

KML/MF/G3542

01475 656088

2 April 1997

CONFIDENTIAL

Dr Mutch
The Medical Centre
Dubbs Place
PORT GLASGOW

Dear Dr Mutch

Wesley Phillips, c/o Newfield House, Barochan Road, Johnstone
Date of Birth: 05.02.82

Wesley attended my clinic with his Social Worker, Elizabeth Hamilton and worker from Newfield Residential Assessment Centre on 1 April, 1997. I have been requested to see him for a report by the Reporter.

Wesley, as you know, was received into care on 13 February, 1997, to Crosshill Children's Home, as his parents could no longer cope with his behaviour and felt that Wesley was at risk of assault because of the constant arguments within the household. Wesley was moved to Newfield Assessment Centre on 23 February, 1997.

Within Newfield Wesley's behaviour has been settled although it deteriorates in the evenings when he and other boys are left unsupervised in the dormitory. His behaviour also deteriorates when he has access to his parents, he sees them approximately twice weekly. Visits, however, are generally improving.

At individual interview Wesley described ongoing tics involving his eye and left shoulder. He also described an involuntary coughing grunt. His swearing appears to be increasing in frequency and there may be an element of tic behaviour related to this.

Wesley's mood and manner at interview appeared appropriate. No evidence of psychosis nor depression. He appears of average intelligence.

It/

CONFIDENTIAL

Dr Mutch

-2-

2 April 1997

Wesley Phillips (05.02.82) Continued

It is my opinion that Wesley may be suffering from Tourette Syndrome and I would recommend Haloperidol 1 mg b.d. I will be recommending to the Reporter also that Wesley be referred for residential schooling, possibly at Balrossie and that Social Work intervention continue with the family. I will review Wesley at my clinic in 6 weeks.

Yours sincerely

KATHERINE M LEIGHTON
Consultant in Child & Adolescent Psychiatry

1 April, 1996/

Present Wesley, Elizabeth Hamilton, Social Worker, worker from Newfield, KL.

Wesley was received into care on 13 February, 1997. [REDACTED]

[REDACTED] He was removed to Newfield on 23 February, 1997 and a Panel was held on 5 March, 1997. A further Panel is due on 28 April, 1997.

Wesley sees his parents at home and at Newfield approximately twice a week. The visits are going well and he had a good weekend with his parents last weekend.

His behaviour at Newfield is reported to be fine during the day although in the evening when he sleeps in the dormitory he is involved in a lot of swearing and silly behaviour. Wesley stated that he had to be removed from the dorm until the other boys went to sleep.

Wesley's behaviour is poorer when his parents visit. He feels they ask too many questions. Often the family will leave after an argument.

School deteriorated since August of last year. He was excluded from Port Glasgow and removed ? Enterprise where he was also excluded. In Newfield he attends the class and his behaviour is satisfactory in a smaller group. He can maintain his concentration although sometimes is cheeky. It is his plan to leave school when he is 16.

The trigger for Wesley's poor behaviour and arguments is reported to be the fact that he doesn't like to be asked questions. He has lost his temper with his Safeguarder, not just with his parents.

Individual Interview with Wesley

Wesley presented as a tall, good looking young man, neatly dressed, respectful. He stated that he wished he could stop swearing. No other wishes. He stated that he felt better on Haloperidol, although he felt sleepy during the day he had less suspensions and less arguments.

He continues to have the tic in his eye several times a month. He also has a cough that he cannot control and a movement of his head and shoulder. It is unclear whether the swearing is under his control or not.

He feels his behaviour is worse when he is tired.

Wesley wishes to go to Balrossie Residential School and he feels that this would help his behaviour and he could maintain his contact with his family at weekends.

No evidence of depression nor psychosis.

Impression

Possibility of La Tourette. Treatment Haloperidol 1 mg b.d. Review 6 weeks with parents.

KATHERINE M. LEIGHTON
Consultant in Child & Adolescent Psychiatry

KML/MF/G3542

01475 656088

24 March 1997

Officer in Charge
Newfield House
Barochan Road
Johnstone

Dear Sir or Madam

Wesley Phillips has been referred to this department by Mr A McColl Reporter. An appointment has been made for you to bring him to see me at Larkfield Child & Family Centre, Greenock on Tuesday 1 April at 9.30 a.m.

The Larkfield Child & Family Centre is situated on the opposite side of Larkfield Road facing the Inverclyde Royal Hospital.

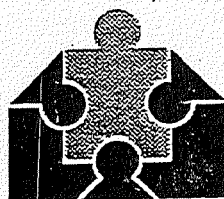
I hope this appointment will be convenient but if you are unable to come please let me know as soon as possible.

