

006760

C 39 REC. No. K 256

NAME **DEVERS** WINIFRED

PARENTAGE Joseph Mulvaney Devers
 from Devers see Boyle

XM 785

Date of Birth		Place of Birth		Religion	
26-5-60		Linn.		Rb.	

Admitted	C.L.	Cler.	R.	St.K.	AC	B ₀	DISCHARGED	
							DATE	TO
7-8-75					1			
30-9-45					1		28-4-46	Parents

Client Copy

Client Copy

ST. 100

EDINBURGH CORPORATION
SOCIAL WORK DEPARTMENT

Ref. No. K256

Name: DEVERS WINIFRED Date of Birth: 26.5.60

Address: Rosses, Bentin
WOODFIELD

Father: Joseph Malachy Devers Address: 17 Craigmillar Road, Gleslie Ave

Mother: Mona Devers nee Boyle Address: A/A

Brothers and Sisters: Bridget, Dianna

Mary

Mona

Kathleen

Michael

Date received into care: 4.8.45

Summary of Residence of Child

<u>Name and Address</u>	<u>Date</u>	
	<u>B/Out</u>	<u>Discharged</u>
<u>Rosses, Bentin</u>	<u>4.8.45</u>	
<u>26 Woodfield</u>	<u>30.9.45</u>	<u>28.7.76</u> <u>Home</u>

006760

School: _____

Doctor's Name: _____ Tel No. _____

Address: _____

Social Worker: 3) S. Davis

PLEASE DO NOT FOLD THIS CARD
FORM C2

ill age child
Woodpark Road
Woodhall Road
Edinburgh

Record No. *M206*

EDINBURGH CORPORATION

SOCIAL WORK DEPARTMENT—MEDICAL RECORD CARD

This Record Card must accompany the child to the various Children's Homes, and be returned to the Director of Social Work when the child is discharged or boarded-out.

Surname *DEVERES* Christian Names *WINIFRED*
Date of Birth *26.5.60* Place of Birth
Name of Parent/Guardian
Address of Parent/Guardian

BRIEF HISTORY OF CHILD

Birth weight
Feeding to date (where relevant, e.g. infant)
Infectious illnesses, with dates:—
Measles *no* Mumps *no* Other Infectious Diseases
German Measles *no* Chicken Pox *yes*
Whooping Cough *yes* Scarlet Fever *no*
Dysentery *yes* Diphtheria *no*
Other conditions or operations, with dates and hospital attended:—
(1) *Refused D. St. Rodgers Hillbank* (2)
(3) *Sept. 1974* (4)

PROTECTIVE INOCULATIONS:— Please give appropriate dates.

Smallpox Vaccination *N/A*
Combined Diph./Wh.C./Tetanus Immunisation (triple antigen).
(1) *yes* (2) (3) Boosting
B.C.G. Vaccination *yes*
Poliomyelitis Vaccination (state whether oral vaccine or injections given:—
(1) *yes* (2) (3) (4)

DIAGNOSTIC TESTS (give dates):—

Serological Tests (1) (2)
Tuberculin Tests—Initial (1) (2) (3)
Subsequent (1) (2) (3)
Phenylketonuria (1) (2)
X-Ray of Chest

Client Copy

All communications to be addressed to the Director of Social Work SW-A16

LOTHIAN REGION
SOCIAL WORK DEPARTMENT

Your Ref.....
In reply please quote
.....
or ask for.....
Telephone: 031-557-1717

Edinburgh Divisional Headquarters
22-24 Albany Street
Edinburgh EH1 3QB

Date:

Dear Sir/Madam,

THE BOARDING-OUT OF CHILDREN (SCOTLAND) REGULATIONS 1959.

I have to advise you that the undernoted child/ren was/were
placed in
transferred from the care of
removed from
*
to the care of
and returned to
*
on 28.7.66 197

Yours faithfully,

A.H. McROBERT
Divisional Director (Edinburgh)

NAME	SEX	DATE OF BIRTH	RELIGION
<u>.....</u>		<u>.....</u>	

* Delete as appropriate

enclose in Sturdy Glite

Form SW-214

SOCIAL WORK DEPARTMENT
DIVISION OF PUBLIC HEALTH
2271 ALBERT STREET
LOUISVILLE, OHIO 45020

INITIALS) REVISIONS
SUBJECTS

IMMUNIZATION RECORD FROM SOCIAL WORK DEPARTMENT
PHYSICIAN, FOSTER CARE, STATE, HOUSING, AND
MEDICAL DEPARTMENT - BOARDING-OUT CHILDREN

TO

Dr. _____ Please examine the undersigned child, complete this certificate, and return with your account on the stamped addressed envelope enclosed.

