONTACT RECORD

User Name FORBES Claire		User Ref. No. 1042564	Page No 5
Date 26/01/90	Type of Contact Visit	With Whom Mackie Academy	Worker JC
11.30 a.m. Discussion with Mr. R. Hay, Guidance Teacher, re Claire's situation.			
Date 01/02/90	Type of Contact Phone call	With Whom Mr Hay	Worker JC
11.40 a.m.			
Date 02/02/90	Type of Contact Phone call	With Whom Mr Hay	Worker JC
1.38 p.m. School has made report/referral to Educational Psychologist. Claire's attitude and attendance worse rather than better. Drastic improvement required. 			
Date 02/02/90	Type of Contact Home visit	With Whom Mr Forbes	Worker JC
2 p.m. Discussion and preparation of report			
Date 02/02/90	Type of Contact Supervision	With Whom Mr Webster	Worker JC

User Name		FORBES Claire		User Ref. No. 1042564		Page No 6									
Date		02/02/90		Type of Contact		Phone call		With Whom		Div Ed Office		Worker		JC	
4.50 p.m. Discussion with [REDACTED], Divisional Education Officer. Agrees in principle under Parents' Charter Act that father should write/ phone Portlethen Academy and arrange to visit that school. Discussion/ negotiation may allow an offer to be made to Claire as [REDACTED], Divisional Education Officer cannot transfer a pupil, however sympathetic the cause for these reasons.															
Date		09/02/90		Type of Contact		Phone call		With Whom		Reporter		Worker		JC	
2.20 p.m.															
3.15 p.m. Update position re Claire, i.e. pursuing attendance at Portlethen Academy and Young People's Department.															
Date		15/02/90		Type of Contact		Phone call		With Whom		Div Educ Officer		Worker		Jc	
10.12 a.m. Mackie have now written to Reporter demanding Hearing. Discussed need for Education Department to refer to Educational Psychologist and Young People's Department issue of moral welfare.															
Discussion with Mike Webster, Senior Social Worker.															

GRAMPIAN REGIONAL COUNCIL
SOCIAL WORK DEPARTMENT
CONTACT RECORD

Date	22/02/90	Type of Contact	Office visit	With Whom	Claire	Worker	JC
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4.10 p.m. Claire came into office.

Date	16/02/90	Type of Contact	Phone call	With Whom	Div Educ Officer	Worker	JC
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4.16 p.m. Confirmed [REDACTED] commitment.

Date	21/02/90	Type of Contact	Phone call	With Whom	Mr Stewart	Worker	JC
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12.11 p.m. Phoned Rector, Portlethen Academy. He has received letter from father yesterday. Never happy re transfers for 'social' reasons from other schools, but full discussion opened way for full negotiation. He will discuss this with [REDACTED] Divisional Education Officer. Visit to be discussed and father, Clair and Social Worker to be invited.

Date	01/03/90	Type of Contact	Home visit	With Whom	Forbes family	Worker	JC
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4 p.m. Discussed visit to Portlethen. Enormous anxiety around Claire. GP called out early in week re Claire's taking of drugs in company of other youngsters. Matter resolved during week.

User Name FORBES Claire		User Ref. No. 1042564		Page No 8	
Date 02/03/90	Type of Contact Meeting	With Whom Portlethen Academy	Worker	JC	
2 p.m. Mr. Stewart, Rector met with Mr. Forbes, Claire and Social Worker. Precise clarification of requirements to be met by Claire. Full discussion. Contract agreed and will be posted to Forbes family. Family are to contact Social Worker on Wednesday 07.03.90.					
Date 07/03/90	Type of Contact	With Whom	Worker		
No contact from Forbes family.					
Date 14/03/90	Type of Contact Phone call	With Whom Div Educ Officer	Worker	JC	
Date /03/90	Type of Contact Phone call	With Whom Secretary	Worker	JC	
Portlethen Academy have had further communication with Forbes family as far as secretary could ascertain.					
Date 23/03/90	Type of Contact Phone call	With Whom Portlethen Academy	Worker	JC	
2.16 p.m. Mr. Stewart, Rector. Not available.					

GRAMPIAN REGIONAL COUNCIL
SOCIAL WORK DEPARTMENT
CONTACT RECORD

User Name		FORBES Claire		User Ref. No. 1042564		Page No 9									
Date		23/03/90		Type of Contact		Letter		With Whom		Mr Forbes		Worker		JC	
Following supervision with Mike Webster, Senior Social Worker, letter sent to Mr. Forbes.															
Date		30/03/90		Type of Contact		Phone call		With Whom		Mr Stewart		Worker		JC	
3.22 p.m. Still no contact - offer has to lapse. Social Worker has to address Reporter with outcome of psychiatric appointment and Academy offer.															
Date		17/05/90		Type of Contact		Phone call		With Whom		Mr Hay		Worker		JC	
11.30 a.m. 12.35 p.m. 1.30 p.m. Guidance Teacher reporting high level absences. Attitude no better, truancy last two weeks. Cohab denying to Mr. Hay knowledge of truancy. Other difficulties are arising. Mr. Hay appeared to have forgotten phone calls updating him on events! Suggesting lack of communication.															
Date		24/05/90		Type of Contact		Phone call		With Whom		Mr Hay		Worker		JC	
After numerous attempts to return calls - 3.45 p.m. Claire was excluded from school on Friday 18.05.90. Father came to school to discuss conditions for re-admission. Ongoing attitude of defiance of staff. David MacDonald, Depute Rector suggesting consolidating re-entry next week and Claire and father signing agreement. Father confirming knowledge of Hearing on Friday 25.05.90.															

User Name FORBES Claire		User Ref. No. 1042564	Page No 10
Date 24 /05 /90	Type of Contact Home visit	With Whom Mr Forbes	Worker JC
12 noon and then 5 p.m. Got Mr. Forbes at home. He read report and agreed with it. Will try and bring Claire to office prior to Hearing so that she can read report. Couldn't adequately explain not following up Social Worker's requests for contact.			
Date 25 /05 /90	Type of Contact Hearing	With Whom Panel	Worker JC
10 a.m. Supervision Order under Section 44(1)(a) applied with conditions for school attendance and keeping appointments with [REDACTED]			
Date 30 /03 /90	Type of Contact Phone call	With Whom Mr Hay	Worker JC
3.32 p.m. Checked with Guidance Teacher re attendance. Some efforts seen. Updated Mr. Hay on recent attempts to pursue and execute Claire's wishes (i.e. Portlethen).			
Date 05 /04 /90	Type of Contact Home visit	With Whom [REDACTED]	Worker JC
11 a.m. [REDACTED] [REDACTED] [REDACTED] No reasoning around not informing school/Social Worker of lack of contact.			
Date 06 /04 /90	Type of Contact Letter	With Whom Forbes family	Worker JC
Letter re appointment on 11.04.90 at 11 a.m.			

GRAMPIAN REGIONAL COUNCIL
SOCIAL WORK DEPARTMENT
CONTACT RECORD

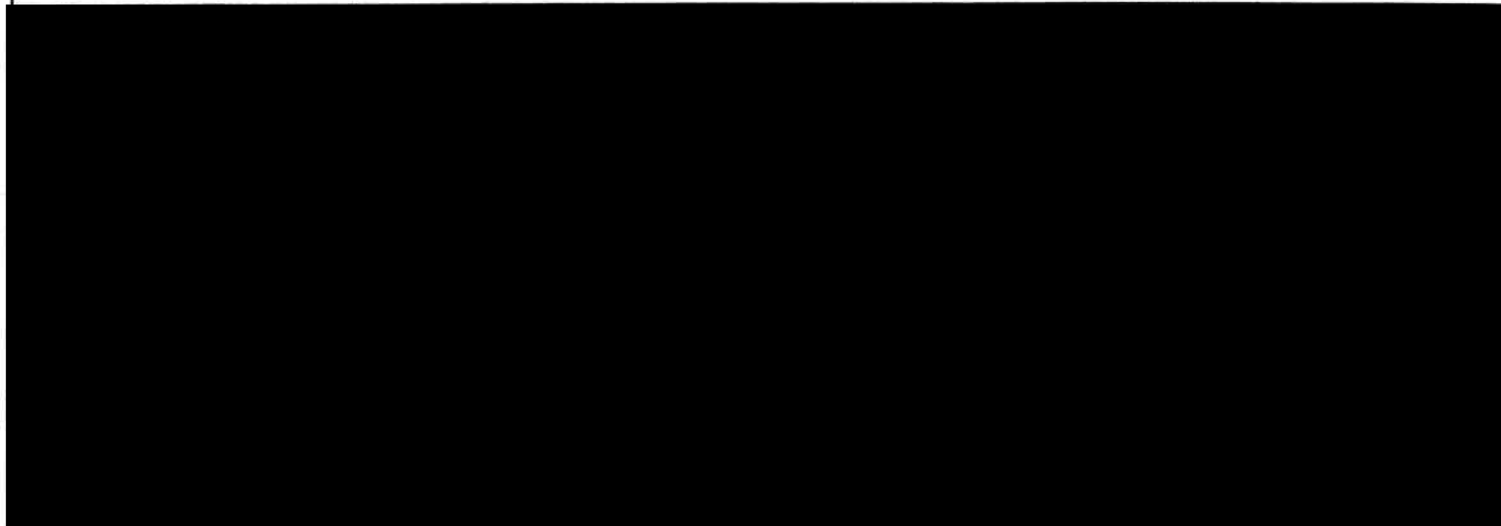
User Name FORBES Claire		User Ref. No. 1042564		Page No 11
Date 17/04/90	Type of Contact	With Whom	Worker JC	

Forbes did not arrive at 11 a.m.



Date 30/05/90	Type of Contact Phone call	With Whom Mr. Hay	Worker JC
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11.05 a.m. Claire arrested for Breach of Peace in school. Came to school for re-admission yesterday; incident of fire in school toilets. A girl has made statement to Police accusing Claire. Today Clair locked herself in toilet, tears and very lengthy discussion, but refused to emerge. Mr. MacDonald called Police to remove her. Claire very distressed, very emotional.
Social Worker to visit school.



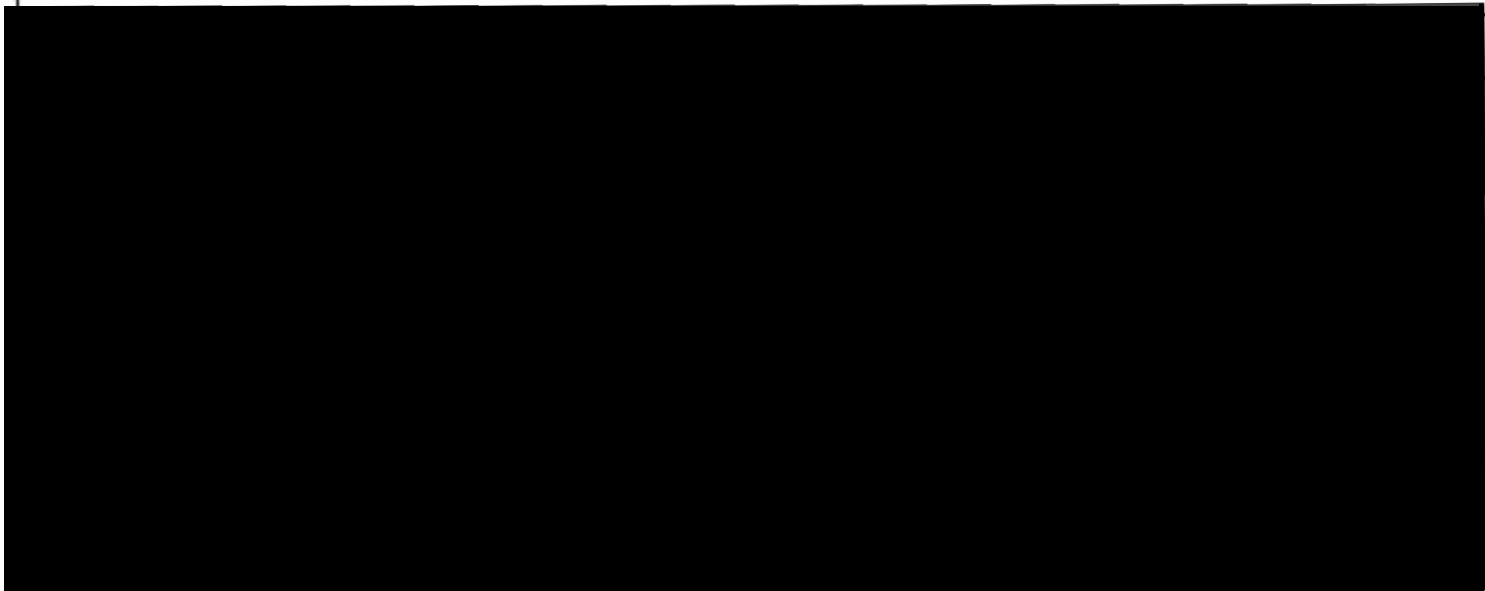
User Name FORBES Claire		User Ref. No. 1042564	Page No 12
Date 30/05/90	Type of Contact Phone call	With Whom [REDACTED]	Worker JC

Informed of events. Will await to hear outcome of Police enquiry.



Date 30/05/90	Type of Contact Visit	With Whom Mackie Acad Worker JC
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12.30 p.m. Details of events this morning. Mr. Hay distressed over emotional impact. Clearly felt Claire on periphery of incident. Claire almost trusting him and then Police arrived.



GRAMPIAN REGIONAL COUNCIL
SOCIAL WORK DEPARTMENT
CONTACT RECORD

User Name FORBES Claire	User Ref. No. 1042564	Page No 13
Date 08/06/90	Type of Contact Phone call	With Whom [REDACTED] Worker JC
12.09 p.m. Returned call. Claire asked into Education Office at 9.30 a.m. on Friday 15th June. [REDACTED] will call on father at 2 p.m. General discussion over need for assessment meeting with [REDACTED] [REDACTED]		
[REDACTED]		
Date 01/06/90	Type of Contact Visit	With Whom Mr Forbes Worker JC
4 p.m.		
Date 13/06/90	Type of Contact Office	With Whom Claire Worker JC
12 noon Social Worker told Claire of Educational Psychologist appointments. Claire warm, wanting to co-operate.		
Date 20/06/90	Type of Contact Phone call	With Whom [REDACTED] Worker JC
11.52 a.m. After two attempts, got Claire at home. Claire arrived finally at Education Department office on Tuesday 19th June - three-quarters of an hour late. General discussion over profound concern. (29th June next appointment with [REDACTED])		

User Name FORBES Claire		User Ref. No. 1042564	Page No 14
Date 20 / 06 / 90	Type of Contact Phone call	With Whom [REDACTED] secretary	Worker JC
12.09 p.m. Left message with secretary who confirmed Claire's appointment at 11 a.m. on 29th June.			
Date 20/06/90	Type of Contact Phone call	With Whom [REDACTED]	Worker JC
12.12 p.m. Confirmed [REDACTED] appointment.			
[REDACTED]			
Date 29/06/90	Type of Contact Phone call	With Whom [REDACTED]	Worker JC
9.51 a.m. Claire has not been home since yesterday dinnertime. She'd met mother yesterday and had not been home since. [REDACTED] [REDACTED]			
Date 29/06/90	Type of Contact Phone call	With Whom [REDACTED]	Worker JC
Social Worker rang later. [REDACTED] had not seen Claire since 9 p.m. last night. [REDACTED] [REDACTED].			

GRAMPIAN REGIONAL COUNCIL
SOCIAL WORK DEPARTMENT
CONTACT RECORD

User Name FORBES Claire		User Ref. No. 1042564	Page No 15
Date 29/06/90	Type of Contact Meeting	With Whom [REDACTED] Worker JC	
[REDACTED] [REDACTED] [REDACTED] [REDACTED] Terry Forbes due to start work in Inverurie next week. They know of [REDACTED] appointment next Friday 29th June. Social Worker feels great concern that Claire is rejected by father who is defeated by circumstances/Claire's behaviour.			
Date 29/06/90	Type of Contact Phone call	With [REDACTED]	Worker JC
10.32 a.m. Miss Inglis not available at home (tel 06512 3291) 10.35 a.m. Phone [REDACTED] - Miss Inglis (Claire's mother). On study day at home.			
Date 29/06/90	Type of Contact Phone call	With Whom Young People's Department	Worker JC
10.36 a.m. Message for [REDACTED] [REDACTED]			
Date 29/06/90	Type of Contact Phone call	With Whom Miss Inglis	Worker JC
5.36 p.m. No answer on home number. 6.14 p.m. [REDACTED]			

User Name FORBES Claire		User Ref. No. 1042564	Page No 16
Date 29/06/90	Type of Contact Phone call	With Whom [REDACTED] Reporter's Office	Worker JC
4.43 p.m. Reporter's Office. Suggest Hearing at Stonehaven on 27th July at 10.30 a.m. To be confirmed.			
Date 29/06/90	Type of Contact Phone call	With Whom [REDACTED]	Worker JC
6.15 p.m. Claire not found yet.			
Date 24/07/90	Type of Contact Phone call	With Whom [REDACTED]	Worker JC
2 p.m. With no answer at home, [REDACTED] Manage to ring Social Worker on 25th July.			
[REDACTED]			
Claire staying out at least once a week.			
Date 16/07/90	Type of Contact Phone call	With Whom Miss Inglis	Worker YSH
11.30 a.m. Telephone call to Miss Inglis bringing her up to date with Claire's situation. Claire will be staying with Mum in Oldmeldrum from 22nd until 29th July. Mum and Claire will call at the office to see Social Worker on Wednesday 25th July, in the morning.			

GRAMPIAN REGIONAL COUNCIL - SOCIAL WORK DEPARTMENT

CONTACT RECORD

User Name	FORBES Claire	User Ref. No.	Page No. 17				
Date	25.07.90	Type of Contact	Phone call	With Whom	Mother	Worker	JC
11.40 a.m. Some history, clarification and justification given. Miss Inglis and Mr. Forbes separated since Claire was aged seven years (1982). There was a divorce hearing on 27.06.90. Father applied for custody but Miss Inglis reconsidering this. There is no formal access/aliment. Current partnership with [REDACTED] is of seven years duration, stable, living in own home. Social Work input and contact (history of) clarified. Current procedures confirmed.							
Date		Type of Contact		With Whom		Worker	
Social Worker will contact [REDACTED] Recent events, i.e. past week confirmed. Claire been at home properly since weekend.							
Date	26.07.90	Type of Contact	Phone calls	With Whom	Reporter	Worker	JC
9.30 a.m. Gave Reporter update. Appearance of mother in proceedings and clear involvement now.							

User Name FORBES Claire		User Ref. No.		Page No. 18
Date 26.07.90	Type of Contact Phone call	With Whom Oakbank	Worker JC	
10.09 a.m. Enquiry re potential placements at Unit - Elmhill. 10.33 a.m. ████████ - confirmed vacancies <u>IF</u> deemed appropriate.				
Date 26.07.90	Type of Contact Phone call	With Whom Bon-Accord	Worker JC	
10.15 a.m. Checking out educational needs. Contacts with mother and partner. 4.27 p.m.				
Date 27.07.90	Type of Contact Office	With Whom Claire & mother	Worker JC	
10.30 a.m. Full discussion re history - past week and in Oldmeldrum. Events and contacts leading up to Claire going to Oldmeldrum.				
Date	Type of Contact	With Whom	Worker	
Date	Type of Contact	With Whom	Worker	

GRAMPIAN REGIONAL COUNCIL - SOCIAL WORK DEPARTMENT

CONTACT RECORD

User Name FORBES Claire		User Ref. No.		Page No. 19
Date 01.08.90	Type of Contact Phone call	With Whom [REDACTED]	[REDACTED]	JC
12.45 p.m. Discussion re date of admission to Bon-Accord. Group away one week, back 11th August. Claire has to share a room. Very little daily structure once school starts. Request for [REDACTED] to set up programme. Try to get visit to Bon-Accord prior to admission. Admission Thursday 16th August at 11 a.m.				
Date 01.08.90	Type of Contact Phone call	With Whom Reporter	Worker	JC
1.07 p.m. Not available.				
[REDACTED]				
Date 01.08.90	Type of Contact Phone call	With Whom [REDACTED]	Worker	JC
1/28 p.m. Not available.				
Date 02.08.90	Type of Contact Phone call	With Whom [REDACTED]	Worker	JC
10.08 a.m. [REDACTED], Educational Psychologist. [REDACTED] off for three weeks. Advised sending copies of reports to Mr. Sanders for advice on educational placements.				

User Name FORBES Claire		User Ref. No.		Page No. 2
Date 02.08.90	Type of Contact Visit	With Whom Claire & mother	Worker JC	
Home visit to Joan Inglis and Claire. Drove Miss Inglis to work in Dyce on return home. Frank talk about issues for herself, partner, and Claire.				
Date 03.08.90	Type of Contact Phone call	With Whom [REDACTED]	Worker JC	
12.50 p.m. Confirmed dates and times. Probability (not confirmed) that [REDACTED] will be key worker. Bon-Accord booklet to be given to family.				
Date 08.08.90	Type of Contact Phone call	With Whom Sandra Cook	Worker JC	
10.28 a.m. Trying to arrange pre-admission meeting for Claire: [REDACTED] key worker, Social Worker, and Claire. (Probable date: 16th August at 2 p.m. in Bon-Accord.				
Date 09.08.90	Type of Contact Phone call	With Whom Miss Inglis	Worker JC	
4/13 p.m. Phoned Claire's mother. Father working in area, frequently calling in. Claire arguing with father. [REDACTED] [REDACTED] [REDACTED]				
Date 09.08.90	Type of Contact Phone call	With Whom [REDACTED]	Worker JC	
4.59 p.m. Message re arrangement of medical.				