Yours Sincerely

KATHERINE M LEIGHTON
Consultant in Child & Adolescent Psychiatry

1stref.let

Dr Eleanor Kerr
Locum Consultant in Child & Adolescent Psychiatry
Renfrewshire Healthcare NHS Trust
Larkfield Child & Family Centre
Larkfield Road
GREENOCK
PA16 OXN



SCOTTISH
CHILDREN'S REPORTER
ADMINISTRATION

1/3 Brisbane Street, GREENOCK PA16 8LH

Principal Reporter: Alan Miller

Tel: Direct Line 0475 720221

Fax 01475 724525

If phoning or calling please ask for: Mr Ritchie

12/03/97



SCOTTISH
CHILDREN'S REPORTER
ADMINISTRATION

1/3 Brisbane Street, Greenock PA16 8LH

Principal Reporter : Alan Miller

Tel: Direct Line 01475 720221

Our Ref: AMcC/AMS
Your Ref:
Date: 12 March 1997
If phoning or calling please ask for: Mr McColl

Dr Eleanor Kerr
Locum Consultant in Child & Adolescent Psychiatry
Renfrewshire Healthcare NHS Trust
Larkfield Child & Family Centre
Larkfield Road
GREENOCK
PA16 OXN

Dear Dr Kerr

Wesley Phillips (5.2.82) 40 Brightside Avenue Port Glasgow

The above named child appeared at a Children's Hearing on 5th March 1997 on grounds of referral relating to lack of parental care, breach of the peace and being outwith the control of his parent.

After discussion of the case the Hearing was of the opinion that a Residential Assessment would be beneficial at this stage and that assessment should include input from a psychiatrist. I note that you have previously submitted a report on this boy and accordingly ask you to prepare another and submit it by **23rd April 1997** so that it can be transmitted onwards to the panel members and family for the hearing on Monday 28th of that month.

The hearing also decided to appoint a Safeguarder, Ms Linda Henderson, of Rosslynn, Mitchell, Taylor & Ramsay, 4 Lynedoch Crescent Glasgow whom I have informed of this request to you and who may well be in touch with you. I have also informed the Officer in Charge of the Assessment Team at Newfield House, Johnstone, where, I believe the child is being looked after.

Enclosed, for your information are copies of the relevant reports and reasons for decision and I would suggest that should you wish any further information you contact me at the above number.

Yours sincerely

Andrew McColl
Reporter.

cc Ms Henderson, Rosslynn Mitchel, Taylor & Ramsay 4 Lynedoch Crescent Glasgow
Officer in Charge Newfield House Barochan Road Johnstone

ENC

*Rec'd 13/3
please advise Registrar that
will respond on W
return.
Please look at
case notes.*

*Message left with
Registrar's Secretary
13/3/97.*

12/03/97

Child's Name

Wesley Phillips

Date 5.3.97

Summary Code ETD

Area

INVERCLYDE

(Chairman)

Mrs M. Neil

(Member)

Mr Deatcher

(Member)

Mrs Oahe

Decision:-

With respect to the Special Work (S.W.) Unit, to discharge the referral not accepted in terms of Section 42 (2)(g) to make a requirement in terms of Section 43 (4) for a psychiatric assessment with medical, psychological and psychiatric input. The Chair also stated that a safeguarder should be appointed.

Statement of reasons for decision

Wesley has been giving no problems while reading in Newfield but there are still [REDACTED] [REDACTED] that a warrant was considered to give protection to Wesley but he has been given a place on Unity Enterprise to further his education and training skills and he will now be able to attend these classes while having his arrangement done in Newfield. Wesley and his [REDACTED] were volatile during the hearing so it is important that home leave is introduced very gradually, & full use of a safeguarder is made.

Chairman

S. J. M. Neil

The child/father/mother/guardian* and their representative(s)* were advised of the foregoing decision and reasons therefor; of the right of the child or of the parents to appeal to the sheriff against the decision; and of the right of the child and parents to receive a statement in writing of the said reasons.

[Signature]

for Reporter

Social Work Department

Director: Donald McQuade

Port Glasgow Area Office

Newark House, Scarlow Street, Port Glasgow PA14 5EY

Tel: (01475) 741891 Fax: (01475) 743230

26 FEB 1997

The Reporter to Childrens Hearing
Reporters Department
1/3 Brisbane Street
Greenock

Our Ref: CCGRWPHILLIPS//gw

Your Ref:

Date: 24 February 1997

SUPPLEMENTARY REPORT

WESLEY PHILLIPS, D.O.B. 05.02.82

Home Address: 40 Brightside Avenue, Port Glasgow

Current Address: Newfield Resource Centre, Johnstone

The writer has known this family for a three week period.

