*“When you plan to refer a child for residential child care services, you should bear in mind, first of all, that you are making a* ***very important decision*** *in child care on behalf of the child and the family* ***because the potential out-of-home placement will affect them for the rest of their lives****.”*

*Quoted from Central Referral System for Residential Child Care Services (CRSRC)*

*Manual of Procedures (Revised October 1998), Social Welfare Department*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Date)

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(referral worker),

Thank you for referring your client to Residential Child Care Services (RCCS).

You are kindly requested to fill in the attached “**Supplementary Information for Referral for Placement in RCCS**”, developed jointly[[1]](#footnote-1) by RCCS operators and introduced on 3 August 2020.

By filling in this form, you are providing **vital information about your client which would help us assess the suitability of the applied service and develop the initial care plan as appropriate**. While the form is meant to be comprehensive to serve its purpose, it is surely understandable that you may not have all the information now. **Please try to complete the form to the best of your knowledge and take note of the information gaps.** We would be happy to address those unknown areas together during intake or at later stages of our collaborative care of your client, as appropriate.

It would be most appreciated if you could return the completed form to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (service unit receiving the referral) by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date).

Yours sincerely,

|  |  |
| --- | --- |
| N.B. Please provide feedback to the “**Supplementary Information for Referral for Placement in RCCS**” at: | A picture containing drawing  Description automatically generated |

Residential Child Care Services Network

**Supplementary Information for**

**Referral for Placement in Residential Child Care Services**

*Note:*

*1. Please fill in as much information as possible and put down “unknown” or “N.A.” as appropriate.*

