Procedural Guidelines for Handling Elder Abuse Cases

(Revised August 2006)
Procedural Guidelines for Handling Elder Abuse Cases

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Foreword

Everybody has the right to survival, freedom and personal safety. Anybody, including elders, should not be treated with insult, cruelty, or even inhumanity. Every sector of the community should be concerned about the issue of elder abuse with a view to protecting the interest of elders. Also, all relevant professionals should work together and shoulder the responsibility of protecting elders against abuse.

In 2001, the Social Welfare Department (SWD) set up a multi-disciplinary Working Group on Elder Abuse (WGEA), chaired by the Assistant Director of Social Welfare (Family and Child Welfare) and comprised of representatives from the Elderly Commission, Health, Welfare and Food Bureau, the SWD, the Department of Health, the Hong Kong Police Force, the Official Solicitor, the Hospital Authority, the Hong Kong Council of Social Service and tertiary institutes, to examine jointly the phenomenon of elder abuse in Hong Kong and provide advice on strategies and ways of handling elder abuse. With the support of the WGEA and the funding from the Lotteries Fund, the Hong Kong Christian Service (HKCS) launched the Project on Elder Abuse Research and Protocol (EARP) since February 2002. One of the tasks of the EARP was the preparation of a draft Procedural Guidelines for Handling Elder Abuse Cases (Guidelines) for reference and use by personnel of Government departments and non-governmental organisations (including social service units, the police, medical personnel, the Housing Department, etc.) who may come across elder abuse cases.

In the course of drafting the Guidelines, apart from using different means to collect the views of various sectors of the community, which include personnel from different Government departments and non-governmental organisations, on the handling of elder abuse cases, the HKCS also conducted a pilot run to test out the feasibility of the first draft of the Guidelines in departments/units concerned in Tsuen Wan, Kwai Tsing and Sham Shui Po District from January to June 2003. Drawing on the experience obtained from the pilot run, the HKCS has made some amendments to the contents of the draft Guidelines. Lastly, the Guidelines was further refined by the SWD based on the views of members of the WGEA. The Guidelines was endorsed by the

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WGEA in December 2003 and has been implemented since March 2004.

We would like to express our gratitude to the HKCS for its contribution to the drafting of the Guidelines. On the other hand, this Guidelines is also the fruit of the concerted efforts made by different professionals on the handling of elder abuse. It is hoped that the implementation of this Guidelines may further enhance co-ordination and communication of personnel of Government departments and organisations, so as to provide the abused elders with more effective and appropriate services and care. As there are some changes on the service information since the publication of this Guidelines in December 2003, such information has been updated in this version for the reference of related discipline.

Social Welfare Department
August 2006
Part 1 Basic Information
Chapter 1: Objectives, Beliefs and Principles

1. Objectives
The welfare of elders is paramount in this Guidelines which is developed on the basis of sincere cooperation and mutual trust of various departments/units with the following objectives:
1.1. provide a definition of elder abuse and the beliefs and principles on handling incidents of elder abuse;
1.2. help promote the awareness of the problem of elder abuse among personnel providing services for elders;
1.3. provide guidelines on handling suspected elder abuse cases and the standard of cooperation among relevant departments/units, so as to provide the abused elder with the most appropriate services and care and to prevent the recurrence of elder abuse.

2. Beliefs
This Guidelines is based on the following beliefs:
2.1. Everybody, including all elders, has the right to survival, freedom and personal safety.
2.2. Everybody, including all elders, has the right to receive basic provisions for living.
2.3. Everybody, including elders, should not be treated with cruelty, inhumanity or insult.

3. Principles
Intervention work mentioned in this Guidelines follows the principles listed below:
3.1. All departments/units providing services to elders are responsible for providing assistance to protect elders against abuse.
3.2. Ensuring elder’s immediate safety is the paramount concern in handling the elder abuse cases.
3.3. Though confirmed to be a mentally incapacitated person (Note) by a psychiatrist/clinical psychologist, an elder, as an adult, has the right of self-determination as far as practicable. So long as his/her choice does not breach the law and constitutes no threats to his/her own and others’ rights and safety, he/she may choose his/her preferred way of life.
3.4. Though confirmed to be a mentally incapacitated person by a psychiatrist/clinical psychologist, an elder, as an adult, may enjoy the right to privacy for personal data as far as practicable, and may decide what personal information could be disclosed to others and
how the relevant departments/units may use his/her personal information.

3.5. The ultimate goal of handling elder abuse in a family is to encourage reconciliation of the abused elder and the abuser where possible so as to rebuild family relationship.

3.6. Elder abuse is generally complicated. With this regard, in the course of understanding and intervention in suspected elder abuse cases, all professionals concerned should adopt an open attitude so as to understand the whole matter from the perspectives of both the elder suspected of being abused and the suspected abuser in an impartial manner.
“Mentally incapacity” means-
(a) mental disorder;
“mental disorder” means-
1. mental illness;
2. a state of arrested or incomplete development of mind which amounts to a significant impairment of intelligence and social functioning which is associated with abnormally aggressive or seriously irresponsible conduct on the part of the person concerned;
3. psychopathic disorder; or
4. any other disorder or disability of mind which does not amount to mental handicap,
and “mentally disordered” shall be construed accordingly; (Replaced 81 of 1997 s.3)
“mentally disordered person” means a person suffering from mental disorder; (Added 81 of 1997 s.3)

(b) mental handicap;
1. “mental handicap” means sub-average general intellectual functioning with deficiencies in adaptive behaviour, and “mentally handicapped” shall be construed accordingly; (Added 81 of 1997 s.3)
2. “sub-average general intellectual functioning” means an IQ of 70 or below according to the Wechsler Intelligence Scales for Children or an equivalent scale in a standardised intelligence test; (Added 81 of 1997 s.3)

and “mentally incapacitated” shall be construed accordingly. (Added 81 of 1997 s.3)

“Mentally incapacitated person” means-
(a) for the purposes of Part II, a person who is incapable, by reason of mental incapacity, of managing and administering his property and affairs; or
(b) for all other purposes, a patient or a mentally handicapped person, as the case may be. (Added 81 or 1997 s.3)
Chapter 2: Basic Knowledge on Elder Abuse

1. Definition of Elder Abuse

Everybody has the right to survival, freedom and personal safety, and the right to obtain basic provisions for living. No one, including elders, should be treated with cruelty, inhumanity or insult. Based on the above beliefs, elder abuse is defined as follows:

**Generally speaking, elder abuse refers to the commission or omission of any act that endangers the welfare or safety of an elder.**

We will assess whether these acts cause harm to an elder according to the social standard and our professional knowledge. When assessing whether a certain act constitutes elder abuse, we should take note of the following:

- The abusive act itself may constitute elder abuse, regardless of whether the elder considers himself/herself being abused.
- Elder abuse may occur within families, institutions or the community.
- An elder abuse act may occur once or repeatedly, or within a short period or for a long duration.
- An act that may cause harm to an elder, though not being committed intentionally, may also constitute elder abuse.

Broadly speaking, abusers may be known or unknown to the elders. However, cases covered by this Guidelines are confined to those involving abused elders and abusers being known to each other, or involving abusers who are responsible for the care of the abused elders. In this Guidelines, elders are defined as persons aged 60 or above.

The definition above only serves as an operational reference for handling elder abuse cases. It does not have any legal binding force nor legal implications.
2. Forms of Elder Abuse

There are six forms of elder abuse as follows:

2.1. Physical Abuse

Physical abuse is physical injury or suffering inflicted on an elder where one can be certain and reasonably suspect that these are inflicted non-accidentally or due to the absence of any preventive measures.

2.2. Psychological Abuse

Psychological abuse is the pattern of behaviour and/or attitudes towards an elder that endangers or impairs the elder’s psychological health, including acts of insult, scolding, isolation, causing fear to the elder for a long duration, intrusion into the elder’s privacy and unnecessary restriction of the elder’s freedom of access and movement.

2.3. Neglect

Neglect is severe or persistent lack of attention to an elder’s basic needs (e.g. adequate food, clothing, shelter, medical treatment, nursing care, etc.) that endangers or impairs the elder’s health and safety. Neglect also includes the failure of provision of medicine and aids according to medical advice, which causes physical harm to the elder.

If a formal service provider (e.g. Residential Care Homes for the Elderly (RCHEs), Integrated Home Care Services Teams, Hospitals, etc.) fails to perform its caring responsibility and causes harm to an elder, the case can also be considered as neglect.

2.4. Financial Abuse

Financial abuse is any act which involves depriving an elder of his/her wealth, or not acting in an elder’s interests, including taking away an elder’s possessions, money or assets (e.g. property or public housing tenancy, etc.) without his/her consent.

2.5. Abandonment

Abandonment is the act of abandoning an elder without justifiable reasons committed by a carer or guardian, which endangers or impairs the elder physically or psychologically. For example, a family member deliberately abandons a demented elder after taking him/her to an unfamiliar place, making him/her unable to go back home on his/her own, or gives a wrong residential address to the hospital upon the elder’s admission which makes it impossible for
the hospital to contact the carer or guardian to discuss the medical and welfare issues of the elder.

2.6. **Sexual Abuse**
Sexual abuse is the act of sexual assault on an elder (including exposure of sexual organ to an elder, indecent assault and rape, etc.).
3. Risk Factors Leading to Elder Abuse

3.1 Poor Family Relationship
If an elder has a poor relationship with his/her family members, where there is a lack of communication but full of hostility among them, clashes and disputes would be inevitable. If the family problems accumulated over time are not resolved, and the elder and his/her family members fail to adjust to the changes brought about by his/her ageing (e.g. spending a long period of time at home after retirement, or relying more on others’ care), the likelihood of an elder subject to the abuse by his/her family member would increase.

3.2 Failing to Adapt to the Changes in Family Structure
Should there be changes in family structure, e.g. the passing away of the elder spouse, or the long-separated relatives (e.g. adult child or daughter-in-law) emigrating to Hong Kong and moving in with the elder, and the family members fail to make the adjustment to accommodate each other, clashes and disputes would become commonplace. Elder abuse may arise once these clashes and disputes escalate.

3.3 Relatives/Carers Suffering from Health Problems
If the relatives/carers are suffering from health/mental problems/alcoholism, the likelihood of elder abuse may increase.

3.4 Elders Relying on Others Physically and Mentally
Elders who are relying on others’ physical care or suffering from mental incapacity often find it hard to make effective decisions for themselves and to carry out their wills. When subject to cruel and unfair treatment, they would have difficulty in defending themselves due to their physical or mental impairment, thus easily falling victims to elder abuse.

3.5 Stress of Providing Care
For some carers, taking care of frail or mentally incapacitated elders brings them enormous pressure. If, for some reason, elders in need of others’ care remain uncooperative, such as elders in need of others’ feeding persistently refuse to eat, carers without adequate support would easily become discontent and the likelihood of elder abuse would increase.

3.6 Elders with a Weak Social Network
Elders with few friends and limited contact with the outside world would place more trust and rely more on the only relatives they
maintain contact with. As a result, it would be difficult for them to
seek outside assistance when subject to abuse.

The above list of risk factors contributing to elder abuse is by no means
exhaustive and is for reference by the workers (Note) only. Should any of the
above be found to have arisen among the elders and their carers, workers
should be alerted and provide appropriate services according to the needs of the
case to prevent elder abuse.

Note: In this Guidelines, unless otherwise specified, “workers” refer to staff
of all service units who have the chance to come across or handle
suspected elder abuse cases.
4. **Indicators of Elder Abuse**

When elders are abused, they often exhibit unusual behaviour, such as apprehension, withdrawal, in low mood, depression, becoming passive or being absent from activities in which they used to participate without cause. If workers encounter the above situations, they should take the initiative to attend to the elders, and assess whether the elders have been abused.

The following is a list of indicators of elder abuse, including physical and behavioural indicators of the elders, behavioural indicators of the carers and environmental indicators, to assist the workers in assessing whether the elders have been abused or not.

These behaviours or signs may not necessarily be evidence of elder abuse. However, once they appear, especially when more than one indicator appear at the same time, the department/unit staff concerned must take notice and be alerted, assess the possibility of elder abuse, and make a comprehensive assessment on the situation of the elders (including family background and support network, etc.) as far as possible, in order to consider whether further intervention is needed. Besides, this list of indicators is inexhaustive and the same indicator may be identified under different categories of abuse. Hence, the list is mainly for reference by workers.

4.1. **Indicators of Physical Abuse**

4.1.1. Physical Indicators of the Elder

a. Bruises
   i. Unexplainable bruises at multiple parts of the body (e.g. trunk, hands, legs, etc.), which do not appear to be caused by accidents
   ii. Bruises on the face, which do not appear to be caused by accidents
   iii. Bruises in cluster or patterns reflecting the shape of an object such as cane, belt, clothes hanger, hands or feet, etc.
   iv. Bruises of different colours at multiple parts of the body, indicating injuries inflicted at different time or being in various stages of healing
   v. Repeated bruises over time

b. Fracture
   i. Swollen or tender limbs caused by fractures or dislocation
   ii. Multiple fractures in various stages of healing
   iii. Unexplainable fractures found at clinical
examinations

2.1.2. Examination Findings

a. Laceration
   i. Unexplainable lacerations
   ii. Multiple scars of different stages

d. Internal Injuries
   i. Unexplainable ruptures to organs
   ii. Unexplainable intracranial haematoma

e. Burns/Scalds
   i. Cigar/cigarette/joss-stick burns, which do not appear to be caused by accidents
   ii. Burns/scalds at the mouth and oesophagus caused by feeding of hot food suffered by elders in need of others’ feeding
   iii. Burns/scalds at any part of the body

4.1.2. Behavioural Indicators of the Elder

a. Unwilling to receive medical examination
b. Unwilling to disclose information relating to the injury when asked about the cause of injury
c. Repeatedly attributing the injury to own carelessness or making contradictory statements
d. Delaying in receiving medical treatment for the injury
e. Seeking medical service from different doctors in an unusual manner
f. Attempting suicide

4.1.3. Behavioural Indicators of the Abuser

a. Bringing the elder to seek medical service from different doctors in an unusual manner
b. Unwilling to disclose the related information when asked about the cause of the elder’s injury
c. Answering questions purposefully and promptly on behalf of the elder when the elder is asked about his/her injury
d. Preventing the elder from receiving necessary medical treatment for the injury or delaying his/her treatment

4.1.4. Environmental Indicators

a. Unusual restraint equipment found at the elder’s living place, indicating that the elder may have been subject to unnecessary restraints and injuries.

4.2. Indicators of Psychological Abuse

4.2.1. Behavioural Indicators of the Elder

a. Extremely passive
b. Attempting suicide
c. Depression tendency
d. Often showing extreme apprehension
e. Being afraid of the carer
f. Avoiding contacts with others
g. Emotionally disturbed
h. Hysteria

4.2.2. Behavioural Indicators of the Absuer
a. Often locking the elder at home
b. Often not allowing the elder to return home
c. Extremely nagging, exclusive and apathetic towards the elder
d. Often scolding, slurring, blaming and insulting the elder
e. Ignoring the elder’s privacy (e.g. forcing the elder to take bath together with others)
f. Not allowing the elder to participate in family or social functions

4.2.3. Environmental Indicators
a. The elder being isolated at home and deprived of the facilities for keeping in touch with the outside world (e.g. taking away the elder’s telephone and radio etc.)
b. The relationship between the elder and the carer being visibly distant or persistently poor

4.3. Indicators of Neglect
4.3.1. Physical Indicators of the Elder
a. Serious loss of/extremely low weight
b. Dehydration
c. Malnutrition
d. Chronic bed sores
e. Frequent illness

4.3.2. Behavioural Indicators of the Elder
a. Frequent dirtiness
b. Wandering around frequently or for prolonged period without being accompanied
c. Obvious irregularity of eating pattern being ignored
d. Obvious loss of appetite being ignored

4.3.3. Behavioural Indicators of the Abuser
a. Not providing elder with basic necessities
b. Not providing elder with the medication/medical care needed
c. Not providing elder with the aids needed (e.g. glasses, crutches and denture, etc.)
d. Not visiting the elder in lack of self-care ability for a long period of time and not making any contact with him/her

4.3.4. Environmental Indicators
a. Safety measures or equipment required (e.g. handrails) not provided in the living place of the elder
b. Basic facilities (e.g. lamp, water and bed, etc.) not provided in the living place
c. Unnecessary stuff piling in the living place and blocking the passageway

4.4. Indicators of Financial Abuse
4.4.1. Behavioural Indicators of the Elder
a. Disclosing loss of possessions, money, assets or properties, etc. belonging to him/her
b. Inadequate resources to cover daily basic necessities (e.g. food and clothing, etc.) and daily living expenses (e.g. water and electricity bills) even though the elder should be financially sufficient
c. The elder suddenly transferring his/her bank accounts and properties, etc. to others
d. The elder inexplicably opening joint accounts

4.4.2. Behavioural Indicators of the Abuser
a. Demanding or forcing the elder to open joint bank accounts
b. Taking away the seal or identity documents of the elder
c. Taking away and keeping the bank statements of the elder, not allowing the elder to know the movement of his/her accounts
d. Suddenly making promises to take care of everything for the elder, supporting the elder while he or she is alive and arranging the elder’s funeral after he or she dies, but requesting or arranging for the transfer of all the elder’s assets to him/her
e. Demanding or forcing the elder to hand over all his/her personal identification documents such as identity card, passport and seal, etc. to the abuser
f. Stealing money, Comprehensive Social Security Assistance (CSSA) payment or pension cheques belonging to the elder
g. Forging the elder’s signature on the elder’s pension
cheques or legal documents
h. Inappropriate use of power of attorney, enduring power of attorney or the rights and responsibilities of trustees, such as forcing the elder to sign such documents so as to control the elder’s property

4.4.3. Environmental Indicators
a. Unusual transactions in the elder’s bank accounts
b. Unexplainable loss of personal valuable assets of the elder
c. The elder having never received any bank statements
d. The elder being subject to prolonged isolation and not allowed to contact any relatives or friends

4.5. Indicators of Abandonment
4.5.1. Behavioural Indicators of the Elder
a. Wandering on streets, parks or malls, etc. by himself/herself for a long period of time
b. Often being dirty

4.5.2. Behavioural Indicators of the Abuser
a. Purposefully abandoning the elder in hospital or RCHE
b. Purposefully abandoning the elder at public places (e.g. parks and malls, etc.)

4.5.3. Environmental Indicators
a. No one paying visits or making arrangement for the elder’s discharge after the elder’s admission to hospital

4.6. Indicators of Sexual Abuse
4.6.1. Physical Indicators of the Elder
a. Bruises on chest/genitalia
b. Unexplainable sexual diseases
c. Unexplainable urethritis
d. Unexplainable bleeding in external genitalia, vaginal or anal area, etc.

4.6.2. Behavioural Indicators of the Elder
a. Drastic change in sexual attitude/sexual behaviour
b. Excessive masturbation
c. Being extremely frightened when seeing the suspected abuser

4.6.3. Environmental Indicators
a. Torn, stained or bloodied underclothing
5. Ordinances Related to Elder Abuse

The following is a list of ordinances related to elder abuse which is inexhaustive and for the workers’ reference only.

5.1. Ordinances for Dealing with Physical Abuse
Offences Against the Person Ordinance (Cap. 212)

s2 Murder
s7 Manslaughter
s17 Shooting or attempting to shoot, or wounding or striking with intent to do grievous bodily harm
s19 Wounding or inflicting grievous bodily harm
s20 Attempting to choke, etc., in order to commit indictable offence
s22 Administering poison, etc., so as to endanger life or inflict grievous bodily harm
s23 Administering poison, etc., with intent to injure, etc.
s39 Assault occasioning actual bodily harm
s40 Common assault

5.2. Ordinances for Dealing with Financial Abuse

5.2.1. Theft Ordinance (Cap. 210)

s9 Theft
s10 Robbery
s17 Obtaining property by deception
s23 Blackmail
s24 Handling stolen goods

5.2.2. Mental Health Ordinance (Cap. 136)
If the victim is a mentally incapacitated person within the meaning of the Mental Health Ordinance, Part II (appointing a committee of the estate to protect the property and financial affairs of the victim) and Part IVB (appointing a guardian to handle the bank accounts of the victim) of the ordinance shall apply.

5.2.3. Crimes Ordinance (Cap. 200)
Part IX Forgery
Part X False certification and personation

5.3. Ordinances for Dealing with Sexual Abuse

Crimes Ordinance (Cap. 200)
s25 Assaults with intent to cause certain acts to be done or omitted
s47 Incest by men
s48 Incest by women of or over 16
s117B Intra-marital rape
s118 Rape
s118A Non-consensual buggery
s118B Assault with intent to commit buggery
s118G Procuring others to commit homosexual buggery
s119 Procurement by threats
s120 Procurement by false pretences
s121 Administering drugs to obtain or facilitate unlawful sexual act
s122 Indecent assault
s131 Causing prostitution
s137 Living on earnings of prostitution of others

If the victim is a mentally incapacitated person within the meaning of s117(1) of the Crimes Ordinance, which means a mentally disordered person or a mentally handicapped person (within the meaning of the Mental Health Ordinance (Cap 136)) whose mental disorder or mental handicap, as the case may be, is of such a nature or degree that that person is incapable of living an independent life or guarding himself/herself against serious exploitation, or will be so incapable when of an age to do so, the following sections shall apply:

s118E Buggery with mentally incapacitated person
s118I Gross indecency by man with male mentally incapacitated person
s125 Intercourse with mentally incapacitated person
s133 Procurement of mentally incapacitated person
s136 Causing or encouraging prostitution of mentally incapacitated person
s142 Permitting mentally incapacitated person to resort to or be on premises or vessel for intercourse, prostitution or homosexual act

5.4. Ordinances Related to Mentally Incapacitated Persons Participating in Criminal Procedures
Criminal Procedure Ordinance (Cap. 221)
s79B Evidence by live television link
s79C Video recorded evidence

5.5. Ordinances Related to Spousal Elder Abuse
Domestic Violence Ordinance (Cap. 189)
s3 Power of District Court to grant injunction
5.6. **Ordinances Governing RCHEs**

Residential Care Homes (Elderly Persons) Ordinance (Cap. 459)
Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165)

Please refer to the homepage of the Department of Justice for the contents of these ordinances.
(http://www.justice.org.hk)
Part 2 Working Guidelines
Chapter 3: Working Guidelines on Serving the Abused Elders

1. Guidelines for Good Practice

1.1. Have a basic understanding on elder abuse and is well-informed of the risk factors and indicators of abuse, with sufficient knowledge on the handling procedures and guidelines.

1.2. Accord top priority to ensuring the immediate safety of the elder and handle suspected abuse cases in a serious and impartial manner.

1.3. Respect the elder’s decisions on accepting or refusing various kinds of intervention/services.

1.4. If the abused elder is confirmed or suspected to be a mentally incapacitated person, proper intervention or treatment should be rendered to protect his/her safety and welfare regardless of his/her consent.

1.5. Contact the elder, suspected abuser and all family members concerned with an open, sensitive and approachable attitude to facilitate a more comprehensive assessment and intervention. Understand the needs of all parties involved and make appropriate responses. Due regard should be given to the explanation and views of the elder suspected of being abused, the suspected abuser and all family members concerned on the suspected abuse incident.

1.6. The case manager approach is preferable in handling abuse cases so that the abused elder only needs to interact with the case manager for most of the time where practicable. This may reduce the elder’s stress and trauma of recounting the unhappy experiences throughout the process.

1.7. Maintain a good contact, communication and cooperation with agencies and units providing services to the elder so as to ensure that the elder and his/her family members are provided with the most suitable services.

1.8. Adhere to the principle of confidentiality. However, under the context of safeguarding the elder’s welfare, due exchange of information and cooperation should be maintained among agencies where necessary.

1.9. Attach importance to the personal safety of the worker. In the
course of handling elder abuse cases, consult professionals concerned and arrange the appropriate support if necessary.
2. **Points to Note on Handling Suspected Elder Abuse Cases**

2.1. Upon disclosure of a suspected abuse case, the department/unit concerned must handle and investigate the case in a serious manner without delay.

2.2. Member of the public/relatives of the elder/the elder who self discloses the suspected elder abuse incident should be informed that the case will be handled and investigated in a serious manner.

2.3. If it is the abused elder who discloses the abuse incident, the worker should listen to his/her description of the abuse incident, calm him/her down and inform him/her clearly of actions to be taken (e.g. case referral). The worker should let the elder express his/her views on the actions.

2.4. If it is the abused elder who discloses the incident and requests it be kept confidential, the department/unit concerned should respect his/her preference. However, staff concerned may, taking into account the elder’s circumstances, first discuss with the unit which may handle the case on ways of helping the elder without revealing any personal data of the elder.

2.5. If the person who discloses the incident is not the elder, he/she may request it be kept confidential. Under the context of safeguarding the safety and welfare of elders, the department/unit concerned should, instead of promising to keep the incident confidential, refer the case to the appropriate service units for follow-up in accordance with this Guidelines.

2.6. Upon noting of a suspected elder abuse incident, the department/unit concerned shall provide the necessary services for the elder as far as possible without delay.

2.7. To minimise the stress faced by the elder in repeating the abuse incident, there is no need for intake worker (who is not the responsible social worker) to probe into details of the incident when the elder reveals the case to him/her. When sufficient information has been collected and it is believed that the incident involves abuse, the intake worker should stop asking and make referrals.

2.8. No leading questions should be asked when collecting information. For example, instead of asking “Were you beaten up by somebody?”, one should ask “How did you get hurt?”
2.9. Keep proper records of the date and content of conversation regarding the abuse incident for submission to Court as evidence in possible legal proceedings in the future.

2.10. If the incident involves criminal element, the worker should try his/her best to convince the elder to report it to the police and refer the case to the relevant unit for services on preventing and handling elder abuse. If the incident may threaten the personal safety of the elder or involve obvious and serious bodily injury, the worker shall report it to the police immediately.

2.11. The elder may only receive other’s assistance provided that it is from someone he/she trusts and in a familiar community. From geographical and psychological point of view, it would be easier for an abused elder to receive services if he/she is referred to a department/an unit in proximity to his/her place of residence. Therefore, the department/unit concerned should refer the elder for services to an unit in the district where the elder is residing as far as possible.

2.12. If the abused elder does not accept service referral, even though the personal safety of the elder is not threatened, the worker concerned should still follow up the case closely according to the need of the elder.

Please refer to paragraph 4 of this Chapter: “Points to Note When An Elder Refuses Professional Intervention”

2.13. Special exemptions are provided for the collection and referral of information in Part VIII of the Personal Data (Privacy) Ordinance (Cap. 486). Please refer to the Ordinance for details.
3. **Points to Note When An Elder Has Communication Problems**

3.1. When dealing with an elder who may not be able to express himself/herself clearly because of his/her local accent, a stroke attack or other illnesses, the worker may ask the elder if he/she has any trustworthy person who knows him/her well, including his/her family members, neighbours or persons providing services to him/her, to help him/her communicate with others. However, the worker should avoid asking the suspected abuser to aid communication for the elder as far as possible. The worker should explain to these people the principle of confidentiality.

3.2. The worker may try to invite the elder to express himself/herself in writing or with body language. The worker may also guess the meaning conveyed and confirm it with the elder. Hypothetical or leading questions, however, should be avoided.

3.3. If the elder has a hearing problem, the worker may try to use words, pictures or body language for communications. The worker should speak slower with a mild tone and proper intonation, and may repeat several times and confirm the meaning with the elder.
4. Points to Note When An Elder Refuses Professional Intervention

4.1. An elder may refuse investigation and follow-up of professionals on the following grounds:
   4.1.1. the professional is a stranger to the elder;
   4.1.2. the elder is afraid of changes;
   4.1.3. the elder does not want to see the livelihood of the abuser (who has been relying on his/her support) being affected upon disclosure of the abuse incident;
   4.1.4. the elder has been relying on the suspected abuser financially or emotionally;
   4.1.5. the elder misunderstands that professional intervention means separation with families; or
   4.1.6. the elder misunderstands that professional intervention means prosecution of the suspected abuser.

4.2. For non-crisis cases, instead of rushing to inquire the elder on the suspected abuse incident, it is preferable for the worker to care for the elder’s living condition through repeated interviews or home visits, to give the elder a sense of security and facilitate the building of a trustful relationship.

4.3. The worker should recognise the worries of the elder and show understanding to all his/her mixed feelings. Attempts should also be made to encourage the elder to pour out his/her anxieties, clarify his/her questions and dispel his/her worries.

4.4. The worker should also explain to the elder that investigation and follow-up does not necessarily mean to remove him/her from his/her original accommodation or to prosecute the person involved. There are many ways to handle the case and provide services to the elder, the ultimate goal of which is to improve his/her living conditions and quality.

4.5. If the elder requires some specific services immediately, such as the arrangement of home help service or integrated home care services, the worker should first make referrals for him/her. This may strengthen his/her confidence in the professionals and enhance his/her motive to accept handling of the suspected abuse incident by the professionals.

4.6. The worker should leave his/her contact number, information on social services and emergency help hotlines for use of the elder whenever necessary.
4.7. If the elder is in immediate danger, for example when his/her personal safety is threatened or when the case involves obvious and serious bodily injury, the worker should give top priority to protecting the personal safety of the elder, report the case to the police promptly and provide crisis intervention services.
5. Points to Note When Providing Intervention for An Elder with Mental Disorder

5.1. Owing to various reasons, an elder may display different forms of mental disorder. Examples include: failure of focusing attention, murmuring, forgetting what he/she has said, having speech confusion, incapable of responding to general questions and having mood swings, etc. The worker may try to assess if the elder is living out of reality by asking him/her some questions, such as “What is your name?”, “Where are you?”, “Which year is it now?”

5.2. The worker may contact the family members and the service provider of the elder for ways of achieving better communication with the elder and ascertain if the mental disorder is a prolonged problem or recently detected. However, the worker should avoid enquiring the suspected abuser for the above information.

5.3. The worker may ask the elder and his/her carers if the elder has received any geriatric or psychiatric treatment. If so, the worker should encourage the elder and his/her carers to report his/her situation to medical practitioners for follow-up.

5.4. If abnormality and changes are identified in the mental condition of the elder warranting medical/mental assessment, the worker should brief the elder, his/her family members or carers on the procedures of applying for such assessment and decide if a referral is required.

5.5. The worker should make referral and appropriate arrangement if there is a need to apply for an emergency guardianship order.

Please refer to Appendices 1 and 2: “What Is Guardianship Board” and the “Application Procedures for An Emergency Guardianship Order”.
6. **Points to Note When Providing Intervention to An Elder in Physical or Psychological Crisis**

6.1. Immediate intervention and treatment are required when the following situations are identified:

6.1.1. the elder is staying alone at home without the ability to walk and respond. He/She cannot allow entry of worker for investigation, and the worker cannot contact his/her family members or carers;

6.1.2. the elder is in a state of coma or unconsciousness;

6.1.3. though conscious, the elder is in the following conditions without reasonable explanations:
   a. serious problem in personal hygiene (e.g. stinking smell of body/clothes)
   b. prolonged lack of diet
   c. wearing clothes that does not suit the weather (e.g. wearing very thin clothes in extremely cold weather)
   d. having wounds on the body

6.1.4. the elder is suffering from serious emotional disturbance, for instance showing extraordinary fear, depression, yelling aloud, laughing, crying endlessly; or

6.1.5. the elder is having suicidal tendency or acts suggesting such tendency.

6.2. The worker should contact his/her supervisor as soon as possible to determine whether it is necessary to send the elder to hospital for medical examination or enlist emergency assistance of the police immediately.
7. Multi-disciplinary Collaboration on Handling Elder Abuse Cases

Elder abuse is complicated in nature and the abused elders, their family members and persons concerned may come to the attention of different professionals at various stages. In order to provide the elders with the most appropriate services and solve their problems effectively, it is very important that good communication and collaboration among professionals could be maintained.

7.1 Responsibilities of Various Disciplines at Different Stages

7.1.1. Identification of elder abuse cases
Identify the abused elder/the elder suspected of being abused in various disciplines/units and after providing the elder with immediate services in respective disciplines, assess other needs of the elder, provide information on related services and encourage him/her to use the services.

7.1.2. Referrals
Refer the elder to the appropriate service unit with his/her consent and provide the unit with information of the elder, such as his/her background, present position, assistance provided and services required by the elder, through completing the necessary referral forms and/or making preliminary contacts (may contact by telephone) with the intake worker of the unit concerned.

7.1.3. Provision of professional advice
Provide professional assessment of the situation of the elder and the relevant persons and exchange information with other workers involved in the handling of the case, so as to facilitate a more comprehensive understanding of the information among different professionals.

7.1.4. Attending Multi-disciplinary Case Conference
Attend Multi-disciplinary Case Conference (MDCC) and provide professional input in relation to the conditions and preference of elder, his/her family members and the abuser, with a view to formulating a welfare plan for the elder.

7.1.5. Provision of services
Develop interfacing among different disciplines to provide services for the abused elder and related persons.

7.1.6. Completing a data input form of the “Central Information System on Elder Abuse Cases”
Complete and submit a data input form of the “Central
Information System on Elder Abuse Cases” upon classifying a case as elder abuse.
7.2. Major Role of Various Disciplines in Handling Elder Abuse Cases

7.2.1. Medical practitioners (including practitioners in the Accident and Emergency Departments and specialists, e.g. geriatrics and orthopaedics, etc.)
   a. provide the elder with medical examination, consultation, assessment and treatment
   b. ascertain whether the physical condition of the elder is caused by abuse or other factors (e.g. illness)
   c. assess the mental condition and mood of the elder and make referrals for psycho-geriatric assessment/treatment if necessary
   d. assist in making assessment and recommendations of the suitable mode and approach of providing care to the elder

7.2.2. Psycho-geriatric medical practitioners
   a. assess the mental condition of the abused elder and provide treatment to him/her if necessary
   b. assess the mental capacity of the elder and assist in the application for a guardianship order if necessary

7.2.3 Other medical personnel
   a. provide the abused elder with necessary nursing care/rehabilitative treatment
   b. educate the abuser proper ways of providing care to the elder if necessary
   c. enhance the knowledge on the prevention of elder abuse in the community and institutions, and conduct early identification and assessment of elder abuse cases so as to provide appropriate counselling, referrals and follow-up

7.2.4. Police
   a. protect the personal safety and property of the elder
   b. conduct criminal investigation and initiate prosecution if necessary
   c. arrange for forensic examination if necessary

7.2.5. Social workers (responsible social worker)
   a. intake the case
   b. take up the role of case manager to coordinate the work of various disciplines (please refer to paragraph 7.3. of this Chapter)
   c. conduct social enquiry
   d. convene or assist in convening a MDCC if necessary
   e. classify the nature of the case if no MDCC has been
f. formulate a welfare plan to provide or arrange necessary services for the elder/abuser/family members of the elder

g. once a case has been classified as elder abuse, complete and submit a data input form of the “Central Information System on Elder Abuse Cases”

h. provide counselling for the elder, his/her family members (including the abuser) and related persons

i. assist the elder to make preparation for legal proceedings when necessary

j. review the progress of the case

7.2.6. Social service agencies (workers providing services)
   a. provide various kinds of services including accommodation, community care, support services, emergency financial support, counselling, etc.
   b. observe the elder’s condition and needs and provide suitable services

7.2.7. Clinical psychologists
   a. conduct psychological assessment for the elder and the abuser
   b. assess the mental capacity of the elder
   c. provide psychological treatment for the elder, the abuser and related persons

7.2.8. Legal professionals
   a. provide legal advice, particularly on cases involving financial abuse
   b. provide legal aid services

7.2.9. Housing Department
   a. pays attention to the needs of the elder living in the public housing estate and makes appropriate referral
   b. considers the needs of the elder with high risk of abuse when proceeding with applications for splitting tenancy

7.2.10. Guardianship Board
   a. issues a guardianship order
   b. reviews a guardianship order
   c. gives directions to the guardian of elder
7.3. Case Manager Approach
To reduce the stress of the abused elder and the trauma of recounting the unhappy experiences throughout the process, the case manager approach should be adopted so that the elder only needs to interact with the case manager for most of the time whenever situation allows. Under most circumstances, the key social worker handling the case would normally take up the role of a case manager. However, other professionals involved should also draw reference to the role of a case manager as appropriate in order to protect the best interest of the abused elder and his/her family members.
Part 3 Procedures for Handling Elder Abuse Cases
Elder abuse may occur in a family, a department/service unit (including a residential care home) providing services for elders, or in the community. For the welfare and safety of the elders, whenever elder abuse is suspected, the individual/department/service unit should refer the case to social service units for follow-up and encourage the abused elder to seek assistance. Upon receipt of report of suspected elder abuse case, the concerned department/service unit should follow this Guidelines and provide the abused elder with a series of services to safeguard his/her safety and well-being, and protect him/her from any kind of abuse. The services include referral, investigation, classification of case nature, formulation of welfare plan and various follow-up actions.