It was clear from the outset that [REDACTED]
their son, Wesley's behaviour. [REDACTED] that for many years the situation has been
escalating [REDACTED]

Communication within the house in the writers presence was always fraught [REDACTED]
[REDACTED] towards each other. A period of quite would inevitably be
followed quickly by a shouting episode.

Wesley presents himself as a restless individual who is unable to sit still, he is constantly
mobile, during his outbursts Wesley's language is abusive especially towards his mother.
Observing Wesley he seems to be calm then within a split second he acts angry and impulsive,
not always in the writer's opinion of his actions.

On the 13/2/97 the writer received a telephone call from Mrs Phillips stating that Wesley was
with a friend and he would not be allowed to return to the house. It seems he had been
verbally abusive towards her shouting in the street, that for her was the final straw.

The writer visited the house, [REDACTED] were adamant that Wesley would not be
returning.

Later that afternoon, Mr Philip s brought wesley to [redacted] agreed to take the writer and Mrs I Wilkinson, Senior Social Worker, [redacted] Wesley home. However once they stopped outside the Social Work Département [redacted] The result being Wesley was left in the office, [redacted] stating clearly that the situation was as before, i.e. Wesley was to be looked after by the Local Authority.

A place of safety was obtained. Wesley was placed in Crosshill Childrens Unit where he remained until the 21/2/97.

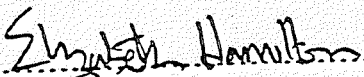
Throughout his stay at Crosshill, Wesley had several outbursts whereby he shouted at staff members. On the 20/2/97, his behaviour within the unit led to staff contacting the Police, Wesley continued to be abusive, Wesley says he was charged with Breach of the Peace.

On the 21/2/97, Wesley was taken to Newfield Resource Centre. Tension remained between Wesley and his parents, with Wesley feeling let down by them.

Since being in Newfield, Wesley has settled well, his parents have visited and appear delighted with Wesley's behaviour. It is early days and a full assessment is needed.

Wesley has been allocated a place on the Unity Enterprise, which is a scheme run by the education department organised by educational psychologist. The programme will unable to follow a path mores suited to his individual needs.

The writer attended DASU on the 26/2/97, for advice and guidance in relation to Wesley's situation. The recommendation for this being that Wesley should have a formal three week assessment at Newfield Resource Centre. The writer would thus respectfully recommend that Wesley be placed on a Section 43(4) of the Social Work (Scotland) Act 1968.


Elizabeth Hamilton
Social Worker

Date 27.2.97

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Inverclyde Council

EK/MF/G3542

01475 656088

25 November 1996

Mr & Mrs Phillips
40 Brightside Avenue
Port Glasgow

Dear Mr & Mrs Phillips

An appointment has been made for Wesley and yourselves to attend Dr Kerr's Clinic, Larkfield Child & Family Centre, Greenock on Tuesday 3 December at 12.30 p.m.

The Larkfield Child & Family Centre is situated on the opposite side of Larkfield Road facing the Inverclyde Royal Hospital.

I hope this will be convenient.

Yours Sincerely,

Medical Records Officer.

ret.let

EK/MF/G3542

01475 656088

11 November 1996

Mr & Mrs Phillips
40 Brightside Avenue
Port Glasgow

Dear Mr & Mrs Phillips

Wesley has been referred to this department by Dr M W Mutch. An appointment has been made for you to bring him to see me at Larkfield Child & Family Centre, Greenock on Tuesday 19 November at 11.00 a.m.

The Larkfield Child & Family Centre is situated on the opposite side of Larkfield Road facing the Inverclyde Royal Hospital.

I hope this appointment will be convenient but if you are unable to come please let me know as soon as possible.

Yours Sincerely

ELEANOR KERR
Locum Consultant in Child & Adolescent Psychiatry

10 OCT 1993

Port Glasgow High School

Minutes of case conference held on Thursday 3 October to discuss the way forward for Wesley Phillips in Port Glasgow High School.

Present : C Orr, A Phillips, C Phillips, W Phillips, N G Lawrie, I Wilkinson, E Rigg, M Hancock

Chair : N G Lawrie

Minute : M Hancock

Dr Lawrie opened the meeting by pointing out how well Wesley had been doing at the end of last session in Port Glasgow High School. Regrettably, Wesley's behaviour in class since the summer has given rise to two exclusions. Wesley gets himself into confrontation situations and handles these very badly. These and a recent injury to Wesley's hand have meant that he has had very little schooling this session.

