

Procedural Guidelines for Handling Elder Abuse Cases

(Revised 2021)

**Social Welfare Department
Elderly Branch**

Procedural Guidelines for Handling Elder Abuse Cases

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Foreword (Revised 2021)

The Procedural Guidelines for Handling Elder Abuse Cases (Revised 2006) (the Guidelines) were published in December 2003 and revised in 2006. With development of social services and changes in service information, the Social Welfare Department (SWD) formed a “Task Group on Review of Procedural Guidelines for Handling Elder Abuse Cases” (Task Group) under the “Working Group on Elder Abuse” (WGEA) in 2015 to update the Guidelines so as to facilitate government departments and non-governmental organisations (NGOs) in handling of elder abuse cases. The Task Group had members representing different government departments and NGOs, including the Department of Health, Hong Kong Police Force, Hospital Authority, Elderly Branch, Rehabilitation and Medical Social Services Branch, Integrated Family Service Centres of SWD, elderly services units of NGOs and the Hong Kong Council of Social Service, etc. The Task Group prepared draft revised Guidelines after nine meetings. Upon consultations with stakeholders conducted by SWD since late 2018 and endorsement of the final draft by the WGEA in September 2019, the Guidelines were revised and renamed as the Procedural Guidelines for Handling Elder Abuse Cases (Revised 2019). The English translation of the Guidelines was released in March 2021 subsequent to the consultation with the WGEA and the Chinese version of the Guidelines was also revised to incorporate the revisions proposed by the WGEA at the same time. The revised Guidelines were renamed as the Procedural Guidelines for Handling Elder Abuse Cases (Revised 2021).

Social Welfare Department
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Part 1

Basic Information

Chapter 1: Objectives, Beliefs and Principles

1. Objectives

The welfare of elderly persons is paramount in this Guidelines which are 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. promote the awareness of the problem of elder abuse among personnel providing services for elderly persons, so as to prevent elder abuse;
- 1.3. provide guidelines on handling suspected elder abuse cases and the standard of cooperation among relevant departments/ units, so as to provide the elderly person being abused with the most appropriate services and care and to prevent the recurrence of elder abuse.

2. Beliefs

This Guidelines are based on the following beliefs:

- 2.1. Everybody, including all elderly persons, has the right to survival, freedom and personal safety.
- 2.2. Everybody, including all elderly persons, has the right to receive basic provisions for living with dignity.
- 2.3. Everybody, including elderly persons, 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 elderly persons are responsible for providing assistance to protect elderly persons against abuse.
- 3.2. Ensuring elderly person's immediate safety is the paramount concern in handling the elder abuse cases.

- 3.3 Though confirmed to be a mentally incapacitated person (MIP) (Note) by a psychiatrist/ clinical psychologist, an elderly person, 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 MIP by a psychiatrist/ clinical psychologist, an elderly person, 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 protect the welfare of the elderly person, and to encourage reconciliation between the elderly person being abused and the abuser as well as to rebuild the family relationship where possible. The elderly person should understand that his/ her safety is the paramount concern.
- 3.6 The elderly persons being abused should be encouraged to disclose the incidents and the truth for prevention of recurrence of the incidents and understanding of their service needs. They should be allowed to express their views at different stages (including during investigation and assessment). When formulating the follow-up plans for the elderly persons being abused, their views, wishes and feelings should be understood and taken into account, yet at the same time be prudent to strike a balance between their safety and wishes for protection of the immediate safety of the elderly persons.
- 3.7 Elder abuse is generally a complicated subject. In 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 elderly person suspected of being abused and the suspected abuser in an impartial manner.

Note: Under the Mental Health Ordinance, Chapter 136, Laws of Hong Kong, “mental 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 of 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 elderly persons, 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 elderly person. Usually the elderly person being abused and abuser are known to each other, or abusers are responsible for the care of the elderly person being abused.

We will assess whether these acts cause harm to an elderly person 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 elderly person considers himself/ herself being abused.
- Elder abuse may occur in anywhere, including residential care homes for the elderly (RCHEs), residential premises and public places.
- An elder abuse act may occur once or repeatedly, or within a short period or for a long duration; and
- An act that may cause harm to an elderly person, though not being committed intentionally, may also constitute elder abuse.

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

There is no specific offence and legal definition of elder abuse in the Laws of Hong Kong. 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. Types of Elder Abuse

There are six types of elder abuse as follows:

2.1 Physical Abuse

Physical abuse is physical injury or suffering inflicted on an elderly person 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 elderly person that endangers or impairs the elderly person's psychological health, such as acts of insult, scolding, isolation, causing fear to the elderly person for a long duration, intrusion into the elderly person's privacy and unnecessary restriction of the elderly person's freedom of access and movement.

2.3 Financial Abuse

Financial abuse is any act which involves depriving an elderly person of his/ her wealth, or not acting in an elderly person's interests, such as taking away an elderly person's possessions, money or transferring his/ her assets without consent.

2.4 Neglect

Neglect is severe or persistent lack of attention to an elderly person's basic needs (e.g. adequate food, clothing, shelter, medical treatment, nursing care, etc.) that endangers or impairs the elderly person'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 elderly person. If a formal service provider (e.g. RCHEs, Integrated Home Care Services Teams, Hospitals, etc.) fails to perform its caring responsibility and causes harm to an elderly person, the case can also be considered as neglect.

2.5 Abandonment

Abandonment is the act of abandoning an elderly person without justifiable reasons committed by a carer or guardian, which endangers or impairs the elderly person physically or psychologically. For example, a family member deliberately abandons an elderly person with dementia after taking him/ her to an unfamiliar place, making him/ her unable to go back home on his/ her own, or upon the elderly person's hospitalization, gives a wrong correspondence address/ phone number, resists/ avoids contact repeatedly, or refuses to provide correspondence address/ phone number to the hospital which makes it impossible for the hospital to contact the carer or guardian to discuss the medical and welfare issues of the elderly person.

2.6 Sexual Abuse

Sexual abuse is the act of sexual assault on an elderly person such as exposure of sexual organ to an elderly person, indecent assault and rape, etc.

3. Risk Factors Leading to Elder Abuse

3.1 Poor Family Relationship

If an elderly person 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 elderly person 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 elderly person subject to the abuse by his/ her family members 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 elderly person's spouse, or the long-separated relatives (e.g. adult child or daughter-in-law) emigrating to Hong Kong and moving in with the elderly person, and the family members fail to make the adjustment to accommodate each other, clashes and disputes would become a commonplace. Elder abuse may arise once these clashes and disputes escalate.

3.3 Relatives or Friends/ Carers Suffering from Health Problems

If the relatives or friends/ carers are suffering from health/ mental problems/ alcoholism, the likelihood of elder abuse may increase.

3.4 Elderly Persons Relying on Others Physically and Mentally

Elderly persons 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 views and wishes. 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 elderly persons in frail condition or with mental incapacity brings them enormous pressure. If, for some reason or other, elderly persons in need of others' care remain uncooperative, such as

elderly persons 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 Elderly Persons with a Weak Social Network

Elderly persons with few friends and limited contact with the outside world would place more trust and rely more on the only relatives or friends 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 elderly persons 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 elderly persons 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 express concerns to the elderly persons, and assess whether the elderly persons have been abused.

The following is a list of indicators of elder abuse, including physical and behavioural indicators of the elderly persons, behavioural indicators of the carers and environmental indicators, to assist the workers in assessing whether the elderly persons 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 elderly persons (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 types of abuse. Hence, the list is mainly for reference by workers.

4.1 Indicators of Physical Abuse

4.1.1 Physical Indicators of the Elderly Person

4.1.1.1 Bruises

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

4.1.1.2 Fracture

- a. Swollen or tender limbs caused by fractures or dislocation
- b. Multiple fractures in various stages of healing
- c. Unexplainable fractures found at clinical examinations

4.1.1.3 Laceration

- a. Unexplainable lacerations
- b. Multiple scars of different stages

4.1.1.4 Internal Injuries

- a. Unexplainable ruptures to organs
- b. Unexplainable intracranial haematoma

4.1.1.5 Burns/ Scalds

- a. Cigar/ cigarette/ joss-stick burns, which do not appear to be caused by accidents
- b. Burns/ scalds at the mouth and oesophagus caused by feeding of hot food suffered by elderly persons in need of others' feeding
- c. Burns/ scalds at any part of the body

4.1.2 Behavioural Indicators of the Elderly Person

4.1.2.1 Unwilling to receive medical examination

4.1.2.2 Unwilling to disclose information relating to the injury when asked about the cause of injury

4.1.2.3 Repeatedly attributing the injury to own carelessness or making contradictory statements

4.1.2.4 Delaying in receiving medical service for the injury

4.1.2.5 Seeking medical service from different doctors in an unusual manner

4.1.2.6 Attempting suicide

4.1.3 Behavioural Indicators of the Abuser

- 4.1.3.1 Bringing the elderly person to seek medical service from different doctors in an unusual manner
- 4.1.3.2 Unwilling to disclose the related information when asked about the cause of the elderly person's injury
- 4.1.3.3 Answering questions purposefully and promptly on behalf of the elderly person when the elderly person is asked about his/ her injury
- 4.1.3.4 Preventing the elderly person from receiving necessary medical treatment for the injury or delaying his/ her treatment

4.1.4 Environmental Indicators

Unusual restraint equipment found at the elderly person's living place, indicating that the elderly person may have been subject to unnecessary restraints and injuries

4.2 Indicators of Psychological Abuse

4.2.1 Behavioural Indicators of the Elderly Person

- 4.2.1.1 Extremely passive
- 4.2.1.2 Attempting suicide
- 4.2.1.3 Depression tendency
- 4.2.1.4 Often showing extreme apprehension
- 4.2.1.5 Being afraid of the carer
- 4.2.1.6 Avoiding contacts with others
- 4.2.1.7 Emotionally disturbed
- 4.2.1.8 Hysteria

4.2.2 Behavioural Indicators of the Abuser

- 4.2.2.1 Without reasonable cause, restricted the scope of activity or freedom of the elderly person (e.g. often locking the elderly person at home or not allowing him/ her to return home, etc.)
- 4.2.2.2 Extremely nagging, exclusive and apathetic towards the elderly person
- 4.2.2.3 Often scolding, slurring, blaming and insulting the elderly person
- 4.2.2.4 Ignoring the elderly person's privacy (e.g. forcing the elderly person to take bath together with others)
- 4.2.2.5 Not allowing the elderly person to participate in family or social functions

4.2.3 Environmental Indicators

- 4.2.3.1 The elderly person being isolated at home and deprived of the facilities for keeping in touch with the outside world (e.g. taking away the elderly person's telephone or radio, etc.)

- 4.2.3.2 The relationship between the elderly person and the carer being visibly distant or persistently poor

4.3 Indicators of Neglect

4.3.1 Physical Indicators of the Elderly Person

- 4.3.1.1 Serious loss of/ extremely low weight
- 4.3.1.2 Dehydration
- 4.3.1.3 Malnutrition
- 4.3.1.4 Chronic bed sores
- 4.3.1.5 Frequent illness

4.3.2 Behavioural Indicators of the Elderly Person

- 4.3.2.1 Having dirty appearance frequently
- 4.3.2.2 Wandering around frequently or for prolonged period without being accompanied
- 4.3.2.3 Obvious irregularity of eating pattern being ignored
- 4.3.2.4 Obvious loss of appetite being ignored

4.3.3 Behavioural Indicators of the Abuser

- 4.3.3.1 Not providing elderly person with basic necessities
- 4.3.3.2 Not providing elderly person with the medication/ medical care needed
- 4.3.3.3 Not providing elderly person with the aids needed (e.g. glasses, crutches and denture, etc.)
- 4.3.3.4 Not visiting the elderly person 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

- 4.3.4.1 Safety measures or equipment required (e.g. handrails) not provided in the living place of the elderly person
- 4.3.4.2 Basic facilities (e.g. lamp, water and bed, etc.) not provided in the living place
- 4.3.4.3 Unnecessary stuff piling in the living place and blocking the passageway

4.4 Indicators of Financial Abuse

4.4.1 Behavioural Indicators of the Elderly Person

- 4.4.1.1 Disclosing or being discovered of loss of possessions, money, assets or properties, etc. belonging to him/ her
- 4.4.1.2 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 elderly person should be financially sufficient

- 4.4.1.3 The elderly person inexplicably transferring his/ her bank accounts and properties, etc. to others
- 4.4.1.4 The elderly person inexplicably opening joint bank accounts
- 4.4.1.5 The elderly person suddenly making a will to leave all or most of his/ her possessions to a non-related person

4.4.2 Behavioural Indicators of the Abuser

- 4.4.2.1 Demanding or forcing the elderly person to open joint bank accounts
- 4.4.2.2 Taking away, demanding or forcing the elderly person to hand over his/ her personal identity documents such as identity card, passport and seal, etc.
- 4.4.2.3 Taking away and keeping the bank statements of the elderly person, not allowing the elderly person to know the transactions of his/ her accounts
- 4.4.2.4 Suddenly making promises to take care of everything for the elderly person, supporting the elderly person while he or she is alive and arranging the elderly person's funeral after he or she dies, but requesting or arranging for the transfer of all the elderly person's assets to him/ her
- 4.4.2.5 Stealing money, Comprehensive Social Security Assistance (CSSA) payment or pension belonging to the elderly person
- 4.4.2.6 Forging the elderly person's signature on the elderly person's pension cheques or legal documents
- 4.4.2.7 Inappropriate use of power of attorney, enduring power of attorney or the rights and responsibilities of trustees, such as forcing the elderly person to sign such documents so as to control the elderly person's property
- 4.4.2.8 Escorting the elderly person to law firm to make a will without notifying others

4.4.3 Environmental Indicators

- 4.4.3.1 Unusual transactions in the elderly person's bank accounts
- 4.4.3.2 Unexplained loss of personal valuable assets of the elderly person
- 4.4.3.3 The elderly person never received any bank statements
- 4.4.3.4 The elderly person 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 Elderly Person

- 4.5.1.1 Wandering on streets, parks or malls, etc. by himself/ herself for a long period of time
- 4.5.1.2 Having dirty appearance for a long period of time

4.5.2 Behavioural Indicators of the Abuser

- 4.5.2.1 Purposefully abandoning the elderly person in hospital or RCHE

4.5.2.2 Purposefully abandoning the elderly person at public places (e.g. parks and malls, etc.)

4.5.3 Environmental Indicators

No one paying visits or making arrangement for the elderly person's discharge after the elderly person's admission to hospital

4.6. Indicators of Sexual Abuse

4.6.1 Physical Indicators of the Elderly Person

4.6.1.1 Bruises on chest/ genitalia

4.6.1.2 Unexplainable sexual diseases

4.6.1.3 Unexplainable urethritis

4.6.1.4 Unexplainable bleeding in external genitalia, vaginal or anal area, etc.

4.6.2 Behavioural Indicators of the Elderly Person

4.6.2.1 Drastic change in sexual attitude/ sexual behaviour

4.6.2.2 Excessive masturbation

4.6.2.3 Being extremely frightened when seeing the suspected abuser

4.6.3 Environmental Indicators

Torn, stained or bloodied underclothing

5. Ordinances Related to Elder Abuse

The definition of 'elder abuse' stated at Part 1 of Chapter 1 is not a legal definition. Elder abuse is generally referring to various abusive behaviours against elderly person. The following is a list of ordinances related to elder abuse which is inexhaustive and for the workers' reference only. If responsible professional believes that someone conducted/ will conduct criminal abusive acts against any elderly person, he/ she should report to the Police as early as possible.

5.1 Ordinances for Dealing with Physical Abuse

5.1.1 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 (MIP) 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 welfare, maintenance and other financial matters 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

5.3.1 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 MIP 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 MIPs Participating in Criminal Procedures

5.4.1 Criminal Procedure Ordinance (Cap. 221)

- s79B Evidence by live television link
- s79C Video recorded evidence

5.5 Ordinances Related to Spousal Elder Abuse

5.5.1 Domestic and Cohabitation Relationships Violence Ordinance (Cap. 189)

- s3 Power of District Court to grant injunction

5.5.2 Criminal Procedure Ordinance (Cap. 221)

- s57 Competence and compellability of accused's spouse or former spouse

5.6 Ordinances Governing RCHEs

5.6.1 Residential Care Homes (Elderly Persons) Ordinance (Cap. 459)

5.6.2 Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165) (repealed and replaced by Private Healthcare Facilities Ordinance (Cap. 633))

Please refer to the Hong Kong e-Legislation website of the Department of Justice for the contents of these ordinances.

Part 2

Working Guidelines

Chapter 3: Working Guidelines on Serving the Elderly Persons Being Abused

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 elderly person and handle suspected abuse cases in a serious and impartial manner.
- 1.3 Respect the elderly person's decisions on accepting or refusing various kinds of intervention/ services, yet should strike a balance between his/ her wishes and safety for protection of the immediate safety of the elderly person.
- 1.4 If the elderly person being abused 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 elderly person, 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 elderly person suspected of being abused, the suspected abuser and all family members concerned on the suspected abuse incident.
- 1.6 The case manager approach (please refer to paragraph 7.3 of this Chapter) is preferable in handling abuse cases so that the elderly person being abused only needs to interact with the case manager for most of the time where practicable. This may reduce the elderly person'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 elderly person so as to ensure that the elderly person 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 elderly person'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 Members of the public/ relatives of the elderly person/ the elderly person who disclose 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 elderly person being abused 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 elderly person express his/ her views on the actions.
- 2.4 If it is the elderly person being abused 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 elderly person's circumstances, first discuss with the unit which may handle the case on ways of helping the elderly person without revealing any personal data of the elderly person.
- 2.5 If the person who discloses the incident is not the elderly person, he/ she may request it be kept confidential. Under the context of safeguarding the safety and welfare of elderly persons, 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 elderly person as far as possible without delay.
- 2.7 To minimise the stress faced by the elderly person 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 elderly person 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 elderly person 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 elderly person or involve obvious and serious bodily injury, the worker shall report it to the Police immediately.
- 2.11 The elderly person 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 elderly person being abused to receive services if he/ she is referred to a department/ unit in proximity to his/ her place of residence. Therefore, the department/ unit concerned should refer the elderly person for services to a unit in the district where the elderly person is residing as far as possible.
- 2.12 If the elderly person being abused does not accept service referral, even though the personal safety of the elderly person is not threatened, the worker concerned should still follow up the case closely according to the need of the elderly person.

Please refer to paragraph 4 of this Chapter: "Points to Note When an Elderly Person Refuses Professional Intervention"
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- 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 Elderly Person Has Communication Problems

- 3.1 When dealing with an elderly person 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 elderly person 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 the elderly person in communication. The worker should explain to these people the principle of confidentiality.
- 3.2 The worker may try to invite the elderly person to express himself/ herself in writing or with body language. The worker may also guess the meaning conveyed and confirm it with the elderly person. However, hypothetical or

leading questions should be avoided.

- 3.3 If the elderly person 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 elderly person.

4. Points to Note When an Elderly Person Refuses Professional Intervention

4.1 An elderly person may refuse investigation and follow-up of professionals on the following grounds:

- 4.1.1 the professional is a stranger to the elderly person;
- 4.1.2 the elderly person is afraid of changes;
- 4.1.3 the elderly person 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 elderly person has been relying on the suspected abuser financially or emotionally;
- 4.1.5 the elderly person misunderstands that professional intervention means separation with families; or
- 4.1.6 the elderly person misunderstands that professional intervention means prosecution of the suspected abuser.
- 4.2 For non-crisis cases, instead of rushing to inquire the elderly person on the suspected abuse incident, it is preferable for the worker to care for the elderly person's living condition through repeated interviews or home visits, to give the elderly person a sense of security and facilitate the building of a trustful relationship.
- 4.3 The worker should recognise the worries of the elderly person and show understanding to his/ her mixed feelings. Attempts should also be made to encourage the elderly person to share his/ her anxieties, clarify his/ her questions and dispel his/ her worries.
- 4.4 The worker should also explain to the elderly person 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 elderly person, the ultimate goal

of which is to improve his/ her living conditions and quality.

