

Executive Summary

Direct Investigation Operation Report

Respite Services for Supporting Carers of Elderly Persons and Persons with Disabilities

Introduction

In recent years, cases involving “the elderly caring for the elderly”, “the elderly caring for the disabled”, and “the disabled caring for the disabled” are increasingly prevalent in Hong Kong and call for the Government’s urgent attention. Tragic incidents have happened from time to time when carers who lack support succumbed to unbearable pressure. As one of the measures supporting these great carers, respite services are planned and managed by the Social Welfare Department (“SWD”) and operated by non-governmental organisations, private residential care homes or day care units. Respite services provide short-term day or residential care for the elderly and persons with disabilities who are living in domestic households, allowing carers to take a breather and relieve their heavy stress.

2. According to SWD data, the average utilisation rate of respite services ranges from only 50% to 60% for the elderly and only around 10% to 20% for persons with disabilities, reflecting that existing resources are not being fully utilised. Data also show that utilisation rates vary significantly across the 18 districts. There are views in society that the current distribution of service supply is severely imbalanced across districts, the application procedures are complex, vacancies are difficult to find quickly, and transport ancillary facilities are inadequate.

3. In this direct investigation operation, this Office has thoroughly examined the existing operational arrangements for respite services, including the application procedures; ancillary facilities and information provided for carers; service planning, utilisation and monitoring; and publicity and promotion. Apart from scrutinising information, our officers conducted multiple covert telephone operations in the guise of carers to understand the actual situations of handling enquiries and applications for respite services by service providers and the 24-hour Designated Hotline for Carer Support (“Hotline”). This Office also conducted multiple site inspections jointly with SWD staff at service providers and the Hotline’s operation centre, and exchanged views with in-charge persons and frontline social workers.

4. This Office acknowledges and highly commends the current-term Government’s efforts in strengthening the support for carers, including some innovative measures such as introducing the Hotline, setting up a one-stop Information Gateway for Carers, engaging the District Services and Community Care Teams to implement the Scheme on Supporting Elderly and Carers, and launching the Carer Support Data Platform for identification of and proactive follow-up on high-risk carers. Regarding respite services, our findings confirm the current-term Government’s efforts and

achievements in expanding the service network, which are praiseworthy. Nevertheless, there is room for improvement in the application procedures for respite services, dissemination of information, ancillary facilities, service monitoring and planning, and publicity and promotion. Our comments are set out as follows.

Our Findings

(I) Optimising Application Procedures for Respite Services

Service Providers Should be Requested to Review the Necessity for Prior Interviews

5. Our covert telephone operations and site inspections revealed that many service providers will assess the physical and mental condition of applicants before deciding on whether to admit them, either by requiring applicants to attend an in-person interview with staff, or paying them a home visit before submitting a formal application. For carers who need the services in a few days or even urgently, the requirement of a prior interview could frustrate and deter them from applying for and obtaining timely support.

6. On the other hand, some service providers are able to facilitate the processing of applications. Some of the providers we visited (including residential respite service providers) assess the condition of applicants and whether they are suitable service users through telephone conversations with the carers, instead of prior interview. This practice is worth promoting for fulfilling the dual purpose of giving convenience to applicants and complying with SWD's requirements.

7. We recommend that SWD request service providers to review the necessity for prior interviews with applicants, and encourage streamlining of application procedures as far as possible, such as conducting telephone or video assessments.

Service Providers Should be Requested to Facilitate Medical Examinations

8. At present, SWD requires users of residential respite services to undergo a basic health check conducted by registered medical practitioners and submit a designated Medical Examination Form to the care home before admission. If a user is unable to undergo medical examination before admission in urgent or special circumstances, the care home must arrange for medical examination to take place within three calendar days after admission.

9. In practice, most of the providers we visited allow applicants to use services first, followed by medical examination by visiting medical officers to meet SWD's requirements. Only a small fraction of providers rigidly require applicants to undergo medical examination before using services.

10. We consider that requiring applicants to make their own arrangement with medical practitioners for medical examination is overly complex and places an extra

financial burden on carers. SWD should encourage care homes and case workers to proactively assist elderly persons or persons with disabilities who have difficulty undergoing medical examination.