Wesley had been on medication to prevent his being so volatile and had not been taking it at the time he had earned his exclusions from school. He is now back on medication and this is making him very sleepy. However, he is not attending school yet because of his injured hand. Mr and Mrs Phillips are very concerned that he is falling behind in all of his subjects and risks having no qualifications. Dr Lawrie expressed the school's concern that the more Wesley misses the more the school will become an alien environment to him and the more likely it will be that Wesley will find himself in confrontational situations.

Wesley does not like being away from school. He gets bored. When asked what it is that causes him to get into trouble he said that it was teachers going on at him, moaning at him. He says they do this when he stops for a rest because his hand gets sore from writing. He has had punishments for refusing to work. These situations lead to confrontation. Wesley and his parents say that he is wound up by other pupils. Staff, including Dr Lawrie, have seen Wesley winding up others and trying to disrupt.

All who have worked with Wesley agree that he copes much better in a small unit. At Larkfield, Wesley generally did very well. Campbell Orr finds Wesley a very able pupil in the one-to-one situation and feels that he is capable of dramatic catching-up. Campbell also sees Wesley's relationship with others as having no middle ground, but consisting only of extremes.

Irene Wilkinson clarified the situation vis-a-vis social work involvement for Mr and Mrs Phillips.

Recommendations

1. Application to the Means Centre should go in now.
2. Campbell Orr to work with Wesley on a one-to-one basis when possible.
3. Wesley to be extracted from French and science.

4. Larkfield may respond to application from Wesley's GP - there could be input from Social Work if the family is to be helped by the unit.
 5. Irene Wilkinson will investigate the possibility of Wesley joining an evening group.
 6. Wesley will remain at home until 22 October because of his injured hand.
-



RENFREWSHIRE HEALTHCARE NHS TRUST

LARKFIELD CHILD & FAMILY CENTRE
LARKFIELD ROAD
GREENOCK
PA16 0XN
TELEPHONE: 01475-633777
FAX: 01475-632094

YOUR REF:

OUR REF: EK/MF/G3542

DATE: 6 December 1996

IF TELEPHONING, PLEASE ASK FOR

01475 656088

CONFIDENTIAL

Dr M Mutch
The Medical Centre
Dubbs Place
PORT GLASGOW

Dear Dr Mutch

Wesley Phillips, 40 Brightside Avenue, Port Glasgow (05.02.82)

I have recently been asked to provide a psychiatric report on Wesley to Mr K Ritchie, Area Reporter. For your information I have shown below my opinion and recommendation provided to the Reporter.

Opinion

Wesley has a long history of disruptive behaviour both at home and at school. The onset in the pre-school years [REDACTED] and the roots of his difficulties are now very difficult to tease out. Whilst attending the Day Unit it was our clinical impression that Wesley's emotional disturbance resolved and during that period of time his attention was well within normal limits, such that his academic performance improved. He has the capacity to accept personal responsibility for his contribution to difficult situations when this is addressed calmly within a professional relationship. There have been several attempts to work with Wesley and his parents by providing them with behavioural advice during family counselling sessions which have produced some gains, however, the situation has been de-stabilised once again both at school and now in the community, and I think it is important that the future management is considered afresh.

Recommendation

1. I recommend a Home Supervision Order for Wesley Phillips. This would provide him with the individual counselling support that we know he can use, in order to address his need to manage himself responsibly as a young person. I would also suggest that he would benefit from attendance at IT Groups in order to give him the experience of developing peer relations and maintaining his self-esteem.

2./

CONFIDENTIAL

Dr Mutch

-2-

6 December 1996

Wesley Phillips (05.02.82)

2. I would hope this would also provide support

[REDACTED]

3. Wesley does not require further psychiatric treatment from the Child and Family Centre, Larkfield.

Yours sincerely

ELEANOR KERR
Locum Consultant in Child & Adolescent Psychiatry

EK/MF/G3542

01475 656088

5 December 1996

CONFIDENTIAL

Mr K Ritchie
Area Reporter to the Children's
Hearing
1-3 Brisbane Street
GREENOCK

Dear Mr Ritchie

Wesley Phillips, 40 Brightside Avenue, Port Glasgow (05.02.89)

Please find enclosed, as requested, psychiatric report on Wesley Phillips. I would be grateful if you would arrange for the appropriate fee to be paid to myself.