- 4.5 If the elderly person 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 hotlines for use of the elderly person whenever necessary.
- 4.7 If the elderly person is in immediate danger, for example when his/ her personal safety is threatened or when obvious and serious bodily injury is involved, the worker should give top priority to protecting the personal safety of the elderly person, report the case to the Police immediately and provide crisis intervention services.

5. Points to Note When Providing Intervention for an Elderly Person with Mental Disorder

- 5.1 Owing to various reasons, an elderly person 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 elderly person 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 elderly person for ways of achieving better communication with the elderly person 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 elderly person and his/ her carers if the elderly person has received any geriatric or psychiatric treatment. If so, the worker should encourage the elderly person 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 elderly person warranting medical/ mental assessment, the worker should brief the elderly person, 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 for application of guardianship order if there is a need. In case of emergency, the worker may consider applying for an emergency guardianship order.

Please refer to the website of the Guardianship Board at www.adultguardianship.org.hk for information of the Guardianship Board and the application procedures for guardianship order or emergency guardianship order.

6. Points to Note When Providing Intervention to an Elderly Person in Physical or Psychological Crisis

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

- 6.1.1 the elderly person 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 elderly person is in a state of coma or unconsciousness;
- 6.1.3 though conscious, the elderly person is in the following conditions without reasonable explanations:
- 6.1.3.1 serious problem in personal hygiene (e.g. stinking smell of body/ clothes);
 - 6.1.3.2 prolonged lack of necessary diet;
 - 6.1.3.3 wearing clothes that does not suit the weather (e.g. wearing very thin clothes in extremely cold weather); or
 - 6.1.3.4 having wounds on the body;
- 6.1.4 the elderly person is suffering from serious emotional disturbance, for instance showing extraordinary fear, depression, yelling aloud, laughing, crying endlessly; or
- 6.1.5 the elderly person 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 elderly person 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 elderly persons being abused, their family members and persons concerned may come to the attention of different professionals at various stages. In order to provide the elderly persons 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 elderly person being abused/ the elderly person suspected of being abused in various disciplines/ units and after providing the elderly person with immediate services in respective disciplines, assess other needs of the elderly person, provide information on related services and encourage him/ her to use the services.

7.1.2 Referrals

Refer the elderly person to the appropriate service unit with his/ her consent and provide the unit with information of the elderly person, such as his/ her background, present position, assistance provided and services required by the elderly person, through completing the necessary sample referral letter (Appendix I to Chapter 3) 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 elderly person 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 (if applicable)

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

7.1.5 Provision of services

Develop interfacing among different disciplines to provide services for the elderly person being abused 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 (CIS) on Elder Abuse Cases” to Social Welfare Department (SWD) upon classifying a case as elder abuse for statistical and analysis purposes. SWD regularly publishes the statistics of the “CIS on Elder Abuse Cases” for professionals’ reference on prevention and handling of 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.)

- 7.2.1.1 provide the elderly person with medical examination, consultation, assessment and treatment;
- 7.2.1.2 ascertain whether the physical condition of the elderly person is caused by abuse or other factors (e.g. illness);
- 7.2.1.3 assess the mental condition and mood of the elderly person and make referrals for psychogeriatric/ psychiatric treatment, if necessary;
- 7.2.1.4 assist in making assessment and recommendations of the suitable mode and approach of providing care to the elderly person.

7.2.2 Psychogeriatric medical practitioners

- 7.2.2.1 assess the mental condition of the elderly person being abused and provide treatment to him/ her, if necessary;
- 7.2.2.2 assess the mental capacity of the elderly person and assist in the application for a guardianship order, if necessary.

7.2.3 Other healthcare personnel

- 7.2.3.1 provide the elderly person being abused with necessary nursing care/ rehabilitative treatment;
- 7.2.3.2 educate the carer (including the abuser) proper ways of providing care to the elderly person, if necessary;
- 7.2.3.3 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

- 7.2.4.1 protect the elderly person being abused from further harm;
- 7.2.4.2 conduct criminal investigation and initiate prosecution, if necessary;
- 7.2.4.3 arrange for forensic examination, if necessary.

7.2.5 Social workers (responsible social worker)

7.2.5.1 intake the case;

7.2.5.2 take up the role of case manager to coordinate the work of various disciplines;

Please refer to paragraph 7.3 of this Chapter for Case Manager Approach

7.2.5.3 conduct social enquiry;

7.2.5.4 convene or assist in convening a MDCC, if necessary;

7.2.5.5 coordinate concerned professionals to classify the nature of the case;

7.2.5.6 formulate a follow-up plan to provide or arrange necessary services for the elderly person/ abuser/ family members of the elderly person.

7.2.6 Social service agencies (workers providing services)

7.2.6.1 provide or arrange various kinds of services including accommodation, community care, support services, emergency financial support, counselling, etc.;

7.2.6.2 observe the elderly person's condition and needs and provide suitable services.

7.2.7 Clinical psychologists

7.2.7.1 conduct psychological assessment for the elderly person and the abuser;

7.2.7.2 assess the mental capacity of the elderly person;

7.2.7.3 provide psychological treatment for the elderly person, the abuser and related persons.

7.2.8 Legal professionals

7.2.8.1 provide legal advice, particularly on cases involving financial abuse;

7.2.8.2 provide legal aid services.

7.2.9 Housing Department

7.2.9.1 pays attention to the needs of the elderly person living in the public housing estate and makes appropriate referral;

7.2.9.2 considers the needs of the elderly person with high risk of abuse when proceeding with applications for splitting tenancy.

7.2.10 Guardianship Board

7.2.10.1 issues a guardianship order;

7.2.10.2 reviews a guardianship order;

7.2.10.3 gives directions to the guardian of elderly person.

7.3 Case Manager Approach

To reduce the stress of the elderly person being abused and the trauma of recounting the unhappy experiences repeatedly throughout the process, the case manager approach should be adopted so that the elderly person 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 elderly person being abused and his/ her family members.

**Referral Letter for Suspected Elder Abuse Case
(Sample)**

File No.: _____ (Name and Address of Service Unit)
Tel. No.: _____
Fax No.: _____
(Name and Address of Receiving Service Unit) _____ Date

Referral of Suspected Elder Abuse Case

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

Name of the elderly person: _____
Sex: _____
Date of birth: _____
HK Identity Card/ Identity document no.: _____
Residential address: _____
Contact tel. no.: _____
Name of the suspected abuser: _____
Sex: _____
Relationship with the elderly person: _____
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 elderly person 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)

Part 3

Procedures for Handling Elder Abuse Cases

Chapter 4: Procedures for Handling Elder Abuse Cases by Social Service Units

Elder abuse may occur in anywhere including residential premises, a department/ service unit (e.g. a residential care home for the elderly (RCHE)) providing services for elderly persons, or in public places. For the welfare and safety of the elderly persons, whenever elder abuse is suspected, the individual/ department/ service unit should refer the case to social service units for follow-up and encourage the elderly person being abused to seek assistance. Upon receipt of report of suspected elder abuse case, the concerned department/ service unit should follow this Guidelines and provide the elderly person being abused with a series of services to safeguard his/ her safety and well-being, to protect him/ her from any kind of abuse and to prevent the recurrence of elder abuse. The services include referral, investigation, classification of case nature, formulation of follow-up plan and actions.

If the suspected elder abuse incident involves spouse/ cohabitant violence, please also refer to the “Procedural Guide for Handling Intimate Partner Violence Cases”. If the suspected elder abuse incident involves sexual violence, please also refer to the “Procedural Guidelines for Handling Adult Sexual Violence Cases”

Please refer to the website of Social Welfare Department (SWD) at www.swd.gov.hk for the latest version of the above-mentioned guidelines.

Before providing services to an elderly person suspected of being abused, prior consent from the elderly person should be obtained. This Chapter should be read together with Chapter 3 of this Guidelines: Working Guidelines on Serving the Elderly Persons Being Abused.

For cases involving institutional abuse of elderly persons, please also refer to Chapter 9: Procedures for Handling Institutional Abuse of Elderly Persons.

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.

For “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”, please refer to Appendixes I and II to Chapter 4 and Appendix I to Chapter 3 respectively.

1. Sources of Case Referral

1.1 When an individual/ department/ service unit suspects an elderly person being abused, they should either help the elderly person to seek assistance or actively contact a relevant department/ service unit for appropriate services to extricate the elderly person 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 elderly persons

1.2.1.1 Integrated Family Service Centres (IFSCs)/ Integrated Services Centres (ISCs);

1.2.1.2 Family and Child Protective Services Units (FCPSUs);

1.2.1.3 Medical Social Services Units (MSSUs);

1.2.1.4 District Elderly Community Centres (DECCs);

1.2.1.5 Neighbourhood Elderly Centres (NECs);

1.2.1.6 Enhanced Home and Community Care Services (EHCCS) Teams/ Integrated Home Care Services (IHCS) Teams/ Home Help Teams;

1.2.1.7 Subvented RCHEs, Nursing Homes (NHs) and Contract Homes.

1.2.2 Social service units not providing casework service to elderly persons

1.2.2.1 Social Security Field Units (SSFUs);

1.2.2.2 Social Centre for the Elderly (S/E);

1.2.2.3 Hotline services;

1.2.2.4 Day Care Centres for the Elderly (D/Es);

1.2.2.5 Support Teams for the Elderly;

1.2.2.6 Private RCHEs;

1.2.2.7 Clinical psychological service;

1.2.2.8 Multi-purpose Crisis Intervention and Support Centre (CEASE Crisis Centre of Tung Wah Group of Hospitals);

For service details of CEASE Crisis Centre, please refer to Appendix III to Chapter 4

1.2.2.9 Family Crisis Support Centre (Caritas Family Crisis Support Centre (CFCSC)).

For service details of CFCSC, please refer to Appendix VI to Chapter 4
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1.2.3 Non-social service units

1.2.3.1 Hospitals;

1.2.3.2 Private and public clinics;

- 1.2.3.3 Community nursing service;
 - 1.2.3.4 Hong Kong Police Force;
 - 1.2.3.5 Housing Department;
 - 1.2.3.6 1823.
- 1.2.4 Other departments/ service units which may have contact with elderly persons
- 1.3 Direct approach by elderly persons being abused, their relatives or friends or members of the public.
- 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 follow paragraph 2.3 of this Chapter to make referral to service unit which the elderly person is a known case or make contact with the elderly person suspected of being abused and his/ her 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 elderly persons to protect them from being abused continuously. Procedures for handling the cases are as follows:

2.1 Points to Note upon Receipt of Referrals/ Reports

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

- 2.1.1 Each referral/ report of the suspected abuse cases may offer new information and should be handled carefully although the referrals/ reports are from similar source or similar referrals have been received.
- 2.1.2 Obtain clear basic information of the case from the referrer/ informant, and identify any intervention work regarding the elder abuse incident provided by the referrer.
- 2.1.3 Where necessary, maintain communication with the referrer/ informant for cooperation in handling the case.

2.2 Collecting Personal Information on the Elderly Person Suspected of Being Abused

- 2.2.1 After receiving referral/ report of a suspected elder abuse case, the service

unit should obtain personal information of the elderly person suspected of being abused 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 provide his/ her name, address and telephone number. Anonymous referral should also be accepted and obtain the telephone number or other contact means as far as possible, in order to obtain further information of the case.

In case the elderly person refuses to disclose his/ her personal information or declines services of the responsible social worker, please refer to paragraph 4 of Chapter 3.

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 (please 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:

2.3.1.1 Service units which handle both new cases and known cases:

- a. IFSCs/ ISCs (if the elderly person being abused is not a known case of other service units).
- b. DECCs (if the elderly person being abused is not a known case of other service units).
- c. MSSUs (for cases which are receiving in-patient service, day hospital service or psychiatric out-patient service).
- d. FCPSUs of SWD (for new cases which the relationship between the elderly person being abused and the abuser is spouse/ cohabitant).

2.3.1.2 Service units which only handle known cases:

- a. NECs (for cases being their members).
- b. IHCS Teams/ EHCCS Teams/ Home Help Teams which operate independently of other service units (for cases currently using their services).
- c. RCHEs/ NHs/ Contract Homes having social work grade staff (for residents of RCHEs/ NHs/ Contract Homes).

- 2.3.1.3 Service units not providing casework service (e.g. SSFUs, S/E, D/Es, Multi-purpose Crisis Intervention and Support Centre (CEASE Crisis Centre of Tung Wah Group of Hospitals) and Neighbourhood Level Community Development Project Teams, etc.) may refer suspected elder abuse cases

having come to their attention to service units mentioned at paragraph 2.3.1.1 of this Chapter.

For the handling procedures of new cases or known cases, please refer to Appendix I to Chapter 4.

- 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 elderly person (the elderly person's family/ guardian if he/ she is mentally incapacitated) and with the consent of the elderly person, contact relevant service units to examine if the elderly person is a known case of other service unit(s). In doing so, delay in service arrangement and intervention by different service units will be prevented.

Please refer to paragraph 2.3.3 of this Chapter on the definition of known cases.

2.3.3 Definition of known cases:

- 2.3.3.1 It is an active case of the IFSC/ ISC operated by SWD or non-governmental organisations (NGOs)/ SWD FCPSU.
- 2.3.3.2 It is a closed case of SWD IFSC/ FCPSU or IFSC/ ISC operated by NGOs which has been closed within 3 months (regardless of the current residential address of the concerned family/ service user).
- 2.3.3.3 The elderly person is receiving services at DECC/ NEC.
- 2.3.3.4 The case is receiving IHCS/ EHCCS/ Home Help Service which operates independently of other service units.
- 2.3.3.5 It is an active case of the MSSU and the patient is receiving in-patient service, day hospital service or psychiatric out-patient service.
- 2.3.3.6 The elderly person is a resident of a RCHE/ NH/ Contract Home 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 2.3.1.1 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 other service units, the case should be referred to one of these service units according to the preference of the elderly person.
- 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 2.3.1.2 of this Chapter, and the reported case is not receiving services from it, the case should be referred to an appropriate service unit listed in paragraph 2.3.1.1 of this Chapter according to the preference of the elderly person.

Please refer to Appendix I to Chapter 4 on referrals of suspected elder abuse cases.

- 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 elderly person being abused, address his/ her various service needs, and keep all relevant record properly. Other staff of the service unit may soothe the emotion of the elderly person by providing supportive counselling. It is, however, not advisable for them to intervene into the elder abuse issue thereby necessitating the elderly person'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 elderly person. The supportive work to be performed by the concerned service unit (including those not providing casework service) are as follows:
- 2.3.9.1 Providing information about the case;
 - 2.3.9.2 Arranging appropriate assistance to the elderly person, such as Comprehensive Social Security Assistance (CSSA), IHCS, carer support, etc.;
 - 2.3.9.3 Participating in the "Multi-disciplinary Case Conference" (MDCC) (if applicable);
 - 2.3.9.4 If the suspected abuser is a staff member of the agency/ RCHE which provides services for the elderly person, the responsible social worker should notify the responsible person of the agency/ RCHE for appropriate action. If the agency/ RCHE has social work grade staff, the case can be referred to the social worker. If a RCHE is involved, the Licensing Office of Residential Care Homes for the Elderly of the SWD should be contacted.

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:

2.4.2.1 Take up the role of case manager to coordinate the work of various disciplines;

Please refer to paragraph 7.3 of Chapter 3 for Case Manager Approach.

2.4.2.2 Conduct social enquiry;

2.4.2.3 Encourage and assist the elderly person being abused to report to the Police, if necessary;

2.4.2.4 Arrange emergency residential care service to the elderly person being abused to ensure his/ her safety, if necessary;

2.4.2.5 Convene or assist in convening a MDCC, if necessary;

2.4.2.6 Classify the nature of the case even if no MDCC has been convened;

2.4.2.7 Formulate a follow-up plan to provide or arrange necessary services for the elderly person/ abuser/ relatives or friends of the elderly person;

2.4.2.8 If the suspected abuser is a staff member of the agency/ RCHE which provides services for the elderly person, the responsible social worker should notify the person-in-charge of the agency/ RCHE for appropriate action. If a RCHE is involved, the Licensing Office of Residential Care Homes for the Elderly of the SWD should be contacted for appropriate follow-up;

2.4.2.9 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”; if the elder abuse case involves sexual abuse or violence of intimate partner, completion of a data input form of the “Central Information System on Spouse/ Cohabitant Battering Cases and Sexual Violence Cases” separately is required;

2.4.2.10 Provide counselling for the elderly person, his/ her family members (including the abuser) and related persons;

2.4.2.11 Assist the elderly person to make preparation for legal proceedings when necessary;

2.4.2.12 Review the progress of the case.

3. Intervention into Suspected Elder Abuse Cases

For the safety and welfare of the elderly person, 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 elderly person suspected of being abused is under threat, his/ her will should be respected during the course of investigation. Even though the elderly person is assessed to be a mentally incapacitated person, 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 elderly person suspected of being abused:
- 3.1.5.1 In the first interview between the responsible social worker and the elderly person suspected of being abused, the elderly person should preferably be accompanied by the referrer who already knows him/ her to give the elderly person a sense of security and reduce his/ her resistance towards the responsible social worker.
- 3.1.5.2 If the elderly person is receiving services from a social service agency, the first interview may be held in the office of the agency. The responsible social worker should wear his/ her staff card for identification purpose.
- 3.1.5.3 If the elderly person is a non-Cantonese speaker, translation service can be arranged if necessary.
- 3.1.5.4 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 elderly person. Never conceal the fact that you are intervening into the suspected elder abuse incident as this will instil a feeling of deception in the elderly person.
- 3.1.5.5 Explain to the elderly person his/ her right of self-determination and clearly inform the elderly person that the responsible social worker will respect his/ her will and right of self-determination during the process of intervention.
- 3.1.5.6 Explain to the elderly person his/ her right to privacy and let the elderly person know the purposes of using his/ her personal information. If necessary, inform the elderly person under what circumstances his/ her information may be disclosed to relevant parties without his/ her consent.
- 3.1.5.7 Give a brief account of the whole investigation process to let the elderly person 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, etc.

3.2 Understanding the Background of the Suspected Abuse Incident

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

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

3.2.1.2 Information on the nature, frequency, place of the suspected elder abuse incident, possibility of recurrence and the possible abuser(s).

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

3.2.1.4 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 “Protecting Children from Maltreatment – Procedural Guide for Multi-disciplinary”.

For the latest version of the Guide, please refer to the SWD website at https://www.swd.gov.hk/en/index/site_pubsvc/page_family/sub_fcwprocedure/id_1447/

3.2.1.5 Relationship between the elderly person suspected of being abused and the abuser.

3.2.1.6 Family background, family relationship, living condition and support network of the elderly person suspected of being abused.

3.2.1.7 The means and services that the elderly person viewed helpful in solving the elder abuse problem imminently and in the long run.

3.2.1.8 How the referrer and the elderly person’s family members perceive the incident.

3.2.2 In contacting the family members of the elderly person suspected of being abused (who are not the abusers), the responsible social worker should:

3.2.2.1 Introduce oneself clearly.

- 3.2.2.2 Stay neutral when listening to the family members' opinion about the suspected elder abuse incident to allow a more thorough assessment on the nature of the incident.
- 3.2.2.3 Soothe their emotional response (which may include rage, anxiety, worry or resistance, etc.) arising from the suspected elder abuse incident.
- 3.2.2.4 Insist that once consent is obtained from the elderly person suspected of being abused, the family members of the elderly person have no right to thwart any investigation and service provision related to the suspected elder abuse incident.
- 3.2.2.5 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 completing the whole process, etc.
- 3.2.2.6 Examine what kind of support that the family could render to the elderly person suspected of being abused. If it is safe, let the elderly person's family members take part in providing supportive services to him/ her as far as possible.
- 3.2.3 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:
 - 3.2.3.1 Look into the incident from the suspected abuser's perspective.
 - 3.2.3.2 Seek assistance from colleagues or the Police when coming into contact with the suspected abuser, where necessary.
 - 3.2.3.3 Handle the emotional response of the suspected abuser (which may include rage, anxiety, worry, resistance, etc.) arising from the elder abuse incident.
 - 3.2.3.4 Briefly introduce to the suspected abuser the process of handling the suspected elder abuse incident.
 - 3.2.3.5 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.