11. Our covert telephone operations further revealed that some service providers require applicants to undergo additional examinations beyond the specified scope of SWD's Medical Examination Form at their own expenses, creating unnecessary obstacles for carers. SWD permits service providers to impose extra requirements for medical examinations without clear regulations, and it is difficult to assess whether these extra items are necessary.

12. We recommend that SWD thoroughly review the current medical examination requirements imposed by all service providers. If additional examination items are required beyond the basic scope, service providers should justify the necessity and obtain prior approval from SWD.

13. We acknowledge that medical examination help service providers grasp the care needs of applicants. Given that most elderly persons and persons with disabilities regularly seek medical consultations at public hospitals, if certain providers have actual needs to require additional examination items beyond the basic scope, SWD should require them to refer to applicants' existing medical records, such as records in the eHealth system, to understand applicants' medical history and care needs, and, where feasible, put such records to good use to substitute for additional medical examinations.

Exploring the Establishment of Pre-registration Mechanism

14. Our telephone operations revealed that, even when vacancies are available in some service providers, they cannot admit applicants promptly due to the time required to assess the condition and care needs of applicants, and to process application documents. This highlights the fact that carers are unable to obtain immediate support if respite need arises in an emergency.

15. We recommend that SWD explore, jointly with service providers, the establishment of a pre-registration mechanism for carers to complete registration procedures in advance. For example, carers can submit users' basic personal data and medical records for registration in advance, enabling service providers to gain an early understanding of users' conditions and level of care. Carers in need of services anytime can simply sign a declaration confirming that the situation has not changed, allowing them to obtain services at the shortest possible notice for emergency relief. SWD should also encourage providers to reach out to persons who might need respite services through their local networks and arrange pre-registration proactively.

Encouraging Service Providers to Establish Waiting Lists

16. At present, each service provider independently manages respite applications and reservations, including deciding whether to put applicants on a waiting list. Our

investigation revealed that only a small fraction of providers have in place a waiting list arrangement, enabling applicants to leave their contact information and be put on standby.

17. Hotline social workers have shared real cases where carers cancelled or did not show up for the service due to changes in the care recipient's health, personal preference, or the availability of other family members to take up caregiving tasks. Without a waiting list, the vacancy will be left unused. To maximise resource efficiency, we recommend that SWD encourage service providers to establish a waiting list so that when vacancies arise, waitlisted applicants can be immediately notified and arranged for using services.

(II) Enhancing the Accuracy and Functionality of the Enquiry System

Strengthening the Monitoring of Service Providers' Information Updates

18. According to our covert telephone operations, more than 43% of the service providers replying that vacancies were unavailable have discrepant information displayed in the Vacancy Enquiry System for Respite Services and Emergency Placement ("Enquiry System"). Hotline social workers handling service matching also encountered similar difficulties.

19. We consider the existing Enquiry System to have not achieved the intended purpose. Carers struggling with immense daily pressure are left in distress as they have to call service providers one by one to enquire about the actual vacancies. The root of the problem lies in some providers not attaching importance to updating vacancy information in the system, or even misunderstanding the process. For example, some providers claimed that vacancies remain displayed in the system when a user has booked but not yet started using the service.

20. Moreover, we discovered other inaccurate information of some providers in the system, such as addresses not being updated more than a year after relocation.

21. We recommend that SWD step up reminding service providers of their responsibility of the timely updating of vacancy information and other details in the Enquiry System, and enhance monitoring to ensure compliance. SWD should also engage the Hotline to keep a systematic record to observe whether any service providers' actual vacancies are discrepant with the information displayed in the Enquiry System during daily service matching. A list of relevant providers should be submitted to SWD regularly for monitoring purposes.

22. SWD should also consider introducing punitive measures to serve as a deterrent, compelling service providers to update vacancy information in the system in a more proactive and timely manner.

Expanding the Types of Information Available in the Enquiry System

23. While the Enquiry System provides details about various services, it only lists the basic information of individual providers, such as their type, address and contact telephone number. Essential information, such as opening hours, the level of care required and fee structures, is not available. Carers have to call each provider to obtain such information, which is time-consuming.

24. By comparison, SWD's Elderly Information Website and Information Website for Residential Care Homes for Persons with Disabilities ("RCHDs") list more details of individual providers, including staffing, facilities, meal arrangements and fees.