GRAMPIAN REGIONAL COUNCIL - SOCIAL WORK DEPARTMENT

CONTACT RECORD

User Name FORBES Claire		User Ref. No.	Page No. 21
Date 09.08.90	Type of Contact Phone call	With Whom Reporter	Worker JC
12.08 p.m. Confirmed Social Work provision of very short report stating residential placement found.			
Date 10.08.90	Type of Contact Phone call	With Whom Claire & mother	Worker JC
3.56 p.m. Confirmed medical on Thursday p.m. Marion Philip can get Claire to Bon-Accord early Wednesday 15th August for visit (prior to going to see [REDACTED] Social Worker to escort). Collect 9-ish.			
Date 10.08.90	Type of Contact Visit	With Whom Mr Forbes	Worker JC
5 p.m. Took up reception into care forms. Explained procedures.			
Date 10.08.90	Type of Contact Discussion	With Whom [REDACTED]	Worker JC
12.02 p.m. Shared concern over Claire's position at Bon-Accord and possible added difficulties for mother.			
Date 15.08.90	Type of Contact Visit	With Whom Claire	Worker JC
9.30 a.m. Claire collected from Oldmeldrum for visit to Bon-Accord, by Mrs. M. Philip, Social Worker. Visit went well. Social Worker met Claire at 9.30 a.m. and later took Claire to [REDACTED]			

User Name		FORBES Claire		User Ref. No.	Page No. # 22
Date 15.08.90	Type of Contact	Visit	With Whom	Claire/I [REDACTED] r	JC
11 a.m. Claire with [REDACTED]. Social Worker joined at end of session. Returned Claire home to Oldmeldrum. Mother, [REDACTED] and Claire to get themselves to Hearing at Albyn Place.					
Date 15.08.90	Type of Contact	Visit	With Whom	Mr Forbes	Worker JC
7.30 p.m. Met with Mr. Forbes to confirm procedures. He will not be at the Hearing. Endorses current moves to Bon-Accord etc.					
Date 16.08.90	Type of Contact	Ch Hearing	With Whom	Claire & family	Worker JC
10 a.m. Straightforward Hearing. Claire angry. Hearing wanting to return Claire to mother but conceding need to consolidate - work out past and remembered in time the issue of schooling and mainstream school dilemma.					
Date 16.08.90	Type of Contact	Admission to care	With Whom	Claire & family	Worker JC
11 a.m. Arrival at Bon-Accord. [REDACTED]. [REDACTED]. Pre-admission meeting straightforward. Social Worker left Claire with mother and staff.					
Date 16.08.90	Type of Contact	Medical	With Whom	Claire	Worker JC
2.40 p.m. Social Worker collected Claire for medical with [REDACTED] in Stonehaven ([REDACTED] not available). Returned to Bon-Accord. Claire much more forthcoming and open to prospect of Bon-Accord. Asking questions clearly and appropriately.					

GRAMPIAN REGIONAL COUNCIL - SOCIAL WORK DEPARTMENT

CONTACT RECORD

User Name FORBES Claire		User Ref. No.		Page No. 23
Date 20.08.90	Type of Contact Phone call	With Whom [REDACTED]	Worker JC	
Attempted to contact Dr. Archbold.				
21 08 90 1 TIC [REDACTED] Message - 97 Referral sent to [REDACTED] - Div Ed - Aberdeen				
Date 22.08.90	Type of Contact Phone call	With Whom [REDACTED]	Worker Jc	
Attempted to contact [REDACTED]				
23 08 90 TIC [REDACTED] JC 355 Home tutor - possible - 1 hour per day. 917 can guarantee Home tutor Mon or Tuesday - offer				
Date 23.08.90	Type of Contact Phone call	With Whom [REDACTED] Bon-Accord	Worker JC	
10.10 a.m. Bon-Accord have had contacts from: 1) [REDACTED] and Harlaw Academy. Claire to start Monday. 2) [REDACTED] - confirming Harlaw placement. 3) [REDACTED] Divisional Education Officer, Woodhill waiting for information re home tuition. 4) Kincorth - [REDACTED] wanting Claire to visit.				
Date	Type of Contact	With Whom	Worker	
[REDACTED] reporting that Claire is motivated to go to school. Currently Claire having a difficult time - on periphery of a lot of stress and anger in home. Claire evidently needing to sort out a lot - fundamentally coping with many external Bon-Accord issues, i.e. attachment of male resident and older girls' aggression.				
Date 23.08.90	Type of Contact Phone call	With Whom [REDACTED]	Worker JC	
10.32 a.m. [REDACTED] likewise has had dozens of telephone calls - on Monday and Tuesday this week from Harlaw, Kincorth, Woodhill, [REDACTED] etc. [REDACTED] to clarify placement.				
1217 TIC [REDACTED] JC Home tutor confirmed 1 hr per day at Gilcomston School. she had heard from Liz A. @ Bon-Accord that tuition within Bon-Accord not desirable.				

User Name FORBES Claire		User Ref. No.		Page No. 24
Date 23.08.90	Type of Contact Visit	With Whom Claire	Worker JC	
3 p.m. Bon-Accord: time with Claire. Accepting residential care remarkably well (approx) especially given activities with household. Wants gear from father's house: made list.				
Date 23.08.90	Type of Contact Phone call	With Whom [REDACTED]	Worker JC	
Attempt to call [REDACTED], Divisional Education Officer.				
Date 24.08.90	Type of Contact Phone call	With Whom [REDACTED]	Worker JC	
Attempt to call [REDACTED], Divisional Education Officer.				
Date 29.08.90	Type of Contact Phone call	With Whom Bon-Accord	Worker JC	
11.37 a.m. Returning [REDACTED] call. [REDACTED] relayed messages. Claire wanting to see Social Worker: arranged tomorrow p.m. Had tea with Mum: sister should be visiting. Questioning around father. Gilcomston School - home tuition starting? OK.				
Date 29.08.90	Type of Contact Phone call	With Whom Miss Inglis	Worker JC	
11.55 a.m. Returned call. Has seen Claire: she's not happy- but settled well. Very reasonable rundown of Claire - both positive and negative aspects.				

GRAMPIAN REGIONAL COUNCIL - SOCIAL WORK DEPARTMENT

CONTACT RECORD

User Name FORBES Claire		User Ref. No.		Page No. 25
Date 30.08.90	Type of Contact Phone call	With Whom [REDACTED]	Worker JC	
9.46 a.m. Difficult night for Home last night. Claire wants to take up Army Cadets again, therefore wants boots from home (Stonehaven). Chaotic Housemeeting last night. Claire not fully involved.				
Date 30.08.90	Type of Contact Visit	With Whom Claire	Worker JC	
2.30 p.m. Met with Claire. Has meeting with [REDACTED] 07.09.90 at 11.45 a.m. Wanting weekend home on Friday/Saturday/Sunday 7th-9th September. Discussion re Army Cadets etc.				
Date 30.08.90	Type of Contact Phone call	With Whom	Worker JC	
2,30 p.m. See record of family meeting.				
Date 06.09.90	Type of Contact Family meeting	With Whom Claire & mother	Worker JC	
Date 12.09.90/13.09.90	Type of Contact Phone call	With Whom [REDACTED]	Worker JC	
10.10 a.m. After several attempts, discussed with [REDACTED], Home Tutor, Claire's position. Claire had done so well that she should have been going to Kincorth on 17th September - but is depressed, angry amidst very difficult patch for Bon-Accord group. Sniffing on Monday night - hospital check puts delay on mainstream admission. Claire discussed with [REDACTED]. Claire met [REDACTED] last Friday. She is still co-operative with tutoring and what [REDACTED] has to offer. Social Worker voiced feeling that Claire must be very anxious re mainstream school regardless of Bon-Accord/domestic set-up.				

User Name FORBES Claire		User Ref. No.		Page No. 26
Date 13.09.90	Type of Contact Phone call	With Whom [REDACTED]	Worker JC	
2.45 p.m. [REDACTED] requesting assessment team meeting. Very concerned re arrangements for education.				
Date 13.09.90	Type of Contact Phone call	With Whom [REDACTED]	Worker JC	
3.02 p.m. [REDACTED] able to report that Claire is fairly settled and was positive at the meeting. Has arranged to see her again. Discussed assessment team meeting to be arranged via [REDACTED]				
Date 14.09.90	Type of Contact Visit	With Whom Claire	Worker JC	
11a.m./12 noon (approx) Took Claire out to Inversnecky Cafe for relaxed exchange with her over her current experiences and wishes. Confirmed outing at 9.30 a.m. with [REDACTED] Bon-Accord.				
Date 20.09.90	Type of Contact Family mtg	With Whom	Worker JC	
4.30 p.m. Family meeting - see record.				
Date 27.09.90	Type of Contact Phone call	With Whom [REDACTED]	Worker JC	
2.32 p.m. Returned call. Claire returned yesterday having been out overnight with another (older) resident. Anger and resentment causing eruption quickly "fizzled" and Claire back with [REDACTED] today. Sounding out mainstream schooling again - looking at Inverurie. Managed awkward weekend with Mum very well in the end. Mum turning up trumps. Social Worker to go to Oldmeldrum.				

GRAMPIAN REGIONAL COUNCIL - SOCIAL WORK DEPARTMENT

CONTACT RECORD

User Name	FORBES Claire		User Ref. No.		Page No.	27
Date	28.09.90	Type of Contact	Visit	With Whom	Claire & mother	Worker JC
10 a.m. Picked up Claire from Bon-Accord and went to Oldmeldrum and met with mother and [REDACTED], still off sick. Hard work, working out issues but certain progress going on. Returned with Mum into city - very useful discussion.						
Date	28.09.90	Type of Contact	Phone call	With Whom	Mr Hay, Mackie	Worker JC
12.30 a.m. Social Worker requested to collect Claire's school bag. 10 a.m. Collected school bag.						
Date	27.09.90	Type of Contact	Visit	With Whom	Mr Forbes	Worker JC
5 p.m. Mr. Forbes not in. [REDACTED] [REDACTED]. Social Worker collected leather jacket and picture.						
Date	28.09.90	Type of Contact		With Whom		Worker JC
Claire received her belongings as noted.						
Date	28.09.90	Type of Contact	Phone call	With Whom	[REDACTED]	Worker JC
4 p.m. Discussed need of reports. He requested copy reports and identification of issues by letter.						

User Name FORBES Claire		User Ref. No.		Page No. 18
Date 2/3/4/10.90/11.10.90	Type of Contact Phone calls	With Whom [REDACTED]	Worker JC	
11.08 a.m. Intense discussion requesting confirmation of agreement to interview at Inverurie Academy (Social Worker had been rung at home off-duty twice re subject) with a view to starting after half-term. Fear that Claire loses chance of fourth year place. Looking at full-time. Very good report on Claire: progress and capability.				
Date 11.10.90	Type of Contact Family mtg	With Whom	Worker JC	
2.30 p.m. See record of family meeting.				
Date 17.10.90	Type of Contact Phone call	With Whom [REDACTED]	Worker JC	
10.29 a.m. Feedback on meeting. Also anticipating Assessment Team Meeting and arrangement for Inverurie Academy Meeting. Social Worker insistent [REDACTED] be there to endorse Bon-Accord support and practical issues around Claire.				
Date 17.10.90	Type of Contact Phone call	With Whom [REDACTED]	Worker JC	
10.50 a.m. Clarifying composition of meeting. Claire and parents only invited (if at all) to latter part of meeting. Probable confirmation - Tuesday 6th November at 10 a.m.				
Date 23.10.90	Type of Contact Phone call	With Whom [REDACTED] Bon-Accord	Worker JC	
8.58 a.m. Inverurie Academy meeting cancelled today. Claire due with [REDACTED] at 10-11 a.m., then on to mother.				

GRAMPIAN REGIONAL COUNCIL - SOCIAL WORK DEPARTMENT

CONTACT RECORD

User Name	FORBES Claire		User Ref. No.	Page No. 29
Date	23.10.90	Type of Contact	Phone calls	With Whom Miss Inglis
				Worker JC
Numerous attempts culminating today in contacting Miss Inglis - finally and undesirably at work. 6.18 p.m. To confirm arrangements for Inverurie Academy meeting.				
Date	23.10.90	Type of Contact	Phone call	With Whom [REDACTED]
				Worker JC
9.35 a.m. [REDACTED] very angry but trying to make second appointment at the school to clarify failure to confirm appointment.				
Date	24.10.90	Type of Contact	Phone call	With Whom [REDACTED]
				Worker JC
10.15 a.m. Requesting that any further moves be held off until Assessment Team Meeting - [REDACTED] /school to contact Educational Psychologist first.				
Date	24.10.90	Type of Contact	Phone call	With Whom [REDACTED]
				Worker JC
11.42 a.m. Mr. Hogg, Head Teacher at Inverurie Academy giving options for another day. Arduous discussion - a.m. on 25th October agreed. [REDACTED] notes that [REDACTED] stated that Claire was not her case any longer.				
Date	24.10.90	Type of Contact	Phone call	With Whom [REDACTED]
				Worker JC
11.54 a.m. Attempt to confirm time of meeting at Inverurie Academy. [REDACTED] [REDACTED] Mother working overnight.				

User Name FORBES Claire		User Ref. No.		Page No. 30
Date 24.10.90	Type of Contact Phone call	With Whom [REDACTED], Bon-Accord	Worker	JC
1.40 p.m. Travel arrangements for 25.10.90 agreed.				
Date 24.10.90	Type of Contact Phone call	With Whom Claire	Worker	JC
2.02 p.m. Lovely conversation with Claire who is at home, Oldmeldrum today. (Mother out).				
Date 25.10.90	Type of Contact Interview	With Whom Claire/ Inverurie Academy	Worker	JC
8.45 a.m. Social Worker collected Claire for 9.30 interview. Claire free and open but appropriately anxious. Interviewed very well and maintained composure. Place offered for Monday.				
Date 25.10.90	Type of Contact Visit	With Whom Miss Inglis	Worker	JC
Post-school interview. 11 a.m. (approx) Mother is away during week of Assessment Team Meeting but gave Social Worker idea of feelings to be conveyed.				
Date 01.11.90	Type of Contact Phone call	With Whom [REDACTED] [REDACTED] Bon-Accord	Worker	JC
9.12 a.m. Message from [REDACTED] Claire clearly wanting school (to work). Missed class registration first thing on Monday - but due to problem with bus. Back 5 p.m. in evening. Leaves early at 7.25 a.m. Angry about it - feeling it's asking a lot of Claire.				

GRAMPIAN REGIONAL COUNCIL - SOCIAL WORK DEPARTMENT

CONTACT RECORD

User Name FORBES Claire		User Ref. No. 1042564	Page No. 31
Date 14.11.90	Type of Contact Phone call	With Whom Miss Inglis	Worker JC
10.55 a.m. Claire at Bon-Accord only on Wednesday 21.11.90 - otherwise at home. Small ripples at school. Miss Inglis dealt with these successfully before attitudes hardened up. Claire's confidence greatly enhanced at dealing with problems. Work experience getting sorted out.			
Date 14.11.90	Type of Contact Phone call	With Whom Bon-Accord	Worker JC
11.28 a.m. [REDACTED] took message to confirm family meeting at 5 p.m. on Thursday 22.11.90.			
Date 15.11.90	Type of Contact Phone call	With Whom	Worker JC
10.05 a.m. Cynthia Smail not available.			
Date 16.11.90	Type of Contact Phone call	With Whom [REDACTED] [REDACTED]	Worker JC
10.30 a.m. Claire fine; Mum handling issues. Claire taking everything to Mum. Looking at home-on-trial during Claire's and Mum's study fortnights. Thereafter Child Care Review and Panel. Bon-Accord offering support via [REDACTED] and available bed if necessary.			
Date 22.11.90	Type of Contact Family meeting	With Whom	Worker JC
5 p.m. See record of Family Meeting.			

User Name FORBES Claire		User Ref. No. 1042564	Page No. 32
Date 23.11.90	Type of Contact Phone call	With Whom Cynthia Smail	Worker JC
4.45 p.m. Arrangement to meet with Cynthia to discuss case and arrange meeting of introduction to family prior to Child Care Review.			
Date 30.11.90	Type of Contact Phone call	With Whom	Worker JC
4.40 p.m. Joan Inglis not available.			
Date 30.11.90	Type of Contact Phone call	With Whom [REDACTED] [REDACTED]	Worker JC
4.41 p.m. Left message to return call. Social Worker needing minutes of meeting.			
Date 30.11.90	Type of Contact Phone call	With Whom [REDACTED] [REDACTED]	Worker JC
4.45 p.m. Claire at Bon-Accord en route for Stonehaven. She said she might stay the night. Social Worker said that she had met with Cynthia Smail and hoped to visit Claire and mother (and [REDACTED] next Friday if that was OK. Claire to convey message.			
Date 05.12.90	Type of Contact Phone call	With Whom Inverurie Academy	Worker JC
11.50 a.m. Mr. Matthews. Settled in reasonably well - curriculum - no social problem. Probable will identify with more "active" lot. A bit "worked up" re work experience - sorted out. Confirmed 13.12.90 at 2 p.m. OK.			

GRAMPIAN REGIONAL COUNCIL - SOCIAL WORK DEPARTMENT

CONTACT RECORD

User Name	FORBES Claire		User Ref. No.	1042564	Page No.	33
Date	05.12.90	Type of Contact	Phone call	With Whom	Joan Inglis	Worker JC
11.55 a.m. To confirm 13.12.90 at 2 p.m. for Child Care Review.						
Date	06.12.90	Type of Contact	Visit	With Whom	Cynthia Smail	Worker JC
9.18 a.m. Further exchange of information. Consideration of Cynthia's role and discharge of 44(1)(b) to create atmosphere of voluntary support if required. Return of file to Jessie Clerk.						
Date	07.12.90	Type of Contact	Visit	With Whom	Claire and mother	Worker JC
10.30 a.m. Jessie Clerk and Cynthia Smail met with Claire and mother [REDACTED] General introduction and level pitched at needs of Child Care Review decisions to endorse discharge of 44(1)(b) and voluntary support thereafter.						
Date	07.12.90	Type of Contact	Phone call	With Whom	Secretary to [REDACTED]	Worker JC
3.05 p.m. No minutes available re Assessment Meeting. Will send out recommendations to Social Worker (for Child Care Review).						
Date	30.11.90	Type of Contact	Visit	With Whom	Cynthia Smail	Worker JC
2 p.m. Introduction to case.						

User Name FORBES Claire		User Ref. No. 1042564	Page No. 34
Date 05.12.90	Type of Contact Visit	With Whom Cynthia Smail	Worker JC
9 a.m. Further discussion - future planning and arrangement of visits.			
Date 05.12.90	Type of Contact Phone call	With Whom Joan Inglis	Worker JC
11.25 a.m. Confirming visit with Cynthia Smail around 10.30 a.m. on Friday 07.12.90. [REDACTED] should be there. Claire visited Dad. Hesitant at first, fine this time but pale/tired and worried re Dad's problems [REDACTED]. Claire found part-time job at Meldrum Arms (four hours dishwashing this Sunday).			
Date 05.12.90	Type of Contact Phone call	With Whom Bon-Accord	Worker JC
11.45 a.m. Trying to clarify Child Care Review time. 2 p.m. on 13.12.90 - to be confirmed. AR COPY			
Date 12.12.90	Type of Contact Phone call	With Whom [REDACTED]	Worker JC
11.35 a.m. Checked over points to cover in Review and confirm recommendations.			

GRAMPIAN REGIONAL COUNCIL - SOCIAL WORK DEPARTMENT

CONTACT RECORD

User Name	FORBES Claire		User Ref. No.	1042564	Page No.	35
Date	13.12.90	Type of Contact	With Whom		Worker	JC
2 p.m. Child Care Review - see report.						
Date	13.13.90	Type of Contact	Phone call	With Whom	Reporter	Worker JC
3.30 p.m. Confirmed Hearing date - Thursday 10.01.91 at 11 a.m. Gave time/date to Claire (for mother also) and Bon-Accord.						
Date	14.12.90	Type of Contact	Phone call	With Whom	Mr Matthews Inverurie Academy	Worker JC
2.30 p.m. Indicated Hearing date.						
Date	14.12.90	Type of Contact	With Whom		Worker	JC
CASER review to correlate date with Child Care Review.						
Date	14.12.90	Type of Contact	Phone call	With Whom	Cynthia Small	Worker JC
3 p.m. Agreed review/closure/transfer file date of 11.01.91.						

User Name FORBES Claire		User Ref. No. 1042564		Page No. 36
Date 31.12.90	Type of Contact Phone call	With Whom Claire Forbes	Worker	JC
4 p.m. (approx) Met Claire in Trinity Centre having had her wallet stolen en route for father's home for New Year. Very pleasant, amenable bearing shown. Gave her lift to father and advised contacting mother urgently re wallet and contents as she did not see it worthwhile contacting Police at the time.				
Date 03.01.91	Type of Contact Phone call	With Whom Miss Inglis	Worker	JC
Jean Inglis phoned to query Social Work Department response to DSS re her Child Benefit claim. Social Worker confirmed that letter was returned with dates of ALL home leave. Social Worker enquired re incident of the wallet. Miss Inglis was able to say that it was returned intact to Police. Given lack of mileage, Social Worker cannot visit with completed report. Miss Inglis suggested posting it direct. Social Worker preferring to contact Cymthia Smail for contact as Miss Inglis may be difficult to contact.				
Date 04.01.91	Type of Contact	With Whom	Worker	JC
Report completed. Mislaidd and therefore not posted to Panel members until <u>07.01.91</u>.				
Date 09.01.91	Type of Contact Phone call	With Whom Inverurie SWD	Worker	JC
Attempts to contact Cynthia Smail re report on 04.01.91 and 09.01.91.				
Date 09.01.91	Type of Contact Phone call	With Whom [REDACTED]	Worker	JC
Reporter confirmed receipt of report. Social Worker advised that family will need time to read report before Hearing due to inability to visit with report prior to Hearing. 11.01.1991 Hearing discharged order. Care transferred to Inverurie SWD Sessie Clark				

GRAMPIAN REGIONAL COUNCIL
SOCIAL WORK DEPARTMENT

INITIAL AGREEMENT FORM

User Name	FORBES Claire	User Ref. No	1042564	Page No	1
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Date of Referral 07 / 10 / 89

1. Referrer's Reason for Contact

Divisional Education Officer expressing general concern from Mackie Academy re Claire's attendance and welfare.

2. User's Definition of Issues

School OK but difficulty with teachers.

3. Worker's Definition of Issues (if different)

Problems re engaging family.

Conflicting attitudes between school and family.

4. Objectives - if agreed

Maintain contact and clarify issues around Claire's difficulties at home, school, and wider family.

