

**申訴專員公署**  
**Office of The Ombudsman**



**主動調查行動報告**  
**Direct Investigation Operation Report**

**支援長者及殘疾人士照顧者的暫託服務**  
**Respite Services for Supporting Carers of  
Elderly Persons and Persons with Disabilities**

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# **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 report<sup>1</sup> 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”.

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<sup>1</sup> 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  
October 2025**

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# 1

## *INTRODUCTION*

### **BACKGROUND**

**1.1** 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 proper support succumb to unbearable pressure. According to reports, at least 15 injury or fatal incidents relating to carers have occurred in the past three years in Hong Kong, including: in October 2023, a mother in her fifties was suspected of attempting suicide after stabbing her twin sons with intellectual disabilities; in March 2024, a woman in her seventies was suspected of attempting suicide after killing her husband with dementia; in August 2024, a man in his sixties was believed to have collapsed at home and died unattended, while his bedridden mother, in her eighties, also passed away a few days later due to a lack of care; in May 2025, a couple in their seventies died together by charcoal burning; and in August 2025, a woman in her fifties was suspected of killing her brother, who had Down syndrome, and their mother in her eighties.

**1.2** Those who have to single-handedly care for their loved ones are often facing immense pressure and physically and mentally exhausted. Without timely external support, the situation can become extremely fragile and precarious. In this light, the current-term Government has introduced a range of targeted measures to support carers, including: (1) respite services; (2) centre-based community care services; (3) home-based community care services; (4) financial assistance<sup>1</sup>; (5) gerontechnology<sup>2</sup>; (6) the 24-hour Designated Hotline for Carer Support (“Hotline”); and (7) the one-stop Information Gateway for Carers.

**1.3** Among these measures, respite services provide short-term day or residential care for the elderly and persons with disabilities who are living in the community, allowing carers to take a breather and relieve their heavy stress, thereby preventing tragic incidents. Unlike long-term care services, users of respite services are not subject to

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<sup>1</sup> For example, Scheme on Living Allowance for Carers of Elderly Persons from Low-Income Families and Scheme on Living Allowance for Low-Income Carers of Persons with Disabilities.

<sup>2</sup> Through the Innovation and Technology Fund for Application in Elderly and Rehabilitation Care, SWD subsidises elderly and rehabilitation service providers to purchase suitable technology products for lending to elderly persons, persons with disabilities and their carers to use at home.

the standardised assessment by the Social Welfare Department (“SWD”), nor are the services allocated through a central waiting system. As long as their age and basic level of care meet the criteria, elderly persons or persons with disabilities in need can apply to service providers for respite services directly or through their carers.

**1.4** According to data from SWD, the average utilisation rate of respite services currently ranges from only 50% to 60% for the elderly and only around 10% to 20% for persons with disabilities<sup>3</sup>, reflecting an underuse of existing resources. 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 ancillary transport facilities are inadequate.

**1.5** Against this background, The Ombudsman launched this direct investigation operation pursuant to section 7(1)(a)(ii) of The Ombudsman Ordinance on 9 August 2024 to examine the existing operational arrangements of respite services for the elderly and persons with disabilities, and to make pertinent improvement recommendations with a view to better supporting carers, alleviating their burdens and enhancing their quality of life.

**SCOPE OF INVESTIGATION**

**1.6** This direct investigation operation covers the following issues:

- application procedures for respite services;
- ancillary support and information provided for carers;
- service planning and utilisation;
- handling of enquiries and applications for respite services by service providers and the Hotline;
- service monitoring; and
- publicity and promotion campaigns.

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<sup>3</sup> Excluding the exceptionally low utilisation rates caused by social distancing during the COVID-19 epidemic.

## PROCESS OF INVESTIGATION

**1.7** During the investigation, this Office has:

- scrutinised information provided by SWD, including policy documents, guidelines, data and case files;
- 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;
- carried out site inspections of service providers jointly with SWD staff, and exchanged views with in-charge persons and frontline staff;
- visited the Hotline's operation centre jointly with SWD staff, and exchanged views with in-charge persons and frontline social workers;
- reviewed information and views submitted by the public<sup>4</sup>; and
- scrutinised relevant media reports.

**1.8** On 7 March 2025, we issued a draft investigation report to SWD for comment, subject to the secrecy obligation. SWD's reply was received on 23 May. On 3 June and 28 August respectively, we sought the latest information from SWD, and received its reply on 3 July and 26 September respectively. Upon considering and incorporating SWD's comments as appropriate, we completed this final report on 6 October 2025.

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<sup>4</sup> We received ten submissions from the public regarding this direct investigation operation.

# 2

## *PROFILE OF CARERS*

**2.1** A “carer” refers to a person responsible for looking after individuals who are frail, disabled or elderly. Carers can be the care recipient’s relatives or friends, as well as paid foreign domestic helpers or care professionals. In this direct investigation operation, we focus on unpaid carers, such as spouses, offspring, offspring’s spouses or parents, who have to single-handedly take care of their elderly or disabled family members.

### **NUMBER OF CARERS**

**2.2** Although there is currently no official, comprehensive statistics of the total number and status of carers, relevant information can be derived from certain statistics and research reports. According to the 2021 Population Census report<sup>5</sup> published by the Census and Statistics Department (“C&SD”), in 2021, 226,000 persons aged or over 60 across Hong Kong relied on their spouse, offspring or offspring’s spouses as the primary carer. Separately, another C&SD report<sup>6</sup> showed that around 131,000 persons with disabilities (excluding persons with intellectual disabilities) and 170,000 persons with chronic diseases<sup>7</sup> who had specific needs relied on their spouse, parents, offspring or offspring’s spouses as the primary carer.

### **AGE AND IDENTITY OF CARERS**

**2.3** Based on the 2021 Population Census conducted by C&SD, nearly 30% of the 230,000 carers for the elderly were aged or over 60 themselves, primarily the spouse or offspring of the care recipient. In a research conducted by the Hong Kong Council of Social Service (“HKCSS”) at elderly centres<sup>8</sup>, the average age of carers interviewed was 70, and 35% were over 75, highlighting the prevalence of “double elderly households” and “the elderly caring for the elderly”.

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<sup>5</sup> Hong Kong 2021 Population Census – Thematic Report: Older Persons published by C&SD.

<sup>6</sup> Special Topics Report No.63 – Persons with Disabilities and Chronic Diseases published by C&SD in 2021.

<sup>7</sup> Including persons aged 60 or above.

<sup>8</sup> Research on the profile and service needs of elderly carers published by the HKCSS in 2018.

**2.4** The scenario of “the elderly caring for the disabled” is also prevalent. According to a report by the Hong Kong Polytechnic University Consulting Team<sup>9</sup>, the average age of carers for persons with disabilities interviewed was 51.3 years old, with nearly 90% being the care recipient’s parents.

## **CAREGIVING HOURS**

**2.5** Beyond carers’ age and their relationship with the care recipient, the extent of their caregiving responsibilities also warrants attention. According to a research<sup>10</sup> by the HKCSS and the consultancy report by the Hong Kong Polytechnic University, carers spent an average of over 60 hours, with some up to 70 to 80 hours, per week on caregiving.

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<sup>9</sup> Report of Consultancy Study on Needs and Support Required of Carers of Elderly Persons and of Persons with Disabilities in Hong Kong published by the Hong Kong Polytechnic University Consulting Team in 2022.

<sup>10</sup> A research on the needs of carers to take a breather published by the HKCSS in 2021.

# 3

## ***INTRODUCTION OF RESPITE SERVICES***

### **INTRODUCTION**

**3.1** There are four main types of respite services:

- (1) day respite service for the elderly;
- (2) residential respite service for the elderly;
- (3) day respite service for persons with disabilities; and
- (4) residential respite service for persons with disabilities.

**3.2** Respite services are planned, monitored and promoted by SWD and provided by residential care homes or day care units operated by non-governmental organisations (“NGOs”) or private entities. Short-term day care or overnight residential care is available for the elderly and persons with disabilities who need such services.

### **SERVICE PROVIDERS**

**3.3** According to SWD’s requirements <sup>11</sup>, the service providers of the four types of respite care are funded in different ways as detailed below:

#### ***Day and Residential Respite Services for the Elderly***

- (1) **Subvented service providers:** Day care centres or units, or residential care homes for the elderly (“RCHes”) operated by NGOs and allocated a lump sum grant by SWD, including private day care units subsidised

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<sup>11</sup> Regardless of the form of funding, all service providers of respite care must enter into a service agreement with SWD, which stipulates the requirements of respite services.

under SWD's Bought Place Scheme on Day Care Units for the Elderly<sup>12</sup>;

- (2) **Contract homes<sup>13</sup> and attached day care units:** RCHEs and attached day care units with service contracts awarded by SWD through open tender, operated by NGOs or private entities;
- (3) **Private RCHEs participating in the Enhanced Bought Place Scheme ("EBPS")<sup>14</sup>:** Private RCHEs subsidised under SWD's EBPS; and
- (4) **Recognised service providers ("RSPs") offering day care service under the Community Care Service Voucher ("CCSV") Scheme for the Elderly<sup>15</sup>:** RSPs offering day care service under CCSV operated by NGOs or private entities and subsidised on an accountable basis.

### *Day and Residential Respite Services for Persons with Disabilities*

- (5) **Subvented service providers:** Day rehabilitation units or residential care homes for persons with disabilities ("RCHDs") operated by NGOs and allocated a lump sum grant by SWD. These service providers include Day Activity Centres, District Support Centres for Persons with Disabilities, Care and Attention Homes for Severely Disabled Persons, Hostels for Moderately Mentally Handicapped Persons, Hostels for Severely Mentally Handicapped Persons, Hostels for Severely Physically Handicapped Persons, Hostels for Severely Physically and Mentally Handicapped Persons, and Supported Hostels; and
- (6) **Private RCHDs participating in the Bought Place Scheme ("BPS")<sup>16</sup>:** Private RCHDs subsidised under SWD's BPS.

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<sup>12</sup> Under the Bought Place Scheme on Day Care Units for the Elderly introduced by SWD in May 2020, seven day care units for the elderly were established with bought places.

<sup>13</sup> Since 2001, SWD has selected suitable organisations through competitive tender to operate newly established RCHEs, providing residential care service for the elderly waitlisted for subsidised places.

<sup>14</sup> SWD implemented the EBPS in 1998 to purchase places from private RCHEs, with a view to enhancing their service standards through improvements in staffing ratio and floor area per resident, as well as increasing the supply of subsidised places to shorten the waiting time of the elderly.

<sup>15</sup> Since December 2024, SWD has allocated more resources encouraging RSPs to offer day respite service under the CCSV Scheme for the elderly in need.

<sup>16</sup> SWD implemented the BPS in 2010 to purchase places from private RCHDs, with a view to enhancing their service standards through improvements in staffing ratio and floor area per resident, as well as increasing the supply of subsidised places to shorten the waiting time of persons with disabilities.

## SERVICE PLACES

**3.4** There are two types of respite places:

- (1) **Designated places:** Places in some day care units or residential care homes designated by SWD specifically for the provision of respite services; and
- (2) **Casual vacancies:** When the long-term care places in day care units or residential care homes are temporarily vacant, e.g. when the residents are hospitalised temporarily, or have gone home for a rest, withdrew from the service or passed away, those places are released for respite services. Service providers without designated places can also provide respite services through casual vacancies from long-term care services.

Generally speaking, the number of designated places is fixed, while the number of casual vacancies fluctuates daily according to the utilisation of long-term care services.

**3.5** Both designated places and casual vacancies are available in day and residential respite services for the elderly and residential respite services for persons with disabilities. On the other hand, day respite services for persons with disabilities are not categorised into designated places and causal vacancies.

**3.6** Figures of various types of service places are tabulated below:

**Table 1: Places of day respite service for the elderly  
(As of 31 March 2025)**

Type of provider	Subvented day care centres or units	Day care units attached to contract homes	Private RCHEs participating in EBPS	RSPs offering day care service under CCSV	Total
<b>No. of providers offering designated places of day respite service</b>	39	21	134 <sup>Note 1</sup>	116 <sup>Note 2</sup>	<b>310</b>
<b>No. of designated places of day respite service</b> <small>Note 3</small>	218	68	268 <sup>Note 1</sup>	116 <sup>Note 2</sup>	<b>670</b>

Note 1: Figures represent the available places of day respite service in private RCHEs with designated places of residential respite service when such designated places are vacant. The number of places fluctuates daily according to service utilisation.

Note 2: Under CCSV, RSPs offering day care service can provide day respite service for the elderly when there are vacancies. RSPs have no fixed number of day respite places for the elderly. SWD indicated that for ease of calculation, each RSP is expected to provide at least one place.