The foster-parent has been asked to contact you regarding this examination.

—J. W. HARR—
Director of Social Work

Date: 3/22/55

Name Marjorie Geneva Date of Birth 7-5-60

Foster-Parent Woodhull Foster

Address Woodhull Road, Madison, Kentucky

1. What is general state of child's health? Good

2. State of Nutrition Good

3. Is there, or has there been, any infection of the skin? NO

4. Condition of:-

(1) Eyes Healthy 6/6 6/6

(2) Ears Healthy hears normal

(3) Throat Healthy

(4) Tonsils Healthy

(5) Adenoids Healthy

(6) Teeth Well cared for

5. Is there any evidence of heart or lung disease? NO

6. Does the child suffer from urinary incontinence? NO

7. Are behaviour, speech, and articulation good? Yes

8. Is there any deterioration or improvement in the child's mental and physical health since last examination? NO

9. What infections has the child had since last examination? Ear ache

10. Have boosting doses of diphtheria, whooping cough, tetanus and poliomyelitic vaccine been given?..... If so, when, and for what disease(s)?

11. Is there any clinical evidence of Tuberculosis? NO

12. General observations and recommendations, if any?

Date: 3/24/55

Signature: [Signature]

enclose in child's file

Form SH-414

SOCIAL WORK DEPARTMENT
DIVISION OF CHILDREN AND YOUTH
2200 ALBANY STREET
INDIANAPOLIS, IND. 46204

INITIAL) REGISTRATION
SUBSEQUENT

INDIANAPOLIS COMPONENT OF SOCIAL WORK DEPARTMENT
SIRCUTINIA HOUSE, 2200 ALBANY STREET, INDIANAPOLIS, IND. 46204
MEDICAL CERTIFICATION - REARDED-CUP OR (BORN)

TO

Dr. _____ Please examine the undermentioned child, complete this certificate, and return with your account in the stamped addressed envelope enclosed.

The foster-parent has been asked to contact you regarding this examination.

---DATE---
Director of Social Work

Date: 3/10/75

Set 43

Name Harriet Seena Date of Birth 7.3.61

Foster-Parent Wendell Hester

Address Woodwell Road, Millington, Kentucky

1. What is general state of child's health? Good
2. State of nutrition Good
3. Is there, or has there been, any infection of the skin? NO
4. Condition of:-
 - (1) Eyes Healthy b/lc b/ro
 - (2) Ears Healthy - hearing normal
 - (3) Throat Healthy
 - (4) Tonsils Healthy
 - (5) Adenoids Healthy
 - (6) Teeth Well cared for
5. Is there any evidence of heart or lung disease? NO
6. Does the child suffer from urinary incontinence? NO
7. Are behaviour, speech, and articulation good? Yes
8. Is there any deterioration or improvement in the child's mental and physical health since last examination? NO
9. What infections has the child had since last examination? Ear ache
10. Have boosting doses of diphtheria, whooping cough, tetanus and poliomyelitis vaccine been given? If so, when, and for what disease(s)?
11. Is there any clinical evidence of Tuberculosis? NO
12. General observations and recommendations, if any?

Date: 18/4/75

Signature: [Signature]

Lothian Regional Department of Social Work

182, Greendykes Rd.,
Edinburgh EH16 4BQ.

James G. Gardner
Director

Telephone: 669 1257

Our ref: C/SED/PN

Your ref:

Date: 20.10.75

Name: S.E. Davies

Ext. No:

MEMO TO:

Mr. Johnson,
Fostering Section,
Albany Street.

re: Winifred Devers, aged 15 years.
17 Craigmillar Castle Avenue

Winifred was admitted to Woodfield Hostel on 30.9.75. Please could an Initial Clothing Grant be provided for the following articles:-

1 coat 1 pr. shoes
1 pr. trousers 1 pr. slippers
1 jumper
1 cardigan
1 blouse
underwear.

S.E. Davies
S.E. DAVIES - Social Worker
Senior Social Worker.

S. Rankin

24/10/75
Advised to contact Woodfield
Get them to purchase &
clothes

All correspondence should be addressed to 'The Director'

EDINBURGH CORPORATION SOCIAL WORK DEPARTMENT
CHANGE OF CIRCUMSTANCES AND INFORMATION

Form SW-A25

ev
R.A.
11 AX
e
pX
44.6

From: Craigmillan Office

To: RECORDS SECTION (HEADQUARTERS)

*Area Office.....

*Home/Unit.....