5. Action Agreed

For Worker

For User

Contact school

Maintain contact with Social Worker

6. Any Additional Information to be detailed overleaf

7. Signature

User

Worker ..*Jessie Clark*.....

Date25.../.....01.../.....90...

GRAMPIAN REGIONAL COUNCIL
SOCIAL WORK DEPARTMENT

REVIEW/ASSESSMENT

(To be completed within 6 weeks and quarterly thereafter)

User Name FORBES Claire	User Ref. No 042564	Page No
Planned Date of Review		24 / 08 / 90
Actual Date of Review		25 / 05 / 90

Part 1 Description

1. Significant Changes in People or Circumstances

School attendance and attitude consistently poor. [REDACTED]
[REDACTED] Claire possibly in some emotional difficulties.

2. Summary of Work Done

02.03.90 Discussion at Portlethen Academy with Rector, father, Claire and Social Worker. Offer of contract for admission not followed through.
28.03.90 Appointment with [REDACTED] not kept nor cancelled.

3. User's Definition of Main Issue

Incompatibility with Mackie staff, not doing subjects that Claire wants.
Out late with friends and truanting in company.

Part 2 Assessment

4. Worker's Evaluation of Issue

Claire's difficulties needing to be defined and worked with by Ed ^{Psych} Boyd and Young People's Department - not 'contained' by Mackie and home.

5. Possible Options for Work - Advantages/Disadvantages

Statutory imposition of Supervision Order will allow advantage of Young People's Department being involved.

6. Reasons for Continued Contact

Supervision Order and its conditions, 25.05.90

Part 3 Tasks and Plans**7. Objectives Agreed with User**

Tight contract between father, Claire and school to promote attendance/behaviour (by attitude).

Pursue requirements of Supervision Order.

8. Other Objectives

Need for professionals (all adults) to co-operate and communicate around and with Claire.

9. Action Agreed**For Worker**

Pursue Ed Boyd and [REDACTED]
(Young People's Department).
Maintain contact with family,
especially Claire

For User and father

Commit herself to conditions of
Supervision Order and school contract.

Date of Next Review 24... / .08. / ..1990

8. Signature

User

Worker .. *Jessie Clark*

Date 25 / 05 / 90

9. Senior *M. J. [Signature]*

Date 29 / 6 / 90

GRAMPIAN REGIONAL COUNCIL
SOCIAL WORK DEPARTMENT

REVIEW/ASSESSMENT

(To be completed within 6 weeks and quarterly thereafter)

User Name	User Ref. No	Page No
FORBES Claire	1042564	
Planned Date of Review		24 / 08 / 90
Actual Date of Review		23 / 08 / 90

Part 1 Description

1. Significant Changes in People or Circumstances
Claire suspended sine die from Mackie Academy on 01.06.90.
Hearing on 27.07.90 continued until Residential Assessment placement found.
Claire moved in with mother on 21.07.90, mother and Claire having got fully in touch with each other two weeks before that.
Hearing on 16.08.90 and reception into care at Bon-Accord Children's Home under Section 44(1)(b)

2. Summary of Work Done
Resolved crisis at Mackie Academy.
Claire's loyalties polarising towards mother from father.
Assessment procedure set up.

3. User's Definition of Main Issue
Coming into care; getting breathing space and get head together.
Still have to get to know Mum and really trust her, and get to know [REDACTED]
[REDACTED]

Part 2 Assessment

4. Worker's Evaluation of Issue
Essential that appropriate and sound assessment is achieved.
Claire to be confident and motivated; to be comfortable with future planning.

5. Possible Options for Work - Advantages/Disadvantages
Awaiting school placement - then pursuit of assessment meeting involving all or part or no other members of Claire's family.

6. Reasons for Continued Contact
Supervision Order under Section 44(1)(b) and primary need to resolve or clarify Claire's connection with mother. Clarifying how Claire connects with other family members.

User Name	User Ref. No	Page No
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Part 3 Tasks and Plans

7. Objectives Agreed with User

Ensure that assessment is productive.
 Social Worker to liaise for Claire with any difficulties arising in Stonehaven.
 Ensure that educational placement succeeds.

8. Other Objectives

Ensure that effective liaison is maintained among all professionals and
 Social Worker and Miss Inglis.

9. Action Agreed

For Worker

For User

Pursue assessment

Date of Next Review 23 / 11 / 90

8. Signature

User (sgd) CLARE FORBES

Worker (sgd) JESSIE K. CLERK

Date 23 / 08 / 90

9. Senior *J.S. Hobson*

Date 14 / 09 / 90

REVIEW/ASSESSMENT

(To be completed within 6 weeks and quarterly thereafter)

User Name	CLAIRE FORBES	User Ref. No.	1042564	Page No.
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Planned Date of Review 24 08 1990

Actual Date of Review 23 08 1990

Part 1 DESCRIPTION

1. Significant Changes in People or Circumstances

Claire suspended since the start of Natchip 1.6.90
 Hearing 27.7.90 continued until Res ASS. placement found
 Claire moved in with mother 21.7.90 - mother + Claire having
 got fully in touch with each other 2 weeks before that -
 Hearing 16.8.90 + RIC at Bar - Accord C/H on Sect 44(1)(b).

2. Summary of Work Done

Resolved crisis at Natchip - Claire's loyalties
~~to~~ polarising towards mother from father
 Assessment procedure set-up -

3. User's Definition of Main Issue

Coming into care - getting breath'g space
 + get head together, still have to get to know mum
 + really trust her + get to know [REDACTED]

Part 2 ASSESSMENT

4. Worker's Evaluation of Issue

Essential that appropriate + sound assessment
 is achieved.
 Claire to be confident + motivated; to be
 comfortable with future planning.

5. Possible Options for Work - Advantages/Disadvantages

Assessing school placement - then pursue
 of assessment meeting involving all or part or
 no other members of Claire's family.

6. Reasons for Continued Contact

S.O. Sect 44(1)(b) and primary need to
 resolve or clarify Claire's connection with
 mother. Clarifying how Claire connects with
 other family members.

Part 3 TASKS AND PLANS**7. Objectives Agreed with User**

Ensure that assessment is productive.
 SW to liaise for Claire, with any difficulties
 arising in Stonehaven.
 Ensure that educational placement
 succeeds.

8. Other Objectives

Ensure that effective liaison is maintained
 among all professionals + SW + Mrs Lytle.

9. Action Agreed

For Worker	For User
Review assessment	

Date of Next Review 23 11 1990**10. Signature**User Claire ForbesWorker Jessie H ClarkDate 23 08 199011. Senior JS HobsonDate 14/09/90

GRAMPIAN REGIONAL COUNCIL
SOCIAL WORK DEPARTMENT

REVIEW/ASSESSMENT

(To be completed within 6 weeks and quarterly thereafter)

User Name	FORBES Claire	User Ref. No	1042564	Page No	
		Planned Date of Review	23 / 11 / 90		
		Actual Date of Review	13 / 12 / 90		
Part 1 <u>Description</u>					
1. Significant Changes in People or Circumstances					
See Child Care Review held at Bon-Accord on 13.12.90					
2. Summary of Work Done					
See Child Care Review					
3. User's Definition of Main Issue					
Wish to return home with mother officially					
Part 2 <u>Assessment</u>					
4. Worker's Evaluation of Issue					
See Child Care Review					
5. Possible Options for Work - Advantages/Disadvantages					
Discharge Section 44(1)(b)					
Hearing arranged at Albyn Place on Thursday 10.01.91 at 11 a.m.					
6. Reasons for Continued Contact					
Prepare report for Hearing.					
Transfer file to Cynthia Smail, Social Worker, Inverurie Social Work Department.					
Ensure father is informed of events.					

User Name	User Ref. No	Page No
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Part 3 Tasks and Plans

7. Objectives Agreed with User

Discharge of Section 44(1)(b)

Claire, mother and partner to seek support on a voluntary basis if necessary.

8. Other Objectives

9. Action Agreed

For Worker

For User

Complete report for Hearing.

Transfer case to Inverurie
Social Work Department

Date of Next Review¹¹ /⁰¹ /⁹¹ - for closure

8. Signature

User

Worker Jessie Clark

Date¹⁴ /¹² /⁹⁰

9. Senior G. S. Hobson

Date 23 / 01 / 91

GRAMPIAN REGIONAL COUNCIL

SOCIAL WORK DEPARTMENT

Closure Summary

Client Name	Client Ref. No	Page No
FORBES Claire		
Planned Date of Review		11 / 01 / 91
Actual Date of Review		11 / 01 / 91
1. Significant Changes in People or Circumstances		
Claire home on trial successfully since 22.11.90. Staying access with father managed by Claire over New Year.		
2. Summary of Aims achieved and Actions Since Last Review		
Claire maintaining good start in mainstream school. [REDACTED] involved in last family meeting. Cynthia Smail, Social Worker from Inverurie, introduced. Children's Hearing 10.01.91 discharged Order.		
3. Aims not Achieved		
4. Reason(s) for Closure		
Discharge of Supervision Order. Transfer of file to Inverurie Social Work Department for voluntary contact by Claire, family or school.		
5. Client Informed of Closure? Yes/No		
6. Client Agreeable to Closure? Yes/No		
7. Agency/worker Client Referred to Internal transfer		
8. Signature Client		
Worker <i>Jessie K Clark</i>		
Date 11 / 01 / 91		
9. Senior <i>Y. S. Hobson</i> Date <i>23</i> / <i>01</i> / <i>91</i>		

GRAMPIAN REGIONAL COUNCIL - SOCIAL WORK INDEX/INFORMATION SYSTEM

1

PERSONAL DETAILS		KINCARDINE & DEESIDE	KINCARDINE CLERK JESSIE
Title	MISS	Client Ref No	1042564/06
Surname(s)	1)FORBES 2)	3)	
Forename(s)	1)CLAIRE 2)	3)	
Sex	FEMALE	Ethnic Origin	
Date Of Birth	18/12/1975	Occupation	
ADDRESS			
House Name/No	1) 75	2)	
Street	PROVOST BARCLAY DRIVE		
Area/Village	STONEHAVEN		
Urban Area/Town	STONEHAVEN		
Division	KINCARDINE DEESIDE		
Post Code			
Telephone No			
Type Of House	COUNCIL HOUSE		
Type Of Heating			
No In House	06		

2

SUPPORT NETWORK - COMMUNITY							
Surname	Forename	Sex	Rel	Gro	Date Of Birth	Cl Ref No	
1 FORBES	TERENCE	M	FATH		16/11/1954		
2 FORBES	MICHAEL	M	BROT		27/06/1973		
3 FORBES	DEBORAH	F	SIST		05/10/1973		
6 INGLIS/FORBES	JEAN	F	MOTH		26/08/1954		
7							
8							
ADDRESS							
House Name/No	(6) 13	()					
Street	ROSEBANK						
Area/Village	OLDMELDRUM						
Urban Area/Town							
Division	GORDON						
Post Code							
Telephone No	06512 3291						

3

SUPPORT NETWORK - AGENCY	
Other Key People	1)
	2)
	3)
Name Of GP	
GPs Practice	HC, ROBERT ST, STONEHAVEN

4

INITIAL CONTACT		
Group/Div	KINCARDINE & DEESIDE	Initial Date 07/10/1989
Team	KINCARDINE	Office STONEHAVEN
Initial Worker	BILL LAING SW	
CHARACTERISTICS (HEalth/Social Family/Disabled/ELderly)		
HE/SF/DI/EL	1	-
	2	-
	3	-
	4	-
	5	-

Case Status	ACTIVE	Updated	11/01/1991	Client Ref No	1042564/06
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5 ALLOCATION			
Group/Div	KINCARDINE & DEESIDE	Office	STONEHAVEN
Team	KINCARDINE	Review Date	
Intake Worker	BILL LAING SW	Intake Date	07/10/1989
Allocated Worker	JESSIE CLERK SW	Date Alloc	07/10/1989
Current Involvmnt	CLOSED	Resource Date	
Notes	111089 SCHOOL PROBLEMS 250590 CHILDREN'S HEARING SUPERVISION ORDER SEC 441(A) WITH CONDITIONS 260690 CHARGED WILFUL FIRERAISING 270790 CH HEARING CONTINUED 160890 CH HEARING SUP ORDER S.44(1)(B) 160890 RIC BON ACCORD CHILDREN'S HOME - ASSESSMENT 061190 ASSESSMENT TEAM MEETING 131290 CHILD CARE REVIEW 141290 CASER REVIEW 100191 CHILDREN'S HEARING DISCHARGED ORDER FILE TO BE TAKEN BY HAND TO INVERURIE SOCIAL WORK DEPARTMENT		

6 SOURCE OF REFERRAL (COmm/MEDic/LEgal/CHild/GenOff/INter)			Date
CO/ME/LE/CH/GO/IN	1 GO - HOUSING DEPARTMENT		07/10/1989
Contact	1 [REDACTED] DIV ED OFFICER		
CO/ME/LE/CH/GO/IN	2 -		
Contact	2		
REASONS FOR CONTACT (HEalth/Off/SocF/CHild/DIsa/ELd/FIna/OT/Other)			Date
HE/OF/SF/CH/DI/EL/FI/OT	1 SF - OTHER FAMILY PROBLEMS		07/10/1989
	2 CH - TRUANCY		27/10/1989
	3 CH - SCHOOL PROBLEMS		27/10/1989
	4 -		
	5 -		
	6 -		
	7 -		

7 ASSESSMENTS (SUpport/COmmunity/REsidential/Other)			Date
SU/CO/RE/OR	1 RE - OTHER RESIDENTIAL ASSESS		16/08/1990
	2 -		
	3 -		
	4 -		
	5 -		
REPORTS OR REGISTRATIONS (ExtLeg/EHo/EMed/IntCh/IOther)			Date Request Date Required
EL/EH/EM/IC/IO	1 EL - INIT INVEST REPORT, REPORTER	07/12/1989	15/03/1990
	2 EL - CHILDREN'S HEARING REPORT	27/06/1990	27/07/1990
	3 EL - CHILDREN'S HEARING REPORT	27/07/1990	16/08/1990
	4 EL - CHILDREN'S HEARING REPORT	13/12/1990	10/01/1991
REFERRALS/ADVOCACY WITH AGENCIES (HOuse/Finan/HEalth/INT/VoLag/SocServ/Other)			Date
HO/FI/HE/IN/VL/SS/OR	1 HE - YOUNG PEOPLES DEPARTMENT		15/02/1990
	2 -		
	3 -		
	4 -		
	5 -		

8 SERVICES (GEneral/EQUIPMENT/ADaptations/WAiting)			Date
GE/EQ/AD/WA	1 -		
	2 -		
	3 -		
	4 -		
	5 -		
	6 -		
	7 -		
CARE - COMMUNITY (DOmiliary/CEntres/GROup ho/SHeltered/Other/WAiting)			Date
DO/CE/GR/SH/OR/WA	1 -		
	2 -		
	3 -		
	4 -		
	5 -		
CARE - RESIDENTIAL (ELderly/CHildren/HOstel/Other/WAiting)			From To
EL/CH/HO/OR/WA	-		

9 Closure Reason and Date TRANSFERRED OTHER SWD/SS 10/01/1991 Delete 12/2023

GRAMPIAN REGIONAL COUNCIL - SOCIAL WORK INDEX/INFORMATION SYSTEM

1 PERSONAL DETAILS

Title	MISS		Client Ref No
Surname(s)	1) FORBES	2)	3)
Forename(s)	1) CHAIRE	2)	3)
Sex	F.	Ethnic Origin	
Date Of Birth	16	Occupation	
ADDRESS			
UNTEL 1.8.92			
House Name/No	1) 13	2)	
Street	ROSEBANK		
Area/Village	O'DONOHUE		
Urban Area/Town			
Division	G.		
Post Code			
Telephone No			
Type Of House			
Type Of Heating			
No In House			

2 SUPPORT NETWORK - COMMUNITY

Surname	Forename	Sex	Rel	Gro	Date Of Birth	C1	Ref No
1							
2							
3							
4							
5							
6							
7							
8							

ADDRESS	
House Name/No	()
Street	()
Area/Village	
Urban Area/Town	
Division	
Post Code	
Telephone No	

3 SUPPORT NETWORK - AGENCY

Other	1)
Key	2)
People	3)
Name Of GP	
GPs Practice	

4 INITIAL CONTACT

Group/Div	G	Initial Date	28.7.92
Team	INUE	Office	INUE
Initial Worker	C. Spn		
CHARACTERISTICS (HEalth/Social Family/DIsabled/ELderly)			
HE/SF/DI/EL	1	-	
	2	-	
	3	-	
	4	-	
	5	-	

Status	Updated	Client Ref No
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LOCATION		Office	
Up/Div		Review Date	
Team		Intake Date	
Intake Worker		Date Alloc	
Allocated Worker		Resource Date	
Current Involvmnt			
Notes			
Homeless. excluded care Requiring accom. OSS advised + possibly supported accommodation			

6 SOURCE OF REFERRAL (Comm/Medic/Legal/Child/GenOff/Inter)		Date
CO/ME/LE/CH/GO/IN	1 - SELF	
Contact	1	
CO/ME/LE/CH/GO/IN	2 -	
Contact	2	
REASONS FOR CONTACT (HEalth/Off/SocF/Child/DIsc/ELd/Fina/OT/Other)		Date
HE/OF/SF/CH/DI/EL/FI/OT	1 -	
	2 -	
	3 -	
	4 -	
	5 -	
	6 -	
	7 -	

7 ASSESSMENTS (Support/Community/Residential/Other)		Date
SU/CO/RE/OR	1 -	
	2 -	
	3 -	
	4 -	
	5 -	
REPORTS OR REGISTRATIONS (ExtLeg/EHo/EMed/IntCh/IOther)		Date Request Date Required
EL/EH/EM/IC/IO	1 -	
	2 -	
	3 -	
	4 -	
REFERRALS/ADVOCACY WITH AGENCIES (HOuse/FInan/HEalth/INT/VoLag/SocServ/Other)		Date
HO/FI/HE/IN/VL/SS/OR	1 -	
	2 -	
	3 -	
	4 -	
	5 -	

8 SERVICES (GEneral/EQuipment/ADaptations/WAiting)		Date
GE/EQ/AD/WA	1 -	
	2 -	
	3 -	
	4 -	
	5 -	
	6 -	
	7 -	
CARE - COMMUNITY (Domiciliary/Centres/Group ho/Sheltered/Other/WAiting)		Date
DO/CE/GR/SH/OR/WA	1 -	
	2 -	
	3 -	
	4 -	
	5 -	
CARE - RESIDENTIAL (ELderly/CHildren/HOstel/Other/WAiting)		From To
EL/CH/HO/OR/WA	-	

9 Closure Reason and Date	CONTACT LOST	Delete 2027
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FURTHER INFORMATION FORM

Client Name:

Address:

Ref No:

CHADRE FORBES UNTIL 1-8-92
9013, ROSEBANK OMD
MCHORM

Chad was in care of Kim / Roseale
some 12 - 18 months ago and was then
discharged to his mum + 60 hrs.
Chad says relationship has
broken down and that he has to
be sent by 1-8-92, staying with
friend in Duss. till then.
27.7.92 - Took Chad to house who
agreed to BTB as from 1-8-92 whilst
being investigated.
Chad's mother stepped with DSS
throughout, stayed, Aiy held on
Chad's father as unable to cope
with temporary even if offered home.
Chad sent home to C. Street
NB. [redacted] placed am. on 28.7.92
to urgent Chad can go to Gordon
HMS as from Saturday 1-8-92.

Workers Signature:

Office:

Date:

C. Street

Duss. 31 High
Street

28.7.92

GRAMPIAN REGIONAL COUNCIL - SOCIAL WORK DEPARTMENT

CONTACT RECORD

User Name	CLAUDE FORBES		User Ref. No.	1042564	Page No.
Date	Type of Contact	With Whom	Worker		
SUMMARY OF CONTACT.					
Claude was in care for some time in his adolescence when his relationship with his father and his father broke down. He was moved from his Streetcar home					
Date	Type of Contact	With Whom	Worker		
to Bar Accord children home and ultimately rehabilitated with his mother and his new father at Old Melcham. They broke down because Claude refused to conform to expectations. Claude became homeless					
Date	Type of Contact	With Whom	Worker		
His final ultimate reason to ask her to leave was because Claude was given a charge for possession of drugs in April 1991 at Aberdeen Sheriff Court. Claude was then placed in temporary accommodation					
Date	Type of Contact	With Whom	Worker		
after by having defendant The Crown Agent but did not necessarily sleep there. It transpired he was frightened to stay alone in his hotel room. After failing to appear for 2 nights, the case of					
Date	Type of Contact	With Whom	Worker		
accused. By having was withdrawn Claude agreed to be referred to Shelter and he ultimately was he appeared but as he moved to stay with a friend					

User Name	User Ref. No.	Page No.
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Date	Type of Contact	With Whom	Worker
------	-----------------	-----------	--------

He did not take up Hainings renewed offer of care arm - and ultimately was refused an intentionally harmful and Hainings offer with care.

See 12 x 2 given in his history for post.

Date	Type of Contact	With Whom	Worker
------	-----------------	-----------	--------

Clare never decided to accept the offer to have Clare back as he had to have would leave. Clare never agreed to help Clare financially and keep in contact with her. Clare never would not agree to social work.

Date	Type of Contact	With Whom	Worker
------	-----------------	-----------	--------

Support on a family based very farward. Intense support was offered to Clare to enable her to cope with her mother's death, her husband, and her financial difficulties. Affection was made to

Date	Type of Contact	With Whom	Worker
------	-----------------	-----------	--------

ABC: Hainings 9 Aug 92. Hainings offered a place but Clare would not accept it before the initial visit (3.9.92). On 10.9.92 Clare accepted the offer to accept the place at Hainings.

Date	Type of Contact	With Whom	Worker
------	-----------------	-----------	--------

Hainings offered to Clara Ann on a basis of supportive contact. Clare refused this and returned to her boyfriend's home briefly. Clare was lost before he offered her at ABC. Clare refused to move to ABC. Clare was 120 lb.