Note 3: Figures include designated places only because the number of casual vacancies fluctuates daily according to service utilisation.

**Table 2: Places of residential respite service for the elderly  
(As of 31 March 2025)**

Type of provider	Subvented homes	Contract homes	Private RCHEs participating in EBPS	Total
<b>No. of providers offering designated places of residential respite service</b>	26	7	134	<b>167</b>
<b>No. of designated places of residential respite service</b> <sup>Note</sup>	29	7	268	<b>304</b>

Note: Figures include designated places only because the number of casual vacancies fluctuates daily according to service utilisation.

**Table 3: Places of day respite service for persons with disabilities  
(As of 31 March 2025)**

Type of provider	Subvented rehabilitation day centres or RCHDs	Private RCHDs participating in BPS	Total
<b>No. of providers offering places of day respite service</b>	48	22 <sup>Note 1</sup>	<b>70</b>
<b>No. of places of day respite service</b> <sup>Note 2</sup>	172	65 <sup>Note 1</sup>	<b>237</b>

Note 1: Figures represent the available places of day respite service in private RCHDs with designated places of residential respite service when such designated places are vacant. The number of places fluctuates daily according to service utilisation.

Note 2: Places of day respite service for persons with disabilities are not categorised into designated places and casual vacancies.

**Table 4: Places of residential respite service for persons with disabilities  
(As of 31 March 2025)**

Type of provider	Subvented RCHDs	Private RCHDs participating in BPS	Total
<b>No. of providers offering designated places of residential respite service (a)</b>	55 <sup>Note 1</sup>	22	<b>77</b>
<b>No. of designated places of residential respite service (b)</b>	118	65	<b>183</b>
<b>No. of providers offering casual vacancies of residential respite service (c)</b>	113 <sup>Note 1</sup>	-	<b>113</b>
<b>No. of casual vacancies of residential respite service</b> <sup>Note 2</sup> (d)	261	-	<b>261</b>
<b>Total no. of designated places and casual vacancies of residential respite service (e)=(b)+(d)</b>	379	65	<b>444</b>

Note 1: Including subvented RCHDs which provide both designated places and casual vacancies.

Note 2: Since 2001/02, SWD has required some newly established subvented RCHDs to provide residential respite service, with two fixed casual vacancies in residential respite service for every 50 subsidised long-term care places.

## SERVICE DETAILS

### *Service Targets*

**3.7** Targets of respite services are elderly persons and persons with disabilities who are living in the community and not receiving long-term care services. Generally, elderly persons aged 60 or above and persons with disabilities aged 6 or above (some service providers only admit persons with disabilities aged 15 or above) are eligible for respite services as far as their health conditions and self-care abilities meet the level of care provided by the service units.

### *Service Hours*

**3.8** The service hours vary slightly with each provider. Generally, day respite service for the elderly operates from 8 am to 6 pm, Mondays to Saturdays; day respite service for persons with disabilities operates from 9 am to 3:30 to 6 pm, Mondays to Fridays. Some providers offer extended service hours and holiday service. Residential respite services operate flexibly round the clock from Mondays to Sundays to provide elderly persons and persons with disabilities with overnight residential care.

### *Duration of Stay*

**3.9** Respite services, unlike long-term care services, are intended to allow carers to take a breather. As such, all types of respite services are subject to a maximum duration of stay. Depending on the type of service, the service can normally be used on separate occasions for an aggregate of 14 to 42 days. In special circumstances, users and carers may seek the assistance of social workers to apply for extension, and service providers may also exercise discretion to extend the duration of stay.

### *Fees*

**3.10** The basic fees of various respite services are set by SWD, generally charged at a fixed rate according to the number of hours or days of use, ranging from a few dollars per hour to tens of dollars per day. Service providers may also charge users additional fees, such as medical escort fee, as necessary.

**3.11** According to SWD, subvented service providers allocated a lump sum grant are required to follow the fee-charging requirements and principles set out in the Social Welfare Services Lump Sum Grant Subvention Manual, including the principle that fees should be charged on a cost-recovery basis.

**3.12** In addition, all RCHEs and RCHDs are required to follow the fee-charging guidelines in the Code of Practice for Residential Care Homes (Elderly Persons) and the Code of Practice for Residential Care Homes (Persons with Disabilities). According to the guidelines, care homes shall explicitly specify the amount (i.e. the amount per month, per time or per item in Hong Kong dollar) of home fees and other charges, and

prepare a list of charges to be displayed prominently in the care home for access by residents, their families or other persons. The schedule of fees and charges shall be given and clearly explained to residents or their family members or representatives prior to admission. Details of fees and charges, including the fee-charging regulations, deadline for payments and arrangements for fee adjustment, shall be set out in the admission agreement.

**3.13** RSPs under the CCSV Scheme shall charge fees based on the actual number of sessions used, in accordance with the service agreements and the Service Specifications. RSPs must also clearly specify all charge items and relevant details, enabling elderly persons and their carers to understand the specific arrangements and decide whether to opt for additional services.

### *Ancillary Support*

**3.14** At present, SWD has not mandated service providers to provide respite service users with transport and other ancillary support, such as out-patient escort and medical escort. SWD said that service providers may provide elderly users, persons with disabilities and their carers with transport and other support where necessary and practicable. SWD does not maintain statistics on the number of service providers which offer the relevant ancillary support.

**3.15** SWD added that the 24-hour Designated Hotline for Carer Support launched in September 2023 provides carers with round-the-clock support, such as respite service matching and referral, transport allowance for carers in financial hardship, barrier-free transport, outreach services for escorting elderly persons or persons with disabilities to the respite premises, etc. For details, please refer to **chapter 6**.

**3.16** Details of different types of respite services are given in the **Appendix** (see **tables 5 to 8**).

## **APPLICATION PROCEDURES FOR RESPITE SERVICES**

### *Application Channels*

**3.17** Elderly persons, persons with disabilities and their carers in need may make enquiries with and apply for services to the service providers directly; or through referral by Medical Social Service Units, Integrated Family Service Centres, elderly and rehabilitation service units, and the social workers of special schools; or by calling the 24-hour Designated Hotline for Carer Support. Regardless of the district they are living in, applicants can apply for services in the same or a different district according to their own preference, and choose any service providers located in Hong Kong.

## ***Required Documents and Medical Examinations***

**3.18** Regarding application documents, SWD has developed application forms for respite care services for the elderly and persons with disabilities respectively for applicants to provide information on their medical history, self-care ability and other physical conditions, such that service providers can preliminarily understand their care needs. Carers applying for residential respite service for the elderly are also required to sign an undertaking to pick up the elderly for home upon the end of respite period.

**3.19** Separately, in accordance with the Code of Practice for Residential Care Homes (Elderly Persons) and the Code of Practice for Residential Care Homes (Persons with Disabilities), applicants for residential respite services for the elderly and persons with disabilities shall undergo a health check by a registered medical practitioner prior to admission, and submit to the care home the Medical Examination Form for Residents in RCHes or Medical Examination Form for Residents in RCHDs duly completed by the registered medical practitioner. 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.

**3.20** Apart from the above application form and Medical Examination Form, according to SWD guidelines, service providers may request applicants to submit other documents or undergo additional medical examinations as appropriate.

## ***Referral Required for Application***

**3.21** Among the four types of respite services, only residential respite service for the elderly requires referral by social workers. SWD explained that the purpose of this requirement is to enable the referring social worker to follow up on the long-term care needs of the elderly users of respite service in the interim and to make appropriate discharge arrangements.

## **DISSEMINATION OF INFORMATION**

**3.22** At present, SWD disseminates information on respite care services mainly through the Vacancy Enquiry System for Respite Services and Emergency Placement (“Enquiry System”), the Information Gateway for Carers and SWD website.

**3.23** The Enquiry System (<https://www.ves.swd.gov.hk/en/>) was set up by SWD in 2019 to facilitate online access to information and vacancies of respite care services for the elderly and persons with disabilities by members of the public and service referral units. The Enquiry System contains details of the various types of respite care services, including eligibility criteria, duration of stay, application procedures and fees, list of service providers, as well as service overview and contact details of individual service providers. A search function is available for the public to find the respite services that meet their needs through such filters as the applicant’s gender, age range, type of

disability, level of care, type of care home and district, so as to facilitate application to the relevant service providers.

**3.24** The Information Gateway for Carers (<https://carers.hk/en-us>), developed by the Hong Kong Shue Yan University, was launched in November 2023 by SWD in collaboration with the Hong Kong Jockey Club Charities Trust. The Gateway has three main functions, namely information search (service and resource, upcoming events, events highlights), knowledge search (caring orientation, caring knowledge), and connection and linkage (service provider zone), covering services for the elderly, persons with disabilities and their carers, caring skills, as well as community activities and resources for carers. Details of the various types of respite services are available on the Gateway.

# 4

## *SERVICE PLANNING AND UTILISATION*

### **SERVICE PLANNING**

**4.1** When planning elderly and rehabilitation service facilities in various districts, SWD takes into account a range of factors, including the distribution of services across districts, land availability, service demand arising from population growth and demographic changes, and the supply and utilisation of different types of services. SWD also reviews the provision of respite services in the district where a service provider is located when renewing its contract to determine the number of its service places and ensure adequate services to meet community needs.

**4.2** Over the past two decades, SWD has endeavoured to expand the network of respite services:

- (1) Since 2000/01, all subvented RCHEs have been required to provide residential respite service using casual vacancies. Residential respite service for the elderly has gradually become available in all contract homes and private RCHEs participating in the EBPS;
- (2) Since 2001/02, all newly established subvented day care centres or units for the elderly have been required to provide 3 to 5 designated places of day respite service;
- (3) Since 2001/02, certain newly established subvented RCHDs have been required to provide residential respite service using 2 casual vacancies for every 50 subvented places;
- (4) Since 2008, all newly established subvented RCHDs have lowered the age of the target group of persons with disabilities for residential respite service from 15 or above to 6 or above;
- (5) Since 2014, NGOs have been invited to provide day respite service for persons with disabilities in Day Activity Centres, District Support

Centres for Persons with Disabilities, and Care and Attention Homes for Severely Disabled Persons. Although SWD has not required newly established day rehabilitation units to provide respite services, applicant organisations often proactively offer value-added initiatives, including day respite places in addition to long-term care places, in their proposals;

- (6) Since April 2016, all newly established contract homes and those with service contracts renewed have been required to provide 1 designated residential respite place; contract homes attached with a day care unit have also been required to provide 3 designated day respite places;
- (7) Since February 2018, 2 designated residential respite places have been purchased from each private RCHE participating in the EBPS, in addition to the long-term care places already purchased;
- (8) Since March 2021, 2 to 3 designated residential respite places have been purchased from each private RCHD participating in the BPS, in addition to the long-term care places already purchased;
- (9) Since October 2023, private RCHDs participating in the BPS have been required to provide day respite service for persons with disabilities in need when their designated residential respite places are vacant;
- (10) Since December 2023, private RCHEs participating in the EBPS have been required to provide day respite service for elderly persons in need when their designated residential respite places are vacant; and
- (11) Starting from December 2024, RSPs that originally provided day care service only to CCSV holders have extended their day respite service to any elderly persons in need.

## **SERVICE SUPPLY**

**4.3** Statistics on the overall supply of various types of respite services with a breakdown by the 18 District Council districts are provided in the Appendix (see **tables 9 to 12**).

**4.4** The data indicate:

- (1) The places of **day respite service for the elderly** increased nearly threefold from 172 in 2018/19 to 670 in 2024/25. Of the 498 additional places, 114 were designated places provided by day care centres or units, while the remaining 384 (77%) represented the available places of day respite service when designated residential

respite places in private RCHEs participating in the EBPS and the service places of RSPs offering day care service under CCSV were vacant. All 18 districts recorded an increase in day respite places;

- (2) The places of **residential respite service for the elderly** decreased slightly from 319 in 2018/19 to 304 in 2024/25. SWD explained that the minor decrease was mainly due to the closure of a few private RCHEs participating in the EBPS. Among the 18 districts, 10 recorded a decrease, 2 remained unchanged, and 6 recorded an increase in residential respite places;
- (3) The places of **day respite service for persons with disabilities** increased by 50% from 158 in 2018/19 to 237 in 2024/25. Of the 79 additional places, 14 were provided by subvented service providers, while the remaining 65 (82%) represented the available places when designated residential respite places in private RCHDs participating in the BPS were vacant. Among the 18 districts, 13 recorded an increase, and 5 remained unchanged; and
- (4) The places of **residential respite service for persons with disabilities** increased by 49% from 297 in 2018/19 to 444 in 2024/25. Among the 18 districts, 16 recorded an increase, and 2 remained unchanged. Unlike other types of respite services, SWD has always included casual vacancies in the calculation of residential respite places for persons with disabilities. If only designated places are counted, this type of respite places increased by 78% from 103 to 183 during the above period.