*2. \*delete as appropriate*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***A.*** | ***Basic information of the child*** | |  |  |
| **1.** | **Age:** |  | | |
| **2.** | **Ethnicity:** | Chinese  Indonesian  Filipino  Indian  Pakistani  Nepalese  Thai  Other Asian  White  Mixed/ Others\* (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | |
| **3.** | **Primary language:** | Cantonese  Mandarin  Others (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | |
| **4.** | **Other language(s):** |  | | |
| **5.** | **Religion:** | Christianity  Islam  Hinduism  Buddhism  Others (pl. specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **6.** | **Statutory supervision/ status:** |  | | | |  |  | |
| a. | Care or Protection Order | Yes (Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  No  In process  Unknown | | | | | | |
| b. | Wardship orders | Yes (Ward of court/ DSW ward\*[[2]](#footnote-2))  No  In process  Unknown | | | | | | |
| c. | Police Superintendent Discretionary Scheme | Yes (Offence:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  No  In process  Unknown | | | | | | |
| d. | Probation Order | Yes (Offence:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  No  In process  Unknown | | | | | | |
| e. | Other (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | | Yes | No | Pending application | | |
| f. | On Child Protection Register | Yes (Please provide details in Part B. (II) Q7) | | | | | | No |
|  | | | | | | | | |
| **7.** | **Is the child's and sibling’s (if sibling placements are required) developmental, health, emotional and behavioral conditions suitable for care in the chosen setting(s)?** | | | | | Yes | | No |
|  |  | | | | |  | |  |
| ***B.*** | ***Case details*** | | | | |  | |  |
| **(I)** | **Family Background** | |  | | |  | | |
|  |  | |  | | |  | | |
|  |  | | Father | | | Mother | | |
| **1.** | **Are the birth parents permanent residents of HK?** | | Yes  No | | | Yes  No | | |
|  |  | | Unknown | | | Unknown | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2.** | **Family health history:** | | | | | | | | |  | | |  | | |
|  |  | | Birth Father | | | | | Birth Mother | | | Other key carer:  \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Other key carer:  \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| a. | Physical health issues | | Yes  No  Suspected  Unknown | | | | | Yes  No  Suspected  Unknown | | | Yes  No  Suspected  Unknown | | | | Yes  No  Suspected  Unknown |
| b. | Mental health issues | | Yes  No  Suspected  Unknown | | | | | Yes  No  Suspected  Unknown | | | Yes  No  Suspected  Unknown | | | | Yes  No  Suspected  Unknown |
| c. | Cognitive issues/ learning difficulties | | Yes  No  Suspected  Unknown | | | | | Yes  No  Suspected  Unknown | | | Yes  No  Suspected  Unknown | | | | Yes  No  Suspected  Unknown |
| d. | Others (please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | Yes  No  Suspected  Unknown | | | | | Yes  No  Suspected  Unknown | | | Yes  No  Suspected  Unknown | | | | Yes  No  Suspected  Unknown |
|  | Please elaborate on all items answered “yes” or “suspected” above, or list any supplementary info as needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
| **3.** | **Financial difficulties: (may tick more than one box)** | | | | | | | | | | | | | | |
|  | * On CSSA   (Field unit:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)   * Low family income * Unstable income | | | | * Unemployment of father/ mother * Need financial support from: \_\_\_\_\_\_\_\_\_\_\_\_\_ * Others:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| **4.** | **Parents' relationship:** | | | | | | | | | | | | | | |
|  | The information provided below concerns: birth/ step/ unmarried\* parents Not applicable, because: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unknown | | | | | | | | | | | | | | |
| a. | Support vs. conflict | | | | | | | | | | | | | | |
|  | Support | * High | | | | | * Average | | | | | | | * Low | |
|  | Conflict | * High | | | | | * Average | | | | | | | * Low | |
|  |  | | | | | | | | | | | | | | |
| b. | Other marital issues: *(may tick more than one box)* | | | | | | | | | | | | | | |
|  | * Having extra-marital affairs * Frequent quarrels/ fights (reason: finance/ parenting/ in-law/ household issue/ others:\_\_\_\_\_\_\_\_\_\_\_) * Others:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Nil | | | | | | | | | | | | | | |
| c. | Supplementary information on parents’ relationship, if any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
| **5.** | **Parenting / childcare:** | | | | | | | | | | | | | | |
| a. | Main carer of child: *(tick one only and \*delete as appropriate)*   * + Birth mother/ father\*   + Step mother/ father\*   + Grandma/ grandpa\*   + Out of home placement (please specify placement type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)   + Adoptive mother/ father\*   + Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
| b. | Main carer needs support over: *(may tick more than one)* | | | | | | | | | | | | | | |
|  | * + understanding of child’s/ adolescent’s development   + provision of basic care   + ensuring child’s safety   + provision of appropriate stimulation to support child’s development | | | | | | * affective skills * instructive skills * boundary/ rule setting skills * family management skills (e.g. maintaining routines, organizing chores, financial management, etc.) * Others:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Not applicable | | | | | | | | |
| c. | Other carer(s) (please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_) needs support over: *(may tick more than one)* | | | | | | | | | | | | | | |
