

Operational Guidelines on Residential Respite Service for Persons with Disabilities

(1) Introduction

All residential care homes for persons with disabilities (RCHDs) subvented by the Social Welfare Department (SWD) must make use of designated places or casual vacancies to provide respite services for persons with disabilities (PWDs).

Respite services, including day respite service (DRS) and residential respite service (RRS), are community support services that aim to provide temporary care for PWDs¹, allowing their carers to take a break and relieve their caring stress, thereby encouraging and helping PWDs to live in the community.

RCHDs providing RRS include Hostels for Moderately Mentally Handicapped Persons (HMMHs), Hostels for Severely Mentally Handicapped Persons (HSMHs), Hostels for Severely Physically Handicapped Persons (HSPHs), Hostels for Severely Physically and Mentally Handicapped Persons (HSPH/MHs), Care and Attention Homes for Severely Disabled Persons (C&A/SDs), Supported Hostels (SHOSs), and private RCHDs² participating in the Bought Place Scheme (BPS). A list of these service units is available on the [SWD Website](#).

¹ PWDs include persons with intellectual disability, physical disability, hearing impairment, visual impairment and persons in mental recovery.

² Some private RCHDs have designated RRS places. These places may be utilised to provide DRS when vacancies arise.

(2) Target Service Users

The target service users of RRS for PWDs are –

- (1) PWDs aged 6 or above³; and
- (2) those who are willing and suitable for communal living.

Applicants are not required to undergo assessment under the “Standardised Assessment Mechanism for Residential Services for People with Disabilities”, but the level of care required should be within the nature and scope of services provided by the respective type of service units.

(3) Service Provision

Respite services may be used on a recurrent basis, with each service period normally not exceeding 14 consecutive days, so as to encourage more PWDs in need to use the services. Depending on the applicant’s needs, the service unit may extend the service period to a maximum of 42 consecutive days. If a service user requires a longer period of respite service under special circumstances, the service unit is required to consult the SWD.

(4) Application Procedures

- (1) PWDs and/or their carers may directly approach the relevant service units for enquiries and applications, or through referrals made by social workers of Medical Social Services Units, Integrated Family Service Centres, special schools, rehabilitation service units or Designated Hotline for Carer Support (Carer Hotline).

³ Some service units only admit PWDs aged 15 or above.

- (2) PWDs and/or their carers in general may apply for RRS six months before the actual service date. Service units will register the cases and assess the needs of service users to facilitate early preparation. To support PWDs and their carers with urgent needs, service units shall arrange immediate RRS placements whenever vacancies are available.
- (3) According to the Code of Practice for Residential Care Homes (Persons with Disabilities), applicants are required to undergo a medical examination conducted by a registered medical practitioner by using the “Medical Examination Form for Residents in Residential Care Homes for Persons with Disabilities”⁴ before admission. In urgent or special circumstances that medical examinations cannot be conducted prior to admission, it may be conducted within three days after admission.

(5) Fees and Charges

Service fees are charged on a daily basis. The general fee rates for service units are as follows:

Type of service unit	Daily charge for service users receiving Disability Allowance⁵	Daily charge for service users not receiving Disability Allowance⁵
<ul style="list-style-type: none"> HSMH HSPH HSPH/MH C&A/SD Private RCHDs under BPS(providing High Level of Care) 	\$62	\$55

⁴ The “Medical Examination Form for Residents in Residential Care Homes for Persons with Disabilities” is valid for six months from the date of issuance.

⁵ If service users have any special personal care needs, service units should charge the additional care items on an actual cost basis, and must comply with the relevant guidelines on fees and charges.

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| • HMMH | \$52 | \$49 |
| • Private RCHDs under BPS
(providing Medium Level of
Care) | | |
| • SHOS | \$33 | \$30 |

**(6) “Vacancy Enquiry System for Respite Services/Emergency Placement”
(Enquiry System)**

The SWD sets up the online Vacancy Enquiry System (<https://www.ves.swd.gov.hk/en>) to facilitate convenient access for individuals in need/referring social workers to check the availability of respite service vacancies at any time.

Service units shall proactively update the vacancy information on the Enquiry System in a timely manner (within one working day) to ensure applicants/referring social workers have access to accurate information.

(7) Points to Note

To ensure that PWDs and their carers receive appropriate support, all service units should take note of and comply with the following guidelines:

- (1) **Streamline the application procedures as far as possible**, for example, by conducting telephone or video-call assessments to avoid the need for a prior in-person meeting with the applicant;
- (2) **RCHDs should proactively provide necessary assistance** to applicants who **experience difficulties in completing medical examinations** before receiving respite services, so timely services could be provided. In urgent or special circumstances that medical examinations cannot be conducted prior to admission, RCHDs should

first provide respite services, and then arrange for the examination to be completed within three days after admission;

- (3) Service units **should not require applicants to undergo additional examination** (such as chest X-rays) **beyond the basic medical examination**. Justifications should be provided, and prior approval from the SWD must be obtained if additional examinations are required;
- (4) Service units should **refer to the applicants' medical records, including those in the Electronic Health Record Sharing System**, to understand the applicants' medical records and care needs, and where feasible, to make use of the records as substitute for additional medical examinations;
- (5) **Provide regular training to frontline staff** to ensure that they can respond to enquiries in a friendly and professional manner, and provide accurate information, including the number of vacancies, application procedures, and service details;
- (6) **Optimise the use of designated places and casual vacancies⁶** to provide respite services;
- (7) **Keep proper records of all application information**, as well as records of applications processed, accepted, or rejected by the service units;
- (8) **Establish a pre-registration mechanism** for applicants to complete registration procedures in advance, and set up a waiting list for respite services so that waitlisted applicants can be notified immediately when vacancies arise, thereby ensuring full utilisation of vacant service places;

⁶ Temporary vacancies from long-term care services in RCHDs can be released for providing respite services.

- (9) **Arrange transport for service users.** Service units that have their own vehicles should, as far as possible, provide escort services for respite service users. For service units without their own vehicles, they should **proactively seek assistance from Carer Hotline 182 183** to provide transport subsidies and/or escort services for service users in need; and
- (10) Step up the publicity and promotion of respite services by regularly **organising on-site visits and experiential activities in collaboration with district organisations/service units** so as to enhance carers' understanding and confidence in respite services. This will also allow PWDs to familiarise themselves with the respite environment in advance, and encourage them to make use of respite services.

Rehabilitation and Medical Social Services Branch

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