## SERVICE UTILISATION RATES

### *Overall Utilisation*

**4.5** From 2018/19 to 2024/25, the utilisation rates of various types of respite services are shown in **tables 13 to 16** below. In light of SWD's indication that a sharp decline in the use of respite services was recorded during 2020/21 to 2022/23 as elderly persons, persons with disabilities and their carers avoided going out during the COVID-19 epidemic, we have **excluded the utilisation rates between 2020/21 and 2022/23** when calculating the average utilisation rates in the tables below.

**Table 13: Utilisation rate of day respite service for the elderly**

Year	Utilisation rate <sup>Note 1</sup>		
	Subvented day care centres or units	Day care units attached to contract homes	Overall
2018/19	69.0%	30.1%	<b>55.7%</b>
2019/20	52.8%	31.9%	<b>45.8%</b>
2023/24	62.0%	40.1%	<b>54.8%</b>
2024/25 <sup>Note 2</sup>	61.8%	35.2%	<b>51.0%</b>
<b>Average utilisation rate</b>	<b>61.4%</b>	<b>34.3%</b>	<b>51.8%</b>

Note 1: Taking into account the designated places of day respite service provided by subvented day care centres or units and contract homes only, excluding the day respite service provided by private RCHEs participating in EBPS when their designated residential respite places are vacant. Also excluding the day respite service provided by RSPs under CCSV when their day care places are vacant.

$$\text{Utilisation rate (\%)} = \frac{\text{No. of service attendances}}{\text{No. of places} \times \text{No. of opening days}}$$

Note 2: SWD indicated that the total number of attendances for day respite service for the elderly increased by 51.4% from 26,414 in 2018/19 to 39,980 in 2024/25. Due to the significant increase in the number of day respite places for the elderly in 2024/25, a slight decrease in the overall utilisation rate was recorded despite the increase in the total number of attendances.

**Table 14: Utilisation rate of residential respite service for the elderly**

Year	Utilisation rate <sup>Note 1</sup>			
	Subvented homes	Contract homes	Private RCHEs participating in EBPS	Overall
2018/19	<b>51.7%</b> <sup>Note 2</sup>			
2019/20	<b>62.3%</b> <sup>Note 2</sup>			
2023/24	58.0%	80.5%	60.5%	<b>61.0%</b>
2024/25	64.4%	76.5%	65.5%	<b>65.7%</b>
<b>Average utilisation rate</b>	<b>61.2%</b> <sup>Note 3</sup>	<b>78.5%</b> <sup>Note 3</sup>	<b>63.0%</b> <sup>Note 3</sup>	<b>63.4%</b>

Note 1: Taking into account the designated respite places provided by all RCHEs only, excluding casual vacancies.

$$\text{Utilisation rate (\%)} = \frac{\text{Days of utilisation}}{\text{No. of places} \times \text{Days of service provided}}$$

Note 2: Before 2020/21, SWD did not compile a breakdown, by type of service providers, of the utilisation rate of residential respite service for the elderly.

Note 3: Taking into account the utilisation rates in 2023/24 to 2024/25 only.

**Table 15: Utilisation rate of day respite service for persons with disabilities**

Year	Utilisation rate <sup>Note 1</sup>			
	Day Activity Centres	District Support Centres for Persons with Disabilities	Care and Attention Homes for Severely Disabled Persons <sup>Note 2</sup>	Overall
2018/19	20.0%	50.6%	1.6%	<b>23.7%</b>
2019/20	12.1%	43.8%	2.1%	<b>17.3%</b>
2023/24	4.7%	42.7%	0.2%	<b>15.2%</b>
2024/25	5.8%	53.5%	0.3%	<b>19.3%</b>
<b>Average utilisation rate</b>	<b>10.7%</b>	<b>47.7%</b>	<b>1.1%</b>	<b>18.9%</b>

Note 1: Taking into account the day respite service provided by subvented rehabilitation centres and RCHDs only, excluding the day respite service provided by private RCHDs participating in BPS when their designated residential respite places are vacant.

$$\text{Utilisation rate (\%)} = \frac{\text{No. of service attendances}}{\text{No. of places} \times \text{No. of opening days}}$$

Note 2: SWD explained that for persons with disabilities living in the community but in need of regular medical and nursing care, their family members, when seeking day respite service, often prefer the service provided by the more accessible District Support Centres for Persons with Disabilities or Day Activity Centres located in various districts, and hence are less inclined to use the day respite service provided by Care and Attention Homes for Severely Disabled Persons.

**Table 16: Utilisation rate of residential respite service for persons with disabilities**

Year	Utilisation rate <sup>Note 1</sup>							
	Hostels for Moderately Mentally Handicapped Persons	Hostels for Severely Mentally Handicapped Persons	Hostels for Severely Physically Handicapped Persons	Hostels for Severely Physically and Mentally Handicapped Persons <small>Note 2</small>	Care and Attention Homes for Severely Disabled Persons	Supported Hostels	Private RCHDs participating in BPS	Overall
2018/19	11.5%	18.0%	4.9%	0.1%	4.4%	6.2%	_ Note 3	<b>15.3%</b>
2019/20	11.1%	14.6%	4.3%	0.5%	5.5%	9.1%		<b>12.2%</b>
2023/24	6.7%	7.6%	5.6%	0%	3.4%	4.3%	18.7%	<b>7.9%</b>
2024/25	5.4%	8.7%	11.2%	0%	5.5%	6.9%	18.0%	<b>9.4%</b>
<b>Average utilisation rate</b>	<b>8.7%</b>	<b>12.2%</b>	<b>6.5%</b>	<b>0.2%</b>	<b>4.7%</b>	<b>6.6%</b>	<b>18.4%</b>	<b>11.2%</b>

Note 1: Taking into account the designated places and fixed casual vacancies provided by subvented RCHDs, and the designated places provided by private RCHDs participating in BPS.

$$\text{Utilisation rate (\%)} = \frac{\text{Days of utilisation}}{\text{No. of places} \times \text{No. of opening days}}$$

Note 2: No designated places and only two casual vacancies are provided by Hostels for Severely Physically and Mentally Handicapped Persons.

Note 3: SWD has bought residential places in private RCHDs to provide designated places of respite service only since March 2021.

**4.6** The above data show that the average utilisation rate of respite services ranges between 50% and 60% for the elderly, and significantly lower at between 10% and 20% for persons with disabilities. Comparing data before and after the epidemic, there has been no significant change in the overall utilisation rates of various types of respite services.

### ***Breakdown of Utilisation Rates by Districts***

**4.7** From 2018/19 to 2024/25, the utilisation rates of various types of respite services with a breakdown by the 18 District Council districts are tabulated in the **Appendix** (see **tables 17 to 20**). As before, we have **excluded the utilisation rates between 2020/21 and 2022/23** when calculating the average utilisation rates.

#### 4.8 The data indicate:

- (1) Average utilisation rates of **day respite service for the elderly** varied significantly across the 18 districts, ranging from 20% to 138%. SWD explained that a single place may be used by different elderly persons at different times on the same day, and the utilisation rate calculated based on service attendances can exceed 100%. Utilisation was relatively stable in most districts, though some (such as Tuen Mun and Kwai Tsing Districts) showed a downward trend;
- (2) Average utilisation rates of **residential respite service for the elderly** across the 18 districts were within a relatively narrow range from 44% to 77%, and remained generally stable over the past few years;
- (3) Average utilisation rates of **day respite service for persons with disabilities** across the 18 districts ranged from approximately 4% to 63%. Several districts (including Central and Western, Kowloon City, Tuen Mun, and Islands Districts) showed significantly higher utilisation rates at 30% to 60%. On the other hand, if taking into account data in 2023/24 and 2024/25 only, six districts consistently recorded utilisation rates of below 10%. Over the years, utilisation rates in most districts remained at very low levels, including some (such as Sham Shui Po and Tuen Mun Districts) showing a downward trend; and
- (4) Average utilisation rates of **residential respite service for persons with disabilities** across the 18 districts ranged from 0% to 26%. If taking into account data in 2023/24 and 2024/25 only, the utilisation rate was highest in Yau Tsim Mong at just 17%, and consistently below 10% in eight districts. Moreover, utilisation rates in most districts remained at very low levels over the years, including some (such as Southern District) showing a downward trend.

#### *Response from SWD*

**4.9** Regarding the low utilisation rates of respite services for persons with disabilities, SWD explained that their varying needs, particularly according to the type of disability and level of care required, make service matching more difficult. For example, the respite services catering for persons with intellectual disabilities may not be suitable for those with physical impairments. In addition, many persons with disabilities attend Day Activity Centres, District Support Centres, Sheltered Workshops, or Integrated Vocational Rehabilitation Services Centres for training or activities. They may not require separate arrangements for day respite service, thus resulting in the lower utilisation rates.

**4.10** Furthermore, SWD stated that respite services are demand-driven. The willingness and perceptions of elderly persons, persons with disabilities and their carers, such as a strong emphasis on family caregiving responsibilities, concerns about the care recipient's ability to adapt to unfamiliar environments, and fears of social stigma, may lead to hesitation in seeking help or considering the use of respite services.

**4.11** To improve utilisation rates, SWD is actively enhancing promotional efforts, including the dissemination of self-help information for carers. It is also strengthening support by offering service matching, transport allowance and more comprehensive information through the 24-hour Dedicated Hotline for Carer Support.

# 5

## ***SERVICE MONITORING AND PUBLICITY AND PROMOTION***

### **SERVICE MONITORING**

**5.1** SWD monitors the service standards and quality of service providers through various means, including regular site inspections; telephone or face-to-face interviews with the management, staff and users of service providers; complaint investigation<sup>17</sup>; auditing of service records and policy documents; and telephone spot checks in the guise of carers to assess their performance in handling enquiries and applications.

**5.2** If any subvented service provider fails to comply with requirements or performs poorly, the relevant NGO is required to submit to SWD an action plan for improvement. In cases of non-compliance with requirements or service agreements by contract homes or private homes, SWD may issue advice or warnings, refuse to renew the contract, or even terminate the agreement.

#### ***Assessment Visits and Telephone Spot Checks***

**5.3** Between 2018/19 and 2024/25, through assessment visits and telephone spot checks, SWD identified and followed up on 46 service providers with low utilisation rates of respite services, non-compliance with requirements, or unsatisfactory performance. Details of two such cases are set out as follows:

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<sup>17</sup> SWD indicated that it has not received complaints related to respite services in recent years.

**Table 21: SWD’s follow-up on cases of respite service with inadequacies**

Case 1 (Day respite service for the elderly)	
<b>Type of provider</b>	Subvented day care centre
<b>Inadequacy</b>	Utilisation rate was 0% in 2021/22
<b>SWD’s follow-up</b>	During the review of service agreement with the provider in 2022, SWD raised concerns about its service utilisation, and required it to submit an action plan for improvement with a commitment to closely monitor service arrangements.
<b>Outcome after SWD’s follow-up</b>	The utilisation rate was raised from 0% in 2021/22 to 14.4% in 2022/23 and further to 50.5% in 2023/24.
Case 2 (Residential respite service for persons with disabilities)	
<b>Type of provider</b>	Subvented RCHD
<b>Inadequacy</b>	Utilisation rate was 0% in 2022/23
<b>SWD’s follow-up</b>	SWD provided recommendations on service promotion and arranged for the provider to attend a meeting of the District Coordinating Committee on Rehabilitation Service to introduce its service to local stakeholders, including District Council members and representatives from the Hospital Authority (“HA”), schools and parent associations.
<b>Outcome after SWD’s follow-up</b>	The utilisation rate was raised from 0% in 2022/23 to 4.2% in 2023/24.