|  | * + understanding of child’s/ adolescent’s development   + provision of basic care   + ensuring child’s safety   + provision of appropriate stimulation to support child’s development | | | | | | * affective skills * instructive skills * boundary/ rule setting skills * family management skills (e.g. maintaining routines, organizing chores, financial management, etc.) * Others:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Not applicable | | | | | | | | |
|  | Supplementary information on parenting/ childcare, if any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
| **6.** | **Relationship between main carer (as indicated in 5a. above) and child: *(tick one only)*** | | | | | | | | | | | | | | |
|  | Not applicable, because: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unknown | | | | | | | | | | | | | | |
|  | * Secure: Strong attachment  (Child can depend on parents and knows what to expect from them). * Ambivalent: Insecure attachment  (Child’s needs are only sometimes met and look for security that sometimes gets). | | | | | | | | * Avoidant: Insecure attachment  (Child knows he/she cannot depend on parents and learns to take care of oneself). * Disorganized: Disorganized attachment  (Child can’t predict parent’s reaction and doesn’t know what to expect from them). | | | | | | |
|  | Supplementary information on parent-child relationship, if any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
| **7.** | **Relationship with sibling(s): *(tick one only for each sibling)*** | | | | | | | | | | | | | | |
|  | Sibling 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Sibling 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | Sibling 3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | * Supportive * Apathetic * With intense rivalry and jealousy * Manipulative/ exploitative * Enmeshed/ highly dependent upon the sibling * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Not applicable, because: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Unknown | | | * Supportive * Apathetic * With intense rivalry and jealousy * Manipulative/ exploitative * Enmeshed/ highly dependent upon the sibling * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Not applicable, because: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Unknown | | | | | | | | * Supportive * Apathetic * With intense rivalry and jealousy * Manipulative/ exploitative * Enmeshed/ highly dependent upon the sibling * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Not applicable, because: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Unknown | | | |
|  | Supplementary information on sibling relationship, if any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
| **8.** | **Relationship with grandparents/ other relatives living with the family:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
| **9.** | **Significant events/ family crisis leading to the need for residential placement:** | | | | | | | | | | | | | | |
|  | Nature of events/ crisis:  *(may tick more than one)*   * Subtle and gradual * Abrupt and dramatic * Marital/ financial/ mental/ health problems of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(whom?) * Death of family members   (Date of occurrence:\_\_\_\_\_\_\_\_\_\_\_\_\_;  Relationship with client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)   * Others:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | Family coping status:  *(may tick more than one)*   * Family disorganized * Family resists change to meet the demands of developmental crisis * Shift roles of responsibility within family * Day-to-day hassles piled up and family member stressed out (e.g. sleeplessness, lack of appetite, memory lapses, depression and anxiety) * Unrecognized strengths and abilities of family revealed * Can't get "unstuck" and need professional help * Others:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
|  | Supplementary information, if any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
| **10.** | **Parents’/ guardian’s willingness to cooperate with professionals: (tick one only)** | | | | | | | | | | | | | | |
|  | * Willing to take advice * Unmotivated to seek/ follow advice * Reject professional help | | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **(II)** | **Child's condition & implication on daily care and other support:** | | | | | | | | | | | | | |
| **1.** | **Health conditions/ problems**  ***(please tick all applicable boxes)*** | | | | | **Please elaborate on details of the condition where applicable and list implications on daily care and other support:** | | | | | | | | |
| a. | Exposed to drug/ alcohol in utero | | | | |  | | | | | | | | |
|  |  | | | | |  | | | | | | | | |
| b. | Developmental issues/ disabilities diagnosed, including but not limited to: | | | | | Diagnosed on | | | Diagnosed by | | Treatment received | | | Care & support needed |
|  | * Learning disability (please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | | | |  | | |  | |  | | |  |
|  | * Hearing impaired | | | | |  | | |  | |  | | |  |
|  | * Visually impaired | | | | |  | | |  | |  | | |  |
|  | * Speech impaired | | | | |  | | |  | |  | | |  |
|  | * Intellectual disability (please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_) | | | | |  | | |  | |  | | |  |
|  | * Physical disability (please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_) | | | | |  | | |  | |  | | |  |
|  | * Other (please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_) | | | | |  | | |  | |  | | |  |
| c. | Malnutrition | | | | |  | | |  | |  | | |  |
| d. | Physical illness/ injury, including but not limited to: | | | | | Diagnosed on | | | Diagnosed by | | Treatment received | | | Care & support needed |