If the suspected elder abuse case involves spouse battering, please also refer to the “Procedural Guidelines for Handling Battered Spouse Cases 2004”. If the suspected elder abuse case involves sexual violence, please also refer to the “Procedural Guidelines for Handling Sexual Violence Cases”

Before providing services to an elder suspected being abused, prior consent from the elder should be obtained. This Chapter should be read together with Chapter 3 of this Guidelines: “Working Guidelines on Serving the Abused Elders.”

For cases involving institutional abuse of elder, please also refer to Chapter 9: “Procedures for Handling Institutional Abuse of Elders”.

This Chapter outlines the general procedures from making referrals to providing follow-up services in the handling of suspected elder abuse and elder abuse cases.

“Chart on Referrals of Suspected Elder Abuse Cases”, “Chart on Procedures for Handling Suspected Elder Abuse Cases”, and “Sample of Referral Letter for Suspected Elder Abuse Case” are attached in Appendices 3, 4 and 5 respectively.
1. **Sources of Case Referral**

1.1. When an individual/department/service unit suspects an elder being abused, they should either help the elder to seek assistance or actively contact a relevant department/service unit for appropriate services to pull the elder away from the abusive situation.

1.2. Departments/service units which usually receive reports of or identify suspected elder abuse cases include:

1.2.1. Social service units providing casework service to elders
   a. Integrated Family Service Centres (IFSCs)/Integrated Services Centres (ICSs)
   b. District Elderly Community Centres (DECCs)
   c. Medical Social Services Units (MSSUs)
   d. Family and Child Protective Services Units (FCPSUs)
   e. Neighbourhood Elderly Centres (NECs)
   f. Integrated Home Care Services Teams (IHCSTs)/Enhanced Home and Community Care Services (EHCCSs) Teams/Home Help Teams
   g. Subvented Residential Care Homes for the Elderly (RCHEs), Nursing Home (NHs), and contract homes
   h. Rape Crisis Centre of the Association Concerning Sexual Violence Against Women: Rainlily

| Please refer to Appendix 6 for a brief service description of Rainlily. |

1.2.2. Social service units not providing casework service to elders
   a. Social Security Field Units (SSFUs)
   b. Social Centres for the Elderly (S/Es)
   c. Hotline services
   d. Day Care Centres for the Elderly (D/E)
   e. Support Teams for the Elderly
   f. Private Homes for the Elderly
   g. Clinical psychological service units

1.2.3. Non-social service units
   a. Hospitals
   b. Private and public clinics
   c. Community nursing service units
   d. Hong Kong Police Force
   e. Housing Department
1.2.4. Other departments/service units which may have contact with elders

1.3. Direct approach by abused elders or their relatives and friends

1.4. Suspected elder abuse cases may also be revealed by the media. In dealing with these cases, social workers of the IFSCs/ISCs should make contact with the victims and their relatives in a proactive manner to collect more information about the cases and provide timely and necessary assistance.
2. **How to Handle Referrals/Reports**

On receiving referrals or reports of suspected elder abuse cases, all social service units providing casework services shall render services to the elders to protect them from being abused. Procedures for handling the cases are as follows:

2.1. **Points to Note upon Receipt of Referrals/Reports**

2.1.1. All referrals/reports, whatever their origin, must be taken seriously and considered with an open mind without prejudice. For the safety and welfare of the elders, prompt action should be taken as required.

2.1.2. Each of the referrals/reports of suspected abuse cases may constitute new information and should be handled carefully although the referrals/reports are from similar source or similar referrals have been received.

2.1.3. Obtain clear basic information about the case from the referrer/informant, and identify any intervention work previously provided by the referrer.

2.1.4. Where necessary, maintain communication and develop a working relationship with the referrer/informant for co-operation in handling the suspected abuse case.

2.2. **Collecting Personal Information on the Elder Suspected of Being Abused**

2.2.1. After receiving referral/report of a suspected elder abuse case, the service unit should obtain personal information from the abused elder with his/her prior consent during the initial contact to facilitate further service delivery.

2.2.2. In receiving referral/report, the service unit should request the referrer/informant to give his/her name, address and telephone number. Anonymous referral should also be accepted, but contact telephone number should be recorded as far as possible in order to obtain further information on the case.

In case the elder refuses to disclose his/her personal information or declines services of the responsible social worker, please refer to paragraph 4 of Chapter 3 “Points to
2.3. Identifying the Responsible Service Unit for Handling the Suspected Elder Abuse Case

2.3.1. Generally, social service units providing casework service will take up suspected elder abuse cases. While a few service units will only deal with known cases (refer to paragraph 2.3.3. of this Chapter for definition of known cases) they are currently serving, most units will take up new cases. The division of responsibilities among different service units is as follows:

a. Service units which handle both new cases and known cases:
   i. IFSCs/ISCs
   ii. DECCs
   iii. MSSUs (for cases which are receiving in-patient service, day hospital service or psychiatric out-patient service)
   iv. FCPSUs of the Social Welfare Department (SWD) (for battered spouse cases)
   v. The Rape Crisis Centre: Rainlily (for female elders being victims of sexual abuse)

b. Service units which only handle cases currently using their services:
   i. NECs (for cases being their members)
   ii. IHCSTs/EHCCS Teams/Home Help Team which operate independently of other service units (for cases currently using their services)
   iii. RCHEs/NHs/contract homes having social work grade staff (for residents of RCHEs/NHs/contract homes)

c. Service units not providing casework service (e.g. SSFUs, S/Es, D/Es, NLCDP, etc.) may refer suspected elder abuse cases having come to their attention to service units mentioned in (a) above.

2.3.2. Whenever the service unit providing casework service receives referral/report of a suspected elder abuse case but the referred/reported case is not its known case, it is advisable for the service unit to consult the elder himself/herself (the elder’s family/guardian if he/she is mentally incapacitated) and with the consent of the elder, contact relevant service units to examine if the elder is a known case of other casework service unit(s). In doing so, delay in service arrangement and intervention by different service units will be prevented.
2.3.3. Definition of known cases:
   a. It is an active case of the IFSC/ISC/FCPSU of the SWD/ non-governmental organisations (NGOs)
   b. It is a closed case of the IFSC/ISC/FCPSU of the SWD which has been closed within 6 months
   c. The elder is a member of a DECC or is receiving services from it
   d. The elder is a member of a NEC
   e. The case is receiving IHCS/EHCCS/Home Help Service which operates independently of other service units
   f. It is an active case of the MSSU and the patient is receiving in-patient service, day hospital service or psychiatric out-patient service
   g. The elder is a resident of a RCHE/NHs/contract homes having social work grade staff

2.3.4. If it is not a known case of other service unit(s) and the service unit receiving the referral/report belongs to one of the service units listed in paragraph 2.3.1.a. of this Chapter, the case should be handled by the receiving service unit.

2.3.5. If it is not a known case of the service unit receiving the referral/report but is known to several other service units, the case should be referred to one of these service units according to the preference of the elder.

2.3.6. If it is a known case of both the service unit receiving referral/report and other service unit(s), the receiving service unit should communicate with such service unit(s) to see if the problem of elder abuse is currently handled by the latter. If so, the case should continue to be handled by that service unit; otherwise, the service unit receiving referral/report should be responsible for various intervention services.

2.3.7. If the service unit receiving referral/report belongs to one of the service units mentioned in paragraph 2.3.1.b. of this Chapter, and the reported case is not receiving services from it, the case should be referred to an appropriate casework service unit listed in paragraph 2.3.1.a. of this Chapter according to the preference of the elder.

Please refer to Appendix 3 on referrals of suspected elder abuse.
2.3.8. Before the responsible social worker takes up the case, the service unit which first received referral/report of the case should closely attend to the emotion of the abused elder, address his/her various service needs, and keep all relevant record properly. Its staff may soothe the elder by providing supportive counselling. It is, however, not advisable for them to intervene into the abuse case thereby necessitating the elder’s recounting of the abuse experience.

2.3.9. The service unit which first received referral/report of the case should work together with the responsible social worker after the latter’s taking up the case, and support the social worker in his/her intervention according to the preference and needs of the elder. The supportive work to be performed by the concerned service unit (including those not providing casework service) are as follows:
   a. Providing information about the case
   b. Arranging appropriate assistance to the elder, such as Comprehensive Social Security Assistance (CSSA), IHCS or carers support, etc.
   c. Participating in the “Multi-disciplinary Case Conference (MDCC)”

2.4. Assigning Responsible Social Worker

2.4.1. Once the service unit responsible for handling the elder abuse case is identified, it is required to assign a registered social worker as the responsible worker to follow up the case.

2.4.2. The main duties of the responsible social worker are as follows:
   a. Take up the role of case manager to coordinate the work of various disciplines

   Please refer to paragraph 7.3. of Chapter 3 of this Guidelines.

   b. Conduct social enquiry
   c. Convene or assist in convening a MDCC if necessary
   d. Classify the nature of the case if no MDCC has been convened
   e. Formulate a welfare plan to provide or arrange necessary services for the elder/abuser/family members of the elder
f. Once the case has been classified as elder abuse, complete and submit a data input form of the “Central Information System on Elder Abuse Cases”

g. Provide counselling for the elder, his/her family members (including the abuser) and related persons

h. Assist the elder to make preparation for legal proceedings when necessary

i. Review the progress of the case
3. Intervention into Suspected Elder Abuse Cases

For the safety and welfare of the elder, the responsible social worker should provide prompt intervention after he/she takes up the case, understand the case nature and urgency, and arrange various services immediately required.

3.1. Points to Note on Intervention into Suspected Elder Abuse Case

3.1.1. Unless the life of the elder suspected of being abused is under threat, his/her will should be respected during the course of investigation. Even though the elder is assessed to be a mentally incapacitated person (MIP), his/her will should be respected as far as possible and as circumstances allow.

3.1.2. If the responsible social worker encounters any danger during the course of investigation, he/she shall first take care of his/her own safety. Seek help from the police where necessary.

3.1.3. In the course of investigation, the responsible social worker should report the progress to his/her supervisor on a continuous basis or in accordance with relevant internal guidelines of respective organisation.

3.1.4. Keep proper records on the date and content of the conversation regarding the abuse incident for submission to Court as evidence in possible legal proceedings in the future.

3.1.5. Notes on the initial contact with the elder suspected of being abused:
   a. In the first interview between the responsible social worker and the elder suspected of being abused, the elder should preferably be accompanied by the referrer who already knows him/her to give the elder a sense of security and to reduce his/her resistance towards the worker.
   b. If the elder is receiving services from a social services agency, the first interview may be held in the office of the agency. The responsible social worker should wear his/her staff card in the interview for identification purpose.
   c. Before the interview commences, the responsible social worker should clearly introduce his/her name, position, the working organisation, and the purpose of the interview in a language understandable to the elder. Never conceal the
fact that you are intervening into the suspected elder abuse incident as this will instil a feeling of deception in the elder.

d. Explain to the elder his/her right of self-determination and clearly inform the elder that the responsible social worker will respect his/her will and right of self-determination during the process of intervention.

e. Explain to the elder his/her right to privacy and let the elder know the purposes of using his/her personal information. If necessary, inform the elder under what circumstances his/her information may be disclosed to relevant parties without his/her consent.

f. Give a brief account of the whole investigation process to let the elder have an idea of the personnel, departments and procedures he/she will possibly encounter as well as the time required for completing the whole process.

3.2. Understanding the Background of the Suspected Abuse Incident

3.2.1. The responsible social worker should meet the elder suspected of being abused as soon as possible, and learn the background of the case through the elder/referrer/informant/family members of the elder to facilitate planning and delivery of the required services to the elder. Background information includes:

a. How the suspected elder abuse incident be revealed and the process.

b. Information on the nature, frequency and place of the suspected elder abuse, possibility of recurrence and the possible abuser.

c. The damage the suspected elder abuse incident has brought to the victim (in assessing the impact of the abuse on the elder, the responsible social worker should look into different perspective, e.g. the physical, psychological and mental condition of the elder, his/her financial status and living environment, etc.).

d. Whether there is other victim(s) in the case. If there is other victim(s), the responsible social worker should also assess their risk and provide the required services to them. (If the case involves child abuse, please refer to the “Procedures For Handling Child Abuse Cases – Revised 1998”).

e. Relationship between the elder suspected of being abused and the abuser.

f. Family background, family relationship, living condition and support network of the elder suspected of being abused.
g. How the referrer and the elder’s family members perceive the incident. In contacting the family members of the elder suspected of being abused (who are not the abuser), the responsible social worker should:
   i. introduce oneself clearly;
   ii. stay neutral when listening to the family members’ opinions about the suspected elder abuse incident to allow a more thorough assessment on the nature of the incident;
   iii. soothe their emotional response (which may include rage, anxiety, worry or resistance, etc.) arising from the suspected elder abuse incident;
   iv. insist that the family members of the elder suspected of being abused have no right to thwart any investigation and service provision related to the suspected elder abuse incident, once consent is obtained from the elder;
   v. give a brief account of the whole investigation process to let the family members know about the handling process of the suspected elder abuse incident, the personnel, departments and procedures they may encounter during service delivery as well as the time required for completion of the whole process; and
   vi. examine what kind of support the family could render to the elder suspected of being abused. If it is safe, let the elder’s family members take part in providing supportive services to him/her as far as possible.

h. Try to contact the suspected abuser in order to understand his/her opinion about the case as well as his/her service needs. If circumstances allow, the responsible social worker should provide immediate intervention to prevent the recurrence of the elder abuse incident. In contacting the suspected abuser, the responsible social worker should:
   i. look into the incident from the suspected abuser’s perspective;
   ii. seek assistance from colleagues or the police when coming into contact with the suspected abuser, where necessary;
   iii. handle the emotional response of the suspected abuser (which may include rage, anxiety, worry, resistance, etc.) arising from the elder abuse incident;
   iv. briefly introduce to the suspected abuser the handling process of the suspected elder abuse incident; and
   v. arrange the required services to the suspected abuser as far as possible to meet his/her service needs. If the
suspected abuser is hostile to the responsible social worker, the social worker should report this to his/her supervisor to work out an appropriate strategy or consider if it is necessary or appropriate to arrange another social worker to provide services to the suspected abuser.

i.  The elder’s view on how the abuse problem could be solved immediately or in the long run, and the required services.

3.2.2. Where possible and safe, the responsible social worker should conduct home visit for a comprehensive understanding of the suspected elder abuse incident. If necessary, the visit should be conducted by two personnel. The elder and other concerned persons should be contacted in advance to fix the time of the visit.

3.2.3. It may not be possible for the responsible social worker to grasp all background information in one interview. Based on the urgency of the incident, matters related to the safety of the elder suspected of being abused should be handled first.

3.2.4. If the suspected abuse incident involves criminal offence, the responsible social worker shall encourage the abused elder to call the police for assistance. If the elder is in immediate danger, such as his/her personal safety is under threat, or where the incident involves identifiable serious injuries to the body, the responsible social worker should immediately report this to the police.

3.2.5. If the elder suspected of being abused is a MIP, the responsible social worker should contact the elder’s guardian or family members (who are not the abuser) to collect background information about the incident and to formulate related service plan.

3.3. Assessing the Immediate Risk to the Elder Suspected of Being Abused

3.3.1. Risk assessment aims to identify the risk level of the elder suspected of being abused. After taking up the case, the responsible social worker should assess how the incident will endanger the personal safety of the elder if the suspected elder abuse incident is preliminarily substantiated. Protecting the personal safety of the elder should be of top priority and appropriate crisis intervention service should be immediately
3.3.2. Assessment of the immediate risk to the elder suspected of being abused includes:

a. To assess if the elder suspected of being abused requires immediate medical treatment. If required, escort him/her to hospital/clinic for medical examination/treatment.

b. To assess the risk for the elder to continue living in his/her place of residence. If necessary, arrange temporary accommodation at service unit which provides emergency placement service (e.g. the emergency placement provided by subsidised RCHEs, refuge centre for women or the Family Crisis Support Centre).

c. If neglect is found, the responsible social worker should assess the immediate self-care ability of the elder. Emergency home care service should be arranged where necessary.

d. To assess whether the elder needs immediate financial assistance and make necessary arrangement.

e. To assess the mental condition of the elder. If the elder is suspected to be a MIP, the responsible social worker should seek assistance from a psychiatrist as soon as possible to assess the mental condition of the elder. If the elder is certified to be mentally incapacitated and is willing to receive assistance from the social worker, there will be no need to apply the Mental Health Ordinance in providing services. However, if the elder lacks mental capacity to make decisions for his/her own well-being but refuses to accept welfare/care arrangements made by his/her relatives (who are not the abuser) or the social worker, the social worker should, in the best interests of the elder, take action in pursuance with the Mental Health Ordinance. To protect and safeguard the welfare of the elder, where necessary, the responsible social worker should apply for an emergency guardianship order to stop and prevent the recurrence of abuse.
f. If the elder’s guardian is the suspected abuser, the responsible social worker should notify the Guardianship Board as soon as possible for its consideration of changing the guardian.

3.3.3. Points to note in assessing the immediate risk to the elder suspected of being abused:

a. Where possible, gather real and direct information from the elder.

b. Based on the information collected, identify the risk factors and look into their duration (e.g. number of occurrences and frequency of the incidents), severity (e.g. to what extent the elder has been hurt and affected), and the controllability (e.g. how the elder deals with and stops each incident).

c. Assess the severity of risk to the elder taking into account the risk factors identified, personal strength of the elder suspected of being abused, strengths of the elder’s family members, and the immediate assistance as required by the elder.

d. The risk assessment should be used as a base for case planning aiming to reduce the risks involved.

3.4. Provision of Emergency Services to the Elder Suspected of Being Abused

In view that the elder suspected of being abused is likely to face the above risks, on top of rendering of emotional support, the responsible social worker should also arrange various emergency services to the elder as part of the handling procedures.

3.4.1. Assist the elder suspected of being abused to receive medical examination and treatment

a. The responsible social worker should assist the elder suspected of being abused in obtaining necessary medical examination and treatment. For example, the social worker should accompany the elder to an Accident and Emergency Department of hospital for treatment.

b. If the elder suspected of being abused has to be admitted to hospital, with the consent of the elder, it is advisable for the responsible social worker to contact the attending doctor and inform him/her of the case background in order to facilitate their future collaboration in the case handling.

c. If the elder suspected of being abused is a MIP, the
responsible social worker should contact his/her family/guardian who should accompany the elder in undergoing medical examination and treatment.

d. After receiving a referral from the HA, the social worker may need to study the medical record of the elder suspected of being abused. In such case, prior verbal consent from the elder or his/her guardian should be obtained and proper record should be kept.

Please refer to Appendix 7 Hospital Authority “Verbal Consent Record: Consent to Disclose Personal Information to Assist Social Worker in Handling a Suspected Elder Abuse Case”.

Please refer to Chapter 5 “Procedures For Handling Elder Abuse Cases by the Hospital Authority”.

3.4.2. Assist the elder suspected of being abused in calling the police for help

a. If the elder has already reported the abuse incident to the police, with consent from the elder, the responsible social worker may request a copy of the statement given by the elder from the police to better understand the background of the case. This could save the elder from recounting the painful experience.

b. If the suspected elder abuse incident involves criminal element but the elder has not yet reported it to the police, the responsible social worker should examine the reason behind. The social worker should help remove anxiety of the elder and encourage him/her to report to the police as soon as possible since the police will need to gather relevant evidence (e.g. injuries to the body or circumstantial evidence) in a timely manner to facilitate future prosecution.

c. If the elder decides to report to the police, the responsible social worker should render assistance throughout the whole process from reporting to court hearing (if necessary) and actively keep in contact with the police. The responsible social worker may accompany the abused elder to the police station where necessary.

d. If the elder suspected of being abused is certified to be a MIP, while assisting the elder to report the suspected abuse incident to the police, the responsible social worker, apart from paying attention to the four points mentioned above, will also need to observe the “Procedural Guide for Social
Workers On the Handling of Mentally Incapacitated Adults Arising from the New Provisions in the Criminal Procedure (Amendments) Ordinance 1995”. Besides, the social worker may be required to:

i. make contact with the family members/guardian of the mentally incapacitated elder suspected of being abused to fully grasp the information about the incident.

ii. inform the police that the elder suspected of being abused is a MIP and discuss with the police about the necessity to make any special arrangement during the statement taking, for example, arranging an adult trusted by the elder to accompany him/her.

iii. briefly introduce to the elder and his/her family members/guardian the whole criminal investigation process where necessary.

e. If the elder refuses to report the incident to the police despite encouragement, the social worker should respect the will of the elder instead of being overly insistent. The social worker should also make reference to the internal guidelines of respective organisations on the handling of cases involving suspected criminal offence. Nevertheless, if the elder is in immediate danger, such as his/her personal safety is under threat or the case involves obvious and serious bodily injuries, the responsible social worker should report to the police immediately.

Please refer to Chapter 7 “Procedures For Handling Elder Abuse Cases by the Police”.

3.4.3. Assist the elder suspected of being abused in obtaining emergency placement service

a. If the elder suspected of being abused is being abandoned or needs to leave his/her present place of residence for safety reason, the responsible social worker may arrange emergency placement for the elder to provide him/her with temporary accommodation and personal care service. Generally speaking, Government-subvented RCHEs and NHs can provide emergency placement to elders for a maximum of three months.

Please refer to Appendix 8 for a list of the RCHEs and the NHs providing emergency placement and the application procedures.
b. If the elder suspected of being abused is a female who can take care of her daily life, the responsible social worker may consider arranging short-term accommodation provided by NGOs’ refuge centers for women to the abused elder.

Please refer to Appendix 9 for information about refuge centers for women which provide temporary accommodation to battered women.

c. Where necessary, the responsible social worker may also consider arranging short-term accommodation offered by the Family Crisis Support Centre operated by Caritas - Hong Kong (duration of stay should preferably not exceeding three days. For cases with special needs, the maximum duration of stay is one week).

Please refer to Appendix 10 for a service description of the Family Crisis Support Centre operated by Caritas - Hong Kong.

d. The responsible social worker may also arrange the elder suspected of being abused to stay in urban hostel for single persons.

Please refer to Appendix 11 for a list of urban hostels for single persons providing emergency placement service and the application procedures.

e. If the elder suspected of being abused who requires emergency placement service is a MIP, the responsible social worker should contact the elder’s family members/guardian for their consent to provide services to the elder.

3.4.4. Assist the elder suspected of being abused in obtaining psychogeriatric service

a. Victim of elder abuse is under tremendous pressure and being deeply hurt both physically and psychologically. If the elder suspected of being abused who is living in the community exhibits signs of depression, the responsible social worker should employ the “suicidal risk appraisal” and the “Geriatric Depression Scale (GDS)” to assess if the elder is at risk of suicide or suffering from depression, and
refer the elder to the psychogeriatric fast-track clinics of the HA for assessment and treatment.

Please refer to Appendix 12 for referral to the HA’s psychogeriatric fast-track service, suicidal risk appraisal, Geriatric Depression Scale (GDS), and a list of district-based psychogeriatric fast-track clinics.

b. As another option to item (a) above, the responsible social worker may also arrange the elder for initial assessment by a general practitioner. If found necessary, the doctor will refer the elder to the concerned community psychogeriatric team for services.

Please refer to Appendix 13 for a list of community psychogeriatric teams in Hong Kong.

c. If the elder suspected of being abused is staying at hospital, the responsible social worker should discuss with the attending doctor about arrangement of psychogeriatric service to the elder.

d. If the elder is at serious risk of suicide or with acute mental problems, the responsible social worker should consider sending the elder direct to the Accident and Emergency Department of hospital for assessment and treatment.

3.4.5. Assist the elder suspected of being abused in obtaining clinical psychological service

a. If the elder suspected of being abused is assessed to be suffering from serious emotional disturbance, such as in a constant state of fear or a strong sense of anxiety, it is advisable for the responsible social worker to refer the case to clinical psychological service for psychological assessment or in-depth psychological treatment.

b. Responsible social workers of various SWD units may refer their cases to the SWD’s Clinical Psychological Units.

c. As some NGOs also provide clinical psychological service to clients in various districts, the responsible social workers may refer elders to these organisations for clinical psychological service.

d. Clinical psychological service is also available in several major hospitals mainly serving cases referred by doctors. If the elder suspected of being abused is receiving treatment in a hospital with clinical psychological service, the
responsible social worker may discuss with the attending doctor about arrangement of such service.
4. Follow-up Services

After arranging emergency services for the elder suspected of being abused and conducting the social investigation, the responsible social worker should classify the nature of the case, and formulate and implement a welfare plan for the elder and his/her family.

4.1. Multi-disciplinary Case Conference (MDCC)

Having completed the social investigation, the responsible social worker or his/her supervisor should, in accordance with the procedures set out in Chapter 10 of this Guidelines, invite the professionals concerned to attend a MDCC to formulate a more long-term welfare plan for the elder with a view to preventing the recurrence of abuse and ensuring the provision of appropriate care to the elder.

For arrangements on MDCCs, please refer to Chapter 10 of this Guidelines.

4.2. Welfare Plan

The formulation and implementation of a welfare plan require the agreement and co-operation of the abused elder, his/her family members or the abuser. A welfare plan normally includes:

4.2.1. Medical Services
a. If the elder is found to have medical needs, such as hospital care or treatment, the responsible social worker should as soon as possible send the elder to an appropriate medical institution for treatment after consulting his/her family members or guardian.

b. During the treatment of the elder, the responsible social worker should keep in touch with him/her. If necessary, the responsible social worker should liaise with the medical and health care personnel to understand the elder’s latest situation and assess whether it is appropriate for the elder to return to his/her original place of residence.

c. The responsible social worker should as soon as possible inform other professionals concerned of the elder’s latest situation for considering whether it is necessary to revise the welfare plan for the elder.
4.2.2. Nursing Care Services

If the elder requires nursing care services at home after receiving medical treatment, the responsible social worker may apply on the elder’s behalf to hospital for community nursing service under which community nurses will provide nursing care and health counselling through home visits.

4.2.3. Community Support Services
a. If the elder is suitable for living at home but needs community support services, the responsible social worker should make referrals for the elder to ensure that he/she receives the best care. Community support services generally include Home Help Service, Integrated Home Care Service and Enhanced Home and Community Care Service, etc.

b. The responsible social worker should maintain contact with the elder to understand his/her progress.

c. To encourage and help the elder to build up social relationships and lead a healthy life with a positive outlook, the responsible social worker may refer the elder to a District Elderly Community Centre, a Neighbourhood Elderly Centre or a Social Centre for the Elderly in the light of the elder’s needs and interests.
4.2.4. Emergency Alarm System

For the elder to receive prompt and appropriate assistance in case of emergency at home, the responsible social worker may refer the elder to the services of emergency alarm system.

4.2.5. Residential Care Service

a. If the elder is not suitable for living at home and needs residential care services, the responsible social worker should make a referral after discussing with the elder and his/her family members/guardian.

b. The responsible social worker should maintain contact with the elder to understand his/her progress.

4.2.6. Financial Assistance

If the elder is not receiving appropriate care due to financial difficulties, the responsible social worker should, after discussing with the elder and his/her family members/guardian, apply for him/her financial assistance, including the Comprehensive Social Security Assistance (CSSA) and charitable trust fund.

4.2.7. Management of Property

For elder lacking the ability and skills in financial management and facing the risk of being abused financially, the responsible social worker needs to remind him/her of how to manage his/her personal property and raising his/her vigilance. Special arrangements should also be made on behalf of the elder if necessary, such as appointing a new appointee or agent to receive CSSA payments on behalf of the elder and requiring the appointee or agent to keep clear records. The responsible social worker may also consider applying for a guardianship order whereby the guardian is entrusted to manage the elder’s property to protect against illegal disposal of the property.

For the points to note in handling financial abuse incidents, please refer to paragraph 5.4. of this Chapter.

4.2.8. Counselling Services
The responsible social worker needs to provide appropriate counselling services for the elder and his/her family members to help them recover from the abuse and re-establish a harmonious family relationship. If necessary, the responsible social worker may refer the elder and his/her family members to clinical psychological service.

4.2.9. Services for the Abuser

If the abuser is a family member of the abused elder and the case involves no prosecution proceedings, the responsible social worker should provide the abuser with counselling service to help him/her understand the damage that the abusive act has caused to the elder, to improve his/her problem-solving ability and to prevent the recurrence of abuse. If necessary, the responsible social worker may, with the consent of the abuser, refer him/her to clinical psychological service.

If the abuser is hostile to the responsible social worker, the worker is advised to inform his/her supervisor and discuss with him/her the appropriate strategies for handling the case or whether it is necessary or appropriate to arrange for another social worker to follow up the welfare needs of the abuser. The responsible social worker should maintain close contact with the social worker taking over the case to ensure a smooth transfer.

4.2.10. Support or Treatment Group

Apart from providing individual or family counselling, the responsible social worker can effectively help the elders and the abusers by organising groups for those with similar difficulties so that they can share their experience and support each other in coping with the trauma caused by the abuse incident.

4.2.11. The Need for a Guardianship Order

a. If the elder is suspected to have problems in his/her mental capacity, the responsible social worker should seek assistance from a psychiatrist to assess the mental condition of the elder after consulting his/her family members or carers. If the abused elder is certified to be mentally incapacitated and is willing to receive assistance from the social worker, there will be no need
to apply the Mental Health Ordinance in providing services. However, if the elder lacks mental capacity to make decisions for his/her own well-being but refuses to accept the welfare/care arrangements made by his/her relatives (who are not abusers) or the social worker, the social worker should act in the best interest of the elder and apply to the Guardianship Board for a guardianship order so as to protect the elder’s well-being.

For information on the Guardianship Board, please refer to Appendix 1.

b. If a guardianship order is granted by the Guardianship Board, the responsible social worker should maintain contact with the elder’s guardian to ensure that the elder receives the most appropriate care.

c. The responsible social worker should inform other professionals concerned of the latest situation of the elder to consider whether there is a need to revise the elder’s welfare plan.

4.2.12. Support for Carers

To enhance the care-giving skills of carers and help them to cope with daily stress, the responsible social worker may provide them with relevant services or refer them to a District Elderly Community Centre or a Neighbourhood Elderly Centre for services.

4.2.13. Establishing Support Network

The responsible social worker may refer the elder to the service of the Support Team for the Elderly so that he/she can receive care and support from the volunteers’ regular visits and activities organised by the Team.

4.3. Reporting to the “Central Information System on Elder Abuse Cases”

For those cases classified as elder abuse cases, the responsible social worker needs to complete and submit a data input form to the “Central Information System on Elder Abuse Cases” after attending to the urgent needs of the case and formulating a welfare plan.
For the operation of the “Central Information System on Elder Abuse Cases” and the completion of the data input form, please refer to Chapter 11 of this Guidelines.

4.4. Follow-up Services for Non-abuse Cases

If the responsible social worker finds that the case does not involve abuse after conducting a social investigation in respect of the elder suspected of being abused, he/she should continue to provide services for the elder in the light of his/her welfare needs. If the elder has no other welfare needs, the responsible social worker may close the case.
5. Points to Note in Handling Different Types of Elder Abuse Cases

5.1. Physical Abuse

5.1.1. For suspected physical abuse cases, the safety and medical needs of the elder are the primary consideration. If the abuse incident has just happened, the responsible social worker should assess whether it is necessary to immediately arrange for the elder to undergo medical examination and treatment.

For the points to note in arranging medical examination, please refer to paragraph 3.4.1. of this Chapter.

5.1.2. If possible, the responsible social worker may, with the consent of the elder, carry out a preliminary examination and record his/her injuries by words and pictures, such as “a deep-red bruise mark on the inner side of the left arm” or “a 2-cm wound on the right forehead”, in order to assist the doctor or the police in the investigation.

5.1.3. Even if the elder is found to have bruises, the responsible social worker should not prematurely conclude that an elder abuse incident has occurred, as similar symptoms may appear due to physiological changes in the elder, the health condition of the elder or accidents. The responsible social worker should collect more information and conduct assessment, including talking with the elder and his/her family members or carers, and advise the elder to receive a medical examination.

5.1.4. The responsible social worker needs to assess whether the elder is in a safe environment and whether there is a risk that he/she may be abused again. If it is necessary for the elder to move out of his/her place of residence, he/she should be provided with residential care services.

For assisting elders in obtaining emergency placement services, please refer to paragraph 3.4.3. of this Chapter.

5.1.5. The responsible social worker should take care of his/her personal safety when carrying out investigation. In particular, he/she should adopt a proper attitude and take
appropriate measures when contacting the suspected abuser to prevent the occurrence of conflicts and violence.

For the points to note in the first contact with the abuser and the services for the abusers, please refer to paragraphs 3.2.1.h., 4.2.9. and 4.2.10. of this Chapter.

5.1.6. The responsible social worker should remind the abused elder, his/her family members and other parties concerned that if criminal offences are involved, they can report the case to the police and seek their assistance at any time.

5.2. Psychological Abuse

5.2.1. An elder being psychologically abused may not show any obvious and easily-detectable symptoms. The responsible social worker can assess the conditions of the elder more accurately through engaging in frequent contacts with the elder to observe his/her emotion and behaviour, and obtaining assistance from the elder’s family members and carers.

For the indicators of psychological abuse, please refer to paragraph 4.2. of Chapter 2.