*(delete as appropriate)

SURNAME DEVERS	FORENAMES WINIFRED EIREEN	SEX F	DATE OF BIRTH 26 5 60
-------------------	------------------------------	----------	--------------------------

LAST RECORDED ADDRESS ASSESSMENT CENTRE	CASE No. SR 1687
--	---------------------

CURRENT ADDRESS (if different from above) WOODFIELD HOSTEL 56, WOODHALL RD, EDINBURGH	SCHOOL/OCCUPATION CASTLE PRAE
---	----------------------------------

- (a) CHILDREN**
- Adoption Notification Received
- Adoption Order Granted
- * Change in employment/wages
- Change in Section of Act
- * Change of School/Doctor
- * Commence/Cease Payment
- Medical Information
- * Reception into/Discharge from Care
- Special Payments
- * Support Provided/ended under Sec. 24/26
- Transfer of Placement
- (b) PROBATION, SUPERVISION, AFTER CARE**
- * Admitted to/Discharged from
- Order Made
- * Order Varied/Ceased-
- (c) ELDERLY**
- * Addition to/Deletion from Waiting List
- * Admission into/Discharge from Residential accommodation (including holidays)
- Change of Placement
- (d) MENTAL HEALTH**
- * Admission into/Discharge from:
 - (a) Hospital for Mentally Disordered
 - (b) Residential Accommodation (including holidays)
 - (c) Guardianship
 - (d) Informal Supervision
- Change of Hospital
- (e) PHYSICALLY HANDICAPPED**
- * Admission into/Discharge from:
 - (a) Care
 - (b) Residential Accommodation (including holidays)
- * Aid/Adaptation Authorised
- (f) GENERAL**
- Change of Address
- Change of Name
- Change of Social Worker
- Death
- Holiday placement other than above
- Marriage
- Transferred to other Area Team
- Other Local Authority acting on our behalf
- Discharged to other Local Authority

DETAILS OF INFORMATION
(including date of change)

From Assessment centre to Woodfield hostel 30.9.75

From Miss A. Ward to Miss S. Davies 9.10.75

RECORDED Am Young DATE..... SIGNATURE S. Davies
PP Alea Clark J Social Worker

Enter where applicable

Wimber Davis

Wimber Davis

Client Copy

All communications to be addressed to the Director of Social Work SW-A16

LOTHIAN REGION
SOCIAL WORK DEPARTMENT

Your Ref. EDUCATION
In reply please quote
... REF. 20 ...
or ask for EDUCATION
Telephone: 031-557-1717

Edinburgh Divisional Headquarters
22-24 Albany Street
Edinburgh EH1 3QB

Date: 3 10 75

Dear Sir/Madam,

THE BOARDING-OUT OF CHILDREN (SCOTLAND) REGULATIONS 1959.

I have to advise you that the undernoted child/pen was/were
placed in
transferred from the care of Assessment Centre
removed from
*
to the care of Woodfield Hostel
and returned to
*
on 30.9.1975

Yours faithfully,

Jean Craig
for
A.H. McROBERT
Divisional Director (Edinburgh)

NAME	SEX	DATE OF BIRTH	RELIGION
<u>Wendy Dewart</u>	F	26.5.60	RC

* Delete as appropriate



EDINBURGH CORPORATION

SOCIAL WORK DEPARTMENT

Application for Reception into Care (Children)

THE PARENT'S DECLARATION AT THE END MUST BE SIGNED AND ON ADDITIONAL FORMS IF NECESSARY

R1C1

Child's surname DEVERS		Forename(s) WINIFRED		Sex F	C.P. No. SR 1687 Lot P. K 256.
Also known as		Address on admission 17 CRAIGHILLAR CASTLE AVE			
Date of birth 26/5/60	Place of birth EDINBURGH	Legitimate Illegitimate Extra-marital	Religion R.C.	Date and place of baptism ST PATRICKS 1960	
Previous residence(s) during past year AS ABOVE.				Child's doctor DR McLEAN MACKENZIE HOUSE	
Nursery/School/employment		Placement details			
CASTLE BRAE		Address of placement ASSESSMENT CENTRE HOWDENHALL RD		Section SECTION 44 (A)	Admission date 4.8.75 14/7/75
Mother's surname DEVERS	Forename(s) NORA		Date of Birth 26/3/30	Occupation	
Nec BOYLE	Known as		Custody YES/NO	Date and place of marriage ST PATRICKS 1955	
Present address 17 CRAIGHILLAR CASTLE AVE			Tel:	Marital Status M	Details of separation or divorce
Previous address NOT KNOWN			Religion R/C		
Father's surname DEVERS	Forename(s) JOSEPH MALACKY		Date of Birth 23/11/30	Occupation	
Present address 17 CRAIGHILLAR CASTLE AVE			Tel:	Marital Status M	Details of separation or divorce
Previous address NOT KNOWN			Religion R/C		