- 3.2.4 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 elderly person and other concerned persons should be contacted in advance to fix the time of the visit.
- 3.2.5 It may not be possible for the responsible social worker to grasp all background information in one interview. Hence, based on the urgency of the incident, matters related to the safety of the elderly person suspected of being abused should be handled first.
- 3.2.6 If the suspected abuse incident involves criminal offence, the responsible social worker shall encourage the elderly person being abused to report to the Police for assistance. If the elderly person is in immediate danger, for example when his/ her personal safety is endangered or obvious and serious bodily injuries are involved, the responsible social worker should report to the Police immediately.
- 3.2.7 If the elderly person suspected of being abused is a MIP, the responsible social worker should contact the elderly person’s guardian or family members (who are not the abusers) to collect background information about the incident and to formulate related service plan.

3.3 Assessing the Immediate Risk to the Elderly Person Suspected of Being Abused

- 3.3.1 Risk assessment aims to identify the risk level of the elderly person 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 elderly person if the suspected elder abuse incident is preliminarily substantiated. Protecting the personal safety of the elderly person should be of top priority and appropriate crisis intervention service should be immediately provided. If necessary, please refer to “Reference Table for Risk Assessment of Elder Abuse” at Appendix for handy guidance.

Please refer to Appendix IV to Chapter 4 for Reference Table for Risk Assessment of Elder Abuse.
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- 3.3.2 Assessment of the immediate risk to the elderly person suspected of being abused includes:
- 3.3.2.1 To assess if the elderly person suspected of being abused requires immediate medical treatment. If required, escort him/ her to hospital/ clinic for medical examination/ treatment.

- 3.3.2.2 To assess the risk for the elderly person 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, Multi-purpose Crisis Intervention and Support Centre (CEASE Crisis Centre of Tung Wah Group of Hospitals) or the Family Crisis Support Centre (CFCSC)).

Please refer to paragraph 3.4.3 of this Chapter for information about emergency placement service.

- 3.3.2.3 If neglect is found, the responsible social worker should assess the immediate self-care ability of the elderly person. Emergency home care service should be arranged where necessary.
- 3.3.2.4 To assess whether the elderly person needs immediate financial assistance and make necessary arrangement.
- 3.3.2.5 To assess the mental condition of the elderly person. If the elderly person 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 elderly person. If the elderly person 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 elderly person lacks mental capacity to make decisions for his/ her own well-being and refuses to accept the welfare/ care arrangements made by his/ her relatives (who are not the abusers) or the social worker, the social worker should, in the best interests of the elderly person, take appropriate action in pursuance with the “Mental Health Ordinance”. To protect and safeguard the welfare of the elderly person, where necessary, the responsible social worker should apply for a guardianship order or an emergency guardianship order to stop and prevent the recurrence of abuse.

For information on the Guardianship Board and the application procedures for a guardianship order or an emergency guardianship order, please refer to the website of the Guardianship Board at www.adultguardianship.org.hk

- 3.3.2.6 If the elderly person’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 elderly person suspected of being abused:

- 3.3.3.1 Where possible, gather true and direct information from the elderly person.
- 3.3.3.2 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 elderly person has been hurt and affected), and the controllability (e.g. how the elderly person deals with and stops each incident).

- 3.3.3.3 Assess the severity of risk to the elderly person taking into account the risk factors identified, personal strength of the elderly person suspected of being abused, strengths and resources of the elderly person’s family members, and the immediate assistance as required by the elderly person.
- 3.3.3.4 The risk assessment should be used as a base for case planning aiming to reduce the risks and enhance the protection.

3.4 Provision of Emergency Services to the Elderly Person Suspected of Being Abused

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

3.4.1 Assist the elderly person suspected of being abused to receive medical examination and treatment

- 3.4.1.1 The responsible social worker should assist the elderly person suspected of being abused in obtaining necessary medical examination and treatment. For example, the social worker should accompany the elderly person to an Accident and Emergency Department of hospital for treatment.
- 3.4.1.2 If the elderly person suspected of being abused has to be admitted to hospital, with the consent of the elderly person, 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.
- 3.4.1.3 If the elderly person suspected of being abused is a MIP, the responsible social worker should contact his/ her family/ guardian who should accompany the elderly person in undergoing medical examination and treatment.
- 3.4.1.4 Upon receiving a referral from the Hospital Authority (HA), the social worker may need to study the medical record of the elderly person suspected of being abused. In such case, prior verbal consent from the elderly person or his/ her guardian should be obtained and proper record should be kept.

Please refer to Appendix V to Chapter 4: HA “Consent to Disclose Personal Information to Assist Social Workers in Handling a Suspected Elder Abuse Case Verbal Consent Record”.

For the procedures for handling elder abuse cases by the hospital, please refer to Chapter 5.

3.4.2 Assist the elderly person suspected of being abused in reporting to the Police for help

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

3.4.2.2 If the suspected elder abuse incident involves criminal element but the elderly person has not yet reported to the Police, the responsible social worker should examine the reasons behind. The social worker should help remove anxiety of the elderly person 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.

3.4.2.3 If the elderly person 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 elderly person being abused to the Police station where necessary.

3.4.2.4 If the elderly person suspected of being abused is certified to be a MIP, while assisting the elderly person to report the suspected abuse incident to the Police, the responsible social worker, apart from paying attention to the three 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 Procedural (Amendment) Ordinance 1995”. Besides, the social worker may be required to:

- a. make contact with the family members/ guardian of the elderly person being mentally incapacitated and suspected of being abused to fully grasp the information about the suspected elder abuse incident (unless the family member/ guardian is suspected to be involved in the abuse incident);
- b. inform the Police that the elderly person suspected of being abused is a MIP and discuss with the Police about the means of taking statement, for example, video-recorded interview and arranging an adult trusted by the elderly person to witness the interview as an appropriate person;
- c. briefly introduce to the elderly person and his/ her family members/ guardian the whole criminal investigation procedures where necessary.

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

For the procedures for handling elder abuses cases by the Police, please refer to Chapter 7.

3.4.3 Assist the elderly person suspected of being abused in obtaining emergency placement service

- 3.4.3.1 If the elderly person 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 elderly person to provide him/ her with temporary accommodation and personal care service. Generally speaking, Government-subsidised RCHEs and NHs can provide emergency placement service to elderly persons for a period of not more than three months.

For the list of RCHEs and NHs providing emergency placement service and the application procedures, please refer to the website at https://www.swd.gov.hk/en/index/site_pubsvc/page_elderly/sub_residentia/id_emergencyp/

- 3.4.3.2 If the elderly person suspected of being abused is a female exposing to domestic violence and can take care of her daily life, the responsible social worker may consider arranging short-term accommodation provided by NGOs' refuge centres for women to the elderly person.

For information about refuge centres for women, please refer to the website at https://www.swd.gov.hk/en/index/site_pubsvc/page_family/sub_listofserv/id_230/

- 3.4.3.3 Where necessary, the responsible social worker may also arrange short-term accommodation service offered by Multi-purpose Crisis Intervention and Support Centre (CEASE Crisis Centre of Tung Wah Group of Hospitals) and the Family Crisis Support Centre (CFCSC) to the elderly person suspected of being abused.

For service description of the CEASE Crisis Centre and CFCSC, please refer to Appendixes III and VI to Chapter 4.

- 3.4.3.4 The responsible social worker may also arrange the elderly person suspected of being abused to stay in urban hostel for single persons.

For the list of urban hostels for single persons and the application procedures, please refer to the SWD website at https://www.swd.gov.hk/en/index/site_pubsvc/page_family/sub_listofserv/id_temporarys/

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

3.4.4 Assist the elderly person suspected of being abused in obtaining psychogeriatric service

- 3.4.4.1 Elderly person being abused is under tremendous pressure and being deeply hurt both physically and psychologically. If the elderly person 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 elderly person is at risk of suicide or suffering from depression, and refer the elderly person to the psychogeriatric fast-track clinics of the HA for assessment and treatment.

For referral form of HA's psychogeriatric fast-track service, suicidal risk appraisal, GDS, and the list of district-based psychogeriatric fast-track clinics, please refer to Appendix VII to Chapter 4.

- 3.4.4.2 As another option to paragraph 3.4.4.1 above, the responsible social worker may also arrange the elderly person for initial assessment by a general medical practitioner. If found necessary, the doctor will refer the elderly person to the concerned community psychogeriatric team for services.

For the list of community psychogeriatric teams in Hong Kong, please refer to the website of HA at https://www.ha.org.hk/visitor/ha_visitor_index.asp?Content_ID=10092&Lang=ENG&Dimension=100&Parent_ID=10089&Ver=HTML

- 3.4.4.3 If the elderly person 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 elderly person.

- 3.4.4.4 If the elderly person is at serious risk of suicide or with acute mental problems, the responsible social worker should consider sending the elderly person direct to the Accident and Emergency Department of hospital for assessment

and treatment.

3.4.5 Assist the elderly person suspected of being abused in obtaining clinical psychological service

3.4.5.1 If the elderly person 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.

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

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

3.4.5.4 Clinical psychological service is also available in several major hospitals mainly serving cases referred by doctors. If the elderly person 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 elderly person suspected of being abused and conducting the social investigation, the responsible social worker should classify the nature of the case regardless of whether MDCC has been convened or not, and formulate and implement a follow-up plan for the elderly person and his/ her family members.

4.1 “MDCC” (if applicable)

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 follow-up plan for the elderly person with a view to preventing the recurrence of abuse and ensuring the provision of appropriate care to the elderly person.

For arrangements on MDCCs, please refer to Chapter 10.
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4.2 Follow-up Plan

The formulation and implementation of a follow-up plan require the

agreement and co-operation of the elderly person being abused, his/ her family members or the abuser. A follow-up plan normally includes:

4.2.1 Medical Services

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

4.2.1.2 During the treatment of the elderly person, the responsible social worker should keep in touch with him/ her. If necessary, the responsible social worker could liaise with the healthcare personnel to understand the elderly person's latest situation and assess whether it is appropriate for the elderly person to return to his/ her original place of residence.

4.2.1.3 The responsible social worker should as soon as possible inform other professionals concerned of the elderly person's latest situation for consideration whether it is necessary to revise the follow-up plan for the elderly person.

4.2.2 Nursing Care Services

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

4.2.3 Community Support Services

4.2.3.1 If the elderly person is suitable for living at home but needs community support services, the responsible social worker should make referrals for the elderly person to ensure that he/ she receives the best care. Community support services generally include Home Help Service, IHCS, EHCCS, etc.

4.2.3.2 The responsible social worker should maintain contacts with the elderly person to understand his/ her progress.

4.2.3.3 To encourage and help the elderly person to build up social relationships and lead a healthy life with a positive outlook, the responsible social worker may refer the elderly person to a DECC, a NEC or a S/E in the light of the elderly person's needs and interests.

4.2.4 Emergency Alarm System

To facilitate the elderly person to receive prompt and appropriate assistance in

case of emergency at home, the responsible social worker may refer the elderly person to apply for the services of emergency alarm system.

4.2.5 Residential Care Services

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

4.2.5.2 The responsible social worker should maintain contacts with the elderly person to understand his/ her progress.

4.2.6 Financial Assistance

If the elderly person is not receiving appropriate care due to financial difficulties, the responsible social worker should, after discussing with the elderly person and his/ her family members/ guardian, apply for financial assistance, including the CSSA and charitable/ trust funds, for him/ her.

4.2.7 Management of Property

For elderly person 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 increase his/ her vigilance. Special arrangements should also be made on behalf of the elderly person if necessary, such as appointing an appointee or agent to receive CSSA payments on behalf of the elderly person and requiring the appointee or agent to keep clear financial records. The responsible social worker may also consider applying for a guardianship order whereby a guardian is entrusted to manage the elderly person'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.
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4.2.8 Counselling Services

The responsible social worker needs to provide appropriate counselling services for the elderly person 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 elderly person 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 elderly person being abused 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 elderly person, 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 receive 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 another social worker to follow up the welfare needs of the abuser. The responsible social worker should maintain close contacts with the social worker taking over the case to ensure a smooth transfer.

4.2.10 Support or Therapeutic Group

Apart from providing casework services or family counselling, the responsible social worker can effectively help the elderly persons 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

If the elderly person 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 elderly person after consulting his/ her family members or carers. If the elderly person being abused 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 elderly person lacks mental capacity to make decisions for his/ her own well-being and refuses to accept the welfare/ care arrangements made by his/ her relatives (who are not the abusers) or the social worker, the social worker should, in the best interests of the elderly person, apply to the Guardianship Board for a guardianship order in accordance with the “Mental Health Ordinance” so as to protect the elderly person’s well-being.

For information on the Guardianship Board, please refer to the website of the Guardianship Board at www.adultguardianship.org.hk
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If a guardianship order is granted by the Guardianship Board, the responsible social worker should maintain contacts with the elderly person and his/ her guardian to ensure that the elderly person receives the most appropriate care.

The responsible social worker should inform other professionals concerned of

the latest situation of the elderly person to consider whether there is a need to revise the elderly person's follow-up 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 DECC or a NEC for services.

4.2.13 Establishing Support Network

The responsible social worker may refer the elderly person 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”**

Regardless of whether MDCC has been convened or not, for those cases classified as elder abuse cases, the responsible social worker needs to complete and submit a data input form of the “Central Information System on Elder Abuse Cases” after attending to the urgent needs of the case and formulation of a follow-up plan. If the elder abuse case involves sexual abuse or violence of intimate partner, it is also required to complete and submit a data input form of the “Central Information System on Spouse/ Cohabitant Battering Cases and Sexual Violence Cases” separately.

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.

4.4 **Follow-up Services for Non-elder Abuse Cases**

If the responsible social worker finds out that the case does not involve elder abuse after conducting a social investigation in respect of the elderly person suspected of being abused, he/ she should continue to provide services for the elderly person in the light of his/ her welfare needs. If the elderly person 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 elderly person 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 elderly person 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 elderly person, 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”, “a 2-inch wound on the right forehead”, in order to assist the doctor or the Police in the investigation.
- 5.1.3 Even if the elderly person 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 elderly person, the health condition of the elderly person or accidents. The responsible social worker should collect more information and conduct assessment, including talking to the elderly person and his/ her family members or carers, and advise the elderly person to receive a medical examination.
- 5.1.4 The responsible social worker needs to assess whether the elderly person is in a safe environment and whether there is a risk that he/ she may be abused again. If it is necessary for the elderly person to move out of his/ her place of residence, he/ she should be provided with residential care services.

For assisting elderly persons 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 3.2.3, 4.2.9 and 4.2.10 of this Chapter.

- 5.1.6 The responsible social worker should remind the elderly person being abused, 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 elderly person being psychologically abused may not show any obvious and easily-detectable symptoms. The responsible social worker can assess the conditions of the elderly person more accurately through engaging in

frequent contacts with the elderly person to observe his/ her emotion and behaviour, and obtaining assistance from the elderly person'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 elderly person 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 elderly person 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 elderly person 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 elderly person and the daily pattern and difficulties in taking care of the elderly person. 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 elderly person to continue to live in his/ her existing place of residence.
- 5.2.4 If the elderly person 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 elderly person and the impact of the abuse on him/ her, and decide whether it is necessary to apply for a guardianship order and/ or residential care services for him/her.
- 5.2.5 An elderly person 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 elderly person under continuous observation to assess whether it is necessary to refer the elderly person to receive clinical psychological service or psychogeriatric service.

5.3 Neglect

- 5.3.1 An elderly person 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 RCHE/ hospital or receiving services at day care centres and community support services unit for elderly persons). Apart from talking to the elderly person, the responsible social worker should carefully observe the elderly person's living environment, daily living pattern, personal hygiene and health conditions in order to more accurately determine whether the elderly person has been neglected.

- 5.3.2 If the elderly person 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 elderly person, the elderly person's neighbours or other residents of RCHEs, in order to understand the elderly person's situation.
- 5.3.3 If the elderly person suffers from symptoms or injuries caused by neglect, the professional advice and judgment of the healthcare personnel is of particular importance. The responsible social worker is advised to consult the medical and healthcare personnel to carry out assessment and follow-up jointly with them.
- 5.3.4 If the elderly person 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 elderly person and the impact of the abuse on him/ her, and decide whether it is necessary to apply for a guardianship order and/ or residential care services for him/ her.

5.4 Financial Abuse

- 5.4.1 The property of elderly persons is usually abused in the following ways:
 - 5.4.1.1 The appointee or agent entrusted to receive or keep in custody of CSSA payments on behalf of the elderly person using the money without the elderly person's consent.
 - 5.4.1.2 Opening a joint account with the elderly person and then withdrawing the money unilaterally.
 - 5.4.1.3 Obtaining the elderly person's money by forging his/ her signature, using the elderly person's seal without authority or tricking the elderly person into signing a blank withdrawal slip or cheque.
 - 5.4.1.4 Purchasing property with the elderly person as joint owners and then transferring the ownership of the property or selling the property.
 - 5.4.1.5 Decoying or forcing the elderly person to hand over his/ her money or property by deceptive or coercive means, such as deceiving, injuring and threatening the elderly person.
 - 5.4.1.6 Decoying the elderly person to make a will to appoint oneself to inherit the estate.
- 5.4.2 To prevent the elderly person from continuous irreversible losses, it is essential to take immediate action to stop the loss of money. In the

circumstances of paragraph 5.4.1.1 of this Chapter, the responsible social worker may advise the elderly person to report the incident, or report the incident on behalf of the elderly person, 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 5.4.1.2 and 5.4.1.3 of this Chapter, the responsible social worker may advise the elderly person to liaise with the bank to alert the staff of the bank or temporarily suspend account withdrawal. If the elderly person is having mobility problem, the responsible social worker can inform the bank by phone and in writing, then seek further assistance in handling the matters.
- 5.4.4 In the circumstances of paragraphs 5.4.1.4 and 5.4.1.5 of this Chapter, the responsible social worker may advise the elderly person 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 elderly person to report the case to the Police or take legal action, or report the case to the Police on the elderly person's behalf.
- 5.4.5 If the elderly person is mentally incapacitated and the intervention rendered by the responsible social worker has not brought improvement to the financial abuse problem, the responsible social worker should assess the elderly person's situation, impact on him/her and assess whether it is necessary to apply for an emergency guardianship order for him/ her.

For information on the Guardianship Board and the application procedures for an emergency guardianship order, please refer to the website of the Guardianship Board at www.adultguardianship.org.hk

5.5 Abandonment

- 5.5.1 Abandonment usually occurs at hospitals and RCHEs. After the elderly person is admitted to a hospital or RCHE, the staff loses contact with the elderly person's family members or carers, or the elderly person's family members or carers fail to respond when contacted by the hospital or RCHE on matters related to the elderly person. If the elderly person is abandoned in a hospital, the hospital can consider reporting to the Police for assistance.
- 5.5.2 The responsible social worker should try his/ her best to contact the family members or carers of the elderly person to understand their difficulties and give them assistance. If no contact could be made, the responsible social worker should assess the situation of the elderly person, including his/ her financial condition, health condition, self-care ability, living environment and support network, etc., to determine whether it is necessary to refer the elderly person to relevant services.

- 5.5.3 If the elderly person is mentally incapacitated and the intervention rendered by the responsible social worker has not brought improvement to the caring problem, the responsible social worker should assess the elderly person's situation, impact on him/ her and assess whether it is necessary to apply for a guardianship order for him/ her.

5.6 Sexual Abuse

- 5.6.1 The responsible social worker should also make reference to the “Procedural Guidelines for Handling Adult Sexual Violence Cases” (the Guidelines).