CLOSURE SUMMARY

User Name	CHADRE FORBES	User Ref. No.	1042564	Page No.	
Planned Date of Review					
Actual Date of Review					
1. Significant Changes in People or Circumstances	Claire was discharged from care to her mother's home but was refused when she would not prepare to accept and agree.				
2. Summary of Aims Achieved and Actions Since Last Review	was agreed with [REDACTED] support				
3. Aims not Achieved	would not take up care. after successful appeal.				
4. Reason(s) for Closure	Contract Cost.				
5. User Informed of Closure? Yes/No	☒ Yes				
6. User Agreeable to Closure? Yes/No	NA				
7. Agency/Worker User Referred to					
8. Signature	User				
	Worker C. [REDACTED] [REDACTED]				
	Date 25-8-94				
9. Senior	Date 29-8-94				
	Linda M. Johnson				

GRAMPIAN REGIONAL COUNCIL - SOCIAL WORK DEPARTMENT

REFERRAL TO CHILD CARE RESOURCE FORUM

To be completed by Social Worker:

Division:	Gordon
Social Worker:	Cynthia Smail
Case No.:	1042564
Date:	27.8.1992

Full Name of Child CLAIRE LORRAINE FORBES XXXXXXXX Male XXXXXX Female XXXXXXDate of Birth 18.12.75 Age 16Home or Current Address [REDACTED]Telephone No. -

FAMILY COMPOSITION

Name and Date of Birth	Relationship	Address
Terrance Forbes 16.11.54	Father	75 Provost Barclay Drive, Stonehaven
Michael Forbes 27.6.73	Brother	
Deborah Forbes 5.10.73	Sister	
[REDACTED]		
Joan Inglis/Forbes 26.8.54	Mother	13 Rosebank, Oldmeldrum
[REDACTED] (Surname unknown)	Mother's Co-habitee	13 Rosebank, Oldmeldrum
Details of Other Significant Relatives/Friends		

LEGAL STATUS Was in care from 25.5.90 until 10.1.91 Social Work (Scotland)
Act 1968 44 (1)(b) when order was discharged. Claire meantime
not subject to any statutory requirement or in care under Sect 15
School Attended Mackie Academy and Guidance Teacher N/A
then Inverurie Academy - left school July 1991
Nursery School/Day Care or Family Centre/Playgroup N/A
Registered as temporary patient
G.P. Inverurie Health Centre Health Visitor N/A

OTHER Agencies Involved 1) Shelter 2) Welfare Rights

Guidelines for completion of Report - please give relevant information in respect of the following:-
(continue on separate sheet if necessary).

Headings: **Reason for Referral**

Summary of Social Background to include previous Social Work involvement, health and behaviour problems, school performance, family circumstances and relationships.

Profile and Needs of Child

Type of Resource Required

Purpose and Expectation of Placement

Length of Placement

SAR COPY

To be completed by Chairperson of Child Care Resource Forum

Resource options considered: (a)

(b)

(c)

(d)

Outcome

Signature of Chairperson

Date of CCRF

SAR COPY

GRAMPIAN REGIONAL COUNCIL

SOCIAL WORK DEPARTMENT

NETWORK SHEET

AGENCY SUPPORTS

(e.g. from Agencies such as Community Health, Hospital, Housing Association, LA Housing, LA Education, LA Social Work, Voluntary, Finance, Unemployment, Employment)

Agency Post Name Address Tel No Date

S.W.
Home Tutor Jesse Clark. Shoreham
[REDACTED ADDRESS]

COMMUNITY SUPPORTS

(e.g. Extended Family, Friends, Neighbours, Social Groups (clubs, self-help), Voluntary work).

Category (e.g. friend) Name Address Tel No Date

Mum Joan Inghs 13 Rosebank 06812
Forbes Oldmeldrum 3291
Dad Terence Forbes 75 Provost Barclay Drive Shoreham (No contact)
Brother Michael Forbes }
Sister Deborah Forbes } Same



AM/ME
25 February 1991

Ms Inglis
13 Rosebank
OLDMELDRUM

Dear Ms Inglis

Claire Forbes, 4.2

I write to confirm our conversation on Friday in which we agreed that Claire was not at all happy at the moment. She is not settling to her school work and clearly spends time thinking about relationships, including those of her peers centred around Oldmeldrum.

I was disappointed, but not entirely surprised, to find that she truanted from school for three days the week before last and was sniffing amyl nitrate on Tuesday last week. I feel this is a symptom of her present serious unease. However, I have to consider the other boys and girls in school who might be tempted by Claire's actions to participate with her. I must therefore make clear that should there be similar incidents again I would have no alternative but to exclude her.

Yours sincerely

A G Hogg
Rector

[redacted] had lunch with Claire following this letter.
Suggested she seek support from Cynthia Smiles. Claire not sure.

20.3.91

Mr. Hogg contacted Ben Accord for help with Claire. - possible exclusion - possible drugs involved. [redacted] telephoned Cynthia Smiles (S.W) Inverurie - they had already dealt with Mr. Hogg - explaining family not seeking help. [redacted] agreed to phone mum & suggest she seek help from Cynthia for Claire. - she did this & Cynthia meeting with Mum & Claire to discuss the situation & formulate some plan for helping Claire.

[redacted]

GRAMPIAN REGIONAL COUNCIL

SOCIAL WORK DEPARTMENT

Initial Agreement Form

Client Name CLAIRE LORRAINE FORBES.	Client Ref. No	Page No														
Date of Referral / /																
1. Referrer's Reason for Contact Claire doesn't think she should be here. - put here by Panel. Should have gone home to mum. 2. Client's Definition of Issues. School probs. Relationship with father. 3. Worker's Definition of Issues (if different) Around mum & their relationship Going home. School. Relationship with father. 4. Objectives - if agreed. Aim of all above to move towards home. 5. Action Agreed <table border="0"><tr><td><u>For Worker.</u></td><td><u>For Client</u></td></tr><tr><td>Sessions with Claire.</td><td>Scrap book about Claire.</td></tr><tr><td>Family meetings.</td><td>Visits home.</td></tr><tr><td></td><td>Family Meetings</td></tr></table> 6. Any Additional Information to be detailed overleaf 7. Signature <table border="0"><tr><td>Client</td><td>..... Claire Forbes</td></tr><tr><td>Worker</td><td>..... L. T. Ryan</td></tr><tr><td>Date</td><td>..... 10 / 9 / 90</td></tr></table>			<u>For Worker.</u>	<u>For Client</u>	Sessions with Claire.	Scrap book about Claire.	Family meetings.	Visits home.		Family Meetings	Client	 Claire Forbes	Worker	 L. T. Ryan	Date	 10 / 9 / 90
<u>For Worker.</u>	<u>For Client</u>															
Sessions with Claire.	Scrap book about Claire.															
Family meetings.	Visits home.															
	Family Meetings															
Client	 Claire Forbes															
Worker	 L. T. Ryan															
Date	 10 / 9 / 90															

AUGUST SUMMARY.

GRAMPIAN REGIONAL COUNCIL

SOCIAL WORK DEPARTMENT

Review/Assessment

(To be completed within 6 weeks and quarterly thereafter)

Client Name CLAIRE FORBES.	Client Ref. No	Page No
Planned Date of Review		/ /
Actual Date of Review		/ /
Part 1 <u>Description</u> 1. Significant Changes in People or Circumstances Contact with mum and grandmother continuing. Visit from Uncle & sister. Father has not made contact with Claire to date. Some difficulties with the resident group and being at Bon Accord. 2. Summary of Work Done Around the issues of being at Bon Accord. Relationships with mum. Relationship with dad Relationships & behaviour in the resident group } ongoing. 3. Client's Definition of Main Issue Being at Bon Accord. Relationship with dad.		
Part 2 <u>Assessment</u> 4. Worker's Evaluation of Issue As above - continuing to work on all issues. 5. Possible Options for Work - Advantages/Disadvantages Family Meetings. Sessions with Claire. Discussions as incidents arise. 6. Reasons for Continued Contact Claire still resident at Bon Accord and support being offered around the above issues.		

Review/Assessment (Cont'd)

Client Name <i>claire Forbes</i>	Client Ref. No	Page No
-------------------------------------	----------------	---------

Part 3 Tasks and Plans

7. ~~Objectives Agreed with Client~~

Since her admission on 16.8.90, has settled in reasonably well. Is unhappy about being at Bon Accord & finding the smoking rule difficult. Is spending time with mum and has been neglected by other members of the family. Has managed to deal with difficult issues at the house meeting, but at other times has shown herself to be v. angry & moody & unable to discuss issues

8. ~~Other Objectives~~ when like that.

In general - seen to be managing. Disappointed that father has not made contact. Managing to hold her own in the resident group - would prefer to be at home.

9. Action Agreed

For Worker

For Client

as per contract

as per contract

Date of Next Review / /

8. Signature

Client *claire Forbes*

Worker *W. T. Ryan*

Date/...../.....

9. Senior *ms* Date/...../.....

GRAMPIAN REGIONAL COUNCIL

SOCIAL WORK DEPARTMENT

Review/Assessment

(To be completed within 6 weeks and quarterly thereafter)

Client Name Claire Forbes.	Client Ref. No	Page No
SEPTEMBER.	Planned Date of Review Actual Date of Review	/ / / /

Part 1 Description

1. Significant Changes in People or Circumstances

Developed close relationship with other resident. Visit to dad - not formal, found it difficult. Contact with mum & grandmother maintained. Weekend away with Cade's. Sniffing incident. Moods. Began weekend leave home to mum. Missing 2/12 with other resident.

2. Summary of Work Done

Relationships with other residents.

Anger & moods

Sniffing.

Relationship with mum & dog.

Running away.

3. Client's Definition of Main Issue

Relationship with dad.

Difficulties with other members of resident group.

Development of relationship with mum. [REDACTED]

Part 2 Assessment

4. Worker's Evaluation of Issue

As above.

5. Possible Options for Work - Advantages/Disadvantages

Family Meetings.

Sessions with Claire.

Discussion when incidents arise.

6. Reasons for Continued Contact

Claire still resident at B.A. & as such

has continued support.

Review/Assessment (Cont'd)

Client Name

Client Ref. No

Page No

Part 3 Tasks and Plans

7. Objectives Agreed with Client

Summary - for Sept

Remains settled - but would prefer to be home with mum. Concern around because father has not been in touch. Home leave has commenced with Claire & mum developing their relationship with support from here. No major problems. 'Moods' have continued, but able to discuss what they are about. Problem with delinquent behaviour with older resident & arguments with yet another resident - very angry.

8. Other Objectives

Would prefer to be at school - still with home tutor. In general managing well. One incident of hitting - one of running away. Able to discuss both once she had calmed. Feeling v. low with regard to father not contacting her.

9. Action Agreed

For Worker

For Client

a per contract

as per contract.

Date of Next Review / /

8. Signature

Client .. C. L. Jones

Worker .. L. T. Ryan

Date/...../.....

9. Senior .. Mrs

Date/...../.....

GRAMPIAN REGIONAL COUNCIL

SOCIAL WORK DEPARTMENT

Review/Assessment

(To be completed within 6 weeks and quarterly thereafter)

Client Name <u>CLARE FORBER.</u>	Client Ref. No	Page No
<u>OCTOBER.</u>	Planned Date of Review / /	
	Actual Date of Review / /	

Part 1 Description

1. Significant Changes in People or Circumstances

Home leave continued & going well. Relationship with older resident continuing. Sometimes abusive to staff. 'Moods' about lived but still there. Diff's with resident ongoing - culminated in a fight & smashed plates. Family meetings continuing. Contact with dad on informal basis.

2. Summary of Work Done

Commenced full time education.

As previously - ongoing.

3. Client's Definition of Main Issue

Discussions around time at home, relationships with mum & [REDACTED].
Education.

Part 2 Assessment

4. Worker's Evaluation of Issue

Continuing to work on all above issues.

5. Possible Options for Work - Advantages/Disadvantages

Family meetings.

Sessions with Clare.

Discussions around incidents as they arise

6. Reasons for Continued Contact

Resident at B.A. still requires support

Review/Assessment (Cont'd)

Client Name <i>Clare Forbes</i>	Client Ref. No	Page No
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Part 3 Tasks and Plans

7. Objectives Agreed with Client

Summary.

Progress in this month - initiated contact with dad. dog weekends at home. Diff's in the resident group culminating in a fight - diff's continue. Education - making moves towards full time education & looking to start Inverurie Academy on 29.10.90. Commenced a managing well. Spending longer at home - commuting from B.A. difficult for her - v. tired. - managing it though.

8. Other Objectives has detached from B.A. - putting down roots at home.

9. Action Agreed

For Worker

as per contract

For Client

as per contract

Date of Next Review / /

8. Signature

Client *C.L. Forbes*

Worker *L.T. Ryan*

Date/...../.....

9. Senior *ms*

Date/...../.....

GRAMPIAN REGIONAL COUNCIL

SOCIAL WORK DEPARTMENT

Closure Summary

Client Name <i>CLAIRE LORRAINE FORBES.</i>	Client Ref. No	Page No
Planned Date of Review		/ /
Actual Date of Review		/ /
1. Significant Changes in People or Circumstances <i>Claire is now placed at home with her mother [REDACTED]</i> 2. Summary of Aims achieved and Actions Since Last Review <i>Claire is now more settled & happier than she has been previously. Relationships with her family are positive. School is going well.</i> 3. Aims not Achieved 4. Reason(s) for Closure <i>Claire is managing extremely well at home. All parties committed to making things work.</i> 5. Client Informed of Closure? Yes/No 6. Client Agreeable to Closure? Yes/No 7. Agency/worker Client Referred to 8. Signature Client <i>Claire Forbes</i>..... Worker <i>H. Ryan</i>..... Date <i>28 / 12 / 90</i>..... 9. Senior <i>Mrs</i>..... Date <i>2 / 1 / 91</i>.....		

GRAMPIAN REGIONAL COUNCIL

SOCIAL WORK DEPARTMENT

Contact Record

Client Name Claire Forbes.		Client Ref. No		Page No
Date 16 /8 /90.	Type of Contact	With Whom	Worker	
Admitted — session with [REDACTED] to go through booklet. Rules & Regs. etc Issue over smoking — eventually moved up to smoking in the bathroom.				
Date 17/8/90.	Type of Contact	With Whom	Worker	
Hooded top stolen — not located.				
Date 18/8/90.	Type of Contact	With Whom	Worker	
Anxious about [REDACTED] visit & her behaviour.				
Date 21/9/90.	Type of Contact	With Whom	Worker	
Unsettled on 20.9.90. — on 21.9.90. difficulties around the house with general group behaviour — Claire finding the group's agreement diff. — went to bed — dressed again & walked out at 11-15 pm. returned at 12-15 pm Had phoned a friend				
Date 23/9/90	Type of Contact	With Whom	Worker	
Session with [REDACTED] going over day sheets. Claire registered with Dr. — Nurse's appointment obtained. Times for sessions set. Difficulty in getting him together due to busy phone!				

GRAMPIAN REGIONAL COUNCIL

SOCIAL WORK DEPARTMENT

Contact Record

Client Name		Client Ref. No		Page No
Date 24 / 8 / 90	Type of Contact	With Whom	Worker	
Banded arm - cutting things into her arm.				
Date 25 / 8 / 90	Type of Contact	With Whom	Worker	
Weekend away - problems around smoking with [REDACTED] Difficulty with walking. Tea at Grams. as Mums birthday				
Date 27 / 8 / 90	Type of Contact	With Whom	Worker	
Session with [REDACTED] in top room - about who she is				
Date 28 / 8 / 90	Type of Contact	With Whom	Worker	
Anxious / upset. Came to [REDACTED] to 29.8.90. Difficult evening - angry & moody - refusing to attend house meeting. Gave her a knife & said he had intended harming herself. Feeling low because of row with mum?				
Date 30 / 8 / 90	Type of Contact	With Whom	Worker	
Difficulty in managing disappointment when sister didn't visit - but coped.				

GRAMPIAN REGIONAL COUNCIL

SOCIAL WORK DEPARTMENT

Contact Record

Client Name		Client Ref. No	Page No
Date 2/9/90.	Type of Contact	With Whom	Worker
Out to Grams. <u>3. 9. 90</u> Cadelets - O.K. <u>4. 9. 90</u> Visit to mum's for the day - met by [REDACTED] on way back. Good visit.			
Date 5/9/90.	Type of Contact	With Whom	Worker
Deacon Blue Concert - wash out! V. disappointed - managed well. <u>6. 9. 90</u> Family meeting - v. open discussion about row between mum & Claire. Claire to go home for a full weekend.			
Date 7/9/90.	Type of Contact	With Whom	Worker
[REDACTED] - not sure if she will continue. <u>7. 8. 9.</u> Weekend away with Cadelets at B. of Don Bawdells			
Date 10/9/90.	Type of Contact	With Whom	Worker
Difficulties - struggling with members of the group. Cancelled Cadelets. Walked out at 6.30pm with [REDACTED] following an argument with [REDACTED]. Returned about 9pm. Grounded for next evening. <u>11.50 pm</u> found unconscious - sniffed gas - to A&E. brought back by O. of H's.			
Date 11/9/90.	Type of Contact	With Whom	Worker
Diff's continued. Seen by [REDACTED] still v. angry & upset. Saying would sniff again. Comparing situation ^{at BA} with situation at home - not coping well. Incident with Tippex pen - involving [REDACTED].			

GRAMPIAN REGIONAL COUNCIL

SOCIAL WORK DEPARTMENT

Contact Record

Client Name		Client Ref. No	Page No
Date 12/9/90	Type of Contact	With Whom	Worker
the class spent the morning together - mood lifted Many issues around separation with dad Meeting with [redacted] - established good communication & relationships.			
Date 13/9/90	Type of Contact	With Whom	Worker
2nd session in top room - non-starter - cancelled after 1/2 hr.			
Date 14/9/90	Type of Contact	With Whom	Worker
Visit from S.W. Jesse Clark & out to Mum for the weekend. T/c from Clare on Friday - O.K. T/c from Clare on Saturday - O.K.			
Date 24/9/90	Type of Contact <i>Home Visit</i>	With Whom	Worker
Sunday - problems at home - in late - now with Mum Managed to discuss it & remain long enough to do so before returning to B.A.			
Date 25/9/90	Type of Contact	With Whom	Worker
Meeting o/p with [redacted] 9pm T/c to say [redacted] in state but coming back. Not true - he'd become involved in a fight in Trophall with Coolet's (sidelines only) [redacted] Clare & [redacted] had stayed out to protect another boy. Returned by police at 4-30pm on 26.9.90.			

GRAMPPIAN REGIONAL COUNCIL

SOCIAL WORK DEPARTMENT

Contact Record

Client Name		Client Ref. No	Page No
Date 28/9/90	Type of Contact	With Whom	Worker
Out to mum's o/w stay. Had a drink - mum dealt with that. (4 can of lags) Managed well - mum setting boundaries. At B.A. o/w Saturday - managed well. To Grans Sunday pm. & then to Oldmeldrum. returning for lunch			
Date 8/10/90	Type of Contact	With Whom	Worker
Fight with [REDACTED] - resulting in injury on both sides. Saying she winding her up & argument started - he kicked her so she hit him. Sorted out at the time by [REDACTED].			
Date 10/10/90	Type of Contact	With Whom	Worker
Home Visit. 11-11.90 Family Meeting - increase home leave. Involve [REDACTED] look at insurance on school base.			
Date 12/10/90	Type of Contact	With Whom	Worker
Home leave for a week.			
Date 16/10/90	Type of Contact	With Whom	Worker
Meeting with [REDACTED] home leave going well. Has seen Dad twice - working on her relationship with him. Has not been able to discuss openly with mum why she left the family & her - but is saying she wants to Anxious about school visit - hoping to start there soon.			

GRAMPIAN REGIONAL COUNCIL

SOCIAL WORK DEPARTMENT

Contact Record

Client Name Claire Forbes.		Client Ref. No		Page No
Date 25/10/90.	Type of Contact School visit.	With Whom Mr. Hogg Headmaster.	Worker	
Present: [redacted], Claire, Mum, Mr. Hogg, [redacted], Jesse Clarke. Discussed Claire's future prospects at Inverurie Academy. Starting date: 29.10.90. Monday.				
Date 6/11/90.	Type of Contact	With Whom	Worker	
Assessment team meeting. Plans to stay the same with a slow intro. home & intro. of mother from Inverurie.				
Date 8/11/90.	Type of Contact,	With Whom	Worker	
Increased home leave. 22.11.90 onwards home on a trial basis.				
Date 13/12/90	Type of Contact	With Whom	Worker	
Review - decision taken to go to the Panel & request discharge home. All going well.				
Date 10/1/91	Type of Contact	With Whom	Worker	
Panel held. Discharged - supervision order lifted Voluntary contact only.				

GRAMPIAN REGIONAL COUNCIL - SOCIAL WORK INDEX/INFORMATION SYSTEM REFERRAL FORM (1)																												Amend Type		Record Type		Reference No.		
																												1	2	3	4	9		
																												G	1	1	1042564			
Card Type	Surname										Forenames										Title	Date of Birth					Maiden/Other Name							
10	11	30 31										50 51										52	57 58					77						
1	Forbes										Claire										3	18-12-75												
Card Type	Address - Line 1														Address - Line 2										Address - Line 3									
10	11	34 35														58 59										80								
2	75 Provost Barclay Drive														STONINGTON																			
Card Type	Type of Household	No. of Clients		Employment Status	Source of Referral		Referral Contact										Client's Area Code	Client's Telephone No.																
		Primary	Secondary		Primary	Secondary																												
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3	1	1			42	MACKIE'S ACADEMY										023																		
Card Type	Date of Referral	Method of Referral	Intake Worker Reference No.			File Reference	Allocation			Date of First Review	Second Allocation			Third Allocation																				
			Div	Team	Ref. No.		Div	Team	Ref. No.		Div	Team	Ref. No.	Div	Team	Ref. No.																		
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Card Type	Client No.	Relationship to Principal	Surname										Forenames										Title	Date of Birth					Primary/Secondary	Employment Status	Other Reference No.			
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Card Type	Seq. No.	G.P./Other Relevant Address/Additional Information to be Recorded																																
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7	2																																	

Deborah has had some problems getting to school but these seem to have sorted themselves out. Unfortunately for Claire she has been seen by members of staff in various public places, which school feel just corroborates the opinion that Claire is dodging school.