Total number of children in family 7	Address and telephone number of close relatives or emergency contact MRS N DEVERS 17 CRAIGHILLAR CASTLE AVE
---	---

Any other children in family *RY*

Surname	Forename(s)	Date of birth	Address (state if in care)
DEVERS	WINIFRED	26/5/60	AWAY FROM HOME
"	MARY	18/11/55	LIVING AT HOME
"	JOHN	25/11/57	" " "
"	ANTHONY	21/11/58	" " "
"	MICHAEL	26/11/60	ST JOSEPH INFAN SCHOOL
"	STEPHEN	11/11/61	" " "

Child's surname		Forename(s)		Sex	C.P. No.
Also known as		Address on admission			
Date of birth	Place of birth	Legitimate Illegitimate Extra-marital	Religion	Date and place of baptism	
Previous residence(s) during past year				Child's doctor	
Nursery/School/employment		Placement details			
		Address of placement		Section	Admission date

If different from Page 1			
Mother's surname	Forename(s)	Date of Birth	Occupation
Nee	Known as	Custody YES/NO	Date and place of marriage
Present address		Tel:	Marital Status
Previous address		Religion	
Details of separation or divorce			
Father's surname	Forename(s)	Date of Birth	Occupation
Present address		Tel:	Marital Status
Previous address		Religion	
Details of separation or divorce			

PARENT'S DECLARATION AND AGREEMENT

- I declare that the information I have given is correct.
- I understand that I may be obliged to contribute towards my child's/children's maintenance while in the care of the Corporation.
- I understand that I must inform the Director of Social Work of any change in my financial circumstances or address.

Parent/Guardian *Maria D. ...*
 Date *21/7/75*
 Witness *John ...*
 Designation *...*
 Date *21/7/75*

FOR OFFICE USE ONLY

Authorised by Area Officer <i>A. ...</i>	Area <i>3</i>	Allocated to <i>Miss ...</i>	Source of Referral <i>Children Hearing 17th July 75</i>
			Reason for admission <i>...</i>

13/8/75

69

Miss Bruy.

K. 256. Winifred Jevens. 26.5.60.

Placed in Assessment Centre.

on. 4-8.75

s/w Miss Ward A/3.

K. Young
J.

Client Copy

Please return
before sending to
Woodfield

Client Copy

Woodfield,
56 Woodhall Road, K25G
EDINBURGH.

FORM OF AGREEMENT WITH SOCIAL WORK
DEPARTMENT ON ADMISSION TO WOODFIELD

1. Name and official address of Social Work Department by whom the child is sent to Woodfield .GRATAMILLAR SOCIAL SERVICES DEPT.
182 GARDENHOLM RD. EDINBURGH
2. Name of the child .WINIFRED E. GREEN DEVERES.
3. Date of Birth ..26.5.60.....
4. Home address of child .17 GRAMMILLAR CASTLE AVENUE
5. Name and address of Parent or Legal Guardian ..AS ABOVE.....
.....

THE FOLLOWING CONDITIONS SHALL APPLY:

1. The Social Work Department shall pay quarterly in advance on 1st January, 1st April, 1st July and 1st October, such charges as may be fixed by the Advisory Committee of Woodfield - the present fee is £ per week. The Social Work Department shall also reimburse Woodfield for all outlays necessarily incurred during the previous quarter (e.g. fares home, educational course fees, holiday expenses - travel and board, school activity expenses, clothing as outlined in Clause 4 of this Agreement, etc.)
2. The Social Work Department shall be prepared on the recommendation of the Advisory Committee to remove from Woodfield a child whose needs are not being appropriately met there.
3. Three months' notice shall be given by the Social Work Department in the event of the child being removed from Woodfield unless such removal has been recommended by the Staff.
4. The Social Work Department shall ensure that the child is provided with appropriate clothing and footwear, etc., and that the necessary replacements and repairs are made. Should the child come to Woodfield without sufficient clothing the Housemother is authorised to spend up to a maximum amount of £ to make good the deficiencies. The Housemother will also purchase school uniform where required and charge the amount to the Social Work Department.

X Signature X
Divisional Director of
Social Work

Date

Woodfield, 56 Woodhall Rd., Edinburgh, EH13 0PD

ADMISSION FORM

CHILD

Full name: WINNIFRED EIREEN DEVERS

Date of birth: 26.5.60

Place of birth: ELISE INKLES HOSPITAL, EDINBURGH

Religion: CATHOLIC.

Date and place of baptism: 9.6.60, ST. PATRICKS CANONGATE

Home address: 17, CRAIGMILLAR CASTLE AVENUE

Address from which admitted: ASSESSMENT CENTRE, HOWDENHALL RD.