### *Data Reporting*

**5.4** All service providers are required to report regularly the utilisation data of respite services using the forms designated by SWD. Details are set out as follows:

**Table 22: Reporting requirements and frequencies for various types of service providers**

	<b>Frequency</b>	<b>Data required</b>
Day respite service for the elderly		
Subvented day care centres or units	Quarterly	<ul style="list-style-type: none"> <li>Total number of admissions of</li> </ul>

	<b>Frequency</b>	<b>Data required</b>
Day care units attached to contract homes		designated places per month
Private RCHEs	Monthly	<ul style="list-style-type: none"> <li>• Name and date of occupancy of each user of designated places</li> <li>• Total number of admissions of designated places per month</li> </ul>
RSPs offering day care service under CCSV	Monthly	<ul style="list-style-type: none"> <li>• Name and other personal details of each user</li> <li>• Dates of admission and discharge of each user</li> <li>• Number of respite service sessions, and number of transport transfer and escort services provided</li> <li>• Original or certified copy of receipt issued to each user</li> </ul>
<b>Residential respite service for the elderly</b>		
Subvented homes	Quarterly	<ul style="list-style-type: none"> <li>• Total number of admissions of designated places and casual vacancies per month</li> <li>• Total number of days of occupancy of designated places and casual vacancies per month</li> </ul>
Contract homes		<ul style="list-style-type: none"> <li>• Total number of days of occupancy of designated places per month</li> </ul>
Private RCHEs		<ul style="list-style-type: none"> <li>• Name, gender, dates of admission and discharge, reason for application and referral organisation of each user of designated places</li> <li>• Total number of days of occupancy of designated places per month</li> </ul>
<b>Day and residential respite services for persons with disabilities</b>		
All service providers	Quarterly	<ul style="list-style-type: none"> <li>• Total number of admissions per month</li> <li>• Breakdown of users by gender and age</li> <li>• Reason for application of each user</li> <li>• Breakdown of users by duration of services</li> </ul>

**5.5** SWD stated that, as users of respite services are not required to queue through its central referral system, it does not maintain records of service providers on reasons for unused service places, number of applications and waiting cases, average waiting time, average duration of stay<sup>18</sup>, number of rejected applications, reasons for rejection, or special cases.

### ***Monitoring Updates to the Enquiry System by Service Providers***

**5.6** According to SWD's User Guide for the Enquiry System, the in-charge person of service provider is required to update the system within one working day after a service place becomes vacant to ensure real-time and accurate information on the system. If a service provider has a new booking on the system but fails to update the utilisation record on time, the system's alert function will send an email to both the service provider and SWD.

**5.7** SWD said that it will continue to monitor the situation. If SWD notices any particular service provider receives alerts from the system frequently or fails to respond to the alerts, the Department will contact the service provider to remind it to update records promptly and instruct it to ensure timely updates in future.

**5.8** SWD also regularly organises online training sessions on the Enquiry System to help the in-charge persons of service providers understand the procedures for uploading vacancy information and ensure they are equipped with the latest system knowledge and skills.

### ***Monitoring the Use of Subsidy by Service Providers***

**5.9** NGOs operating subvented service providers are required to submit audited annual financial reports to SWD. Contract homes and private homes participating in bought place schemes are required to maintain relevant financial records for the Department's auditing. Furthermore, RSPs under the CCSV Scheme are required to maintain separate accounts for day respite services for the elderly, and submit audited annual statements of income and expenditure to SWD each year.

**5.10** SWD explained that the use of respite services is demand-driven, and service providers have to maintain sufficient staffing levels to handle enquiries, more frequent admissions and discharges, and support users in adapting to new environments. To ensure stable service provision, SWD will not require the return of allocated subsidies from providers even if their respite places are not fully utilised. It added that some day care centres or care homes offer respite places as part of their routine operations without any additional subsidies from SWD. As for RSPs under the CCSV Scheme, SWD provides additional allowance for the newly introduced day respite service for the elderly. The allowance is calculated based on the number of service hours provided by RSPs and reimbursed on an accountable basis.

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<sup>18</sup> Except residential respite service for the elderly with the average duration of stay being 30 days.

## ***Monitoring Utilisation Rates***

**5.11** Currently, only the designated residential respite places provided by contract RCHEs are subject to a minimum utilisation rate of 60%. SWD explained that as respite services are demand-driven, it has not imposed minimum utilisation requirements on other types of service providers, but it regularly reviews reports submitted by service providers to monitor service utilisation.

## **PUBLICITY AND PROMOTION**

**5.12** SWD promotes respite services across Hong Kong and at the district level through various online and offline channels. In addition to distributing leaflets at district welfare service units<sup>19</sup> and uploading promotional videos to its YouTube channel to introduce details of respite services, SWD invited representatives of service providers and users to share real-life experiences in radio and television programmes between 2023 and 2025, with a view to deepening understanding of respite services among elderly persons, persons with disabilities and their carers.

**5.13** Separately, in 2022 and 2023, SWD held video conferences with service providers, encouraging them to regularly promote respite services to such local stakeholders as HA and residents' organisations, and to build partnerships to facilitate public access to respite services when needed.

**5.14** SWD also shares experiences and case studies on respite services with members<sup>20</sup> of the District Coordinating Committees on Elderly and Rehabilitation Services established under the District Social Welfare Offices, encouraging members to provide respite services through their affiliated entities or refer persons in need to such services.

**5.15** Moreover, SWD launched in 2023/24 a three-year territory-wide "Care the Carers Campaign" with a yearly theme, aimed at promoting carer support and mutual help within the community. In the first year, under the theme of "Helping Carers Help Themselves", publicity focused on encouraging carers to help themselves. In the second year, under the theme of "Walk with Carers", publicity emphasised standing by carers. In the third year, under the theme of "Fostering a Carer-friendly Community", publicity focused on fostering a community environment that supports carers. The Campaign included promotion of respite services.

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<sup>19</sup> These welfare service units include Integrated Family Service Centres, Medical Social Service Units, District Elderly Community Centres, Neighbourhood Elderly Centres, special schools and rehabilitation service units.

<sup>20</sup> Members include local District Council members, HA, the Department of Health, other government departments, elderly and rehabilitation service organisations, special schools, service users and representatives from the business sector.

# 6

## *ENHANCEMENT MEASURES IN RECENT YEARS*

**6.1** In recent years, SWD has implemented a series of enhancement measures to provide more comprehensive and adequate support for carers of the elderly and persons with disabilities. The key initiatives are set out as follows:

### **EXPANSION OF RESPITE SERVICE NETWORK**

**6.2** In October and December 2023 respectively, SWD required that 20 private RCHDs participating in the BPS and more than 130 private RCHEs participating in the EBPS provide not only residential respite services, but also day respite services for the elderly and persons with disabilities in need when their designated residential respite places are vacant. After implementation of this measure, the number of service points providing day respite services for the elderly surged from around 50 to nearly 190, and service places increased from around 270 to over 500. The number of service points providing day respite services for persons with disabilities rose from around 40 to nearly 70, and service places increased from around 170 to more than 230.

**6.3** Moreover, to further expand the day respite service network for the elderly, starting from 1 December 2024, over 110 RSPs under the CCSV Scheme have extended their day respite service—previously limited to CCSV holders—to any elderly persons in need (see **para. 4.2(11)**). After implementation, the number of service points providing day respite services for the elderly surged from 190 mentioned above to more than 300. Carers can select nearby locations more flexibly according to their needs.

### **ENHANCEMENT OF THE VACANCY ENQUIRY SYSTEM FOR RESPITE SERVICES AND EMERGENCY PLACEMENT**

**6.4** SWD launched the Enquiry System in 2019 (see **para. 3.23**), and upgraded its functionality in June 2023 to include day respite services, allowing carers to view and search for information of both day and residential respite services within the same system.

## **24-HOUR DESIGNATED HOTLINE FOR CARER SUPPORT**

**6.5** SWD commissioned Tung Wah Group of Hospitals to operate the 24-hour Designated Hotline for Carer Support (Tel: 182 183), which commenced service on 26 September 2023. The Hotline is staffed by social workers working in shifts round the clock. The service, completely free of charge, provides emotional and service support for carers.

**6.6** The Hotline is supplemented with a WhatsApp support service (Tel: 5322 2183) to assist persons with hearing or speech impairments and social workers will respond via text messages.

### ***Services Provided by the Hotline***

**6.7** Hotline social workers conduct immediate assessments upon answering a call. Based on the caller's needs, they take such actions as providing information on community support for carers, immediate emotional support, service matching and referral, and outreach visits.

**6.8** Regarding respite services, social workers conduct service matching based on the caller's preference, including contacting service providers, scheduling appointments and handling administrative procedures for admission. If carers have financial hardship, the Hotline offers transport allowance on a reimbursement basis. Social workers can also arrange barrier-free transport for the elderly or persons with disabilities in need, and even outreach services for escorting users to the respite premises.

### ***Hotline Statistics***

**6.9** According to SWD data, from the launch of the Hotline until the end of March 2025, the Hotline received a total of 81,138 calls, averaging over 4,500 per month. Of these, 2.6% (2,099 calls) involved enquiries or requests related to respite services. Among these 2,099 calls, Hotline social workers successfully arranged respite services for 165 cases, with no unsuccessful matching or referral. For the remaining 1,934 calls, social workers provided information on available respite services in response to the enquiries on the spot.

**6.10** Additionally, of the 2,099 calls related to respite services, Hotline social workers provided transport allowance or ancillary support for 54 cases, and emergency outreach support for 132 cases.

### ***Meeting with Hotline Staff***

**6.11** To gain a deeper understanding of the Hotline's actual operations, we visited the Hotline's operation centre together with SWD staff in October 2024, meeting with the in-charge person and frontline social workers to discuss caller profiles, Hotline's

workflows, and support measures.

**6.12** The Hotline's in-charge person explained that approximately 20 to 22 social workers are on duty in three shifts round the clock daily. On average, the Hotline receives 120 to 150 calls daily, including calls from care recipients to seek help themselves. Over 80% of calls are received between 8 am and midnight.

#### Workflow of the Hotline

**6.13** For callers deemed suitable for respite services after assessment, or taking the initiative to apply for such services, Hotline social workers would first brief them on the purpose, duration of stay, and application procedures of the services, ensuring the callers have a basic understanding. If the caller understands and agrees to proceed, the social worker would search for suitable service provider via SWD's Enquiry System, taking into account the caller's required dates of service, preferred location and other specific needs. Based on the vacancies displayed in the Enquiry System, the social worker would contact relevant service providers and then inform the caller of available providers for consideration. Once the caller selects a preferred provider, the social worker would assist in completing the application paperwork and the matching process. If the caller cannot decide immediately, an appointment would be scheduled for a follow-up call.

**6.14** Hotline social workers shared that in general, they are able to provide a shortlist of suitable service providers that meet the caller's requirements within 30 to 45 minutes from receiving a call.

**6.15** After a user's exit from the respite service, social workers would follow up with both the user and the service provider to review the experience.

#### Ancillary Support Provided by the Hotline

**6.16** In addition to service matching and referral, Hotline social workers also offer outreach visits, medical escort, accompaniment, and financial assistance for callers in need.

**6.17** Outreach visits are conducted for applicants of residential respite service for the elderly which require a social worker's referral, and for other special cases. According to the Hotline's protocols, once service details are confirmed with the applicant and service provider, a social worker would deliver outreach kits (containing personal care items and service brochures) to the applicant's home. Upon arrival, the social worker would assess the applicant's physical condition and assist with application paperwork. Where necessary, the social worker can arrange escort service or personally accompany the applicant to attend medical check-ups and service appointments.

**6.18** Hotline social workers stated that under normal circumstances, outreach visits and ancillary support can be arranged within a few hours of receiving a call.

**6.19** Moreover, the Hotline offers various forms of financial assistance on a reimbursement basis for callers in financial hardship. Allowance covers respite service fees, transport, medical check-ups, escort service, and personal care items. When processing an application for allowance, social workers would review documentation to assess the applicant's financial situation.

### Case Sharing

**6.20** Hotline social workers indicated that service matching and referral were successful for most cases involving respite services. In a few instances, callers chose not to proceed due to changes in the care recipient's physical condition, personal preference, or availability of family support.

**6.21** Social workers also shared the difficulties they encountered in service matching. In particular, vacancy information in the Enquiry System was inaccurate occasionally. In one case, a social worker contacted eight providers with vacancies shown in the Enquiry System, but four responded that they had no vacancies, while the remaining four required more time to reply. Separately, some care homes declined to admit elderly persons or persons with disabilities with specific care needs, or insisted on interviewing applicants before confirming availability.

### *Covert Telephone Operations*

**6.22** In February 2025, this Office conducted two rounds of covert telephone operations, one in the morning and the other at night, by calling the Hotline disguised as carers to seek information on support services for carers.

**6.23** During both covert telephone operations, the Hotline was answered by social workers within seconds after the default message about recording of calls. After understanding the physical conditions and needs of the carer and the care recipient, social workers proactively introduced suitable options including respite services. They clearly explained different types of respite services (day and residential), service nature (short-term care), duration of stay, application procedures, ancillary support and fees, as well as offered to assist with service matching and application. After the covert telephone calls, we received further information from social workers via WhatsApp, including the link to SWD's Enquiry System, service details on SWD's website, and contact information of nearby service centres. Overall, Hotline social workers were helpful and highly dedicated.