Yours sincerely

ELEANOR KERR
Locum Consultant in Child & Adolescent Psychiatry

EK/MF/G3542

01475 656088

4 December 1996

CONFIDENTIAL

Mr K Ritchie
Area Reporter to the Children's Hearing
1-3 Brisbane Street
GREENOCK

Dear Mr Ritchie

PSYCHIATRIC REPORT ON WESLEY PHILLIPS (05.02.83)
40 Brightside Avenue, Port Glasgow

Further to your request of 15 November, 1996, I interviewed Wesley on 3 December, 1996, on his own and in the company of his parents who were aware of the purpose of the interview. I understand that should the case be taken to a Children's Hearing [REDACTED] will receive copies of this report and I discussed my assessment and recommendations contained in this report with them at interview. I advised them that I would be referring to the Medical Case Record we have on Wesley but would not quote directly from it.

Background

Wesley is a 14 year old boy who lives with his biological parents and elder brother, [REDACTED] in Port Glasgow. He is currently suspended from Port Glasgow High School but is attending for examinations. [REDACTED]

[REDACTED] they are in agreement in their concern about Wesley and given their own past difficulties, both parents are keen for Wesley to receive all possible help to prevent him incurring future difficulties.

Past Psychiatric Contact

Wesley was first referred to the Larkfield Child and Family Centre in 1993 with behavioural difficulties, mainly at home. He was assessed as having a long standing conduct disorder, and family work was undertaken. He was discharged in July, 1993, when with the family's permission a referral was made to Social Work. Referral was made because the parents/

CONFIDENTIAL

Mr K Ritchie

-2-

5 December 1996

Psychiatric Report on Wesley Phillips (05.02.81) Continued

parents were becoming distressed by Wesley's demands on them and feeling [REDACTED]

Wesley was next referred to our service in September, 1995, by the Educational Psychologist, with problems now occurring at school as well as at home. In addition to a gradual escalation of disruptive and aggressive behaviour, Wesley had also developed a tic disorder which required specific medical treatment in its own right, following assessment by Dr N A Coutts, Paediatrician. Wesley was admitted to our Day Centre and attended from January, 1996, until his attendance lapsed in June, 1996. [REDACTED] and the situation stabilised.

At a review Case Conference in May, 1996, it was felt that whilst Wesley was anxious in school, there were no management difficulties and he was coping in mainstream High School to the extent that he was being considered for a prize in English for progress.

Wesley was able to use one to one counselling situations effectively and accepted responsibility for his own contribution to his difficulties. Social Work Staff at Larkfield were involved in supporting [REDACTED] and the plan was to maintain Wesley's improvement by attendance at IT Community Groups over the summer. Unfortunately, Wesley's attendance came to an abrupt end just prior to the school holidays when our records show that [REDACTED] contacted staff by telephone informing them that Wesley would not be returning. The family did not attend an outpatient review appointment in July, 1996.

I understand that over recent months the situation at school has deteriorated further and he is currently suspended. He was re-referred by his GP at the end of September, 1996, when medication that had been prescribed for his tics was being used in an attempt to ameliorate Wesley's temper outbursts. I met Wesley and his parents on 19 November, 1996, in response to this referral and advised them to stop the medication, which I understand has happened. There are currently no plans to offer Wesley further treatment from our services.

Developmental History/

CONFIDENTIAL

Mr K Ritchie

-3-

5 December 1996

Psychiatric Report on Wesley Phillips (05.02.84) Continued

Developmental History

Wesley was born at term by normal delivery, whilst the parents were living in Germany in Army quarters. [REDACTED]

[REDACTED] He was described as an easy baby meeting developmental milestones at the normal times. The family moved from Germany to Scotland when Wesley was about 2 years of age and in the following year he developed sleeping difficulties and enuresis. He went to a nursery school from age 4 and was thought to be hyperactive and have poor concentration. He attended Slaemuir Primary, transferring to Clune Park for the last 2 years. He was described as being quiet at primary school and was a member of the school's football team. In secondary school, however, his behaviour deteriorated culminating in the present situation.

Interview with Wesley, 3 December, 1996

Wesley was aware of the purpose of the interview and informed that the content was not subject to medical confidentiality. He was anxious about leaving the unit in time to sit his prelim exams later this afternoon but was pleasant and cooperative. He recalled the incident with the Police for which he is being charged with breach of the peace, telling me that he felt they were wrong to order him out the park with his bicycle, however, he realises that he should not have argued back with the Police, either at the time or in the Police Station.

He has little to do with his time during the day currently and can find this problematic. He feels that he causes most of the problems at home by shouting and swearing at his parents and could not tell me of anything that he would like them to do in order to improve family relationships. During the evenings he goes out with his friends, occasionally to a youth club locally, but usually hanging around the streets. He has tried alcohol on the odd occasion but does not drink regularly. He has been getting into trouble with an older group of youths and told me about a man of 22 who has threatened him. He is aware at times that he can upset his mother by embarrassing her in public and usually regrets his actions later. He also was aware that he finds it difficult to show appreciation of his parents when they buy him new clothes. He can, however, feel scared of his father and even when Wesley eventually goes to his room during a family row, the argument does not necessarily stop.