RESPONSIBLE AUTHORITY

Reason for care: 441(B)
section of Social Work (Scotland) Act:

Date and particulars of Hearing or Court and resolution: 7.8.75. TO RESIDE AT ASSESSMENT CENTRE UNTIL VACANCY AT WOODFIELDS HOSTEL.

PARENTS OR GUARDIAN

Name of father: MALACKY JOSEPH DEVEREUX Address: 17, CRAIGMILLAR CASTLE AVENUE

Name of mother: NORA PATRICIA MARIE Address: AS ABOVE.

Religion: father. CATHOLIC mother. CATHOLIC

TO BE BROUGHT WITH CHILD:

Medical card

Birth certificate

Baptismal certificate (if available)

F.F.I. certificate

Parental consent for operative treatment

Signed..... *S.E. Davies*.....
(Social Worker)

Date....10.10.75.

I agree to my child having such medical, surgical or dental treatment, including the administration of a general anaesthetic, as may be considered necessary by any registered medical or dental practitioner whose advice is sought.

Date...10-10-75.....

Signed..... *Nora Davies*.....
(Parent or Guardian)



EDINBURGH CORPORATION
 CHILDREN'S HEARINGS CENTRE
 1/3 Howden Street, Edinburgh EH8 9HH
 Tel. 031-667 7448

AC
 Pink—School Copy
 Others—C. & P. Section
 Records—Green
 A.O.—Yellow
 File—Green

NOTIFICATION OF CHILDREN'S HEARING DECISION
 REVIEW OF SUPERVISION REQUIREMENT

Name and Address Winfred Doves 17 Craigmillar Castle Avenue Edinburgh	Date of Birth 25.5.60
Residence prior to Review	Date of Review 7.3.75
School Castlemore	Class
DISPOSAL	
Supervision Requirement terminated	
Supervision Requirement continued	
Supervision Requirement varied (specify)	✓
Continuation	
PLACE OF RESIDENCE (if different from above)	With effect from

H6A

Client Copy



EDINBURGH CORPORATION
SOCIAL WORK DEPARTMENT

AUTHORITY FOR MEDICAL OR
SURGICAL TREATMENT

Child's Surname	C.P. No.	Home Address
W DEVERS	SR 1687	17 CRAIGHILLAR CASTLE AVE
Forenames	Date of Birth	Name and Address of G.P.
WINIFRED	26/5/60	DR MCLEATH MACKENZIE HOUSE

PARENT'S AGREEMENT

I hereby give my consent to vaccination against poliomyelitis, tuberculosis, diphtheria, whooping cough and tetanus, or any other disease and to any treatment, injection or operative measure, including the administration of an anaesthetic considered necessary by a registered medical practitioner, or dental surgeon.

SIGNATURES		Date
PARENT/GUARDIAN <i>Mona Devers</i>	WITNESS <i>Ann Marie Ward</i> (Social Worker)	17/7/78

RIC4



EDINBURGH CORPORATION
SOCIAL WORK DEPARTMENT

MEDICAL INFORMATION AT APPLICATION

C.P. No. SR 1687	Child's Surname DEVERS	Forenames WINIFRED	Date of Birth 26/5/60
---------------------	---------------------------	-----------------------	--------------------------

PREVIOUS INFECTIONS—Indicate YES or NO or NOT KNOWN. If YES give the date.

Measles	YES NO	Chicken Pox	YES
German Measles	YES NO	Scarlet Fever	NO
Whooping Cough	YES	Diphtheria	NO
Mumps	NO	Other—Specify	/
Dysentery	NO YES		

COMPLETED INOCULATIONS—Indicate YES or NO. If YES give the date.

Smallpox	NOT KNOWN	Polio	YES
Triple Antigen—diphtheria, whooping cough, tetanus	YES	Measles	NO
B.C.G.	YES	Other—Specify (e.g. German Measles)	

If the child has had any operations indicate when, where and for what.

NO

If any special diet is required please specify (e.g. diabetic).

NO

PSYCHOLOGICAL INFORMATION

If the child has attended a Child Guidance Clinic indicate when and where.

Referred to DR Rodgers Hillbank when in Assessment Centre in NOVEMBER '74

Other psychological episodes—specify.

PARENT'S DECLARATION

I declare that the information given is correct.

SIGNATURE *Mara Devers* DATE *21/7/75*

RIC2

Please collect National Health Card.

REC. No. K256

REVIEW MEMO.