For the latest version of the Guidelines, please refer to the SWD website at https://www.swd.gov.hk/en/index/site_pubsvc/page_family/sub_fcwprocedure/id_1596/
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- 5.6.2 It is usually difficult for an elderly person 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 elderly person to enhance his/ her sense of security and gain his/ her confidence.
- 5.6.3 The responsible social worker should tell the elderly person 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 elderly person 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, whether the elderly person can identify the abuser, etc. For newly or recently happened incidents, it is of particular importance to preserve the evidence. The responsible social worker should carefully consider with the elderly person whether to seek assistance from the Police. The worker should also assess the medical needs of the elderly person to determine whether to refer the elderly person to receive medical examination and treatment.
- 5.6.5 If the elderly person chooses to report the case to the Police, the responsible social worker should help the elderly person be psychologically prepared for a series of investigation and legal proceedings, including giving statements, identifying suspect and attending court proceedings.
- 5.6.6 The elderly person usually develops strong emotion when starting to disclose the sexual abuse incident. The responsible social worker should give support to the elderly person and let him/ her express the feelings. The elderly person 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 elderly person. If necessary, the elderly person should be referred to receive psychological counselling.

- 5.6.7 To prevent recurrence of the sexual abuse incident, the responsible social worker should carry out a risk assessment to see, for example, whether it is suitable for the elderly person to remain at his/ her existing place of residence, whether the abuser can still contact the elderly person, etc. If necessary, the elderly person 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 Multi-purpose Crisis Intervention and Support Centre (CEASE Crisis Centre of Tung Wah Group of Hospitals) which will provide specialized crisis intervention and support services to victims of sexual violence by their social workers. In addition, the elderly person can also choose to receive services from the RainLily, Sexual Violence Crisis Centre of the Association Concerning Sexual Violence Against Women which provides assistance to female victim of sexual violence.

For a brief introduction of the services of CEASE Crisis Centre and RainLily, please refer to Appendixes III and VIII of Chapter 4.

Chart on Referrals of Suspected Elder Abuse Cases

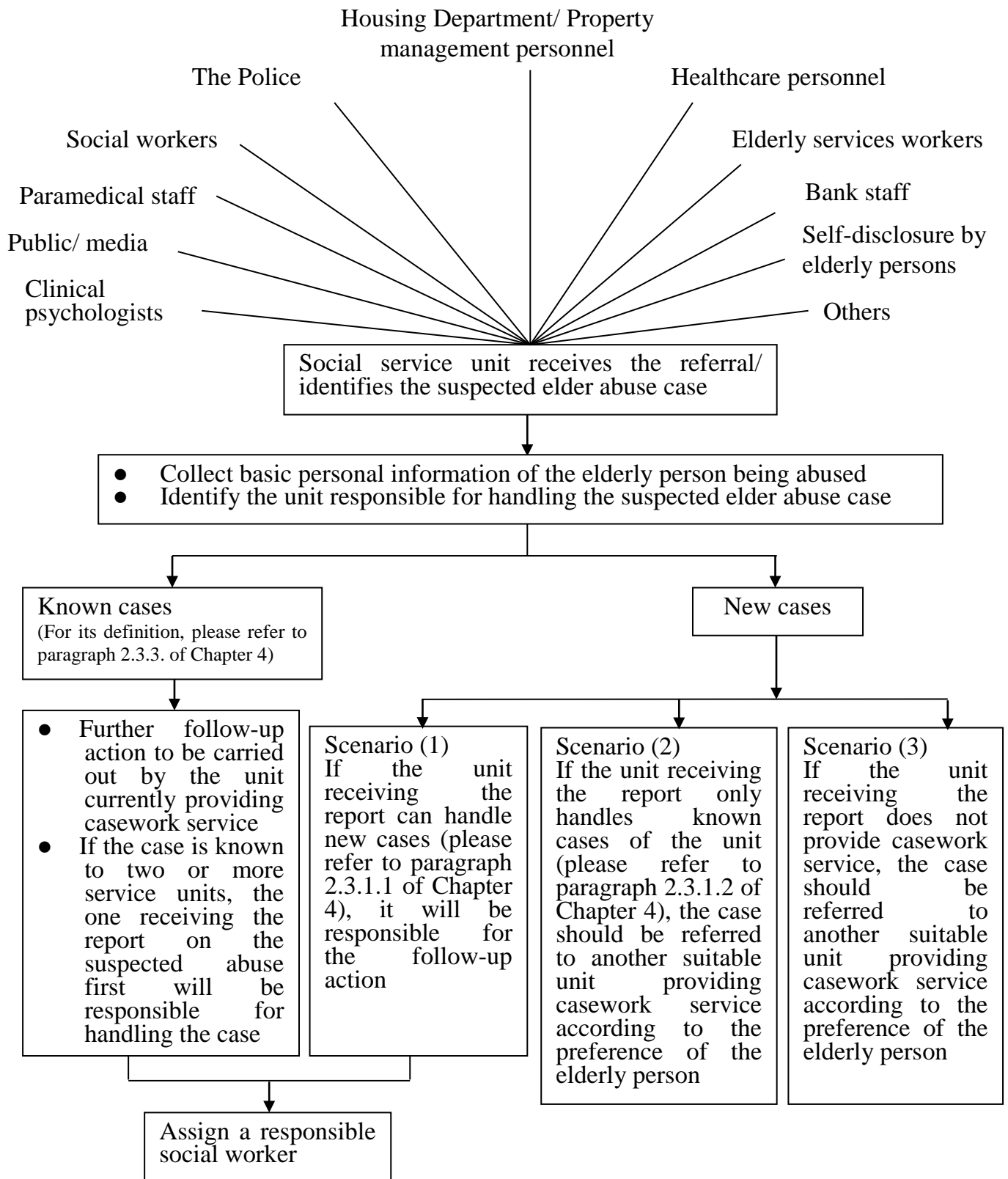
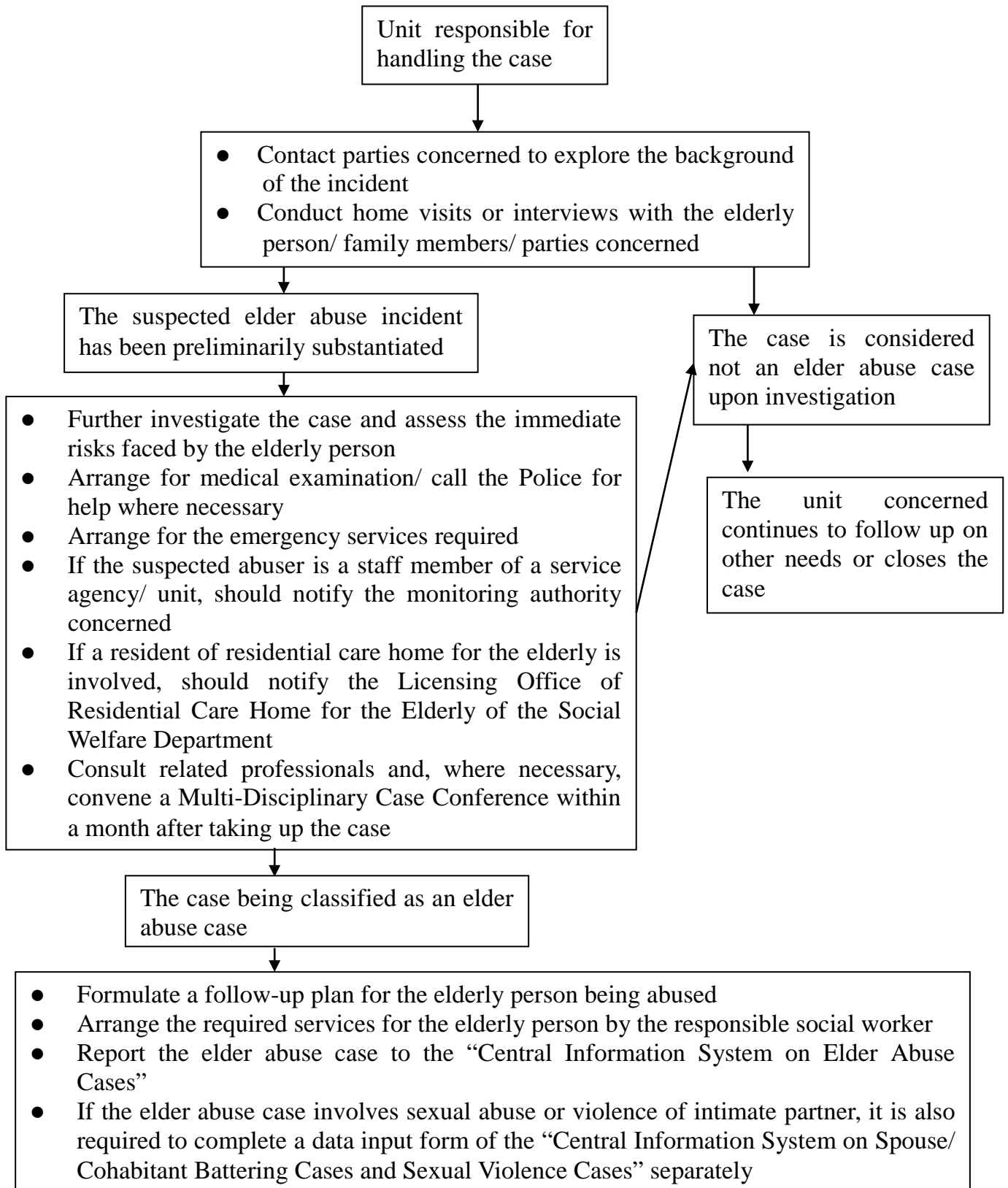


Chart on Procedures for Handling Suspected Elder Abuse Cases



Note: Workers should obtain the prior consent of the elderly person suspected of being abused before providing them with services.

Multi-purpose Crisis Intervention and Support Centre (CEASE Crisis Centre of Tung Wah Group of Hospitals)

The Multi-purpose Crisis Intervention and Support Centre (CEASE Crisis Centre of Tung Wah Group of Hospitals) aims to provide comprehensive support to victims of sexual violence, victims of domestic violence, elderly persons being abused or individuals/ families facing family crises regardless of their age, gender identity, race and sexual orientation. Services provided include a 24-hour Hotline, outreaching service and short-term accommodation service.

1. Service Objectives

- To help individuals and their families in handling of immediate crisis for preventing deterioration of problems, and to link them with medical and social service units as soon as possible for effective and coordinated services.
- To assist and accompany victims of sexual violence in seeking appropriate medical, legal and counselling services without repeating their unpleasant experiences as far as possible, to minimise traumatisation and to enhance their resilience.

2. Service Scope

- 24-hour Hotline
Manned by registered social workers on a 24-hour basis. Immediate risk assessment and counselling service are provided for victims of sexual violence and individuals/ families facing domestic violence or other family crises.
- Outreaching Service
Immediate outreaching service for both victims of sexual violence and elderly persons being abused.
- Short-term Accommodation Service
Short-term accommodation service, not exceeding 2 weeks, is provided for individuals or families who need a place for time-out or refuge. During the stay, counselling service and group treatment, etc. are provided as appropriate to assist the service users to recover from trauma and enhance their problem-coping skills.
- Referral and Support Services
Referrals to Social Welfare Department, Hospital Authority, Police or other relevant organisations are made for individuals or families in need to obtain the required protection and services.

3. Fees

- Free of charge

Enquiries: 18281 (24-hour crisis Hotline)

E-mail: ceasecrisis@tungwah.org.hk

Website: <http://ceasecrisis.tungwahcsd.org>

<http://ceasecrisis.tungwahcsd.org/elder1.html>

**Reference Table for Risk Assessment of Elder Abuse
(for reference only)**

Risk factors	Risk indicators
<p>History of abuse and help-seeking</p>	<ul style="list-style-type: none"> ● Has a history of abuse (single or multiple abusers) ● Recurrent risk factors of violence ● Frequency of abuse ● Serious abuse incident(s) occurred in the past or recently
	<ul style="list-style-type: none"> ● Lack of understanding or trust in support services ● Has never sought help or is resistant to seeking help due to misunderstanding (e.g. the abuser will be arrested/ removed from the family if the elderly person seeks help)
<p>The elderly person’s comprehension of abusive/ help-seeking behaviour</p>	<ul style="list-style-type: none"> ● In denial/ unaware that he/ she is under risk of abuse ● Believes that violent acts are caused by himself/ herself and thus feels guilty ● Holds the belief that “the abuser will change for the better next time” ● Believes that “one shall not air dirty linen in public”, and thus finds it troubling to inform others of the abuse ● Insists that “one shall never step through a government office door in his lifetime”, thinking mistakenly that seeking help is equivalent to reporting to the Police ● Worries that the Police may be alerted by the request for help and does not want the suspected abuser to face potential prosecution, which could tarnish their relationship ● Believes that seeking help means “tearing the family apart”, and insists on maintaining the integrity of the family by tolerating abuse

Risk factors		Risk indicators
Physical Condition of the Elderly Person	Health Condition	<ul style="list-style-type: none"> ● Dependent on the carer due to health issues or inadequate self-care ability, e.g. eating, personal hygiene, toileting, bathing, dressing and undressing, bladder and bowel control, walking on level ground, walking up and down the stairs, getting in and out of bed or chair, financial management, etc.
	Indicators of Abuse	<ul style="list-style-type: none"> ● Unexplainable wounds, bruises, lacerations or fractures at multiple parts of the body, or bruises in patterns reflecting the shape of an object, or wounds in various stages of healing ● Large bruises at the head, neck, back, trunk and limbs ● Abnormal physical indicators, e.g. drastic weight loss, severe malnutrition, chronic bed sores, muscle contracture, dehydration, diarrhoea or poor hygiene conditions ● Irregularity of eating pattern/ loss of appetite being ignored ● Wearing inappropriate clothing, e.g. too many or too little clothing ● Improper use of restraint equipment ● Has not received appropriate medical care/ medication/ aids ● Inappropriate use of medication (excess or insufficient)
Mental Condition of the Elderly Person	Mental Condition	<ul style="list-style-type: none"> ● Thought confusion ● Suffering from dementia/ cognitive impairment ● Suffering from mental illness ● History of suicide attempts
	Emotional Indicators	<ul style="list-style-type: none"> ● Mood fluctuations or being hysterical ● Showing depression/ anxiety symptoms ● Having suicidal or homicidal thoughts or plan ● Showing frequent signs of fear ● Scared of the carer ● Very passive and afraid of interaction with others
Financial Condition of the Elderly Person		<ul style="list-style-type: none"> ● Elderly person of low income ● Dependent on family members to manage finance ● Assets of personal bank accounts or personal identity documents under the control of others ● Personal savings/ payment of Comprehensive Social Security Assistance and/ or assets deployed or sold under unknown circumstances

Risk factors	Risk indicators
Financial Condition of the Elderly Person	<ul style="list-style-type: none"> ● Assets being deployed without the knowledge or consent of the elderly person ● Overly dependent on others to manage personal finance or assets ● As a victim of frequent extortion ● Unknown bank transfer records found ● Urged or coerced into signing documents related to his/her assets (e.g. bank account, transfer/ change of ownership through a Deed of Assignment, opening of joint accounts, etc.) ● Unable to receive basic daily necessities despite not facing financial hardship
Behaviour of the Elderly Person	<ul style="list-style-type: none"> ● Often showing abnormal behaviour, e.g. wandering around frequently or for a prolonged period without company ● Showing withdrawal behaviour ● Unwilling to disclose relevant information or receive medical examination when asked about the details of injury ● Repeatedly emphasising that the injury is self-inflicted due to carelessness or making contradictory statements ● Delaying in receiving necessary medical service after injury ● Was found to have atypical or recurrent injuries
Sexual Aspect	<ul style="list-style-type: none"> ● Tolerant of unconsented sexual contact or abuse ● Being frightened when facing the suspected abuser and does not want to be alone with him/ her ● Carer showing lack of sensitivity to the sexual needs of the elderly person and the incident of sexual abuse ● Overly ashamed of sex, unwilling to talk about issues related to sex
Support Network	<ul style="list-style-type: none"> ● Rarely communicates with family members/ friends ● Only trusts and depends on the suspected abuser ● Never gained access or knowledge of community resources, resistant to seeking help ● Being isolated ● Hearing and verbal communication restricted by language competence

Risk factors	Risk indicators
Relationship with the Suspected Abuser	<ul style="list-style-type: none"> ● In frequent contacts with the suspected abuser, who is the main carer or lives together with him/ her ● Has relatively strong emotional ties ● Has conflict with family members/ history of domestic violence ● Often dependent on the suspected abuser in daily living ● Frequent tension in the relationship with the suspected abuser ● Overly compliant with the suspected abuser
Condition of the Suspected Abuser	<ul style="list-style-type: none"> ● Have shown violent behaviour, e.g. threatening elderly person with weapons, physical assault ● Once charged with domestic violence or placed on probation due to such offence ● Suffering from mental/ emotional illness, emotionally or mentally unstable or suffering from dementia ● Having suicidal/ homicidal thoughts or intent ● Engaging in addictive behaviour, e.g. alcoholism, drug abuse, gambling and sex, etc. ● Showing distrust of the elderly person, e.g. suspecting an affair and that the elderly person is causing harm to him/ her ● Personally under stress at the moment, e.g. facing problems relating to marriage, work, health, finance and loss of a loved one, etc./ currently facing other family issues or family discord ● Insists on using violence against the elderly person ● Lack of knowledge or experience in taking care of the elderly person ● Unwilling to take care of the elderly person ● Has a history of being abused ● Lack of social network ● Personality: putting blame on others, lack of compassion, lack of understanding of the others, holding unrealistic expectation on the elderly person (condition of the elderly person and possibility of changes), giving harsh criticism ● Financially dependent (especially on the elderly person)

Reference:

- Connolly, Marie-Therese, et al. "The sexual revolution's last frontier: how silence about sex undermines health, well-being, and safety in old age." *Generations* 36.3 (2012): 43-52.
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- Yan, Elsie. "Elder abuse and help-seeking behavior in elderly Chinese." *Journal of interpersonal violence* 30.15 (2015): 2683-2708.
- Yan, Elsie, Ko-Ling Chan, and Agnes Tiwari. "A systematic review of prevalence and risk factors for elder abuse in Asia." *Trauma, Violence, & Abuse* 16.2 (2015): 199-219.

Elder Abuse Suspicion Index (EASI)

1. Have you relied on people for any of the following : bathing, dressing, shopping, banking, or meals?	YES	NO	Did not answer
2. Has anyone prevented you from getting food, clothes, medication, glasses, hearing aids or medical care, or from being with people you wanted to be with?	YES	NO	Did not answer
3. Have you been upset because someone talked to you in a way that made you feel shamed or threatened?	YES	NO	Did not answer
4. Has anyone tried to force you to sign papers or to use your money against your will?	YES	NO	Did not answer
5. Has anyone made you afraid, touched you in ways that you did not want, or hurt you physically?	YES	NO	Did not answer
6. Physician: Elder abuse may be associated with findings such as: poor eye contact, withdrawn nature, malnourishment, hygiene issues, cuts, bruises, inappropriate clothing, or medication compliance issues. Did you notice any of these today or in the last 12 months?	YES	NO	Not sure

Instruction:

While all six questions should be asked, a response of “yes” on one or more of questions 2-6 may establish concern.

Yaffe MJ, Wolfson C, Lithwick M, et al. Development and validation of a tool to improve physician identification of elder abuse: the Elder Abuse Suspicion Index (EASI). *J. Elder Abuse Negl* 2008; 20:276-300.