Claire, last week was involved in what has been described as a serious fight at school. Btl Father and [REDACTED] will attend a meeting at Mackie today at 3.30 to discuss the matter further.

Depending on outcome of meeting school may refer matter to the Reporter.

SAR COPY

SOCIAL WORK INDEX/INFORMATION SYSTEM
=====

CLIENT
~~~~~

Refno: 1042564 / 04 Status: CLOSED CASE U/d: 07/03/8

Client: MISS CLAIRE L FORBES - 18/12/75  
75 PROVOST BARCLAY DRIVE, STONEHAVEN

Accom: PRIVATE H'OLD Prim: 1 Secy: Empl: F/TIME EDUCATIO

Referred: 15/02/89 REPORTER:: OTHER LEGAL

Divn: KINCARDINE/DEESIDE;STONEHAVEN - [REDACTED]

Review: CLOSED 06/03/89 - SATISFACTORILY COMPLETED

Reasons: Penal: REPORT REQUIRED

150289 INITIAL ENQUIRY REQUESTED BY REPORTER

060389 INITIAL INVESTIGATION REQUESTED BY REPORTER

Actions: 060389 CLAIRE DOES NOT ACCEPT GROUNDS OF REFERRAL-REI  
STATING NO FURTHER ACTION RECEIVED 270289

Enter "C" to Continue



|                                                                                                                                                                                                                                                                                                                                                                        |                                               |                                   |          |          |                |              |                     |             |                    |                   |                    |                 |                       |                 |                    |                |              |                   |               |                      |                       |                         |        |    |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------|----------|----------|----------------|--------------|---------------------|-------------|--------------------|-------------------|--------------------|-----------------|-----------------------|-----------------|--------------------|----------------|--------------|-------------------|---------------|----------------------|-----------------------|-------------------------|--------|----|--|
| <b>GRAMPIAN REGIONAL COUNCIL - SOCIAL WORK INDEX/INFORMATION SYSTEM</b><br><b>REFERRAL FORM (2)</b>                                                                                                                                                                                                                                                                    |                                               |                                   |          |          |                |              |                     |             |                    |                   |                    |                 |                       |                 |                    |                |              |                   |               | Amend Type<br>1<br>G | Record Type<br>2<br>1 | Reference No.<br>3<br>2 | 4<br>9 |    |  |
| Presenting Problem and Assessment: <i>TEACHER stating Claire not attending school on a full day for a number of weeks. Contact has been made by school to Father and Co-hab [REDACTED] has attended school meetings and assured school that both Claire &amp; older sister Deborah are wakened at 7.00 am to go to school. Both [REDACTED] and Claire father work.</i> |                                               |                                   |          |          |                |              |                     |             |                    |                   |                    |                 |                       |                 |                    |                |              |                   |               |                      |                       |                         |        |    |  |
| Reasons for Contact                                                                                                                                                                                                                                                                                                                                                    |                                               |                                   |          |          |                |              |                     |             |                    |                   |                    |                 |                       |                 |                    |                |              |                   |               |                      |                       |                         |        |    |  |
| Card Type                                                                                                                                                                                                                                                                                                                                                              | Health                                        |                                   | Handicap |          | Elderly/Infirm | Penal        |                     |             | Civil Court Report | Personal          |                    | Family Reasons  |                       |                 |                    |                | Housing      |                   | Emp./Fin.     |                      | Other Problems        |                         |        |    |  |
|                                                                                                                                                                                                                                                                                                                                                                        | Mental                                        | Physical                          | Mental   | Physical |                | Court Report | Probation Aftercare | Other Penal |                    | Personal Problems | Alcohol/Drug Abuse | Family Problems | Childcare/Supervision | Other Childcare | Adoption/Fostering | Initial Report | Panel Report | Eviction/Homeless | Other Housing | Employment Problems  |                       | Financial Problems      |        |    |  |
| 10                                                                                                                                                                                                                                                                                                                                                                     | 11                                            | 12                                | 13       | 14       | 15             | 16           | 17                  | 18          | 19                 | 20                | 21                 | 22              | 23                    | 24              | 25                 | 26             | 27           | 28                | 29            | 30                   | 31                    | 32                      |        |    |  |
| 1                                                                                                                                                                                                                                                                                                                                                                      |                                               |                                   |          |          |                |              |                     |             |                    |                   |                    |                 |                       |                 |                    |                |              |                   |               |                      |                       |                         |        |    |  |
| Card Type                                                                                                                                                                                                                                                                                                                                                              | Seq. No.                                      | Details of Problem to be Recorded |          |          |                |              |                     |             |                    |                   |                    |                 |                       |                 |                    |                |              |                   |               |                      |                       |                         |        |    |  |
| 10                                                                                                                                                                                                                                                                                                                                                                     | 11                                            | 12                                |          |          |                |              |                     |             |                    |                   |                    |                 |                       |                 |                    |                |              |                   |               |                      |                       |                         | 80     |    |  |
| 2                                                                                                                                                                                                                                                                                                                                                                      | 1                                             |                                   |          |          |                |              |                     |             |                    |                   |                    |                 |                       |                 |                    |                |              |                   |               |                      |                       |                         |        |    |  |
| 2                                                                                                                                                                                                                                                                                                                                                                      | 2                                             |                                   |          |          |                |              |                     |             |                    |                   |                    |                 |                       |                 |                    |                |              |                   |               |                      |                       |                         |        |    |  |
| Action Taken: <i>At this stage information only.</i>                                                                                                                                                                                                                                                                                                                   |                                               |                                   |          |          |                |              |                     |             |                    |                   |                    |                 |                       |                 |                    |                |              |                   |               |                      |                       |                         |        |    |  |
| Assessment/Action Categories (see code list)                                                                                                                                                                                                                                                                                                                           |                                               |                                   |          |          |                |              |                     |             |                    |                   |                    |                 |                       |                 |                    |                |              |                   |               |                      |                       |                         |        |    |  |
| Card Type                                                                                                                                                                                                                                                                                                                                                              | Assessments                                   |                                   |          |          | Referrals      |              |                     |             | Advocacy           |                   |                    |                 | Help/Services         |                 |                    |                |              |                   |               |                      |                       |                         |        |    |  |
|                                                                                                                                                                                                                                                                                                                                                                        | 1                                             | 2                                 | 1        | 2        | 1              | 2            | 1                   | 2           | 1                  | 2                 | 3                  | 4               |                       |                 |                    |                |              |                   |               |                      |                       |                         |        |    |  |
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| 3                                                                                                                                                                                                                                                                                                                                                                      |                                               |                                   |          |          |                |              |                     |             |                    |                   |                    |                 |                       |                 |                    |                |              |                   |               |                      |                       |                         |        |    |  |
| Card Type                                                                                                                                                                                                                                                                                                                                                              | Details of Actions or Services to be Recorded |                                   |          |          |                |              |                     |             |                    |                   |                    |                 |                       |                 |                    |                |              |                   |               |                      |                       |                         |        |    |  |
| 10                                                                                                                                                                                                                                                                                                                                                                     | 11                                            | 12                                |          |          |                |              |                     |             |                    |                   |                    |                 |                       |                 |                    |                |              |                   |               |                      |                       |                         |        | 80 |  |
| 4                                                                                                                                                                                                                                                                                                                                                                      | 1                                             |                                   |          |          |                |              |                     |             |                    |                   |                    |                 |                       |                 |                    |                |              |                   |               |                      |                       |                         |        |    |  |
| 4                                                                                                                                                                                                                                                                                                                                                                      | 2                                             |                                   |          |          |                |              |                     |             |                    |                   |                    |                 |                       |                 |                    |                |              |                   |               |                      |                       |                         |        |    |  |

| GRAMPIAN REGIONAL COUNCIL - SOCIAL WORK INDEX/INFORMATION SYSTEM<br>REFERRAL FORM (1) |                           |                                                                   |                    |                             |                    |      |                    |            |     |      |                      |                   |           |      |                  |    |                    |                        |    |    |       |               |       |               |                  |    |                   | Amend Type | Record Type       | Reference No.     |                     |    |    |    |    |  |  |  |  |
|---------------------------------------------------------------------------------------|---------------------------|-------------------------------------------------------------------|--------------------|-----------------------------|--------------------|------|--------------------|------------|-----|------|----------------------|-------------------|-----------|------|------------------|----|--------------------|------------------------|----|----|-------|---------------|-------|---------------|------------------|----|-------------------|------------|-------------------|-------------------|---------------------|----|----|----|----|--|--|--|--|
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|                                                                                       |                           |                                                                   |                    |                             |                    |      |                    |            |     |      |                      |                   |           |      |                  |    |                    |                        |    |    |       |               |       |               |                  |    |                   | G          | 1                 | 1                 | 1042564             |    |    |    |    |  |  |  |  |
| Card Type                                                                             | Surname                   |                                                                   |                    |                             |                    |      |                    |            |     |      | Forenames            |                   |           |      |                  |    |                    |                        |    |    | Title | Date of Birth |       |               |                  |    | Maiden/Other Name |            |                   |                   |                     |    |    |    |    |  |  |  |  |
| 10                                                                                    | 11                        | 30                                                                |                    |                             |                    |      |                    |            |     |      |                      | 31                | 50        |      |                  |    |                    |                        |    |    |       |               | 51    | 52            | 57               |    |                   |            |                   | 58                | 77                  |    |    |    |    |  |  |  |  |
| 1                                                                                     | FORBES                    |                                                                   |                    |                             |                    |      |                    |            |     |      | CLAIRE               |                   |           |      |                  |    |                    |                        |    |    | 3     | 181275        |       |               |                  |    |                   |            |                   |                   |                     |    |    |    |    |  |  |  |  |
| Card Type                                                                             | Address - Line 1          |                                                                   |                    |                             |                    |      |                    |            |     |      |                      |                   |           |      | Address - Line 2 |    |                    |                        |    |    |       |               |       |               | Address - Line 3 |    |                   |            |                   |                   |                     |    |    |    |    |  |  |  |  |
| 10                                                                                    | 11                        | 34                                                                |                    |                             |                    |      |                    |            |     |      |                      |                   |           |      |                  | 35 | 58                 |                        |    |    |       |               |       |               |                  |    | 59                | 80         |                   |                   |                     |    |    |    |    |  |  |  |  |
| 2                                                                                     | 75, PROVOST BARCLAY DRIVE |                                                                   |                    |                             |                    |      |                    |            |     |      |                      |                   |           |      | STONEHAVEN       |    |                    |                        |    |    |       |               |       |               | AB3 2GE          |    |                   |            |                   |                   |                     |    |    |    |    |  |  |  |  |
| Card Type                                                                             | Type of Household         | No. of Clients                                                    |                    | Employment Status           | Source of Referral |      | Referral Contact   |            |     |      |                      |                   |           |      |                  |    | Client's Area Code | Client's Telephone No. |    |    |       |               |       |               |                  |    |                   |            |                   |                   |                     |    |    |    |    |  |  |  |  |
|                                                                                       | Primary                   | Secondary                                                         | Primary            |                             | Secondary          |      |                    |            |     |      |                      |                   |           |      |                  |    |                    |                        |    |    |       |               |       |               |                  |    |                   |            |                   |                   |                     |    |    |    |    |  |  |  |  |
| 10                                                                                    | 11                        | 12                                                                | 13                 | 14                          | 15                 | 16   | 17                 | 18         | 19  | 50   |                      |                   |           |      |                  |    |                    |                        |    | 51 | 53    | 54            | 63    |               |                  |    |                   |            |                   |                   |                     |    |    |    |    |  |  |  |  |
| 3                                                                                     | 1                         | 1                                                                 |                    | 2                           | 4.1                |      | II. REQUEST REFORM |            |     |      |                      |                   |           |      |                  |    | 023                |                        |    |    |       |               |       |               |                  |    |                   |            |                   |                   |                     |    |    |    |    |  |  |  |  |
| Card Type                                                                             | Date of Referral          |                                                                   | Method of Referral | Intake Worker Reference No. |                    |      | File Reference     | Allocation |     |      | Date of First Review | Second Allocation |           |      | Third Allocation |    |                    |                        |    |    |       |               |       |               |                  |    |                   |            |                   |                   |                     |    |    |    |    |  |  |  |  |
|                                                                                       | Div                       | Team                                                              |                    | Ref. No.                    | Div                | Team |                    | Ref. No.   | Div | Team |                      | Ref. No.          | Div       | Team | Ref. No.         |    |                    |                        |    |    |       |               |       |               |                  |    |                   |            |                   |                   |                     |    |    |    |    |  |  |  |  |
| 10                                                                                    | 11                        | 16                                                                |                    | 17                          | 18                 | 19   | 20                 | 21         | 23  | 24   | 28                   | 29                | 30        | 31   | 32               | 34 | 35                 | 40                     | 41 | 42 | 43    | 44            | 46    | 47            | 48               | 49 | 50                | 52         |                   |                   |                     |    |    |    |    |  |  |  |  |
| 4                                                                                     | 191187                    |                                                                   | 5                  | 2                           | 2                  | 1    | 2                  | 3          | 2   |      | 2                    | 2                 | 1         | 2    | 3                | 2  | 010288             |                        |    |    |       |               |       |               |                  |    |                   |            |                   |                   |                     |    |    |    |    |  |  |  |  |
| Card Type                                                                             | Client No.                | Relationship to Principal                                         | Surname            |                             |                    |      |                    |            |     |      |                      |                   | Forenames |      |                  |    |                    |                        |    |    |       |               | Title | Date of Birth |                  |    |                   |            | Primary/Secondary | Employment Status | Other Reference No. |    |    |    |    |  |  |  |  |
| 10                                                                                    | 11                        | 12                                                                | 13                 | 32                          |                    |      |                    |            |     |      |                      |                   |           | 33   | 52               |    |                    |                        |    |    |       |               |       |               | 53               | 54 | 59                |            |                   |                   |                     | 60 | 61 | 62 | 67 |  |  |  |  |
| 5                                                                                     | 2                         |                                                                   |                    |                             |                    |      |                    |            |     |      |                      |                   |           |      |                  |    |                    |                        |    |    |       |               |       |               |                  |    |                   |            |                   |                   |                     |    |    |    |    |  |  |  |  |
| 5                                                                                     | 3                         |                                                                   |                    |                             |                    |      |                    |            |     |      |                      |                   |           |      |                  |    |                    |                        |    |    |       |               |       |               |                  |    |                   |            |                   |                   |                     |    |    |    |    |  |  |  |  |
| 5                                                                                     | 4                         |                                                                   |                    |                             |                    |      |                    |            |     |      |                      |                   |           |      |                  |    |                    |                        |    |    |       |               |       |               |                  |    |                   |            |                   |                   |                     |    |    |    |    |  |  |  |  |
| 5                                                                                     | 5                         |                                                                   |                    |                             |                    |      |                    |            |     |      |                      |                   |           |      |                  |    |                    |                        |    |    |       |               |       |               |                  |    |                   |            |                   |                   |                     |    |    |    |    |  |  |  |  |
| 5                                                                                     | 6                         |                                                                   |                    |                             |                    |      |                    |            |     |      |                      |                   |           |      |                  |    |                    |                        |    |    |       |               |       |               |                  |    |                   |            |                   |                   |                     |    |    |    |    |  |  |  |  |
| Card Type                                                                             | Client No.                | Separate Address for any Client above -                           |                    |                             |                    |      |                    |            |     |      |                      | Line 2            |           |      |                  |    |                    |                        |    |    |       | Line 3        |       |               |                  |    |                   |            |                   |                   |                     |    |    |    |    |  |  |  |  |
| 10                                                                                    | 11                        | 12                                                                | 35                 |                             |                    |      |                    |            |     |      |                      |                   | 36        | 59   |                  |    |                    |                        |    |    |       |               |       | 60            | 80               |    |                   |            |                   |                   |                     |    |    |    |    |  |  |  |  |
| 6                                                                                     |                           |                                                                   |                    |                             |                    |      |                    |            |     |      |                      |                   |           |      |                  |    |                    |                        |    |    |       |               |       |               |                  |    |                   |            |                   |                   |                     |    |    |    |    |  |  |  |  |