5.2.2. Even if the elder has been treated inappropriately, he/she may prefer to maintain the status quo and not to disclose the incident. One of the reasons is that the elder is not sure whether disclosure of the incident will bring about improvement. The social worker may have to take a longer time to encourage the elder to face the problem and suggest ways that may bring about improvement.

5.2.3. The responsible social worker should contact the suspected abuser to understand his/her relationship with the elder and his/her daily pattern and difficulties in looking after the elder. The responsible social worker should also offer conciliation to help both parties to resolve their relationship problems, and see whether it is suitable for the elder to continue to live in his/her existing place of residence.

5.2.4. If the elder is mentally incapacitated and the intervention rendered by the responsible social worker has not brought improvement to the abuse problem, the responsible social
worker has to carefully assess the situation of the elder and the impact of the abuse on him/her, and decide whether it is necessary to apply for him/her a guardianship order and/or residential care services.

5.2.5. An elder being psychologically abused will suffer from emotional or psychological disturbance easily, such as depression, withdrawal and even suicidal tendency. The responsible social worker should keep the elder under continuous observation to assess whether it is necessary to refer the elder to the clinical psychological service or psychogeriatric service.

5.3. Neglect

5.3.1. An elder being neglected in his/her daily basic needs is usually more reliant on his/her family members or service units for care (e.g. staying at residential care homes/ hospital or receiving services in day care centres and community support services units for the elders). Apart from talking with the elder, the responsible social worker should carefully observe the elder’s living environment, daily living pattern, personal hygiene and health conditions in order to more accurately determine whether the elder has been neglected.

5.3.2. If the elder is mentally incapacitated, the responsible social worker should, apart from making observations, attempt to contact other parties, including the family members who do not live with the elder, the elder’s neighbours or other care home residents, in order to understand the elder’s situation.

5.3.3. If the elder suffers from symptoms or injuries caused by neglect, the professional advice and judgment of the health care personnel is of particular importance. The responsible social worker is advised to consult the medical and health care personnel and carry out assessment and follow-up action jointly with them.

5.3.4. If the elder is mentally incapacitated and the intervention rendered by the responsible social worker has not brought improvement to the neglect problem, the responsible social worker has to carefully assess the situation of the elder and the impact of the abuse on him/her, and decide whether it is necessary to apply for him/her a guardianship order and/or residential care services.
5.4. Financial Abuse

5.4.1. The property of elders is usually abused in the following ways:
   a. The appointee or agent entrusted to receive or keep in custody of CSSA payments on behalf of the elder using the money without the elder’s consent.
   b. Opening a joint account with the elder and then withdrawing the money unilaterally.
   c. Obtaining the elder’s money by forging his/her signature, using the elder’s seal without authority or tricking the elder into signing a blank withdrawal slip or cheque.
   d. Purchasing property with the elder as joint owners and then transferring the ownership of the property or selling the property.
   e. Forcing the elder to hand over his/her money or property by coercive means, such as injuring and threatening the elder.

5.4.2. To prevent the elder from continuous irreversible losses, it is essential to take immediate action to stop the loss of money. In the circumstances of paragraph 5.4.1.a., the responsible social worker may advise the elder to report the incident, or report the incident on the elder’s behalf, to the Social Security Field Unit and request the cancellation of the appointment or the replacement of the appointee or agent.

5.4.3. In the circumstances of paragraphs 5.4.1.b. and 5.4.1.c., the responsible social worker may advise the elder to liaise with the bank to alert the staff of the bank or temporarily suspend account withdrawal. If the elder is having mobility problem, the responsible social worker can ask the bank by phone to send its staff to visit the elder or arrange transportation for the elder to go to the bank to settle the matter.

5.4.4. In the circumstances of paragraphs 5.4.1.d. and 5.4.1.e., the responsible social worker may advise the elder to seek legal advice before planning how to handle the incident. Besides, after assessing the seriousness of the incident, the responsible social worker may advise the elder to report the case to the police or take legal action, or report the case to police on the elder’s behalf.
5.4.5. If the elder is mentally incapacitated, the responsible social worker should assess whether it is necessary to apply for him/her a guardianship order.

For information on the Guardianship Board and the application procedures for an emergency guardianship order, please refer to Appendices 1 and 2.

5.5. Abandonment

5.5.1. Abandonment usually occurs at hospitals or residential care homes for elders. After the elder is admitted to a hospital or residential care home, the staff loses contact with the elder’s family members or carers, or the elder’s family members or carers fail to respond when contacted by the hospital or residential care home on matters related to the elder.

5.5.2. The responsible social worker should try his/her best to contact the family members or carers of the elder to understand their difficulties and give them assistance. If no contact could be made, the responsible social worker should assess the situation of the elder, including his/her financial position, health condition, self-care ability, living environment and support network, to determine whether it is necessary to refer the elder to relevant services.

5.5.3 If the elder is mentally incapacitated, the responsible social worker should assess whether it is necessary to apply for him/her a guardianship order.

5.6 Sexual Abuse

5.6.1. The responsible social worker should also make reference to the Procedural Guidelines for Handling Sexual Violence Cases.

5.6.2. It is usually difficult for an elder being sexually abused to tell others the abuse incident. The responsible social worker needs to take more time to establish a trustful relationship with the elder to enhance his/her sense of security and gain his/her confidence.

5.6.3. The responsible social worker should tell the elder that he/she has the right to lead an abuse-free life and to take
corresponding action at any time in respect of his/her past experience, such as preventing the recurrence of the abuse, reporting the case to the police, receiving counselling and so on.

5.6.4. When the elder starts to disclose the sexual abuse incident, the responsible social worker should keep a clear record of his/her statement and responses, especially the time of the incident and whether the elder can identify the abuser. For newly or recently happened incidents, it is of particular importance to preserve the evidence. The responsible social worker should carefully consider with the elder whether to seek assistance from the police. The worker should also assess the medical needs of the elder to determine whether to refer the elder to medical examination and treatment.

5.6.5. If the elder chooses to report the case to the police, the responsible social worker should help the elder be psychologically prepared for a series of investigation and legal proceedings, including giving statements, identifying suspect and attending court proceedings.

5.6.6. The elder usually develops strong emotion when starting to disclose the sexual abuse incident. The responsible social worker should give support to the elder and let him/her express the feelings. The elder may display a very complex emotional response towards the abuser and may even protect the abuser. The responsible social worker should demonstrate acceptance and that he/she understands the distress faced by the elder. If necessary, the elder should be referred to psychological counselling.

5.6.7 To prevent recurrence of the abuse incident, the responsible social worker should carry out a risk assessment to see, for example, whether it is suitable for the elder to remain at his/her existing place of residence, whether the abuser can still contact the elder, etc. If necessary, the elder should be provided with emergency placement service to ensure his/her safety.

5.6.8. The responsible social worker may also consider referring the case to the Rape Crisis Centre of the Association Concerning Sexual Violence Against Women: Rainlily. The hotline of Rainlily is 2375-5322.
For a brief introduction to the relevant services, please refer to Appendix 6.
Chapter 5:  Procedures for Handling Elder Abuse Cases by the Hospital Authority

The hospitals/clinics/community geriatric teams of the Hospital Authority all have opportunity to come into touch with the abused elders. An abused elder may seek assistance from a hospital/clinic by himself/herself or be referred to a hospital/clinic by the police, social workers or other medical and health care personnel. This chapter is concerned with the procedures for handling elder abuse cases for units under the Hospital Authority. It should be read together with Chapter 3 of this Guidelines: Working Guidelines on Serving the Abused Elders.

1. Intake of Elder Abuse Cases

1.1. Liaison Doctors

To identify elder abuse cases in an earlier stage and promote communication among various professions in the handling of elder abuse, a liaison doctor is designated for every hospital with a geriatric unit or every hospital cluster. The duties of a liaison doctor are as follows:

1.1.1. To provide specialist medical services for the abused elders, including out-patient consultation and geriatric in-patient service, if necessary

1.1.2. To give professional advice to other medical and health care personnel and professionals in hospitals

1.2. Accident and Emergency Department /Clinics

1.2.1. If an elder/his or her family member/guardian seeks medical treatment from the Accident and Emergency Department or a clinic and alleges that he/she/the elder has been abused, or when an abused elder is referred by other departments/units to the Accident and Emergency Department or a clinic for medical services, the attending doctor should carefully examine the health conditions and injuries of the elder and provide him/her with appropriate treatment. The attending doctor should also determine the nature of the abuse according to paragraph 4 of Chapter 2 of this Guidelines and refer the case to the medical social worker (MSW).
1.2.2. Upon examination of the elder’s health conditions and injuries, if the doctor suspects that the elder has been abused and is in need of hospitalisation (e.g. the elder suffers physical injury or dehydration), the doctor should arrange for him/her for hospital admission. If the elder does not need to be hospitalised, the doctor should refer him/her to the MSW and the department of medicine/geriatrics specialist out-patient service for further assessment.

1.2.3. After receiving the referral from the doctor, the MSW should handle the case according to the Procedures for Handling Elder Abuse Cases by Social Service Units as set out in Chapter 4 of this Guidelines. If the abused elder does not need to be hospitalised, the MSW should refer the elder to a suitable service unit in the community by taking into consideration the district of residence of the elder, the services the elder is currently receiving and his/her preference. Before referring the case to other service unit, the MSW should first handle the urgent needs of the abused elder, such as arranging for him/her temporary accommodation and settling down his/her emotional problems and financial problems, to ensure that his/her well-being is protected.

1.2.4. If there is no MSW in the clinic, the doctor should ask the elder whether he/she is currently receiving any social services. If the case is known to a social service unit, the doctor may contact the unit direct to share the background information of the abuse incident to facilitate the unit in handling the case.

For the definition of known cases of social service units, please refer to paragraph. 2.3.3. of Chapter 4.

1.2.5. If the elder has not received any social services, the doctor may, after obtaining the elder’s consent, refer him/her to an Integrated Family Service Centre (IFSC)/ Integrated Services Centre (ICS) in accordance with his/her place of residence. If the case involves spouse battering, the doctor may refer the case to the Family and Child Protective Services Unit (FCPSU) of the SWD. Alternatively, the doctor may consider referring the case to other non-governmental social service agencies.
For the lists of IFSCs/ISCs and FCPSUs, please refer to Appendices 14 and 15.

1.2.6. When making a referral, the doctor should provide the information of the abused elder, including:
   a. Name, date of birth (or age) and HKIC number of the abused elder
   b. Residential address and telephone number of the elder
   c. The location of the elder (if different from the residential address)
   d. The background of the abuse incident
   e. Whether the elder is in immediate danger or has any special needs
   f. The physical and psychological conditions of the elder

1.2.7. The doctor should keep in touch with other professionals to ensure delivery of the most appropriate services to the elder in addressing the abuse problem.

1.3. Wards

1.3.1. Some abuse cases are detected during the elder’s stay in hospital (especially elder abuse cases of neglect/abandonment).

1.3.2. If suspecting that the elder has been abused, the doctor in charge of the case should arrange for the elder to be assessed by the geriatric unit and refer the elder to the MSW. After receiving the referred case, the MSW should handle it according to the Procedures for Handling Elder Abuse Cases by Social Service Units as set out in Chapter 4 of this Guidelines.

1.3.3. If the abused elder does not need to be hospitalised, the MSW should refer the abused elder to a suitable service unit in the community by taking into consideration the district of residence of the elder, the services the elder is currently receiving and his/her preference. Before referring the case to other service unit, the MSW should first handle the urgent needs of the abused elder, such as arranging for him/her
temporary accommodation and settling down his/her emotional problems and financial problems, to ensure his/her well-being is protected.

1.4. **Community Geriatric Assessment Team**

1.4.1. If a suspected elder abuse case is detected when a Community Geriatric Assessment Team provides health assessment and regular consultation services in the community and residential care homes, the worker who first detects the case should immediately inform the doctor in charge and the MSW of the team.

1.4.2. If the elder suspected of being abused needs to be hospitalised, the doctor in charge of the case should arrange for his/her admission to hospital and inform the liaison doctor of the hospital.

1.4.3. If the elder suspected of being abused does not need to be hospitalised, the doctor in charge of the case should refer it to the MSW of the team.

1.4.4. After receiving the referral from the doctor, the MSW should handle the case according to the Procedures for Handling Elder Abuse Cases by Social Service Units as set out in Chapter 4 of this Guidelines. If the abused elder does not need to be hospitalised, the MSW should refer the elder to a suitable service unit in the community by taking into consideration the district of residence of the elder, the services the elder is currently receiving and his/her preference. Before referring the case to other service unit, the MSW should first handle the urgent needs of the abused elder, such as arranging for him/her temporary accommodation and settling down his/her emotional problems and financial problems, to ensure his/her well-being is protected.

1.5. **Community Nursing Service**

1.5.1. If a suspected elder abuse case is detected by nurses in the course of providing health assessment or nursing care services for elders in the community, the responsible nurse should first take care of the immediate safety of the elder and, after obtaining the elder’s consent, provide him/her
with examination and nursing care. The nurse should approach the elder, the suspected abuser and their family members with an open and friendly attitude in order to understand their needs and make appropriate responses.

1.5.2. If the elder is currently receiving service from a Community Geriatric Assessment Team, the responsible nurse should contact the doctor in charge of the elder’s case for necessary follow-up actions.

1.5.3. If the elder suspected of being abused needs to be hospitalised, the nurse should arrange for the elder to be sent to hospital and inform the liaison doctor of the hospital. The nurse should also try his/her best to establish contact with the elder’s family members/guardian to enlist their assistance.

1.5.4. If the elder suspected of being abused does not need to be hospitalised or receive follow-up treatment, the nurse should refer the case to a suitable social service unit for follow-up actions by social workers according to the district of residence of the elder, the services the elder is currently receiving and his/her preference.

1.5.5. If an elder who needs follow-up treatment is mentally incapacitated and has no relatives/guardian, or his/her relatives/guardian refuses to allow him/her to undergo examination and nursing care, the responsible nurse should immediately inform the attending doctor and consider whether it is necessary to apply for an emergency guardianship order so that the elder can be provided with the required medical services.

For information on the Guardianship Board and the application procedures for an emergency guardianship order, please refer to Appendices 1 and 2.

1.5.6. If the suspected abuser is a staff member of the agency or the residential care home which provides services for the elder, the responsible nurse should inform the person in-charge of the agency or the residential care home for appropriate action to ensure that the elder and his/her family are provided with suitable services. If there is a social worker in the agency or residential care home, the case may be referred to the social worker.
2. Assisting Abused Elders Who are Mentally Incapacitated

If the abused elder is mentally incapacitated, the doctor in charge of the case should approach the elder’s family member/guardian to obtain their consent for the elder to undergo the required examination and treatment. If the elder is assessed to be capable of giving the required consent despite his/her status of mental incapacity, he/she can decide whether he/she would undergo the treatment or not. If the elder has no relatives/guardian or the elder’s relatives/guardian refuse to allow him/her to receive the treatment, in the interest of the elder’s personal safety, the doctor in charge should apply for the elder an emergency guardianship order so that the elder can be provided with the required medical services.

For information on the Guardianship Board and the application procedures for an emergency guardianship order, please refer to Appendices 1 and 2.

3. The Handling of Cases in Which the Suspected Abuser Is an Employee of the Hospital Authority

If the suspected abuser is an employee of the Hospital Authority, for the sake of protecting the elder, the department/unit in charge of the case should consider lodging a complaint with the relevant authorities through appropriate administrative channels and inform the liaison doctor of the hospital.

If the suspected abuser is an employee of an agency other than the Hospital Authority, please refer to Chapter 9 of this Guidelines “Procedures for Handling Institutional Abuse of Elders”.

4. Reporting to the Police

4.1. When medical and health care personnel come into contact with the abused elders, some of the elders may have reported the case to the police if criminal offences are involved. If the elder has not reported the case to the police, the medical and health care personnel may refer the case to the MSW if necessary. The MSW may guide the elder to understand that he/she has the right to report the case to
the police and help relieve his/her worry. However, if the personal safety of the elder is endangered or the elder has sustained obvious and serious bodily injuries, the doctor in charge of the case shall immediately report the case to the police.

4.2. If the abused elder is mentally incapacitated, the doctor in charge of the case needs to contact the MSW who will assist the elder in reporting the case to the police.

For the procedures for handling elder abuse cases by the Hong Kong Police Force, please refer to Chapter 7.

5. Making Referral to the Psychogeriatric Service/Clinical Psychological Service

5.1. An abused elder may suffer great psychological pressure and trauma. If an elder shows signs of depression during his/her stay in hospital, the doctor in charge of the case should assess whether the elder has developed suicidal tendency or depression and refer the case to the Psychogeriatric Service or Psychiatric Service for treatment.

5.2. If the doctor in charge of the case assesses that the abused elder has suffered from serious emotional disturbance, such as a consistent feeling of worry or a strong sense of insecurity, the doctor should refer the case to the Clinical Psychological Service of the Hospital Authority for psychological assessment or intensive psychological treatment.

6. Reporting to the “Central Information System on Elder Abuse Cases”

If the medical and health care personnel believe or confirm that elder abuse did take place yet the abused elder refuses to receive social services of any kind, they are required to fill in the data input form for the “Central Information System on Elder Abuse Cases”.

For the operation of “Central Information System on Elder Abuse Cases” and the data input form, please refer to Chapter 11.

7. Participation in Multi-disciplinary Case Conference (MDCC)
When the abused elder receives the assistance of social service agencies and their intervention, the responsible social worker will, according to the arrangements as stated in Chapter 10 of this Guidelines, invite all the professionals concerned, including medical and health care personnel, to attend a MDCC to discuss the elder’s needs and formulate a welfare plan.

For the details of the “Multi-disciplinary Case Conference”, please refer to Chapter 10.
Chapter 6: Procedures for Handling Elder Abuse Cases by the Department of Health

The following procedures apply to all clinics under the Department of Health (DH). This Chapter should be read together with Chapter 3 of this Guidelines: Working Guidelines on Serving the Abused Elders.

1. Sources of Cases

1.1. An elder discloses the abuse case to nurses, doctors or other medical and health care personnel when he/she goes to a clinic under the Department of Health on his/her own for treatment and regular follow-up consultation.

1.2. In delivering services to the elder, nurses, doctors or other medical and health care personnel observe that the elder is at risk of or shows signs of being abused.

2. Procedures for Handling Elder Abuse Cases by Doctors

2.1. If elder abuse is detected, the doctor may first conduct the necessary medical examination and treatment for the elder and record his/her physical condition.

2.2. In case the elder has not reported the case to the police and where the personal safety of the elder is endangered or the elder has sustained obvious and serious bodily injuries, the doctor in charge of the case shall report it to the police immediately.

2.3. If the elder is in serious emotional disturbance, the doctor should offer counselling, provide treatment or make referral for him/her as appropriate.

2.4. The doctor may refer the elder to the Accident and Emergency Department, the geriatric service, the psychogeriatric service, or other specialist services of the HA as appropriate. Assessment of his/her mental condition, mental capacity and other medical needs should then be conducted and treatment be provided.

2.5. To help the elder and his/her carer solve their problems, the doctor should ask the elder whether he/she is currently receiving any social services. If the case is known to a social service unit, the doctor...
may contact the unit direct to share the background information of the abuse incident to facilitate the unit in handling the case.

For the definition of known cases of social service units, please refer to paragraph 2.3.3. of Chapter 4.

2.6. If the elder has not received any social services, the doctor may, after obtaining the elder’s consent, refer him/her to an Integrated Family Service Centre (IFSC)/ Integrated Services Centre (ICS) in accordance with his/her place of residence. If the case involved spouse battering, the doctor may refer the case to the Family and Child Protective Services Unit (FCPSU) of the SWD. Alternatively, the doctor may consider referring the case to other non-governmental social service agencies.

For the lists of IFSCs/ISCs and FCPSUs, please refer to Appendices 14 and 15.

2.7. The following information should be provided in making a referral, which includes:

2.7.1. Name, date of birth (or age) and HKIC number of the abused elder

2.7.2. Residential address and telephone number of the elder

2.7.3. The location of the elder (if different from the residential address)

2.7.4. The background of the abuse incident

2.7.5. Whether the elder is in immediate danger or has any special needs

2.7.6. The physical and psychological conditions of the elder

2.8. The doctor should keep in touch with other professionals to ensure delivery of the most appropriate services to the elder in addressing the abuse problem.
3. Procedures for Handling Elder Abuse Cases by Nurses or Other Medical and Health Care Personnel

If an elder abuse case is found by nurses or other medical and health care personnel, they should report it to the doctor who should handle the case in accordance with the above-mentioned procedures.

4. Reporting to the “Central Information System on Elder Abuse Cases”

If the medical and health care personnel believe or confirm that elder abuse did take place yet the abused elder refuses to receive social services of any kind, they are required to fill in the data input form for the “Central Information System on Elder Abuse Cases”.

For the operation of the “Central Information System on Elder Abuse Cases” and the data input form, please refer to Chapter 11.

5. Participation in the “Multi-disciplinary Case Conference” (MDCC)

When the abused elder receives the assistance of social service agencies and their intervention, the responsible social worker will, according to the arrangements as stated in Chapter 10 of this Guidelines, invite all the professionals concerned, including medical and health care personnel, to attend an MDCC to discuss the elder’s needs and formulate a welfare plan.

For details of the “Multi-disciplinary Case Conference”, please refer to Chapter 10.
Chapter 7: Procedures for Handling Elder Abuse Cases by the Hong Kong Police Force

Elder abuse cases may be reported by the abused elder, his/her relatives and the general public through the 999 police hotline or in person to a police station, hospital police post or a police officer. Cases may also be referred to the police by doctors, social workers or other professionals. This Chapter should be read in conjunction with Chapter 3 of this Procedural Guidelines: Working Guidelines on Serving the Abused Elders.

1. Principles in Handling Elder Abuse Cases

1.1. Protecting the elder from further harm.

1.2. Taking statement from the elder in a way most convenient to him/her.

1.3. Investigating the incident fairly and impartially to ascertain if any criminal element is involved, and pursuing the responsibility of the abuser.

1.4. Referring the elder and related persons for appropriate follow-up services as soon as possible with the consent of the elder.

1.5. Protecting the privacy of the elder by keeping his/her personal data confidential, to ensure that unauthorised persons cannot obtain such data.

2. Initial Handling

2.1. In general, the following steps should be taken by a police officer upon receipt of a report of suspected elder abuse case either by phone or in person.

2.1.1. Request the informant to give his/her personal particulars. Anonymous report should also be accepted, but the informant should be advised that police may need further information and requested for his/her contact details.

2.1.2. Record all details which may identify the elder, including:
   a. Name, date of birth/age and sex of the elder;
   b. HKID Card number /other identification document
number (if any) of the elder;

c. Nature, date and location of the suspected elder abuse incident;

d. Whether the elder has any special needs, such as illness, physical incapacitation, or difficulty in communication etc.;

e. Present location of the elder; and

f. Details of the elder’s relatives and their means of contact.

2.1.3. Ask the informant for information about person(s) involved in the case, and if they are still at the scene.

2.2. If the police officer who receives the report is not the Duty Officer/Regional Command Control Centre (RCCC) officer, he/she should inform the Duty Officer/ RCCC immediately for deployment of police officer(s) to the scene for investigation.

2.3. Where possible, Duty Officer/RCCC should arrange a police officer of the same sex as the elder to attend the scene for investigation. If the case involves a female elder who might have been sexually abused a female police officer must be present.

3. Investigation at Scene

3.1. If the elder and other persons are in need of medical treatment, police officers should immediately summon an ambulance to convey the injured to hospital for examination and treatment and remind the medical staff that the injured might have been involved in a case of elder abuse.

3.2. The police officers should pacify the emotion of the elder and make enquiries with the elder and other persons separately, especially if the suspected abuser is a member of the family or lives in the same premises, so that the elder will not feel pressurized and be unwilling to reveal the incident.

3.3. If the elder abuse incident involves sexual abuse, it should be categorised as “sexual violence” and handled in accordance with the Force Procedures Manual (FPM) Chapter 34-02 “Women and Juveniles”. In the event that a male police officer on outdoor duties received a report of a sexual violence, he should only ask the elder
victim such questions that are necessary to establish whether the culprit is still in the vicinity. The officer should arrange for the victim to be conveyed as quickly as possible to the divisional police station where action should be continued by a woman officer.

3.4. If the elder abuse case involves domestic violence between spouses, it should be categorised as “domestic violence” and handled in accordance with FPM Chapter 34-15 “Handling Domestic Violence”.

3.5. If there is prima facie evidence that a crime has occurred, police officers at scene should inform the Duty Officer/RCCC for deploying crime officers to conduct an investigation. In order to assist in any subsequent criminal investigation, police officers are reminded of the need to:

3.5.1. Record details of any questions they ask and the answers of the parties involved, including possible witness(es).

3.5.2. Caution the alleged offender if there is evidence which would afford reasonable grounds for suspecting the person has committed an offence. Details of any admissions and the reply under caution should be recorded as soon as practicable.

3.5.3. Make a written record of evidence indicating violence, struggle, injuries, and the emotion state of all parties at the scene.

3.5.4. Record details of any witnesses.

3.5.5. Preserve the scene for scenes of crime officers/photographers if it would assist in a prosecution.

3.5.6. Bring parties back to station for enquiry where necessary.

3.6. Officers should, as far as possible, take statement from the elder at the scene so that the elder’s emotion and willingness to reveal the incident would not be affected by subsequent travelling or other circumstances. If the elder is in the police station, he/she should be arranged in a comfortable room when giving statement.

3.7. Police officers should, as far as possible, arrange an appropriate adult, whom the elder trusts and is familiar with the elder, as a witness to accompany the elder when giving statement.
3.8. If the suspected abuser is a relative of the elder and has been arrested, officers should explain to the elder the police procedures for handling the incident, and inform him/her of the arresting officer’s number and the name of the police station to which the arrest person will be taken.

Police officers may also refer to the handling procedures stipulated in FPM Chapters 21-08, 34-02, 34-15 and FPM 34-17 as well as the “Procedural Guidelines for Handling Sexual Violence Cases”

4. Prosecution

4.1. Elder abuse cases will be investigated in a way similar to the investigation of other criminal cases, such as offences under the Theft Ordinance and Offences Against the Person Ordinance.

4.2. The Duty Officer/officer in charge of case should write down the report reference number and his/her office telephone number (as appropriate) on a Report Reference Card (Pol. 720) and give it to the victim for retention.

4.3. Where necessary, the police officer would seek advice from the Department of Justice in respect of the evidence, the charge, and the venue of trial after completion of the investigation.

4.4. Officer in charge of case will inform the elder of the investigation result when:

4.4.1. following the determination of any trial concerning the case;

4.4.2. every 6 months in active cases listed as serious;

4.4.3. whenever enquiries are curtailed; and

4.4.4. whenever enquiries result in the report being classified as “no offence disclosed” or “no crime disclosed”

Police officers may also refer to the handling procedures stipulated in FPM Chapter 21-31, and the Police General Orders Chapter 20-06.
5. Referral to Emergency Refuge Service

5.1. Whether or not the abuser is arrested or charged with any criminal offence, officers should on the premises of the elder’s personal safety, assess the elder if he is still suitable to reside in his/her original residence. Officers should, as far as possible, arrange transport to convey the elder to a safe accommodation when deemed necessary.

5.2. If the elder has no place for temporary accommodation, officers can through a social worker arrange the elder (applicable to both genders) to be accommodated in a place provided by the emergency placement service for three months.

Please refer to Appendix 8 for a list of RCHEs/NHs providing emergency placement and the application procedures.

5.3. If the elder is a female and is capable of taking daily care of herself, officers can refer her to refuge centres for women operated by NGOs.

Please refer to Appendix 9 for information about these service units and the application procedures.

5.4. When deemed necessary, the abused elder may be arranged to use short-term residential service provided by the Family Crisis Support Centre operated by Caritas Hong Kong (preferably not exceeding three days’ stay. For cases with special needs, the maximum stay is one week).

A leaflet on services of the Family Crisis Support Centre is attached in Appendix 10.

5.5. The elder can also through a social worker or on his/her own application be admitted to the urban hostel for single person.

Please refer to Appendix 11 for a list of urban hostels for single persons providing emergency placement service.

6. Referral of Elders for Welfare Services

6.1. To facilitate the elder and related person in obtaining appropriate assistance so as to solve the elder abuse problem, police officers can ask the elder if he/she is receiving/or has received any social services or not. If the elder is a known case of a social service
agency, the police officer can with the consent of the elder contact the agency concerned to relate the background of the elder abuse incident, thereby assisting the elder in obtaining the service as soon as possible.

Please refer to paragraph 2.3.3. of Chapter 4 for the definition of known cases of social service units.

6.2. If no information reveals that the elder is a known case of any social services agency and the police officer opines there is a need, he can with the consent of the elder, refer the elder to Integrated Family Service Centre (IFSC)/Integrated Services Centre (ISC) serving his/her usual place of residence. If the case involves spouse battering, it may be referred to the relevant Family and Child Protective Service Units (FCPSU) of SWD. The police officer may also consider referring the case to other social welfare agencies run by NGOs.

The lists of IFSCs/ISCs and FCPSUs are attached in Appendices 14 and 15 respectively.

6.3. For crime cases, it is the responsibility of the officer in charge of case to make the referral, whereas for other cases, it is the responsibility of the Duty Officer to do so.

Samples of Consent to Referral of Social Services and the memorandum are attached in Appendices 16 and 17 (revised in April 05) respectively.

6.4. Officers shall not be required to make a referral if the incident is referred to police for investigation by SWD, NGOs or other agency, and the elder has been given follow-up actions.

6.5. All action taken must be recorded in Communal Information System (CIS). For cases in which no referral has been made, officer must record the reasons in details.

6.6. Upon receipt of a written referral from the Police, the Officer-in-charge of the corresponding Integrated Family Service Centre will acknowledge the referral by filling in the Reply Slip appended to the Referral Letter at Appendix 17 with contact details of the responsible caseworker of SWD or NGO, and fax it to the referring police division within seven working days. On receipt of the reply slip, the police division concerned shall cause the
6.7. Within one month from the date of referral, the responsible caseworker of SWD or NGO will provide further information as to whether the subject party has accepted or declined support services by using the 2nd Reply Letter at Appendix 17 (page 3). The police division concerned shall update the information into the CIS accordingly.

7. Assistance to Elders Being Mentally Incapacitated Person (MIP)

7.1. If the elder is a MIP and the offence is triable on indictment summarily, or either summarily or on indictment, the police officer should conduct a video-recorded interview with the MIP and use the video recording as the victim’s material evidence in criminal proceedings. Under such circumstance, the police officer should observe FPM Chapter 34-11 and the “Procedural Guide for Social Workers on the Handling of Mentally Incapacitated Adults Arising from the New Provisions in the Criminal Procedure (Amendments) Ordinance 1995”.

7.2. If it is disclosed that the elder is receiving regular medical or clinical psychological services, the police officer should contact his/her attending doctor or clinical psychologist who is responsible for the follow-up care, so as to assess the mental condition or mental capability of the elder before deciding whether the elder is fit for giving evidence or not, and in what way the evidence should be given. In case of emergency or if the elder has never received any relevant treatment, officers can seek assistance from doctors of HA or clinical psychologists of SWD.

7.3. If the MIP elder is required to give evidence before court for an alleged offence mentioned in paragraph 7.1. above, the police officer should apply to the court for the use of live television link for evidence giving and arrange the witness support person in accordance with FPM Chapter 34-13.

Police officers may refer to the handling procedures stipulated in FPM Chapters 34-11, 34-13 and 34-14.

8. Reporting to the “Central Information System on Elder Abuse Cases”

8.1. When a case of elder abuse is believed or confirmed to have
occurred and that the case is not referred to the police by a social service agency and the abused elder is unwilling to receive any social services so that no referral has been made, officers shall complete the data input form for the “Central Information System On Elder Abuse Cases” and send it to CIP CPPU within one month. The OC Case is responsible for the crime cases, whereas the DO for other cases. The form (consolidated by Child Protection Policy Unit) should then be sent to the “Central Information System on Elder Abuse Cases” under Family and Child Welfare Branch of SWD.

Please refer to Chapter 11 for the operation of the “Central Information System on Elder Abuse Cases” and the data input form.

8.2. While it is a good practice to inform the elder of the transfer of case information into the “Central Information System on Elder Abuse Cases”, consent of the elder is not mandatory.

Please refer to paragraph 3.3. of Chapter 11 for more information about this practice.

8.3. If the elder abuse case involves sexual abuse or domestic violence and that only one abuser is involved, officers are only required to complete the data input form for “Central Information System on Battered Spouse Cases and Sexual Violence Cases”. Under exceptional circumstances where incidents of different nature are involved in a case and there are more than one abuser, for example, the victim is assaulted by her husband and her property is stolen by her son, two separate data input forms must be filled out.

9. Participation in the “Multi-disciplinary Case Conference” (MDCC)

9.1. When the abused elder receives assistance from any social welfare agency and their intervention, the responsible social worker would, according to the arrangement as stated in Chapter 10 of this Procedural Guidelines, invite all the professionals concerned, including police officer, to attend a “Multi-Disciplinary Case Conference” (MDCC) to discuss the needs of the elder and formulate welfare plans for him/her.

Please refer to Chapter 10 for details of the “Multi-disciplinary Case Conference”.
9.2. For crime cases, the officer-in-charge of the case shall attend. For other cases, the Divisional Commander will designate officer(s) to attend.

9.3. In view that criminal investigation may be underway, the attending officer must remain neutral during the discussion. Information which is sub-judice in nature should not be provided.
Chapter 8: Procedures for Handling Elder Abuse Cases by the Housing Department

Estate staff members of the Housing Department are in constant contact with the elders. The following procedures are applicable to all staff members who come into contact with suspected elder abuse cases. This chapter should be read together with Chapter 3 of this Guidelines: Working Guidelines on Serving the Abused Elders.

1. Sources of Cases

1.1. In their routine duties, staff members may come into contact with elder abuse cases under certain circumstances, e.g. elders paying rent at the estate offices, staff members visiting tenants of the Housing for the Senior Citizens or singleton elders, as well as handling enquiries and applications related to transfer or splitting of households, etc.

1.2. Elders may approach staff members to talk about the abuse they are subject to.

1.3. Staff members may find out through observation that an elder is subject to abuse.

1.4. Elder abuse cases may also be revealed by other tenants.

2. Handling Procedures upon Receiving Calls for Assistance

2.1. Making initial assessment regarding the genuineness of the case by checking the tenancy records and file information.

2.2. Contacting the elder suspected of being abused to inquire whether the abuse has taken place.

2.3. If the elder is not receiving any social service, staff members may, after obtaining the elder’s consent, refer him/her to an Integrated Family Service Centre (IFSC)/ Integrated Services Centre (ICS) in accordance with his/her place of residence. If the case involves spouse battering, staff members may refer it to the Family and Child Protective Services Unit (FSPCU) of the SWD. Alternatively, staff members may consider referring the case to other non-governmental social service agencies.
2.4. If the elder refuses the intervention of social workers:

2.4.1. Staff members should maintain contact with the elder and arrange for referrals in due course; and

2.4.2. Staff members may also discuss with social workers the assistance for the elder without revealing the elder’s personal particulars.