Hwalek-Sengstock Elder Abuse Screening Test (H-S/EAST)

1. Do you have anyone who spends time with you, taking you shopping or to the doctor?
2. Are you helping to support someone?
3. Are you sad or lonely often?
4. Who makes decisions about your life – like how you should live or where you should live?
5. Do you feel uncomfortable with anyone in your family?
6. Can you take your own medication and get around by yourself?
7. Do you feel that nobody wants you around?
8. Does anyone in your family drink a lot?
9. Does someone in your family make you stay in bed or tell you you're sick when you know you're not?
10. Has anyone forced you to do things you didn't want to do?
11. Has anyone taken things that belong to your without your O.K.?
12. Do you trust most of the people in your family?
13. Does anyone tell you that you give them too much trouble?
14. Do you have enough privacy at home?
15. Has anyone close to you tried to hurt you or harm you recently?

Instructions:

A response of “no” to items 1, 6, 12 and 14; a response of “someone else” to item 4; and response of “yes” to all others is scored in the “abused” direction.

Neale, A. V., Hwalek, M. A., Scott, R. O., & Stahl, C. (1991). Validation of the Hwalek-Sengstock elder abuse screening test. *Journal of Applied Gerontology*, 10(4), 406-415.

Hospital Authority Consent to disclose personal information to assist social workers in handling a suspected elder abuse case Verbal Consent Record	Admission No. _____ HKID No. _____
	Name in English _____
	Sex _____ Age _____ Name in Chinese _____
	Hospital _____ Specialty _____
	Ward No. _____ Bed No. _____

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

Caritas Family Crisis Support Centre (CFCSC)

Service Goals and Objectives

- The Family Crisis Support Centre aims to assist individuals/ families in facing crisis, drastic change, distress or trauma by helping service users to prevent occurrence of crisis at an early stage, enhancing their ability in handling crisis and to reduce the trauma brought about by the crisis;
- To render immediate intervention or make referral for people in need;
- To provide one-stop service for people regardless of age, gender and reasons of seeking assistance, to facilitate them to receive professional assistance and retreat service as soon as possible in order to prevent occurrence of tragedy.

Service Targets

Individuals who are in distress owing to drastic change, trauma, emotional disturbance, frustration, family disputes, marital conflict, extra-marital affairs, parenting, financial stress, in-law discord, friendship and dating, adjustment of new immigrants, single parenthood, being sexually or psychologically abused.

Application Procedures

- Direct referral by the hotline of CFCSC (Crisis Line) or direct approach to CFCSC
- Referral by social service units
- Referral by community organisations (e.g. hospitals, Police), etc.

Service Scope

- The Crisis Line (18288) manned by professional social workers to provide 24-hour emergency hotline counselling; and a volunteer warm line provides peer counselling;
- Short-term accommodation service for people who need time-out (a total of 50 places for both gender);
- Round the clock immediate crisis intervention by professional social workers;
- Individual and group counselling for meeting the need of the service users such as stress management, handling of conflicting relationship, extra-marital affairs, personal developmental groups, etc.; and to form peer support to exchange the skills and experiences of problem solving;
- Referral or individual support plan for service users;
- Resources corner and diversified relaxation methods to enhance the problem solving ability of service users;
- Promotion of community education and networking with various social service units and organisations to establish a smooth referral mechanism.

Office Number: 2383 2122

Fax Number: 2383 2231

Crisis Line: 18288

Address: No. 50, Kwun Tong Road, Kowloon

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 身份証：_____ 1.6 電話：_____ 1.7 宗教：_____
- 1.8 地址：_____
- 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往兩年患有抑鬱症.....
- 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 最後自殺在何時？_____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？(即是沒有人能幫助自己)----- 是 / 否
- 4.9 你是否寧願晚上留在家裡，而不愛出外做些有新意的事情？----- 是 / 否
(譬如：和家人到一新開張酒樓吃晚飯)
- 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)

補充資料

5. 自殺高危因素：_ (可選擇多項)

- 5.1 獨居 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 _____

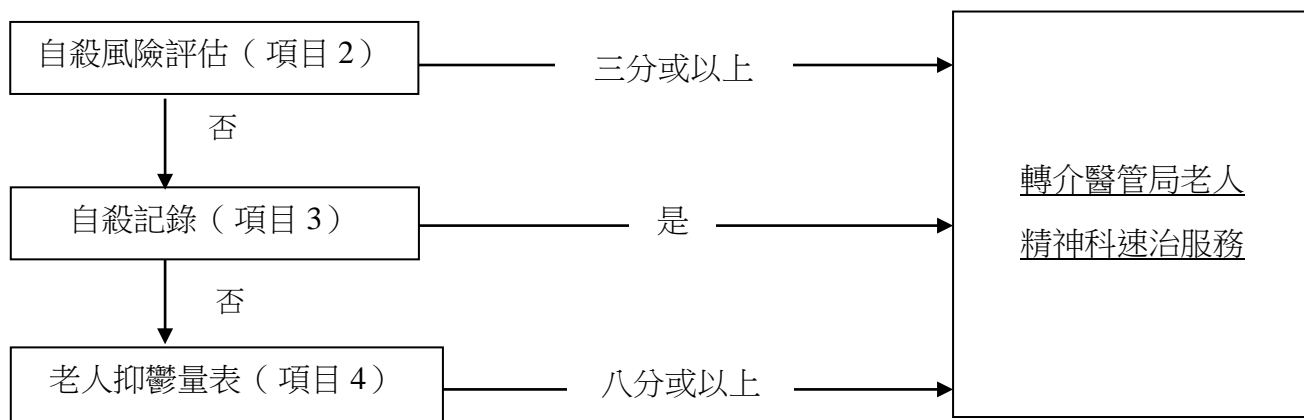
6. 自殺徵兆：

- 6.1 言語表示 無 有 內容 _____
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 其他 _____

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



* 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)

電話：2456 8087 傳真：2462 7480

葵涌醫院老齡精神科

(葵涌、青衣、荃灣、深水埗)

電話：2959 8473 傳真：2959 8370

新界東老人精神科

(北區)

電話：2683 7618 傳真：2683 7676

九龍醫院老人精神科

(油麻地、尖沙咀、九龍城、黃大仙、西貢)

電話：3129 6649 傳真：2714 3969

東區尤德夫人那打素醫院老人精神科

(港島軍器廠街以東)

電話：2595 4035 傳真：2505 6474

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)

電話：2727 8494 傳真：2717 1394

轉介者姓名：_____ 職位：_____

機構名稱：_____ 電話：_____

簽署：_____ 傳真：_____

日期：_____

Official Use Only:

Date received:

Appointment date:

- 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：

0分：	不存在
	沒有任何自殺的想法、意念和行為。
1分：	覺得生存沒有價值
	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。
2分：	希望自己已經死去，或想到可能致死的任何念頭。
	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）
3分：	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
	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）
4分：	自殺的想法或姿態
	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。
5分：	任何嚴重的自殺行為
	長者有實質自殺的計劃和自殺的行為。

RainLily

RainLily provides one-stop support services for female victims of sexual violence (including sexual assault and sexual harassment including rape and indecent assault, etc.) to accompany them to recover from trauma.

Service Objectives

- Provide appropriate support including immediate counselling, forensic examination, statement-taking, etc. in order to assist the victims to rebuild self-esteem and self-confidence
- Coordinate different services and procedures to take place in the centre of RainLily to avoid further traumatising during the course of recounting the abuse experience at different departments.

Service Scope

- **One-stop and 24-hour professional intervention service**
24-hour professional intervention pager service offering immediate crisis support.
- **Immediate and Post Crisis Medical Support**
Collaborating with a number of hospitals to provide immediate examination and treatment as well as preventive treatment for victims; accompanying the victims to receive medical services and explaining various medical procedures.
- **Counselling Service**
Providing casework follow-up, emotional and psychological counselling and referral to clinical assessment if needed.
- **Counselling Group**
Service users can gain comfort and support from other survivors and learn to cope with emotions.
- **Accompaniment Services**
Accompanying the victims to undergo the relevant legal proceedings including taking statement, attending trial, etc.
- **Professional Training**
Providing diversified seminars and workshops for different professionals such as healthcare personnel, teachers, social workers, church fellows, etc.
- **Legal Clinic**
Providing free legal consultation and arranging interviews with lawyers to provide pro-bono information on legal rights.

Fees

- Free of charge for appropriate assistance, including immediate counselling, forensic medical examination, statement taking, postcoital contraception, sexual transmittable infections testing and preventive treatment, legal information, etc.

Hotline for interview arrangement: 2375 5322

Website: <https://rainlily.org.hk/eng/home>

Chapter 5: Procedures for Handling Elder Abuse Cases by the Hospital Authority

The hospitals/ clinics/ Community Geriatric Assessment Teams of the Hospital Authority (HA) or other outreaching services have opportunity to come into contact with the elderly persons being abused. An elderly person being abused may seek assistance from a hospital/ clinic by himself/ herself or be referred to a hospital/ clinic by the Police/ social workers/ other healthcare personnel. This Chapter will cover the procedures for handling suspected elder abuse cases for units under the HA. It should be read in conjunction with Chapter 3 of this Guidelines: Working Guidelines on Serving the Elderly Persons Being Abused.

1. Intake of Elder Abuse Cases

1.1 Liaison Doctors

To early identify elder abuse cases and promote communication among various professions in the handling of elder abuse, a liaison doctor is designated for every hospital with 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 elderly persons being abused, including out-patient consultation and in-patient service, if necessary.
- 1.1.2 To give professional advice to other healthcare personnel and professionals in hospitals.

1.2 Accident and Emergency Department/ Clinics

- 1.2.1 If an elderly person/ his or her family member/ guardian seeks medical treatment from the Accident and Emergency Department or a clinic and alleges that he/ she/ the elderly person has been abused, or when an elderly person being abused 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 or injuries of the elderly person 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 medical social worker (MSW).
- 1.2.2 Upon examination of the elderly person's health conditions or injuries, if the doctor suspects that the elderly person has been abused and is in need of hospitalisation (e.g. the elderly person suffers physical injury or dehydration), the doctor should arrange for him/ her for hospital admission. If the elderly person does not need to be hospitalised, the doctor should refer him/ her to the

MSW and the department of medicine/ geriatric specialist out-patient service/ or other appropriate 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 elderly person being abused does not need to be hospitalised, the MSW should refer the elderly person to a suitable service unit in the community by taking into consideration the district of residence of the elderly person, the services that the elderly person 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 elderly person being abused, such as arranging temporary or emergency residential service for him/ her, and settling down his/ her emotional problems and financial problems, etc. to ensure that his/ her safety and well-being are protected.
- 1.2.4 If there is no MSW in the clinic, the doctor should ask the elderly person whether he/ she is currently receiving any social services. If the elderly person is a known case of a social service unit, the doctor or nurse may contact the unit direct to share the background information of the elder abuse incident to facilitate the unit in assisting the elderly person to handle the elder abuse incident.

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

If the elderly person has not received any social services, the doctor may, after obtaining the elderly person’s consent, refer him/ her to an Integrated Family Service Centre (IFSC)/ Integrated Services Centre (ISC) in accordance with his/ her place of residence. If the incident involves spouse/ cohabitant violence, the doctor may refer the elderly person to a Family and Child Protective Services Unit (FCPSU) of the Social Welfare Department (SWD). Alternatively, the doctor may consider referring the case to other non-governmental social service agencies. For the list of IFSCs/ ISCs, please refer to the website at https://www.swd.gov.hk/en/index/site_pubsvc/page_family/sub_listofserv/id_ifs/

For the list of FCPSUs, please refer to the website at https://www.swd.gov.hk/en/index/site_pubsvc/page_family/sub_listofserv/id_familyandc/

- 1.2.5 When making a referral, the doctor should make reference to Appendix I to Chapter 3 to provide the information of the elderly person being abused, including:

- 1.2.5.1 Name, date of birth (or age), Hong Kong Identity Card number of the elderly person being abused
- 1.2.5.2 Residential address and contact number of the elderly person
- 1.2.5.3 The location of the elderly person (if different from the residential address)
- 1.2.5.4 The background of the abuse incident
- 1.2.5.5 Whether the elderly person is in immediate danger or has any special needs
- 1.2.5.6 The physical and psychological conditions of the elderly person
- 1.2.6 The doctor should keep in touch with other professionals to ensure delivery of the most appropriate services to the elderly person in addressing the abuse problem.

1.3 Wards

- 1.3.1 Some abuse cases are detected during the elderly person's stay in hospital (especially elder abuse cases of neglect/ abandonment).
- 1.3.2 If suspecting that the elderly person has been abused, the doctor in charge of the case should arrange for the elderly person to be assessed by the geriatric unit and refer the elderly person 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 elderly person being abused does not need to be hospitalised, the MSW should refer the elderly person to a suitable service unit in the community by taking into consideration the district of residence of the elderly person, the services that the elderly person 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 elderly person being abused, such as arranging temporary or emergency residential service for him/ her, and settling down his/ her emotional problems and financial problems, etc. to ensure his/ her safety and well-being are 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 medical and healthcare services in residential care homes, the healthcare personnel who first detects the case should immediately inform the doctor in charge and the MSW of the team. If the elderly person suspected of being abused is a resident of residential care home for the elderly

(RCHE)/ Nursing Home (NH)/ Contract Home having social work grade staff, the social worker of the institution should be informed. The healthcare personnel should also inform the Licensing Office of Residential Care Homes for the Elderly of the SWD.

- 1.4.2 If the elderly person 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 elderly person suspected of being abused does not need to be hospitalised, the doctor in charge of the case should refer the case to the MSW of the team. If the elderly person suspected of being abused is a resident of RCHE/ NH/ Contract Home having social work grade staff, the doctor in charge of the case should refer it to the social worker of the institution.
- 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 elderly person being abused does not need to be hospitalised, the MSW should refer the elderly person to a suitable service unit in the community by taking consideration into the district of residence of the elderly person, the services that the elderly person 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 elderly person being abused, such as arranging temporary or emergency residential service for him/ her, and settling down his/ her emotional problems and financial problems, etc. to ensure his/ her safety and well-being is protected.

1.5 Community Nursing Service

- 1.5.1 If a suspected elder abuse case is detected by community nurses in the course of providing health assessment or nursing care services for elderly persons in the community, the responsible nurse should first take care of the immediate safety of the elderly person and, after obtaining the elderly person's consent, provide him/ her with examination and nursing care. The nurse should approach the elderly person, 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 elderly person is currently receiving services from a Community Geriatric Assessment Team, the responsible nurse should contact the doctor in charge of the elderly person's case for necessary follow-up actions.
- 1.5.3 If the elderly person suspected of being abused needs to be hospitalised, the nurse should arrange for the elderly person 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 elderly person's family members/ guardian to enlist their assistance.

- 1.5.4 If the elderly person 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 elderly person, the services that the elderly person is currently receiving and his/ her preference.
- 1.5.5 If an elderly person 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 elderly person can be provided with the required medical services.

For information on the Guardianship Board and the application procedures for a guardianship order, please refer to the website of the Guardianship Board at www.adultguardianship.org.hk

- 1.5.6 If the suspected abuser is a staff member of the agency/ RCHE which provides services for the elderly person, the responsible nurse should notify the person-in-charge of the agency/ RCHE for appropriate action. If a RCHE is involved, the responsible nurse should contact the Licensing Office of Residential Care Homes for the Elderly of the SWD for follow-up. If the agency/ RCHE has social work grade staff, the case may be referred to the social worker (For assisting elderly persons being abused who are mentally incapacitated, please refer to paragraph 2 of this Chapter).

For the procedures for handling institutional abuse of elderly persons, please refer to Chapter 9.

2. Assisting Elderly Persons Being Abused who are Mentally Incapacitated

If the elderly person being abused is a mentally incapacitated person (MIP), the doctor in charge of the case should approach the elderly person's family member/ guardian to obtain their consent for the elderly person to undergo the required examination and treatment. If the elderly person being mentally incapacitated is assessed to be capable of understanding the meaning of the medical consent form, he/ she can still decide whether he/ she will receive the treatment. If the elderly person does not have the ability to give consent and has no guardian, the doctor in charge of the case could provide necessary non-urgent or urgent treatment in the best interests of the elderly person. If the elderly person or his/ her family members refuse(s) treatment, other family members or social worker or the doctor in charge of the case should consider

applying to the Guardianship Board for a guardianship order for the elderly person to protect the safety of the elderly person.

For information on the Guardianship Board and the application procedures for a guardianship order or an emergency guardianship order, please refer to the website of the Guardianship Board at www.adultguardianship.org.hk

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 HA, for the sake of protecting the elderly person, 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 HA, please refer to Chapter 9.

4. Reporting to the Police

- 4.1 When healthcare personnel come into contact with the elderly persons being abused, some of the elderly persons or their family members may already have reported the case to the Police if criminal offences are involved. If the elderly person or his/ her family members has/ have not reported the case to the Police, the healthcare personnel may refer the case to the MSW if necessary. The MSW may guide the elderly person 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 elderly person is endangered or the elderly person has obvious and serious bodily injuries, the doctor in charge of the case shall immediately report the case to the Police.
- 4.2 If the elderly person being abused is a MIP, the doctor in charge of the case needs to contact the MSW who will assist the elderly person 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 elderly person being abused may suffer great psychological pressure and trauma. If an elderly person shows signs of depression during his/ her stay

in hospital, the doctor in charge of the case should assess whether the elderly person 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 elderly person being abused 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 HA for psychological assessment or in-depth psychological treatment, apart from referring to Psychogeriatric Service.

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

If the healthcare personnel believe or confirm that elder abuse did take place, they are required to complete a data input form of the “Central Information System on Elder Abuse Cases”. If the elder abuse case involves sexual abuse or violence of intimate partner, it is also required to complete a data input form of the “Central Information System on Spouse/ Cohabitant Battering Cases and Sexual Violence Cases” separately.

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

7. Participation in the “Multi-disciplinary Case Conference” (MDCC) (If applicable)

When the elderly person being abused receives the assistance of social service agency and their intervention, the responsible social worker may, according to the arrangements as stated in Chapter 10 of this Guidelines, invite all the professionals concerned, including healthcare personnel, to attend a MDCC to discuss the elderly person’s needs and formulate a follow-up plan.

For the details of the MDCC, please refer to Chapter 10.
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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 in conjunction with Chapter 3 of this Guidelines: Working Guidelines on Serving the Elderly Persons Being Abused.

1. Sources of Cases

An elderly person discloses the abuse case to nurses, doctors or other healthcare personnel when he/ she goes to a clinic under DH on his/ her own for treatment and regular follow-up consultation.

In delivering services to the elderly person, nurses, doctors or other healthcare personnel observe that the elderly person 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 elderly person and record his/ her physical condition.
- 2.2 If elder abuse incident involves criminal element, healthcare personnel may find that some elderly persons being abused or their family members have already reported the case to the Police. If not, the healthcare personnel should help the elderly person understand his/ her right to report the case to the Police. In case the elderly person has not reported to the Police and the personal safety of the elderly person is endangered or the elderly person has obvious and serious bodily injuries, the doctor in charge of the case shall report it to the Police immediately.

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

If the elderly person being abused is a mentally incapacitated person (MIP), please refer to paragraph 4 of this Chapter “Assisting Elderly Persons Being Abused who are Mentally Incapacitated”. If necessary, the doctor in charge of the case has to assist the elderly person being abused to report to the Police.

- 2.3 If the elderly person is in serious emotional disturbance, the doctor should offer counselling, provide treatment or make referral to the psychogeriatric service or psychiatric service of the Hospital Authority (HA) for appropriate treatment.

- 2.4 The doctor may refer the elderly person 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 elderly person and his/ her carer solve their problems, the doctor should ask the elderly person whether he/ she is currently receiving any social services. If the elderly person is a known case of a social service unit, the doctor may, after obtaining the elderly person's consent, contact the unit direct to share the background information of the elder abuse incident to facilitate the unit in assisting the elderly person to handle the elder abuse incident.