He/

CONFIDENTIAL

Mr K Ritchie

-4-

5 December 1996

Psychiatric Report on Wesley Phillips (05.02.82) Continued

He is concerned about his future, feeling that his job prospects are poor now that he has a poor school record and he would like another chance to try to improve his situation. During the interview Wesley made appropriate eye contact, he was slightly fidgety. There were no concerns that he has an underlying psychiatric illness from this examination.

Opinion

Wesley has a long history of disruptive behaviour both at home and at school. The onset in the pre-school years coincided with instability within the family and the roots of his difficulties are now very difficult to tease out. Whilst attending the Day Unit it was our clinical impression that Wesley's emotional disturbance resolved and during that period of time his attention was well within normal limits, such that his academic performance improved. He has the capacity to accept personal responsibility for his contribution to difficult situations when this is addressed calmly within a professional relationship. There have been several attempts to work with Wesley and his parents by providing them with behavioural advice during family counselling sessions which have produced some gains, however, the situation has been de-stabilised once again both at school and now in the community, and I think it is important that the future management is considered afresh.

Recommendation

1. I recommend a Home Supervision Order for Wesley Phillips. This would provide him with the individual counselling support that we know he can use, in order to address his need to manage himself responsibly as a young person. I would also suggest that he would benefit from attendance at IT Groups in order to give him the experience of developing peer relations and maintaining his self-esteem.

2. I would hope this would also provide support for [REDACTED]
- [REDACTED]

3./

CONFIDENTIAL

Mr K Ritchie

-5-

5 December 1996

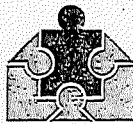
Psychiatric Report on Wesley Phillips (05.02.89) Continued

3. Wesley does not require further psychiatric treatment from the Child and Family Centre, Larkfield.

Yours sincerely

DR ELEANOR KERR
MRC Psych.
Locum Consultant in Child & Adolescent Psychiatry

Copyright (Dr Eleanor Kerr)
Renfrewshire NHS Trust 5 December 1996



SCOTTISH
CHILDREN'S REPORTER
ADMINISTRATION

25
not clear
See on
3-12-96
Ch.

Authority Reporter
Inverclyde
Ritchie Young

If calling please ask for:

15th November 1996

Telephone: Mr Ritchie

Dr K. Leighton
Consultant Psychiatrist
Larkfield Child & Family Unit
Larkfield Road
GREENOCK

7202221

Dear Dr Leighton

Re: Wesley Phillips 40 Brightside Avenue Port Glasgow

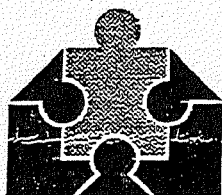
The above named child has been referred to this Department on grounds for referral relating to breach of the peace and outwith parental control.

I would be grateful if you could provide a report to assist me in making the most appropriate decision in this case. If you have any queries, please do not hesitate to contact me at the above number.

Yours sincerely,

Kenneth W.H. Ritchie
Senior Reporter

**Dr. K. Leighton,
Consultant Psychiatrist,
Larkfield Child & Family Unit,
Larkfield Rd.,
GREENOCK.**



SCOTTISH
CHILDREN'S REPORTER
ADMINISTRATION

1/3 Brisbane Street, GREENOCK PA16 8LH

Principal Reporter: Alan Miller

Tel: Direct Line 0475 720221

Fax 01475 724525

If phoning or calling please ask for: Mrs. Janice Naismith

21/11/96

EK/MF/G3542

01475 656088

20 November 1996

CONFIDENTIAL

Ms Shirley Thomson
Social Work Department
Newark House
Scarlow Street
PORT GLASGOW

Dear Ms Thomson

Wesley Phillips, 40 Brightside Avenue, Port Glasgow (05.02.82)

I am writing to advise you that Wesley Phillips did attend for his appointment on 19 November, 1996, along with his parents. Hopefully, we will have had a discussion about the content of the session by telephone, however, I felt concern at [REDACTED] towards Wesley during the interview and found [REDACTED] to be highly critical of Wesley for the whole session. Wesley himself was inappropriate in his use of language towards his parents, however, he terminated the interview by walking out. I am unclear as to the current Social Work supports but feel that as has been indicated in Case Conferences held in our unit in the past that Wesley is a young lad who should be monitored and could well benefit from some individual support in intensive community groups.