| Card Type                                                                             | Seq. No.                  | G.P./Other Relevant Address/Additional Information to be Recorded |                    |                             |                    |      |                    |            |     |      |                      |                   |           |      |                  |    |                    |                        |    |    |       |               |       |               |                  |    |                   |            |                   |                   |                     |    |    |    |    |  |  |  |  |
| 10                                                                                    | 11                        | 12                                                                | 80                 |                             |                    |      |                    |            |     |      |                      |                   |           |      |                  |    |                    |                        |    |    |       |               |       |               |                  |    |                   |            |                   |                   |                     |    |    |    |    |  |  |  |  |
| 7                                                                                     | 1                         |                                                                   |                    |                             |                    |      |                    |            |     |      |                      |                   |           |      |                  |    |                    |                        |    |    |       |               |       |               |                  |    |                   |            |                   |                   |                     |    |    |    |    |  |  |  |  |
| 7                                                                                     | 2                         |                                                                   |                    |                             |                    |      |                    |            |     |      |                      |                   |           |      |                  |    |                    |                        |    |    |       |               |       |               |                  |    |                   |            |                   |                   |                     |    |    |    |    |  |  |  |  |

|                                                                                                                               |                                               |                                   |          |          |                |              |                     |             |                    |                   |                    |                 |                       |                 |                    |                |              |                   |               |                     |                 |                    |    |  |  |                      |  |                             |  |                    |  |
|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------|----------|----------|----------------|--------------|---------------------|-------------|--------------------|-------------------|--------------------|-----------------|-----------------------|-----------------|--------------------|----------------|--------------|-------------------|---------------|---------------------|-----------------|--------------------|----|--|--|----------------------|--|-----------------------------|--|--------------------|--|
| <b>GRAMPIAN REGIONAL COUNCIL - SOCIAL WORK INDEX/INFORMATION SYSTEM</b><br><b>REFERRAL FORM (2)</b>                           |                                               |                                   |          |          |                |              |                     |             |                    |                   |                    |                 |                       |                 |                    |                |              |                   |               |                     |                 |                    |    |  |  | Amend Type<br>1<br>G |  | Record Type<br>2 3 4<br>1 2 |  | Reference No.<br>9 |  |
| Presenting Problem and Assessment:<br><div style="text-align: center; font-size: 1.2em; margin-top: 20px;">I I REQUEST.</div> |                                               |                                   |          |          |                |              |                     |             |                    |                   |                    |                 |                       |                 |                    |                |              |                   |               |                     |                 |                    |    |  |  |                      |  |                             |  |                    |  |
| Reasons for Contact                                                                                                           |                                               |                                   |          |          |                |              |                     |             |                    |                   |                    |                 |                       |                 |                    |                |              |                   |               |                     |                 |                    |    |  |  |                      |  |                             |  |                    |  |
| Card Type                                                                                                                     | Health                                        |                                   | Handicap |          | Elderly/Infirm | Penal        |                     |             | Civil Court Report | Personal          |                    | Family Reasons  |                       |                 |                    |                | Housing      |                   | Emp./Fin.     |                     | Other Problems. |                    |    |  |  |                      |  |                             |  |                    |  |
|                                                                                                                               | Mental                                        | Physical                          | Mental   | Physical |                | Court Report | Probation Aftercare | Other Penal |                    | Personal Problems | Alcohol/Drug Abuse | Family Problems | Childcare/Supervision | Other Childcare | Adoption/Fostering | Initial Report | Panel Report | Eviction/Homeless | Other Housing | Employment Problems |                 | Financial Problems |    |  |  |                      |  |                             |  |                    |  |
| 10                                                                                                                            | 11                                            | 12                                | 13       | 14       | 15             | 16           | 17                  | 18          | 19                 | 20                | 21                 | 22              | 23                    | 24              | 25                 | 26             | 27           | 28                | 29            | 30                  | 31              | 32                 |    |  |  |                      |  |                             |  |                    |  |
| 1                                                                                                                             |                                               |                                   |          |          |                |              |                     |             |                    |                   |                    |                 |                       |                 | ✓                  |                |              |                   |               |                     |                 |                    |    |  |  |                      |  |                             |  |                    |  |
| Card Type                                                                                                                     | Seq. No.                                      | Details of Problem to be Recorded |          |          |                |              |                     |             |                    |                   |                    |                 |                       |                 |                    |                |              |                   |               |                     |                 |                    |    |  |  |                      |  |                             |  |                    |  |
| 10                                                                                                                            | 11                                            | 12                                |          |          |                |              |                     |             |                    |                   |                    |                 |                       |                 |                    |                |              |                   |               |                     |                 |                    | 80 |  |  |                      |  |                             |  |                    |  |
| 2                                                                                                                             | 1                                             | INITIAL INVESTIGATION REQUEST.    |          |          |                |              |                     |             |                    |                   |                    |                 |                       |                 |                    |                |              |                   |               |                     |                 |                    |    |  |  |                      |  |                             |  |                    |  |
| 2                                                                                                                             | 2                                             |                                   |          |          |                |              |                     |             |                    |                   |                    |                 |                       |                 |                    |                |              |                   |               |                     |                 |                    |    |  |  |                      |  |                             |  |                    |  |
| Action Taken:                                                                                                                 |                                               |                                   |          |          |                |              |                     |             |                    |                   |                    |                 |                       |                 |                    |                |              |                   |               |                     |                 |                    |    |  |  |                      |  |                             |  |                    |  |
| Assessment/Action Categories (see code list)                                                                                  |                                               |                                   |          |          |                |              |                     |             |                    |                   |                    |                 |                       |                 |                    |                |              |                   |               |                     |                 |                    |    |  |  |                      |  |                             |  |                    |  |
| Card Type                                                                                                                     | Assessments                                   |                                   |          |          | Referrals      |              |                     |             | Advocacy           |                   |                    |                 | Help/Services         |                 |                    |                |              |                   |               |                     |                 |                    |    |  |  |                      |  |                             |  |                    |  |
|                                                                                                                               | 1                                             | 2                                 | 1        | 2        | 1              | 2            | 1                   | 2           | 3                  | 4                 |                    |                 |                       |                 |                    |                |              |                   |               |                     |                 |                    |    |  |  |                      |  |                             |  |                    |  |
| 10                                                                                                                            | 11                                            | 12                                | 13       | 14       | 15             | 16           | 17                  | 18          | 19                 | 20                | 21                 | 22              | 23                    | 24              | 25                 | 26             | 27           | 28                | 29            | 30                  |                 |                    |    |  |  |                      |  |                             |  |                    |  |
| 3                                                                                                                             |                                               |                                   |          |          |                |              |                     |             |                    |                   |                    |                 |                       |                 |                    |                |              |                   |               |                     |                 |                    |    |  |  |                      |  |                             |  |                    |  |
| Card Type                                                                                                                     | Details of Actions or Services to be Recorded |                                   |          |          |                |              |                     |             |                    |                   |                    |                 |                       |                 |                    |                |              |                   |               |                     |                 |                    |    |  |  |                      |  |                             |  |                    |  |
| 10                                                                                                                            | 11                                            | 12                                |          |          |                |              |                     |             |                    |                   |                    |                 |                       |                 |                    |                |              |                   |               |                     |                 |                    | 80 |  |  |                      |  |                             |  |                    |  |
| 4                                                                                                                             | 1                                             |                                   |          |          |                |              |                     |             |                    |                   |                    |                 |                       |                 |                    |                |              |                   |               |                     |                 |                    |    |  |  |                      |  |                             |  |                    |  |
| 4                                                                                                                             | 2                                             |                                   |          |          |                |              |                     |             |                    |                   |                    |                 |                       |                 |                    |                |              |                   |               |                     |                 |                    |    |  |  |                      |  |                             |  |                    |  |

| GRAMPIAN REGIONAL COUNCIL - SOCIAL WORK INDEX/INFORMATION SYSTEM<br>REFERRAL FORM (1) |                                    |                                                                   |                    |                             |                    |    |                            |      |            |       |           |                      |           |       |                   |                  |                    |                        |    |    |       |               |       |               | Amend Type |                  | Record Type       |         | Reference No.     |                   |                     |    |  |  |  |  |
|---------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------------------------------|--------------------|-----------------------------|--------------------|----|----------------------------|------|------------|-------|-----------|----------------------|-----------|-------|-------------------|------------------|--------------------|------------------------|----|----|-------|---------------|-------|---------------|------------|------------------|-------------------|---------|-------------------|-------------------|---------------------|----|--|--|--|--|
|                                                                                       |                                    |                                                                   |                    |                             |                    |    |                            |      |            |       |           |                      |           |       |                   |                  |                    |                        |    |    |       |               |       |               | 1          | 2                | 3                 | 4       | 9                 |                   |                     |    |  |  |  |  |
|                                                                                       |                                    |                                                                   |                    |                             |                    |    |                            |      |            |       |           |                      |           |       |                   |                  |                    |                        |    |    |       |               |       |               | G          | 1                | 1                 | 1042564 |                   |                   |                     |    |  |  |  |  |
| Card Type                                                                             | Surname                            |                                                                   |                    |                             |                    |    |                            |      |            |       | Forenames |                      |           |       |                   |                  |                    |                        |    |    | Title | Date of Birth |       |               |            |                  | Maiden/Other Name |         |                   |                   |                     |    |  |  |  |  |
| 10                                                                                    | 11                                 | 30 31                                                             |                    |                             |                    |    |                            |      |            |       |           | 50 51                |           |       |                   |                  |                    |                        |    |    |       | 52            | 57 58 |               |            |                  |                   | 77      |                   |                   |                     |    |  |  |  |  |
| 1                                                                                     | Forbes                             |                                                                   |                    |                             |                    |    |                            |      |            |       | Claire    |                      |           |       |                   |                  |                    |                        |    |    | 3     | 18 12 75      |       |               |            |                  |                   |         |                   |                   |                     |    |  |  |  |  |
| Card Type                                                                             | Address - Line 1                   |                                                                   |                    |                             |                    |    |                            |      |            |       |           |                      |           |       |                   | Address - Line 2 |                    |                        |    |    |       |               |       |               |            | Address - Line 3 |                   |         |                   |                   |                     |    |  |  |  |  |
| 10                                                                                    | 11                                 | 34 35                                                             |                    |                             |                    |    |                            |      |            |       |           |                      |           |       |                   |                  | 58 59              |                        |    |    |       |               |       |               |            |                  | 80                |         |                   |                   |                     |    |  |  |  |  |
| 2                                                                                     | 75, PROOF BARCLAY DRIVE STONEHAVEN |                                                                   |                    |                             |                    |    |                            |      |            |       |           |                      |           |       |                   | AB 3 26E         |                    |                        |    |    |       |               |       |               |            |                  |                   |         |                   |                   |                     |    |  |  |  |  |
| Card Type                                                                             | Type of Household                  | No. of Clients                                                    |                    | Employment Status           | Source of Referral |    | Referral Contact           |      |            |       |           |                      |           |       |                   |                  | Client's Area Code | Client's Telephone No. |    |    |       |               |       |               |            |                  |                   |         |                   |                   |                     |    |  |  |  |  |
|                                                                                       | Primary                            | Secondary                                                         | Primary            |                             | Secondary          |    |                            |      |            |       |           |                      |           |       |                   |                  |                    |                        |    |    |       |               |       |               |            |                  |                   |         |                   |                   |                     |    |  |  |  |  |
| 10                                                                                    | 11                                 | 12                                                                | 13                 | 14                          | 15                 | 16 | 17                         | 18   | 19         | 50 51 |           |                      |           |       |                   |                  |                    |                        |    | 53 | 54    | 63            |       |               |            |                  |                   |         |                   |                   |                     |    |  |  |  |  |
| 3                                                                                     | 1                                  | 1                                                                 |                    | 2                           | 4.2                |    | Miss McDonald Madine Aedey |      |            |       |           |                      |           |       |                   |                  | 023                |                        |    |    |       |               |       |               |            |                  |                   |         |                   |                   |                     |    |  |  |  |  |
| Card Type                                                                             | Date of Referral                   |                                                                   | Method of Referral | Intake Worker Reference No. |                    |    | File Reference             |      | Allocation |       |           | Date of First Review |           |       | Second Allocation |                  |                    | Third Allocation       |    |    |       |               |       |               |            |                  |                   |         |                   |                   |                     |    |  |  |  |  |
|                                                                                       | Div                                | Team                                                              |                    | Ref. No.                    |                    |    | Div                        | Team | Ref. No.   |       |           |                      | Div       | Team  | Ref. No.          | Div              | Team               | Ref. No.               |    |    |       |               |       |               |            |                  |                   |         |                   |                   |                     |    |  |  |  |  |
| 10                                                                                    | 11                                 | 16                                                                |                    | 17                          | 18                 | 19 | 20                         | 21   | 23         | 24    | 28        | 29                   | 30        | 31    | 32                | 34               | 35                 | 40                     | 41 | 42 | 43    | 44            | 46    | 47            | 48         | 49               | 50                | 52      |                   |                   |                     |    |  |  |  |  |
| 4                                                                                     | 150488                             |                                                                   | 2                  | 221 232                     |                    |    |                            |      | 221 275    |       |           |                      |           |       |                   |                  |                    |                        |    |    |       |               |       |               |            |                  |                   |         |                   |                   |                     |    |  |  |  |  |
| Card Type                                                                             | Client No.                         | Relationship to Principal                                         | Surname            |                             |                    |    |                            |      |            |       |           |                      | Forenames |       |                   |                  |                    |                        |    |    |       |               | Title | Date of Birth |            |                  |                   |         | Primary/Secondary | Employment Status | Other Reference No. |    |  |  |  |  |
| 10                                                                                    | 11                                 | 12                                                                | 13                 | 32 33                       |                    |    |                            |      |            |       |           |                      |           | 52 53 |                   |                  |                    |                        |    |    |       |               |       | 54            | 59 60      |                  |                   |         |                   | 61                | 62                  | 67 |  |  |  |  |
| 5                                                                                     | 2                                  |                                                                   |                    |                             |                    |    |                            |      |            |       |           |                      |           |       |                   |                  |                    |                        |    |    |       |               |       |               |            |                  |                   |         |                   |                   |                     |    |  |  |  |  |
| 5                                                                                     | 3                                  |                                                                   |                    |                             |                    |    |                            |      |            |       |           |                      |           |       |                   |                  |                    |                        |    |    |       |               |       |               |            |                  |                   |         |                   |                   |                     |    |  |  |  |  |
| 5                                                                                     | 4                                  |                                                                   |                    |                             |                    |    |                            |      |            |       |           |                      |           |       |                   |                  |                    |                        |    |    |       |               |       |               |            |                  |                   |         |                   |                   |                     |    |  |  |  |  |
| 5                                                                                     | 5                                  |                                                                   |                    |                             |                    |    |                            |      |            |       |           |                      |           |       |                   |                  |                    |                        |    |    |       |               |       |               |            |                  |                   |         |                   |                   |                     |    |  |  |  |  |
| 5                                                                                     | 6                                  |                                                                   |                    |                             |                    |    |                            |      |            |       |           |                      |           |       |                   |                  |                    |                        |    |    |       |               |       |               |            |                  |                   |         |                   |                   |                     |    |  |  |  |  |
| Card Type                                                                             | Client No.                         | Separate Address for any Client above -<br>Line 1                 |                    |                             |                    |    |                            |      |            |       |           | Line 2               |           |       |                   |                  |                    |                        |    |    |       | Line 3        |       |               |            |                  |                   |         |                   |                   |                     |    |  |  |  |  |
| 10                                                                                    | 11                                 | 12                                                                | 35 36              |                             |                    |    |                            |      |            |       |           |                      | 59 60     |       |                   |                  |                    |                        |    |    |       |               | 80    |               |            |                  |                   |         |                   |                   |                     |    |  |  |  |  |
| 6                                                                                     |                                    |                                                                   |                    |                             |                    |    |                            |      |            |       |           |                      |           |       |                   |                  |                    |                        |    |    |       |               |       |               |            |                  |                   |         |                   |                   |                     |    |  |  |  |  |