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

- 2.6 If the elderly person has not received any social services, the doctor may, after obtaining the elderly person's consent, refer him/ her to an Integrated Family Service Centre (IFSC)/ Integrated Services Centre (ISC) in accordance with his/ her place of residence. If the elderly person is receiving day hospital service or psychiatric out-patient service where medical social services is provided by the Social Welfare Department (SWD), the doctor may refer him/ her to the Medical Social Services Unit (MSSU) of the SWD. If the incident involves spouse/ cohabitant violence, the doctor may refer the elderly person to a 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 list of IFSCs/ ISCs, please refer to the website at https://www.swd.gov.hk/en/index/site_pubsvc/page_family/sub_listofserv/id_ifs

For the list of MSSUs, please refer to the website at https://www.swd.gov.hk/en/index/site_pubsvc/page_medical/sub_medicalsoc/

For the list of FCPSUs, please refer to the website at https://www.swd.gov.hk/en/index/site_pubsvc/page_family/sub_listofserv/id_familyandc/

- 2.7 The following information should be provided by the doctor with reference to Appendix I to Chapter 3 in making a referral, which includes:**

- 2.7.1 Name, date of birth (or age) and Hong Kong Identity Card number of the elderly person being abused.
- 2.7.2 Residential address and telephone number of the elderly person.
- 2.7.3 The location of the elderly person (if different from the residential address).
- 2.7.4 The background of the abuse incident.
- 2.7.5 Whether the elderly person is in immediate danger or has any special needs.
- 2.7.6 The physical and psychological conditions of the elderly person.
- 2.8 The doctor should keep in touch with other professionals to ensure delivery of the most appropriate services to the elderly person in addressing the abuse problem.

3. Procedures for Handling Elder Abuse Cases by Nurses or Other Healthcare Personnel

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

4. Assisting Elderly Persons Being Abused who are Mentally Incapacitated

If the elderly person being abused is a MIP, the doctor in charge of the case shall contact the elderly person's family members/ guardian to obtain their consent for the elderly person to receive the required examination and treatment. If the elderly person being mentally incapacitated is capable of understanding the meaning of the medical consent form, he/ she can still decide whether he/ she will receive the treatment. If the elderly person does not have the ability to give consent and has no guardian, the doctor in charge of the case can provide the necessary non-urgent or urgent treatment in the best interests of the elderly person. If the elderly person or his/ her family members refuse(s) treatment, other family members or social worker or the doctor in charge of the case shall consider applying to the Guardianship Board for a guardianship order for the elderly person to protect the safety of the elderly person.

For information on the Guardianship Board and the application procedures for a guardianship order or an emergency guardianship order, please refer to the website at http://www.adultguardianship.org.hk
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5. Reporting to the “Central Information System on Elder Abuse Cases”

If the healthcare personnel believe or confirm that elder abuse did take place, they can explain to the elderly person about the purpose of records of the “Central Information System on Elder Abuse Cases” and complete a data input form of the “Central Information System on Elder Abuse Cases” after obtaining the elderly person’s consent. If the elder abuse case involves sexual abuse or violence of intimate partner, it is also required to complete a data input form of the “Central Information System on Spouse/ Cohabitant Battering Cases and Sexual Violence Cases” separately. If the elderly person being abused does not agree to pass his/ her personal data to the Central Information System, the healthcare personnel shall respect the wish of the elderly person.

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

6. Participation in the “Multi-disciplinary Case Conference” (MDCC) (if applicable)

When the elderly person being abused receives the assistance of social service agency and their intervention, the responsible social worker may, according to the arrangements as stated in Chapter 10 of this Guidelines, invite all the professionals concerned, including healthcare personnel, to attend a MDCC to discuss the elderly person’s needs and formulate a follow-up plan.

For the details of the MDCC, 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 to the Police by the elderly person being abused, his/ her relatives or the general public through different channels, including the 999 Police hotline or in person to a police station, hospital police post, etc. 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 Guidelines: Working Guidelines on Serving the Elderly Persons Being Abused.

1. Principles in Handling Elder Abuse Cases

- 1.1 Protecting the elderly person being abused from further harm.
- 1.2 Taking statement from the elderly person being abused 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 elderly person being abused and related persons for appropriate follow-up services where practicable.
- 1.5 Protecting the privacy of the elderly person being abused 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 will be taken by a police officer upon receipt of a report of suspected elder abuse case.**
 - 2.1.1 Request the informant to give his/ her personal particulars. Anonymous report should also be accepted in light of the circumstances, but the informant should be advised that the Police may need further information and requested for his/ her contact details.
 - 2.1.2 Record all details which may identify the elderly person suspected of being abused, including:
 - 2.1.2.1 Name, date of birth/ age and sex of the elderly person;
 - 2.1.2.2 Hong Kong Identity Card number/ other identity document number (if any) of the elderly person;

- 2.1.2.3 Nature, date and location of the suspected elder abuse incident;
 - 2.1.2.4 Whether the elderly person has any special needs, such as illness, physical incapacity, mental incapacity or difficulty in communication, etc.;
 - 2.1.2.5 Present location of the elderly person and his/ her means of contact; and
 - 2.1.2.6 Details of the elderly person'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 his/ her RCCC/ Duty Officer immediately for making suitable manpower deployment.
- 2.3 If the case involves an elderly person who might have been sexually abused, a police officer of the same sex as the elderly person must be deployed to the scene.

3. Investigation at Scene

- 3.1 If the elderly person or 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 healthcare personnel that the injured might have been involved in a case of elder abuse.
- 3.2 The police officers should pacify the emotion of the elderly person and make enquiries with the elderly person and other persons separately. Such an arrangement will be made especially when the suspected abuser involved in the case is a member of the family or lives in the same premises, so that the elderly person 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 police officer on outdoor duties receives a report of a sexual violence, he/ she should only ask the elderly person of the opposite sex such questions that are necessary to establish whether the culprit is still in the vicinity. The officer should arrange for the elderly person to be conveyed as quickly as possible to the nearby police station where follow-up action should be made by an officer of the same sex as the elderly person.

- 3.4 If the elder abuse incident involves violence of intimate partner, actions shall be taken 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 asked 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 of all related persons 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 related persons back to police station for further investigation where necessary.
- 3.6 Police officers should, as far as possible, take statement from the elderly person at the scene so that the elderly person’s emotion and willingness to reveal the incident would not be affected by subsequent travelling or other circumstances. If the elderly person 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 elderly person being abused trusts and is familiar with, as a witness to accompany the elderly person when giving statement.
- 3.8 If the suspected abuser is a relative or friend of the elderly person and has been arrested, police officers should explain to the elderly person being abused 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 arrested person will be taken.

Police officers may also refer to the handling procedures stipulated in FPM Chapters 21-08, 34-02, 34-15 and 34-17 as well as the “Procedural

4. Prosecution

- 4.1 Where there is evidence indicating that criminal cases have occurred, 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 by the police officer.
- 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 elderly person of the investigation result when:**
 - 4.4.1 following the determination of any trial concerning the case;
 - 4.4.2 every 6 months for active cases listed as serious;
 - 4.4.3 whenever investigation is curtailed; and
 - 4.4.4 whenever investigation result in the case 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, police officers should on the premises of the elderly person’s personal safety, assess whether it is still suitable for the elderly person to reside in his/ her original residence. Police officers should, where practicable, provide escort service to convey the elderly person being abused to a safe accommodation.
- 5.2 If the elderly person has no place for temporary accommodation, emergency placement will be arranged with the consent of the elderly person (applicable to both genders) through a social worker of the Social Welfare Department (SWD) or, in the event of a known case, the social worker from the service

unit of the non-governmental organisation (NGO).

For the list of residential care homes for the elderly and Nursing Homes providing emergency placement service and the application procedures, please refer to the website at https://www.swd.gov.hk/en/index/site_pubsvc/page_elderly/sub_residentia/id_emergencyp/

- 5.3 If a female elderly person is exposed to domestic violence and is capable of taking daily care of herself, police officers can refer her to refuge centres for women operated by NGOs.

For information about refuge centres for women, please refer to the website at https://www.swd.gov.hk/en/index/site_pubsvc/page_family/sub_listofserv/id_230/

- 5.4 When deemed necessary, the elderly person being abused may be arranged to use short-term residential service provided by the Multi-purpose Crisis Intervention and Support Centre (CEASE Crisis Centre of Tung Wah Group of Hospitals) and the Family Crisis Support Centre (Caritas Family Crisis Support Centre).

Please refer to Appendixes III and VI to Chapter 4 for services of the CEASE Crisis Centre and Caritas Family Crisis Support Centre.

- 5.5 The elderly person being abused can also be admitted to the urban hostel for single person.

For the list of urban hostels for single persons providing emergency accommodation service, please refer to the website at https://www.swd.gov.hk/en/index/site_pubsvc/page_family/sub_listofserv/id_temporarys/

6. Referral of Elderly Persons for Welfare Services

- 6.1 To facilitate the elderly person being abused and related persons in obtaining appropriate assistance so as to solve the elder abuse problem, police officers can ask the elderly person being abused whether he/ she is receiving/ or has received any social services. If the elderly person being abused is a known case of a social service unit, the police officer can, with the consent of the elderly person being abused, contact the unit to share the background of the elder abuse incident, thereby assisting the elderly person in obtaining the service as soon as possible.

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

- 6.2 If no information reveals that the elderly person being abused is a known case of any social service unit and the police officer opines there is a need, he/ she can, with the consent of the elderly person being abused, refer the elderly person to Integrated Family Service Centre (IFSC)/ Integrated Services Centre (ISC) serving his/ her usual place of residence. If the incident involves spouse/ cohabitant violence, it may be referred to a Family and Child Protective Services Unit (FCPSU) of SWD.

For the list of IFSCs/ ISCs, please refer to the website at https://www.swd.gov.hk/en/index/site_pubsvc/page_family/sub_listofserv/id_ifs/

For the list of FCPSUs, please refer to the website at https://www.swd.gov.hk/en/index/site_pubsvc/page_family/sub_listofserv/id_familyandc/

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

Samples of Consent Form for Referral for Social Services and the memorandum are at Appendixes I and II to Chapter 7 (revised in April 2005) respectively.

- 6.4 Police officers are not required to make a referral if the incident is referred to the Police for investigation by SWD, NGOs or other unit, and the elderly person being abused has been given follow-up actions.
- 6.5 All actions taken must be recorded in the Communal Information System (CIS) for future reference. For cases in which no referral has been made, police officers must also record the reasons in details.
- 6.6 Upon receipt of a written referral from the Police, the officer-in-charge of the corresponding IFSC/ ISC will acknowledge the referral by filling in the Reply Slip appended to the referral document (Appendix II to Chapter 7) 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 input the information into the CIS for future reference.
- 6.7 If the social worker who received the referral cannot reach the subject of the referral within seven days; or the subject party subsequently refuses to accept the services, the responsible caseworker will provide further information as to

whether the subject party has accepted or declined support services by using the 2nd Reply Letter at Appendix II to Chapter 7 (page 3) within one month from the date of referral. The Police division concerned shall update the information into the CIS accordingly.

6.8 Referrals without Consent

6.8.1 The collection of personal data by the Police in elder abuse cases is generally for the purposes specified in the Police Force Ordinance (PFO) (Cap. 232):

6.8.1.1 the prevention or detection of crimes and offences [Section 10(b)]; and/ or

6.8.1.2 the prevention of injury to life and property [Section 10(c)].

6.8.2 For cases which the victim and/or the alleged offender refuse(s) to give consent to the referral, the victim/ alleged offender may still be referred for social services if the referral to SWD is made for the same purposes stated in paragraph 6.8.1 above.

6.8.3 If the personal data of a victim/ alleged offender/ their family member is collected by the Police for a purpose other than those set out in section 6.8 above, referral to SWD or other service agencies without consent may still be effected. Such referral will be exempted under Section 58(2) of the Personal Data (Privacy) Ordinance [PD(P)O] (Cap. 486), provided that the Police have reasonable grounds to believe that failure to disclose the subject's personal data to SWD will likely prejudice the prescribed purposes specified in Section 58(1) of the PD(P)O:

6.8.3.1 the prevention or detection of crime [Section 58(1)(a)]; and/ or

6.8.3.2 the prevention, preclusion or the remedying (including punishment) of unlawful or seriously improper conduct, or dishonesty or malpractice, by persons [Section 58(1)(d)];

6.8.4 In addition to the above ordinance provisions, such referral will also be exempted under Section 59(2) of the PD(P)O (Cap. 486), provided that the Police have reasonable grounds to believe that failure to disclose personal data relating to the identity or location of the data subject to SWD will likely cause serious harm to the physical or mental health of:

6.8.4.1 the data subject [Section 59(2)(a)]; or

6.8.4.2 any other individual [Section 59(2)(b)].

6.8.5 Each case shall be considered on its own merits, taking into account such factors as the seriousness of injuries suffered by the victim, alleged offender's

propensity to violence, etc.

- 6.8.6 Before making a written referral, the referring police officer should, as far as practicable, discuss with the officer-in-charge of the corresponding IFSC/ ISC or service agency on the appropriateness and necessity of making referrals without consent. Disclosure of excessive information or personal data relating to the identity of the data subject should be avoided in the discussion. Referral procedures stipulated in paragraphs 6.1 to 6.3 of this Chapter should then be followed and the sample of the memorandum at Appendix II to Chapter 7 duly completed.

7. Handling Elderly Persons Being Sexually Abused

7.1 One-stop Service Model

- 7.1.1 Regardless of whether the elderly person being abused is referred by other professionals or reports to the Police directly, police officers of the same sex as the elderly person should be arranged for investigation as far as practicable.
- 7.1.2 The Police endeavour to reduce the pressure on victims of sexual violence who are assisting in investigation. With the consent of the elderly person being abused and where practicable, immediate referral will be made to the CEASE Crisis Centre of Tung Wah Group of Hospitals for their one-stop support service for adult victims of sexual violence.
- 7.1.3 According to the one-stop service model, statement-taking and forensic examination for the elderly person being abused will be conducted in the same public hospital where he/ she is receiving treatment as far as practicable. This will avoid the need for the victim to travel and will expedite the investigation process. The elderly person being abused can also request the presence of any person of their choice when attending Police interviews and forensic examination.
- 7.1.4 If the elderly person being sexually abused refuses to receive the service provided by CEASE Crisis Centre, services provided by other relevant NGOs may be introduced, such as the Family Planning Association of Hong Kong and RainLily. Immediate referral can be made with the victim's consent.
- 7.1.5 If the elderly person being abused wishes to have more time to consider the service mode or make his/ her own arrangement later, the police officer should advise the elderly person to call the public hotline.
- 7.1.6 Even if the elderly person being abused does not initially agree or consider it necessary to receive any referral service, the police officer should remind the elderly person at any time as appropriate during the investigation to use

relevant support services.

Police officers may refer to the handling procedures stipulated in FPM Chapter 34-02.

8. Assisting Elderly Persons who are Mentally Incapacitated

- 8.1 If the elderly person being abused is a mentally incapacitated person (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 apply to the court to use the video recording as the victim's material evidence in criminal proceedings. Under such circumstances, the police officer should observe FPM Chapter 34-11 and the provisions of the Criminal Procedure Ordinance (Cap. 221).
- 8.2 If it is disclosed that the elderly person being abused 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 elderly person being abused before deciding whether the elderly person is fit for giving evidence or not, and in what way the evidence should be given. In case of emergency or if the elderly person being abused has never received any relevant treatment, police officers can seek assistance from doctors of the Hospital Authority or clinical psychologists of SWD.
- 8.3 If the elderly person is a MIP who is required to give evidence before court for an alleged offence mentioned in paragraph 8.1 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.

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

- 9.1 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, police officers shall complete the data input form of the “Central Information System on Elder Abuse Cases” and submit it to the Family Conflict and Sexual Violence Policy Unit (FCSV) within one month. The officer in charge of the case is responsible for completing the form for criminal cases, whereas officers in Uniform Branch are responsible for other cases. The form (consolidated by

FCSV) should then be submitted to the “Central Information System on Elder Abuse Cases” under the Elderly 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.

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

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

- 9.3 If the elder abuse case involves sexual abuse or violence of intimate partner, police officers are required not only to complete a data input form of the “Central Information System on Spouse/ Cohabitant Battering Cases and Sexual Violence Cases”, but also a data input form of the “Central Information System on Elder Abuse Cases”.

10. Participation in the “Multi-disciplinary Case Conference” (MDCC) (if applicable)

- 10.1 When the elderly person being abused receives assistance from any social service agency, the responsible social worker may, according to the arrangement as stated in Chapter 10 of this Guidelines, convene a MDCC and invite all the professionals concerned, including police officers, to attend the MDCC to discuss the needs of the elderly person and formulate a follow-up plan.

For the details of the MDCC, please refer to Chapter 10.

- 10.2 For criminal cases, the officer in charge of the case or in his/ her absence, an officer of the rank of Sergeant who is familiar with the case, shall attend the MDCC on his/ her behalf. For other cases, the Divisional Commander will designate officer(s) to attend the MDCC.
- 10.3 In view that criminal investigation may be underway, the police officer attending the MDCC has to observe the rules of the PD(P)O and remain neutral during the discussion. Information which is sub judice in nature should not be provided.

**Hong Kong Police Force
Consent Form for Referral for Social Services**

I, _____, holder of HKIC no./ other Identity 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

Appendix II to Chapter 7

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



(Name and Address of Referring Division)

Officer-in-charge,
Integrated Family Service Centre (IFSC)/
Integrated Services Centre (ISC)

Date

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/ ISC on (date) _____ by _____.

Consent Form must be faxed together with this Referral Letter.

* Delete as appropriate

Reply Slip

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

(Name of Receiving IFSC/ ISC)

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

<u>To be completed by Police</u>	
Action by Police upon receiving the Reply Slip	<input type="checkbox"/> contact means verified and SWD/ NGO informed. <input type="checkbox"/> other action as appropriate _____ <input type="checkbox"/> 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/ Integrated Services Centre, please refer to the "E-Social Services Package" under the category of "Elder" in the CPPU Homepage

PERSONAL DATA
2nd REPLY LETTER
(Reply within ONE month)

(Name and Address of Integrated Family
Service Centres/ Integrated Services Centre)

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

<u>To be completed by Police</u> Action by Police upon receiving the Reply Slip	<input type="checkbox"/> contact means verified and SWD/ NGO informed. <input type="checkbox"/> other action as appropriate _____ <input type="checkbox"/> CIS updated on (date) _____ by _____.
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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 elderly persons. The following procedures are applicable to all staff members who come into contact with suspected elder abuse cases. This Chapter should be read in conjunction with Chapter 3 of this Guidelines: Working Guidelines on Serving the Elderly Persons Being Abused.

1. Sources of Cases

- 1.1 In their routine duties, staff members may come into contact with elder abuse cases under different circumstances, e.g. elderly persons paying rent at the estate offices, staff members visiting tenants of the Housing for the Senior Citizens or singleton elderly persons, as well as handling enquiries and applications related to transfer, rent assistance or splitting of households, etc.
- 1.2 Elderly persons may approach staff members to talk about the abuse they are suffering.
- 1.3 Staff members may find out through observation that an elderly person is being abused.
- 1.4 Elder abuse cases may also be revealed by other tenants.

2. Handling Procedures upon Receiving Requests for Assistance

- 2.1 Making initial assessment regarding the genuineness of the case by checking the tenancy records and file information or through home visit.
- 2.2 Contacting the elderly person suspected of being abused or his/ her relatives or friends to inquire whether the abuse has taken place or checking past records related to the handling of elder abuse incident and follow-up condition.
- 2.3 If the elderly person has not received any social services, staff members may, after obtaining the elderly person's consent, refer him/ her to an Integrated Family Service Centre (IFSC)/ Integrated Services Centre (ISC) in accordance with his/ her place of residence. If the incident involves spouse/ cohabitant violence, staff members may refer the elderly person to a Family and Child Protective Services Unit (FCPSU) of the Social Welfare Department (SWD). Alternatively, staff members may consider referring the case to other non-governmental social service agencies.