NAME	DEVERS	NUMBER	26.5.60		

Client Copy

Client ID: 8304892 **Client Name:** Devers, Winifred **Gender:** Female

Address: Ft18, 5 Salamander Court, South Leith, Edinburgh, City Of Edinburgh, EH6 7H **D.O.B.:** 26-MAY-1960

Key Team:

Key Worker:

Note Type: CC IIT
Communication

Headline: No communication from Winifred - letter sent

Event Date: 29-MAY-20

Note:

Due Date:

No communication received from Winifred - agreed with SSW L Elliott to send letter asking for Winifred to contact SCD should she still require assistance. Phone numbers for SWF, FHS and the advice shop also included in the letter should Winifred wish to request any assistance with her finances or benefits.

Start Time: 14:50

End Time:

Outcome:

Created By:

Agreed with L Elliott to close at this time and can reopen should Winifred make contact.

Created On: 29 MAY 2020

Has Filled Questionnaire:

Significant Event:

Note Type: CC IIT
Communication

Headline: Attempted contact to winifred

Event Date: 27-MAY-20

Note:

Due Date:

Attempted contact to Winifred to ask outcome of contact to SWF - voicemail left requesting call back to CCA

Start Time: 11:05

End Time:

Outcome:

Created By:

Created On: 27 MAY 2020

Has Filled Questionnaire:

Significant Event:

Client ID: 8304892 **Client Name:** Devers, Winifred **Gender:** Female

Address: Ft18, 5 Salamander Court, South Leith, Edinburgh, City Of Edinburgh, EH6 7H **D.O.B.:** 26-MAY-1960

Key Team:

Key Worker:

Note Type: CC IIT
Communication

Headline: T/C to Winifred

Event Date: 26-MAY-20

Note:

Due Date:

T/C to Winifred - reports she was not able to get through to SWF yesterday regarding a crisis grant. Winifred reports she is due to be paid at the end of the month but will struggle between now and then with funds and her electricity ran out this morning. Winifred has tried to contact energy company but was unable to get through. CCA encouraged Winifred to contact SWF and call back with the result of that call. Other options could be explored if this is unsuccessful to ensure Winifred has electricity and essentials available to her until she gets paid.

Start Time: 13:45

End Time:

Outcome:

Created By:

Created On: 26 MAY 2020

Has Filled Questionnaire:

Significant Event:

Note Type: CC IIT
Communication

Headline: T/C received from Winifred

Event Date: 25-MAY-20

Note:

Due Date:

T/C received from Winifred. Reports that she had been on the phone to SWF regarding a crisis grant when she was cut off - CCA encouraged Winifred to phone back to SWF to discuss a crisis grant and then call back to CCA with the result of this phone call.

Start Time: 11:00

End Time:

Outcome:

Winifred reports that she is still working (weekends only due to injuries) at a care home and is in receipt of benefits - which is a long standing claim - however due to reduced hours at work Winifred is struggling to meet her needs with the income she is receiving.

Created By: Louise Hallsworth
(Cc Ne Hub
Response)

Created On: 25 MAY 2020

CCA to await contact from Winifred regarding outcome of request to SWF - if no contact made CCA to contact Winifred 26/5/20 for update.

Has Filled Questionnaire:

Significant Event:

Client ID: 8304892 **Client Name:** Devers, Winifred **Gender:** Female

Address: Ft18, 5 Salamander Court, South Leith, Edinburgh, City Of Edinburgh, EH6 7H **D.O.B.:** 26-MAY-1960

Key Team:

Key Worker:

Note Type: CC IIT
Communication

Headline: Attempted contact to Winifred re contact to SCD

Event Date: 25-MAY-20

Note:

Voicemail left requesting call back to CCA to discuss needs and options for assistance.

Due Date:

Start Time: 10:15

End Time:

Outcome:

Created By: Louise Hallsworth
(Cc Ne Hub
Response)

Created On: 25 MAY 2020

Has Filled Questionnaire:

Significant Event:

Note Type: CC Screening
Decision

Headline: NE Locality Screening Decision

Event Date: 25-MAY-20

Note:

- Task allocated to Louise Hallsworth to follow up with Winifred in relation to her enquiry about food parcels.