25. To enhance information accessibility, we recommend that SWD enhance the Enquiry System by linking it to the Elderly Information Website and the Information Website for RCHDs, allowing the public to directly view the details of service providers through the system when searching for vacancies of respite services.

Exploring Direct Integration Between the Enquiry System and the Hotline

26. With the current-term Government striving to develop digital government initiatives, we recommend that SWD explore the feasibility of direct integration of the Enquiry System and the Hotline in the long run. Depending on available resources and technical feasibility, SWD should also consider developing an online application system in the long run.

(III) Providing Ancillary Transport Facilities for Carers Using Respite Services

27. Most elderly persons and persons with disabilities are frail and some require a wheelchair for mobility. When accompanying them to the respite premises, carers often face numerous barriers, from navigating stairs to using public transport. There are even cases of application being withdrawn due to the high cost of taxi fares. Nonetheless, our investigation revealed that very few service providers operate a transfer service with their own vehicles for users. The ancillary transport facilities available at present are evidently inadequate.

28. We noticed that the Hotline provides reimbursement of taxi fares on an accountable basis for callers in need, and even outreach services for escorting users to the respite premises. If promoted and expanded, such measures are beneficial to many carers.

29. We recommend that SWD encourage service providers currently operating a transfer service with their own vehicles to extend it beyond long-term care residents to also support respite service users as far as possible. For providers without their own transfer service, SWD should encourage them to proactively seek assistance from the Hotline for its social workers to offer transport assistance and accompaniment service

for users in need.

30. Furthermore, we recommend that SWD require service providers to take the initiative to inform applicants of the transport allowance offered by the Hotline if learning that they cannot afford the transportation costs due to financial hardship, and refer relevant cases to the Hotline for follow-up support.

(IV) Optimising the Use of Casual Vacancies

Explicitly Requiring All Service Providers to Use Casual Vacancies for Respite Services

31. Given the limited availability of designated places, SWD stated that service providers have been required to use casual vacancies in long-term care services to offer respite services. However, currently only contract care homes, private residential care homes for the elderly (“RCHes”) participating in the Enhanced Bought Place Scheme, and subvented day care centres for the elderly have this requirement specified in the service agreements. This requirement is not specified in the service agreements of subvented residential care units for the elderly, some of the subvented RCHDs, and private RCHDs participating in the Bought Place Scheme.

32. To ensure service providers clearly understand their responsibility to provide respite services, we recommend that SWD explicitly specify in the service agreements of all types of providers that casual vacancies in long-term care services must be used for respite services. We are pleased to note that from 2025 onwards, SWD will incorporate relevant provisions into all service agreements newly signed and renewed.

Exploring Inclusion of Respite Services Provided through Casual Vacancies in Calculating the Overall Utilisation Rate of Long-Term Care Services

33. Using casual vacancies to provide respite services not only optimises the use of long-term care resources but also increases the availability of respite services, thereby accomplishing two goals with one strategy.

34. Currently, SWD has set minimum utilisation rates ranging from 90% to 97% for various types of long-term care services. We learned from the public views received and some of the providers visited that when SWD calculates the overall utilisation rate of long-term care services, respite services provided through casual vacancies are not taken into account. This practice fails to reflect the extent to which providers use vacancies for respite services, nor can it incentivise the sector to optimise the use of casual vacancies for respite services.

35. We recommend that SWD create a stronger incentive for providers by actively exploring the inclusion of respite services delivered by way of casual vacancies into the calculation of providers’ overall utilisation rate of long-term care services. We are

pleased to note that from 2025 onwards, SWD will introduce this measure first for subvented day care centres for the elderly with service agreements newly signed or renewed.

(V) Strengthening the Monitoring of Service Providers

Continuing to Monitor Service Providers through Telephone Investigation in the Guise of Carers

36. Enquiries and applications for respite services are handled directly by each service provider, whose staff answering telephone calls are carers' first point of contact for obtaining respite services.

37. In addition to the inaccurate vacancy information in the Enquiry System mentioned above, our covert telephone operations also revealed that some providers unreasonably rejected applications or refused to disclose vacancy availability to carers. Issues included providers declining applicants who wished to use respite services for only a few days, citing insufficient staffing to offer respite services, or requiring applicants to visit the premises and confirm its suitability before disclosing vacancy availability.