2.5. If the elder is found to be in imminent physical and psychological danger, staff members should report the case to the police for assistance for the sake of the elder’s safety.

2.6. Cases involving the elder’s and his/her family members’ request on housing service should be dealt with by staff members according to the general procedures, and attention should be paid by staff members on whether the elder requires other social services.

3. Reporting to the “Central Information System on Elder Abuse Cases”

If staff members believe or confirm that elder abuse did take place yet the abused elder refuses to receive social services of any kind, they are required to fill in the data input form for the “Central Information System on Elder Abuse Cases”.

4. Participation in the “Multi-Disciplinary Case Conference” (MDCC)

When the abused elder receives the assistance of social service agencies and their intervention, the responsible social worker will, according to the arrangements as stated in Chapter 10 of this Guidelines, invite all the professionals concerned, including staff members of the Housing Department, to attend a MDCC to discuss the elder’s needs and formulate
a welfare plan.

Please refer to Chapter 10 for the details of “Multi-disciplinary Case Conference”.

Chapter 9: Procedures for Handling Institutional Abuse of Elders

Apart from family members/relatives, staff of elderly service agencies/units (e.g. the integrated home care services teams, RCHEs or hospitals, etc.) may also commit elder abuse in different ways (e.g. misappropriation of the elder’s property) in the course of serving the elders. In this Guidelines, elder abuse committed by staff of elderly service agencies/units is referred to as “Institutional Abuse”. The detailed procedures for handling institutional abuse are stated in this chapter.

Please refer to Appendix 18 “Flowchart for Handling Institutional Abuse of Elders”.

1. Reporting Institutional Abuse

1.1. Sources for Reporting Institutional Abuse

Institutional abuse may be found out by the agency staff (e.g. an RCHE worker is found by another worker to have misappropriated the property of the RCHE residents), or reported directly to the agency by the elder or his/her relatives (e.g. a relative reporting to the Day Care Centre for the Elderly (D/E) that the elder is subject to unreasonable restraint while receiving the service at the D/E). On the other hand, in the course of serving the elders, departments/units may also receive reports by the elder/relatives that the elder is subject to abuse by the staff member of another agency (e.g. member of a District Elderly Community Centre (DECC) reporting to the counsellor therein that a staff member of another agency offering home care service would give the elder a cold shower even in winter).

1.2. Handling of Reports of Abuse Found out by the Agency or Unit Staff/Reports Made Directly to the Agency or UnitConcerned by the Elder or His/Her Relatives

1.2.1. Staff members who have found out that an elder is subject to abuse by a staff member of the same agency/unit, or who have received reports made directly to the agency/unit concerned by the elder or his/her relatives, should inform the officer-in-charge of the agency/unit immediately.

1.2.2. Regardless of the genuineness of the elder abuse incident, the
1.2.3. Refer the case to social workers for follow-up action. If there is a social worker in the unit, the social worker of the unit should take on the role as the responsible social worker of the case. Otherwise, the unit should refer the elder to suitable service units according to what other services the elder is receiving, as well as his/her place of residence and preference. These units include:
   a. IFSCs/ISCs
   b. DECCs
   c. Medical Social Services Units (MSSUs) (for elders being hospitalised/receiving day hospital services and out-patient psychiatric service)
   d. Rape Crisis Centre of the Association Concerning Sexual Violence Against Women: Rain Lily (for cases involving sexual abuse of female elders)

1.4. Posting of Notices to Facilitate Reporting/Complaints
To prevent institutional abuse and to inform the elder and his/her family members of the channels for reporting/complaints, notices on the channels for reporting/complaints must be displayed at the prominent locations of every elderly service agency/unit.

Agencies not displaying any notice on the channels for reporting/complaints at the moment may refer to Appendix 19 for a sample notice.

2. Intervention by the Responsible Social Worker

2.1. The responsible social worker should follow the requirements set out in Chapter 4: Procedures for Handling Elder Abuse Cases by Social Service Unit of this Guidelines in the course of intervention. The agency/unit should consider reporting cases involving misappropriation of the elder’s property by its staff member to the police.

2.2. Reporting Elder Abuse Cases to the Monitoring Authorities of the Service Units Concerned
The responsible social worker should report elder abuse cases or suspected elder abuse cases to the monitoring authorities concerned.

Please refer to Appendix 20 for a list of monitoring authorities of the service units.
Chapter 10: Multi-Disciplinary Case Conference

1. Objectives for Convening a “Multi-Disciplinary Case Conference” (MDCC)

MDCC is an effective multi-disciplinary co-operation mechanism where professionals responsible for handling suspected elder abuse cases can share their professional knowledge, information and concern regarding the case/family with a view to helping the abused elder to formulate a suitable welfare plan. The workers concerned should therefore convene a MDCC according to the following guidelines.

2. Factors to Consider in Convening a MDCC

In considering the need for a MDCC, workers may make reference to the following:

2.1. Cases involve at least three service units in the formulation and implementation of the welfare plan e.g. IFSCs/ISCs/FCPSUs, Clinical Psychologists, DECCs and the police; and

   2.1.1. There are different views between the service units concerned and the abused elder regarding the welfare plan (e.g. in a case involving a high risk of further abuse that will endanger the safety of the abused elder, the elder insists on staying with the abuser); or

   2.1.2. The case is complicated in nature (there is a risk of homicide/suicide, the abuser has a propensity to violence and refuses to co-operate, leading to the risk of further abuse that will endanger the safety of the abused elder, or the elder or other family members are likely to be in need of statutory protection, etc.).

3. Responsibility to Convene a MDCC

A MDCC is usually convened and chaired by the supervisor of the responsible social worker of the elder abuse case or his/her representative. It may also be convened by other professionals handling the elder abuse case (e.g. the medical personnel).
4. **Timing**

4.1. Wherever possible, a MDCC should be convened within one month after the responsible social worker’s receipt of referral for suspected elder abuse.

4.2. Exception will be given if the elder’s health condition is critical, the clinical findings/diagnosis is not yet conclusive, or if the social enquiry cannot be completed due to the complexity of the case.

4.3. Even if a MDCC is deemed not necessary at the initial stage of the case handling, it can still be convened anytime thereafter if the professionals concerned find it necessary.

5. **Membership of a MDCC**

5.1. Responsible social workers will invite the professionals directly involved in the handling of the case, including workers of service units providing welfare services for the elders, medical personnel, police officers and the staff representatives of the Housing Department, etc. to participate in the MDCC according to the needs of the case. All professionals should attend the MDCC wherever possible to assist the formulation of a welfare plan for the abused elder.

5.2. The elder/family members/guardians/suspected abuser may be invited to attend the entire MDCC/part of the MDCC where the welfare plan is formulated/part of the MDCC after the initial recommendations on the welfare plan have been made.

6. **Points to Note for MDCC Members**

To ensure the effectiveness of a MDCC, the convenor of and professionals participating in the MDCC should take note of the following:

6.1. The focus of the MDCC is on risk assessment and formulation of a welfare plan for the abused elder and his/her family members.

6.2. The responsible social worker should prepare a case summary to facilitate members’ discussion.

6.3. The abused elder should be involved in the MDCC wherever possible.

6.4. The views of the abused elder and his/her family members should be
respected.

6.5. Wherever possible, consensus should be reached regarding the welfare plan and the follow-up action formulated for the elder and his/her family.

7. Pre-conference Preparation

7.1. The responsible social worker is required to prepare a brief report for the case and submit it to the participating professionals before the MDCC. The content of the report includes:

- Basic information of the elder
- The elder’s condition (such as social life, self-care ability, health condition and emotional state, etc.)
- Family background
- Factors leading to the suspected abuse
- The attitude of the elder, suspected abuser and family members towards the incident
- Recommendations related to the welfare plan

7.2. Briefly introduce the purposes and operation of the MDCC to the participants stated in paragraph 5.2. above.

8. Contents of a MDCC

8.1. The following should be taken into consideration by a MDCC:

- The nature of the incident
- The level and nature of the risk of elder abuse
- The risk of reoccurrence of similar incidents
- The attitude of the elder/family members/guardians towards the welfare plan for the elder
- The welfare needs of the abused elder and other family members
8.1.6. The service needs of the abuser

8.1.7. Multi-disciplinary collaboration, with a view to formulating a welfare plan to protect the elder and other family members

8.1.8. Individuals responsible for implementing the tasks related to the welfare plan

8.2. The units responsible for convening the MDCC should keep a brief record of the conference with the persons invited, their attendance or absence, the points discussed and the decisions made, etc. and distribute it to the participating professionals after the conference.

9. Post-conference Arrangements

The responsible social worker should maintain contact with all MDCC members to ensure a smooth implementation of the welfare plan. The responsible social worker should also notify and consult all members on the drastic changes in the elder’s situation. A review conference may also be considered where necessary.

10. Confidentiality

10.1. To comply with the Personal Data (Privacy) Ordinance (PD(P)O), the convenor and members of a MDCC should:

10.1.1. Ensure that the use of the data for the purposes of the MDCC is one of the collection purposes notified to the data subject on or before the collection of his/her data; or

10.1.2. Secure the prescribed consent of the data subject for use of his/her data at the MDCC.

10.2. A person who fails or refuses to give consent to the use of his/her data at a MDCC may not prevent the MDCC from proceeding, but his/her data cannot be disclosed/used by the relevant department/service unit contributing the data at the conference for purposes inconsistent with the purposes for which the department/service unit collected the data unless any relevant exemption under PD(P)O is applied. As representatives of different departments/service units attending a MDCC may have different purposes for use of the victim’s or the abuser’s data, an exemption applicable for disclosure to one department/service unit may
not apply to their disclosure to another department/service unit. The department/service unit concerned should determine whether any relevant exemption is applicable in all the circumstances of the particular case.

10.3. The convenor and members of a MDCC should also note that information given in the MDCC is confidential and should not be used for purposes other than the collection purposes, nor should it be disclosed to any other agency or individual without the permission of the contributor and the data subject.

10.4. The convenor of a MDCC should clarify with members their wish on the control and prohibition of the use of data in accordance with the PD(P)O. The convenor may make an introductory remark in the MDCC in relation to PD(P)O as follows:

“In accordance with section 18(1) of the PD(P)O, Cap. 486, the person(s) concerned may make a data access request for a copy of their own personal data as contained in the reports and/or minutes of the MDCC. Please clarify whether you wish the information to be provided by you during this MDCC to be kept confidential in which case you would be regarded as the data user in relation to such information even though the information is held in our record. This is because section 2 of the PD(P)O provides that a person who does not hold the data but control the use of the data may nevertheless be regarded as a data user. Under section 20(3)(d) of the Ordinance, a data user who is a data holder is permitted to refuse a data access request made by the data subject where any other data user controls the use of the data in such a way as to prohibit the non-controlling data user from complying, either in whole or in part, with such request. If the data access is refused by us under this provision, the Ordinance requires us to inform the requestor of the name and address of the data user retaining control of the use of the data. Unless any of the exemptions provided in Part VIII of the Ordinance is applicable, the data user who retains control of the use of the data is obliged to comply with the request.”

10.5. Where a MDCC is not needed (e.g. less than three service units are involved), the responsible social worker will still facilitate multi-disciplinary collaboration through case consultation, sharing and meeting with individual workers, etc. to ensure the smooth formulation and implementation of a welfare plan for the victim and his/her family members.
Chapter 11: Central Information System on Elder Abuse Cases

1. Purposes for Developing the “Central Information System on Elder Abuse Cases”

1.1. To collect the general profile and characteristics of the reported elder abuse cases.

1.2. To provide statistical data for reference of the professionals providing services for the prevention and handling of elder abuse.

Please refer to Appendix 21 for the reporting guidelines, flow chart and data input form for the “Central Information System on Elder Abuse Cases”.

2. Reporting Persons

2.1. In most cases, the social worker handling the case is responsible for reporting, including those working for the Family Services, the Community Support Services for the Elderly, the Residential Care Homes for Elders and the Medical Social Services Units (MSSUs).

2.2. Staff members of other departments/units to be expected to deal with elder abuse cases, including the police, the Housing Department (HD), the Department of Health (DH), hospitals and the Legal Aid Department (LAD), are also required to report the cases if the elder refuses to receive any social services.

3. Reporting Procedures

3.1. All responsible social workers mentioned in paragraph 2.1. above are required to report the case data to the System by completing the data input form of the “Central Information System on Elder Abuse Cases” within one month after the case is classified as elder abuse.

Please refer to Appendix 21 for the data input form.

3.2. Staff members of other departments/units mentioned in paragraph 2.2. above are required to report the case data to the System as soon as possible after contacting the abused elder who are unwilling to receive social services.
3.3. Although it is a good practice to inform the data subject of the transfer of his/her personal data to the System, his/her prescribed consent is not required based on the following reasons:

3.3.1. if the functions of the reporting departments and service units include the handling and investigation of, and planning of services to combat the problem of elder abuse; and the personal data concerned has been collected for the purpose of carrying out those functions, then the transfer of those data to the System and their use under the System will be consistent with the collection purpose of the data; or

3.3.2. even though the proposed use and transfer of data is inconsistent with their collection purpose, the exemption under Section 62 of the Personal Data (Privacy) Ordinance (PD(P)O) is applied on the basis that the data kept in the System will be used solely for preparing statistics or carrying out research and the resulting statistics or research results will not be made available in a form which identifies any data subject(s).

3.4. Reporting persons are required to put the duly completed data input forms into sealed envelopes marked “restricted”, and send them to the “Central Information System on Elder Abuse Cases” of the Family and Child Welfare Branch of the SWD before the 15th of each month.

3.5. For cases involving spouse battering and sexual violence, with the exception of police officers, staff members concerned are only required to complete the data input form of the System, and are no longer required to complete the data input form of the “Central Information System on Battered Spouse Cases and Sexual Violence Cases”.

For police officers, please refer to paragraph 8.3. of Chapter 7 of this Guidelines.

4. Deletion of Record

4.1. All registered cases will be deleted from the active file category of the “Central Information System on Elder Abuse Cases” at the end of each year.

4.2. All deleted files will be stored separately and permanently in digital
format in the closed file category with the Identity Card numbers of the elders removed.

5. **Security to Ensure No Leakage of Information**

5.1. The data of registered cases will be protected by appropriate security measures against unauthorised access, alteration, disclosure or destruction.

5.2. The data input forms will be kept in safe custody after the data have been coded and recorded. The forms should be treated as restricted documents before they are properly destroyed.

5.3. All participating agencies/service units should put all data input forms in sealed envelopes marked “restricted” and address them to the “Central Information System on Elder Abuse Cases” of the Family and Child Welfare Branch of the SWD direct.

6. **Statistical Report**

The SWD will regularly publish the statistics compiled by the System.

7. **System Review**

The SWD will review the operation of the System in due course and enhance its functions when necessary.
Part 4 Support Services
Chapter 12: Support Services for the Elders and the Carers

1. The Existing Support Services for the Elders and the Carers

The SWD’s mission on elderly services is to enable the elders to live in dignity and to provide necessary support for them to promote their sense of belonging, sense of security and sense of worthiness. There are plenty of services for the elders and their carers operated by the government and non-governmental organisations (NGOs) in Hong Kong, which are especially important to the abused elders or suspected abuses.

For the latest information on the services for the elders, you may visit:
The SWD’s homepage (http://www.info.gov.hk/swd); or
The Social Welfare Information Kit (http://www.swik.org.hk)

1.1. Community Support Services

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Service Description</th>
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</thead>
<tbody>
<tr>
<td>District Elderly Community Centres (DECCs)</td>
<td>Providing elders aged 60 or above living in the locality with holistic and integrated services, including community education, case management, carers support, social and recreational activities, meal service, laundry services and services of support team for the elderly, with a view to encouraging the elders to maintain an active lifestyle and to take care of their multifarious needs.</td>
</tr>
<tr>
<td>Neighbourhood Elderly Centres (NECs)</td>
<td>Providing elders aged 60 or above educational and developmental activities, volunteer development, reaching out and networking, community education, meal service, counselling service and carers support service.</td>
</tr>
<tr>
<td>Social Centres for the Elderly (S/Es)</td>
<td>Providing elders aged 60 or above living in the locality with a wide range of social, recreational and educational activities, with a view to encouraging the elders to make optimum use of their leisure time, develop their potential and establish a positive attitude towards life.</td>
</tr>
<tr>
<td>Integrated Home</td>
<td>Providing frail elders aged 60 or above, the</td>
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<tr>
<td>Service Category</td>
<td>Service Description</td>
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<tr>
<td>Care Service (IHCS)</td>
<td>Disabled and families with special needs with holistic home care and nursing care services, which include a wide range of nursing care, meals, home care, environmental risk assessments and home modifications, carers support, day respite and residential respite services, as well as transportation and escort services, etc. For enquiries and applications, the target groups and their family members may approach the centres concerned direct, or the Integrated Family Service Centres (IFSCs)/Integrated Services Centres (ISCs), Medical Social Services Units (MSSUs) and DECCs/NECs/S/Es in the respective districts.</td>
</tr>
<tr>
<td>Enhanced Home and Community Care Services (EHCCS)</td>
<td>Providing frail elders with mobility problem aged 65 or above with holistic home care and community support services, which include basic and special nursing care, meals, home care, environmental risk assessments and home modifications, carers support, day respite and residential respite services, as well as transportation and escort services, etc. Elders and their family members may approach the centres concerned direct, or the IFSCs/ISCs, MSSUs and DECCs/NECs/S/Es in the respective districts for application.</td>
</tr>
<tr>
<td>Home Help Service</td>
<td>Providing elders aged 60 or above, the disabled, individuals and families who are incapable of looking after themselves or are unable to maintain the normal functioning of their households with general personal care, escort service, household management, laundry service, purchase and delivery of daily necessities, child-minding or sitting-in service for the disabled and adults as well as meal service, with a view to helping them to stay in the community.</td>
</tr>
<tr>
<td>Day Care Centres for the Elderly (D/Es)</td>
<td>Providing frail and demented elders aged 60 or above suffering from moderate or severe level of impairment with centre-based care and support services on personal care, meals, rehabilitation training, health education, social and recreational activities, counselling</td>
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</tbody>
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Procedural Guidelines for Handling Elder Abuse Cases/December 2003
(Revised in August 2006) (Appendices revised in November 2012)

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Service Description</th>
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<tr>
<td>and referral services, carers support service and transportation service to and from the centre. For enquiries and applications, the elders and their family members may approach the centres concerned direct, or the IFSCs/ISCs, MSSUs and DECCs/NECs/S/Es in the respective districts.</td>
<td></td>
</tr>
<tr>
<td>Support Teams for the Elderly</td>
<td>Support Teams for the Elderly, based in DECCs, provide social networking and outreaching service by social workers or volunteers to vulnerable elders aged 60 or above to enable them to benefit from a caring community and to age in the community. For enquiries and applications, elders and their family members may approach the centres concerned direct, or the IFSCs/ISCs, MSSUs and DECCs/NECs/S/Es in the respective districts.</td>
</tr>
<tr>
<td>Integrated Family Service Centres/Integrated Services Centres (ICSs)</td>
<td>Providing elders and their family members with counselling service with a view to helping them solve the problems relating to their interpersonal relationship, finance, housing, residential need and other areas of problems. Apart from providing family casework service, services to be provided include resource corner, enquiry service, volunteer development, outreaching service, family life education, developmental groups, mutual-help groups, support groups and therapeutic groups, etc.</td>
</tr>
</tbody>
</table>

1.2. Residential Care Services for Elders

Residential Care Services for Elders is targeted for elders attaining the age of 65 or above, who cannot live at home/receive the care of their families due to personal, environmental or health reasons. Persons aged between 60 and 64 may apply if there is a proven need. Currently, apart from the non-profit-making self-financing and private residential care homes for the elderly, elders can be waitlisted for admission to government-subsidized residential care services, including care and attention (C&A) homes, nursing homes (NHs) and contract homes, through the Central Waiting List, while emergency placement service is attached to subvented homes for the aged, C&A.
homes and NHs. To apply for subsidised residential care services, elders or their family members may submit their applications and referral requests to IFSCs, MSSUs, DECCs, NECs and IHCS/EHCCS/Home Help Teams operated by the SWD or NGOs in the respective districts.

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<tr>
<th>Service Category</th>
<th>Service Description</th>
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<tbody>
<tr>
<td>Residential Care Homes for the Elderly (RCHEs)</td>
<td>Governed by the “Residential Care Homes (Elderly Persons) Ordinance”, RCHEs include subvented, non-profit-making and self-financing, and private homes for the aged. Homes for the Aged provide residential care, meals and a limited degree of assistance in activities of daily living for the elders who are unable to live independently in the community yet are not dependent on assistance with personal or nursing care, and are assessed to be of no or mild level of impairment under the Standardised Care Need Assessment Mechanism for Elderly Services (ceased to accept new application w.e.f. 1.1.2003). C&amp;A Homes provide residential care, meals, personal care and limited nursing care for the elders who suffer from poor health or physical/mild mental disabilities with deficiency in activities of daily living but are mentally suitable for communal living, and are assessed to be of moderate level of impairment under the Standardised Care Need Assessment Mechanism for Elderly Services. Some C&amp;A places are provided by contract homes and private homes participating in the Enhanced Bought Place Scheme.</td>
</tr>
<tr>
<td>Nursing Homes (NHs)</td>
<td>Governed by the “Hospitals, Nursing Homes and Maternity Homes Registration Ordinance”, NHs provide residential care, meals, personal care, regular basic medical and nursing care, and social support for the elders who suffer from poor health or physical/mild mental disabilities with deficiency in activities of daily living but are mentally suitable for communal living, and are assessed to be of severe level of impairment under the Standardised Care Need Assessment Mechanism for Elderly Services.</td>
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</tbody>
</table>
### Service Category: Standardised Care Need Assessment Mechanism for the Elderly Services

**Service Description:**
Impairment under the Standardised Care Need Assessment Mechanism for the Elderly Services. Despite their deteriorating health condition, they do not require the intensive medical and nursing care provided in infirmaries. Some Nursing Home places are provided by contract homes.

### Emergency Placement Service

**Service Description:**
Emergency placement is provided in some subvented RCHEs and NHs to offer temporary or short-term residential care service for the elders. It serves the objective of guarding the elders against risks arising from the lack of immediate care/accommodation until their next-of-kin are located for the elders’ restoration to families, or other alternatives are arranged.

### 1.3. Housing Service

<table>
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<tr>
<th>Service Category</th>
<th>Service Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compassionate Rehousing</td>
<td>“Compassionate Rehousing” (CR) is a form of housing assistance, which aims at providing assistance for individuals and families with genuine and imminent housing problems which cannot be solved by themselves. The SWD will recommend eligible applicants to the Housing Department (HD) for allocation of public rental housing (PRH) units.</td>
</tr>
</tbody>
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**Eligibility Criteria for CR**

Applicants are required to satisfy the following basic conditions (Discretion may be exercised in certain circumstances):

i) be in imminent need of long-term housing assistance;

ii) at the time of allocation, at least half of the family members included in the application must have lived in Hong Kong for seven years and are still living in Hong Kong. All children
under the age of 18, (i) regardless of their place of birth and with one of their parents having lived in Hong Kong for seven years; or (ii) with established Hong Kong birth status as permanent resident, are deemed to have fulfilled the seven-year residence rule;

iii) applicants and their family members must pass the “Comprehensive Means Test” and the “Domestic Property Test” (DPT);

iv) have social or medical needs and the granting of CR could help solve their problems or relieve their hardships; and

v) have the ability to pay rent (including rent allowance under the Comprehensive Social Security Assistance Scheme).

Ex-gratia Scheme for Elderly Property Owner-Occupiers (EPOs)

To address the living problem encountered by EPO living in private dilapidated buildings, the HD and the SWD have agreed, with effect from June 2004, to an ex-gratia scheme to assist those eligible EPO to move into Housing for Senior Citizens (HSC) on a licence basis, as a transitional arrangement, under the CR consideration. The Subsidised Housing Committee of the Housing Authority modified the scheme in July 2005 to allow allocation of self-contained PRH flats on licence to EPOs upon their refusal of offers of HSC flats.

Eligibility Criteria of Ex-gratia Scheme for EPOs

Applicants have to satisfy the following conditions (Discretion may be exercised in certain circumstances):
<table>
<thead>
<tr>
<th>Recommendations to the HD through Referral Mechanism</th>
<th>In addition to CR, the social workers of SWD and relevant NGOs will also make recommendations to the HD through the existing referral mechanism for other housing assistance, such as household splitting and transfer, etc., with a view to providing assistance for those with housing problems, including the elders who are victims of domestic disputes or violence.</th>
</tr>
</thead>
</table>
| Priority housing schemes for the elderly       | **A. Single Elderly Persons Priority Scheme**  
**Eligibility**  
i) The applicant must be at least 58 years of age when applying. At the time of allocation, the applicant must reach 60, have resided in Hong Kong for seven years and is still living in Hong Kong;  
ii) The total monthly income and net value of assets of the applicant must not exceed the maximum income and net asset value limits set by the HD;  
iii) The applicant has to satisfy all appropriate eligibility criteria applicable to ordinary families. |
**B. Elderly Persons Priority Scheme**  
**Eligibility**

i) Two or more related or unrelated elders who undertake to live together are eligible to apply;  

ii) All of them must be at least 58 years of age when filing in their applications and must have attained the age of 60 by the time of allocation;  

iii) The total household income and net asset value of the elders must not exceed the maximum income and total net asset value limits set by the HD;  

iv) The applicant and members have to satisfy all appropriate eligibility criteria applicable to ordinary families.

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**C. Families with Elderly Persons Priority Scheme**  
**Eligibility**

i) The applicant’s family must consist of at least two members and at least one of them must be an elderly relative;  

ii) Eligible families will be investigated according to priorities of their applications, which should have been registered on the Waiting List for at least two years;  

iii) At the time of the investigation, the elder must have attained the aged of 60 or over and is willing to live with the young member(s);  

iv) The family has to satisfy all Waiting List (WL) eligibility criteria applicable to ordinary families.

---

**D. Special Scheme for Families with Elderly Persons**  
**Eligibility**

i) The applicant’s family must be a nuclear family plus at least two
ii) The family has to satisfy all WL eligibility criteria applicable to ordinary families;

iii) The family should have registered on the WL for at least two years;

iv) If the application of the young family reaches the stage of investigation first, the application of the elderly parents/dependent relatives further back on the WL will be advanced so that they can be investigated together;

v) In general, housing allocation may be advanced by 1 year.

Application procedures for the priority schemes above

1) Each applicant is allowed to submit one application only. Their family members should not be included in more than one application;

2) Application forms for the priority schemes and the “Information for Applicants of Waiting List for Public Rental Housing” can be obtained free of charge at all the public housing estate offices, the District Offices of the Home Affairs Department (HAD), and the Housing Information Centres and the Applications Sub-Section of the HD;

3) Applicants may return the completed application forms, together with the relevant identification documents, a photocopy of the marriage certificate or divorce decree, and original copies of the family members’ updated income proof, etc., to the PRH Applications Sub-Section at the HKHA Customer Service Centre, 3 Wang Tau Hom South Road direct, or send them to the PRH Applications Sub-Section at P.O. Box 89192 of Kowloon City Post Office by post.

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<tr>
<th>Service Category</th>
<th>Service Description</th>
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</table>
| Comprehensive Social Security Assistance (CSSA) Scheme | The applicant must have (i) been a Hong Kong resident for at least seven years; and (ii) resided in Hong Kong continuously for at least one year immediately before the date of
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<tr>
<th>Service Category</th>
<th>Service Description</th>
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<tbody>
<tr>
<td>Please refer to Appendix 23 for the list of Social Security Field Units (SSFUs)</td>
<td>application. Persons who have become Hong Kong residents before 1 January 2004 are exempted from the residence requirement in (i) above. The applicant must pass both the income and assets tests in order to be eligible for CSSA. Apart from the standard rate and long-term supplement, the SWD may render community living supplement and special grants to eligible recipients, on the merits of individual cases [e.g. rent allowance, special diet allowance, grant to cover telephone charges, grant for emergency alarm system for elderly recipients, domestic removal grant, grant to cover fares to and from hospital/clinic and other essential travelling expenses and burial grant, etc.]. In addition, CSSA recipients can apply for waiving of medical charges at public hospitals (including the Accident and Emergency Department) or clinics in Hong Kong.</td>
</tr>
<tr>
<td>Portable Comprehensive Social Security Assistance (PCSSA) Scheme for Elderly Persons Retiring to Guangdong and Fujian</td>
<td>The PCSSA Scheme aims to continue to provide cash assistance for eligible elderly CSSA recipients who choose to take up permanent residence in Guangdong or Fujian. Applicants must be Hong Kong permanent residents aged 60 or above, have resided in Hong Kong for at least seven years, and have been receiving CSSA continuously for one year immediately before the date of application for PCSSA.</td>
</tr>
<tr>
<td>Social Security Allowance (SSA) Scheme</td>
<td>The SSA Scheme aims to provide monthly cash allowance for individuals who are 65 years of age or above or severely disabled, who satisfy the residence requirements (i.e. the same residence requirements under the CSSA scheme). The Scheme includes four types of allowance as follows: (i) Normal Disability Allowance For persons who are certified by the Director of Health or the Chief Executive, Hospital Authority (or under exceptional circumstances by</td>
</tr>
<tr>
<td>Service Category</td>
<td>Service Description</td>
</tr>
<tr>
<td>------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>(i)</td>
<td>a registered medical practitioner of a private hospital) to be severely disabled; and their disabling condition will persist for at least 6 months.</td>
</tr>
<tr>
<td>(ii) Higher Disability Allowance</td>
<td>For severely disabled persons who are certified by the Director of Health or the Chief Executive, Hospital Authority (or under exceptional circumstances by a registered medical practitioner of a private hospital) to be in need of constant attendance from others in their daily life, and are not receiving care in government or subvented residential institutions (including government subsidised places in contract homes or purchased from residential care homes for the elders under the Enhanced Bought Place Scheme) or medical residential institutions under the Hospital Authority.</td>
</tr>
<tr>
<td>(iii) Normal Old Age Allowance</td>
<td>For persons aged between 65 and 69 and are having an income and assets below the prescribed limits.</td>
</tr>
<tr>
<td>(iv) Higher Old Age Allowance</td>
<td>For persons aged 70 or above.</td>
</tr>
</tbody>
</table>

Note:
(1) SSA applicants are not allowed to receive any other allowances under the Scheme or assistance under the CSSA Scheme at the same time.
(2) If, during the course of enquiries into an SSA application, it becomes apparent that the applicant has other welfare needs (e.g. financial assistance or other welfare services), the SWD will render every possible assistance as appropriate.
1.5. Health and Medical Services

1.5.1. Hospital Authority’s Outpatient / Accident & Emergency / Inpatient Services

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Service Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Out-patient Service</td>
<td>The General Outpatient Clinics provide primary medical care. They liaise closely with hospitals and DH, playing a key role contributing to the management of major communicable diseases in the community. HA doctors may refer patients in complicated conditions to appropriate medical services providers for follow up and treatment if necessary.</td>
</tr>
<tr>
<td>Specialist Out-patient Service</td>
<td>The Specialist Outpatient Clinics provide specialist consultations and treatments for illnesses of specialties (e.g. orthopaedics, medicine, surgery, ophthalmology, obstetrics &amp; gynaecology, otorhinolaryngology, paediatrics etc.) Referral by hospitals, general out-patient clinics or private practitioners and booking of appointments are required for patients in need of the services.</td>
</tr>
<tr>
<td>Accident and Emergency Service</td>
<td>The Accident &amp; Emergency Departments (AED) provide consultation and treatment to patients requiring emergency services. Persons in need may call 999 for the ambulance service, or walk in the AED of the local hospital for emergency services.</td>
</tr>
<tr>
<td>In-patient Service</td>
<td>Check-ups, consultations and nursing care are provided as appropriate at the acute, convalescent or infirmary wards according to the patient’s conditions. Patients in need of the service are subject to consultations by the HA doctors of the specialist out-patient service or the Accident and Emergency Department.</td>
</tr>
<tr>
<td>Hospice/palliative care Service</td>
<td>Terminally ill patients are provided with multi-disciplinary nursing and hospice/palliative care services to allow them and their families to spend the end stages of their lives with the assistance of the professionals. The scope of services</td>
</tr>
<tr>
<td>Service Category</td>
<td>Service Description</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>--------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>includes in-patient services, home care, grief counselling and out-patient services. Referral by the HA doctors is required.</td>
</tr>
</tbody>
</table>

### 1.5.2. Hospital Authority’s Community Medical Services

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Service Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geriatric Day Hospitals</td>
<td>Geriatric Day Hospitals are part of ambulatory care facilities providing with multidisciplinary assessment, continued care and rehabilitation programmes. The HA doctors will refer the patients to suitable types of rehabilitative service.</td>
</tr>
<tr>
<td>Psychiatric Day Hospitals</td>
<td>Psychiatric Day Hospitals are part of the ambulatory care facilities providing multidisciplinary assessment, continued care and rehabilitation to psychiatric patients. The mode of care facilitates patients re-integration back to the society</td>
</tr>
<tr>
<td>Community Geriatric Assessment Services</td>
<td>Community Geriatric Assessment Teams (consisting of medical practitioners, nurses, occupational therapists, physiotherapists and social workers, etc.) reach out to the aged homes to provide health assessment and regular consultation service for the elders. Referrals by the HA doctors are required.</td>
</tr>
<tr>
<td>Community Psychogeriatric Teams</td>
<td>Community psychogeriatric teams are an integral part of the community care services providing designated care and rehabilitation programs to psychogeriatric patients.</td>
</tr>
<tr>
<td>Community Nursing Services</td>
<td>Community Nurses administer proper nursing care to patients through home visits and at the same time, imbue patients and their families with the knowledge of health promotion and disease prevention. They will report patients’ conditions and progress to doctors whenever necessary. Enquiries on the services can be made to the respective district offices by phone.</td>
</tr>
<tr>
<td>Medical Social Services</td>
<td>Medical social workers will provide assistance to patients and their family</td>
</tr>
<tr>
<td>Service Category</td>
<td>Service Description</td>
</tr>
<tr>
<td>------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td></td>
<td>members to resolve problems arising from illnesses, and guide them to make the best use of the medical and rehabilitative services in the community. The scope of services includes counselling service, making assessment and referring patients to financial assistance, employment assistance, home help, child care, residential and housing assistance, etc. Enquiries may be directed to the hospitals or specialist clinics of the HA or specified specialist clinics of the DH.</td>
</tr>
</tbody>
</table>

1.5.3. Hospital Authority’s Hotlines and Other Supporting Services

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Service Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>HA Infoline</td>
<td>The HA has set up a health information hotline to handle public’s enquiries regarding the medical services available and the information on diseases and illnesses. The hotline number is 2882-4866.</td>
</tr>
</tbody>
</table>
| HA InfoWorld     | The Health InfoWorld in the HA Head Office and Patient Resource Centres in major hospitals support and coordinate more than 200 patient self-help/carer support groups. They also serve as focal points for experience sharing and exchange of information on health education and health care through their strong network with government and non-government organizations in different sectors.  
Address: G/F, Hospital Authority Building, 147B Argyle Street, Kowloon, Hong Kong  
Enquiry hotline: 2300-7733 |

1.5.4. Other Hotline and Supporting Services

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Service Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elderly Health Services of the Department of Health</td>
<td>Elderly health centres and visiting health teams aim to enhance the public’s understanding of the health and care of elders through a wide range of health education programmes, with a view to improving the health and self-care ability of the elders.</td>
</tr>
<tr>
<td>Service Category</td>
<td>Service Description</td>
</tr>
<tr>
<td>--------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Medical Service</td>
<td>The DH and the Hong Kong Society for Rehabilitation Community Rehabilitation Network (HKSRCRN) have all set up health information hotlines to handle public’s enquiries regarding the medical services available and the information on diseases and illnesses. The enquiry numbers are as follows:</td>
</tr>
<tr>
<td>Hotlines</td>
<td>HKSRCRN hotline 2794-1122 24-hour hotline of the DH’s Elderly Health Services 2121-8080 24-hour Health Education Hotline of the DH’s Central Health Education Unit 2833-0111</td>
</tr>
<tr>
<td>1.6. Other Community Support Services for Elders</td>
<td></td>
</tr>
<tr>
<td>Emergency Alarm System (EAS)</td>
<td>The so-called “safety bell” or “emergency bell” is a support service for persons in need (e.g. the elders). The SWD and the HD are offering grants to elders who are and are not CSSA recipients respectively, to help provide them with prompt and proper assistance in case of an emergency at home.</td>
</tr>
<tr>
<td>Senior Citizen Card Scheme</td>
<td>The scheme, which aims at promoting a spirit of respect for the senior citizens, provides a generally recognised proof of age for elders aged 65 or above so as to facilitate their access to all kinds of concessions, discounts and priority services offered by the government departments, public companies and private and commercial establishments. Application forms can be obtained at the Senior Citizen Card Office, District Social Welfare Offices, IFSCs/ISCs and SSFUs of the SWD, the Estate Offices of the HD, Public Enquiry Service Centres of District Offices and Community Centres of the HAD and the DECCs/NECs/S/Es in the respective districts.</td>
</tr>
<tr>
<td>Rehabus</td>
<td>Providing point-to-point transportation and</td>
</tr>
</tbody>
</table>

Procedural Guidelines for Handling Elder Abuse Cases/December 2003
(Revised in August 2006) (Appendices revised in November 2012)
<table>
<thead>
<tr>
<th>Service Category</th>
<th>Service Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>pick-up service for elders or disabled with</td>
<td>mobility problem and have difficulties in using public transport.</td>
</tr>
<tr>
<td>Scheduled Routes</td>
<td>Operate from Mondays to Saturdays for transporting elders or disabled with mobility problem to and fro their workplace, school, training centre or treatment unit. Enquiries regarding the routes, fees and application</td>
</tr>
<tr>
<td></td>
<td>procedures can be made to the Hong Kong Society for Rehabilitation (HKSR) direct.</td>
</tr>
<tr>
<td>Dial-a-Ride Service</td>
<td>Providing transportation service for elders with mobility problem through advanced booking and customised routes according to their individual needs. Enquiries can be made to the HKSR direct.</td>
</tr>
<tr>
<td>Family Support Networking Teams (FSNTs)</td>
<td>The purpose of setting up FSNTs is to provide outreach and networking services for vulnerable families for early identification of problems and timely intervention. A total of 7 FSNTs operated by NGOs have been set up in the old communities.</td>
</tr>
<tr>
<td>Community Centres (CCs)</td>
<td>CCs facilitate people of all ages to gather, to meet and to interact with one another. Through the provision of a wide range of group and community work activities, they contribute in strengthening the residents’ civic awareness, promoting mutual care and developing a sense of belonging to the community. There are 13 CCs operated by NGOs over the territory.</td>
</tr>
</tbody>
</table>

1.7. The Updated and detailed Information on the above Services is Available at the Web Sites of relevant Departments/Agencies.