## **INFORMATION GATEWAY FOR CARERS**

**6.24** On 30 November 2023, SWD launched the Information Gateway for Carers,

a one-stop electronic platform with details on available resources, community activities, and care-related knowledge (see **para. 3.24**). The Gateway also connects directly to the Hotline and the Enquiry System, making it easier for carers to seek assistance anytime.

**6.25** Content on the Gateway is continuously updated and enhanced, with links to various service websites. The number of organisations registered as service information providers has increased from about 390 initially to over 510, including subvented, private, and self-financing service providers, as well as local community groups.

**6.26** SWD stated that future enhancements to the Gateway will include such features as carer assessment tools and an AI chatbot, with timely improvements based on stakeholders' feedback.

## **STRENGTHENING SUPERVISION OF SERVICE PROVIDERS**

**6.27** To strengthen supervision of service providers, between 2022/23 and 2024/25, SWD conducted three rounds of telephone spot checks by calling 39 providers of day respite service for the elderly (including subvented providers and private RCHEs) in the guise of carers to enquire about application procedures and service details, thereby assessing their performance in handling the enquiries and applications of carers. In 2023/24 and 2024/25, spot checks were conducted on a random sample of 37 subvented providers of day or residential respite service for persons with disabilities, including 17 similar telephone surveys and 23 scheduled visits. Separately, the Elderly Branch of SWD carried out 40 scheduled and 26 unannounced visits to understand the operations of day respite service for the elderly. SWD has followed up on service providers with inadequacies found during these spot checks (see **para. 5.3, table 21**).

## **MEASURES TO ENHANCE SUPPORT FOR CARERS IN POLICY ADDRESS 2025**

**6.28** The Chief Executive announced in the Policy Address 2025 that the Government will earmark an annual recurrent expenditure of \$500 million to roll out a series of measures to enhance support for carers, including:

- (i) The Government has launched the first phase of the Carer Support Data Platform, which initially connects the data of SWD, HA and the Hong Kong Housing Authority ("HKHA"). The data of more government departments and public organisations will be connected progressively to expand the Carer Support Data Platform;

- (ii) Upon notification from HA that high-risk carers have been hospitalised, SWD will arrange outreach to the care recipients and offer emergency support according to their needs;
- (iii) The data of HKHA and SWD have been consolidated to identify high-risk carers of elderly persons and carers of persons with disabilities, as well as singleton or doubleton elderly households who lack community support, and deploy the District Services and Community Care Teams (“Care Teams”) to conduct visits;
- (iv) The implementation of the Care Teams Scheme on Supporting Elderly and Carers will continue for three years, under which Care Teams are invited to actively provide support to and visit high-risk families, and the emergency alarm system will be installed for households referred by Care Teams as necessary;
- (v) An intelligent accident detection system will be installed for 300 high-risk households;
- (vi) The implementation of the Support for Carers Project will continue for three years, with a view to training frontline property management personnel in assisting carers in need; and
- (vii) The existing AI chatbot function of the Information Gateway for Carers will be enhanced.

## **CARER SUPPORT DATA PLATFORM**

**6.29** Regarding the Carer Support Data Platform, the Government began connecting the data of SWD, HA and HKHA in mid-July 2025 to launch the following two pilot schemes:

- (i) Pilot scheme on emergency support for hospitalised carers: The scheme currently covers around 20,000 carers, including recipients of two types of allowances for low-income carers and high-risk carers living in public housing. When high-risk carers are hospitalised, HA will notify SWD to arrange for the 24-hour Designated Hotline for Carer Support and relevant service providers to reach out to the care recipients and provide emergency support according to their needs. As of 15 September 2025, SWD had received over 520 notifications from HA, of which two cases required emergency support, including a referral for residential respite service.

- (ii) Pilot scheme on more targeted support for elderly and carers: By consolidating the data of HKHA and SWD, the Government identifies singleton and doubleton elderly households, as well as the carers of elderly persons and carers of persons with disabilities who live in public housing and lack community support. Care Teams are invited to reach out and conduct home visits, referring households in need to social welfare services and assisting them in applying for using the emergency alarm system. By the end of August 2025, Care Teams in the pilot districts of Kwun Tong and Sha Tin had contacted or visited over 5,000 households and referred more than 400 cases to services. The Government expanded the pilot scheme to all districts across Hong Kong on 8 September 2025.

## **EXPANSION OF CARE TEAMS SCHEME ON SUPPORTING ELDERLY AND CARERS ACROSS HONG KONG**

**6.30** Following the launch of the Care Teams Scheme on Supporting Elderly and Carers on a 12-month pilot basis in Tsuen Wan and the Southern District, SWD expanded the scheme to all 18 districts across Hong Kong in April 2025. Under the scheme, Care Teams are engaged to reach out to and identify singleton and doubleton elderly households, as well as the carers of elderly persons and carers of persons with disabilities who need assistance, and refer such cases to the 24-hour Designated Hotline for Carer Support and social welfare service providers for follow-up. By the end of August 2025, Care Teams had visited over 40,000 households, referred more than 1,900 cases to social welfare service providers for follow-up, and assisted around 1,500 households in applying for installation of the emergency alarm system.

## **EXPERIENTIAL ACTIVITIES TO PROMOTE RESPITE SERVICES**

**6.31** To further promote respite services, SWD has strengthened district-level outreach and urged service providers to arrange experiential activities for carers, elderly persons and persons with disabilities to better understand and experience respite services first-hand. Furthermore, these experiential activities enable elderly persons and persons with disabilities to familiarise themselves with the respite environment, which also facilitate their future adaptation to care home living. Between January and June 2025, district service providers held more than 270 visits or experiential activities related to respite services.

# 7

## ***COVERT TELEPHONE OPERATIONS CONDUCTED IN THE GUISE OF CARERS AND SITE INSPECTIONS***

### **COVERT TELEPHONE OPERATIONS CONDUCTED IN THE GUISE OF CARERS**

**7.1** To understand how service providers handle enquiries and applications for respite services, this Office conducted multiple covert telephone operations between September and December 2024. We made calls in the guise of carers to a total of 46 providers of respite services, enquiring about service availability, application procedures, ancillary support, fees, etc.

**7.2** This Office selected service providers for covert telephone operations based on the proportional distribution of various types of providers<sup>21</sup>. We contacted 13.6%<sup>22</sup> of service providers with designated respite places, including the following types:

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<sup>21</sup> RSPs offering day respite service under CCSV were excluded from our covert telephone operations because they only started using their vacancies to provide day respite service for the elderly from December 2024.

<sup>22</sup> As at 30 June 2024, a total of 339 service providers across Hong Kong had designated respite places, including:

- 38 subvented day care centres or units for the elderly;
- 26 subvented RCHEs;
- 19 contract homes;
- 48 subvented day rehabilitation centres;
- 54 subvented RCHDs;
- 134 private RCHEs participating in the EBPS; and
- 20 private RCHDs participating in the BPS.

Service providers offering both day and residential respite services are counted only once.

**Table 23: Number and type of service providers surveyed by covert telephone operations in the guise of carers**

Type of service	Type of provider	No.
<b>Day and residential respite services for the elderly</b>	Subvented day care centres or units	6
	Subvented homes	6
	Contract homes	3
	Private RCHEs participating in EBPS	9
	<b>Subtotal</b>	<b>24</b>
<b>Day and residential respite services for persons with disabilities</b>	Subvented rehabilitation day centres	6
	Subvented homes	11
	Private RCHDs participating in BPS	5
	<b>Subtotal</b>	<b>22</b>
<b>Total</b>		<b>46</b>

**7.3** Findings of our covert telephone operations are set out as follows:

### ***Vacancy Availability***

**7.4** We asked all 46 service providers about the availability of respite service during a specified period. On the day of our telephone calls, SWD’s Enquiry System showed that vacancies were available in all of them during the specified period.

**7.5** However, according to our findings (see **table 24**), over 43% of the service providers responded that no vacancies were available. All providers with no vacancies indicated that the places had already been reserved. Among them, some providers said that their places were fully booked for the next six months; others claimed that before the user started using the reserved place, the Enquiry System would still display it as an available vacancy.

**7.6** In addition, nearly 20% of the service providers did not clearly reply whether vacancies were available, citing various reasons including: (1) other users typically requested respite service for longer durations (e.g., several months), and application for only a few days’ service could not be accommodated; (2) an interview for assessing the user was required before confirming service availability and duration of stay; (3) arrangements were difficult because the requested service period was too soon (e.g., within a few days); (4) unable to care for elderly persons or persons with disabilities with specific care needs; (5) insufficient staffing to provide respite service; and (6) applicants are required to first visit and assess whether the environment was suitable, before the provider informs them of availability.

**Table 24: Summary of service providers' responses to vacancy enquiry (Overall)**

<b>Response to vacancy enquiry</b>	<b>No. of service providers (% of total no. of providers surveyed)</b>
Vacancies available	17 (37.0%)
No vacancies	20 (43.5%)
No clear indication of vacancy availability	9 (19.6%)
<b>Total</b>	<b>46</b>

**7.7** For service providers that either replied no vacancies or did not clearly indicate whether vacancies were available, we conducted an analysis based on service type (see **table 25**). It was found that most respite service providers for the elderly indicated no vacancies, while a higher proportion of respite service providers for persons with disabilities did not clearly indicate vacancy availability.

**Table 25: Summary of service providers' responses to vacancy enquiry (Breakdown by service type)**

<b>Response to vacancy enquiry</b>	<b>No. of service providers (% of total no. of providers surveyed)</b>
<b>Day and residential respite services for the elderly</b>	
Vacancies available	5 (20.8%)
No vacancies	17 (70.8%)
No clear indication of vacancy availability	2 (8.3%)
<b>Total</b>	<b>24</b>
<b>Day and residential respite services for persons with disabilities</b>	
Vacancies available	12 (54.5%)
No vacancies	3 (13.6%)
No clear indication of vacancy availability	7 (31.8%)
<b>Total</b>	<b>22</b>

### ***Application Procedures***

#### **Required Documents, Assessments and Medical Examinations**

**7.8** Among the 46 service providers we called, all required applicants to submit

an application form. Some providers of residential respite services also required the Medical Examination Form for Residents in RCHEs or RCHDs. Certain providers suggested that applicants submit documents reflecting the user's physical condition, such as records from the Electronic Health Record Sharing System ("eHealth"), medical history, and follow-up appointment slips.

**7.9** Regarding application forms, some providers indicated that applicants could visit their service centres for assistance, where social workers could help them complete the form. Others stated that social workers could assist after an interview or home visit. A few providers even accepted electronic submission of application materials via communication software and email. As for the Medical Examination Form, some providers allowed applicants to use the service first and then undergo a check-up by a visiting medical practitioner, who would complete the form. Other providers required applicants to undergo a check-up by a private clinic doctor and submit the report before applying for the service.

**7.10** Regarding the assessments and medical examinations required, nearly 37% (17 providers) stated that to decide whether to admit an applicant, they would assess the applicant's mental and physical condition through interview or home visit before the formal submission of application. Separately, over 17% (8 providers) required applicants to undergo additional examinations beyond the specified scope of SWD's Medical Examination Form at their own expenses, and to submit the relevant records. These additional check-ups included chest X-rays, blood and urine tests, as well as physiotherapy and mental health assessments.

**7.11** The requirements of interviews and medical examinations were found among all types of service providers. In short, such requirements were invariably imposed by subvented or private providers offering day or residential respite service for the elderly or persons with disabilities.

#### Waiting List and Application for Service Extension

**7.12** Among the 20 service providers that indicated no vacancies, only 6 had a waiting list system in place, allowing applicants to be put on standby. Applicants could leave their contact information; if a place became available, the service provider would reach out to the applicant.

**7.13** Regarding extension of service duration—for example, when a user initially applies for 3 days of service but ultimately requires more than 3 days—most providers stated that they could arrange and handle with flexibility, saving users the trouble of making a new application.

#### *Ancillary Support*

**7.14** Among the 46 service providers we contacted, only 9 (approximately 20%) operated a transfer service with their own vehicles to pick up and drop off users. A

few other providers indicated they can assist with hiring vehicles to transfer users to their premises. According to our findings, providers with transport facilities are mostly subvented centres or care homes.