| Card Type                                                                             | Seq. No.                           | G.P./Other Relevant Address/Additional Information to be Recorded |                    |                             |                    |    |                            |      |            |       |           |                      |           |       |                   |                  |                    |                        |    |    |       |               |       |               |            |                  |                   |         |                   |                   |                     |    |  |  |  |  |
| 10                                                                                    | 11                                 | 12                                                                | 80                 |                             |                    |    |                            |      |            |       |           |                      |           |       |                   |                  |                    |                        |    |    |       |               |       |               |            |                  |                   |         |                   |                   |                     |    |  |  |  |  |
| 7                                                                                     | 1                                  |                                                                   |                    |                             |                    |    |                            |      |            |       |           |                      |           |       |                   |                  |                    |                        |    |    |       |               |       |               |            |                  |                   |         |                   |                   |                     |    |  |  |  |  |
| 7                                                                                     | 2                                  |                                                                   |                    |                             |                    |    |                            |      |            |       |           |                      |           |       |                   |                  |                    |                        |    |    |       |               |       |               |            |                  |                   |         |                   |                   |                     |    |  |  |  |  |

GRAMPIAN REGIONAL COUNCIL - SOCIAL WORK INDEX/INFORMATION SYSTEM  
REFERRAL FORM (2)

Amend Type

Record Type

Reference No.

1 2 3 4 9  
G 1 2

Presenting Problem and Assessment:

Clare. Not going to school. No explanation forthcoming. Not doing homework. Attending school  ~~Nurse~~ for trivial complaints. Wrote to father x2. No reply. Had 1 1/2 days off this week. arrives late for school. No explanation. Previously known to me. Father very difficult to locate. See file.

Reasons for Contact

| Card Type | Health |          | Handicap |          | Elderly/Infirm | Penal        |                     |             | Civil Court Report | Personal          |                     | Family Reasons  |                        |                 |                     |                | Housing      |                    | Emp./Fin.     |                     | Other Problems |                    |
|-----------|--------|----------|----------|----------|----------------|--------------|---------------------|-------------|--------------------|-------------------|---------------------|-----------------|------------------------|-----------------|---------------------|----------------|--------------|--------------------|---------------|---------------------|----------------|--------------------|
|           | Mental | Physical | Mental   | Physical |                | Court Report | Probation Aftercare | Other Penal |                    | Personal Problems | Alcohol/ Drug Abuse | Family Problems | Childcare/ Supervision | Other Childcare | Adoption/ Fostering | Initial Report | Panel Report | Eviction/ Homeless | Other Housing | Employment Problems |                | Financial Problems |
| 10        | 11     | 12       | 13       | 14       | 15             | 16           | 17                  | 18          | 19                 | 20                | 21                  | 22              | 23                     | 24              | 25                  | 26             | 27           | 28                 | 29            | 30                  | 31             | 32                 |
| 1         |        |          |          |          |                |              |                     |             |                    |                   |                     |                 |                        | ✓               |                     |                |              |                    |               |                     |                |                    |

Card Type

Seq. No.

Details of Problem to be Recorded

|    |    |                                                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |
|----|----|------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|
| 10 | 11 | 12                                                         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 80 |
| 2  | 1  | School concern re. child not attending + presenty problem. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |
| 2  | 2  |                                                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |

Action Taken:

Allocated to Bill Lanning

Assessment/Action Categories (see code list)

| Card Type | Assessments |    |    |    | Referrals |    |    |    | Advocacy |    |    |    | Help/Services |    |    |    |    |    |    |    |
|-----------|-------------|----|----|----|-----------|----|----|----|----------|----|----|----|---------------|----|----|----|----|----|----|----|
|           | 1           | 2  | 3  | 4  | 1         | 2  | 3  | 4  | 1        | 2  | 3  | 4  | 1             | 2  | 3  | 4  | 5  | 6  | 7  | 8  |
| 10        | 11          | 12 | 13 | 14 | 15        | 16 | 17 | 18 | 19       | 20 | 21 | 22 | 23            | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| 3         |             |    |    |    |           |    |    |    |          |    |    |    |               |    |    |    |    |    |    |    |

Card Type

Details of Actions or Services to be Recorded

|    |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |
|----|----|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|
| 10 | 11 | 12 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 80 |
| 4  | 1  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |
| 4  | 2  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |



(closed 20/11/95)

GRAMPIAN REGIONAL COUNCIL - SOCIAL WORK INDEX/INFORMATION SYSTEM  
REFERRAL FORM (1)

Amend Type

Record Type

Reference No.

1042564

1

2

3

4

9

G

1

1

|           |         |                             |       |               |                   |
|-----------|---------|-----------------------------|-------|---------------|-------------------|
| Card Type | Surname | Forenames                   | Title | Date of Birth | Maiden/Other Name |
| 10        | 11      | 30 31                       | 50 51 | 52 57         | 58 77             |
| 1         | Forbes  | CLAIRE / <del>Deborah</del> | 3     | 18-12-75      |                   |

|           |                          |                  |                  |
|-----------|--------------------------|------------------|------------------|
| Card Type | Address - Line 1         | Address - Line 2 | Address - Line 3 |
| 10        | 11                       | 34 35            | 58 59 80         |
| 2         | 75 Provost Barclay Drive | STONINGTON.      |                  |

|           |                   |                |                   |                    |                     |                    |                        |
|-----------|-------------------|----------------|-------------------|--------------------|---------------------|--------------------|------------------------|
| Card Type | Type of Household | No. of Clients | Employment Status | Source of Referral | Referral Contact    | Client's Area Code | Client's Telephone No. |
|           | Primary           | Secondary      | Primary           | Secondary          |                     |                    |                        |
| 10        | 11                | 12 13          | 14                | 15 16 17 18        | 19                  | 50 51              | 53 54 63               |
| 3         | 1                 | 1              | 2                 |                    | Mrs McDonald Mackie | 023                |                        |

|           |                  |                    |                             |                |                   |                      |                      |                   |
|-----------|------------------|--------------------|-----------------------------|----------------|-------------------|----------------------|----------------------|-------------------|
| Card Type | Date of Referral | Method of Referral | Intake Worker Reference No. | File Reference | Allocation        | Date of First Review | Second Allocation    | Third Allocation  |
|           |                  |                    | Div Team Ref. No.           |                | Div Team Ref. No. |                      | Div Team Ref. No.    | Div Team Ref. No. |
| 10        | 11               | 16 17              | 18 19 20 21 23              | 24             | 28 29 30 31 32 34 | 35                   | 40 41 42 43 44 46 47 | 48 49 50 52       |
| 4         | 28-11-85         | 2                  | 221 275                     |                | 221 235           |                      |                      |                   |

|           |            |                           |         |           |       |               |                   |                   |                     |
|-----------|------------|---------------------------|---------|-----------|-------|---------------|-------------------|-------------------|---------------------|
| Card Type | Client No. | Relationship to Principal | Surname | Forenames | Title | Date of Birth | Primary/Secondary | Employment Status | Other Reference No. |
| 10        | 11         | 12 13                     | 32 33   | 52 53     | 54    | 59 60         | 61                | 62                | 67                  |
| 5         | 2          |                           | Forbes  | Deborah   |       |               |                   |                   |                     |
| 5         | 3          |                           |         |           |       |               |                   |                   |                     |
| 5         | 4          |                           |         |           |       |               |                   |                   |                     |
| 5         | 5          |                           |         |           |       |               |                   |                   |                     |
| 5         | 6          |                           |         |           |       |               |                   |                   |                     |

|           |            |                                         |        |        |        |
|-----------|------------|-----------------------------------------|--------|--------|--------|
| Card Type | Client No. | Separate Address for any Client above - | Line 1 | Line 2 | Line 3 |
| 10        | 11         | 12                                      | 35 36  | 59 60  | 80     |
| 6         |            |                                         |        |        |        |

|           |          |                                                                   |
|-----------|----------|-------------------------------------------------------------------|
| Card Type | Seq. No. | G.P./Other Relevant Address/Additional Information to be Recorded |
| 10        | 11       | 12 80                                                             |
| 7         | 1        |                                                                   |
| 7         | 2        |                                                                   |

it would appear that that girl had been with another ~~two~~ two boys.

Miss McDonald also informed me that both girls had ran away from home in October. The matter had media coverage. Apparently the girl had been found in TORREY ARBOR. after going after some boys from Bon Accord Commonwealth

Notes girl live with father. Miss McDonald states that father's girl friend [REDACTED]

[REDACTED] is now living in family home. Miss (M) concerned about girl missing school.

S.M.



GRAMPIAN REGIONAL COUNCIL - SOCIAL WORK INDEX/INFORMATION SYSTEM  
REFERRAL FORM (2)

Amend Type

Record Type

Reference No.

1

2

3

4

9

G

1

2

Presenting Problem and Assessment:

Guidance Teacher from Mackie's referring both girls. There have been a marked deterioration in their attendance at school. [REDACTED] have not really known why Elaine is off school.

Both girls were seen on Friday past by a games teacher who had asked them to report to school

Reasons for Contact

| Card Type | Health |          | Handicap |          | Elderly/Infirm | Penal        |                     |             | Civil Court Report | Personal          |                     | Family Reasons  |                        |                 |                     |                | Housing      |                    | Emp./Fin.     |                     | Other Problems |                    |
|-----------|--------|----------|----------|----------|----------------|--------------|---------------------|-------------|--------------------|-------------------|---------------------|-----------------|------------------------|-----------------|---------------------|----------------|--------------|--------------------|---------------|---------------------|----------------|--------------------|
|           | Mental | Physical | Mental   | Physical |                | Court Report | Probation Aftercare | Other Penal |                    | Personal Problems | Alcohol/ Drug Abuse | Family Problems | Childcare/ Supervision | Other Childcare | Adoption/ Fostering | Initial Report | Panel Report | Eviction/ Homeless | Other Housing | Employment Problems |                | Financial Problems |
| 10        | 11     | 12       | 13       | 14       | 15             | 16           | 17                  | 18          | 19                 | 20                | 21                  | 22              | 23                     | 24              | 25                  | 26             | 27           | 28                 | 29            | 30                  | 31             | 32                 |
| 1         |        |          |          |          |                |              |                     |             |                    |                   |                     |                 |                        |                 |                     |                |              |                    |               |                     |                |                    |

| Card Type | Seq. No. | Details of Problem to be Recorded      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |
|-----------|----------|----------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|
| 10        | 11       | 12                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |
| 2         | 1        | Childcare Problem / Absent from school |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 80 |
| 2         | 2        |                                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |

Action Taken:

Allocation for discussion

Assessment/Action Categories (see code list)

| Card Type | Assessments |    |    |    | Referrals |    |    |    | Advocacy |    |    |    | Help/Services |    |    |    |    |    |    |    |
|-----------|-------------|----|----|----|-----------|----|----|----|----------|----|----|----|---------------|----|----|----|----|----|----|----|
|           | 1           | 2  | 3  | 4  | 1         | 2  | 3  | 4  | 1        | 2  | 3  | 4  | 1             | 2  | 3  | 4  | 5  | 6  | 7  | 8  |
| 10        | 11          | 12 | 13 | 14 | 15        | 16 | 17 | 18 | 19       | 20 | 21 | 22 | 23            | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| 3         |             |    |    |    |           |    |    |    |          |    |    |    |               |    |    |    |    |    |    |    |

| Card Type |    | Details of Actions or Services to be Recorded |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |
|-----------|----|-----------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|
| 10        | 11 | 12                                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 80 |
| 4         | 1  |                                               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |
| 4         | 2  |                                               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |

(closed case)

|                                                                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |   |             |         |               |  |
|---------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|------------|---|-------------|---------|---------------|--|
| GRAMPIAN REGIONAL COUNCIL - SOCIAL WORK INDEX/INFORMATION SYSTEM<br>REFERRAL FORM (1) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Amend Type |   | Record Type |         | Reference No. |  |
|                                                                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 1          | 2 | 3           | 4       | 9             |  |
|                                                                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | G          | 1 | 1           | 1042564 |               |  |

|           |         |       |  |  |  |                |       |  |  |  |       |               |       |  |  |  |                   |    |  |  |  |  |
|-----------|---------|-------|--|--|--|----------------|-------|--|--|--|-------|---------------|-------|--|--|--|-------------------|----|--|--|--|--|
| Card Type | Surname |       |  |  |  | Forenames      |       |  |  |  | Title | Date of Birth |       |  |  |  | Maiden/Other Name |    |  |  |  |  |
| 10        | 11      | 30 31 |  |  |  |                | 50 51 |  |  |  |       | 52            | 57 58 |  |  |  |                   | 77 |  |  |  |  |
| 1         | FORBES  |       |  |  |  | CLAIRE LORIANE |       |  |  |  | 3     | 18.12.75      |       |  |  |  |                   |    |  |  |  |  |

|           |                   |       |  |  |  |  |  |  |  |  |                   |       |  |  |  |  |  |  |  |  |                  |    |  |  |  |  |  |  |  |  |  |
|-----------|-------------------|-------|--|--|--|--|--|--|--|--|-------------------|-------|--|--|--|--|--|--|--|--|------------------|----|--|--|--|--|--|--|--|--|--|
| Card Type | Address - Line 1  |       |  |  |  |  |  |  |  |  | Address - Line 2  |       |  |  |  |  |  |  |  |  | Address - Line 3 |    |  |  |  |  |  |  |  |  |  |
| 10        | 11                | 34 35 |  |  |  |  |  |  |  |  |                   | 58 59 |  |  |  |  |  |  |  |  |                  | 80 |  |  |  |  |  |  |  |  |  |
| 2         | 75, ROYST BARCLAY |       |  |  |  |  |  |  |  |  | DRIVE, STONEHAVEN |       |  |  |  |  |  |  |  |  |                  |    |  |  |  |  |  |  |  |  |  |

|           |                   |                |           |                   |                    |           |                  |    |    |       |  |  |  |  |  |  |                    |                        |  |    |    |    |  |
|-----------|-------------------|----------------|-----------|-------------------|--------------------|-----------|------------------|----|----|-------|--|--|--|--|--|--|--------------------|------------------------|--|----|----|----|--|
| Card Type | Type of Household | No. of Clients |           | Employment Status | Source of Referral |           | Referral Contact |    |    |       |  |  |  |  |  |  | Client's Area Code | Client's Telephone No. |  |    |    |    |  |
|           |                   | Primary        | Secondary |                   | Primary            | Secondary |                  |    |    |       |  |  |  |  |  |  |                    |                        |  |    |    |    |  |
| 10        | 11                | 12             | 13        | 14                | 15                 | 16        | 17               | 18 | 19 | 50 51 |  |  |  |  |  |  |                    |                        |  | 53 | 54 | 63 |  |
| 3         | 1                 | 1              |           | 2                 | 3                  | 9         | REPORTER         |    |    |       |  |  |  |  |  |  | 023                |                        |  |    |    |    |  |

|           |                  |                    |                             |      |          |                |            |      |          |                      |                   |      |          |                  |      |          |    |    |    |    |    |    |    |    |    |    |    |
|-----------|------------------|--------------------|-----------------------------|------|----------|----------------|------------|------|----------|----------------------|-------------------|------|----------|------------------|------|----------|----|----|----|----|----|----|----|----|----|----|----|
| Card Type | Date of Referral | Method of Referral | Intake Worker Reference No. |      |          | File Reference | Allocation |      |          | Date of First Review | Second Allocation |      |          | Third Allocation |      |          |    |    |    |    |    |    |    |    |    |    |    |
|           |                  |                    | Div                         | Team | Ref. No. |                | Div        | Team | Ref. No. |                      | Div               | Team | Ref. No. | Div              | Team | Ref. No. |    |    |    |    |    |    |    |    |    |    |    |
| 10        | 11               | 16                 | 17                          | 18   | 19       | 20             | 21         | 23   | 24       | 28                   | 29                | 30   | 31       | 32               | 34   | 35       | 40 | 41 | 42 | 43 | 44 | 46 | 47 | 48 | 49 | 50 | 52 |
| 4         | 15               | 12                 | 89                          | 1    | 2        | 2              | 1          | 2    | 13       |                      | 2                 | 2    | 1        | 2                | 75   |          |    |    |    |    |    |    |    |    |    |    |    |

|           |            |                           |         |       |  |  |  |           |       |  |  |  |       |               |       |  |  |  |                   |                   |                     |    |
|-----------|------------|---------------------------|---------|-------|--|--|--|-----------|-------|--|--|--|-------|---------------|-------|--|--|--|-------------------|-------------------|---------------------|----|
| Card Type | Client No. | Relationship to Principal | Surname |       |  |  |  | Forenames |       |  |  |  | Title | Date of Birth |       |  |  |  | Primary/Secondary | Employment Status | Other Reference No. |    |
| 10        | 11         | 12                        | 13      | 32 33 |  |  |  |           | 52 53 |  |  |  |       | 54            | 59 60 |  |  |  |                   | 61                | 62                  | 67 |
| 5         | 2          |                           |         |       |  |  |  |           |       |  |  |  |       |               |       |  |  |  |                   |                   |                     |    |
| 5         | 3          |                           |         |       |  |  |  |           |       |  |  |  |       |               |       |  |  |  |                   |                   |                     |    |
| 5         | 4          |                           |         |       |  |  |  |           |       |  |  |  |       |               |       |  |  |  |                   |                   |                     |    |
| 5         | 5          |                           |         |       |  |  |  |           |       |  |  |  |       |               |       |  |  |  |                   |                   |                     |    |
| 5         | 6          |                           |         |       |  |  |  |           |       |  |  |  |       |               |       |  |  |  |                   |                   |                     |    |

|           |            |                                         |       |  |  |  |  |  |  |  |  |        |       |  |  |  |  |  |  |  |  |        |    |  |  |  |  |  |  |  |  |  |
|-----------|------------|-----------------------------------------|-------|--|--|--|--|--|--|--|--|--------|-------|--|--|--|--|--|--|--|--|--------|----|--|--|--|--|--|--|--|--|--|
| Card Type | Client No. | Separate Address for any Client above - |       |  |  |  |  |  |  |  |  | Line 2 |       |  |  |  |  |  |  |  |  | Line 3 |    |  |  |  |  |  |  |  |  |  |
| 10        | 11         | 12                                      | 35 36 |  |  |  |  |  |  |  |  |        | 59 60 |  |  |  |  |  |  |  |  |        | 80 |  |  |  |  |  |  |  |  |  |
| 6         |            |                                         |       |  |  |  |  |  |  |  |  |        |       |  |  |  |  |  |  |  |  |        |    |  |  |  |  |  |  |  |  |  |

|           |          |                                                                   |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------|----------|-------------------------------------------------------------------|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Card Type | Seq. No. | G.P./Other Relevant Address/Additional Information to be Recorded |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10        | 11       | 12                                                                | 80 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7         | 1        |                                                                   |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7         | 2        |                                                                   |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

GRAMPIAN REGIONAL COUNCIL - SOCIAL WORK INDEX/INFORMATION SYSTEM  
REVIEW FORM

| Amend Type | Record Type | Reference No. |
|------------|-------------|---------------|
| 1          | 2 3 4       | 9             |
| G          | 1 3         | 1042564       |

Client: claire L. Forbes  
Address: 75, Provost Barclay Drive Stonehaven

| Card Type | Review Indicator | Date of This Review | Reviewed by        | Date of Next Review | Date of Closure | Reason for Closure |
|-----------|------------------|---------------------|--------------------|---------------------|-----------------|--------------------|
|           |                  |                     | Div. Team Ref. No. |                     |                 |                    |
| 10        | 11               | 12 17               | 18 19 20 21 23     | 24 29               | 30 35           | 36                 |
| 1         | 9                | 060387              | 2 2 1 2 7 5        |                     | 6/3/89          | 1                  |

| Card Type | Type of Household | No. of Clients | Employment Status | Primary Allocation | Second Allocation  | Third Allocation   |
|-----------|-------------------|----------------|-------------------|--------------------|--------------------|--------------------|
|           | Primary Secondary |                |                   | Div. Team Ref. No. | Div. Team Ref. No. | Div. Team Ref. No. |
| 10        | 11                | 12 13          | 14                | 15 16 17 18 20     | 21 22 23 24 26     | 27 28 29 30 32     |
| 2         | 1 1               |                | 2                 | 2 2 1 2 7 5        |                    |                    |

Reasons for Contact with Primary Clients

| Card Type | Client No. | Health Reasons                | Penal Reasons     | Family/Social Reasons         | Child-Related Reasons | Other Reasons     |
|-----------|------------|-------------------------------|-------------------|-------------------------------|-----------------------|-------------------|
|           |            | 1 2 3 4 5                     | 1 2 3             | 1 2 3 4 5                     | 1 2                   | 1 2 3             |
| 10        | 11         | 12 13 14 15 16 17 18 19 20 21 | 22 23 24 25 26 27 | 28 29 30 31 32 33 34 35 36 37 | 38 39 40 41           | 42 43 44 45 46 47 |
| 3         | 1          |                               | 2 6               |                               |                       |                   |
| 3         | 2          |                               |                   |                               |                       |                   |
| 3         | 3          |                               |                   |                               |                       |                   |

| Card Type | Seq. No. | Details of Problems to be Recorded    |
|-----------|----------|---------------------------------------|
|           | 11 12    |                                       |
| 4         | 1        | Initial Inquiry requested by Reporter |
| 4         | 2        |                                       |

Services Provided and Actions Taken

| Card Type | Client No. | Assessments                                                                                                 | Referrals | Advocacy | Help/Services Provided | Reports | Registrations | Residential Care | Day/Home Care |
|-----------|------------|-------------------------------------------------------------------------------------------------------------|-----------|----------|------------------------|---------|---------------|------------------|---------------|
|           |            | 1 2                                                                                                         | 1 2       | 1 2      | 1 2 3 4                | 1 2     | 1 2           | 1 2              | 1 2           |
| 10        | 11         | 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 |           |          |                        |         |               |                  |               |
| 5         | 1          |                                                                                                             |           |          |                        |         |               |                  |               |
| 5         | 2          |                                                                                                             |           |          |                        |         |               |                  |               |
| 5         | 3          |                                                                                                             |           |          |                        |         |               |                  |               |

| Card Type | Seq. No. | Details of Actions or Services to be Recorded                                                  |
|-----------|----------|------------------------------------------------------------------------------------------------|
|           | 11 12    |                                                                                                |
| 6         | 1        | Clare does not accept grounds of referral. Reporter's letter stating no further action 27/2/89 |
| 6         | 2        |                                                                                                |

SOCIAL WORK INDEX/INFORMATION SYSTEM

UPDATE REPORT PRINT

SW60 07/03/89

ALLOCATED: 15/02/89 TEAM: KINCARDINE/DEESIDE: STONEHAVEN - WILLIAM LAING

REFNO: 1042564 /04 STATUS: CLOSED CASE U/D: 07/03/89 FILE:

CLOSED: 06/03/89 REASON: SATISFACTORILY COMPLETED

CLIENT: MISS CLAIRE L FORBES 18/12/75  
75 PROVOST BARCLAY DRIVE, STONEHAVEN

ACCOM: PRIVATE H'HOLD PRIM: 1 SECY: EMPL: F/TIME EDUCATION

REFERRED: 15/02/89 REPORTER 39

INTAKE: KINCARDINE/DEESIDE: STONEHAVEN - MISS YVONNE SHUTT

PROBLEMS: 15/02/89-06/03/89 65 INITIAL REPORT  
06/03/89- / / 26 REPORT REQUIRED

150289 INITIAL ENQUIRY REQUESTED BY REPORTER  
060389 INITIAL INVESTIGATION REQUESTED BY REPORTER

ACTIONS: 060389 CLAIRE DOES NOT ACCEPT GROUNDS OF REFERRAL-REPORTER'S LETTER  
STATING NO FURTHER ACTION RECEIVED 270289



|                                                                                               |  |  |  |  |  |  |  |  |  |                      |                       |                         |                   |
|-----------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|----------------------|-----------------------|-------------------------|-------------------|
| <b>GRAMPIAN REGIONAL COUNCIL - SOCIAL WORK INDEX/INFORMATION SYSTEM</b><br><b>REVIEW FORM</b> |  |  |  |  |  |  |  |  |  | Amend Type<br>1<br>G | Record Type<br>2<br>1 | Reference No.<br>3<br>3 | 4<br>9<br>1042564 |
|-----------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|----------------------|-----------------------|-------------------------|-------------------|

Client:
 

Claire Forbes

Address:
 

75 PROVEST BARCLAY DRIVE

STONINGTON.

| Card Type | Review Indicator | Date of This Review | Reviewed by |      |          | Date of Next Review | Date of Closure | Reason for Closure |    |    |    |    |    |
|-----------|------------------|---------------------|-------------|------|----------|---------------------|-----------------|--------------------|----|----|----|----|----|
|           |                  |                     | Div.        | Team | Ref. No. |                     |                 |                    |    |    |    |    |    |
| 10        | 11               | 12                  | 17          | 18   | 19       | 20                  | 21              | 23                 | 24 | 29 | 30 | 35 | 36 |
| 1         | 9                | 27-1-89             | 2           | 21   | 275      |                     |                 | 27-1-89            | 1  |    |    |    |    |

| Card Type | Type of Household | No. of Clients |           | Employment Status | Primary Allocation |      |          | Second Allocation |      |          | Third Allocation |      |          |    |    |    |    |    |    |
|-----------|-------------------|----------------|-----------|-------------------|--------------------|------|----------|-------------------|------|----------|------------------|------|----------|----|----|----|----|----|----|
|           |                   | Primary        | Secondary |                   | Div.               | Team | Ref. No. | Div.              | Team | Ref. No. | Div.             | Team | Ref. No. |    |    |    |    |    |    |
|           |                   |                |           |                   |                    |      |          |                   |      |          |                  |      |          |    |    |    |    |    |    |
| 10        | 11                | 12             | 13        | 14                | 15                 | 16   | 17       | 18                | 20   | 21       | 22               | 23   | 24       | 26 | 27 | 28 | 29 | 30 | 32 |