38. We also encountered extremely unhelpful staff who failed to respond to enquiries and hastily ended a call after instructing the caller to consult social workers instead. Comparing the findings of telephone operations and site inspections, we also noticed that some staff provided incorrect information, falsely claiming that respite service applicants must undergo a chest X-ray and that waiting lists were unavailable.

39. We cannot rule out the possibility that the current low utilisation rates are partly attributable to the improper handling of enquiries and applications by some service providers. We must emphasise that all service providers subsidised by SWD have a duty to offer services to people in need, not to mention vulnerable groups in dire need of help. SWD, as the regulatory authority, also bears an undeniable responsibility.

40. Between 2022/23 and 2024/25, SWD conducted telephone investigation in the guise of carers, covering a random sample of 56 providers of day respite service for the elderly, and subvented day or residential respite service for persons with disabilities, with a view to assessing their performance in handling enquiries and applications from carers and following up on any inadequacies found.

41. We consider covert telephone operation to be the most direct way for probing how providers handle enquiries and applications for respite services. SWD should continue making regular spot checks by means of telephone investigation, and expand the scope to cover all types of service providers. Where any inadequacies are found, SWD should make recommendations to the service providers and implement monitoring measures.

Reviewing the Regular Reporting Requirements for Service Providers

42. At present, different types of service providers are required to report various data to SWD at different frequencies. For example, some providers only need to report the utilisation of designated places, while others must report both designated places and casual vacancies. Some providers are required to report only the total number of service users, while others must provide the details of each user. Moreover, some providers submit reports quarterly, whereas others do so monthly.

43. Furthermore, service providers are only required to report service utilisation data, while application and waiting list data, such as the number of successful and unsuccessful applications, the number of waitlisted applicants and waiting times, are not included. We consider that application and waiting list data can provide insights into demand and supply trends and facilitate SWD's service planning.

44. We recommend that SWD review the existing reporting requirements and frequencies for various types of service providers, and consider standardising the requirements to ensure that the data they reported comprehensively reflect their operations, thereby facilitating SWD's service monitoring and planning.

Exploring Feasible Measures to Increase Service Providers' Proactiveness to Offer Respite Services

45. Currently, only the designated residential respite places provided by contract RCHEs are subject to a minimum utilisation rate at 60%. Data show that the designated respite places of contract RCHEs have an actual utilisation rate at nearly 80%, the highest among all types of service providers.

46. While we concur with SWD's opinion that respite services are demand-driven, the commitment of providers in offering services is equally vital. Even though not all carers know how to proactively seek help and apply for services, the considerable amount of carers in society should entail a certain level of demand for respite services. However, the utilisation rates of certain providers and districts are below 10%, or even at 0%. Such outrageously low levels cannot simply be explained by carers not seeking help. In fact, some service providers with utilisation rate at 0% had it improved immediately and even significantly raised following supervision by SWD, demonstrating that proactive efforts yield tangible results.

47. We recommend that SWD explore feasible measures, based on the demand and utilisation patterns of different types of respite services, to increase providers' proactiveness to offer respite services, thereby raising utilisation rates.

(VI) Enhancing Service Planning

Reviewing and Exploring Modifications to the Calculation Method of Utilisation Rates for Day Respite Services for the Elderly and Persons with Disabilities

48. SWD currently calculates the utilisation rates of day respite services for the elderly and persons with disabilities based on the number of service attendances. Since a single place may be used by different elderly persons or persons with disabilities at different time slots on the same day, the utilisation rates can exceed 100%. Data indicate that utilisation rates in certain districts indeed exceed 100%.

49. Given the varying respite needs of elderly persons and persons with disabilities, maximising resource efficiency by allowing a single place to be used by multiple users at different times throughout the day is certainly desirable. The number of service attendances is also crucial in reflecting the number of users admitted by each provider and thus its service accessibility. However, in the calculation of utilisation rates, the current method based on service attendances cannot reflect the actual duration of each place being in use, thereby imposing restrictions on analysing and comparing the utilisation patterns across different service providers.

50. The utilisation rate of individual providers and the entire district serves as crucial reference data for resource allocation and service planning. We recommend that SWD review and explore modifications to the calculation method of utilisation rates for day respite services for the elderly and persons with disabilities to ensure that the data collected fully reflect the actual demand.