***Fees and Charges***

**7.15** Apart from the basic fees specified by SWD (see **Appendix, tables 5 to 8**), 37% (17 providers) stated that additional fees are charged as needed, typically for nursing care, medical escort, meals and diapers based on usage.

**7.16** Our operations also revealed that beyond the usage-based fees mentioned above, some private care homes charge extra administrative and air-conditioning fees, amounting to several hundred dollars per item per month.

***Other Observations***

**7.17** During our covert telephone operations, we noted inaccurate information displayed in SWD’s Enquiry System regarding some service providers. For example, the address of a provider had not been updated over a year after its relocation.

**7.18** In addition, the attitude of call handlers varied. Some staff were proactive, providing comprehensive details and even following up with return calls. However, some staff responded to enquiries indifferently, hastily ending the call after advising our staff to contact a social worker directly.

**SITE INSPECTIONS**

**7.19** Between October and December 2024, we visited seven service providers jointly with SWD staff, meeting with both in-charge persons and frontline staff to gain a deeper insight into how enquiries and applications were handled, as well as the actual situation of the respite services provided.

**7.20** The service providers we visited covered the following types of providers<sup>23</sup>:

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<sup>23</sup> RSPs offering day respite service under CCSV were excluded from our site inspections because they only started using their vacancies to provide day respite service for the elderly from December 2024.

**Table 26: Number and types of service providers inspected by site visits**

Type of service	Type of provider	No.
<b>Day and residential respite services for the elderly</b>	Subvented day care centres or units	1
	Subvented homes	1
	Contract homes	1
	Private RCHEs participating in EBPS	1
	<b>Subtotal</b>	<b>4</b>
<b>Day and residential respite services for persons with disabilities</b>	Subvented rehabilitation day centres	1
	Subvented homes	1
	Private RCHDs participating in BPS	1
	<b>Subtotal</b>	<b>3</b>
<b>Total</b>		<b>7</b>

### ***Application Procedures***

**7.21** Among the seven service providers we visited, four required applicants to attend an in-person interview with their social workers or other staff (such as nurses and physiotherapists) before submitting a formal application; and home visits might be considered in special circumstances. These providers explained that staff needed to assess the applicants' physical and mental conditions and self-care abilities through the interview, so as to determine their suitability for respite services and whether their conditions matched the level of care provided. The remaining three providers did not require an interview. Instead, the applicant's suitability for respite services was assessed through telephone conversations with the carer.

**7.22** In addition to the application form, Medical Examination Forms and written undertaking, all service providers prepared supplementary documents to help users and their carers understand the service details, such as user guides, admission agreements, personal data collection consent forms, and fee schedules. Certain service providers for persons with disabilities required first-time applicants to submit an intelligence assessment report to determine whether corresponding care and nursing services are available.

**7.23** All providers of residential respite service for the elderly we visited did not rigidly require referral by social workers (see **para. 3.21**). These providers had their own social workers who would assess applicants' conditions to determine their suitability for respite service during the application process.

**7.24** Regarding medical examinations, all providers we visited did not require applicants to undergo medical examinations beyond those stipulated by SWD. Among

the five providers that required basic medical examinations, four indicated that applicants could be admitted first, and then undergo the required medical examinations by visiting medical officers to meet SWD's requirements.

**7.25** Additionally, four of the providers we visited had a waiting list system, allowing prospective applicants to leave their contact details for standby placement. When vacancies arose (such as when a scheduled applicant was absent or cancelled the service), the provider would reach out to waitlisted applicants. Based on our observations, providers with a waiting list system kept records of service enquiries, including the prospective applicant's name, date of enquiry, and preferred dates of admission. However, record-keeping at certain providers was quite disorganised, making it difficult for frontline staff to respond accurately to vacancy enquiries from the public.

### ***Handling of Casual Vacancies***

**7.26** Regarding the use of casual vacancies, most providers claimed that they would immediately notify SWD when vacancies arose in long-term care services (e.g. due to the death or exit of a user) while awaiting the placement of a new user via the central waiting system. The transition period was typically around two to four weeks. These providers stated that due to the short duration of the vacancy, even if members of the public wish to apply for respite services in the interim, the providers have to consider such factors as the intended service dates to decide whether the vacancy can be used for respite services.

**7.27** Some providers also indicated that due to the consistently high utilisation rates (above 90%) of long-term care services, the number of places available for respite services is in practice very limited.

**7.28** On the other hand, some providers pointed out that currently when SWD calculates the utilisation rate of long-term care services, respite services provided through casual vacancies are not taken into account. They added that the current 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.

### ***Ancillary Transport Facilities***

**7.29** Four of the service providers we visited could arrange for their own vehicles to transfer respite service users to and from their premises; some even offered cross-district transfer. Among the remaining three providers, two only offered transfer service to long-term care users, while one did not provide any transfer service.

**7.30** Separately, two service providers could arrange for staff to accompany users from their home to the residential respite premises.

## *Frontline Services*

**7.31** In terms of actual service provision, all providers we visited did not differentiate between respite service and long-term care users, and saw no need to do so. Respite service users had access to the same facilities, activities, and meals as long-term care users.

**7.32** To provide appropriate services and activities for respite service and long-term care users with varying levels of care needs, some providers divided service areas based on users' physical functioning and self-care abilities, and arranged corresponding care staff and activities accordingly.

## *Fees and Charges*

**7.33** All providers we visited charged basic service fees according to the standard rates set by SWD, calculated either by calendar day or by hour. Additional fees were charged as needed, such as medical escort and personal care items. Medical escort fees were generally calculated by usage or by hour, while personal care items were charged according to consumption. Some care homes charged air-conditioning fees during the summer months (April to November).

**7.34** All providers listed the various fees in service leaflets or fee schedules for reference by users and carers as required by SWD (see **para. 3.12**).

## *Using and Updating the Enquiry System*

**7.35** All providers stated that their staff would promptly update information on the Enquiry System upon a user's confirmation of reservation, admission to respite care, change of the service dates, cancellation of and exit from the service. During our site inspections, in-charge persons demonstrated to our officers their routine process of updating information on the system. Most providers had input data into the Enquiry System that matched their internal records. However, a few providers indicated that they could not make certain updates because the system disallowed cancellation of reservations made more than 40 days prior. SWD staff told us that the Department was aware of this limitation and would optimise the system.

## *Other Observations*

**7.36** Comparing information obtained during our site inspections and covert telephone operations, we found that the frontline staff of certain providers had claimed that applicants were required to undergo a chest X-ray and waiting lists were unavailable, which were inconsistent with the information given by in-charge persons during meetings with our officers. This suggests that the frontline staff either failed to handle enquiries properly, or were given inaccurate information.

**7.37** Additionally, our officers interviewed an elderly user, an 80-year-old woman, of day respite service on-site. She regularly cared for her husband with dementia, who was a long-term care user at the same premises. While she was living in the community, it has been her first time using respite service following a decline in health. Assisted by the service provider's social worker, she found the application procedures simple and convenient. She was highly satisfied with the respite service, noting that she could see her husband, rest and exercise at the premises, and described the overall experience as positive.

# 8

## *COMMENTS AND RECOMMENDATIONS*

### **OUR COMMENTS**

**8.1** Caring for family members is a long, physically and mentally demanding task. Carers, who are the most important or even the sole pillar for many elderly persons and persons with disabilities, have made invaluable contributions to their families and society, and should be recognised and supported by society. The number of carers is expected to increase continuously with an ageing population. 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 24-hour Designated Hotline for Carer Support, setting up a one-stop Information Gateway for Carers, implementing the Care Teams Scheme on Supporting Elderly and Carers, and launching a three-year territory-wide "Care the Carers" publicity campaign.

**8.2** Respite services aim at allowing carers under heavy stress to take a break from their responsibilities and restore physical and mental well-being, constituting one of the indispensable measures supporting carers. Our findings confirm the current-term Government's efforts and achievements in expanding the service network, which are praiseworthy. Nevertheless, the overall utilisation rate of respite services has remained persistently low, reflecting an underuse of available resources and inadequacies in the support for carers. 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.

## **(I) OPTIMISING APPLICATION PROCEDURES FOR RESPITE SERVICES**

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

**8.3** Our covert telephone operations and site inspections revealed that many service providers will assess the physical and mental conditions 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 (see **paras. 7.10 and 7.21**). 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.

**8.4** 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 conditions of applicants and whether they are suitable service users through telephone conversations with the carers, instead of prior interviews (see **para. 7.21**). This practice is worth promoting for fulfilling the dual purpose of giving convenience to applicants and complying with SWD's requirements.

**8.5** 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***

**8.6** 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.

**8.7** 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 (see **para. 7.24**).

**8.8** 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, thereby facilitating their obtaining services promptly.

**8.9** 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 (see **para. 7.10**), 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.

**8.10** 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.

**8.11** 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***

**8.12** 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 conditions and care needs of applicants, and to process application documents (see **para. 7.6**). This highlights the fact that carers are unable to obtain immediate support if urgent respite need arises.

**8.13** 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<sup>24</sup>. 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***

**8.14** 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

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<sup>24</sup> Similar recommendations were made in the Report of Consultancy Study on Needs and Support Required of Carers of Elderly Persons and of Persons with Disabilities in Hong Kong published by the Hong Kong Polytechnic University Consulting Team in 2022.

arrangement, enabling applicants to leave their contact information and be put on standby (see **para. 7.12**).

**8.15** 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 (see **para. 6.20**). 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***

**8.16** According to our covert telephone operations, more than 43% of the service providers replying that vacancies were unavailable have discrepant information displayed in the Enquiry System (see **para. 7.5**). Hotline social workers handling service matching also encountered similar difficulties (see **para. 6.21**).

**8.17** 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 (see **para. 7.5**).

**8.18** Moreover, we discovered other inaccurate information of some providers in the system, such as addresses not being updated more than a year after relocation (see **para. 7.17**).

**8.19** 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.

**8.20** 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*

**8.21** 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 (such as not accepting users who require a urinary catheter or tube feeding) and fee structures, is not available. In terms of fees in particular, aside from the basic charges specified by SWD (see **Appendix, tables 5 to 8**), many service providers also charge additional fees for nursing care, medical escort, meals and diapers based on usage; some also charge extra administrative and air-conditioning fees (see **paras. 7.15, 7.16 and 7.33**). Carers have to call each provider to obtain such information, which is time-consuming.

**8.22** By comparison, SWD's Elderly Information Website<sup>25</sup> and Information Website for RCHDs<sup>26</sup> list more details of individual providers of elderly and rehabilitation services, including staffing, facilities, meal arrangements and fees. 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*

**8.23** 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 to provide greater convenience for people in need. 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**

**8.24** 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 covert telephone operations revealed that only around 20% of service providers operated transfer service with their own vehicles for users (see **para. 7.14**). Among the seven service providers we visited, three did not offer transfer service for respite service users (see **para. 7.29**). The ancillary transport facilities available at present are evidently inadequate.

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<sup>25</sup> <https://www.elderlyinfo.swd.gov.hk/en>

<sup>26</sup> <https://www.rchdinfo.swd.gov.hk/en>

**8.25** 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 (see **para. 6.8**). If promoted and expanded, such measures are beneficial to many carers.

**8.26** 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.

**8.27** 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***

**8.28** 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 RCHes participating in the EBPS, and subvented day care centres for the elderly have this requirement specified in their service agreements with SWD. 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 BPS.

**8.29** 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 gradually 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***

**8.30** 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.

**8.31** 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.

**8.32** 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***

**8.33** 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.

**8.34** 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 (see **para. 7.6**).

**8.35** We also encountered unhelpful staff who failed to respond to enquiries and hastily ended a call after instructing the caller to consult social workers instead (see **para. 7.18**). 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 (see **para. 7.36**).

**8.36** 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.

**8.37** 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 (see **para. 6.27**).

**8.38** We consider telephone investigation 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***

**8.39** At present, different types of service providers are required to report various data to SWD at different frequencies (see **table 22**). 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.

**8.40** 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.

**8.41** 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***

**8.42** Currently, only the designated residential respite places provided by contract RCHes are subject to a minimum utilisation rate at 60%. **Table 14** shows that the designated respite places of contract RCHes have an actual utilisation rate at nearly 80%, the highest among all types of service providers.

**8.43** 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 number 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% (see **tables 19, 20 and 21**). 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 (see **table 21**), demonstrating that proactive efforts yield tangible results.

**8.44** 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***

**8.45** 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 persons 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% (see **table 17**).

**8.46** 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<sup>27</sup>.

**8.47** 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.

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<sup>27</sup> For example, assuming a provider has a designated place used by two elderly persons daily (one in the morning and one in the afternoon), its utilisation rate is 200% based on these two service attendances. In contrast, if another provider has a designated place used by only one elderly person for the whole day, its utilisation rate is 100% based on this single service attendance. The utilisation rates resulted differ by a factor of two, yet the actual time the service being used is identical.