|  | * Epilepsy | | | | |  | | |  | |  | | |  |
|  | * Diabetes | | | | |  | | |  | |  | | |  |
|  | * Other (please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_) | | | | |  | | |  | |  | | |  |
| e. | Mental health conditions diagnosed, including but not limited to: | | | | | Diagnosed on | | | Diagnosed by | | Treatment received | | | Care & support needed |
|  | * Autism Spectrum Disorder (ASD) | | | | |  | | |  | |  | | |  |
|  | * Attention Deficit/ Hyperactivity Disorder | | | | |  | | |  | |  | | |  |
|  | * Oppositional Defiant Disorder | | | | |  | | |  | |  | | |  |
|  | * Conduct Disorder | | | | |  | | |  | |  | | |  |
|  | * Anxiety | | | | |  | | |  | |  | | |  |
|  | * Depression | | | | |  | | |  | |  | | |  |
|  | * Mood Disorder | | | | |  | | |  | |  | | |  |
|  | * Eating Disorder | | | | |  | | |  | |  | | |  |
|  | * PTSD | | | | |  | | |  | |  | | |  |
|  | * Psychotic Disorder | | | | |  | | |  | |  | | |  |
|  | * Other (please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_) | | | | |  | | |  | |  | | |  |
| f. | Allergies | | | | |  | | | | | | | | |
| g. | Recurring physical complaints with no apparent cause | | | | | | | | |  | | | | |
| h. | Other concerns, including suspected conditions not diagnosed | | | | | | | | |  | | | | |
| i. | No health issues/ problems | | | | |  | | | | | | | | |
| **2.** | **Education/ occupation** | | | | | | | | | | | | | |
| a. | Current status (may tick more than one):  Below school age (Attending kindergarten/ nursery?  Yes  No )  Studying (from primary onwards)  Receiving vocational training  Employed  Not in Education/ Employment/ Training | | | | | | | | | | | | | |
| b. | School/ vocational training history starting with the last school attended: | | | | | | | | | | | | | |
|  | From (date) | | To (date) | | Name of School | | | | | | | | Last class attended | |
|  |  | |  | |  | | | | | | | |  | |
|  |  | |  | |  | | | | | | | |  | |
|  |  | |  | |  | | | | | | | |  | |
|  |  | |  | |  | | | | | | | |  | |
| c. | Special education needs (SEN):  Yes (Please fill in items i to iv below. Remarks: NO NEED TO REPEAT if the condition has been reported under 2(I) e. “Mental health conditions diagnosed” above.)  Suspected (please fill in v below)  Not applicable  Unknown | | | | | | | | | | | | | |
|  | i) Diagnosis: |  | | | | | | | | | | | | |
|  | ii) Diagnosed on: |  | | | | | iii) Diagnosed by: | | | | |  | | |
|  | iv) Learning support received at school/ training institute: | | | | | | |  | | | | | | |
|  |  | | | | | | | | | | | | | |
|  | v) If SEN is suspected but not diagnosed, please state areas of concern and any assessment/ support waitlisted or received: | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | |
|  |  | | |  | | | | | | | | | | |
| d. | If currently studying/ receiving training, | | | | | | | | | | | | | |
|  | * Record of attendance: | | | Regular  Irregular  Non-attending since (date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
|  | * Suspension/ withdrawal: | | |  | | | | | | | | | | |
|  | was suspended from school  was asked by the school to withdraw | | | withdrawn on own accord  is attending school | | | | | | | | | | |
|  | * Intention to resume/ continue schooling: | | | Low  Average  High | | | | | | | | | | |
|  | * Academic performance: | | |  | | | | | | | | | | |
|  | Primary:  Failed poorly in basic subjects  Below average in basic subjects  Average  Satisfactory | | | Secondary:  Failed poorly in basic subjects  Below average in basic subjects  Average  Satisfactory | | | | | | | | | | |
|  | * Relationship: | | |  | | | | | | | | | | |
|  | With teachers:  Unsatisfactory  Fair  Satisfactory | | | With peers:  Unsatisfactory  Fair  Satisfactory | | | | | | | | | | |
| e. | Work experience (if applicable, including illegal or indecent employment): | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | |
| f. | If currently working, | | |  | | | | | | | | | | |
|  | * Attendance: | | | Regular  Irregular | | | | | | | | | | |
|  | * Intention to continue the current job: | | | Low  Average  High | | | | | | | | | | |
|  | * Work satisfaction: | | | Low  Average  High | | | | | | | | | | |
|  | * Relationship: | | |  | | | | | | | | | | |
|  | With supervisor:  Unsatisfactory  Fair  Satisfactory | | | With peers:  Unsatisfactory  Fair  Satisfactory | | | | | | | | | | |
|  | * Pressure: | | | Negligible  Manageable  Difficult to manage | | | | | | | | | | |
| **3.** | **Social performance** | | | **Please elaborate on relevant aspects of social performance and list implications on daily care and other support:** | | | | | | | | | | |
| a. | Peer relationship | | |  | | | | | | | | | | |
| b. | Social skills | | |  | | | | | | | | | | |
| c. | Capability to relate with others | | |  | | | | | | | | | | |
| d. | Problems encountered | | |  | | | | | | | | | | |
| e. | Other concerns | | |  | | | | | | | | | | |
| **4.** | **Emotional performance/ problems** | | | **Please elaborate on relevant aspects of emotional performance and problems where applicable, and list implications on daily care and other support:** | | | | | | | | | | |
| a. | Mood | | |  | | | | | | | | | | |
| b. | Tolerance level | | |  | | | | | | | | | | |
| c. | Adjustment to new environment | | |  | | | | | | | | | | |
| d. | Ability to cope with change | | |  | | | | | | | | | | |
| e. | Sleeping/ eating problems, if any | | |  | | | | | | | | | | |
| g. | Other concerns | | |  | | | | | | | | | | |
| **5.** | **Behavioural performance/ problems**  ***(please tick all applicable boxes)*** | | | **Please elaborate on relevant aspects of behavioural performance and problems where applicable, and list implications on daily care and other support:** | | | | | | | | | | |