For the list of IFSCs/ ISCs, please refer to the website at https://www.swd.gov.hk/en/index/site_pubsvc/page_family/sub_listofserv/id_ifs

- 2.4 If the elderly person refuses the intervention of social workers
- 2.4.1 Staff members should maintain contacts with the elderly person and arrange for referrals in due course.
- 2.4.2 Staff members may also discuss the assistance for the elderly person with social workers without revealing the elderly person's personal particulars.
- 2.5 If the elderly person 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 elderly person's safety.
- 2.6 Cases involving the elderly person's and his/ her family members' request on housing service should be dealt with by staff members according to the general procedures and guidelines, and attention should be paid by staff members on whether the elderly person requires other social services. With the consent of the subject, staff members can also consider referring the case to other social service agency for assistance.
- 2.7 If it is discovered that the family member(s) failed to honour the pledge to take care of or live in harmony with the elderly person after being allocated a public rental housing unit by the Housing Department with priority or addition into tenancy through various schemes with the objective to taking care of the elderly person, the staff members could carry out tenancy control according to general procedures and guidelines.

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

If staff members believe or confirm that elder abuse did take place, they are required to complete the data input form of 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.

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

When the elderly person being abused receives the assistance of social service agency

and their intervention, the responsible social worker may, subject to the need of the case, invite all the professionals concerned, including staff members of the Housing Department, to attend a MDCC to discuss the elderly person's needs on housing arrangement and formulate a follow-up plan.

For the details of the MDCC, please refer to Chapter 10.

Chapter 9: Procedures for Handling Institutional Abuse of Elderly Persons

Apart from family members/ relatives or friends, staff of elderly service agencies/ units (e.g. Integrated Home Care Services Teams, residential care homes for the elderly (RCHEs) or hospitals, etc.) may also involve in elder abuse incidents of different nature (e.g. misappropriation of the elderly person's property, etc.) in the course of serving the elderly persons. In this Guidelines, **elder abuse (including suspected abuse) committed by staff of elderly service agencies/ units is referred as "Institutional Abuse"**. The detailed procedures for handling institutional abuse are stated in this Chapter.

Please refer to Appendix I to Chapter 9 for "Flow Chart for Handling Institutional Abuse of Elderly Persons".

1. Handling of Reports of Institutional Abuse

1.1 Sources of Reports of 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 elderly person being abused or his/ her relatives or friends (e.g. a relative or friend reporting to the Day Care Centre for the Elderly (D/E) that the elderly person is subject to unreasonable restraint while receiving the service at the D/E). On the other hand, in the course of serving the elderly persons, departments/ units may also receive reports by the elderly person/ relatives or friends that the elderly person is/ was subject to abuse by the staff member of another agency (e.g. member of a District Elderly Community Centre reporting to the counsellor therein that a staff member of another agency offering home care service would give the elderly person 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 Unit Concerned by the Elderly Person or His/ Her Relatives or Friends

1.2.1 Staff members who have found out that an elderly person 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 elderly person or his/ her relatives or friends, should inform the officer-in-charge of the agency/ unit immediately.

1.2.2 Regardless of the genuineness of the elder abuse incident, the officer-in-charge of the agency/ unit should replace the staff member being the suspected abuser with another staff member immediately in providing

service for the elderly person.

- 1.2.3 Refer the case to social workers for follow-up action. If the non-governmental organisation/ unit/ Contract Home has social work grade staff, the social worker of the agency/ unit should take on the role as the responsible social worker of the case. Otherwise, the unit should refer the elderly person to suitable service units according to what other services the elderly person is receiving, as well as his/ her place of residence and preference.

For identifying the responsible service unit for handling the suspected elder abuse case, please refer to paragraph 2.3 of Chapter 4.

1.3 Handling Reports of Suspected Elder Abuse in Other Agencies/ Units

- 1.3.1 Staff members who have received reports of suspected elder abuse in other agencies/ units should inform the officer-in-charge of the involved unit immediately.
- 1.3.2 The officer-in-charge of the unit should refer the elderly person to suitable service units according to what other services the elderly person is receiving, as well as his/ her place of residence and preference. If there is social work grade staff in the agency/ unit where the suspected elder abuse took place, and the informant/ elderly person being abused agrees the case to be handled by the social worker of that agency/ unit, the case may be considered to be referred back to the agency/ unit concerned for follow-up action.

For identifying the responsible service unit for handling the suspected elder abuse case, please refer to paragraph 2.3 of Chapter 4.

1.4 Posting of Notices to Facilitate Reporting/ Complaints

To prevent institutional abuse and to inform the elderly person 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 II to Chapter 9 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. If the incident involves

misappropriation of the elderly person's property by its staff member or the personal safety of the elderly person is threatened or involves obvious and serious bodily injuries, the agency/ unit should report it to the Police immediately.

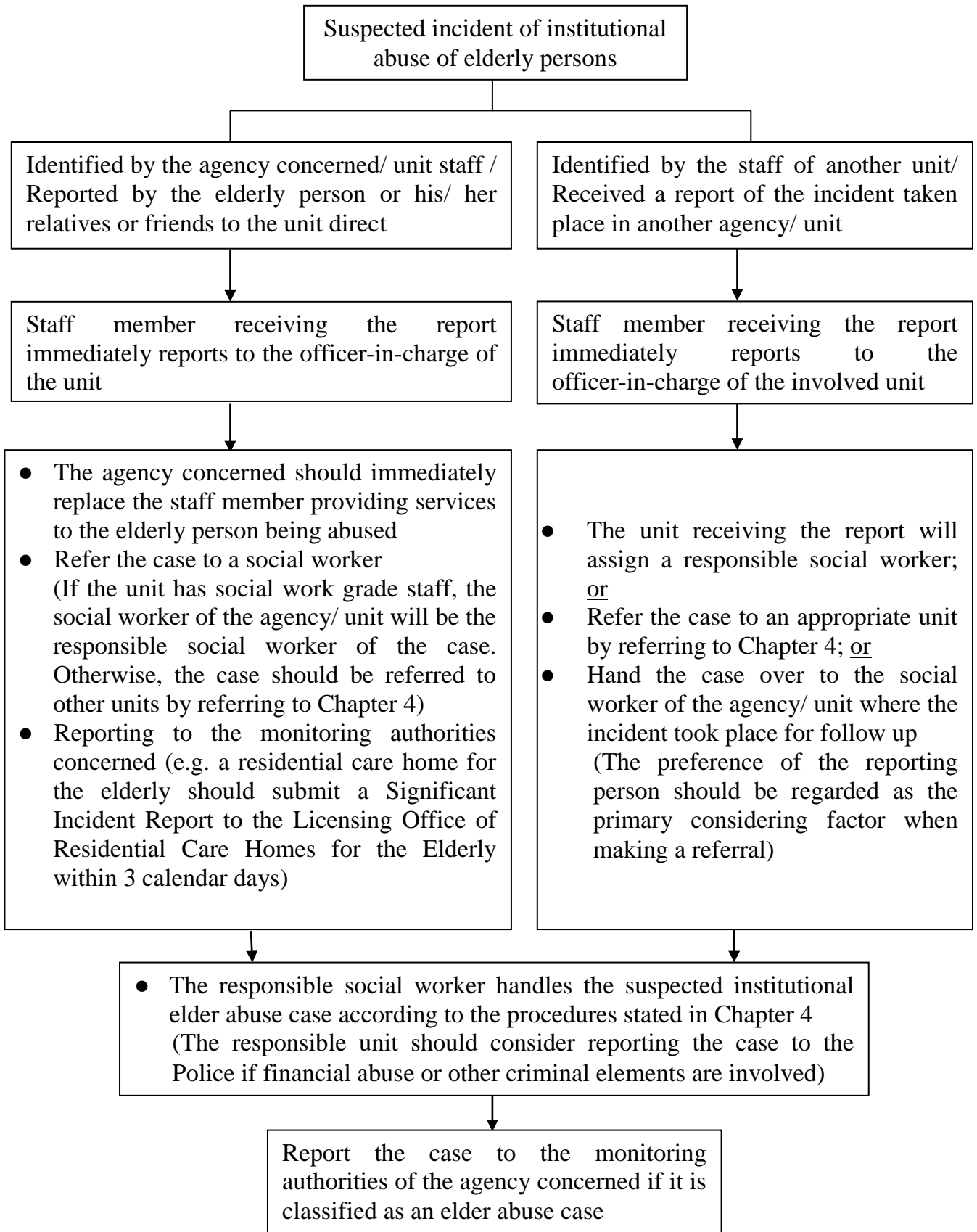
Please refer to paragraphs 3.4.2.5, 5.1 and 5.4 of Chapter 4 for handling of misappropriation of elderly person's property by staff member or the personal safety of elderly person is threatened or involvement of obvious and serious bodily injuries.

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 III to Chapter 9 for a list of monitoring authorities of service units.

Flow Chart for Handling Institutional Abuse of Elderly Persons



**Sample
(For reference only)**

**Channels of Report/ Complaint of Elder Abuse
Against Staff of Service Unit**

Elderly persons being abused by the staff of a service unit when receiving services should immediately report/ complain about the abuse through the following channels:

(1)	Officer-in-charge of the service agency/ unit		
	Name	:	
	Post	:	
	Address	:	
	Contact No.	:	
	Email	:	
(2)	Licensing Office of Residential Care Homes for the Elderly of Social Welfare Department (<u>applicable to residential care homes for the elderly</u>)		
	Address	:	6/F, THE HUB, 23 Yip Kan Street, Wong Chuk Hang, Hong Kong
	Contact No.	:	3184 0729 or 2834 7414

Note: The name of the officer-in-charge of the agency and the name of the monitoring authority and their contact information should be filled (Please refer to Appendix III to Chapter 9 for details)

List of Monitoring Authorities of Service Units

Type of services	Monitoring Authorities	Contact Information
Residential care homes for the elderly (including Subvented Homes, Contract Homes, Self-financing Homes and Private Homes)	Licensing Office of Residential Care Homes for the Elderly of the Social Welfare Department (SWD)	6/F, THE HUB, 23 Yip Kan Street, Wong Chuk Hang, Hong Kong Tel.: 3184 0729 or 2834 7414
Subvented social service units (including Subvented Homes)	Subventions Section of SWD	38/F, Dah Sing Financial Centre, 248 Queen's Road East, Wan Chai, Hong Kong Tel.: 2832 4308
Service units of the Hospital Authority (HA)	Cluster Chief Executives/ Hospital Chief Executives/ designated staff responsible for handling complaints (Patient Relations Officers of respective hospitals)	Addresses and telephone numbers of respective hospitals
Private hospitals, private or subvented Nursing Homes	The Office for Regulation of Private Healthcare Facilities, Department of Health	10/F, Guardian House, 32 Oi Kwan Road, Wan Chau, Hong Kong Tel.: 3107 8451

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 elderly person suspected of being abused to formulate a follow-up plan. The responsible social workers 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, responsible social workers may make reference to the following:

- 2.1 Cases involve at least three service units in the formulation and implementation of the follow-up plan e.g. Integrated Family Service Centres/ Integrated Services Centres/ Family and Child Protective Services Units, Clinical Psychology Units, District Elderly Community Centres, Neighbourhood Elderly Centres, the Police, doctors and medical social workers, etc.; and
- 2.2 There are different views between the service units concerned and the elderly person being abused regarding the follow-up plan (e.g. in a case involving a high risk of further abuse that will endanger the safety of the elderly person being abused, the elderly person insists on staying with the abuser); or
- 2.3 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 elderly person being abused, or the elderly person or other family members are likely to be in need of statutory protection, etc.).

3. Timing

- 3.1 Wherever possible, a MDCC should be convened within 30 working days after the responsible social worker’s receipt of referral for suspected elder abuse.
- 3.2 Exception will be given if the elderly person’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.

- 3.3 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.

4. The Chairperson's Responsibility to Convene a MDCC

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

For the role of the Chairperson of a MDCC, please refer to Appendix I to Chapter 10.

5. Membership of a MDCC

- 5.1 Responsible social worker, after consulting the Chairperson of the MDCC, will invite the professionals directly involved in the handling of the case, including workers of service units providing welfare services for the elderly person, healthcare 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 follow-up plan for the elderly person suspected of being abused. Police officers should attend the MDCC if the case investigation has been started.
- 5.2 The elderly person/ family members/ guardian/ suspected abuser may be, depending on the situation and need, invited by the responsible social worker to attend the entire MDCC/ part of the MDCC where the follow-up plan is formulated/ part of the MDCC after the initial recommendations on the follow-up plan have been made.

6. Points to Note for MDCC Members

To ensure the effectiveness of a MDCC, the Chairperson 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 follow-up plan for the elderly person suspected of being abused and his/ her family members.

- 6.2 The responsible social worker should prepare a case summary to facilitate members' discussion.
- 6.3 If the elderly person being abused is identified to have adequate comprehension ability, he/ she should be invited to participate in the MDCC wherever possible, e.g. the part of follow-up plan.
- 6.4 The views of the elderly person suspected of being abused and his/ her family members should be respected.
- 6.5 Wherever possible, consensus should be reached regarding the follow-up plan and the follow-up action formulated for the elderly person 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:

- 7.1.1 Basic information of the elderly person suspected of being abused.
- 7.1.2 The elderly person's condition (such as social life, self-care ability, health condition and emotional state, etc.).
- 7.1.3 Family background.
- 7.1.4 Factors leading to the suspected abuse.
- 7.1.5 The attitude of the elderly person suspected of being abused, suspected abuser and family members towards the incident.
- 7.1.6 Recommendations related to the follow-up plan.
- 7.2 Briefly introduce the purposes and operation of the MDCC to the participants stated in paragraph 5.2 of this Chapter.
- 7.3 Members should as far as possible prepare related brief professional reports for distribution to the Chairperson and other members for their reference.

8. Contents of a MDCC

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

- 8.1.1 The nature of the incident.

- 8.1.2 The level and nature of the risk of elder abuse.
- 8.1.3. The risk of reoccurrence of similar incidents.
- 8.1.4 The capacity and resources of the elderly person/ family members/ guardian.
- 8.1.5 The service needs of the elderly person suspected of being abused and other family members.
- 8.1.6 The service needs of the suspected abuser.
- 8.1.7 The attitude of the elderly person/ family members/ guardian towards the follow-up plan for the elderly person.
- 8.1.8 Multi-disciplinary collaboration, with a view to formulating a follow-up plan to protect the elderly person and other family members.
- 8.1.9 Arrangement of individuals responsible for implementing the tasks related to the follow-up plan.
- 8.2 The unit 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 the draft to the participating professionals for confirmation within 10 working days after the conference. MDCC members should raise the requests for amendments to the Chairperson within 7 working days as far as possible.

9. Post-conference Arrangements

The responsible social worker should provide the imminent welfare services required by the elderly person as recommended in the MDCC before transferring the case to other units for follow-up; and should maintain contact with all MDCC members to ensure a smooth implementation of the follow-up plan. The responsible social worker should also notify and consult all members on the drastic changes in the elderly person'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 Chairperson 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 of the use of data of the person suspected of being abused or the suspected abuser, 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 Chairperson 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 Chairperson 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 Chairperson 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 date 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 follow-up plan for the person suspected of being abused and his/ her family members.

Multi-disciplinary Case Conference on Protection of Elderly Persons Suspected of Being Abused

Overview of the Role of the Chairperson (For reference only)

The Role of the Chairperson

The Chairperson of the Multi-disciplinary Case Conference (MDCC) plays an important role in guiding the discussion in the meeting while achieving the goal of protecting the best interests of the elderly person concerned. This “Overview of the Role of the Chairperson of the MDCC” aims to provide a reference for the Chairperson of the MDCC to guide the meeting in an effective manner.

I. Before MDCC

- 1. Decide membership and consider any conflicts of interest among individual members (including the Chairperson)
- 2. Prepare and issue the agenda in advance
- 3. Confirm the attendance of members, and whether the absentee has requested to get relevant reports/ minutes of the MDCC

II. During MDCC

Professional sharing and discussion

Introduction

- 1. Introduce members, absentees and reasons
- 2. State the purposes of the MDCC
 - Share information
 - Discuss the case nature (the Police will remain neutral) (no binding effect on criminal investigation and prosecution)
 - Risk and welfare needs assessment
 - Discuss and formulate follow-up plan
- 3. Remind members to keep the case information confidential
- 4. Explain Personal Data (Privacy) Ordinance provisions
 - Any members request to control data and prohibit other parties from complying with the data access request on their behalf
- 5. Explain the reason if the MDCC has to be convened after 30 days of receiving the suspected elder abuse case
- 6. Explain the reason if the case has not been reported to the Police (if applicable/ whether the Police has been contacted)

Information sharing and discussion

- 1. Invite members to share the information
 - Remind the need of sharing information on a need-to-know basis
 - Alert members who are potential witnesses to avoid contamination of evidence
- 2. Discuss the case nature (members should not be compelled to give views if they have reservation to do so)
 - Whether it is an elder abuse case (if yes, the type of abuse)
 - Detailed elaboration of the case nature/ further concerns to be noted
 - If it is an elder abuse case, the identity of the abuser (identified or unidentified)
- 3. Need for reporting the case to the Police if not done so before (if applicable).
- 4. Risk assessment on elder abuse (may refer to the Reference Table for Risk Assessment of Elder Abuse at Appendix IV to Chapter 4)
 - Risk factors and level of risk of the elderly person concerned (identify protective factors and family strengths/ resources at the same time)
 - Potential abuser(s) identified if needed
- 5. Need assessment on the elderly person and his/ her family
 - Immediate welfare needs significant to the elderly person and his/ her family
 - Other significant needs of the elderly person and his/ her family
- 6. Discuss the follow-up plan
 - For safety of the elderly person (e.g. arrangement for temporary placement in a safe location and application for statutory order, if necessary)
 - For welfare of the elderly person (e.g. arrangement for alternative temporary placement due to other concerns, medical follow-up, clinical psychological assessment, etc.)
 - For safety and welfare of other family members (if applicable)
 - Responsible persons for implementation of the follow-up plan
- 7. Need for review conference
- 8. Need for progress report on implementation of the follow-up plan
- 9. Handling of reports and minutes of MDCC
 - Any members need to take back reports from other members
 - Seek members' consent on giving relevant reports/ minutes to absent members
 - Seek members' consent on releasing the information/ reports/ minutes to other follow-up unit(s), such as clinical psychologist or social worker of residential service unit

III. After MDCC

- 1. Issue minutes of MDCC to members (with post-meeting notes on family members' feedback if they have not attended the MDCC and progress of implementation of the follow-up plan if appropriate)
- 2. Ensure members have received the draft minutes before deadline for confirmation of minutes
- 3. Notify members the confirmation of draft minutes or issue confirmed minutes to members and, if needed, the follow-up parties

IV. Others

Regardless of whether MDCC has been convened or not, for those cases classified as elder abuse cases, the responsible social worker needs to complete and submit a data input form of the “Central Information System on Elder Abuse Cases” after attending to the urgent needs of the case and formulation of a follow-up plan.

Chapter 11: Central Information System on Elder Abuse Cases

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

- 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 Appendixes I, II and III to Chapter 11 for the reporting guidelines, flow chart and data input form of 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 from the sector of family services, the community support services for the elderly, the residential care services for the elderly and the medical social services, etc.
- 2.2 Staff members of other departments/ units to be expected to deal with elder abuse cases, including the Police, the Housing Department, the Department of Health, hospitals and the Legal Aid Department.

3. Reporting Procedures

- 3.1 Whether the Multi-disciplinary Case Conference (MDCC) has been convened or not, all responsible social workers mentioned in paragraph 2.1 of this Chapter, after handling the urgent needs and formulating the follow-up plan, 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 III to Chapter 11 for the data input form of the “Central Information System on Elder Abuse Cases”.