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

**8.48** 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%)<sup>28</sup>.

**8.49** 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.

**8.50** 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.

**8.51** 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% (see **table 16**), 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***

**8.52** The utilisation rates of day respite services for the elderly and persons with disabilities vary significantly across the 18 districts (see **para. 4.8**), reflecting a severe imbalance in the distribution of service supply not adequately aligning with local demand.

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<sup>28</sup> As of 31 March 2025, there were a total of 183 designated places and 261 casual vacancies.

**8.53** Additionally, SWD’s allocation of service places in recent years has not corresponded to utilisation rates in each district (see **Appendix, tables 17 to 20**). 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 (see **table 19**).

**8.54** 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 (see **para. 4.8**), SWD should probe the causes and make timely and corresponding planning.

## **(VII) ENHANCING PUBLICITY AND PROMOTION**

**8.55** Although SWD has endeavoured to promote respite services through various channels in recent years (see **paras. 5.12 to 5.15**), a report<sup>29</sup> 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”. No doubt, carers’ lack of awareness or confidence in respite services significantly reduces their willingness to use such services.

**8.56** 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.

**8.57** Meanwhile, we appreciate SWD’s recent initiatives to organise innovative experiential activities (see **para. 6.31**), 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**

**8.58** In the light of the above, The Ombudsman recommends that SWD:

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<sup>29</sup> Report on Community Respite Services Survey published by the Hong Kong Christian Service in October 2023.

## *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 (see **para. 8.5**);
- (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 (see **para. 8.8**);
- (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 (see **para. 8.10**);
- (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 (see **para. 8.11**);
- (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 (see **para. 8.13**);
- (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 (see **para. 8.15**);

## *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 (see **para. 8.19**);
- (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 (see **para. 8.19**);

- (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 (see **para. 8.20**);
- (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 (see **para. 8.22**);
- (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 (see **para. 8.23**);

### ***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 (see **para. 8.26**);
- (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 (see **para. 8.27**);

### ***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 (see **para. 8.29**);
- (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 (see **para. 8.32**);

### ***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 (see **para. 8.38**);

- (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 (see **para. 8.41**);
- (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 (see **para. 8.44**);

### ***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 (see **para. 8.47**);
- (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 (see **para. 8.50**);
- (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 (see **para. 8.51**);
- (22) comprehensively review the distribution of respite service places to address the supply imbalance across districts (see **para. 8.54**);
- (23) for districts with an upward or downward trend in utilisation rates of respite services, probe the causes and make timely and corresponding planning (see **para. 8.54**);

### ***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 (see **para. 8.56**); 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 (see **para. 8.57**).

## ACKNOWLEDGEMENTS

**8.59** The Ombudsman thanks SWD and the service providers involved for their full cooperation in the course of this investigation, and members of the public and entities with an interest in this topic for their valuable input.

**Office of The Ombudsman**

**Ref: DI/474**

**October 2025**

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# Appendix

## Appendix

**Table 5: Details of day respite service for the elderly**

<b>Type of provider</b>	<b>Subvented day care centres or units</b>	<b>Day care units attached to contract homes</b>	<b>Private RCHEs participating in EBPS</b>	<b>RSPs offering day care service under CCSV</b>
<b>Eligibility criteria</b>	(1) Aged 60 or above, living in the community and not receiving residential care services; (2) In need of general personal care or limited nursing care; (3) Physically and mentally suitable for communal living; and (4) With the health condition and self-care ability meeting the service provider's level of care.			
<b>Service hours</b>	8 am to 6 pm, Mondays to Saturdays (As of 30 June 2024, a total of 10 day care centres or units for the elderly offered extended hours service.)	8 am to 6 pm, Mondays to Sundays (including public holidays)	8 am to 6 pm, Mondays to Saturdays <sup>Note1</sup>	
<b>Service duration</b>	According to actual needs with no upper limit	Each elderly person can accumulate a maximum of 42 days within the 12 months preceding the date of each application for using day respite service on multiple occasions.		
<b>Fee</b>	\$41.5 per day <sup>Note2</sup>			\$21 per session <sup>Note3</sup>

Note 1: Service is available outside these hours where necessary.

Note 2: Fees are charged based on the number of days of using the service. Service used for less than one day will be charged on a full-day basis.

Note 3: Fees are charged based on the number of sessions of using the service. Service used for less than one session (5 hours each) will be charged on a full-session basis.

**Table 6: Details of residential respite service for the elderly**

Type of provider	Subvented homes	Contract homes	Private RCHEs participating in EBPS										
<b>Eligibility criteria</b>	(1) Aged 60 or above; (2) In genuine need of short-term residential care so that family members or relatives as their main carers may take a break from long-term caregiving responsibilities; (3) Physically and mentally suitable for communal living; (4) With the health condition and self-care ability meeting the service provider's admission criteria; and (5) To be taken back into care by the family upon expiry of the residential respite period.												
<b>Service hours</b>	24 hours, Mondays to Sundays												
<b>Service duration</b>	Each elderly person can accumulate a maximum of 42 days within the 12 months preceding the date of each application for using residential respite service on multiple occasions; each stay should be not less than 24 hours and not more than 42 days.												
<b>Fee</b>	Charged based on the type of place: <table data-bbox="446 1108 1292 1344" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: center;"><u>Type of place</u></th> <th style="text-align: center;"><u>Fee</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Home for the aged place</td> <td style="text-align: center;">\$52 per day</td> </tr> <tr> <td style="text-align: center;">Care and attention place</td> <td style="text-align: center;">\$62 per day</td> </tr> <tr> <td style="text-align: center;">Nursing home place</td> <td style="text-align: center;">\$72 per day</td> </tr> <tr> <td style="text-align: center;">Contract home subsidised place</td> <td style="text-align: center;">\$62 per day</td> </tr> </tbody> </table>			<u>Type of place</u>	<u>Fee</u>	Home for the aged place	\$52 per day	Care and attention place	\$62 per day	Nursing home place	\$72 per day	Contract home subsidised place	\$62 per day
<u>Type of place</u>	<u>Fee</u>												
Home for the aged place	\$52 per day												
Care and attention place	\$62 per day												
Nursing home place	\$72 per day												
Contract home subsidised place	\$62 per day												

**Table 7: Details of day respite service for persons with disabilities**

<b>Type of provider</b>	<b>Subvented Day Activity Centres</b>	<b>Subvented District Support Centres for Persons with Disabilities</b>	<b>Subvented Care and Attention Homes for Severely Disabled Persons</b>	<b>Private RCHDs participating in BPS</b>
<b>Eligibility criteria</b>	(1) Willing to participate in communal living without challenging behaviours or contagious diseases; and (2) In need of a certain level of training or nursing care within the service provider's scope of service.			
	Age:			
	Persons aged 6 or above with intellectual disabilities <sup>Note</sup>	Persons aged 6 or above with intellectual or physical disabilities <sup>Note</sup>		Persons aged 15 or above with intellectual or physical disabilities or in mental recovery
	Level of nursing care:			
	High	Any	High	Any
<b>Service hours</b>	9 am to 3:30 pm, Mondays to Fridays	9 am to 6 pm, Mondays to Fridays	9 am to 5 pm, Mondays to Fridays	Mondays to Sundays (Flexible throughout the day)
	(As of 30 June 2024, a total of 15 providers of day respite service for persons with disabilities offered extended hours service.)			
<b>Service duration</b>	Normally no more than 14 consecutive days; Service provider may, at its discretion, extend service to a maximum of 42 days, subject to the availability of vacancies.			
<b>Fee</b>	\$5.1 per hour			

Note: Some subvented service providers only admit persons with disabilities aged 15 or above.

**Table 8: Details of residential respite service for persons with disabilities**

Type of provider	Subvented Hostels for Moderately Mentally Handicapped Persons	Subvented Hostels for Severely Mentally Handicapped Persons	Subvented Hostels for Severely Physically Handicapped Persons	Subvented Hostels for Severely Physically and Mentally Handicapped Persons	Subvented Care and Attention Homes for Severely Disabled Persons	Subvented Supported Hostels	Private RCHDs participating in BPS (medium care level)	Private RCHDs participating in BPS (high care level)	
<b>Eligibility criteria</b>	(1) Willing to participate in communal living without challenging behaviours or contagious diseases; and (2) In need of a certain level of training or nursing care within the service provider’s scope of service.								
	Age:								
	Persons aged 6 or above with intellectual disabilities <sup>Note 1</sup>	Persons aged 6 or above with physical disabilities <sup>Note 1</sup>	Persons aged 6 or above with physical and intellectual disabilities <sup>Note 1</sup>	Persons aged 6 or above with intellectual or physical disabilities <sup>Note 1</sup>	Persons aged 6 or above with intellectual or physical disabilities or in mental recovery <sup>Note 1</sup>	Persons aged 6 or above with intellectual or physical disabilities or in mental recovery <sup>Note 1</sup>	Persons aged 6 or above with intellectual or physical disabilities or in mental recovery <sup>Note 1</sup>	Persons aged 15 or above with intellectual or physical disabilities or in mental recovery	
	Level of nursing care:								
	Moderate	High				Low	Moderate	High	
<b>Service hours</b>	24 hours, Mondays to Sundays								
<b>Service duration</b>	Normally no more than 14 consecutive days; Service provider may, at its discretion, extend service to a maximum of 42 days, subject to the availability of vacancies.								
<b>Fee</b> <sup>Note 2</sup>	\$49 or \$52 per day	\$55 or \$62 per day				\$30 or \$33 per day	\$49 or \$52 per day	\$55 or \$62 per day	

Note 1: Some subvented service providers only admit persons with disabilities aged 15 or above.

Note 2: Fees vary depending on whether the user is a recipient of Disability Allowance.

**Table 9: Distribution and increase of day respite places for the elderly across 18 districts**

District	Year		Among (b), no. of designated places provided by day care centres or units <i>Note 1</i>	Among (b), no. of places provided by private RCHEs <i>Note 2</i>	Among (b), no. of place provided by RSPs under CCSV <i>Note 3</i>	No. of places added between 2018/19 and 2024/25 <i>(c)=(b)-(a)</i>
	2018/19 <i>(a)</i>	2024/ 25 <i>(b)</i>				
Central and Western	13	35	11	22	2	22
Wan Chai	3	10	3	6	1	7
Eastern	3	28	3	18	7	25
Southern	2	21	2	14	5	19
Yau Tsim Mong	5	31	3	22	6	26
Sham Shui Po	26	62	34	18	10	36
Kowloon City	0	53	5	38	10	53
Wong Tai Sin	6	29	15	8	6	23
Kwun Tong	33	66	41	14	11	33
Tsuen Wan	18	45	18	18	9	27
Tuen Mun	10	62	34	22	6	52
Yuen Long	4	51	13	32	6	47
North	0	17	16	0	1	17
Tai Po	2	27	12	10	5	25
Sai Kung	13	25	19	0	6	12
Sha Tin	20	46	36	0	10	26
Kwai Tsing	12	58	19	26	13	46
Islands	2	4	2	0	2	2
<i>Subtotal</i>	<i>-</i>		<b>286</b>	<b>268</b>	<b>116</b>	<b>-</b>
<b>Total</b>	<b>172</b>	<b>670</b>	<b>-</b>			<b>498</b>

Note 1: Including subvented day care centres or units, and day care units attached to contract homes.

Note 2: The available places of day respite service in private RCHEs participating in EBPS when their designated residential respite places are vacant.

Note 3: Under CCSV, RSPs offering day care service can provide day respite service when there are vacancies. RSPs have no fixed number of day respite places. SWD indicated that for ease of calculation, each RSP is expected to provide at least one place.