Please refer to Appendix 24 for the list of the web sites.
2. **Suggestions on Promoting the Use of Support Services by the Abused Elder and Their Carers**

For some reason, elders or their carers may not be willing to receive the follow-up services recommended by the responsible social workers. The responsible social workers may try the following intervention strategies:

2.1. **Eliminating the Elders’/Carers’ Anxieties about the Services**

Elders may lack the understanding of or have misconception about the recommended services. For example, they may think that they are not allowed to keep personal belongings after moving into a RCHE, while undergoing family counselling will damage the relationship with their family members instead, etc. The responsible social workers should provide the elders with detailed information about the services, including scope of service, charges, application procedures and conditions for withdrawal, etc. so as to give them enough information for consideration and room to choose. Arrangements may be made for the elders to visit the services or to have some sharing with the existing service users as appropriate, with a view to enhancing the elders’ motivation to receive the services.

2.2. **Understanding the Elders’/Carers’ Psychological Needs**

Psychological factor is one of the reasons why elders are not willing to receive the services. For example, they are not willing to admit the loss of self-care ability, find it “embarrassing” to receive assistance, find themselves losing the ability of independent living or feel being abandoned, etc. If the responsible social workers understand the feeling of the elders and help them speak out their worries, the elders will find it easier to accept the provision of service.

2.3. **Enlisting the Help of Other Professionals**

Elders may be persuaded to approach the medical staff concerned to obtain their expert opinion. Elders in general are more ready to accept the advice of medical staff, and are thus willing to receive the services.

2.4. **Obtaining the Co-operation of Family Members or Carers**

The support and co-operation of family members or carers is vital in encouraging the elders to receive the services. The responsible social workers should invite the family members to participate in their discussions with the elders and the parties concerned. For example, they can be asked to assist in making the transport arrangement for the elders, and to be responsible for paying the fees, etc. Elders will be more willing to receive the services if they find that their family members or carers are also willing to help.
2.5. Carers’ Misunderstanding about Their Roles
Some family members have too high an expectation for themselves or even misunderstanding about their role as carers. They think that they are the only ones responsible/suitable for taking care of the elders, thus resulting in their failure to seek help from the social services even when they are inadequate for the task. Rectifying such misunderstanding will easily enhance the motivation of the elders/carers to receive support services.

2.6. Elders Only Expect the Care by Carers but No Other Services
Some elders strongly believe that only their family members are suitable to be their carers, so they are unwilling to receive any support services. Rectifying such misunderstanding will easily enhance the motivation of the elders/carers to receive support services.
Appendices
(Revised November 2012)
For information on the Guardianship Board and the application procedures for an emergency guardianship order, please access to the Guardianship Board's website at http://www.adultguardianship.org.hk/
Appendix 3

Chart on Referrals of Suspected Elder Abuse Cases

- Social service unit receives the referral / identifies the suspected elder abuse case
  - Collect basic personal information of the abused elder
  - Identify the unit responsible for handling the suspected elder abuse case

Known cases
(Please refer to paragraph 2.3.3. of Chapter 4 for its definition)
- Further follow-up action to be carried out by the unit currently providing casework service
- If the case is known to two or more service units, the one receiving the report on the suspected abuse first will be responsible for handling the case

Scenario (1)
If the unit receiving the report can handle new cases (please refer to paragraph 2.3.1.a of Chapter 4), it will be responsible for the follow-up action

Scenario (2)
If the unit receiving the report only handles known cases of the unit (please refer to paragraph 2.3.1.b of Chapter 4), the case should be referred to another suitable unit providing casework service according to the preference of the elder

New cases

Scenario (3)
If the unit receiving the report does not provide casework service, the case should be referred to another suitable unit providing casework service according to the preference of the elder

- Assign a responsible social worker
Appendix 4

Chart on Procedures for Handling Suspected Elder Abuse Cases

Unit responsible for handling the case

- Contact parties concerned to explore the background of the incident
- Conduct home visits or interviews with the elder / family members / parties concerned

The suspected elder abuse incident has been preliminarily substantiated

- Further investigate the case and assess the immediate risks faced by the elder
- Arrange for medical examination / call the police for help where necessary
- Arrange for the emergency services required
- If the suspected abuser is a staff member of the service agency / unit, consider notifying the monitoring authority concerned
- Consult related professionals and, where necessary, convene a Multi-Disciplinary Case Conference (MDCC) within a month after taking up the case

The case is considered not an elder abuse case upon investigation

The unit concerned continues to follow up on other needs or close the case

The case being classified as an elder abuse case

- Formulate a welfare plan for the abused elder
- Arrange the required services for the elder by the social worker
- Report the elder abuse case to the “Central Information System on Elder Abuse Cases”

Note: Workers should obtain the prior consent of the elders suspected of being abused before providing them with services.
Referral Letter for Suspected Elder Abuse Case
(Sample)

File No.: ____________________________
Tel. No.: ____________________________
Fax No.: ____________________________

(Name and Address of Service Unit)
(Date)

(Name and Address of Receiving Service Unit)

Referral of Suspected Elder Abuse Case

The following elder suspected of being abused is hereby referred to your unit for follow-up services.

Name of the elder: ____________________________
Sex: ____________________________
Date of birth: ____________________________
HKID/Identity document No.: ____________________________
Home address: ____________________________
Contact tel. no.: ____________________________
Name of the suspected abuser: ____________________________
Sex: ____________________________
Relationship with the elder: ____________________________
Home address (if different from the above): ____________________________
Contact tel. no. (if different from the above): ____________________________

A summary of the case (if any) is attached hereto. Please pay special attention to the following:

Consent of the elder to referral of the case to your unit has been sought.

If you have any queries, please contact the undersigned or _________________
(Tel. No.: ____________).

(____________________)
Officer-in-charge

Encl. (If applicable)
Appendix 6
(Page 1 of 2)

風雨蘭—性暴力危機中心服務簡介

全港首間性暴力危機中心，
專為性暴力受害女性提供一站式支援。

RainLily is the first rape crisis centre for female victims of sexual violence in Hong Kong. It provides counseling and coordinates medical, legal and other services for victims.

風雨蘭熱線 RainLily Hotline:

2375-5322

網址 Website：www.rainlily.org.hk
風雨蘭為受性暴力（性侵犯、性騷擾）傷害的女性提供一站式支援服務。費用全免。

RainLily provides one-stop specialized service for victims of sexual violence. Service is free-of-charge.

雨Lily’s Services

一站式危機支援 One-stop Specialized Service
為受害人協調醫療及報警程序，讓受害人於風雨蘭中心內進行錄取口供及搜證程序。
RainLily coordinates related medical and police reporting procedure for the victims. Some police reporting procedure could be done within RainLily’s rape crisis centre.

醫療支援 Medical Service Follow-up
為受害人提供即時診治及跟進，包括事後避孕、性病檢驗及跟進。
RainLily provides immediate medical treatment, post-incident contraception and preventive treatment for sexually transmitted diseases.

陪同支援 Escort Service
陪同及支援受害人進行有關程序，包括錄取口供、法醫檢查、醫療檢查及上庭。
RainLily supports the victims throughout the processes of statement taking, forensic and medical examination, and court hearing.

心理輔導 In-depth Counseling
由輔導員提供心理評估及情緒輔導。
RainLily provides emotional support, psychological assessment and counseling service.

面對創傷 盡快求助
Seek help to recover from the trauma
 Consent to disclose personal information to assist social workers in handling a suspected elder abuse case

Verbal Consent Record

Client

☐ The client is the patient (see patient’s label)

☐ The client is the guardian of the patient

Name:__________________________HKID No.:______________

Sex:__________________________ Relationship with the patient:____________________

Explanation given to the client during the first interview/contact

I am Mr./Ms XXX*, medical social worker of the Hospital Authority / Social Welfare Department*. Before the interview, I would like to draw your attention to the following:

- The information you provide to us will be used for understanding and handling of the suspected elder abuse case, and may be passed on to other organisations and Government departments for follow-up of the case where appropriate.

- We will apply to the hospital for a copy of the medical record of the patient to facilitate handling of the case.

Record made by the Medical Social Worker

Client:

☐ Agree to the above arrangement

☐ Disagree with the above arrangement

____________________________

Signature of the Medical Social Worker

____________________________

Name of the Medical Social Worker

____________________________

Date

*Delete as appropriate
<table>
<thead>
<tr>
<th>District</th>
<th>Agency/Home</th>
<th>Address</th>
<th>Tel</th>
<th>Fax</th>
<th>C&amp;A*</th>
<th>NH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wanchai</td>
<td>Heung Hoi Ching Kok Lin Association</td>
<td>133 Tai Hang Road, Hong Kong</td>
<td>2881 1801</td>
<td>2577 1831</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Buddhist Li Ka Shing Care and Attention Home</td>
<td>Hong Kong大坑道133號</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>for the Elderly</td>
<td></td>
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</tr>
<tr>
<td>Wak Ye</td>
<td>香海正覺蓮社主辦佛教李嘉誠護理安老院</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Southern</td>
<td>Tung Wah Group of Hospitals David Trench Home</td>
<td>No. 29, Nam Long Shan Road, Aberdeen,</td>
<td>2814 8327</td>
<td>2553 4041</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>South</td>
<td>東華三院戴麟趾安老院</td>
<td>香港黃竹坑南朗山道29號</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Southern</td>
<td>Chuk Lam Ming Tong Care and Attention Home</td>
<td>5 Sha Wan Drive, Pokfulam, Hong Kong</td>
<td>2817 2281</td>
<td>2855 8735</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>South</td>
<td>for the Aged</td>
<td>香港薄扶林沙灣徑5號</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shamshuipo</td>
<td>Hong Kong Young Women's Christian Association</td>
<td>G/F, Lai Lim House, Lai On Estate,</td>
<td>2708 3677</td>
<td>2729 1359</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Wan Wah Care and Attention Home for the Elderly</td>
<td>Shamshuiipo, Kowloon</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>香港基督教女青年會雲華護理安老院</td>
<td>九龍深水埗麗安邨麗廉樓地下</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kowloon</td>
<td>Asia Women's League Limited</td>
<td>3 Hereford Road, Kowloon Tong, Kowloon</td>
<td>2336 6255</td>
<td>2338 8593</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Kowloon City</td>
<td>Chan Kwun Tung Care and Attention Home</td>
<td>九龍九龍塘禧福道3號</td>
<td></td>
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<tr>
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<td>for the Elderly</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Wong Tai Sin</td>
<td>Ho Yam Care and Attention Home for the Elderly</td>
<td>G/F, Sik Sik Yuen Social Services</td>
<td>2321 5580</td>
<td>2148 5621</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>黃大仙</td>
<td>(Sponsored by Sik Sik Yuen)</td>
<td>Complex, 38 Fung Tak Road, Wong Tai Sin, Kowloon</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>菁色園主辦可蔭護理安老院</td>
<td>九龍黃大仙鳴德道38號薈色園社會服務大樓地下</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wong Tai Sin</td>
<td>Hong Kong Sheng Kung Hui Nursing Home</td>
<td>6 Chun Yan Street, Wong Tai Sin, Kowloon</td>
<td>2325 5330</td>
<td>2325 5377</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>黃大仙</td>
<td>九龍黃大仙親仁街6號</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Location</td>
<td>Organization</td>
<td>Address</td>
<td>Telephone Numbers</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tseung Kwan O</td>
<td>Salvation Army (The)</td>
<td>23 Haven of Hope Road, Tseung Kwan O, Kowloon</td>
<td>2703 2109 2703 2111</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tseung Kwan O</td>
<td>Po Lam Residence for Senior Citizens</td>
<td>4/F, Po Kan House, Po Lam Estate, Tseung Kwan O, Kowloon</td>
<td>2701 5828</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>HK Salvation Army (The)</td>
<td></td>
<td>2623 2500</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Haven of Hope Christian Service Haven of Hope Nursing Home</td>
<td></td>
<td>1 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kwun Tong</td>
<td>Hong Kong Chinese Women's Club Madam Wong Chan Sook Ying Memorial Care and Attention Home for the Aged</td>
<td>6 Pik Wan Road, Yau Tong, Kowloon</td>
<td>2717 1351 2346 8591</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kwun Tong</td>
<td>Alice Ho Miu Ling Nethersole Nursing Home</td>
<td>2/F-6/F, Kowloon Bay Primary Health Centre, 9 Kai Yan Street, Kowloon Bay, Kowloon</td>
<td>2116 7300 2116 0070</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shatin</td>
<td>SAGE Kwan Fong Nim Chee Home for the Elderly</td>
<td>27 Chap Wai Kon Street, Shatin, New Territories</td>
<td>2637 0488 2636 1091</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shatin</td>
<td>Caritas Harold H.W. Lee Care and Attention Home</td>
<td>17 Kong Pui Street, Shatin, New Territories</td>
<td>2602 6277 2602 6977</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tai Po</td>
<td>Tung Wah Group of Hospitals Pao Siu Loong Care and Attention Home</td>
<td>93 Sam Mun Tsai Road, Shuen Wan, Tai Po, New Territories</td>
<td>2665 4011 2662 1736</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>North</td>
<td>Caritas Fung Wong Fung Ting Home</td>
<td>D.D. 82, Lot 1562, Ping Che Road, Ta Ku Ling, Fanling, New Territories</td>
<td>2659 2382 2674 7294</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>North</td>
<td>Heung Hoi Ching Kok Lin Association</td>
<td>5 Po Ping Road, Sheung Shui, New Territories</td>
<td>2145 0238 2145 0236</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Appendix 8 (Page 2 of 5)

Procedural Guidelines for Handling Elder Abuse Cases/December 2003 (Revised in August 2006) (Appendices revised in November 2012)
| Yuen Long | Ching Chung Taoist Association of Hong Kong Limited  
|-----------|--------------------------------------------------------------------------------------------------|
|          | Ching Chung Care and Attention Home for the Aged  
|          | 道教香港青松觀有限公司青松護理安老院  
|          | 57 Sha Chau Lei Tsuen, Ping Ha Road, Ha Chuen, Yuen Long, New Territories  
|          | 新界元朗廈村屏廈路沙州里村 57 號  
|          | 2472 1393 2 1  

| Yueng Long | Pok Oi Hospital Yeung Chun Pui Care and Attention Home  
|------------|--------------------------------------------------------------------------------------------------|
|           | 博愛醫院楊晉培護理安老院  
|           | 58 Sha Chau Lei Tsuen, Ha Chuen, Yuen Long, New Territories  
|           | 新界元朗沙田沙洲里村 58 號  
|           | 2472 1377 2472 2952 1 2  

| Tuen Mun | Tung Wah Group of Hospitals Tai Tung Pui Care and Attention Home  
|-----------|--------------------------------------------------------------------------------------------------|
|           | 東華三院載培護理安老院  
|           | 1/F-4/F, TWGHs Tai Tung Pui Social Service Building,  
|           | 32 Tsing Sin Street, Tuen Mun, New Territories  
|           | 新界元朗街 32 號東華三院載培社會服務大樓一樓至四樓  
|           | 2450 8461 2457 8916 2 2  

| Tuen Mun | Pok Oi Hospital Tuen Mun Nursing Home  
|-----------|--------------------------------------------------------------------------------------------------|
|           | 博愛醫院屯門護養院  
|           | 2 Siu Lun Street, Tuen Mun, New Territories  
|           | 新界屯門兆麟街 2 號  
|           | 2457 8123 2458 2723 1 1  

| Tsuen Wan | Yan Chai Nursing Home  
|------------|--------------------------------------------------------------------------------------------------|
|           | 仁濟護養院  
|           | 4/F-8/F, Yan Chai Hospital Multi-Services Complex,  
|           | 18 Yan Chai Street, Tsuen Wan, New Territories  
|           | 新界荃灣仁濟街 18 號仁濟醫院綜合服務大樓四樓至八樓  
|           | 2409 2888 2409 5888 1 1  

| Kwai Tsing | Yan Chai Hospital Mrs Kwok Yuk Cheung Care and Attention Home  
|------------|--------------------------------------------------------------------------------------------------|
|           | 仁濟醫院郭玉章夫人護理安老院  
|           | 33 Lai Chi Ling Road, Kwai Chung, New Territories  
|           | 新界葵涌荔林路 33 號  
|           | 2785 8723 2786 0670 1 3  

| Kwai Tsing | Ho On Home for the Elderly (Sponsored by Sik Sik Yuen)  
|------------|--------------------------------------------------------------------------------------------------|
|           | 金色圍主辦可安護理安老院  
|           | 2/F, Shek Ning House, Shek Lei (I) Estate, Kwai Chung, New Territories  
|           | 新界葵涌石籬(一)邨石寧樓二樓  
|           | 2421 3038 2421 7090 0 2  

### Number of Homes

| Home for the Aged (HA) /  
| Care and Attention Home (C&A) /  
| Nursing Home (NH)  
| 安老院／護理安老院／護養院  
| Sub-total:  
| 小計: 20 33 6 6  
| Total:  
| 總數: 53 12  
| 65  

* With effect from 1 April 2007, the coverage of target service users of care-and-attention emergency places has been expanded to include elders of no or mild impairment level.  
由二零零七年四月一日起，護理安老緊急宿位的服務對象已經擴展至包括沒有或輕度缺損的長者。
Information Note on
Emergency Placement in Residential Care Services for Elders

(A) Introduction

Emergency placement is provided in residential care homes for the elderly (RCHEs) and nursing homes (NHs) to offer temporary or short-term residential care service for elders. It serves the objective of preventing the elders from risks until their next-of-kin are located for the elders’ restoration to families, or other alternatives are arranged.

The target group of the service is elders who require immediate short-term residential care placement on a temporary basis.

(B) Provision of Emergency Places

Emergency placement service is provided in subvented RCHEs and NHs in the form of designated places in the following types of service –

(1) Nursing Home (NH);
(2) Care & Attention (C&A) Home; and
(3) Home for the Aged (H/A)\(^1\).

List of these homes can be downloaded from SWD Homepage at http://www.swd.gov.hk/ by clicking on Public Services, then Services for the Elderly and then Emergency Placement.

(C) Service Target

Elders aged 65 years or above\(^2\) who meet the admission criteria of RCHE/NH\(^3\), the conditions (f) and (g) below, and one or more of the conditions (a) to (e) below may be accepted for emergency placement –

(a) homeless without the prospect of immediate restoration to family; or

(b) evicted (or facing imminent eviction) from the accommodations for various reasons; or

(c) fit for discharge from hospital upon completion of medical treatment yet having difficulty in taking care of oneself or having no suitable care-givers to attend to; or

(d) in acute immediate need of alternative placement due to relationship problem at existing residence and in weak health\(^4\) to the extent that immediate removal/transfer is necessary to avoid risks to lives, such as elder abuse cases; or

---

1 Emergency placement of Homes for the Aged (H/A) will be phased out when all RCHEs providing H/A emergency placement have started the programme to convert H/A places, including emergency places, into care and attention places providing continuum of care.

2 Persons aged between 60 and 64 may apply if there is a proven need.

3 Referring workers may make reference to MDS-HC in determining the type of service required, although MDS-HC assessment is not necessary for admission to emergency placement.

4 Please refer to the respective criteria for admission to different types of residential service.
(e) unable to be taken care of by care-givers owing to acute unforeseeable crisis situation such as hospitalisation or imprisonment of care-givers or sudden deterioration of the elderly person’s health conditions which cannot be coped with by the care-givers and community support services with the result that the elderly person’s continuous stay in his/her home will pose dangers to his/her health; and

(f) certified free from contagious diseases; and

(g) mentally fit for communal living and having no persistent tendency to violence, self-destruction/self-injury or disruptive behaviour.

Emergency placement of Care and Attention Homes caters for elders who have not yet reached the nursing home care level.

(D) Application Procedures

Referrals for admission to emergency placement should be made by a social worker. Elders or persons acting on behalf of the elders may approach casework service units (e.g. Family Services Centres/Integrated Family Service Centres and Medical Social Services Units) or elderly service units for assistance if required.

(E) Duration of Stay

The period of stay should not exceed three months, other than very exceptional circumstances for which the referring worker would have to provide justifications as well as a prospective discharge plan. Emergency placement should not be taken as a solution to meeting the long-term placement needs of elders.

(F) Fees

Elders occupying emergency placement are exempted from payment of service fees for the first three months of stay, in order to allow adequate time for arrangement of financial and other forms of assistance, if required. Full payment will start from the fourth month onwards for the services they receive, according to the standard monthly fees for the respective types of home.
Harmony House Shelter for Women and Children

24-hour Woman Hotline: 2522 0434

Mailing address:
P.O. Box No. 99068, Tsimshatsui Post Office, Kowloon, Hong Kong.

E-mail: hhshelter@harmonyhousehk.org

Website: www.harmonyhousehk.org

Harmony House

As a charitable social service organization committed to ending domestic violence, Harmony House established as the first shelter in Hong Kong in 1985 to serve battered women and their children. We have developed from a single shelter to a one-stop comprehensive service agency. Our services include community education on prevention of domestic violence, aftercare service for ex-residents, women empowerment, batterers intervention program, crisis intervention and counseling for children who have witnessed domestic violence. Besides, we share and exchange working experience with multi-disciplinary professionals via publication, regional exchange and various training programs.

Belief & Mission

■ We believe that all human beings have the right to live with dignity and respect, and to be free from violence, abuse and coercion. Human rights should be preserved in our homes as well as in our society.

■ We believe equality and mutual respect are fundamental principles for a healthy and harmonious family.

■ We are dedicated to eliminating domestic violence, opposing the use of violence as the means of control, and helping victims of domestic violence resume dignity.

■ We hope to build up a society with “Zero Tolerance to Domestic Violence”.

Harmony House Shelter for Women and Children

Objectives

▓ To provide a safe and immediate refuge for female victims of domestic violence and their children

▓ To offer 24-hour immediate support and referrals for families and intimate partners affected by domestic violence

▓ To empower abused women, and help them restore their dignity and establish harmonious relationship

▓ To protect and address the needs of children who have witnessed or been affected by domestic violence

Service Targets

▓ Abused women and their children (girls of all ages and boys who are under 12; discretion may
be granted to boys who are 12 to 14 years old for admission upon request)

Hong Kong permanent residents or those who have the legal right to stay in Hong Kong
* We serve all ethnic groups and people of different sexual orientations, religions, or other backgrounds.

Application for Admission

- Self-referral through our 24-hour Woman Hotline
- Referral by social workers or other professionals

Termination of Service
- Either the Shelter or women residents may initiate the termination of service

Scope of Service

1. **Refuge Service**

Charges
- Free residential service
- Residents are responsible for the expenses of their daily living
- The Shelter may offer food and basic necessities to residents in financial difficulties

Duration of Stay
- The period of stay is usually two weeks
- Under special circumstances, extension to a maximum of three months may be granted

Admission Criteria
- Women have to be able to take care of themselves as well as their children
- Admitted residents have to keep confidential the shelter address, location and appearance
- Admitted residents have to abide by Shelter rules and adapt to group living
* Individual assessments for approval of admission will be conducted by the Shelter.

2. **Woman Hotline & Follow-up Service**

24-hour Woman Hotline

We provide female victims of domestic violence with assessment, crisis intervention, emotional support, information on community resources, knowledge on safety and protection, and referrals. If necessary, admission to the Shelter can be arranged.

Hotline Follow-up Service

To provide emotional support and counselling for the callers who are affected by domestic violence.
3. **Individual and Group Counselling**

Crisis assessment, need assessment, casework counselling and therapeutic groups are provided to help abused women and their children to address their traumatic experience. Issues related to emotional management, impact of domestic violence, safety plans, marital, intimate, and parent-child relationships are addressed. Upon discharge from the Shelter, we also provide supportive services to them, and make referrals to community resources, including housing and legal aid.

4. **Educational and Developmental Activities**

Through a wide range of educational and developmental activities, residents are able to gradually build up their self esteem and establish their own social support network. Regular activities include legal information sessions, peer sharing groups, parent-child activities, tutorials for children, birthday parties, festival programs, weekly house meetings and educational talks.

5. **Aftercare Service**

Three-month aftercare service is provided for discharged women and children in order to facilitate them to link up with community resources and adjust to a new life. Services include telephone follow-up, face-to-face counselling, home visits, emotional support and referral to community resources.

6. **Collaboration and Outreaching Service**

In collaboration with other multi-disciplinary professionals, educational talks, groups and hotline follow-up services are provided to reach out to the abused women, children and youth. Low-income and at-risk families, ethnic minorities and new immigrants are our major target populations.
CHRISTIAN FAMILY SERVICE CENTRE

Serene Court

Mission

The Serene Court is the refuge for women of the Christian Family Service Centre. It provides refuge for battered women and their children so that they can be free from violence, regain dignity and confidence, and re-build healthy and happy life style.

Service Content

It provides 45 places for temporary accommodation. Maximum period of stay is 3 months. During the stay, the following services will be provided:

- Counseling,
- Women and children therapeutic groups, mutual help group,
- Children coaching classes, interest classes, talks and seminars, in-door/out-door recreational activities, referral service and etc.

Service Targets

- Women aged 18 or above suffering from physical, psychological or sexual abuse, and their children (boys aged 12 or above not included) can apply for admission.
- For girls under 18 having family problems, admission will also be considered.

Characteristics of our Refuge

- We have self-contained units. Basic facilities and utensils are provided. Other rooms for public use included: TV room, play corner, reading room and activity room. Hence, roommates can enjoy privacy and at the same time, can use other public rooms for sharing and support with others.

Entry and Exit of Service

- Women facing problems of family violence can call our 24-hour hotline for admission. Social workers, police and medical professionals can also make referrals for them. Our staff will make assessment at once and decide if admission can be arranged. But applicants must first agree to receive further counseling services.

- When the women and their children have arranged alternative accommodation, they can inform the staff and leave the refuge. Our service will then be terminated upon their discharge. (Three-day notice is recommended so as to ensure that discharge plan is feasible and safe)

24-hour Hotline : 2787 6865
Correspondence Address : 9/F, No.3, Tsui Ping Road, Kwun Tong, Kowloon.
Website : www.cfsc.org.hk
Po Leung Kuk Refuge Centre for Women
To provide immediate support and protection for women and children in domestic violence

Target users
1. Single or married women who are facing domestic violence or in crisis.
2. Children below the age of 18 who are brought along by their mothers and in need of temporary shelter.
3. Young girls over the age of 13 who are abused or in family crisis.
4. Victims of abuse by employers or trafficking referred by Government authorities or the Court.

Services
1. 24-hour hotline service: to provide emotional support, information on community resources and intake for admission.
2. Temporary safe accommodation (usually 2 weeks and maximum period of stay to be extended to 3 months for exceptional cases).
3. Case and groupwork counseling: to redress disturbed emotions, rebuild self-confidence and enhance coping skills.
4. Supportive services: emergency assistance on daily necessities, homework tutoring, child care, mutual help group and other various activities.
5. Community education.

How to Apply
Call the hotline or via referral from the Social Welfare Department, hospitals, Non-Governmental organizations, and Government legal authorities.

Fee
Free accommodation. Residents shall be responsible for daily living expenses including meals.

Sunrise Court
Hotline: 28908330   Fax: 28908408
E-mail address: sunrisecourt@poleungkuk.org.hk
Correspondence address: Hennessy Road Post Office, P.O. Box 165

Wai On Home for Women
Hotline: 27930223   Fax: 27906369
E-mail address: waion@poleungkuk.org.hk
Correspondence address: Sai Kung Post Office, P.O. Box 165

Dawn Court
Hotline: 22433210   Fax: 22433018
E-mail address: dawncourt@poleungkuk.org.hk
Correspondence address: Sai Kung Post Office, P.O. Box 165

12/2009
Appendix 10

明愛向晴軒服務簡介
Caritas Family Crisis Support Centre

向晴熱線： 18288  
辦公室電話： 2383 2122  
傳真號碼： 2383 2231  
網址： http://fcsc.caritas.org.hk 
電郵： fcsc@cfsc.org.hk

Crisis Hotline: 18288  
Office Number: 2383 2122  
Fax Number: 2383 2231  
Website: http://fcsc.caritas.org.hk 
Email: fcsc@cfsc.org.hk

目標 Aims
1. 提升服務使用者解決問題的能力；
To enhance the problem solving ability of service users;
2. 及早介入和轉介個案以避免危機惡化；
To provide early intervention and referral to avoid problem from deteriorating;
3. 提供一站式專業輔導服務及緩衝避靜服務。
To provide one-stop service through professional counseling and time-out service.

服務對象 Target User
面對家庭危機或情緒受到困擾的人士，無分種族、性別及年齡。
People who are facing family crisis and emotional distress irrespective of ethnics, gender and age.

申請程序 Application Procedure
1. 由向晴熱線轉介；
Approach through crisis hotline (18288);
2. 由社會福利機構轉介；
Referral from social welfare agencies;
3. 由公共機構轉介，如：警方或醫務人員等。
Referral from community organizations such as police and hospital.

退出服務 Service Withdrawal
1. 已達致共同協議之輔導目標；
Achievement of intervention goal based on mutual agreement upon admission.
2. 服務使用者要求退出服務。
Self-withdrawal.

Procedural Guidelines for Handling Elder Abuse Cases/December 2003 (Revised in August 2006) (Appendices revised in November 2012)
List of Urban Hostels for Single Persons Providing Emergency Residential Service and Application Procedures

Introduction: To provide persons in need and street sleepers with temporary accommodation and counselling services with the aim to assist them in securing long-term accommodation.

Target Clients: Street sleepers, bedspace lodgers and homeless persons, especially those who are aged, disabled, or in weak health.

Application Procedures: Referral by social workers or direct application by the applicant.

Service Fees:
Temporary Shelters:
Most temporary shelters provide free residential service.

Urban Hostels for Single Persons:
A lodging fee not exceeding the maximum rate of rent allowance under the Comprehensive Social Security Assistance Scheme.