Due Date:

Start Time: 09:50

End Time:

Outcome:

Created By: Laura Elliott (Cc
Ne Cluster East)

Created On: 25 MAY 2020

Has Filled Questionnaire:

Significant Event:

Client ID: 8304892 **Client Name:** Devers, Winifred **Gender:** Female

Address: Ft18, 5 Salamander Court, South Leith, Edinburgh, City Of Edinburgh, EH6 7H **D.O.B.:** 26-MAY-1960

Key Team:

Key Worker:

Note Type: Communication - Carers/family/other **Headline:** T/C from Winifred Devers 07500 486 601 Re; Food Package

Event Date: 22-MAY-20 **Note:**

Due Date: 16:11

Start Time: 16:16 T/C from Winifred Devers 07500 486 601 Re; Food Package

End Time:

Outcome: Winifred states that she is looking for assistance with food and was advised about the food parcels you can receive

Created By: Winifred states that she works in a care home but is working less due to injuries and has now run out of means to purchase any amenities and food

Created On: 22 MAY 2020

Has Filled Questionnaire: Advised EHC will contact when possible

Significant Event: W/F ¿ EHC

Note Type: WR Case Closure **Headline:** No further contact

Event Date: 26-MAR-19 **Note:**

Due Date: Client hasn't contacted regarding benefits so I assume doesn't require further help.

Start Time:

End Time:

Outcome:

Created By:

Created On: 26 MAR 2019

Has Filled Questionnaire:

Significant Event:

Client ID: 8304892 **Client Name:** Devers, Winifred **Gender:** Female

Address: Ft18, 5 Salamander Court, South Leith, Edinburgh, City Of Edinburgh, EH6 7H **D.O.B.:** 26-MAY-1960

Key Team:
Key Worker:

Note Type: WR Case Recording Event Date: 15-MAY-18 Due Date: Start Time: 00:00 End Time: 00:20 Outcome: Created By: Created On: 15 MAY 2018 Has Filled Questionnaire: Significant Event:	Headline: T/C client Note: Phoned client - she has been getting U/C on basis of sickness, top up to SSP. Last month found not to have LCW and has put in MR, waiting for result. Has attended JC once since then, not required to attend and do more job search until June, hopefully MR will be completed by then. Advised her that multiple deductions are being made, she agreed this is why U/C payments are so low. Advised her not much we can do on benefits until received result of MR when we can appeal. She is still employed, about to have OT assessment from the employer soon, she agreed to keep copy of it for use at appeal if necessary. Agreed she will contact me ASAP when gets result so we can do appeal if required.
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Note Type: WR Case Recording Event Date: 15-MAY-18 Due Date: Start Time: 00:00 End Time: 00:20 Outcome: Created By: Julie Stuart (Cc Welfare Rights) Created On: 15 MAY 2018 Has Filled Questionnaire: Significant Event:	Headline: Referral received from Leith Mount Surgery Note: Referral received from Dr Hornibrook at Leith Mount Surgery saying client has been told to stop submitting Med 3 forms. From piecing together benefit history from Comino I think it likely that either 1) client now been assessed for LCW and failed, needs to look for work 2) client has recently been assessed for LCW and found to be fit for work related activity. I would need to phone with client present in order to find out. It also looks as if SSP ending this month, client may need some help sorting that out. I checked and client allocated to Lee Kilgallon from money advice team. He returned to his desk having been speaking to client - she is aware SSP ending and can cope with that but very unclear re LCW. Tried to phone client, straight to voicemail, left message saying I would try to phone again later today.
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Client ID: 8304892 **Client Name:** Devers, Winifred **Gender:** Female

Address: Ft18, 5 Salamander Court, South Leith, Edinburgh, City Of Edinburgh, EH6 7H **D.O.B.:** 26-MAY-1960

Key Team:

Key Worker:

Note Type: WR Info Received at Contact Centre **Headline:** t/call

Event Date: 09-MAY-18 **Note:**

Due Date: Winifred called for assistance with application for SWF Crisis Grant online

Start Time: 11:45 I made application with Winifred giving me details ref: 10582981MMnjKb

End Time: 12:30 This is her third application and last one was less than 28 days.

Outcome: I gave her a note of reference number

Created By: Whilst on the phone Winifred received ESA refusal decision. I gave drop-in details and advised to attend no later than start time and to bring decision letter.

Created On: 09 MAY 2018 Winifred stated that she has meeting with UC on 11th May, advised to ask about JSA payments, not to state that she is not fit for any work but is limited as to what she can do while she is appealing capability for work component of UC.

Has Filled Questionnaire:

Significant Event:

Note Type: WR Case Recording **Headline:** dhp

Event Date: 02-MAY-18 **Note:**

Due Date: Was dealing with debt pack client has returned and as part of this I checked Comino and saw that client had sent Revs and Bens the DHP form I had posted to her and she was awarded £62.81 per month Sept to March 2017 and £63.96 per month April 2017 to March 2018.