**Table 10: Distribution and increase of residential respite places for the elderly across 18 districts**

District	Year		No. of places added between 2018/19 and 2024/25 (c)=(b)-(a)
	2018/19 (a)	2024/25 (b)	
Central and Western	25	22	(-3)
Wan Chai	5	7	2
Eastern	23	19	(-4)
Southern	18	18	0
Yau Tsim Mong	27	22	(-5)
Sham Shui Po	21	20	(-1)
Kowloon City	42	39	(-3)
Wong Tai Sin	11	11	0
Kwun Tong	17	16	(-1)
Tsuen Wan	22	20	(-2)
Tuen Mun	15	23	8
Yuen Long	35	34	(-1)
North	14	2	(-12)
Tai Po	6	12	6
Sai Kung	3	4	1
Sha Tin	4	6	2
Kwai Tsing	30	27	(-3)
Islands	1	2	1
<b>Total</b>	<b>319</b>	<b>304</b>	<b>(-15)</b>

**Table 11: Distribution and increase of day respite places for persons with disabilities across 18 districts**

District	Year		Among (b), no. of places provided by subvented service providers	Among (b), no. of places provided by private RCHDs <sup>Note</sup>	No. of places added between 2018/19 and 2024/25 (c)=(b)-(a)
	2018/19 (a)	2024/25 (b)			
Central and Western	2	2	2	0	0
Wan Chai	0	6	2	4	6
Eastern	6	10	6	4	4
Southern	2	8	8	0	6
Yau Tsim Mong	2	15	4	11	13
Sham Shui Po	12	22	12	10	10
Kowloon City	4	8	4	4	4
Wong Tai Sin	4	4	4	0	0
Kwun Tong	15	15	15	0	0
Tsuen Wan	8	11	8	3	3
Tuen Mun	11	18	11	7	7
Yuen Long	6	8	6	2	2
North	24	30	22	8	6
Tai Po	4	4	4	0	0
Sai Kung	10	10	10	0	0
Sha Tin	24	28	28	0	4
Kwai Tsing	24	36	24	12	12
Islands	0	2	2	0	2
<i>Subtotal</i>	-		<i>172</i>	<i>65</i>	-
<b>Total</b>	<b>158</b>	<b>237</b>	-		<b>79</b>

Note: The available places of day respite service in private RCHDs participating in BPS when their designated residential respite places are vacant.

**Table 12: Distribution and increase of residential respite places for persons with disabilities across 18 districts**

District	Year		No. of places added between 2018/19 and 2024/25 (c)=(b)-(a)
	2018/19 (a)	2024/25 (b)	
Central and Western	8	8	0
Wan Chai	0	4	4
Eastern	10	14	4
Southern	36	38	2
Yau Tsim Mong	2	13	11
Sham Shui Po	13	39	26
Kowloon City	11	15	4
Wong Tai Sin	5	6	1
Kwun Tong	25	46	21
Tsuen Wan	10	13	3
Tuen Mun	33	54	21
Yuen Long	22	24	2
North	16	32	16
Tai Po	12	20	8
Sai Kung	26	26	0
Sha Tin	32	38	6
Kwai Tsing	36	48	12
Islands	0	6	6
<b>Total</b>	<b>297</b> <sup>Note 1</sup>	<b>444</b> <sup>Note 2</sup>	<b>147</b>

Note 1: Including 103 designated places and 194 casual vacancies.

Note 2: Including 183 designated places and 261 casual vacancies.

**Table 17: Utilisation rate of day respite service for the elderly across 18 districts**

District	Year				Average utilisation rate <sup>Note 1</sup>	No. of places added between 2018/19 and 2024/25 [Column (c) of Table 9]
	2018/19	2019/20	2023/24	2024/25		
Central and Western	65.4%	50.3%	72.0%	69.3%	<b>64.3%</b>	22
Wan Chai	36.4%	51.1%	27.4%	3.9%	<b>29.7%</b>	7
Eastern	83.7%	23.6%	69.5%	54.1%	<b>57.7%</b>	25
Southern	152.1%	154.4%	77.5%	40.7%	<b>106.2%</b>	19
Yau Tsim Mong	4.0%	19.9%	32.4%	24.1%	<b>20.1%</b>	26
Sham Shui Po	51.9%	35.1%	49.0%	55.9%	<b>48.0%</b>	36
Kowloon City <sup>Note 2</sup>	-	-	-	23.9%	<b>23.9%</b>	53
Wong Tai Sin	72.3%	68.1%	64.1%	59.1%	<b>65.9%</b>	23
Kwun Tong	37.6%	34.3%	42.8%	43.9%	<b>39.7%</b>	33
Tsuen Wan	16.7%	36.0%	25.6%	29.4%	<b>26.9%</b>	27
Tuen Mun	77.3%	44.9%	37.8%	33.4%	<b>48.4%</b>	52
Yuen Long	87.3%	48.6%	59.6%	45.8%	<b>60.3%</b>	47
North <sup>Note 3</sup>	-	-	29.8%	37.0%	<b>33.4%</b>	17
Tai Po	116.9%	92.1%	209.0%	132.0%	<b>137.5%</b>	25
Sai Kung	78.6%	64.2%	67.9%	81.1%	<b>73.0%</b>	12
Sha Tin	58.0%	48.6%	57.2%	71.5%	<b>58.8%</b>	26
Kwai Tsing	37.4%	33.0%	25.4%	20.7%	<b>29.1%</b>	46
Islands	32.0%	27.5%	19.9%	70.8%	<b>37.6%</b>	2

Note 1: Taking into account the designated places of day respite service provided by subvented day care centres or units and contract homes only, excluding the day respite service provided by private RCHEs participating in EBPS when their designated residential respite places are vacant. Also excluding the day respite service provided by RSPs under CCSV when their day care places are vacant.

$$\text{Utilisation rate (\%)} = \frac{\text{No. of service attendances}}{\text{No. of places} \times \text{No. of opening days}}$$

Note 2: The day care centres for the elderly in this district do not have designated day respite places, but will use casual vacancies to provide respite service.

Note 3: In the early years, the day care centres for the elderly in this district did not have designated day respite places, but would use casual vacancies to provide respite service.

**Table 18: Utilisation rate of residential respite service for the elderly  
across 18 districts**

District	Year				Average utilisation rate <sup>Note</sup>	No. of places added between 2018/19 and 2024/25 [Column (c) of Table 10]
	2018/19	2019/20	2023/24	2024/25		
Central and Western	50.9%	62.8%	61.8%	61.0%	<b>59.1%</b>	(-3)
Wan Chai	67.5%	67.4%	77.4%	76.7%	<b>72.3%</b>	2
Eastern	59.4%	63.0%	60.9%	69.8%	<b>63.3%</b>	(-4)
Southern	60.8%	70.3%	65.0%	72.6%	<b>67.2%</b>	0
Yau Tsim Mong	51.1%	62.3%	58.3%	63.1%	<b>58.7%</b>	(-5)
Sham Shui Po	55.5%	65.7%	72.9%	73.1%	<b>66.8%</b>	(-1)
Kowloon City	54.5%	66.0%	64.6%	70.3%	<b>63.9%</b>	(-3)
Wong Tai Sin	67.7%	67.3%	69.0%	69.7%	<b>68.4%</b>	0
Kwun Tong	65.0%	66.5%	69.0%	73.6%	<b>68.5%</b>	(-1)
Tsuen Wan	59.4%	66.9%	63.7%	65.7%	<b>63.9%</b>	(-2)
Tuen Mun	26.0%	63.9%	62.3%	70.9%	<b>55.8%</b>	8
Yuen Long	44.1%	44.7%	43.9%	46.3%	<b>44.8%</b>	(-1)
North	33.4%	40.7%	32.1%	69.9%	<b>44.0%</b>	(-12)
Tai Po	44.8%	68.7%	43.9%	48.7%	<b>51.5%</b>	6
Sai Kung	58.3%	57.8%	58.5%	75.0%	<b>62.4%</b>	1
Sha Tin	62.6%	66.9%	67.7%	65.9%	<b>65.8%</b>	2
Kwai Tsing	43.0%	65.8%	62.8%	68.6%	<b>60.1%</b>	(-3)
Islands	82.7%	66.1%	81.8%	76.8%	<b>76.9%</b>	1

Note: Taking into account the designated respite places provided by all RCHEs only, excluding casual vacancies.

$$\text{Utilisation rate (\%)} = \frac{\text{Days of utilisation}}{\text{No. of places} \times \text{Days of service provided}}$$

**Table 19: Utilisation rate of day respite service for persons with disabilities across 18 districts**

District	Year				Average utilisation rate <sup>Note 1</sup>	No. of places added between 2018/19 and 2024/25 [Column (c) of Table 11]
	2018/19	2019/20	2023/24	2024/25		
Central and Western	48.3%	69.3%	73.1%	59.6%	<b>62.6%</b>	0
Wan Chai <sup>Note 2</sup>	-	-	5.3%	3.4%	<b>4.4%</b>	6
Eastern	27.9%	13.0%	25.9%	18.0%	<b>21.2%</b>	4
Southern	2.7%	1.4%	14.1%	10.1%	<b>7.1%</b>	6
Yau Tsim Mong	38.9%	56.8%	6.1%	8.0%	<b>27.5%</b>	13
Sham Shui Po	43.5%	36.4%	13.4%	5.9%	<b>24.8%</b>	10
Kowloon City	27.2%	23.6%	46.6%	39.7%	<b>34.3%</b>	4
Wong Tai Sin	18.0%	10.8%	2.6%	11.9%	<b>10.8%</b>	0
Kwun Tong	48.7%	30.0%	12.3%	21.5%	<b>28.1%</b>	0
Tsuen Wan	9.5%	7.6%	27.8%	3.4%	<b>12.1%</b>	3
Tuen Mun	61.4%	48.4%	37.9%	37.6%	<b>46.3%</b>	7
Yuen Long	13.8%	18.8%	10.0%	16.1%	<b>14.7%</b>	2
North	9.2%	6.6%	2.9%	7.0%	<b>6.4%</b>	6
Tai Po	32.7%	9.3%	3.2%	3.4%	<b>12.2%</b>	0
Sai Kung	10.2%	5.9%	6.1%	8.3%	<b>7.6%</b>	0
Sha Tin	19.3%	9.9%	12.1%	17.1%	<b>14.6%</b>	4
Kwai Tsing	5.5%	8.8%	0.2%	0%	<b>3.6%</b>	12
Islands <sup>Note 2</sup>	-	-	26.3%	45.3%	<b>35.8%</b>	2

Note 1: Taking into account the day respite service provided by subvented rehabilitation centres and RCHDs only, excluding the day respite service provided by private RCHDs participating in BPS when their designated residential respite places are vacant.

$$\text{Utilisation rate (\%)} = \frac{\text{No. of service attendances}}{\text{No. of places} \times \text{No. of opening days}}$$

Note 2: In the early years, no day respite service providers for persons with disabilities operated in this district.

**Table 20: Utilisation rate of residential respite service for persons with disabilities across 18 districts**

District	Year				Average utilisation rate <sup>Note 1</sup>	No. of places added tween 2018/19 and 2024/25 [Column (c) of Table 12]
	2018/19	2019/20	2023/24	2024/25		
Central and Western	10.8%	1.1%	1.4%	0%	<b>3.3%</b>	0
Wan Chai <sup>Note 2</sup>	-	-	-	0%	<b>0%</b>	4
Eastern	4.4%	9.8%	10.0%	11.4%	<b>8.9%</b>	4
Southern	16.4%	11.2%	3.7%	3.5%	<b>8.7%</b>	2
Yau Tsim Mong	41.6%	32.9%	11.5%	17.0%	<b>25.8%</b>	11
Sham Shui Po	2.7%	8.8%	11.9%	14.0%	<b>9.4%</b>	26
Kowloon City	13.6%	16.5%	14.9%	7.4%	<b>13.1%</b>	4
Wong Tai Sin	3.1%	10.0%	5.7%	6.4%	<b>6.3%</b>	1
Kwun Tong	23.6%	15.4%	10.0%	10.6%	<b>14.9%</b>	21
Tsuen Wan	25.4%	18.6%	3.8%	8.9%	<b>14.2%</b>	3
Tuen Mun	17.9%	14.1%	4.9%	7.0%	<b>11.0%</b>	21
Yuen Long	19.1%	13.1%	6.3%	10.1%	<b>12.2%</b>	2
North	20.1%	12.1%	4.7%	7.9%	<b>11.2%</b>	16
Tai Po	9.3%	3.7%	6.8%	11.2%	<b>7.8%</b>	8
Sai Kung	16.1%	15.8%	3.7%	10.8%	<b>11.6%</b>	0
Sha Tin	20.2%	20.6%	8.0%	11.8%	<b>15.2%</b>	6
Kwai Tsing	6.1%	5.3%	9.2%	9.1%	<b>7.4%</b>	12
Islands <sup>Note 2</sup>	-	-	1.5%	8.6%	<b>5.1%</b>	6

Note 1: Including designated places and fixed casual vacancies provided by subvented RCHDs, and designated places provided by private RCHDs participating in BPS.

$$\text{Utilisation rate (\%)} = \frac{\text{Days of utilisation}}{\text{No. of places} \times \text{No. of opening days}}$$

Note 2: In the early years, no residential respite service providers for persons with disabilities operated in this district.