List of hostels and shelters

<table>
<thead>
<tr>
<th>Name of Shelters /Hostels</th>
<th>Agency</th>
<th>Address [Office Hours]</th>
<th>Telephone No.</th>
<th>Service Recipients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caritas – Hung Hom Hostel</td>
<td>Caritas</td>
<td>No. 1 Hung Ling Street, Hung Hom, Kowloon [Mon – Fri : 9am – 5pm Sat : 9am – 1pm]</td>
<td>2362 7350</td>
<td>Male</td>
</tr>
<tr>
<td>Shamshuiipo Shelter</td>
<td>Street Sleepers’ Shelter Society Trustees Incorporated</td>
<td>2/F to 4/F, 15A Un Chau Street, Shamshuiipo, Kowloon [Mon – Fri : 9am – 5pm Sat : 9am – 1pm]</td>
<td>2386 4700</td>
<td>Male / Female</td>
</tr>
<tr>
<td>Yaumatei Shelter</td>
<td>Street Sleepers’ Shelter Society Trustees Incorporated</td>
<td>1/F, 345A Shanghai Street, Yaumatei, Kowloon [Mon – Fri : 9am – 5pm Sat : 9am – 1pm]</td>
<td>2332 9640</td>
<td>Male</td>
</tr>
<tr>
<td>Wanchai Shelter</td>
<td>Street Sleepers’ Shelter Society Trustees Incorporated</td>
<td>1/F, 83 Kennedy Road, Hong Kong [Mon – Fri : 9am – 5pm Sat : 9am – 1pm]</td>
<td>2893 3390</td>
<td>Male / Female</td>
</tr>
<tr>
<td>Home of Love</td>
<td>Missionaries of Charity</td>
<td>G/F, Cheong Chit House, Nam Cheong Estate, Shamshuiipo, Kowloon [Mon, Tue, Thurs, Fri and Sat : 9am –11:30am &amp; 2:30pm –5:15pm Wed : Off]</td>
<td>2729 0884</td>
<td>Male / Female</td>
</tr>
<tr>
<td>Name of Shelters /Hostels</td>
<td>Agency</td>
<td>Address [Office Hours]</td>
<td>Telephone No.</td>
<td>Service Recipients</td>
</tr>
<tr>
<td>---------------------------</td>
<td>--------</td>
<td>------------------------</td>
<td>---------------</td>
<td>-------------------</td>
</tr>
</tbody>
</table>
| Yee On Hostel | The Salvation Army | Unit 110-116, Hoi Yu House, Hoi Fu Court, Mongkok, Kowloon  
[Mon – Fri : 9am – 5pm  
Sat : 9am – 1pm] | 2708 9553 | Male |
| Home of Abundant Grace | Christian Concern for the Homeless Association | 2/F Sung Tak Building, 39-41 Wong Chuk Street, Shamshuipo, Kowloon  
[Mon – Fri : 10am – 6pm  
Sat : 10am –1pm] | 2788 0670 | Male |
| Home of Promise | Christian Concern for the Homeless Association | No. 69 and 71, Portland Street, Yaumatei, Kowloon  
[Mon – Fri : 10am – 6pm  
Sat : 10am –1pm] | 2788 0670 | Male / Female |
| Grace Hostel | Christian Concern for the Homeless Association | No. 1 -11, Fuk Wah Street, Shamshuipo, Kowloon.  
[Mon – Fri : 10am – 6pm  
Sat : 10am –1pm] | 2788 0670 | Female |
| Jockey Club Lok Fu Hostel for Single Persons | Neighbourhood Advice-Action Council | G/F Lok Tsui House, Lok Fu Estate, Wong Tai Sin, Kowloon  
[Mon – Fri : 9am -5pm  
Sat : 9am –1pm] | 2336 6860 | Male / Female |
| Li Chit Street Single Persons Hostel | St. James’ Settlement | 1/F, 1 Li Chit Street, Wan Chai, Hong Kong  
[Mon – Fri : 9am – 5:15pm] | 2865 7590 | Male |
| Pok Oi Hospital Jockey Club Hostel for Single Persons | Pok Oi Hospital | Flat 106, 1/F, Sui Keung House, Siu Sai Wan Estate, Chai Wan, Hong Kong  
[Mon – Fri : 9am – 5pm  
Sat : 9am – 1pm] | 2505 6139 | Male |
醫管局老人精神科速治服務
個案識別資料

1. 背景資料:
1.1 曾否致電熱線求助 是□ 否□
1.2 姓名：__________ 1.3 性別：男 □ 女 □
1.4 年齡：__________
1.5 身份證：__________ 1.6 電話：__________
1.7 宗教：__________
1.8 聯系地址：________________________
1.9 婚姻狀況：a. 已婚 □ b. 獨身 □ c. 離婚/分居 □ d. 鳥寡 □ e. 其他：__________
1.10 經濟狀況：a. 經濟援助/老人津貼 □ b. 子女供養 □ c. 積蓄 □ d. 其他：__________
1.11 親屬姓名：__________ 1.12 關係：__________ 1.13 電話：__________

2. 自殺風險評估：（只選擇一項）
「過去一個月，你曾否覺得生存沒有價值，希望自己已經死去，或想到可能致死的任何念頭，甚至乎自殺？」
0 分：不存在…………………………………………………………………………………………………□
1 分：覺得生存沒有價值……………………………………………………………………………………□
2 分：希望自己已經死去，或想到可能致死的任何念頭………………………………………………□
3 分：希望自己已經死去，或想到可能致死的任何念頭及過去兩年患有抑鬱症……………………□
4 分：自殺的想法或姿態……………………………………………………………………………………□
5 分：任何嚴重的自殺行為……………………………………………………………………………………□
分數：__________（三分或以上，請轉介）

3. 過往 2 年自殺行為記錄： 有 □ 無 □ 最後自殺在哪時？______ 年 ______ 月 ______ 日
自殺的方法 ________________________________（如有，請轉介）

4. 老人抑鬱量表：
4.1 你基本上對自己的生活感到滿意嗎？-------------------------------------------------------------- 是 / 否
4.2 你是否已放棄了很多以往的活動和嗜好？--------------------------------------------------------------- 是 / 否
4.3 你是否覺得生活空虛？--------------------------------------------------------------- 是 / 否
4.4 你是否常常感到煩悶？----------------------------------------------------------------------- 是 / 否
4.5 你是否很多時感到心情愉快呢？-------------------------------------------------------------- 是 / 否
4.6 你是否害怕將會有不好的事情發生在你身上呢？--------------------------------------------------- 是 / 否
4.7 你是否大部份時間感到快樂呢？------------------------------------------------------------------ 是 / 否
4.8 你是否常常感到無助？（即是指給人幫助自己）--------------------------------------------------- 是 / 否
4.9 你是否寧願晚上留在家裡，而不愛出外做些有意的事情？------------------------------------------ 是 / 否
（譬如：和家人到一新開張酒樓吃晚餐）
4.10 你是否覺得你比大多數人有多些記憶的問題？-------------------------------------------------- 是 / 否
4.11 你認為現在活著是一件好事嗎？--------------------------------------------------------------- 是 / 否
4.12 你是否覺得自己現在一無是處呢？--------------------------------------------------------------- 是 / 否
4.13 你是否感到精力充沛？----------------------------------------------------------------------- 是 / 否
4.14 你是否覺得自己的處境無望？------------------------------------------------------------------ 是 / 否
4.15 你覺得大部份人的境況比自己好嗎？------------------------------------------------------------- 是 / 否

註：□ 有一分 總分：______________（八分或以上請轉介）
5. 自殺高危因素：（可選擇多項）
5.1 離居□ 5.2 喪親（六個月內）□ 5.3 家庭關係惡劣□ 5.4 財政危機□ 5.5 痛症 □
5.6 長期嚴重病患或殘疾□ 5.7 孤獨感□ 5.8 重要的生活事件□

6. 自殺徵兆：
6.1 言語表示 無□ 有□ 内容
6.2 自殺準備 無□ 有□ 收集藥物□ 購買自殺工具□ 寫遺書□ 分配財產□ 安排身後事□

7. 個案過去一個月內的狀況或其他資料：

8. 轉介者建議豁免首次收費 是□ 否□

醫管局老人精神科速治服務轉介流程

自殺風險評估（項目 2）

否

自殺記錄（項目 3）

否

老人抑鬱量表（項目 4）

三分或以上

是

八分或以上

轉介醫管局老人精神科速治服務

* 分區老人精神科速治診所：
青山醫院老人精神科（屯門、元朗、天水圍）
葵涌醫院老齡精神科（葵涌、青衣、荃灣、深水埗）
新界東老人精神科（新界）
九龍醫院老人精神科（油麻地、尖沙咀、九龍城、黃大仙、西貢）
東區尤德夫人那打素醫院老人精神科（港島軍器廠街以東）
基督教聯合醫院老人精神科（九龍東、將軍澳、坪石、彩虹、彩雲、彩輝）

轉介者姓名：__________________________ 職位：__________________________
機構名稱：__________________________ 電話：__________________________
簽署：__________________________ 傳真：__________________________
日期：__________________________

現有舊症應返回原門診跟進，其他個案以分區服務為主。

Revised in 11/2012
自殺風險評估註解：

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<tr>
<th>分數</th>
<th>註釋</th>
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<tr>
<td>0 分</td>
<td>不存在</td>
</tr>
<tr>
<td></td>
<td>沒有任何自殺的想法、意念和行為。</td>
</tr>
<tr>
<td>1 分</td>
<td>覺得生存沒有價值</td>
</tr>
<tr>
<td></td>
<td>長者覺得生存沒有價值，但沒有任何自殺的想法、意念或行為。</td>
</tr>
<tr>
<td>2 分</td>
<td>希望自己已經死去，或想到可能致死的任何念頭。</td>
</tr>
<tr>
<td></td>
<td>長者覺得生存沒有價值，亦希望自己已經死去，有一點點自殺的想法或意念，但沒有實質自殺的計劃或行為。(過往兩年沒有抑鬱症)</td>
</tr>
<tr>
<td>3 分</td>
<td>希望自己已經死去，或想到可能致死的任何念頭及過往兩年患有抑鬱症</td>
</tr>
<tr>
<td></td>
<td>長者覺得生存沒有價值，亦希望自己已經死去，有一點點自殺的想法或意念，但沒有實質自殺的計劃或行為。(過往兩年患有抑鬱症)</td>
</tr>
<tr>
<td>4 分</td>
<td>自殺的想法或姿態</td>
</tr>
<tr>
<td></td>
<td>長者有實質自殺的計劃或顯露一些和自殺有關的動作，但沒有實質自殺的行為。</td>
</tr>
<tr>
<td>5 分</td>
<td>任何嚴重的自殺行為</td>
</tr>
<tr>
<td></td>
<td>長者有實質自殺的計劃和自殺的行為。</td>
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A List of Community Psychogeriatric Teams in Hong Kong

<table>
<thead>
<tr>
<th>Region</th>
<th>Name of Hospital</th>
<th>Telephone No.</th>
<th>Service Hours</th>
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</thead>
<tbody>
<tr>
<td>Hong Kong</td>
<td>Pamela Youde Nethersole Eastern Hospital</td>
<td>2595 4035</td>
<td>Mon to Fri 9:00am - 5:00pm Sat 9:00am - 1:00pm</td>
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<tr>
<td></td>
<td>Queen Mary Hospital</td>
<td>2255 3085</td>
<td>Mon to Fri 9:00am - 1:00pm Sat 2:00pm - 5:00pm</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kowloon</td>
<td>Kowloon Hospital</td>
<td>3129 6825</td>
<td>Mon to Fri 9:00am - 1:00pm 2:00pm - 5:00pm</td>
</tr>
<tr>
<td></td>
<td>United Christian Hospital</td>
<td>3513 5070</td>
<td>Mon to Fri 9:00am - 1:00pm Sat 2:00pm - 5:00pm</td>
</tr>
<tr>
<td></td>
<td>Yung Fung Shee Memorial Centre</td>
<td>2727 8260</td>
<td>Mon to Fri 9:00am - 1:00pm 2:00pm - 5:00pm</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>New Territories</td>
<td>Castle Peak Hospital</td>
<td>2456 8080</td>
<td>Mon to Fri 9:00am - 5:00pm Sat 9:00am - 1:00pm</td>
</tr>
<tr>
<td></td>
<td>Kwai Chung Hospital</td>
<td>2959 8212 2741 7719 (24 hours telephone recording)</td>
<td>Mon to Fri 9:00am - 5:00pm</td>
</tr>
<tr>
<td></td>
<td>North District Hospital</td>
<td>2683 7744</td>
<td>Mon to Fri 9:00am - 5:00pm Sat 9:00am - 1:00pm</td>
</tr>
<tr>
<td></td>
<td>Shatin Hospital</td>
<td>2636 7605</td>
<td>Mon to Fri 9:00am - 5:00pm Sat 9:00am - 1:00pm</td>
</tr>
</tbody>
</table>

Source of information: [www.ha.org.hk](http://www.ha.org.hk)
# Social Welfare Department (SWD) and Subvented Non-Governmental Organisations (NGOs)

## Integrated Family Service Centres (IFSCs) / Integrated Services Centres (ISCs)

<table>
<thead>
<tr>
<th>Name of Centre</th>
<th>Agency</th>
<th>Address</th>
<th>Tel. No.</th>
<th>Fax No.</th>
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<tr>
<td>Central and Islands IFSC</td>
<td>SWD</td>
<td>4/F, Harbour Building, 38 Pier Road, Central, Hong Kong</td>
<td>2852</td>
<td>2541</td>
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<tr>
<td></td>
<td></td>
<td>[Mon, Tue &amp; Thur: 9am – 1pm]</td>
<td>3137</td>
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<td>Sat: 9am – 1pm</td>
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<tr>
<td>High Street IFSC</td>
<td>SWD</td>
<td>G/F, Sai Ying Pun Community Complex, 2 High Street, Sai Ying Pun, Hong Kong</td>
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<td>2858</td>
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<td>6867</td>
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<td>Sat: 9am – 1pm</td>
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<tr>
<td>Aberdeen IFSC</td>
<td>SWD</td>
<td>Unit 2, G/F, Pik Long House, Shek Pai Wan Estate, Aberdeen, Hong Kong</td>
<td>2875</td>
<td>2875</td>
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<tr>
<td>Grace and Joy IFSC</td>
<td>Hong Kong Catholic Marriage Advisory Council</td>
<td>G/F, La Maison Du Nord, 12 North Street, Kennedy Town, Hong Kong</td>
<td>2810</td>
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<td>1105</td>
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<tr>
<td>Eastern/Wan Chai District</td>
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<tr>
<td><strong>Causeway Bay IFSC</strong></td>
<td><strong>SWD</strong></td>
<td><strong>2/F, Causeway Bay Community Centre, 7 Fook Yum Road, North Point, Hong Kong</strong></td>
<td></td>
<td></td>
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<tr>
<td><strong>Mon &amp; Fri:</strong></td>
<td><strong>9am – 1pm</strong></td>
<td><strong>2pm – 9pm</strong></td>
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<td><strong>Tue, Wed, Thur &amp; Sat:</strong></td>
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<td><strong>2pm – 5pm</strong></td>
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</tr>
<tr>
<td><strong>Hong Kong Sheng Kung Hui –Tung Chung Integrated Services</strong></td>
<td><strong>Hong Kong Sheng Kung Hui Welfare Council</strong></td>
<td><strong>2/F, Fu Tung Shopping Centre, Tung Chung, Lantau Island, New Territories</strong></td>
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<tr>
<td><strong>Mon &amp; Thur:</strong></td>
<td><strong>2pm – 6pm</strong></td>
<td><strong>7pm – 10pm</strong></td>
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<td><strong>Tue:</strong></td>
<td><strong>9am – 1pm</strong></td>
<td><strong>2pm – 6pm</strong></td>
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<td><strong>2pm – 6pm</strong></td>
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<td><strong>Sun:</strong></td>
<td><strong>2pm – 6pm</strong></td>
<td><strong>7pm – 10pm</strong></td>
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<td><strong>The Neighbourhood Advice-Action Council Tung Chung Integrated Services Centre</strong></td>
<td><strong>The Neighbourhood Advice-Action Council</strong></td>
<td><strong>1/F, Carpark 1, Yat Tung Estate, Tung Chung, Lantau Island, New Territories</strong></td>
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<td><strong>Mon, Tue, Thur, Fri &amp; Sat:</strong></td>
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<td><strong>Sun:</strong></td>
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<tr>
<td><strong>Sun:</strong></td>
<td><strong>2pm – 6pm</strong></td>
<td><strong>3141 7107</strong></td>
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<tr>
<td><strong>Caritas IFSC – Aberdeen (Tin Wan/ Pokfulam)</strong></td>
<td><strong>Caritas – Hong Kong</strong></td>
<td><strong>3/F &amp; 5/F, Caritas Jockey Club Aberdeen Social Centre, 20 Tin Wan Street, Aberdeen, Hong Kong</strong></td>
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<td><strong>Sat:</strong></td>
<td><strong>9am – 12noon</strong></td>
<td><strong>2555 1993</strong></td>
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<td><strong>1:30pm – 5pm</strong></td>
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<td><strong>1:30pm – 8:30pm</strong></td>
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<td><strong>Sat:</strong></td>
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<td><strong>2pm – 6pm</strong></td>
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<td><strong>Tue:</strong></td>
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<td><strong>2pm – 6pm</strong></td>
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<td><strong>Wed, Fri &amp; Sat:</strong></td>
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<td><strong>2pm – 6pm</strong></td>
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<td><strong>Sun:</strong></td>
<td><strong>2pm – 6pm</strong></td>
<td><strong>7pm – 10pm</strong></td>
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<td><strong>2pm – 6pm</strong></td>
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Procedural Guidelines for Handling Elder Abuse Cases/December 2003
(Revised in August 2006) (Appendices revised in November 2012)
<table>
<thead>
<tr>
<th>Location</th>
<th>Service Provider</th>
<th>Location Details</th>
<th>Contact Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quarry Bay IFSC</td>
<td>SWD</td>
<td>2 &amp; 3/F, The Hong Kong Federation of Youth Groups Building, 21 Pak Fuk Road, North Point, Hong Kong</td>
<td>2562 4783 2562 4769</td>
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<td>Tue &amp; Fri: 9am – 1pm 2pm – 9pm</td>
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<tr>
<td>Chai Wan (West) IFSC</td>
<td>SWD</td>
<td>Level 4, Government Office, New Jade Garden, 233 Chai Wan Road, Chai Wan, Hong Kong</td>
<td>2569 3855 2569 5377</td>
</tr>
<tr>
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<td>[Mon, Tue, Wed &amp; Sat: 9am – 1pm 2pm – 5pm]</td>
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<td>Thur &amp; Fri: 9am – 1pm 2pm – 9pm</td>
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<tr>
<td>Chai Wan (East) IFSC</td>
<td>SWD</td>
<td>3/F, Chai Wan Municipal Services Building, 338 Chai Wan Road, Chai Wan, Hong Kong</td>
<td>2505 8733 2556 6424</td>
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<td>[Mon, Tue, Thur &amp; Sat: 9am – 1pm 2pm – 5pm]</td>
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<td>Wed &amp; Fri: 9am – 1pm 2pm – 9pm</td>
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</tr>
<tr>
<td>Hong Kong Eastern Centre North Point IFSC</td>
<td>Hong Kong Family Welfare Society</td>
<td>Upper G/F, Healthy Village, Phase II, 668 King's Road, North Point, Hong Kong</td>
<td>2832 9700 2893 4133</td>
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<td>[Mon, Wed &amp; Fri: 9am – 1pm 2pm – 9pm]</td>
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<td>Tue &amp; Thur: 9am – 1pm 2pm – 5:30pm</td>
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<td>Sat: 9am – 1pm</td>
<td></td>
</tr>
<tr>
<td>Caritas IFSC – Shau Kei Wan</td>
<td>Caritas – Hong Kong</td>
<td>2/F, Aldrich Bay Integrated Services Building, 15 Aldrich Bay Road, Shau Kei Wan, Hong Kong</td>
<td>2896 0302 2505 5977</td>
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<td>Sat: 9am – 1pm</td>
<td></td>
</tr>
<tr>
<td>St. James’ Settlement Wanchai IFSC</td>
<td>St. James’ Settlement</td>
<td>12/F, 85 Stone Nullah Lane, Wanchai, Hong Kong</td>
<td>2835 4342 2833 9940</td>
</tr>
</tbody>
</table>

Procedural Guidelines for Handling Elder Abuse Cases/December 2003
(Revised in August 2006) (Appendices revised in November 2012)
### Kwun Tong District

<table>
<thead>
<tr>
<th>Service Center</th>
<th>Agency</th>
<th>Address</th>
<th>Opening Hours</th>
<th>Contact Numbers</th>
<th>Fax Numbers</th>
</tr>
</thead>
</table>
| Kai Ping IFSC        | SWD    | Unit G22-G41, Kai Yue House, Kai Yip Estate, Kowloon Bay, Kowloon       | [Mon, Wed, Fri & Sat: 9am – 1pm]
|                      |        |                                                                        | 2pm – 5pm                                           | 3568 7037       | 2348 6430   |
|                      |        |                                                                        | Tue & Thur: 9am – 1pm
|                      |        |                                                                        | 2pm – 9pm                                           |                |             |
| Sau Po IFSC          | SWD    | Unit 121-126, G/F, Sau Ming House, Sau Mau Ping (1) Estate, Kowloon     | [Mon, Wed, Fri & Sat: 9am – 1pm]
|                      |        |                                                                        | 2pm – 5pm                                           | 2775 3578       | 2775 8403   |
|                      |        |                                                                        | Tue & Thur: 9am – 1pm
|                      |        |                                                                        | 2pm – 9pm                                           |                |             |
| Lam Tin IFSC         | SWD    | Shops 211B & 213, 2/F, Kwong Tin Shopping Centre, Kwong Tin Estate, Lam Ti
|                      |        |                                                                        | [Mon, Tue, Thur & Sat: 9am – 1pm]
|                      |        |                                                                        | 2pm – 5pm                                           | 2717 9247       | 2340 2773   |
|                      |        |                                                                        | Wed & Fri: 9am – 1pm
|                      |        |                                                                        | 2pm – 9pm                                           |                |             |
| Kwun Tong IFSC       | SWD    | 3/F, Podium Level, Sheung Yuet House, Upper Ngau Tau Kok Estate, Kwun Tong, Kowloon | [Mon & Wed: 9am – 1pm]
|                      |        |                                                                        | 2pm – 9pm                                           | 2389 0466       | 2952 5600   |
|                      |        |                                                                        | Tue, Thur, Fri & Sat: 9am – 1pm
<p>|                      |        |                                                                        | 2pm – 5pm                                           |                |             |</p>
<table>
<thead>
<tr>
<th>Procedural Guidelines for Handling Elder Abuse Cases/December 2003</th>
<th>Appendix 14 (Page 5 of 14)</th>
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</thead>
<tbody>
<tr>
<td>Family Energizer (Integrated Family Service)</td>
<td>Christian Family Service Centre</td>
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<tr>
<td>Kwun Tong Centre Shun Lee IFSC</td>
<td>Hong Kong Family Welfare Society</td>
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<tr>
<th>Wong Tai Sin/Sai Kung District</th>
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<tr>
<td>Sai Kung IFSC</td>
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<tr>
<td>Tseung Kwan O (East) IFSC</td>
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<tr>
<td>Tseung Kwan O (North) IFSC</td>
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<tr>
<td>Location</td>
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<tr>
<td>Tsz Wan Shan IFSC</td>
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<tr>
<td>Wong Tai Sin IFSC</td>
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<tr>
<td>Tseung Kwan O Centre</td>
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<tr>
<td>Tseung Kwan O (South) IFSC</td>
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<tr>
<td>Caritas IFSC - Tung Tau</td>
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<tr>
<td>(Wong Tai Sin South West)</td>
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**Kowloon City and Yau Tsim Mong District**

<table>
<thead>
<tr>
<th>Location</th>
<th>Organization</th>
<th>Address</th>
<th>Hours</th>
<th>Phone 1</th>
<th>Phone 2</th>
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</thead>
<tbody>
<tr>
<td>Kowloon City IFSC</td>
<td>SWD</td>
<td>Unit 3, 2/F, Chung Hwa Plaza, 5B-5F Ma Hang Chung Road, To Kwa Wan, Kowloon</td>
<td>[Mon &amp; Wed: 9am – 1pm 2pm – 9pm]</td>
<td>2760</td>
<td>2624</td>
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<tr>
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<td>Tue, Thur, Fri &amp; Sat: 9am – 1pm</td>
<td>1659</td>
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Procedural Guidelines for Handling Elder Abuse Cases/December 2003
(Revised in August 2006) (Appendices revised in November 2012)
<table>
<thead>
<tr>
<th>Service Center</th>
<th>Agency</th>
<th>Address</th>
<th>Contact Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>To Kwa Wan IFSC</td>
<td>SWD</td>
<td>Room 903, 9/F, To Kwa Wan Government Offices, 165 Ma Tau Wai Road, To Kwa Wan, Kowloon</td>
<td>2363 8202 2333 7651</td>
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<tr>
<td></td>
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<td>[Mon, Wed, Fri &amp; Sat: 9am – 1pm 2pm – 5pm]</td>
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<td>Tue &amp; Thur: 9am – 1pm 2pm – 9pm</td>
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</tr>
<tr>
<td>Yau Ma Tei IFSC</td>
<td>SWD</td>
<td>2/F, Henry G. Leong Yau Ma Tei Community Centre, 60 Public Square Street, Yaumatei, Kowloon</td>
<td>2388 2527 2332 5032</td>
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<tr>
<td></td>
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<td>[Mon &amp; Wed: 9am – 1pm 2pm – 9pm]</td>
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<td>Tue, Thur, Fri &amp; Sat: 9am – 1pm 2pm – 5pm]</td>
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<tr>
<td>Hung Hom IFSC</td>
<td>Hong Kong Children and Youth Services</td>
<td>G/F, Hung Fai House, Hung Hom Estate, Hung Hom, Kowloon</td>
<td>2761 1106 2715 4033</td>
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<td>[Mon, Wed &amp; Thur: 9am – 1pm 2pm – 5:30pm]</td>
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<td>Sat: 9am – 1pm</td>
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<td>(on the first Sat of every month: 9am – 1pm 2pm – 5:30pm)</td>
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<tr>
<td>Mongkok IFSC</td>
<td>Yang Memorial Methodist Social Service</td>
<td>G/F, Central Commercial Tower, 736 Nathan Road, Mong Kok, Kowloon</td>
<td>2171 4001 2388 3062</td>
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<td>[Mon, Wed: 9am – 1pm 2pm – 5pm]</td>
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<td>Sat: 9am – 1pm</td>
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<tr>
<td>Family Networks: Yau Tsim IFSC</td>
<td>Hong Kong Christian Service</td>
<td>2/F, 33 Granville Road, Tsim Sha Tsui, Kowloon</td>
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<td>Sat: 9am – 1pm</td>
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<table>
<thead>
<tr>
<th>2/F, 33 Granville Road, Tsim Sha Tsui, Kowloon</th>
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</thead>
<tbody>
<tr>
<td>[Mon &amp; Wed: 9am – 1pm 2pm – 5:30pm]</td>
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<td>Tue, Thur &amp; Fri: 9am – 1pm 2pm – 9pm</td>
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<td>Sat: 9am – 1pm</td>
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### Sham Shui Po District

<table>
<thead>
<tr>
<th>Cheung Sha Wan IFSC</th>
<th>SWD</th>
<th>2/F, Cheung Sha Wan Community Centre, 55 Fat Tseung Street, Sham Shui Po, Kowloon</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>[Mon, Wed, Fri &amp; Sat: 9am – 1pm 2pm – 5pm]</td>
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<td>Tue &amp; Thur: 9am – 1pm 2pm – 9pm</td>
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(To align with re-demarcation of service boundaries, Shek Kip Mei Integrated Family Service Centre has been renamed as Tai Hang Tung Integrated Family Service Centre with effect from 19.12.2011.)

<table>
<thead>
<tr>
<th>Tai Hang Tung IFSC</th>
<th>SWD</th>
<th>2/F &amp; 3/F, Tai Hang Tung Community Centre, 17 Tong Yam Street, Shek Kip Mei, Kowloon</th>
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<tbody>
<tr>
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<td>[Mon, Tue, Thur &amp; Sat: 9am – 1pm 2pm – 5pm]</td>
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<td>Wed &amp; Fri: 9am – 1pm 2pm – 9pm</td>
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<table>
<thead>
<tr>
<th>West Kowloon Centre Shamshuipo (West) IFSC</th>
<th>Hong Kong Family Welfare Society</th>
<th>G/F, Lai Tak House, Lai On Estate, Sham Shui Po, Kowloon</th>
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</thead>
<tbody>
<tr>
<td></td>
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<td>[Mon, Wed &amp; Fri: 9am – 1pm 2pm – 9pm]</td>
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<tr>
<td>Service Location</td>
<td>Service Provider</td>
<td>Address</td>
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<td>------------------------</td>
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</tr>
<tr>
<td><strong>Sham Shui Po (South)</strong></td>
<td>International Social Service Hong Kong Branch</td>
<td>G/F, High Block, Nam Cheong Community Centre, Nam Cheong Estate, Sham Shui Po, Kowloon</td>
</tr>
<tr>
<td><strong>Family Ties IFSC</strong></td>
<td>Hong Kong Christian Service</td>
<td>Room 314, Podium Level, Wo Ping House, Lei Cheng Uk Estate, Sham Shui Po, Kowloon</td>
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<tr>
<td><strong>Shatin District</strong></td>
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<tr>
<td><strong>Shatin (North) IFSC</strong></td>
<td>SWD</td>
<td>Unit 403-416, Hau Wo House, Wo Che Estate, Shatin, New Territories</td>
</tr>
<tr>
<td><strong>Shatin (South) IFSC</strong></td>
<td>SWD</td>
<td>Room 831, 8/F, Shatin Government Offices, 1 Sheung Wo Che Road, Shatin, New Territories</td>
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<tr>
<td><strong>Ma On Shan (North) IFSC</strong></td>
<td>SWD</td>
<td>G/F, Yiu Yan House, Yiu On Estate, Ma On Shan, Shatin, New Territories</td>
</tr>
<tr>
<td>Location</td>
<td>Contact Information</td>
<td>Address</td>
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<tr>
<td>Ma On Shan (South) IFSC</td>
<td>SWD</td>
<td>5/F, Heng On Estate Community Centre, Heng On Estate, Ma On Shan, Shatin, New Territories</td>
</tr>
<tr>
<td>Caritas Dr. &amp; Mrs. Olinto de Sousa IFSC</td>
<td>Caritas – Hong Kong IFSC</td>
<td>Unit 101-107, G/F, Block A, Herring Gull House, Sha Kok Estate, Shatin, New Territories</td>
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### Tai Po/North District

<table>
<thead>
<tr>
<th>Location</th>
<th>Contact Information</th>
<th>Address</th>
<th>Days/Hours</th>
<th>Phone Numbers</th>
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<tbody>
<tr>
<td>Tai Po (South) IFSC</td>
<td>SWD</td>
<td>4/F, Tai Po Community Centre, 2 Heung Sze Wui Street, Tai Po Market, Tai Po, New Territories</td>
<td>Mon, Wed, Fri &amp; Sat: 9am – 1pm, 2pm – 5pm; Tue &amp; Thur: 9am – 1pm, 2pm – 9pm</td>
<td>2657 8832 2638 4223</td>
</tr>
<tr>
<td>Tai Po (North) IFSC</td>
<td>SWD</td>
<td>5/F, Tai Po Government Offices Building, 1 Ting Kok Road, Tai Po, New Territories</td>
<td>Mon &amp; Wed: 9am – 1pm, 2pm – 9pm; Tue, Thur, Fri &amp; Sat: 9am – 1pm, 2pm – 5pm</td>
<td>2665 0286 2664 8762</td>
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<tr>
<td>Sheung Shui IFSC</td>
<td>SWD</td>
<td>4/F, North District Community Centre, 2 Lung Wan Street, Sheung Shui, New Territories</td>
<td></td>
<td>2673 1525 2679 3716</td>
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<tr>
<td>Location</td>
<td>Contact Information</td>
<td>Opening Hours</td>
<td>Phone Numbers</td>
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<tr>
<td><strong>Fanling IFSC</strong></td>
<td>SWD</td>
<td>[Mon &amp; Wed: 9am – 1pm, 2pm – 9pm]</td>
<td>2675 1614 2682 9325</td>
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<td>[Tue, Thur, Fri &amp; Sat: 9am – 1pm, 2pm – 5pm]</td>
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<td>[Mon, Wed, Fri &amp; Sat: 9am – 1pm, 2pm – 5pm]</td>
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<td>[Tue &amp; Thur: 9am – 1pm, 2pm – 9pm]</td>
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<tr>
<td></td>
<td>2/F, North District Government Offices Building, 3 Pik Fung Road, Fanling, New Territories</td>
<td>Mon, Wed, Fri &amp; Sat: 9am – 1pm, 2pm – 5pm</td>
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<td>Tue &amp; Thur: 9am – 1pm, 2pm – 9pm</td>
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<tr>
<td><strong>Caritas IFSC - Fanling</strong></td>
<td>Caritas – Hong Kong</td>
<td>Shop 203, Wah Ming Shopping Centre, Wah Ming Estate, Fanling, New Territories</td>
<td>2669 2316 2676 2273</td>
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<td>[Mon, Tue &amp; Thur: 9am – 11:30pm, 1:30pm – 5:00pm]</td>
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<td>Wed &amp; Fri: 9am – 11:30pm, 1:30pm – 8:30pm</td>
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<td>Sat: 9am – 1pm</td>
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<td><strong>Yuen Long District</strong></td>
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<tr>
<td><strong>Yuen Long (East) IFSC</strong></td>
<td>SWD</td>
<td>5/F &amp; 12/F, Yuen Long Government Offices &amp; Tai Kiu Market, 2 Kiu Lok Square, Yuen Long, New Territories</td>
<td>2944 0401 2470 9179</td>
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<td>[Mon, Wed, Fri &amp; Sat: 9am – 1pm, 2pm – 5pm]</td>
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<td>Tue &amp; Thur: 9am – 1pm, 2pm – 9pm</td>
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<tr>
<td><strong>Yuen Long (West) IFSC</strong></td>
<td>SWD</td>
<td>1/F &amp; 2/F, Fu Hing Building, 224 Castle Peak Road, Yuen Long, New Territories</td>
<td>2470 2605 2470 5352</td>
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<td></td>
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<td>[Mon, Tue, Thur &amp; Sat: 9am – 1pm, 2pm – 5pm]</td>
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<td>Wed &amp; Fri: 9am – 1pm</td>
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<tr>
<td>Tin Shui Wai IFSC</td>
<td>SWD</td>
<td>Wings A &amp; B, G/F, Yiu Tai House, Tin Yiu Estate, Tin Shui Wai, New Territories [Mon &amp; Thur: 9am – 1pm 2pm – 9pm Tue, Wed, Fri &amp; Sat: 9am – 1pm 2pm – 5pm]</td>
<td>2475 0525 2475 0986</td>
<td></td>
</tr>
<tr>
<td>Tin Shui Wai (North) IFSC</td>
<td>International Social Service Hong Kong Branch</td>
<td>2-3/F, Ancillary Facilities Block, Tin Yuet Estate, Tin Shui Wai, New Territories [Mon, Tue, Wed, Thur &amp; Sat: 9am – 1pm 2pm – 5pm Fri: 9am – 1pm 2pm – 9pm]</td>
<td>2446 1223 2446 3313</td>
<td></td>
</tr>
<tr>
<td>Caritas IFSC – Tin Shui Wai</td>
<td>Caritas – Hong Kong</td>
<td>G/F, Shui Lung House, Tin Shui Estate, Tin Shui Wai, New Territories [Mon, Tue &amp; Thur: 9am – 12:30pm 1:30pm – 5pm Wed &amp; Fri: 9am – 12:30pm 1:30pm – 8:30pm Sat: 9am – 1pm]</td>
<td>2474 7312 2447 0665</td>
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### Tsuen Wan/Kwai Tsing District