Start Time: 15:50

End Time: 15:55

Outcome:

Created By:

Created On: 02 MAY 2018

Has Filled Questionnaire:

Significant Event:

Client ID: 8304892 **Client Name:** Devers, Winifred **Gender:** Female
Address: Ft18, 5 Salamander Court, South Leith, Edinburgh, City Of Edinburgh, EH6 7H **D.O.B.:** 26-MAY-1960
Key Team: **Key Worker:**

Note Type: WR Case Recording **Headline:** Debt pack returned
Event Date: 03-APR-18 **Note:**
Due Date: Client at front desk with envelope that sounds like debt pack although client unclear what it is and where needs to go.
Start Time: 00:00 Agreed I will discuss with AS and pass to debt team or him whichever more appropriate.
End Time: 00:05
Outcome:
Created By:
Created On: 03 APR 2018
Has Filled Questionnaire:
Significant Event:

Client ID: 8304892 **Client Name:** Devers, Winifred **Gender:** Female
Address: Ft18, 5 Salamander Court, South Leith, Edinburgh, City Of Edinburgh, EH6 7H **D.O.B.:** 26-MAY-1960
Key Team: **Key Worker:**

Note Type: WR Interview

Headline: UC

Event Date: 28-MAR-18

Note:

Due Date:

Start Time:

End Time:

Outcome:

Created By:

The client attended with a support worker, Heather from Your Home Service. The client has rent arrears of about £15,000 in total, £8,000 Council Tax, Rent arrears £6,000 and £1000 for legal aid. She has deductions from her UC for STA £21.36, CT £15.89, Lanlord's rent DP £385.85, DWP OP £4.77 and TC OP £4.76 per month. The client has been taken to court by her HA and the hearing was adjourned by the Sherrif so the client could obtain benefit and debt advice.

Created On: 28 MAR 2018

Has Filled Questionnaire:

Significant Event:

She is receiving SSP{ at the moment and a payment after duduptions of £12.10 per month from UC. MOst of the RA built up prior to her UC claim. She has received a backdated DHP which has reduced the RA from £7000 to just over £6000.

Called UC and they said the STA has 3 more payments to go. Gave client debt pack, she has a hearing at the court on 6th April. The client's support worker said she would help complete the DP and get it back to us this week.

NFAR

Client ID: 8304892 **Client Name:** Devers, Winifred **Gender:** Female

Address: Ft18, 5 Salamander Court, South Leith, Edinburgh, City Of Edinburgh, EH6 7H **D.O.B.:** 26-MAY-1960

Key Team:

Key Worker:

Note Type: WR Info Received at Contact Centre

Headline: tcall from support worker

Event Date: 22-MAR-18

Note:

Due Date:

Heather MacDonald (07377088746), support worker called. Wanted to double check date/time of appt as client has forgotten. Confirmed it is 28/03/2018 at 1pm.

Start Time: 11:50

End Time: 11:55

Outcome:

Created By:

Created On: 22 MAR 2018

Has Filled Questionnaire:

Significant Event:

Note Type: WR Info Received at Contact Centre

Headline: tcall from client

Event Date: 12-MAR-18

Note:

Due Date:

Client called.

Start Time: 10:10

Looking for assistance with UC.

End Time: 10:20

She is on SSP - has been off work sick since September 2017.

Outcome:

She rents from a housing association and is around £7000 in arrears.

Created By:

She was at court last week for her rent arrears and the judge has allowed a continuation until 23/04/2018 to allow client time to seek benefits advise and submit claim for DHP.

Created On: 12 MAR 2018

Has Filled Questionnaire:

Significant Event:

I have posted DHP form to client and advised her to complete the income and expenditure fully and think as much as she can about what money she has going out. Client will complete and post of DHP form as soon as possible.

Client states that she is currently getting around £10 per month UC and believes this is wrong and would like to see someone to go over this.

I have booked 60 mins IAO appt for 28/03/2018 at 1pm. Client will bring in proof of income.

Client ID: 8304892 **Client Name:** Devers, Winifred **Gender:** Female

Address: Ft18, 5 Salamander Court, South Leith, Edinburgh, City Of Edinburgh, EH6 7H **D.O.B.:** 26-MAY-1960

Key Team:

Key Worker:

Note Type: WR Info Received
at Contact Centre

Headline: t/call from client

Event Date: 14-JUN-17

Note:

Due Date:

Winifred called for advice about her UC.

Start Time: 00:00

She is normally contracted for 13.4 hrs a week but doing 24 hrs at present to cover colleagues leave.

End Time: 00:20

Winifred has not been paid any UC this month and feels that they have miscalculated her income which she stated she updates them with.

Outcome:

I advised her to attend drop-in and gave details.

Created By:

I asked her to bring payslips or details of income and any letters from UC for the periods she wishes to query.

Created On: 14 JUN 2017

Has Filled Questionnaire:

Significant Event:

Client Copy