As [REDACTED] left stating that they would not be returning here, I am unclear as to whether they wish me to pursue the option of psychometric testing for Wesley that was discussed at one point during the session in order to confirm or exclude a diagnosis of Attention Deficit Disorder. On the basis of the history and observations of him since 1993 in the unit, this diagnosis is very unlikely and I would not wish to hold up any further plans but perhaps you could advise through your current contact with the family as to whether they wish me to pursue this referral.

Yours sincerely

ELEANOR KERR
Locum Consultant in Child & Adolescent Psychiatry

ASCA SURVEY, GROUP WORK, DECEMBER

Form to be completed in discussion with Groupworker(s)

Date Completed:

CLIENT IDENTIFIERS

1. Surname: **PULLIPS**
2. Forename(s): **WESLEY**
3. Sex: **M** F
4. Date of Birth: **5.2.82**
5. Family Home: **40 Berghside Ave P.C.**
6. Current Address: **(if different)**

7. Locality:

Glenhill	Town Centre	Whitcroft	Upper Port	Woodhall	Kelburn	Kilmacom
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SCHOOL

SOCIAL WORK

8. Current School: **PORT CLAYSON H.S.**
9. Class, Year Group: **4th**
10. Guidance Teacher: **CAPBELL**
11. Social Worker:

12. Current Legislation:

39(2)	44(1)(b)	44(1)(b)	44(1)(b)	44(1)(b)	44(1)(b)	Vol	Detained	S.15	S.10	S.12
	Child	Child	Child	Child	Child					
	Con Res	Home								

13. When decided:

14. Source of Referral:

Unknown	Parent/Guardian	Primary/Secondary	Psychol	Social Worker	Referrals	Police
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L.C. D.F.C.

15. Grounds of Referral:

Outwith Control	Carexential Danger	Schedule 1	Sexual Abuse	Tianny	School Behaviour	Offence Misc	Offence Vehicle
Offence Property	Offence Person	Family Issues	Substance Abuse		Maintaining Links in Community		

Re-integration into Community

16. Current Concerns:

17. Anticipated length of contact: **See Attachment CPPOCUNITIES - ATTACHED**
18. Consider appropriate for groupwork: **Give review twice Summer**

(Petition)

WESLEY PHILLIPS

26 August, 1996

Discussion with Mr Orr, Guidance Staff, Port Glasgow High School. Wesley's behaviour has deteriorated. I advised him of Wesley's discharge and no medication. Agreed that re-referral would be indicated if Wesley would attend. Mother should approach GP for re-referral.

KATHERINE M LEIGHTON
Consultant in Child & Adolescent Psychiatry

Department of Education Services

Director: Bernard McLeary

Port Glasgow High School

Head Teacher: Dr N G Lawrie BSc PhD

Marloch Ave, Slaemuir, Port Glasgow, PA14 6PP

Tel (01475) 705921 Fax (01475) 707705

Our Ref MH/ML

Your Ref

Date 11 September 1996

Inverclyde
council

SOCIAL & COMMUNITY DIVISION

Dear Colleague

WESLEY PHILIPS; DOB 5/2/82; 40 BRIGHTSIDE AVENUE, PORT GLASGOW

You are invited to attend a Case Conference, which will be held on Thursday 3 October in Port Glasgow High School. The meeting will take place in the Conference Room at 10.00 am.

Yours sincerely

*send apologies
case discharged (K)*

Margaret Hancock

Dr Margaret Hancock
Assistant Head Teacher

c.c.

Dr N G Lawrie

Head Teacher, Port Glasgow High School

Mr S Beck

Guidance Teacher, Port Glasgow High School

Dr M Hancock

Assistant Head Teacher, Port Glasgow High School

Mrs E Rigg

Educational Psychologist, Highholm Centre,
Highholm Primary, Highholm Avenue, Port Glasgow

Campbell Orr

Home/School Link, Port Glasgow High School

Irene Wilkinson

Inverclyde Council, Social Work Department

Larkfield Children's Centre



EK/MF/G3542

01475 656088

20 November 1996

CONFIDENTIAL

Dr M W Mutch
The Medical Centre
Dubbs Place
PORT GLASGOW

Dear Dr Mutch

Wesley Phillips, 40 Brightside Avenue, Port Glasgow (05.02.82)

Further to your referral of Wesley, I saw him in the company of his parents on 19 November, 1996. Unfortunately, the gradual improvement in his behaviour achieved over the Spring of this year when he attended the Day Unit has waned and he is currently suspended from school. The interview was marked by hostile interactions from everybody within the family and criticisms of past involvement with our services. Unfortunately, Wesley terminated the interview by walking out but the parents required prompting to find him some minutes later.