Reviewing the Arrangement of Casual Vacancies in Residential Respite Service for Persons with Disabilities and the Calculation Method of Utilisation Rates

51. Unlike respite services for the elderly, SWD has set a fixed number of casual vacancies in residential respite service for persons with disabilities. This arrangement began in 2001/02 when SWD allocated additional resources to some newly established subvented RCHDs, providing two casual vacancies in residential respite service for every 50 subsidised long-term care places, thereby incentivising RCHDs to offer respite service. When calculating the total number of residential respite places for persons with disabilities, SWD includes both designated places (which account for 40%) and casual vacancies (which make up 60%).

52. Nevertheless, casual vacancies can only be used for respite service when long-term care places become vacant, meaning they are inherently not fixed. Hence, setting aside **fixed** casual vacancies is inappropriate in principle and practically unfeasible. Furthermore, same as respite service for the elderly, RCHDs should provide respite service whenever **any** long-term care places become vacant, not limited to casual vacancies specifically set aside.

53. We recommend that SWD consider abolishing the arrangement of setting a

specific number of casual vacancies in fixed nature under the residential respite service for persons with disabilities. Instead, RCHDs should be required to provide respite service whenever any subsidised long-term care places become vacant. We are pleased to note that SWD has agreed to incorporate relevant provisions into the service agreements of subvented RCHDs.

54. Moreover, casual vacancies, not specifically allocated for respite service, should not be included in the total number of residential respite places for persons with disabilities. According to SWD data, the utilisation rate for residential respite service for persons with disabilities is only around 10%, the lowest among the four types of respite services. We believe it probably attributable to the inclusion of a large number of casual vacancies in the denominator, leading to a possible underestimation of the utilisation rate. We recommend that SWD revise the denominator for calculating the utilisation rate of this type of respite service by excluding casual vacancies to ensure an accurate representation of service utilisation.

Reviewing Service Planning to Address Supply Imbalance across Districts

55. The utilisation rates of day respite services for the elderly and persons with disabilities vary significantly across the 18 districts, reflecting a severe imbalance in the distribution of service supply not adequately aligning with local demand.

56. Additionally, SWD's allocation of service places in recent years has not corresponded to utilisation rates in each district. For instance, the utilisation rate of day respite service for persons with disabilities in Central and Western District remains the highest among all districts at an average of 60%, but no new places have been allocated to the district since 2018/19. In contrast, the districts with the lowest utilisation rates at an average below 10%, namely Southern, Kwai Tsing and North Districts, have been allocated 6 to 12 additional places.

57. We recommend that SWD comprehensively review the distribution of service places to address the supply imbalance across districts. For districts with an upward or downward trend in utilisation rates, SWD should probe the causes and make timely and corresponding planning.

(VII) Enhancing Publicity and Promotion

58. Although SWD has endeavoured to promote respite services through various channels in recent years, a report¹ pointed out that nearly 90% of the carers interviewed had never used respite services in spite of pressure associated with caregiving responsibilities. Among them, nearly 40% cited “unawareness of related services” and 30% “worried that the care recipient could not adapt”.

¹ Report on Community Respite Services Survey published by the Hong Kong Christian Service in October 2023.

59. We recommend that SWD continue strengthening publicity and promotion efforts by disseminating more information that is easy to comprehend and vividly illustrated through welfare service units, hospitals, public housing estates, mass media, etc. Moreover, real-life experiences of service users should be leveraged as promotional material to deepen awareness among elderly persons, persons with disabilities and their carers, encouraging them to use respite services.

60. Meanwhile, we appreciate SWD's recent initiatives to organise innovative experiential activities, which help carers better understand respite services, boost their confidence, and allow care recipients to adapt to the respite environment in advance. We believe that these activities engaging users in first-hand experiences are most effective for alleviating their concerns. SWD should step up encouraging service providers to organise more experiential activities.