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<th>Location</th>
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<th>Phone Numbers</th>
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<tbody>
<tr>
<td>Tsuen Wan (West) IFSC</td>
<td>SWD</td>
<td>2/F., Princess Alexandra Community Centre, 60 Tai Ho Road, Tsuen Wan, New Territories [Mon, Tue, Wed &amp; Sat: 9am – 1pm 2pm – 5pm Thur &amp; Fri: 9am – 1pm 2pm – 9pm]</td>
<td>2439 5429 2412 7334</td>
</tr>
<tr>
<td>Kwai Chung (East) IFSC</td>
<td>SWD</td>
<td>Shop B, 2/F, Shek Lei Shopping Centre, Shek Lei (1) Estate, Kwai Chung, New Territories</td>
<td>2428 0967/2428 0969 2429 6743</td>
</tr>
<tr>
<td>Location</td>
<td>Contact Information</td>
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</tr>
<tr>
<td><strong>Kwai Chung (West) IFSC</strong></td>
<td>7/F, Kwai Hing Government Offices, 166-174 Hing Fong Road, Kwai Chung, New Territories. Mon, Tue, Thur &amp; Sat: 9am – 1pm, 2pm – 5pm. Wed &amp; Fri: 9am – 1pm, 2pm – 9pm.</td>
<td>2421 4281 2424 0767</td>
<td></td>
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<tr>
<td><strong>Tsing Yi (North) IFSC</strong></td>
<td>Room 123, G/F, On Kong House, Cheung On Estate, Tsing Yi, New Territories. Mon &amp; Tue: 9am – 1pm, 2pm – 9pm. Wed, Thur, Fri &amp; Sat: 9am – 1pm, 2pm – 5pm.</td>
<td>2435 3938 2435 4765</td>
<td></td>
</tr>
<tr>
<td><strong>Tsing Yi (South) IFSC</strong></td>
<td>G/F, Wing A, Hong Mei House, Cheung Hong Estate, Tsing Yi, New Territories. Mon, Tue, Fri &amp; Sat 9am – 1pm, 2pm – 5pm. Wed &amp; Thur: 9am – 1pm, 2pm – 9pm.</td>
<td>2435 0852 2434 7116</td>
<td></td>
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<tr>
<td><strong>Caritas IFSC - Tsuen Wan (East)</strong></td>
<td>G/F, Block A, Shek To House, Shek Wai Kok Estate, Tsuen Wan, New Territories. Mon, Wed &amp; Thur: 9am – 12:30pm, 1:30pm – 5pm. Tue &amp; Fri: 9am – 12:30pm, 1:30pm – 8:30pm. Sat: 9am – 1pm.</td>
<td>2402 4669 2492 3151</td>
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<tr>
<td>Location</td>
<td>Service Provider</td>
<td>Address</td>
<td>Operating Hours</td>
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</tr>
<tr>
<td>Kwai Chung Centre</td>
<td>Hong Kong Family Welfare Society</td>
<td>No. 106, G/F, Kwai Yan House, Kwai Fong Estate, Kwai Chung, New Territories</td>
<td>Mon, Wed &amp; Fri: 9am – 1pm, 2pm – 9pm; Tue &amp; Thu: 9am – 1pm, 2pm – 5:30pm; Sat: 9am – 1pm</td>
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<tr>
<td>Tuen Mun District</td>
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<tr>
<td>Tuen Mun (South) IFSC</td>
<td>SWD</td>
<td>No. 1-7 &amp; 9-16, G/F, Wu Pik House, Wu King Estate, Tuen Mun, N.T.</td>
<td>Mon, Wed, Fri &amp; Sat: 9am – 1pm, 2pm – 5pm; Tue &amp; Thu: 9am – 1pm, 2pm – 9pm</td>
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<tr>
<td>Tuen Mun (East) IFSC</td>
<td>SWD</td>
<td>2-3/F, On Ting/Yau Oi Community Centre, On Ting Estate, Tuen Mun, New Territories</td>
<td>Mon, Tue, Thur &amp; Sat: 9am – 1pm, 2pm – 5pm; Wed &amp; Fri: 9am – 1pm, 2pm – 9pm</td>
</tr>
<tr>
<td>Tuen Mun (West) IFSC</td>
<td>SWD</td>
<td>Room 201, 2/F, Tai Hing Government Offices, 16 Tsun Wen Road, Tuen Mun, New Territories</td>
<td>Mon &amp; Thur: 9am – 1pm, 2pm – 9pm; Tue, Wed, Fri &amp; Sat: 9am – 1pm, 2pm – 5pm</td>
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<tr>
<td>Caritas IFSC - Tuen Mun</td>
<td>Caritas – Hong Kong</td>
<td>No. 1-5, G/F, Leung Chun House, Leung King Estate, Tuen Mun</td>
<td>Mon, Tue &amp; Thur: 9am – 12:30pm, 1:30pm – 5pm; Wed &amp; Fri: 9am – 12:30pm, 1:30pm – 8:30pm; Sat: 9am – 1pm</td>
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</tbody>
</table>

Procedural Guidelines for Handling Elder Abuse Cases/December 2003 (Revised in August 2006) (Appendices revised in November 2012)
Family and Child Protective Services Units
Social Welfare Department

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Tel. No.</th>
<th>Fax No.</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family and Child Protective Services Unit (Central Western, Southern and Islands)</td>
<td>Room 2313, 23/F, Southorn Centre, 130 Hennessy Road, Wan Chai, Hong Kong</td>
<td>2835 2733</td>
<td>3107 0051</td>
<td><a href="mailto:fcpsucwsienq@swd.gov.hk">fcpsucwsienq@swd.gov.hk</a></td>
</tr>
<tr>
<td>Family and Child Protective Services Unit (Eastern and Wanchai)</td>
<td>Rm. 229, 2/F, North Point Government Offices, 333 Java Road, North Point, Hong Kong</td>
<td>2231 5859</td>
<td>2164 1771</td>
<td><a href="mailto:fcpsuwenq@swd.gov.hk">fcpsuwenq@swd.gov.hk</a></td>
</tr>
<tr>
<td>Family and Child Protective Services Unit (Kwan Tong)</td>
<td>Rm. 502, 5/F, Nan Fung Commercial Centre, 19 Lam Lok Street, Kowloon Bay, Kowloon</td>
<td>2707 7681</td>
<td>2717 7453</td>
<td><a href="mailto:fcpsuktenq@swd.gov.hk">fcpsuktenq@swd.gov.hk</a></td>
</tr>
<tr>
<td>Family and Child Protective Services Unit (Wong Tai Sin and Sai Kung)</td>
<td>3/F, Wong Tai Sin Community Centre, 104 Ching Tak Street, Wong Tai Sin, Kowloon</td>
<td>3188 3563</td>
<td>3421 2535</td>
<td><a href="mailto:fcpsuwtsskenq@swd.gov.hk">fcpsuwtsskenq@swd.gov.hk</a></td>
</tr>
<tr>
<td>Family and Child Protective Services Unit (Sham Shui Po)</td>
<td>G/F, Cheung Sha Wan Community Centre, 55 Fat Tseung Street, Cheung Sha Wan, Kowloon</td>
<td>2247 5373</td>
<td>2729 6613</td>
<td><a href="mailto:fcpsusspenq@swd.gov.hk">fcpsusspenq@swd.gov.hk</a></td>
</tr>
<tr>
<td>Family and Child Protective Services Unit (Kowloon City and Yau Tsim Mong)</td>
<td>Room 803, 8/F, Kowloon Government Offices, No. 405 Nathan Road, Kowloon</td>
<td>3583 3254</td>
<td>3583 3137</td>
<td><a href="mailto:fcpsukcytmenq@swd.gov.hk">fcpsukcytmenq@swd.gov.hk</a></td>
</tr>
<tr>
<td>Family and Child Protective Services Unit (Shatin)</td>
<td>Rm. 716, 7/F, Shatin Government Offices, 1 Sheung Wo Che Road, Shatin, New Territories</td>
<td>2158 6680</td>
<td>2681 2557</td>
<td><a href="mailto:fcpsustenq@swd.gov.hk">fcpsustenq@swd.gov.hk</a></td>
</tr>
<tr>
<td>Family and Child Protective Services Unit (Tai Po and North)</td>
<td>4/F, Tai Po Complex, 8 Heung Sze Wui Street, Tai Po, New Territories</td>
<td>3183 9323</td>
<td>3104 1357</td>
<td><a href="mailto:fcpsutpnenq@swd.gov.hk">fcpsutpnenq@swd.gov.hk</a></td>
</tr>
<tr>
<td>Family and Child Protective Services Unit (Tuen Mun)</td>
<td>4/F., On Ting/Yau Oi Community Centre, On Ting Estate, Tuen Mun, New Territories</td>
<td>2618 5710</td>
<td>2618 7976</td>
<td><a href="mailto:fcpsutmenq@swd.gov.hk">fcpsutmenq@swd.gov.hk</a></td>
</tr>
<tr>
<td>Family and Child Protective Services Unit (Tsuen Wan and Kwai Tsing)</td>
<td>21/F, Tsuen Wan Government Offices, 38 Sai Lau Kok Road, Tsuen Wan, New Territories</td>
<td>2940 7350</td>
<td>2940 6421</td>
<td><a href="mailto:fcpsutwkwenq@swd.gov.hk">fcpsutwkwenq@swd.gov.hk</a></td>
</tr>
<tr>
<td>Family and Child Protective Services Unit (Yuen Long)</td>
<td>G/F., Wah Long House, Tin Wah Estate, Tin Shui Wai, New Territories</td>
<td>2445 4224</td>
<td>2445 9077</td>
<td><a href="mailto:fcpsuylenq@swd.gov.hk">fcpsuylenq@swd.gov.hk</a></td>
</tr>
</tbody>
</table>
Appendix 16

Hong Kong Police Force

Consent Form for Referral For Social Services

I, ________________________, holder of HKID no./other document no. # _________________, hereby agree that the Police refers me to the Social Welfare Department / (name of social service agency) # for social services. I also agree that the Police sends my personal data to the said department/agency # to assist in the arrangement and application for the services concerned.

Signature: ______________________
Date: ______________________
Witness: ______________________
Date: ______________________

# Delete where inappropriate
Dear Sir/Madam,

Elder Abuse Case

Referral for Social Services

On _______ (date), the Police received a complaint of ______________, the case was confirmed/suspected* to be an Elder Abuse case. Attached please find details of the victim and brief facts of the case.

2. The Police is still investigating/has completed the investigation into* this case. Since the victim of the case is in need of social services, the case is now referred to you for appropriate arrangement.

3. Please acknowledge receipt of this referral by signing and returning the attached Reply Slip to me within seven working days from the date of this letter. For more information, please contact the undersigned/a delegated officer* _______ on telephone number _________.

(Name/Rank/Post)

for Commissioner of Police

A copy was faxed to IFSC on (date) ______________ by ______________.

Consent Form must be faxed together with this Referral Letter.

* Delete as appropriate

Reply Slip

Our Ref.: 
Your Ref.: (Name of Receiving IFSC)
Tel. No.: 
Fax. No.: 
Commissioner of Police 
(Name of Referring Division)

Dear Sir/Madam,

Elder Abuse Case

Referral for Social Services

I acknowledge receipt of the referral of ______________ (name of the person referred).

☐ The case is being handled by _______________ (name of social worker) who can be contacted on telephone no. _____________.

☐ The case has been referred to ________________ (name of unit) of SWD/NGO*. The telephone number of the office is _____________.

☐ The person referred cannot be contacted because _______________ (reason). Progress will be informed by the 2nd reply letter within one month.

(________________________)

Officer-in-charge

* Delete as appropriate

To be completed by Police

Action by Police

☐ contact means verified and SWD/NGO informed.

☐ other action as appropriate ___________.

☐ CIS updated on (date) __________ by __________.
PERSONAL DATA

Our Ref.:

(A) Details of the Victim:

Name: ____________________________
Sex: M/F*
DOB/Age: ____________________________
Residential address: ____________________________
Tel. No.: ____________________________
Present location of victim: ____________________________
Name of relative and contact details: ____________________________

(B) Brief facts of the case and other background information, such as the victim’s physical and mental condition:

____________________________________
____________________________________
____________________________________
____________________________________
____________________________________
____________________________________
____________________________________

* Delete as appropriate

# For updated information of the Integrated Family Service Centres, please refer to the "E-Social Services Package" under the category of "Elder" in the CPPU Homepage
Appendix 17
(Page 3 of 3)

PERSONAL DATA
2\textsuperscript{nd} REPLY LETTER
(Reply within ONE month)

(Name and Address of Receiving IFSC)

Our Ref.:
Your Ref.:
Tel. No. :
Fax. No.:

Date

Commissioner of Police
(Name and Address of Referring Division)

Dear Sir/Madam,

**Elder Abuse Case**

**Referral for Social Services**

I refer to your referral of ______________________ (name of the person referred) under your reference no.: ______________ on _____________(date).

□ The case is being handled by ________________ (name of social worker) who can be contacted on telephone no. ________________.

□ The person referred has/have been contacted. However, he/she* has declined our services.

□ The person referred cannot be contacted despite repeated attempts. No further action will be taken by this office.

2. If further discussion is required, please contact me or ______________ at ______________

(__________________________)

__________

Officer-in-charge

* Delete as appropriate

<table>
<thead>
<tr>
<th>To be completed by Police</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action by Police</td>
</tr>
<tr>
<td>upon receiving the Reply Letter</td>
</tr>
</tbody>
</table>

Procedural Guidelines for Handling Elder Abuse Cases/December 2003
(Revised in August 2006) (Appendices revised in November 2012) 162
Suspected incident of institutional abuse of elders

Identified by the agency concerned / unit staff / Reported by the elder or his / her relatives to the unit direct

Identified by the staff of another unit / Receive a report of the incident taken place in another agency / unit

Staff member receiving the report immediately reports to the officer in-charge of the unit

Staff member receiving the report immediately reports to the officer in-charge of the unit

- Immediately replace the staff member providing services to the elder
- Refer the case to a social worker  
  (If the unit consists of staff of Social Work Grade, the social worker of the unit will be the responsible social worker of the case. Otherwise, the case should be referred to other units by referring to Chapter 4)

- The unit receiving the report will assign a responsible social worker; or
- Refer the case to an appropriate unit by referring to Chapter 4; or
- Hand the case over to the social worker of the agency / unit where the incident took place for follow up  
  (The preference of the reporting person should be regarded as the primary considering factor when making a referral)

- The responsible social worker handles the suspected institutional elder abuse case according to the procedures stated in Chapter 4  
  (The responsible unit should consider reporting the case to the police if financial abuse is involved)

Report the case to the monitoring authority of the agency concerned if it is classified as an elder abuse one
Sample
(For reference only)

Channels of report/complaint of elder abuse against staff of service unit

Elders being abused by the staff of a service unit when receiving services should report / complain about the abuse either to the supervisor of the unit or to the following monitoring authority:

Licensing Office of Residential Care Homes for the Elderly
Social Welfare Department
Address: Room 2354, 23/F, Wu Chung House, 213 Queen's Road East, Wan Chai, H.K.

Note: Service units may fill in the name of the monitoring authority and its contact information here as appropriate (Please refer to Appendix 20 for details)
## List of Monitoring Authorities of Service Units

<table>
<thead>
<tr>
<th>Type of services</th>
<th>Monitoring Authorities</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential care homes for the elderly (both subvented and private RCHEs)</td>
<td>Licensing Office of Residential Care Homes for the Elderly of SWD</td>
<td>Room 2354, 23/F, Wu Chung House, 213 Queen's Road East, Wan Chai, H.K.</td>
</tr>
<tr>
<td></td>
<td>Subventions Section of SWD</td>
<td>38/F, 248 Queen's Road East, Wan Chai, Hong Kong</td>
</tr>
<tr>
<td>Subvented social service units</td>
<td>Subventions Section of SWD</td>
<td>38/F, 248 Queen's Road East, Wan Chai, Hong Kong</td>
</tr>
<tr>
<td>Service units of the Hospital Authority (HA)</td>
<td>Cluster Chief Executive /Hospital Chief Executive/ designate responsible for handling complaint (Patient Relations Officer of respective hospitals)</td>
<td>Addresses and telephone numbers of respective hospitals</td>
</tr>
<tr>
<td>Private hospitals, private or subvented nursing homes</td>
<td>Office for Registration of Healthcare Institutions, Department of Health</td>
<td>31/F, Hopewell Centre, No. 183 Queen’s Road East, Wan Chai, Hong Kong Tel: 31078451</td>
</tr>
</tbody>
</table>

---

Procedural Guidelines for Handling Elder Abuse Cases/December 2003
(Revised in August 2006) (Appendices revised in November 2012)
1. Aims and Purposes for Data Collection

1.1. Map out the profile and characteristics, among others, of elder abuse in Hong Kong based on the reported elder abuse cases.

1.2. Provide statistical data for the reference of the professionals providing services on the prevention and handling of elder abuse.

2. Submission Guidelines

2.1. When a case is classified as an elder abuse case, complete the data input form for the “Central Information System on Elder Abuse Cases”.

2.2. Each form is used for one case only. A separate form is required if more than one elder / abuser is involved in the case.

2.3. All responsible social workers are required to submit the case information to the system by using the data input form for the “Central Information System on Elder Abuse” within a month after the case has been classified as elder abuse. Staff members concerned of other departments / units are required to submit the case information to the system at the earliest instance after contacting the victims of elder abuse who are not willing to receive social services.

2.4. Follow the best practice by explaining to the elder the aims and operation of the system before submission (such as briefly explaining to the elder that his / her identity card number and the information related to elder abuse will be entered into the system, the information will be stored in a digital format for research purposes, the information will not be made known to other persons or organisations, and his / her identity card / identification document number will be deleted after a year). However, his / her consent is not required.

2.5. Please fill in the information as required by the data input form, or put a ☑ in the correct box to facilitate the input of data. Please be reminded to complete all the items for our statistical compilation.

2.6. The definition of “Elder Abuse” cases as stipulated in Chapter 2 of the “Procedural Guidelines for Handling Elder Abuse Cases” is confined to “those involving abused elders and abusers being known to each other, or involving abusers who are responsible for the care of the abused elders.” Cases involving victims and abusers briefly known to each other in social circumstances, such as living in the same elderly home, should not be classified as elder abuse cases.

(Revised in January 2007)
2.7. Please put the completed data input form into a sealed envelope marked “restricted” and send it to the address below by the 15th day of each month:

“Central Information System on Elder Abuse Cases”
Family and Child Welfare Branch
Social Welfare Department
Room 720, Wu Chung House
213 Queen’s Road East
Wan Chai
Hong Kong

3. Enquiries

For enquiries, please call the office of the Central Information System on Elder Abuse Cases at 2892 5403.

(Revised in January 2007)
Flowchart for the Central Information System on Elder Abuse Cases

Who to report?

- The social worker handling the elder abuse case
- Other professionals (when the victim of elder abuse is unwilling to be referred to social services)

When to report?

- Within a month after the case being classified as an elder abuse one
- Submit at the earliest instance after contacting the victim of elder abuse who is unwilling to receive social services

How to report?

- Complete the data input form
- Send the data input form to the “Central Information System on Elder Abuse Cases” of Family and Child Welfare Branch of the Social Welfare Department by mail

The information is used for statistical compilation and analysis only

Deletion of data

The data will be moved to the “closed file” category a year later, with the identity card number of the elder being deleted

(Revised in January 2007)
### Part A: Information of the Abuse Incident

<table>
<thead>
<tr>
<th>Nature of abuse (May choose multiple answers):</th>
<th>Physical abuse</th>
<th>Psychological abuse</th>
<th>Neglect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial abuse</td>
<td></td>
<td>Abandonment</td>
<td>Sexual abuse</td>
</tr>
<tr>
<td>Others (Please specify):</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date on which the nature of the case being classified by the reporting agency:</th>
<th>(Month / year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(It may come before the date in item 6, Part D)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Factors leading to abuse / risk of abuse: (May choose multiple answers)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pressure from providing care</td>
</tr>
<tr>
<td>Living / housing problem</td>
</tr>
<tr>
<td>Financial dispute</td>
</tr>
<tr>
<td>Others (Please specify):</td>
</tr>
</tbody>
</table>

### Part B: Information of the victim of elder abuse

<table>
<thead>
<tr>
<th>Age:</th>
<th>Identity Card / Identification document no.:</th>
<th>Sex: Male</th>
<th>Female</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Has the elder been diagnosed as mentally incapacitated?</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Marital status:</th>
<th>Single</th>
<th>Married</th>
<th>Co-habiting</th>
<th>Widowed</th>
<th>Separated / divorced</th>
<th>Unknown / unwilling to disclose</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Education level:</th>
<th>No formal education</th>
<th>Primary</th>
<th>Secondary</th>
<th>University / tertiary</th>
<th>Unknown / unwilling to disclose</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Years of residence in Hong Kong:</th>
<th>Since birth</th>
<th>7 years or above</th>
<th>Less than 7 years</th>
<th>Unknown / unwilling to disclose</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Main source of income:</th>
<th>Work</th>
<th>Savings / pension</th>
<th>Comprehensive Social Security Assistance (CSSA)</th>
<th>Supported by children / relatives</th>
<th>Supported by spouse</th>
<th>Others (Please specify):</th>
<th>Unknown / unwilling to disclose</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Living situation:</th>
<th>Living alone</th>
<th>Living with spouse only</th>
<th>Living with children / grandchildren only</th>
<th>Living with other relatives</th>
<th>Living with multiple family members / relatives (e.g. spouse, children / grandchildren and other relatives)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>District of residence at the time of the incident (According to the boundaries of District Councils):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central and Western</td>
</tr>
<tr>
<td>Wan Chai</td>
</tr>
<tr>
<td>Sham Shui Po</td>
</tr>
<tr>
<td>Yuen Long</td>
</tr>
<tr>
<td>Tsuen Wan</td>
</tr>
<tr>
<td>Kai Tak</td>
</tr>
<tr>
<td>Tuen Mun</td>
</tr>
<tr>
<td>Shatin</td>
</tr>
<tr>
<td>Tai Po</td>
</tr>
<tr>
<td>North</td>
</tr>
</tbody>
</table>

(Revised in January 2007)
13. Has the incident been reported to the Police? □ Yes □ No

14. The reporting agency’s assessment on the elder’s service needs (May choose multiple answers)

- Centre-based community support service (e.g. district elderly community centre and neighbourhood elderly centre)
- Day care centre for the elderly
- Home-based community support service (e.g. home help and integrated home care services)
- Medical service
- Residential Care service
- Counselling (Individual / group)
- Clinical psychological service
- Housing arrangement
- Guardianship order
- Legal advice / aid
- Police assistance
- Financial assistance

m. Others (Please specify):

The elder has the need

The elder is willing to receive services (Including services which are not immediately available but the elder is willing to be put on the waiting list)

Part C: Information of the abuser (Please use another data input form if more than one abuser is involved)

1. Age: ____________ 2. Sex: □ Male □ Female

3. Marital status: □ Single □ Married □ Co-habiting □ Widowed □ Separated / divorced □ Unknown / unwilling to disclose

4. Education level: □ No formal education □ Primary □ Secondary □ University / tertiary □ Unknown / unwilling to disclose

5. Years of residence in Hong Kong: □ Since birth □ 7 years or above □ Less than 7 years (Please specify: _____ years) □ Unknown / unwilling to disclose

6. Occupation: □ Business / factory / company owner □ Salesperson / shop owner / stall owner / hawker □ Professional / executive / management
□ Manufacturing (e.g. factory / construction worker) □ Service / technical work (e.g. waiter, driver, hairstylist, etc.)
□ Clerk / secretary □ Housewife □ Student
□ Retired □ Unemployed □ Others (Please specify): _______________ □ Unknown / unwilling to disclose

7. The abuser’s relationship with the elder: □ Son □ Daughter □ Son-in-law □ Daughter-in-law □ Spouse
□ Grandchildren / maternal grandchildren □ Relative □ Friend / neighbour
□ No relationship but living together □ Domestic helper
□ Staff of the agency providing services for the elder (e.g. RCHE, elderly centre, integrated home care services and hospital, etc.)
□ Others (Please specify): ________________________________

8. Is the abuser the main carer of the elder? □ Yes □ No □ Unknown

9. Is the abuser living with the elder? □ Yes □ No □ Unknown
### Part D: Information of the reporting agency

1. Reporting agency:  
   - □ Social Welfare Department  
   - □ Non-governmental Organisation  
   - □ Hospital Authority  
   - □ Department of Health  
   - □ Hong Kong Police Force  
   - □ Housing Department  
   - □ Others (Please specify): ____________

2. Name of reporting agency: ________________  
3. Reporting unit: ________________

4. Please state the type of service if it is a social service unit:  
   - □ Integrated family service centre / Family and child protective services unit  
   - □ Medical social service unit  
   - □ District elderly community centre  
   - □ Neighbourhood elderly centre  
   - □ Day care centre for the elderly  
   - □ Enhanced home and community care service / Integrated home care services / Home help service  
   - □ RCHE  
   - □ Others (Please specify): ____________

5. Office address: ________________

6. Name of reporting person: ________________  
   - Post: ____________________________  
   - Telephone no.: ______________________  
   - Signature: __________________________  
   - Date: ________________

7. Name of head / supervisor: ________________  
   - Post: ____________________________  
   - Telephone no.: ______________________  
   - Signature: __________________________  
   - Date: ________________

The definition of “Elder Abuse” cases is confined to “those involving abused elders and abusers being known to each other or involving abusers who are responsible for the care of the abused elders.” Cases involving victims and abusers briefly known to each other in social circumstances, such as living in the same elderly home, should not be classified as elder abuse cases.