| 2         |                   |                |           |                   |                    |      |          |                   |      |          |                  |      |          |    |    |    |    |    |    |

Reasons for Contact with Primary Clients

| Card Type | Client No. | Health Reasons |    |    |    |    | Penal Reasons |    |    | Family/Social Reasons |    |    |    |    | Child-Related Reasons |    | Other Reasons |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|-----------|------------|----------------|----|----|----|----|---------------|----|----|-----------------------|----|----|----|----|-----------------------|----|---------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
|           |            | 1.             | 2  | 3  | 4  | 5  | 1             | 2  | 3  | 1                     | 2  | 3  | 4  | 5  | 1                     | 2  | 1             | 2  | 3  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 10        | 11         | 12             | 13 | 14 | 15 | 16 | 17            | 18 | 19 | 20                    | 21 | 22 | 23 | 24 | 25                    | 26 | 27            | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 |
| 3         | 1          |                |    |    |    |    |               |    |    |                       |    |    |    |    |                       |    |               |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 3         | 2          |                |    |    |    |    |               |    |    |                       |    |    |    |    |                       |    |               |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 3         | 3          |                |    |    |    |    |               |    |    |                       |    |    |    |    |                       |    |               |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |

| Card Type | Seq. No. | Details of Problems to be Recorded |
|-----------|----------|------------------------------------|
| 10        | 11       | 12                                 |
| 4         | 1        |                                    |
| 4         | 2        |                                    |

Services Provided and Actions Taken

| Card Type | Client No. | Assessments |    | Referrals |    | Advocacy |    | Help/Services Provided |    |    |    | Reports |    | Registrations |    | Residential Care |    | Day/Home Care |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|-----------|------------|-------------|----|-----------|----|----------|----|------------------------|----|----|----|---------|----|---------------|----|------------------|----|---------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
|           |            | 1           | 2  | 1         | 2  | 1        | 2  | 1                      | 2  | 3  | 4  | 1       | 2  | 1             | 2  | 1                | 2  | 1             | 2  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 10        | 11         | 12          | 13 | 14        | 15 | 16       | 17 | 18                     | 19 | 20 | 21 | 22      | 23 | 24            | 25 | 26               | 27 | 28            | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 |
| 5         | 1          |             |    |           |    |          |    |                        |    |    |    |         |    |               |    |                  |    |               |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 5         | 2          |             |    |           |    |          |    |                        |    |    |    |         |    |               |    |                  |    |               |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 5         | 3          |             |    |           |    |          |    |                        |    |    |    |         |    |               |    |                  |    |               |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |

| Card Type | Seq. No. | Details of Actions or Services to be Recorded |
|-----------|----------|-----------------------------------------------|
| 10        | 11       | 12                                            |
| 6         | 1        |                                               |
| 6         | 2        |                                               |

SOCIAL WORK INDEX/INFORMATION SYSTEM

UPDATE REPORT PRINT

SW60 02/02/89

ALLOCATED: 28/11/88 TEAM: KINCARDINE/DEESIDE: STONEHAVEN - WILLIAM LAING

REFNO: 1042564 /03 STATUS: CLOSED CASE U/D: 02/02/89 FILE:

CLOSED: 27/01/89 REASON: SATISFACTORILY COMPLETED

CLIENT: MISS CLAIR FORBES 18/12/75  
75 PROVOST BARCLAY DRIVE, STONEHAVEN

ACCOM: PRIVATE H'OLD PRIM: 1 SECY: 1 EMPL: F/TIME EDUCATION

REFERRED: 28/11/88 MISS MCDONALD MACKIE ACADEMY

INTAKE: KINCARDINE/DEESIDE: STONEHAVEN - WILLIAM LAING

OTHERS: 2 SIBLING DEBORAH FORBES

PROBLEMS: 27/01/89- / / 42 TRUANCY/SCHOOL PROBLEMS

281188 CHILDCARE PROBLEMS-ABSENT FROM SCHOOL

SAR COPY

SOCIAL WORK INDEX/INFORMATION SYSTEM      UPDATE REPORT PRINT      SW60 01/06/88

ALLOCATED: 15/04/88      TEAM: KINCARDINE/DEESIDE: STONEHAVEN - WILLIAM LAING

REFNO: 1042564 /02      STATUS: CLOSED CASE      U/D: 01/06/88      FILE:

CLOSED: 01/06/88      REASON: SATISFACTORILY COMPLETED

CLIENT: MISS CLAIRE FORBES 18/12/75  
75 PROVOST BARCLAY DRIVE, STONEHAVEN, AB3 2GE

ACCOM: PRIVATE H'HOLD      PRIM: 1      SECY:      EMPL: F/TIME EDUCATION

REFERRED: 15/04/88      MRS MCDONALD MACKIE ACADEMY      42

INTAKE: KINCARDINE/DEESIDE: STONEHAVEN - [REDACTED]

PROBLEMS: 15/04/88- / / 63 OTHER CHILDCARE

150488 SCHOOL CONCERNED RE CHILD NOT ATTENDING & PRESENTING PROBS

SAR COPY



GRAMPIAN REGIONAL COUNCIL - SOCIAL WORK INDEX/INFORMATION SYSTEM  
REVIEW FORM

| Amend Type | Record Type | Reference No. |
|------------|-------------|---------------|
| 1          | 2           | 3             |
| 4          | 5           | 6             |
| 7          | 8           | 9             |
| G          | 1           | 3             |
|            |             | 1042564       |

Client: Clairie Forbes  
Address: 75 PROVEST BARCLAY DRIVE  
STONORAVON.

| Card Type | Review Indicator | Date of This Review | Reviewed by        | Date of Next Review | Date of Closure | Reason for Closure |
|-----------|------------------|---------------------|--------------------|---------------------|-----------------|--------------------|
|           |                  |                     | Div. Team Ref. No. |                     |                 |                    |
| 10        | 11               | 12                  | 17                 | 18                  | 19              | 20                 |
| 1         | 9                | 16-88               | 221275             |                     | 1-6-88          | 1                  |

| Card Type | Type of Household | No. of Clients    | Employment Status | Primary Allocation | Second Allocation  | Third Allocation   |
|-----------|-------------------|-------------------|-------------------|--------------------|--------------------|--------------------|
|           |                   | Primary Secondary |                   | Div. Team Ref. No. | Div. Team Ref. No. | Div. Team Ref. No. |
| 10        | 11                | 12                | 13                | 14                 | 15                 | 16                 |
| 2         |                   |                   |                   |                    |                    |                    |

Reasons for Contact with Primary Clients

| Card Type | Client No. | Health Reasons                | Penal Reasons     | Family/Social Reasons         | Child-Related Reasons | Other Reasons     |
|-----------|------------|-------------------------------|-------------------|-------------------------------|-----------------------|-------------------|
|           |            | 1 2 3 4 5                     | 1 2 3             | 1 2 3 4 5                     | 1 2                   | 1 2 3             |
| 10        | 11         | 12 13 14 15 16 17 18 19 20 21 | 22 23 24 25 26 27 | 28 29 30 31 32 33 34 35 36 37 | 38 39 40 41           | 42 43 44 45 46 47 |
| 3         | 1          |                               |                   |                               |                       |                   |
| 3         | 2          |                               |                   |                               |                       |                   |
| 3         | 3          |                               |                   |                               |                       |                   |

Details of Problems to be Recorded

| Card Type | Seq. No. |    |
|-----------|----------|----|
| 10        | 11       | 12 |
| 4         | 1        |    |
| 4         | 2        |    |

Services Provided and Actions Taken

| Card Type | Client No. | Assessments                   | Referrals                     | Advocacy                      | Help/Services Provided | Reports | Registrations | Residential Care | Day/Home Care |
|-----------|------------|-------------------------------|-------------------------------|-------------------------------|------------------------|---------|---------------|------------------|---------------|
|           |            | 1 2                           | 1 2                           | 1 2                           | 1 2 3 4                | 1 2     | 1 2           | 1 2              | 1 2           |
| 10        | 11         | 12 13 14 15 16 17 18 19 20 21 | 22 23 24 25 26 27 28 29 30 31 | 32 33 34 35 36 37 38 39 40 41 | 42 43 44 45 46 47      |         |               |                  |               |
| 5         | 1          |                               |                               |                               |                        |         |               |                  |               |
| 5         | 2          |                               |                               |                               |                        |         |               |                  |               |
| 5         | 3          |                               |                               |                               |                        |         |               |                  |               |

Details of Actions or Services to be Recorded

| Card Type | Seq. No. |    |
|-----------|----------|----|
| 10        | 11       | 12 |
| 6         | 1        |    |
| 6         | 2        |    |

BL/SG

57

19th April, 1988

Mr. Forbes,  
75 Provost Barclay Drive,  
STONEHAVEN.

Dear Mr. Forbes,

It has come to my attention from the Guidance Staff at Mackie Academy that your daughter Clair has been absent from school on a number of occasions recently. Their concern regarding this matter has prompted them in contacting the Social Work Department.

I would like to propose that I visit your home on Tuesday, 26th April, 1988 at 4.15 p.m. so we can look at this problem. If this time and date is unsuitable to you and your daughter, please contact me so other arrangements can be made.

Yours sincerely,

BL

BILL LAING  
Social Worker.

SOCIAL WORK INDEX/INFORMATION SYSTEM      UPDATE REPORT PRINT      SW60 20/04/88

ALLOCATED: 15/04/88      TEAM: KINCARDINE/DEESIDE: STONEHAVEN - WILLIAM LAING

REFNO: 1042564 /02      STATUS: OPEN - NO REVIEW      U/D: 20/04/88      FILE:

REVIEW: INITIAL      DUE: 15/09/88      PREV:

CLIENT: MISS CLAIRE FORBES 18/12/75  
75 PROVOST BARCLAY DRIVE, STONEHAVEN, AB3 2GE

ACCOM: PRIVATE H'HOLD      PRIM: 1      SECY:      EMPL: F/TIME EDUCATION

REFERRED: 15/04/88      MRS MCDONALD MACKIE ACADEMY      42

INTAKE: KINCARDINE/DEESIDE: STONEHAVEN - [REDACTED]

PROBLEMS: 15/04/88- / / 63 OTHER CHILDCARE

150488 SCHOOL CONCERNED RE CHILD NOT ATTENDING & PRESENTING PROBS

SAR COPY



**GRAMPIAN REGIONAL COUNCIL - SOCIAL WORK DEPARTMENT**  
**CASE SUMMARY FORM**

Division: Kinc/Deeside  
 Social Worker: T. Hollerin  
 Case No.: 1042564

NOTE - Each entry should be headed to show whether it refers to an Initial Assessment, Review, Transfer or Closure summary.

Date ..... 4th February 1988

Full Name of Client ..... CLAIRE FORBES

The points to be covered for assessments, reviews, transfers and closures are detailed in Section 1.2 of the Procedures Manual. This form should also be used for specialised childcare reviews; the points to be covered for such reviews are in Section 2.2 of the Procedures Manual.

| Date   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.2.88 | <p><u>REVIEW SUMMARY</u></p> <p>Since taking over this case on 19.11.87 I have experienced considerable difficulty in getting an appointment with this family which they would keep. I have managed, however, to complete an Initial Investigation Report and have sent this to the Reporter recommending no further action.</p> <p><u>Future action</u></p> <p>Await decision of Reporter and act accordingly.</p> <p><i>Thomas Hollerin</i><br/>         THOMAS HOLLERIN<br/>         Social Worker<br/>         TH/DWM</p> <p><i>Y. Hobson 10-2-88</i></p>                          |
| 6.4.88 | <p><u>CLOSURE SUMMARY</u></p> <p>Since the last review on 1.2.88 I have submitted an Initial Investigation Report and the Reporter has notified no further proceedings.</p> <p>Liaison with Mackie Academy has led to the file being kept open to await any further problems.</p> <p>There has been no contact since February and as I am to leave the Department soon it is felt that the case should be closed.</p> <p><u>CASE CLOSED</u></p> <p><i>Thomas Hollerin</i><br/>         THOMAS HOLLERIN<br/>         Social Worker<br/>         18th April 1988<br/>         TH/DWM</p> |

GRAMPIAN REGIONAL COUNCIL - SOCIAL WORK INDEX/INFORMATION SYSTEM  
REVIEW FORM

| Amend Type | Record Type | Reference No. |
|------------|-------------|---------------|
| 1          | 2           | 3             |
| 4          | 5           | 6             |
| 7          | 8           | 9             |
| G          | 1           | 3             |
|            |             | 1042564       |

Client: Claire Forbes  
Address: 75 Provost Barley Drive  
Stoneham AS 3 2 6E

| Card Type | Review Indicator | Date of This Review | Reviewed by        | Date of Next Review | Date of Closure | Reason for Closure |
|-----------|------------------|---------------------|--------------------|---------------------|-----------------|--------------------|
|           |                  |                     | Div. Team Ref. No. |                     |                 |                    |
| 10        | 11               | 12                  | 17                 | 18                  | 19              | 20                 |
| 1         | 9                | 060488              | 221 232            |                     | 060488          | 1                  |

| Card Type | Type of Household | No. of Clients | Employment Status | Primary Allocation | Second Allocation  | Third Allocation   |
|-----------|-------------------|----------------|-------------------|--------------------|--------------------|--------------------|
|           |                   | Primary        | Secondary         | Div. Team Ref. No. | Div. Team Ref. No. | Div. Team Ref. No. |
| 10        | 11                | 12             | 13                | 14                 | 15                 | 16                 |
| 2         | 1                 | 1              |                   | 221 232            |                    |                    |

Reasons for Contact with Primary Clients

| Card Type | Client No. | Health Reasons                | Penal Reasons     | Family/Social Reasons         | Child-Related Reasons | Other Reasons     |
|-----------|------------|-------------------------------|-------------------|-------------------------------|-----------------------|-------------------|
|           |            | 1 2 3 4 5                     | 1 2 3             | 1 2 3 4 5                     | 1 2                   | 1 2 3             |
| 10        | 11         | 12 13 14 15 16 17 18 19 20 21 | 22 23 24 25 26 27 | 28 29 30 31 32 33 34 35 36 37 | 38 39 40 41           | 42 43 44 45 46 47 |
| 3         | 1          |                               |                   |                               |                       |                   |
| 3         | 2          |                               |                   |                               |                       |                   |
| 3         | 3          |                               |                   |                               |                       |                   |

| Card Type | Seq. No. | Details of Problems to be Recorded |
|-----------|----------|------------------------------------|
| 10        | 11       | 12                                 |
| 4         | 1        |                                    |
| 4         | 2        |                                    |

Services Provided and Actions Taken

| Card Type | Client No. | Assessments                   | Referrals                     | Advocacy                      | Help/Services Provided | Reports | Registrations | Residential Care | Day/Home Care |
|-----------|------------|-------------------------------|-------------------------------|-------------------------------|------------------------|---------|---------------|------------------|---------------|
|           |            | 1 2                           | 1 2                           | 1 2                           | 1 2 3 4                | 1 2     | 1 2           | 1 2              | 1 2           |
| 10        | 11         | 12 13 14 15 16 17 18 19 20 21 | 22 23 24 25 26 27 28 29 30 31 | 32 33 34 35 36 37 38 39 40 41 | 42 43 44 45 46 47      |         |               |                  |               |
| 5         | 1          |                               |                               |                               | 05                     | 50      |               |                  |               |
| 5         | 2          |                               |                               |                               |                        |         |               |                  |               |
| 5         | 3          |                               |                               |                               |                        |         |               |                  |               |

| Card Type | Seq. No. | Details of Actions or Services to be Recorded                         |
|-----------|----------|-----------------------------------------------------------------------|
| 10        | 11       | 12                                                                    |
| 6         | 1        | II Report written. No further action. No further contact from school. |
| 6         | 2        |                                                                       |

SOCIAL WORK INDEX/INFORMATION SYSTEM      UPDATE REPORT PRINT      SW60 08/04/88

ALLOCATED: 19/11/87      TEAM: KINCARDINE/DEESIDE: STONEHAVEN - THOMAS HOLLEARN

REFNO: 1042564 /01      STATUS: CLOSED CASE      U/D: 08/04/88      FILE:

CLOSED: 06/04/88      REASON: SATISFACTORILY COMPLETED

CLIENT: MISS CLAIRE FORBES 18/12/75  
75 PROVOST BARCLAY DRIVE, STONEHAVEN, AB3 2GE

ACCOM: PRIVATE H'HOLD      PRIM: 1      SECY:      EMPL: F/TIME EDUCATION

REFERRED: 19/11/87      I.I. REQUEST-REPORTER      41

INTAKE: KINCARDINE/DEESIDE: STONEHAVEN - THOMAS HOLLEARN

PROBLEMS: 19/11/87- / / 65 INITIAL REPORT

191187 INITIAL INVESTIGATION REQUEST

ACTIONS: HELP/SERVICES -

01/02/88-06/04/88 01 CASEWORK

01/02/88-06/04/88 02 SUPPORTIVE WORK

01/02/88- / / 05 ADVICE/INFORMATION

REPORTS -

01/02/88- / / 50 INITIAL INQUIRY REPORT

010288 INITIAL INVESTIGATION REPORT SUBMITTED

060488 I I REPORT SUBMITTED - NO FURTHER ACTION - NO FURTHER CONTACT  
FROM SCHOOL



GRAMPIAN REGIONAL COUNCIL - SOCIAL WORK INDEX/INFORMATION SYSTEM  
REVIEW FORM

| Amend Type | Record Type | Reference No. |
|------------|-------------|---------------|
| 1          | 2           | 3 4           |
| G          | 1 3         | 1042564       |

Client: Claire Forbes  
Address: 75, Provost Barclay Drive  
Storehouse

| Card Type | Review Indicator | Date of This Review | Reviewed by        | Date of Next Review | Date of Closure | Reason for Closure |
|-----------|------------------|---------------------|--------------------|---------------------|-----------------|--------------------|
|           |                  |                     | Div. Team Ref. No. |                     |                 |                    |
| 10        | 11               | 12 17               | 18 19 20 21 23 24  | 29 30               | 35              | 36                 |
| 1         | 2                | 010288              | 12 1 2 32          | 010588              |                 |                    |

| Card Type | Type of Household | No. of Clients    | Employment Status | Primary Allocation | Second Allocation  | Third Allocation   |
|-----------|-------------------|-------------------|-------------------|--------------------|--------------------|--------------------|
|           |                   | Primary Secondary |                   | Div. Team Ref. No. | Div. Team Ref. No. | Div. Team Ref. No. |
| 10        | 11                | 12 13             | 14                | 15 16 17 18 20     | 21 22 23 24 26     | 27 28 29 30 32     |
| 2         | 1                 | 1                 |                   | 2 2 1 2 32         |                    |                    |

Reasons for Contact with Primary Clients

| Card Type | Client No. | Health Reasons                | Penal Reasons                 | Family/Social Reasons | Child-Related Reasons | Other Reasons     |
|-----------|------------|-------------------------------|-------------------------------|-----------------------|-----------------------|-------------------|
|           |            | 1 2 3 4 5                     | 1 2 3                         | 1 2 3 4 5             | 1 2                   | 1 2 3             |
| 10        | 11         | 12 13 14 15 16 17 18 19 20 21 | 22 23 24 25 26 27 28 29 30 31 | 32 33 34 35 36 37     | 38 39 40 41           | 42 43 44 45 46 47 |
| 3         | 1          |                               |                               |                       |                       |                   |
| 3         | 2          |                               |                               |                       |                       |                   |
| 3         | 3          |                               |                               |                       |                       |                   |

| Card Type | Seq. No. | Details of Problems to be Recorded |
|-----------|----------|------------------------------------|
| 10        | 11       | 12                                 |
| 4         | 1        |                                    |
| 4         | 2        |                                    |

Services Provided and Actions Taken

| Card Type | Client No. | Assessments                                                 | Referrals                                       | Advocacy | Help/Services Provided | Reports | Registrations | Residential Care | Day/Home Care |
|-----------|------------|-------------------------------------------------------------|-------------------------------------------------|----------|------------------------|---------|---------------|------------------|---------------|
|           |            | 1 2                                                         | 1 2                                             | 1 2      | 1 2 3 4                | 1 2     | 1 2           | 1 2              | 1 2           |
| 10        | 11         | 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 | 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 |          |                        |         |               |                  |               |
| 5         | 1          |                                                             |                                                 |          | 01 02 05               | 50      |               |                  |               |
| 5         | 2          |                                                             |                                                 |          |                        |         |               |                  |               |
| 5         | 3          |                                                             |                                                 |          |                        |         |               |                  |               |

| Card Type | Seq. No. | Details of Actions or Services to be Recorded          |
|-----------|----------|--------------------------------------------------------|
| 10        | 11       | 12                                                     |
| 6         | 1        | INITIAL INVESTIGATION <del>DATE</del> REPORT SUBMITTED |
| 6         | 2        |                                                        |



SOCIAL WORK INDEX/INFORMATION SYSTEM      UPDATE REPORT PRINT      SW60 03/02/88

ALLOCATED: 19/11/87      TEAM: KINCARDINE/DEESIDE: STONEHAVEN - THOMAS HOLLEARN

REFNO: 1042564 /01      STATUS: OPEN CASE      U/D: 03/02/88      FILE:

REVIEW: REGULAR      DUE: 01/05/88      PREV: 01/02/88

CLIENT: MISS CLAIRE FORBES 18/12/75  
75 PROVOST BARCLAY DRIVE, STONEHAVEN, AB3 2GE

ACCOM: PRIVATE H'HOLD      PRIM: 1      SECY:      EMPL: F/TIME EDUCATION

REFERRED: 19/11/87      I.I. REQUEST-REPORTER      41

INTAKE: KINCARDINE/DEESIDE: STONEHAVEN - THOMAS HOLLEARN

PROBLEMS: 19/11/87- / / 65 INITIAL REPORT

191187 INITIAL INVESTIGATION REQUEST

ACTIONS: HELP/SERVICES -

01/02/88- / / 01 CASEWORK  
01/02/88- / / 02 SUPPORTIVE WORK  
01/02/88- / / 05 ADVICE/INFORMATION

REPORTS -

01/02/88- / / 50 INITIAL INQUIRY REPORT

010288 INITIAL INVESTIGATION REPORT SUBMITTED

TH/DWM

67

4th December 1987

Mr. T. Forbes  
75 Provost Barclay Drive  
STONEHAVEN  
AB3 2GE

Dear Mr. Forbes

I wrote to you on 19.11.87 asking if I could call and see yourself and your daughters, Claire [REDACTED], about a background report ordered by the Reporter to the Children's Panel. This was in connection with offences alleged to have been committed by them in August 1987.

I called as arranged at 4.30 p.m. on 27.11.87 when a young lad said you were out shopping. I arranged with him to call back about 4.30 p.m. on 1.12.87. I did this, only to be told by Claire that you were again out shopping. She agreed to ask you if you would contact me at this office on the afternoon of Thursday, 3.12.87.

You have not contacted me so I now write to ask if you would let me know when it would be suitable for me to call and see Claire, [REDACTED] and yourself. You may telephone this office at any time during office hours. If I am not available someone will take a message.

If you do not contact me within two weeks I will inform the Reporter to the Children's Panel that I cannot contact you.

Yours sincerely



THOMAS HOLLERIN  
Social Worker

## GRAMPIAN REGIONAL COUNCIL - SOCIAL WORK DEPARTMENT

## CASE NOTES

Sheet No. ....

Division: Kinc/Deeside

Case No.: 1042564

Sheet No.: 1

NOTE - All entries to be signed

Client's Full Name ..... CLAIRE LORRAINE FORBES  
 75 Provost Barclay Drive, Stonehaven

| Date     |                                                                                                                                                                                                                                                                                                                                                                                |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 19.11.87 | <p><u>CASE ALLOCATED. THOMAS HOLLERIN</u></p> <p><u>Referral form submitted.</u></p> <p><u>Reporter's Office informed.</u></p> <p><u>Letter to Mr. Forbes making appointment for Friday, 27.11.87 at 4.30 p.m. (copy in file). T.H.</u></p>                                                                                                                                    |
| 27.11.87 | <p><u>Home visit as arranged. A boy answered the door and said Mr. Forbes was out shopping and hadn't received my letter. I left a card asking to see him on Tuesday, 1.12.87 at 4.30 p.m. T.H.</u></p>                                                                                                                                                                        |
| 1.12.87  | <p><u>Phone call to Mr. Jaffray, Mackie Academy. He says Claire and Deborah left school two months ago.</u></p> <p><u>Home visit as arranged at 4.30 p.m. Mr. Forbes again away shopping? Claire answered the door. She is living at above address; [REDACTED] I asked Claire to get Mr. Forbes to contact me on Thursday afternoon and she said she would do so. T.H.</u></p> |
| 4.12.87  | <p><u>School report received (see file).</u></p> <p><u>Letter to Mr. Forbes (copy in file). T.H.</u></p>                                                                                                                                                                                                                                                                       |
| 9.12.87  | <p><u>Office visit by Mr. Forbes. I agreed to call on him and the girls on 7.1.88 at 5.30 p.m., after my holidays and the Festive Season. T.H.</u></p> <p><i>Thomas Holler</i></p>                                                                                                                                                                                             |
| 12.1.88  | [REDACTED]                                                                                                                                                                                                                                                                                                                                                                     |
| 25.1.88  | <p><u>Report submitted to Reporter as, despite appointments, Mr. Forbes has not returned to read reports. T.H.</u></p>                                                                                                                                                                                                                                                         |
| 1.2.88   | <p><u>Review form and summary completed (see file). T.H.</u></p>                                                                                                                                                                                                                                                                                                               |
| 2.2.88   | <p><u>Phone call to Mackie Academy at request of Mrs. McDonald. Claire late for school three mornings two weeks ago. Said no-one woke her up. Been all right last week and this week. Keep case open to see if further developments occur. T.H.</u></p> <p><i>Thomas Holler</i></p>                                                                                            |

## GRAMPIAN REGIONAL COUNCIL - SOCIAL WORK DEPARTMENT

## CASE NOTES

Sheet No. ....2.....

Division: Kincardine/Deeside

Case No.: 1042564

Sheet No.: 2

NOTE - All entries to be signed

Client's Full Name ..... CLAIRE LORRAINE FORBES  
 75 Provost Barclay Drive, Stonehaven

| Date               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 26. 5.88<br>contd. | Generally I feel satisfied with the general situation meantime. Mrs. McDonald will contact Social Work Department after parents meeting on Monday evening giving me dates of future meetings with Mr. Forbes. B.L.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 1. 6.88            | Telephone call to Mrs. McDonald, Guidance Teacher, Mackie Academy. She informed me that Mr. Forbes did attend Parents Evening and she was able to have a long discussion with him regarding aspects of Claire's education. Mrs. McDonald has asked Mr. Forbes to contact her in September 1988 so they can monitor Claire's progress. B.L.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                    | <u>CASE CLOSED.</u> <i>y. Hubson.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| December<br>1988   | Case Re-Opened.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 13.12.88           | Letter sent to Mr Forbes cancelling appointment for 15.12.88 - see file. B.L.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 16.1.89            | Letter sent to Mr Forbes arranging appointment for home visit on 23.1.89.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                    | Telephone call from [REDACTED] (girlfriend of Mr Forbes) cancelling afternoons appointment. Mr Forbes is working. New appointment arranged for 24.1.89 at 6.30 pm. B.L.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 24.1.89            | <u>Home Visit.</u><br>Met with Mr Forbes and his divorced wife who now lives in Oldmeldrum. This was my first meeting with Mr Forbes' ex-wife. The girls mother put me in the picture about an incident that had happened between the time of the case being closed and the present date. Basically both girls were at their mothers home in Oldmeldrum on a Friday evening. They had gone out and had failed to return back. At 9.00 pm their mother had reported them missing to the police. The girls had remained missing all weekend. We then looked at the truancy from school. Mr Forbes and girls mother both expressed that that situation had now come to an end [REDACTED]<br>[REDACTED]<br>[REDACTED] The rebellious attitude of Deborah resulted in the truancy occurring bringing Claire into the situation as a backup. [REDACTED]<br>[REDACTED]<br>[REDACTED]<br>[REDACTED] |

BL/VS

57

29th November 1988

Mr T Forbes,  
75 Provost Barclay Drive,  
STONEHAVEN.

Dear Mr Forbes,

The guidance staff at Mackie Academy have informed me that both Clair and Deborah have been absent from school on a number of occasions recently. [REDACTED]

[REDACTED] y. However, [REDACTED] Clair were seen by staff on Friday 25th November away from school and in the presence of two other persons of similar ages. It concerned staff that they did not report back to school on this date.

Given the above concerns I would like to visit your home on Friday 2nd December to discuss the matter further. I will be there at 11.00 am. If this time and date is not suitable, please let me know by return of post.

th  
orning at  
so other

PHONE CALL

DATE 2/2/89 TIME 11.00

MRS MACDONALD

MACKIE ACADEMY

MESSAGE WOULD LIKE TO  
SPEAK TO YOU REGARDING  
CLAIRE FORBES.  
PLEASE RING AFTER  
3.00 PM.  
SHE WILL ALSO TRY  
+ RING YOU BACK.  
TO CATCH YOU.  
SIGNED Kathy

TELEPHONED  
RETURNED YOUR CALL  
PLEASE CALL BACK

WILL CALL AGAIN

URGENT  
WANTS TO SEE YOU

BL/VS

67

16th January 1989

Mr Terence Forbes,  
75 Provost Barclay Drive,  
STONEHAVEN.

Dear Mr Forbes,

Further to my letter of 29th November 1988, I would still like to visit you at your home in order to discuss with you what, if any, problems your daughters are having in attending school.

I propose that I visit ~~your~~ home on Monday 23rd January at 3.30 pm to discuss things further.

Yours sincerely,



Bill Laing  
Social Worker

SAR COPY



BL/VS

13th December 1988

Mr Forbes,  
75 Provost Barclay Drive,  
STONEHAVEN.

Dear Mr Forbes,

I am sorry that I will be unable to keep our appointment as arranged for Thursday 15th December at 11.00 am. I am on sick leave at the moment and will be in touch with you to arrange another appointment when I return to work.

I am sorry for any inconvenience this has caused.

Yours sincerely,

PP.  
BM

BILL LAING  
Social Worker

SAR COPY

16th February 1989

Mr T Forbes,  
75 Provost Barclay Drive,  
STONEHAVEN.

Dear Mr Forbes,

I am required by the Reporter to the Children's Panel to provide a report on your daughter Claire Lorraine Forbes. I would like to meet with you and your daughter at your home on Monday 20th February 1989 at 5.00 pm. If this time is not convenient please contact me at the above address or telephone Stonehaven 63671 ext. 57 so that we can make another appointment.

Yours sincerely,

KATE CORNAH  
Social Work Student