Recommendations

61. In the light of the above, The Ombudsman recommends that SWD:

Application Procedures

- (1) request service providers to review the necessity for prior interviews with applicants, and encourage streamlining of application procedures as far as possible, such as conducting telephone or video assessments;
- (2) encourage care homes and case workers to proactively assist elderly persons or persons with disabilities who have difficulty undergoing a medical examination and facilitate their timely receiving of respite services;
- (3) thoroughly review the current medical examination requirements imposed by all service providers; any providers requiring additional examination items beyond the basic scope should justify the necessity and obtain prior approval from SWD;
- (4) require service providers to refer to applicants' existing medical records, such as records in the eHealth system, to understand applicants' medical history and care needs, and, where feasible, put such records to good use to substitute for additional medical examinations;
- (5) explore, jointly with service providers, the establishment of a pre-registration mechanism, under which carers can complete registration procedures in advance, and service providers can gain an early understanding of users' conditions and level of care. Carers in need of services anytime can simply sign a declaration confirming that the situation has not changed, allowing them to obtain services at the shortest

possible notice for emergency relief;

- (6) encourage service providers to establish a waiting list so that when vacancies arise, waitlisted applicants can be immediately notified and arranged for using services;

The Enquiry System

- (7) step up reminding service providers of their responsibility of the timely updating of vacancy information and other details in the Enquiry System, and enhance monitoring to ensure compliance;
- (8) engage the Hotline to keep a systematic record to observe whether any service providers' actual vacancies are discrepant with the information displayed in the Enquiry System during daily service matching, with a list of relevant providers submitted to SWD regularly for monitoring purposes;
- (9) consider introducing punitive measures to serve as a deterrent, compelling service providers to update vacancy information in the Enquiry System in a more proactive and timely manner;
- (10) enhance the Enquiry System by linking it to the Elderly Information Website and the Information Website for RCHDs, allowing the public to directly view the details of service providers through the system when searching for vacancies of respite services;
- (11) in the long run, explore the feasibility of direct integration of the Enquiry System and the Hotline, and consider developing an online application system depending on available resources and technical feasibility;

Ancillary Transport Facilities

- (12) encourage service providers currently operating a transfer service with their own vehicles to extend it beyond long-term care residents to also support respite service users as far as possible. For providers without their own transfer service, encourage them to proactively seek assistance from the Hotline for its social workers to offer transport assistance and accompaniment service for users in need;
- (13) require service providers to take the initiative to inform applicants of the transport allowance offered by the Hotline if learning that they cannot afford the transportation costs to and from the respite premises due to financial hardship, and refer relevant cases to the Hotline for follow-up support;

Casual Vacancies

- (14) explicitly specify in the service agreements of all types of providers that casual vacancies in long-term care services must be used for respite services;
- (15) create a stronger incentive for providers by actively exploring the inclusion of respite services delivered by way of casual vacancies into the calculation of providers' overall utilisation rate of long-term care services of providers;

Service Monitoring

- (16) continue making regular spot checks by means of telephone investigation in the guise of carers, and expand the scope to cover all types of service providers; make recommendations to any service providers with inadequacies found and implement monitoring measures;
- (17) review the existing reporting requirements and frequencies for various types of service providers, and consider standardising the requirements to ensure that the data they reported comprehensively reflect their operations, thereby facilitating service monitoring and planning by SWD;
- (18) based on the demand and utilisation patterns of different types of respite services, explore feasible measures to increase providers' proactiveness to offer respite services, thereby raising utilisation rates;

Service Planning

- (19) review and explore modifications to the calculation method of utilisation rates for day respite services for the elderly and persons with disabilities to ensure that the data collected fully reflect the actual demand;
- (20) consider abolishing the arrangement of setting a specific number of casual vacancies in fixed nature under the residential respite service for persons with disabilities, and instead requiring RCHDs to provide respite service whenever any subsidised long-term care places become vacant;
- (21) revise the denominator for calculating the utilisation rate by excluding casual vacancies from the total number of residential respite places for persons with disabilities to ensure an accurate representation of service utilisation;
- (22) comprehensively review the distribution of respite service places to

address the supply imbalance across districts;

- (23) for districts with an upward or downward trend in utilisation rates of respite services, probe the causes and make timely and corresponding planning;

Publicity and Promotion

- (24) continue strengthening publicity and promotion efforts by disseminating more information that is easy to comprehend and vividly illustrated through welfare service units, hospitals, public housing estates, mass media, etc.; and leverage real-life experiences of service users as promotional material to deepen awareness among elderly persons, persons with disabilities and their carers, encouraging them to use respite services; and
- (25) step up encouraging service providers to organise more experiential activities to help carers better understand respite services, boost their confidence, and allow elderly persons and persons with disabilities to adapt to the respite environment in advance.

Office of The Ombudsman
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