| a. | Compliance of rules and regulations | | |  | | | | | | | | | | |
| b.. | Absconding | | |  | | | | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| c. | Violent/ oppositional behaviours such as:   * Explosive behaviors out of nowhere * Negative, hostile or defiant behavior * Excessive aggression towards others (including bullying) * Frequent verbal outbursts * Aggression towards animals * Pre-occupied with violence * Record of setting fire | |  | | |
| d. | Unsafe/ unhealthy/ inappropriate sexual behavior such as:   * Sexual abuse of others * Sexual behavior not typical for child’s age * Pre-occupied with sexual interests * Sexual activity involving people with considerable age, developmental, or power differences * Presence of sexually transmitted disease, evidence of pregnancy, previous pregnancy/ abortion, etc. | |  | | |
| e. | Mentioned / attempted suicide / self-harm | | (Please also indicate duration, frequency and means of self-harm) | | |
| f. | Drug (Please specify type(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_)/ smoking/ alcohol abuse | | (Please also indicate duration & frequency of substance use and whether addiction is found) | | |
| g. | Peculiar patterns of forgetfulness | |  | | |
| h. | Hyperactivity, distractibility, inattentiveness, impulsivity | |  | | |
| i. | Frequent wetting/ soiling after toilet-trained age | |  | | |
| j. | Other concerns | |  | | |
|  |  | |  | | |
| **6.** | **Involvement in criminal offence(s)**  **Yes (see details below)**  **Not applicable** | | **Please elaborate on details of the condition where applicable and list implications on daily care and other support:** | | |
| a. | Nature of offence(s) | |  | | |
| b. | Child’s reaction to the offence(s) | |  | | |
| c. | Family’s reaction to the offence(s) | |  | | |
| d. | Court disposal | |  | | |
|  |  | |  | | |
| **7.** | **Child abuse history** | | **Please elaborate on details of the condition where applicable and list implications on daily care and other support:** | | |
| a. | Victim of abuse:  Yes  No  Suspected but not established | |  | | |
| b. | Type of abuse (for suspected/ established cases):  *(tick one only)*  Physical  Psychological  Neglect  Sexual  Multiple | |  | | |
| c. | Witness to domestic violence:  Yes  No | |  | | |
|  |  | |  | | |
| **8.** | **Other trauma experienced/ suspected of experiencing**  **Yes (see details below)**  **Not applicable** | | **Please elaborate on details of the condition where applicable and list implications on daily care and other support:** | | |
|  | Exposure to violence | |  | | |
|  | Exposure to drug-related activity | |  | | |
|  | Traumatic death of a loved one | |  | | |
|  | Others | |  | | |
|  |  | |  | | |
| **9.** | **Strengths & potentials**  ***(please tick all applicable boxes)*** | | **Please elaborate on details of the condition where applicable and list implications on daily care and other support:** | | |
|  | Supportive family members | |  | | |
|  | Supportive adult mentor/ teacher | |  | | |
|  | Respect for authority | |  | | |
|  | Ability to read & write at appropriate level | |  | | |
|  | Age appropriate social behavior | |  | | |
|  | Positive peer relationships | |  | | |
|  | Positive self-image | |  | | |
|  | Empathy | |  | | |
|  | Aspirations/ life goals | |  | | |
|  | Interest in personal development | |  | | |
|  | Involvement in extra-curricular activities | |  | | |
|  | Involvement in religious activities / attendance in church | |  | | |
|  | Good personal health habits | |  | | |
|  | Appropriate decision-making | |  | | |
|  | Effective problem solving skills | |  | | |
|  | Honesty and willingness to take responsibility for actions | |  | | |
|  | Interests | |  | | |
|  | Other | |  | | |
|  |  | |  | | |
| **10.** | **Wishes & feelings** | | **Please elaborate and list implications on daily care and other support:** | | |
| a. | About placement: *(please tick all applicable boxes)*  Food preference  Religious / cultural needs  Preferred activities  Personal space  Others | |  | | |
| b. | About future plan: *(please tick all applicable boxes)*  Reunion/ maintaining connection with family  Independent living  Studying/ career development  Others | |  | | |
|  |  | |  | | |
| ***C.*** | ***Initial risk assessment (to ensure appropriate care for the child and other users of the RCCS unit(s) being applied, referral worker is required to conduct an initial risk assessment as below with involvement of the child and parents as appropriate):*** | | | | |
|  | Identified risk behaviour of child towards self or others (e.g. substance misuse, bullying/ threats to others, self-harm, inappropriate sexualized behavior, cruelty to animals, etc.) | Vulnerable conditions of the child that make his/ her risk behavior(s) more likely to happen (e.g. history of being abused, attachment difficulties, mental health issues, special needs, placement disruptions, etc.) | Who is at risk of being harmed? (Please specify if the risk is to self, carers, peers or other people) | Nature of potential harm (e.g. injury to personal safety, physical injury, criminality, damage to health, emotional distress, etc.) | Control measures taken/ suggested to take to reduce risk/ harm (e.g. discussion with the child, referral / provision of specialized services, adequate supervision, training for carers, etc.) |
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| ***D.*** | ***Other relevant information about the child or family that the RCCS unit receiving the referral needs to know:***  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |

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| --- | --- | --- | --- | --- |
| Signature of Referring Worker: | |  | Countersigned by: |  |
| Date: |  |  | Name in BLOCK LETTERS: ( ) | |
|  | |  | Post Title/ Rank: |  |
|  | |  | Date: |  |

-End -

1. The form has been developed with reference to the following:

   1. Application Form for Placement in School for Social Development/Residential Home (EDB & SWD), accessed from: <https://www.edb.gov.hk/attachment/en/edu-system/special/support-subsidy/special-school/ccrm/ssd_5_application%20form_eng.pdf>
   2. Therapeutic Referral for Child Care by Children's Services of the City of London, accessed from <https://www.london.ca/residents/children-youth/child-care/Documents/Therapeutic%20Referral%20Forms%20for%20Child%20Care.pdf>
   3. Referral for a Secure Children’s Homes (SCH) Placement, accessed from <http://www.securechildrenshomes.org.uk/referrals-new/>
   4. Risk Assessment for Children in Care, accessed from: <https://www.trafford.gov.uk/about-your-council/children-families-and-wellbeing/docs/childrens-homes-policies-and-procedures/risk-assessment-for-children-in-care.pdf>
   5. Residential Services Referral Form by Methodist Home for Children, accessed on 17/10/2017 from: <https://www.mhfc.org/> (updated online version is now available)
   6. Referral for Admission (Juvenile Home Services) by Methodist Home for Children, accessed on 17/10/2017 from: <https://www.mhfc.org/> (updated online version is now available)
   7. Intake Referral Form by Promesa Behavioral Health, accessed from: <http://promesabehavioral.org/wp-content/uploads/2013/03/Intake-Referral-Form.pdf>

   [↑](#footnote-ref-1)
2. A DSW ward means a child or juvenile to whom DSW has been appointed his legal guardian under section 34(1)(a) of the Protection of Children and Juveniles Ordinance (Cap. 213). [↑](#footnote-ref-2)