I understand that Wesley has been referred to the Panel following a police charge recently and I will make contact with the Social Worker and advise her of the current situation.

I have advised the parents that Haloperidol should not be used for behavioural control of Wesley and as his tic is currently not in evidence, I would recommend that this is stopped. Whether or not Wesley does have an intrinsic Attention Deficit Disorder, which is highly unlikely, his future management will require Social Work input.

Yours sincerely

ELEANOR KERR
Locum Consultant in Child & Adolescent Psychiatry

Present both parents and Wesley. [redacted] started the interview with a list of complaints about Wesley's recent behaviour. I attempted to orientate the family to gathering information about the whole of Wesley's situation. He is currently suspended from school. This is his 23rd suspension. [redacted] predicts that when he goes back to school tomorrow, he will be suspended again. Then mentioned that he has recently been involved with the police (I think for stealing) and is going to the Panel. Social Worker, Shirley Thomson from Port Glasgow Office has prepared the Report. Apparently she shares [redacted] view that Wesley suffers from Attention Deficit Disorder. [redacted] expressed criticism of services at the Centre here over the years for not making this diagnosis or helping Wesley's behaviour to change. (Note: Information in case notes from early summer 1996, whilst attending the Day Unit his behaviour had settled both at home and at school). I attempted to discuss this with [redacted] but the focus then shifted to the lack of Social Work support over the summer. They maintain they have not had offers of IT groups etc.

[redacted] and information in the notes rather than forming my own. They wished to discuss diagnosis of ADD. They cited examples of him losing his temper easily and having poor concentration because he can return home from being suspended at school, unable to tell them the reason for his suspension. They described him being aggressive [redacted] I mentioned to them that even if there were an intrinsic attention disorder, the other behaviours would still require management but that I was willing to explore the possibility of him having psychometric testing with the Clinical Psychologist. They initially thought that would be a good idea, then [redacted] repeated [redacted] previous statement that [redacted] for Wesley's behaviour and [redacted] of Wesley exhibiting immature behaviour. [redacted] stated that [redacted] was not seeking medicine for its own sake. [redacted] had, however, told me that they had gone back to the GP for Haloperidol to be prescribed but it calmed him down. [redacted] stated that that was on the school's advice. The tic is no longer a problem. Behaviour has worsened. I have advised them to stop the medication and will write to the GP.

We returned to the subject of behavioural management. [redacted]

[redacted] recently he had to drive the car to the police station because he was kicking him in the back. Wesley didn't challenge his parents on anything; sat with his head down most of the time. When I encouraged him to be included in the conversation he was sulky. Then, without warning, he got up and left with an angry comment. Both parents stayed [redacted] Wesley's behaviour. [redacted]

[redacted] I acknowledged that [redacted] were very angry with him and their perceived lack of support over the years suggested that Social Work should be the agency and they were agreeable to this. The parents required prompting to go down and check on Wesley who had by this time left the unit. I escorted them to the door.

Impression

1. Very poor relationships. No motivation to change in any aspect from anybody observed during this interview.
 2. Unclear as to whether Wesley would attend for psychometric testing.
 3. Degree of concern about physical safety. Will leave message for Shirley Thomson, Social Worker, Port Glasgow Area Office.
- Need a decision from Wesley and the parents as to whether they do wish to have psychometric

* Phoned back, situation discussed as above. RL

testing. (Possibly the best means forward would be Case Conference here, to be attended by Day Unit Staff and Social Worker.)

ELEANOR KERR
Locum Consultant in Child & Adolescent Psychiatry



KML/MF/G3542

01475 656088

26 September 1996

Mr & Mrs Phillips
40 Brightside Avenue
Port Glasgow

Dear Mr & Mrs Phillips

Dr M W Mutch has referred Wesley to this department. As we have a waiting list at present it is likely to be several weeks before an appointment can be offered.

If, in the meantime, the situation becomes more urgent please do not hesitate to contact us.

Yours Sincerely

KATHERINE M LEIGHTON
Consultant in Child & Adolescent Psychiatry

waitf.let

KML/MF/G3542

01475 656088

26 September 1996

CONFIDENTIAL

Dr M W Mutch
The Medical Centre
Dubbs Place
Port Glasgow

Dear Dr Mutch

Wesley Phillips, 40 Brightside Avenue, Port Glasgow,
Date of Birth: 05.02.82

Thank you for referring the above patient. As we have a waiting list at present it is likely to be several weeks before an appointment can be offered to the family.

If, in the meantime, the situation becomes more urgent please do not hesitate to contact us.

Yours Sincerely

KATHERINE M LEIGHTON
Consultant in Child & Adolescent Psychiatry

waitd.let