

## Operational Guideline on Residential Respite Service for the Elderly

### (1) Introduction

Residential Respite Service for the Elderly is a form of temporary or short-term residential care service for elderly persons, allowing their carers to take a break and relieve their caring stress, thereby encouraging and helping elderly persons to live in the community.

### (2) Provision of Residential Respite Service

Residential Respite Service (**designated places**) for the Elderly is provided in the form of designated subsidised places in the following types of residential care homes for the elderly –

- (1) Subvented Care & Attention (C&A) Home;
- (2) Contract Home (*care-and-attention places or nursing-home places*); and
- (3) Private Home participated in the Enhanced Bought Place Scheme (EBPS)

List of residential care homes providing designated residential respite service can be downloaded from [SWD Homepage](#).

Residential Respite Service for the Elderly is provided in all subvented care and attention (C&A) homes, subvented nursing homes (NHs), contract homes and private homes participated in EBPS through using of **casual vacancies** of the subsidised places.

Service Type	Residential Respite Service for the Elderly	
	Type of places	Time for Reservation
C&A Home / NH	<i>Designated places</i> including the designated subsidised care-and-attention places provided in subvented C&A homes and EBPS homes and designated subsidised care-and-attention places or nursing-home places provided in contract homes	up to <b><u>6 months</u></b>
	<i>Casual vacancies of subsidised places</i> in all subvented homes/contract homes/EBPS homes	up to <b><u>2 weeks</u></b>
NH	<i>Casual vacancies of subsidised places</i> in subvented NHs/contract homes	up to <b><u>2 weeks</u></b>

### (3) Target Service Users

The target service users of residential respite service are-

- (1) Elderly persons aged 60 or above; and
- (2) those who physically and mentally fit for communal living.

Applicants are not required to undergo assessment under the “Standardised Care Need Assessment Mechanism for Elderly Services”, but the level of care required should be within the nature and scope of service provided by the respective type of residential care home for the elderly.

### (4) Application Procedure

Referrals for admission to Residential Respite Service should be made by a social worker. Elderly persons or their families may contact **Carer Hotline 182 183** or approach casework service units (e.g. Integrated Family Service Centres / Integrated Services Centres, Medical Social Services Units) or elderly service units (e.g. District Elderly Community Centres, Neighbourhood Elderly Centres, Integrated Home Care Services Teams and Enhanced Home & Community Care Services Teams) for assistance.

To ensure the Residential Respite Service users having been arranged with suitable care upon the end of the eligible period of using the respite services, the family members are required to sign **an undertaking** to take back the elderly persons for care upon the end of the respite period. The referring worker should provide assistance to the elderly person and family member in need. Elderly persons occupying the residential respite places, like the long-term residents, should observe the home’s rule and regulation during their stay. They may also be required to sign undertaking and authorisation document if so needed.

According to the Code of Practice for Residential Care Homes (Elderly Persons), 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 the Elderly”<sup>1</sup> 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.

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<sup>1</sup> The “Medical Examination Form for Residents in Residential Care Homes for the Elderly” is valid for six months from the date of issuance.

## **(5) Duration of Stay**

Residential Respite Service, not a Long-term Care Service, renders to each elderly person on each occasion shall neither be less than 24 hours, nor more than 6 weeks which is also the maximum accumulative duration of repeated use of the service in a continuous period within the 12 months preceding the date of admission for Respite Service. For case applying for repeated use of the service, the referring social worker should check if the duration of stay in the past 12 months has exceeded the maximum accumulative duration of using the service (42 days).

Under very special circumstances, the referring social worker having provided sufficient grounds and a viable welfare plan for the elderly service user upon close monitoring of the case condition and in consultation with the superintendent of the home concerned and the Planning and Co-ordinating Team (PCT) of the respective district, may, on behalf of the elderly service users, apply for extension of the maximum period of stay for the Residential Respite Service for the Elderly.

## **(6) Fee and Charges**

<b>Type of Place</b>		<b>Fee per day<sup>2</sup></b>
Care-and-Attention place	:	<b>\$62</b>
Contract-Home place	:	<b>\$62</b>
Nursing-Home place	:	<b>\$72</b>

## **(7) “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 unit 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.

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<sup>2</sup> Service users are not required to pay a deposit or make a payment in lieu of notice of service withdrawal. The service fee already covers basic care and nursing services for the elderly, including meal services (breakfast, lunch, dinner, and snacks), rehabilitation exercises, personal and nursing care, and all incidental items and services provided as appropriate, etc. If a service unit charges for additional services, care items or consumable items required to meet an elderly person’s special personal care needs, such additional charges should not include general services and basic facilities that are provided under the residential respite service. The service unit must ensure that all information provided is accurate and transparent, clearly specifying all charge items and related details, so that service users and their carers, caseworkers, the SWD, and the public are informed of the relevant arrangements, and service users can make informed choices on whether to purchase additional services or items.

## (8) Points to Note

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

(1)	<b>Streamline the application procedures as far as possible</b> , for example, by conducting telephone or video-call assessments to avoid the need for a prior in-person meeting with the applicant;
(2)	<b>RCHEs should proactively provide necessary assistance</b> to applicants who <b>experience difficulties in completing medical examinations</b> before receiving respite services, so timely services could be provided. In urgent or special circumstances that medical examinations cannot be conducted prior to admission, RCHEs should first provide respite services, and then arrange for the examination to be completed within three days after admission;
(3)	Service units <b>should not require applicants to undergo additional examination</b> (such as chest X-rays) <b>beyond the basic medical examination</b> . Justifications should be provided, and prior approval from the SWD must be obtained if additional examinations are required;
(4)	Service units should <b>refer to the applicants' medical records, including those in the Electronic Health Record Sharing System</b> , 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)	<b>Provide regular training to frontline staff</b> 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 vacancies to provide respite services;
(7)	<b>Keep proper records of all application information</b> , as well as records of applications processed, accepted, or rejected by the service units;
(8)	<b>Establish a pre-registration mechanism</b> for applicants to complete registration procedures in advance, and set up waiting list for respite services so that waitlisted applicants can be notified immediately when vacancies arise, thereby ensuring full utilisation of vacant service places;
(9)	<b>Arrange transport for service users</b> . 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 <b>proactively seek assistance from Carer Hotline 182 183</b> 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 <b>organising on-site visits and experiential activities in collaboration with district</b>

	<p><b>organisations/service units</b> so as to enhance carers' understanding and confidence in respite services. This will also allow elderly persons to familiarise themselves with the respite environment in advance, and encourage them to make use of respite services.</p>
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