(Revised in January 2007)
### List of District Elderly Community Centres

<table>
<thead>
<tr>
<th>Agency</th>
<th>Centre</th>
<th>District</th>
<th>Address</th>
<th>Tel/ Fax</th>
<th>Email</th>
<th>Date of Operation</th>
<th>Unit-in-charge or supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>St. James’ Settlement</td>
<td>Central and Western District Elderly Community Centre</td>
<td>Central/ Western</td>
<td>11/F, Sheung Wan Municipal Service Building, 345 Queen's Road Central, Hong Kong</td>
<td>2805 1251/ 2815 4866</td>
<td><a href="mailto:cwdecc@sjs.org.hk">cwdecc@sjs.org.hk</a></td>
<td>03/1990</td>
</tr>
<tr>
<td>2</td>
<td>Hong Kong Sheng Kung Hui Welfare Council</td>
<td>Western District Elderly Community Centre</td>
<td>Central/ Western</td>
<td>&gt;Shops A-E, G/F, Hill Court, 28 Hill Road, Western District, Hong Kong</td>
<td>2818 3717/ 2818 5056</td>
<td>wdme@skh wc.org.hk</td>
<td>02/1997 (Sub-base at Jadeview Court, 33 Hill Rd commenced service since 04/2005)</td>
</tr>
<tr>
<td>3</td>
<td>Neighbourhood Advice-Action Council</td>
<td>Tung Chung Integrated Services Centre</td>
<td>Island</td>
<td>&gt;1/F, Car Park 1, Yat Tung Estate, Tung Chung, Lantau Island, Hong Kong</td>
<td>3140 6365/ 3140 6366</td>
<td><a href="mailto:tcdcu@naac.org.hk">tcdcu@naac.org.hk</a></td>
<td>10/2001 (Sub-base at Siena Avenue commenced service on 5/7/2009)</td>
</tr>
<tr>
<td>Agency</td>
<td>Centre</td>
<td>District</td>
<td>Address</td>
<td>Tel/ Fax</td>
<td>Email</td>
<td>Date of Operation</td>
<td>Unit-in-charge or supervisor</td>
</tr>
<tr>
<td>--------</td>
<td>--------</td>
<td>----------</td>
<td>---------</td>
<td>----------</td>
<td>-------</td>
<td>-------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>Hong Kong Society for the Aged</td>
<td>Chai Wan District Elderly Community Centre</td>
<td>Eastern</td>
<td>Rooms 11-18, G/F, Yue Fung House, and Room 32, G/F, Yue On House, Yue Wan Estate, Chai Wan, Hong Kong</td>
<td>2558 0187/2558 6266</td>
<td><a href="mailto:cwdeccinfo@sage.org.hk">cwdeccinfo@sage.org.hk</a></td>
<td>10/1979 (Rm 32, G/F, Yu On Hse commenced service on 11.11.2006)</td>
<td>Mr Charles Fok</td>
</tr>
<tr>
<td>Hong Kong Society for the Aged</td>
<td>Eastern District Elderly Community Centre</td>
<td>Eastern</td>
<td>G/F, Phase II Provident Centre, 53 Wharf Road, North Point, Hong Kong</td>
<td>2563 0187/2565 7640</td>
<td><a href="mailto:edeccinfo@sage.org.hk">edeccinfo@sage.org.hk</a></td>
<td>05/1988</td>
<td>Mrs Helen Woo</td>
</tr>
<tr>
<td>Tung Wah Group of Hospitals</td>
<td>Fong Shu Chuen District Elderly Community Centre</td>
<td>Eastern</td>
<td>1/F, Fong Shu Chuen Social Service Building, 6 Po Man Street, Shau Kei Wan, Hong Kong</td>
<td>2967 9211/2915 3477</td>
<td><a href="mailto:fsdecc@tungwah.org.hk">fsdecc@tungwah.org.hk</a></td>
<td>10/1999</td>
<td>Ms Ng Tsz-kwan</td>
</tr>
<tr>
<td>Hong Kong Young Women's Christian Association</td>
<td>Ming Yue District Elderly Community Centre</td>
<td>Eastern</td>
<td>G/F, Hong Shui House, Hong Tung Estate, Lei King Road, Sai Wan Ho, Hong Kong</td>
<td>2676 7067/2967 1626</td>
<td><a href="mailto:memy@ywca.org.hk">memy@ywca.org.hk</a></td>
<td>01/2000 (Sub-base next to the existing premises commenced service in Aug 2010)</td>
<td>Ms Li Kit-ching</td>
</tr>
<tr>
<td>St. James' Settlement</td>
<td>Wan Chai District Elderly Community Centre</td>
<td>Wan Chai</td>
<td>1/F, 85 Stone Nullah Lane, Wan Chai, Hong Kong</td>
<td>2835 4324/2834 7300</td>
<td><a href="mailto:wcdecc@sjs.org.hk">wcdecc@sjs.org.hk</a></td>
<td>12/1986</td>
<td>Mr Kwok Wai-sang, Zero</td>
</tr>
<tr>
<td>Agency</td>
<td>Centre</td>
<td>District</td>
<td>Address</td>
<td>Tel/ Fax</td>
<td>Email</td>
<td>Date of Operation</td>
<td>Unit-in-charge or supervisor</td>
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<tr>
<td>9</td>
<td>Methodist Centre</td>
<td>Wan Chai</td>
<td>Shop D, G/F &amp; 1-2/F, 211 Johnston Road, Wan Chai, Hong Kong 香港灣仔莊士敦道 211 號地下 D 室及 1-2 樓</td>
<td>2527 4103/ 2834 2027</td>
<td><a href="mailto:decc@methodist-centre.com">decc@methodist-centre.com</a></td>
<td>04/1999</td>
<td>Ms Wong Man-lai</td>
</tr>
<tr>
<td>10</td>
<td>Aberdeen Kai-fong Welfare Association Social Service Centre</td>
<td>Southern</td>
<td>&gt;2/F, 180B, Aberdeen Main Road, Aberdeen, Hong Kong 香港香港仔大道 180 號 B 二樓 &gt;Unit 419-420 &amp; 428-432, G/F, Wah Mei Hse, Wah Fu (I) Estate, Hong Kong 香港華富邨華美樓地下 419-420 &amp; 428-432 號</td>
<td>3550 5520/ 2552 6719</td>
<td><a href="mailto:jcwck@akwassc.org.hk">jcwck@akwassc.org.hk</a></td>
<td>03/1993 (sub-base at Wah Mei Hse commenced service on 1/4/2010)</td>
<td>Ms Tammy Leung</td>
</tr>
<tr>
<td>11</td>
<td>Aberdeen Kai-fong Welfare Association Social Service Centre</td>
<td>Southern</td>
<td>&gt;Shops 1-3, G/F, South Wave Court, 3 Shum Wan Road, Aberdeen, Hong Kong 香港香港仔黃竹坑深灣道 3 號南灣閣地下 1-3 號 &gt;Unit 421-427, G/F, Wah Mei Hse, Wah Fu (I) Estate, Hong Kong 香港華富邨華美樓地下 421-427 號</td>
<td>2553 6333/ 2553 6072</td>
<td><a href="mailto:wch@akwassc.org.hk">wch@akwassc.org.hk</a></td>
<td>03/1997 (1st sub-base at Wah Mei Hse commenced service on 18/5/2006 &amp; 2nd sub-base (Rm 427) at Wah Mei Hse commenced service on 1.4.2010)</td>
<td>Ms Tammy Leung</td>
</tr>
<tr>
<td>12</td>
<td>Christian Family Services Centre</td>
<td>Kwun Tong</td>
<td>4/F, 3 Tsui Ping Road, Kwun Tong, Kowloon 九龍觀塘翠屏道 3 號 4 字樓</td>
<td>2357 9963/ 2345 6018</td>
<td><a href="mailto:tlvmede@cfsc.org.hk">tlvmede@cfsc.org.hk</a></td>
<td>07/1987 (moved to Shun On Est: 04/96 (Repro. to CFSC HQs: 02/98)</td>
<td>Ms Wong Lai-ting</td>
</tr>
<tr>
<td>Agency/Unit</td>
<td>Centre</td>
<td>District</td>
<td>Address</td>
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<td>Email</td>
<td>Date of Operation</td>
<td>Unit-in-charge or Supervisor</td>
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<tr>
<td>Christian Family Services Centre</td>
<td>Shun On District Elderly Community Centre</td>
<td>Kwun Tong 觀塘</td>
<td>No. 13-14, G/F, On Yat House, Shun On Estate, Kwun Tong, Kowloon 九龍觀塘順安邨安逸樓地下 13-14 號</td>
<td>2727 1234/2709 5704</td>
<td><a href="mailto:shunonme@cfsc.org.hk">shunonme@cfsc.org.hk</a></td>
<td>12/1997</td>
<td>Ms Wong Kuk-ching</td>
</tr>
<tr>
<td>Hong Kong Christian Service</td>
<td>Wan Hon District Elderly Community Centre 雲漢長者地區中心</td>
<td>Kwun Tong 觀塘</td>
<td>Unit 2, G/F, Hon Pak House, Wan Hon Estate, Wan Hon Street, Kwun Tong, Kowloon 九龍觀塘雲漢街雲漢邨漢柏樓地下 2 號 &amp; Storeroom No. 1, G/F, Hon Chung House &amp; Storeroom No. 1, 6/F, Hon Pak House, Wan Hon Estate 九龍觀塘雲漢街雲漢邨漢松樓地下 01 號儲物室及漢柏樓六樓 01 號儲物室</td>
<td>2717 0822/2174 5564</td>
<td><a href="mailto:whdecc@hkcs.org.hk">whdecc@hkcs.org.hk</a></td>
<td>11/1998 (sub-base at 6/F, Hon Pak Hse and G/F, Hon Chung Hse commenced service in Dec 2007)</td>
<td>Ms Ivy Chan</td>
</tr>
<tr>
<td>Po Leung Kuk 保良局</td>
<td>Lau Chan Siu Po District Elderly Community Centre 呂陳小寶長者地區中心</td>
<td>Kwun Tong 觀塘</td>
<td>G/F, Tak Yan House, and 1/F, Lam Tin Community Complex, Tak Tin Estate, Lam Tin, Kwun Tong, Kowloon 九龍觀塘藍田德田邨德欣樓地下及藍田社區綜合大樓一樓</td>
<td>2177 6299/2177 6121</td>
<td><a href="mailto:taktin.decc@poleungkuk.org.hk">taktin.decc@poleungkuk.org.hk</a></td>
<td>06/2005</td>
<td>Ms Tracy Tuen</td>
</tr>
<tr>
<td>Hong Kong Sheng Kung Hui Welfare Council 香港聖公會福利協會</td>
<td>Wong Tai Sin District Elderly Community Centre 黃大仙長者綜合服务中心</td>
<td>Podium Level, Wong Tai Sin Shopping Centre, and G/F, Lung Tat House, Lower Wong Tai Sin Estate, Kowloon 九龍黃大仙中心平台及黃大仙下邨龍達樓地下</td>
<td>2352 3082/2320 9028</td>
<td><a href="mailto:wtsme@skhwc.org.hk">wtsme@skhwc.org.hk</a></td>
<td>04/1988 (sub-base at Lung Tat Hse commenced service in Dec 2007)</td>
<td>Mr Lee Chi-keung</td>
<td></td>
</tr>
<tr>
<td>Agency 機構名稱</td>
<td>Centre 中心名稱</td>
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<td>Address 地址</td>
<td>Tel/ Fax 電話/傳真</td>
<td>Email 電郵</td>
<td>Date of Operation 營運日期</td>
<td>Unit-in-charge or supervisor 負責人</td>
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<tr>
<td>17 Hong Kong Sheng Kung Hui Welfare Council 香港聖公會福利協會</td>
<td>Chuk Yuen Canon Martin District Elderly Community Centre 竹園馬田法政牧師長者綜合服務中心</td>
<td>Wong Tai Sin 黃大仙</td>
<td>G/F, Wai Yuen House, Chuk Yuen (North Estate, Kowloon 九龍黃大仙竹園北邨意園樓地下) G/F, Yung Yuen House, Chuk Yuen (North Estate, Kowloon 九龍黃大仙竹園北邨意園樓地)</td>
<td>2323 0632/ 2329 0911 2320 3850/ 2320 3983</td>
<td><a href="mailto:cyme@skhw.e.org.hk">cyme@skhw.e.org.hk</a></td>
<td>03/1994 (sub-base at Yung Yuen Hse commenced service in Sep 2011)</td>
<td>Miss Leung Yuen-yee</td>
</tr>
<tr>
<td>18 Yang Memorial Methodist Social Service 循道衛理楊震社會服務處</td>
<td>Choi Hung Community Centre for Senior Citizens 彩虹長者綜合服务中心</td>
<td>Wong Tai Sin 黃大仙</td>
<td>106-115, G/F, Kam Hon House, Choi Hung Estate, Kowloon 九龍彩虹邨金漢樓地下 106-115 室 G/F, Lot. No. 8, Kingsford Terrace, King Tung Street, Ngau Chi Wan, Kowloon 九龍牛池灣瓊東街 8 號嘉峰臺地下</td>
<td>2329 6008/ 2329 6758 2711 0333 2711 3122</td>
<td><a href="mailto:ycpoon@yang.org.hk">ycpoon@yang.org.hk</a></td>
<td>04/1995 (sub-base at Kingsford Terrace commenced service in Nov 2010)</td>
<td>Ms Mak Lai-ngor</td>
</tr>
<tr>
<td>19 Sik Sik Yuen 嚴色園</td>
<td>Ho Chui District Community Centre for Senior Citizens 可聚耆英地區中心</td>
<td>Wong Tai Sin 黃大仙</td>
<td>Wing C, G/F, Lok Moon House, Tsz Lok Estate, Tsz Wan Shan, Kowloon 九龍慈雲山慈樂邨樂滿樓地下 C 翼</td>
<td>2321 8813/ 2321 8311</td>
<td><a href="mailto:hochui@siksikyuen.org.hk">hochui@siksikyuen.org.hk</a></td>
<td>03/2000</td>
<td>Ms Lee Chow-ling</td>
</tr>
<tr>
<td>20 Hong Kong Sheng Kung Hui Welfare Council 香港聖公會福利協會</td>
<td>Tseung Kwan O Aged Care Complex- Jockey Club District Elderly Community Centre cum Day Care Unit 將軍澳安老服務大樓-賽馬會長者綜合服务中心暨日間護理服務</td>
<td>Sai Kung 西貢</td>
<td>G/F, HKSKH Tseung Kwan O Aged Care Complex, No. 101 Po Lam North Road, Tseung Kwan O, Kowloon 九龍將軍澳寶林北路 101 號 香港聖公會將軍澳安老服務大樓地下</td>
<td>2702 9897/ 2702 1622</td>
<td><a href="mailto:tkoacc@skhwc.org.hk">tkoacc@skhwc.org.hk</a></td>
<td>03/2002</td>
<td>Ms Tam Wai-ming</td>
</tr>
<tr>
<td>Agency</td>
<td>Centre</td>
<td>District</td>
<td>Address</td>
<td>Tel/ Fax</td>
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<td>Date of Operation</td>
<td>Unit-in-charge or supervisor</td>
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<tr>
<td>21</td>
<td>Haven of Hope Christian Service (機構名稱)</td>
<td>Sai Kung 区</td>
<td>G/F, Wings B &amp; C, Ming Wik House, Kin Ming Estate, Tseung Kwan O, Kowloon 九龍將軍澳健明邨明域樓 B 及 C 翼地下</td>
<td>#1: 2702 1113/ 2702 0005 #2: 2178 4370/ 2178 4371 #3: 2703 7735/ 2623 3677</td>
<td><a href="mailto:decs@hohcs.org.hk">decs@hohcs.org.hk</a></td>
<td>04/2004</td>
<td>Mr Lam San-ming (藍申明先生)</td>
</tr>
<tr>
<td></td>
<td>Haven of Hope District Elderly Community Centre (#1. Kin Ming Centre, #2. Sheung Tak Centre, #3. Hau Tak Centre) 靈實長者地區服務 (#1. 健明中心, #2. 尚德中心, #3 厚德中心)</td>
<td></td>
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<td>22</td>
<td>Holy Carpenter Church District Elderly Community Centre 聖匠堂長者地區中心</td>
<td>Kowloon City 九龍城</td>
<td>1 Dyer Avenue, Hung Hom, Kowloon 九龍紅磡戴亞街 1 號</td>
<td>2362 0301/ 2356 1997</td>
<td><a href="mailto:central@holycarpenter.org">central@holycarpenter.org</a></td>
<td>07/1980</td>
<td>Ms Tam Yuen-chun, Amy</td>
</tr>
<tr>
<td>23</td>
<td>Lok Man Alice Kwok Integrated Service Centre 樂民郭鳳軒綜合服務中心</td>
<td>Kowloon City 九龍城</td>
<td>G/F, Block H, G/F, Block E; and Storeroom No.39, 3/F, Block B, Lok Man Sun Chuen, To Kwa Wan, Kowloon 九龍土瓜灣樂民新邨 H 座地下、E 座地下及 B 座 3 字樓 39 號</td>
<td>2333 1854/ 2330 7589</td>
<td><a href="mailto:lmis@skhwc.org.hk">lmis@skhwc.org.hk</a></td>
<td>10/1989 (S/E) 10/1993 (M/E) (G/F Blk E and Storeroom No. 39 Blk B were acquired in 1999)</td>
<td>Ms Cheung Wai-ting, Rita</td>
</tr>
<tr>
<td>Agency</td>
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<td>District</td>
<td>Address</td>
<td>Tel/ Fax</td>
<td>Email</td>
<td>Date of Operation</td>
<td>Unit-in-charge or supervisor</td>
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<tr>
<td>Tung Wah Group of Hospitals</td>
<td>Wong Cho Tong District Elderly Community Centre</td>
<td>Kowloon City</td>
<td>G/F, TWGHs Wong Cho Tong Social Service Building, 39 Sheung Shing Street, Ho Man Tin, Kowloon</td>
<td>2194 6566/2713 4377</td>
<td><a href="mailto:wctdecc@tungwah.org.hk">wctdecc@tungwah.org.hk</a></td>
<td>03/2001 (pre. 16/01/2001)</td>
<td>Ms Ho Yuk-mei, Rosana</td>
</tr>
<tr>
<td>Caritas - Hong Kong</td>
<td>Caritas Cheng Shing Fung District Elderly Centre (Sham Shui Po)</td>
<td>Sham Shui Po</td>
<td>UG/F, Lai Bo Garden, 383 Po On Road, Sham Shui Po, Kowloon</td>
<td>2729 1211/2958 0561</td>
<td><a href="mailto:secswme@caritasws.org.hk">secswme@caritasws.org.hk</a></td>
<td>10/1979 (Repro to current premises on 28.8.2006)</td>
<td>Ms Doris Yu</td>
</tr>
<tr>
<td>Sik Sik Yuen</td>
<td>Ho Kin District Community Centre for Senior Citizens</td>
<td>Sham Shui Po</td>
<td>2/F High Block &amp; G/F Lower Block, Nam Cheong Community Centre, Nam Cheong Estate, Sham Shui Po, Kowloon</td>
<td>2725 4875/2386 2575</td>
<td><a href="mailto:hokin@siksikyuen.org.hk">hokin@siksikyuen.org.hk</a></td>
<td>10/1989 (sub-base on G/F Lower Block commenced service since 1.11.2003)</td>
<td>Ms Chau Bik-hung</td>
</tr>
<tr>
<td>Neighbourhood Advice-Action Council</td>
<td>Sham Shui Po District Elderly Community Centre</td>
<td>Sham Shui Po</td>
<td>G/F, Chak Tin House &amp; G/F, Wing C, Yun Tin House, Pak Tin Estate, Sham Shui Po, Kowloon</td>
<td>2784 7440/2784 7439</td>
<td><a href="mailto:sdecc@naac.org.hk">sdecc@naac.org.hk</a></td>
<td>08/1998 (Sub-base at Yun Tin Hse commenced service since 5/2005)</td>
<td>Mr Li Yam-kwok, Francis</td>
</tr>
<tr>
<td>Agency</td>
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<tr>
<td>Salvation Army</td>
<td>Yau Tsim Integrated Services</td>
<td>Yau Tsim</td>
<td>3/F, 11 Wing Sing Lane, Yau Ma Tei, Kowloon</td>
<td>2332 0005/ 2771 6464</td>
<td><a href="mailto:ymtme@ssd.salvation.org.hk">ymtme@ssd.salvation.org.hk</a></td>
<td>05/1985</td>
<td>Mr Siok Yu-yeung</td>
</tr>
<tr>
<td>Mong Kok Kai Fong Association Ltd.</td>
<td>Chan Hing Social Service Centre</td>
<td>Yau Tsim</td>
<td>45 Fuk Tsun Street, Tai Kok Tsui, Kowloon</td>
<td>2395 3107/ 3427 3299</td>
<td><a href="mailto:adchssc@mkfka.org.hk">adchssc@mkfka.org.hk</a></td>
<td>02/1980</td>
<td>Ms Leung Sheung-ling</td>
</tr>
<tr>
<td>Tung Wah Group of Hospitals</td>
<td>Wilson T S Wang District Elderly Community Centre</td>
<td>Sha Tin</td>
<td>&gt;No. 1-8, G/F, Green Heron House, Sha Kok Estate, Sha Tin, N.T. 新界沙田沙角邨綠鷺樓地下 1-8 號 &gt;No. 133-136, G/F, Herring Gull House, Sha Kok Estate, Sha Tin, N.T. 新界沙田沙角邨銀鷺樓地下 133-136 號 &gt;No. 137-138, G/F Herring Gull House, Sha Kok Estate, Sha Tin, N.T. 新界沙田沙角邨銀鷺樓地下 137-138 號 &gt;No. 38 &amp; 39, G/F, Skylard House, Sha Kok Estate, Sha Tin, N.T. 新界沙田沙角邨雲雀樓地下 38-39 號</td>
<td>2647 2711/ 2648 8670</td>
<td><a href="mailto:wtswdecc@tungwah.org.hk">wtswdecc@tungwah.org.hk</a></td>
<td>01/1987 (Sub-base at 137-138, Herring Gull Hse commenced service since Jan 2005) (Sub-base at 38-39, G/F, Skylard Hse commenced service since July 2011)</td>
<td>Miss Catherine Chan</td>
</tr>
<tr>
<td>Agency</td>
<td>Centre</td>
<td>District</td>
<td>Address</td>
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<tr>
<td>Evangelical Lutheran Church Social Service - Hong Kong</td>
<td>Sha Tin Multi-service Centre for the Elderly</td>
<td>Sha Tin</td>
<td>2/F, 3/F, Tai Po Community Centre, 2 Heung Sze Wui Street, Tai Po, N.T.</td>
<td>2653 6811/2654 7244</td>
<td><a href="mailto:tpme@ssd.salvation.org.hk">tpme@ssd.salvation.org.hk</a></td>
<td>05/1985 (sub-base commenced service in Jan 2004)</td>
<td>Mr Tsoi Man-yuen</td>
</tr>
<tr>
<td>Evangelical Lutheran Church Social Service - Hong Kong</td>
<td>Ma On Shan District Elderly Community Centre</td>
<td>Sha Tin</td>
<td>1/F, Kam Tai Court Shopping Centre, Ma On Shan, Sha Tin, N.T.</td>
<td>3124 7633/3124 7712</td>
<td><a href="mailto:mosdecc@elchk.org.hk">mosdecc@elchk.org.hk</a></td>
<td>12/2002</td>
<td>Ms Lam Kam-lee</td>
</tr>
<tr>
<td>Salvation Army</td>
<td>Tai Po Integrated Services for Senior Citizens &amp; Tai Po Multi-service Centre for Senior Citizens</td>
<td>Tai Po</td>
<td>2/F-3/F, Tai Po Community Centre, 2 Heung Sze Wui Street, Tai Po, N.T.</td>
<td>2653 6811/2654 7244</td>
<td><a href="mailto:tpme@ssd.salvation.org.hk">tpme@ssd.salvation.org.hk</a></td>
<td>05/1985 (sub-base commenced service in Jan 2004)</td>
<td>Mr Tsoi Man-yuen</td>
</tr>
<tr>
<td>Hong Kong Young Women's Christian Association</td>
<td>Ellen Li District Elderly Community Centre</td>
<td>North</td>
<td>G/F, Chung Ming House, Wah Ming Estate, Fan Ling, N.T.</td>
<td>2676 2525/2682 0408, 2278 2100/2682 0408</td>
<td><a href="mailto:meel@ywca.org.hk">meel@ywca.org.hk</a></td>
<td>03/1994 (sub-base commenced service in May 2008)</td>
<td>Mr Chow Wah-tat, Kenneth</td>
</tr>
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</table>

Procedural Guidelines for Handling Elder Abuse Cases/December 2003
(Revised in August 2006) (Appendices revised in November 2012)
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<th>Address</th>
<th>Tel/ Fax</th>
<th>Email</th>
<th>Date of Operation</th>
<th>Unit-in-charge or supervisor</th>
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<tr>
<td>Caritas - Hong Kong</td>
<td>Caritas District Elderly Centre - Yuen Long</td>
<td>Yuen Long</td>
<td>G/F, 11-20A, Ying Shui House, Shui Pin Wai Estate, Yuen Long, N.T.</td>
<td>2479 7383/2474 3481</td>
<td><a href="mailto:seylme@caritasws.org.hk">seylme@caritasws.org.hk</a></td>
<td>04/1983</td>
<td>Mr Leung Tsan-kuen</td>
</tr>
<tr>
<td>Pok Oi Hospital</td>
<td>Mrs Wong Tung Yuen District Elderly Community Centre</td>
<td>Yuen Long</td>
<td>G/F, Shops 6-11, Wai Fat Building, 5 Fung Cheung Road, Yuen Long, N.T.</td>
<td>2476 2227/2476 9303</td>
<td><a href="mailto:ssh1@pokoi.org.hk">ssh1@pokoi.org.hk</a></td>
<td>03/1997</td>
<td>Mr Leung Kwok-yuen</td>
</tr>
<tr>
<td>Hong Kong Society for the Aged</td>
<td>Tsuen Wan District Elderly Community Centre</td>
<td>Tsuen Wan</td>
<td>&gt;Unit B, Ground Floor, 1 Yeung Uk Road, Tsuen Wan, N.T.</td>
<td>2412 3651/2415 7014</td>
<td><a href="mailto:twdeccinfo@sage.org.hk">twdeccinfo@sage.org.hk</a></td>
<td>10/1990</td>
<td>Mr Chow Ka-ho</td>
</tr>
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**Appendix 22**  
(Page 10 of 11)
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<tr>
<th>Agency</th>
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<th>District</th>
<th>Address</th>
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<th>Email</th>
<th>Date of Operation</th>
<th>Unit-in-charge or supervisor</th>
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<tr>
<td>38 Hong Kong Society for the Aged</td>
<td>Chan Tseng Hsi Kwai Chung District Elderly Community Centre</td>
<td>Kwai Tsing</td>
<td>G/F, Fu Ping House and Flat C-D, G/F, Fu Yat House, Tai Wo Hau Estate, Kwai Chung, N.T. 新界葵涌大窝口邨富平樓地下及富逸樓地下 C-D 室，8, 11-13, G/F, Hong Wah House, Cheung Hong Estate, Tsing Yi, N.T. 新界青衣長康邨康華樓地下 8, 11-13 號</td>
<td>2425 1281/ 2481 3755 2435 2800/ 2435 2850</td>
<td><a href="mailto:kcdeccinfo@sage.org.hk">kcdeccinfo@sage.org.hk</a></td>
<td>12/1979 (Main base repro in 03/1994) (Sub-base at Hong Wah Hse, Cheung Hong Est commenced operation since 9/2004.)</td>
<td>Mr Kelvin Lau (劉德基)</td>
</tr>
<tr>
<td>39 Hong Kong Sheng Kung Hui Welfare Council</td>
<td>Lady Maclehose Centre</td>
<td>Kwai Tsing</td>
<td>3/F, 22 Wo Yi Hop Road, Kwai Chung, N.T. 新界葵涌和宜合道 22 號 3 樓</td>
<td>2423 5489/ 2487 6963</td>
<td><a href="mailto:skhlmcme@skhmaclehose.org.hk">skhlmcme@skhmaclehose.org.hk</a></td>
<td>02/1995</td>
<td>Mr Benson Ng</td>
</tr>
<tr>
<td>40 Yan Oi Tong</td>
<td>Woo Chung District Elderly Community Centre</td>
<td>Tuen Mun</td>
<td>4/F, Yan Oi Tong Jockey Club Community and Sports Centre, 18 Kai Man Path, Tuen Mun, N.T. 新界屯門啟民徑 18 號仁愛堂賽馬會社區及體育中心 4 樓</td>
<td>2655 7688/ 2655 7699</td>
<td><a href="mailto:wcdecc@yot.org.hk">wcdecc@yot.org.hk</a></td>
<td>05/1983</td>
<td>Mr Li Ying-yuk, Nelson</td>
</tr>
<tr>
<td>41 Neighbourhood Advice-Action Council</td>
<td>Tuen Mun District Integrated Services for the Elderly</td>
<td>Tuen Mun</td>
<td>Unit 4, Level 3, Community Recreation Building, Shan King Estate, Tuen Mun, N.T. 新界屯門山景邨社康大樓三樓四號</td>
<td>2466 6591/ 2466 6592</td>
<td><a href="mailto:tise@naac.org.hk">tise@naac.org.hk</a></td>
<td>04/2003</td>
<td>Mr Lee Tin-yan</td>
</tr>
</tbody>
</table>
 Addresses and Telephone Numbers of Social Security Field Units of Social Welfare Department

The new opening hours of Social Security Field Units with effect from 1 July 2007 are as follows:

Monday to Friday :  8:45 am to 1:00 pm
2:00 pm to 6:00 pm

Saturday, Sunday and Public Holidays : Closed

<table>
<thead>
<tr>
<th>Office</th>
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<tbody>
<tr>
<td>Central and Western/Islands</td>
<td>3/F, Tung Che Commercial Centre, 246 Des Voeux Road West, Sai Ying Pun</td>
<td>Tel. No. : 2546 8003</td>
</tr>
<tr>
<td>Social Security Field Unit</td>
<td></td>
<td>Fax No. : 2858 4494</td>
</tr>
<tr>
<td></td>
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<td>Email : <a href="mailto:cwifuenq@swd.gov.hk">cwifuenq@swd.gov.hk</a></td>
</tr>
<tr>
<td>Tung Chung</td>
<td>G/F, Adjacent to Chau Yat House, Yat Tung (1) Estate, Tung Chung</td>
<td>Tel. No. : 3141 7024</td>
</tr>
<tr>
<td>Social Security Field Unit</td>
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</tr>
<tr>
<td></td>
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<td>Email : <a href="mailto:tcfuenq@swd.gov.hk">tcfuenq@swd.gov.hk</a></td>
</tr>
<tr>
<td>Chai Wan</td>
<td>Level 3, Government Offices, New Jade Garden, 233 Chai Wan Road, Chai Wan</td>
<td>Tel. No. : 2557 7868</td>
</tr>
<tr>
<td>Social Security Field Unit</td>
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<tr>
<td></td>
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<td>Email : <a href="mailto:ewfuenq@swd.gov.hk">ewfuenq@swd.gov.hk</a></td>
</tr>
<tr>
<td>Causeway Bay</td>
<td>Room 1212, 12/F, North Point Government Offices, 333 Java Road, North Point</td>
<td>Tel. No. : 2562 4788</td>
</tr>
<tr>
<td>Social Security Field Unit</td>
<td></td>
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</tr>
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<td>Email : <a href="mailto:cbfuenq@swd.gov.hk">cbfuenq@swd.gov.hk</a></td>
</tr>
<tr>
<td>Wan Chai</td>
<td>Room 2201, 22/F, Southorn Centre, 130 Hennessy Road, Wan Chai</td>
<td>Tel. No. : 2835 1907</td>
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<tr>
<td>Social Security Field Unit</td>
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<td>Email : <a href="mailto:wcfuenq@swd.gov.hk">wcfuenq@swd.gov.hk</a></td>
</tr>
<tr>
<td>Aberdeen</td>
<td>Shop A, Level 2, Commercial Centre, Broadview Court, 11 Shum Wan Road,</td>
<td>Tel. No. : 2554 6324</td>
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<tr>
<td>Social Security Field Unit</td>
<td>Wong Chuk Hang</td>
<td>Fax No. : 2553 3246</td>
</tr>
<tr>
<td></td>
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<td>Email : <a href="mailto:afueng@swd.gov.hk">afueng@swd.gov.hk</a></td>
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<tr>
<td>Lam Tin</td>
<td>Wings B &amp; C, G/F, Ping Mei House, Ping Tin Estate, Lam Tin</td>
<td>Tel. No. : 2346 7583</td>
</tr>
<tr>
<td>Social Security Field Unit</td>
<td></td>
<td>Fax No. : 2772 3477</td>
</tr>
<tr>
<td></td>
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<td>Email : <a href="mailto:lltfuenq@swd.gov.hk">lltfuenq@swd.gov.hk</a></td>
</tr>
<tr>
<td>Ngau Tau Kok</td>
<td>Room 16-19, 17/F, Nan Fung Commercial Centre, 19 Lam Lok Street, Kowloon Bay</td>
<td>Tel. No. : 2750 2659</td>
</tr>
<tr>
<td>Social Security Field Unit</td>
<td></td>
<td>Fax No. : 2759 8605</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Email : <a href="mailto:ntkfuenq@swd.gov.hk">ntkfuenq@swd.gov.hk</a></td>
</tr>
<tr>
<td>Sau Mau Ping</td>
<td>Shop CX 310, 3/F, Sau Mau Ping Shopping Centre, Sau Ming Road, Sau Mau Ping</td>
<td>Tel. No. : 2348 9312</td>
</tr>
<tr>
<td>Social Security Field Unit</td>
<td></td>
<td>Fax No. : 2348 9334</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Email : <a href="mailto:smpfuenq@swd.gov.hk">smpfuenq@swd.gov.hk</a></td>
</tr>
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</table>
## Appendix 23

### Kwun Tong
- **Social Security Field Unit**
  - Unit 1301-1305, 13/F, Telecom Tower, Wharf T & T Square, 123 Hoi Bun Road, Kwun Tong
  - Tel. No.: 2775 1158
  - Fax No.: 2775 1160
  - Email: ktfuenq@swd.gov.hk

### San Po Kong
- **Social Security Field Unit**
  - Unit 701, 7/F, Stelux House, 698 Prince Edward Road East, San Po Kong
  - Tel. No.: 2322 9999
  - Fax No.: 2329 3547
  - Email: spkfuenq@swd.gov.hk

### Tseung Kwan O
- **Social Security Field Unit**
  - Shop 307B, 3/F, Sheung Tak Shopping Centre, Sheung Tak Estate, Tseung Kwan O
  - Tel. No.: 2701 8843
  - Fax No.: 2706 5640
  - Email: tkofuenq@swd.gov.hk

### Tsing Wan Shan
- **Social Security Field Unit**
  - Unit 101, 1/F, Lung Cheung Office Block, 138 Lung Cheung Road, Wong Tai Sin
  - Tel. No.: 2327 5083
  - Fax No.: 2328 3212
  - Email: twsfuenq@swd.gov.hk

### Wong Tai Sin
- **Social Security Field Unit**
  - Unit 103-106, 1/F, Stelux House, 698 Prince Edward Road East, San Po Kong
  - Tel. No.: 2382 3738
  - Fax No.: 2716 7154
  - Email: wtsfuenq@swd.gov.hk

### WEST KOWLOON

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<th>Office</th>
<th>Address</th>
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<tbody>
<tr>
<td>Kowloon City</td>
<td>Unit 2, 2/F, Chung Hwa Plaza, 5B-5F Ma Hang Chung Road, To Kwa Wan</td>
<td>Tel. No.: 2760 1679</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fax No.: 2714 0401</td>
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<td>Email: <a href="mailto:kcfuenq@swd.gov.hk">kcfuenq@swd.gov.hk</a></td>
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<tr>
<td>To Kwa Wan</td>
<td>7/F, To Kwa Wan Government Offices, 165 Ma Tau Wai Road, To Kwa Wan</td>
<td>Tel. No.: 2334 5442</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fax No.: 2334 2626</td>
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<tr>
<td></td>
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<tr>
<td>Sham Shui Po</td>
<td>Room 1310, 13/F, Cheung Sha Wan Government Offices, 303 Cheung Sha Wan Road, Sham Shui Po</td>
<td>Tel. No.: 2725 5658</td>
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<td>Fax No.: 2361 0245</td>
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<tr>
<td>Shek Kip Mei</td>
<td>6/F, West Coast International Building, 290-296 Un Chau Street, Sham Shui Po</td>
<td>Tel. No.: 2776 3443</td>
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<tr>
<td></td>
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<td>Fax No.: 2777 8592</td>
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<td>Email: <a href="mailto:skmfuenq@swd.gov.hk">skmfuenq@swd.gov.hk</a></td>
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<tr>
<td>Lai Chi Kok</td>
<td>G/F, Cheung Sha Wan Community Centre, 55 Fat Tseung Street, Cheung Sha Wan</td>
<td>Tel. No.: 2720 8613</td>
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<tr>
<td>Yau Tsim</td>
<td>G/F, Yaumatei Carpark Building, Stage II, 250 Shanghai Street, Yau Ma Tei</td>
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<tr>
<td>Mong Kok</td>
<td>22/F, One Mongkok Road Commercial Centre, 1 Mongkok Road, Mong Kok</td>
<td>Tel. No.: 2396 4052</td>
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<tr>
<td>Fanling</td>
<td>Room 233, 2/F, North District Government Offices, 3 Pik Fung Road, Fanling</td>
<td>Tel. No.: 2675 1624</td>
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<tr>
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<td></td>
<td>Fax No.: 2947 3972</td>
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<tr>
<td>Sheung Shui</td>
<td>Shop 202, 2/F, Tin Ping Shopping Centre, Tin Ping Estate, Sheung Shui</td>
<td>Tel. No.: 2682 4853</td>
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<tr>
<td></td>
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<td>Fax No.: 2675 5157</td>
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<tr>
<td>Tai Po (South)</td>
<td>4/F, Tai Po Complex, 8 Heung Sze Wui Street, Tai Po Market, Tai Po</td>
<td>Tel. No.: 3183 9302</td>
</tr>
<tr>
<td></td>
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<tr>
<td>Tai Po (North)</td>
<td>4/F, Tai Po Government Offices Building, 1 Ting Kok Road, Tai Po</td>
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<tr>
<td>Sha Tin (South)</td>
<td>Room 834, 8/F, Sha Tin Government Offices, 1 Sheung Wo Che Road, Sha Tin</td>
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<tr>
<td>Sha Tin (North)</td>
<td>Unit 1, M/F, Yu Chui Shopping Centre, 2 Ngau Pei Sha Street, Siu Lek Yuen, Sha Tin</td>
<td>Tel. No.: 2605 2112</td>
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<tr>
<td>Ma On Shan</td>
<td>Unit 1, M/F, Yu Chui Shopping Centre, 2 Ngau Pei Sha Street, Siu Lek Yuen, Sha Tin</td>
<td>Tel. No.: 2692 0684</td>
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<tr>
<td>Yuen Long (East)</td>
<td>6/F, Yuen Long Government Offices and Tai Kiu Market, 2 Kiu Lok Square, Yuen Long</td>
<td>Tel. No.: 2477 2351</td>
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<tr>
<td>Yuen Long (West)</td>
<td>3/F, Yuen Long Government Offices and Tai Kiu Market, 2 Kiu Lok Square, Yuen Long</td>
<td>Tel. No.: 2443 2500</td>
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<tr>
<td>Tin Shui Wai (South)</td>
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<tr>
<td>Tin Shui Wai (North)</td>
<td>Unit G02, G/F, Ancillary Facilities Block, Tin Ching Estate, Tin Shui Wai</td>
<td>Tel. No.: 2443 2604</td>
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### NEW TERRITORIES WEST

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<tbody>
<tr>
<td>Kwai Chung (East)</td>
<td>5/F, Kwai Hing Government Offices, 166-174 Hing Fong Road, Kwai Chung</td>
<td>Tel. No.: 2421 1028&lt;br&gt;Fax No.: 2487 2689&lt;br&gt;Email: <a href="mailto:kwcefuenq@swd.gov.hk">kwcefuenq@swd.gov.hk</a></td>
</tr>
<tr>
<td>Kwai Chung (South)</td>
<td>Room 101, G/F, King Fat House, Cheung Fat Estate, Tsing Yi</td>
<td>Tel. No.: 2429 2614&lt;br&gt;Fax No.: 2494 7354&lt;br&gt;Email: <a href="mailto:kwcsfuenq@swd.gov.hk">kwcsfuenq@swd.gov.hk</a></td>
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<td>Kwai Chung (West)</td>
<td>8/F, Kwai Hing Government Offices, 166-174 Hing Fong Road, Kwai Chung</td>
<td>Tel. No.: 2422 9510&lt;br&gt;Fax No.: 2423 2819&lt;br&gt;Email: <a href="mailto:kwcwfuenq@swd.gov.hk">kwcwfuenq@swd.gov.hk</a></td>
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<tr>
<td>Tsuen Wan</td>
<td>14/F, Tsuen Wan Government Offices, 38 Sai Lau Kok Road, Tsuen Wan</td>
<td>Tel. No.: 2417 6316&lt;br&gt;Fax No.: 2498 3560&lt;br&gt;Email: <a href="mailto:twfuenq@swd.gov.hk">twfuenq@swd.gov.hk</a></td>
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<tr>
<td>Tuen Mun</td>
<td>4/F, Tuen Mun Government Offices, 1 Tuens Hi Road, Tuen Mun</td>
<td>Tel. No.: 2441 7910&lt;br&gt;Fax No.: 2613 2216&lt;br&gt;Email: <a href="mailto:tmfuenq@swd.gov.hk">tmfuenq@swd.gov.hk</a></td>
</tr>
<tr>
<td>Butterfly</td>
<td>Unit 11-18, 27/F, Tuen Mun Parklane Square, 2 Tuens Hi Road, Tuen Mun</td>
<td>Tel. No.: 2467 3189&lt;br&gt;Fax No.: 2466 7714&lt;br&gt;Email: <a href="mailto:bftuenq@swd.gov.hk">bftuenq@swd.gov.hk</a></td>
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<td>Tai Hing</td>
<td>Room 304, 3/F, Tai Hing Government Offices, 16 Tsun Wen Road, Tuen Mun</td>
<td>Tel. No.: 2467 2927&lt;br&gt;Fax No.: 2454 0736&lt;br&gt;Email: <a href="mailto:thfuenq@swd.gov.hk">thfuenq@swd.gov.hk</a></td>
</tr>
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</table>
## A List of Websites on Information of Various Services

<table>
<thead>
<tr>
<th>Information</th>
<th>Websites</th>
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<tbody>
<tr>
<td>1. Guidelines for emergency guardianship application</td>
<td><a href="http://www.adultguardianship.org.hk">www.adultguardianship.org.hk</a></td>
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<tr>
<td>5. List of Refuge Centres providing temporary accommodation to abused women</td>
<td><a href="http://www.swd.gov.hk/en/index/site_pubsvc/page_family/sub_listofserv/id_residabwomen/">www.swd.gov.hk/en/index/site_pubsvc/page_family/sub_listofserv/id_residabwomen/</a></td>
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<td>7. Services of the Hospital Authority</td>
<td><a href="http://www.ha.org.hk/visitor/">www.ha.org.hk/visitor/</a></td>
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## Hong Kong Police Force
### Report Room Telephone and Facsimile Number

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Procedural Guidelines for Handling Elder Abuse Cases/December 2003
(Revised in August 2006) (Appendices revised in November 2012)
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### NEW TERRITORIES SOUTH

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### MARINE

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### Complaint Against Police Office

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<th>Complaint Against Police Office</th>
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<tbody>
<tr>
<td>Complaints Against Police Reporting Centre – G/F, Annex Block, Caine House, 3 Arsenal Street, Wanchai, Hong Kong</td>
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<td>2200 4460</td>
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<tr>
<td>24-hour Complaints Against Police Office Hotline</td>
<td>2866 7700</td>
<td>2200 4461/2200 4462</td>
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### Police Hotlines

<table>
<thead>
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<tr>
<td>Police Hotline</td>
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<td>Organised Crime and Triad Hotline</td>
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<td>Police Drug Reporting Hotline</td>
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<tr>
<td>Commercial and Technology Crime Hotline</td>
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<tr>
<td>Japanese Tourist Hotline</td>
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<tr>
<td>Licensing Matters</td>
<td>2866 2973</td>
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<td>Certificate of No Criminal Conviction Office</td>
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<td>Recruitment Hotline</td>
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<tr>
<td>Central Traffic Prosecutions Division Hotline</td>
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992 SMS Emergency Hotline for speech/hearing impaired (for registered users only)