- 3.2 Except with special conditions set out in this Guidelines, staff members of other departments/ units mentioned in paragraph 2.2 of this Chapter are required to report the case data to the System as soon as possible after contacting the elderly persons being abused 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, except with special conditions set out in this Guidelines, **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 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 Elderly Branch of the Social Welfare Department (SWD) before the 15th of each month.
- 3.5 For elder abuse cases involving spouse/ cohabitant violence or sexual violence, staff members concerned are not only required to complete the data input form of the System, but are also required to complete the data input form of the “Central Information System on Spouse / Cohabitant Battering Cases and Sexual Violence Cases”.

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 elderly persons 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 Elderly 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.

Reporting Guidelines for the “Central Information System on Elder Abuse Cases”

1. Aims and Purposes for Data Collection

- 1.1 Collect 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 reference of the professionals providing services for the prevention and handling of elder abuse.

2. Submission Guidelines

- 2.1 When a case is classified as an elder abuse case, no matter whether Multi-disciplinary Case Conference has been convened or not, the data input form of the “Central Information System on Elder Abuse Cases” (the System) should be completed.
- 2.2 Each form is used for one case only. A separate form is required if more than one elderly person/ 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 of the “Central Information System on Elder Abuse” within one month after the case has been classified as elder abuse. Staff members concerned of other departments/ units, except with special conditions set out in this Guidelines, are required to submit the case data to the System at the earliest instance after contacting the elderly persons being abused who are not willing to receive social services.
- 2.4 Follow the best practice by explaining to the elderly person the aims and operation of the System before submission (such as briefly explaining to the elderly person 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/ identity document number will be deleted after a year). Under normal circumstances, 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 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 cases involving elderly persons being abused and abusers being known

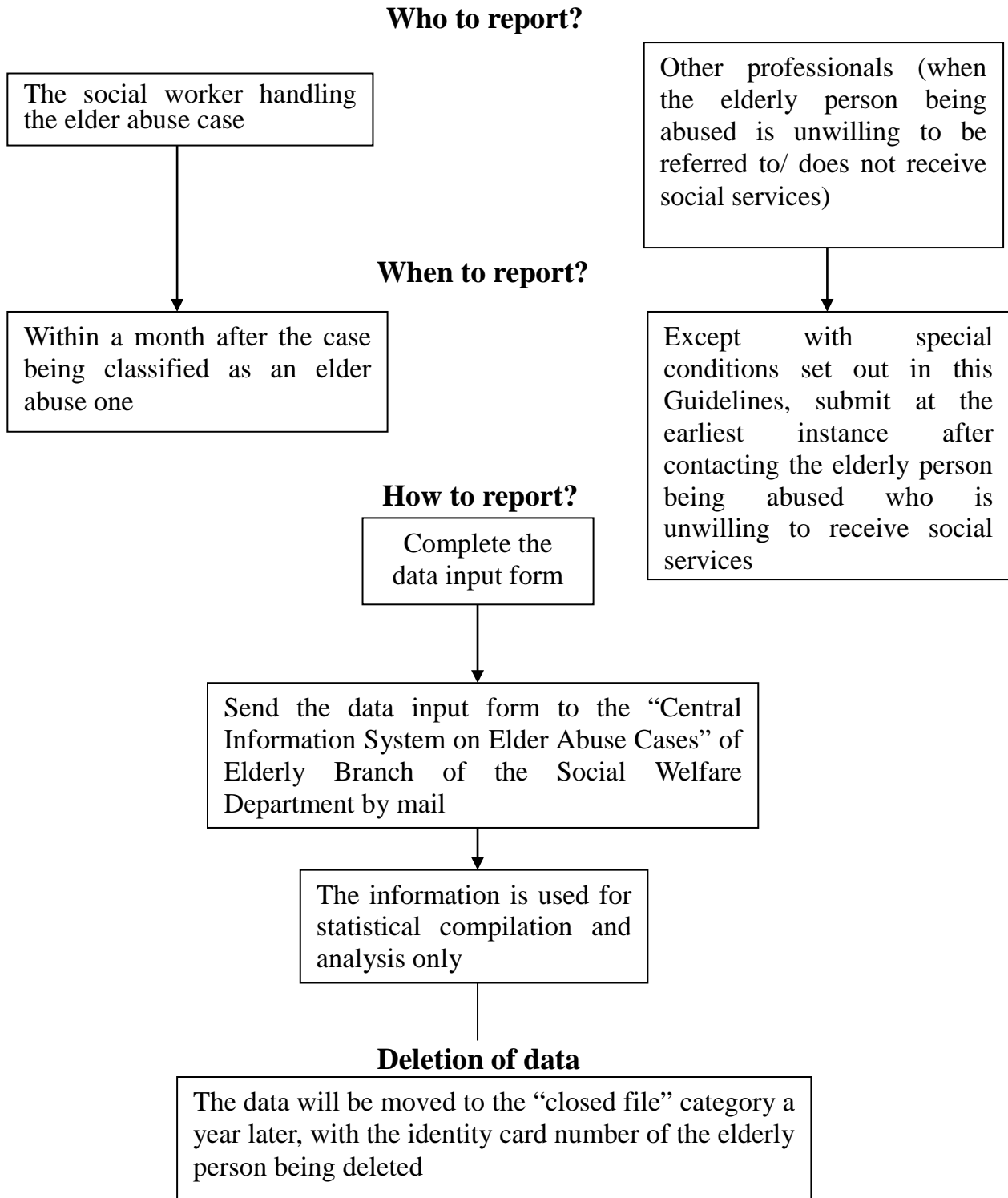
to each other or involving abusers who are responsible for the care of the elderly persons being abused.” Cases involving elderly persons being abused and abusers briefly known to each other in social circumstances or living in the same residential care home for the elderly, should not be classified as elder abuse cases.

- 2.7 Please put the completed data input form into a **sealed** envelope marked “restricted” and send it by the 15th day of each month to the “Central Information System on Elder Abuse Cases”, Elderly Branch, Social Welfare Department, Room 835, 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 5586.

Flow Chart for the “Central Information System on Elder Abuse Cases”



Appendix III to Chapter 11

“Central Information System on Elder Abuse Cases” Data Input Form

Restricted

(All items must be completed)

File ref.:

To be filled in by the “Central Information System on Elder Abuse Cases”

Part A: Information of the elder abuse incident

1. Type(s) of abuse (May choose multiple answers):	<input type="checkbox"/> Physical abuse	<input type="checkbox"/> Psychological abuse	<input type="checkbox"/> Neglect	<input type="checkbox"/> Financial abuse
	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Sexual abuse	<input type="checkbox"/> Others (Please specify): _____	
2. Date on which the case being classified as elder abuse by the reporting agency: (It may be earlier than the date in item 7, Part D)	_____ (Month / year)			
3. Factor(s) leading to abuse / risk of abuse: (May choose multiple answers)	<input type="checkbox"/> Pressure from providing care	<input type="checkbox"/> Family / marital problem	<input type="checkbox"/> Mental health / personality problem of the abuser	
	<input type="checkbox"/> Lack of support	<input type="checkbox"/> The elderly person resisted the care of the carers	<input type="checkbox"/> Living / housing problem	
	<input type="checkbox"/> Financial dispute	<input type="checkbox"/> Others (Please specify): _____	<input type="checkbox"/> Unknown	

Part B: Information of the elderly person being abused

1. Identity Document:	i) Hong Kong Identity Card no. : _____ ()						
	ii) Apart from Hong Kong Identity Card, other identity document no.: _____						
	<input type="checkbox"/> Holder of Two-way Exit Permit <input type="checkbox"/> Others (Please specify): _____						
2. Age _____	3. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female						
4. Has the elderly person been diagnosed as mentally incapacitated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown						
5. Is the elderly person under the protection of a guardianship order?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown						
6. Marital status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Co-habiting	<input type="checkbox"/> Widowed	<input type="checkbox"/> Separated / divorced		
7. Education level	<input type="checkbox"/> No formal education	<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary	<input type="checkbox"/> University / tertiary	<input type="checkbox"/> Unknown / unwilling to disclose		
8. Years of residence in Hong Kong:	<input type="checkbox"/> Since birth	<input type="checkbox"/> 7 years or above	<input type="checkbox"/> Less than 7 years	<input type="checkbox"/> Unknown / unwilling to disclose			
9. Main source of income:	<input type="checkbox"/> Work	<input type="checkbox"/> Savings / pension	<input type="checkbox"/> Comprehensive Social Security Assistance	<input type="checkbox"/> Supported by children / relatives			
	<input type="checkbox"/> Supported by spouse	<input type="checkbox"/> Others (Please specify): _____			<input type="checkbox"/> Unknown / unwilling to disclose		
10. Living situation:	<input type="checkbox"/> Living alone	<input type="checkbox"/> Living with spouse only	<input type="checkbox"/> Living with children / grandchildren only	<input type="checkbox"/> Living with other relatives	Living with multiple family members / relatives (e.g. spouse, children / grandchildren, other relatives)		
	<input type="checkbox"/> Living in a residential care home for the elderly (RCHE) ^{Note 1}			<input type="checkbox"/> Living with others (Please specify): _____			
11. Housing type:	<input type="checkbox"/> Public rental housing		<input type="checkbox"/> Home Ownership Scheme / Tenant Purchase Scheme		<input type="checkbox"/> Private housing		
	<input type="checkbox"/> Stone / wooden hut		<input type="checkbox"/> Subvented RCHE ^{Note 1}		<input type="checkbox"/> Private RCHE ^{Note 1}		
	<input type="checkbox"/> Rental room / bed space / cockloft		<input type="checkbox"/> Others (Please specify): _____				
12. Residential district at the time of the incident (According to the boundaries of District Councils)	<input type="checkbox"/> Central and Western	<input type="checkbox"/> Islands	<input type="checkbox"/> Wan Chai	<input type="checkbox"/> Eastern	<input type="checkbox"/> Southern	<input type="checkbox"/> Yau Tsim Mong	<input type="checkbox"/> Kowloon City
	<input type="checkbox"/> Sham Shui Po	<input type="checkbox"/> Wong Tai Sin	<input type="checkbox"/> Kwun Tong	<input type="checkbox"/> Sai Kung	<input type="checkbox"/> Sha Tin	<input type="checkbox"/> Tai Po	<input type="checkbox"/> North
	<input type="checkbox"/> Yuen Long	<input type="checkbox"/> Tsuen Wan	<input type="checkbox"/> Kwai Tsing	<input type="checkbox"/> Tuen Mun			

13. Has the incident been reported to the Police?	<input type="checkbox"/> Yes	<input type="checkbox"/> No ^{Note 2} , reason:	<input type="checkbox"/> The elderly person being abused was unwilling <input type="checkbox"/> The elderly person being abused considered no need <input type="checkbox"/> The elderly person being abused passed away <input type="checkbox"/> Others (Please specify): _____
14. Has Multi-disciplinary Case Conference been convened?	<input type="checkbox"/> Yes, date of meeting: _____		<input type="checkbox"/> No
15. The reporting agency's assessment on the elderly person's service needs (May choose multiple answers)	The elderly person has the need	The elderly person is willing to receive services (Including services which are not immediately available but the elderly person is willing to apply)	
a. Centre-based community support service (e.g. District Elderly Community Centre, Neighbourhood Elderly Centre)	<input type="checkbox"/>	<input type="checkbox"/>	
b. Day Care Centre for the Elderly	<input type="checkbox"/>	<input type="checkbox"/>	
c. Home-based community support service (e.g. Home Help Service, Integrated Home Care Services)	<input type="checkbox"/>	<input type="checkbox"/>	
d. Medical service	<input type="checkbox"/>	<input type="checkbox"/>	
e. Residential care service	<input type="checkbox"/>	<input type="checkbox"/>	
f. Counselling (Individual / group)	<input type="checkbox"/>	<input type="checkbox"/>	
g. Clinical psychological service	<input type="checkbox"/>	<input type="checkbox"/>	
h. Housing arrangement	<input type="checkbox"/>	<input type="checkbox"/>	
i. Guardianship order	<input type="checkbox"/>	<input type="checkbox"/>	
j. Legal advice / aid	<input type="checkbox"/>	<input type="checkbox"/>	
k. Police assistance	<input type="checkbox"/>	<input type="checkbox"/>	
l. Financial assistance	<input type="checkbox"/>	<input type="checkbox"/>	
m. Others (Please specify):	<input type="checkbox"/>	<input type="checkbox"/>	

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

1. Age: _____	2. Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
3. Marital status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Co-habiting
	<input type="checkbox"/> Widowed	<input type="checkbox"/> Separated / divorced	<input type="checkbox"/> Unknown / unwilling to disclose
4. Education level:	<input type="checkbox"/> No formal education	<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary
	<input type="checkbox"/> University / tertiary	<input type="checkbox"/> Unknown / unwilling to disclose	
5. Years of residence in Hong Kong:	<input type="checkbox"/> Since birth	<input type="checkbox"/> 7 years or above	<input type="checkbox"/> Less than 7 years (Please specify: _____ years)
	<input type="checkbox"/> Unknown / unwilling to disclose		
6. Occupation:	<input type="checkbox"/> Business / factory / company owner	<input type="checkbox"/> Professional / executive / management	<input type="checkbox"/> Service / technical work (e.g. waiter, driver, hairstylist, etc.)
	<input type="checkbox"/> Housewife	<input type="checkbox"/> Retired	<input type="checkbox"/> Others (Please specify): _____
	<input type="checkbox"/> Salesperson / shop or stall owner / hawker	<input type="checkbox"/> Manufacturing (e.g. factory / construction worker)	<input type="checkbox"/> Clerk / secretary
	<input type="checkbox"/> Student	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Unknown / unwilling to disclose
7. The abuser's relationship with the elderly person being abused^{Note 3}:	<input type="checkbox"/> Son	<input type="checkbox"/> Spouse / intimate partner ^{Note 6}	<input type="checkbox"/> Not relative but living together
	<input type="checkbox"/> Daughter	<input type="checkbox"/> Grandchildren	<input type="checkbox"/> Staff of the agency providing services for the elderly person (e.g. RCHE ^{Note 1} , elderly centre, Integrated Home Care Services, hospital, etc.)
	<input type="checkbox"/> Son-in-law	<input type="checkbox"/> Relative	<input type="checkbox"/> Domestic helper
	<input type="checkbox"/> Daughter-in-law	<input type="checkbox"/> Others (Please specify): _____	
8. Is the abuser the main carer of the elderly person being abused?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
9. Is the abuser living with the elderly person being abused?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
10. Does the abuser have the following conditions: (May choose multiple answers):	<input type="checkbox"/> Alcoholism	<input type="checkbox"/> Drug addiction	<input type="checkbox"/> Over-borrowing
	<input type="checkbox"/> Mental illness	<input type="checkbox"/> Emotional problem	<input type="checkbox"/> Mental health problem / suspected mental health problem
	<input type="checkbox"/> Unknown / unwilling to disclose	<input type="checkbox"/> Others (Please specify): _____	<input type="checkbox"/> Indulgence in gambling
			<input type="checkbox"/> Pressure from providing care

Part D: Information of the reporting agency

1. Reporting agency: <input type="checkbox"/> Social Welfare Department <input type="checkbox"/> Non-governmental Organisation <input type="checkbox"/> Hospital Authority <input type="checkbox"/> Department of Health <input type="checkbox"/> Hong Kong Police Force <input type="checkbox"/> Housing Department <input type="checkbox"/> Housing Society <input type="checkbox"/> Others (Please specify): _____	
2. Name of reporting agency:	3. Reporting unit:
<i>If the reporting unit is Hong Kong Police Force, please provide the reporting number: ^{Note 4} _____</i>	
4. Please state the type of service if it is a social service unit: <input type="checkbox"/> Integrated Family Service Centre / <input type="checkbox"/> Integrated Services Centre / <input type="checkbox"/> Family and Child Protective Services Unit <input type="checkbox"/> Neighbourhood Elderly Centre <input type="checkbox"/> RCHE <input type="checkbox"/> Medical Social Services Unit <input type="checkbox"/> District Elderly Community Centre <input type="checkbox"/> Day Care Centre for the Elderly <input type="checkbox"/> Others (Please specify): _____ <input type="checkbox"/> Enhanced Home and Community Care Services / <input type="checkbox"/> Integrated Home Care Services / <input type="checkbox"/> Home Help Service	
5. Please state if the case has been referred to social service unit(s) for follow-up, if it is <u>NOT</u> a social service unit: <input type="checkbox"/> Yes <input type="checkbox"/> No ^{Note 5} , reason: <input type="checkbox"/> The case has been followed-up by social service unit(s) <input type="checkbox"/> The reporting person assessed that the elderly person being abused had no service need <input type="checkbox"/> The elderly person being abused was unwilling <input type="checkbox"/> The elderly person being abused passed away <input type="checkbox"/> Others (Please specify): _____	
6. Office address:	
7. Name of reporting person: _____ Post: _____ Telephone no.: _____ Signature: _____ Date: _____	8. Name of head / supervisor: _____ Post: _____ Telephone no.: _____ Signature: _____ Date: _____

Notes:

1. If the elder abuse case occurs in RCHE (including Subvented Home, Contract Home, Private Home and Self-financing Home), the reporting person should report the case to the Licensing Office of Residential Care Homes for the Elderly of the Social Welfare Department.
2. Please explain to the elderly person being abused about the importance of reporting the case to the Police, upon consideration of individual case condition.
3. The definition of “elder abuse cases” is confined to “those cases involving elderly persons being abused and abusers being known to each other or involving abusers who are responsible for the care of the elderly person being abused.” Cases involving elderly persons being abused and abusers briefly known to each other in social circumstances or living in the same RCHE should not be classified as elder abuse cases.
4. For completion by the Hong Kong Police Force only
5. Please explain to the elderly person being abused about the importance of referral to social services, upon consideration of the individual case condition.
6. If the elder abuse case involves sexual abuse or violence of intimate partner, please complete a data input form of the “Central Information System on Spouse/ Cohabitant Battering Cases and Sexual Violence Cases” separately.

Chapter 12: Support Services for Elderly Persons and Carers

1. The Existing Support Services for Elderly Persons and Carers

The Social Welfare Department's (SWD) mission on elderly services is to enable elderly persons to live in dignity and to provide necessary support for them to promote their sense of belonging to the community and to let them enjoy a way of living with security and worthiness. There are plenty of services for elderly persons and their carers operated by the government and non-governmental organisations (NGOs) in Hong Kong, which are especially important to elderly persons being abused or those suspected of being abused.

For the latest information on services for elderly persons, you may visit:

SWD's homepage: <https://www.swd.gov.hk/>; or

SWD Elderly Information Website: <https://www.elderlyinfo.swd.gov.hk/en>

1.1 Community Care and Support Services

Service	Introduction
District Elderly Community Centres (DECCs)	<ul style="list-style-type: none"> ● Objectives: To enable elderly persons to remain in the community, to lead a healthy, respectful and dignified life, and to enhance their positive and contributing role to the society through community support services at the district level. ● Service target: Elderly persons aged 60 or above living in the locality, carers and the community at large. ● Service content: Including collaboration with and provision of support to other elderly service units in the district, community education, case management, reaching out and networking, support teams for the elderly, health education, educational and developmental activities, provision of information on community resources and referral services, volunteer development, carer support services, social and recreational activities, meal and laundry services, drop-in service, etc. ● Website: https://www.swd.gov.hk/en/index/site_pubsvc/page_elderly/sub_csselderly/id_districtel/
Neighbourhood Elderly Centres (NECs)	<ul style="list-style-type: none"> ● Objectives: To enable elderly persons to remain in the community, to lead a healthy, respectful and dignified life, and to enhance their positive and contributing role to the society through

Service	Introduction
	<p>community support services at the neighbourhood level.</p> <ul style="list-style-type: none"> ● Service target: Elderly persons aged 60 or above living in the locality, carers and the community at large. ● Service content: Including health education, educational and developmental activities, provision of information on community resources and referral services, volunteer development, carer support services, counselling service, reaching out and networking, social and recreational activities, meal service and drop-in service, etc. ● Website: https://www.swd.gov.hk/en/index/site_pubsvc/page_elderly/sub_csselderly/id_neighbourhood/
<p>Social Centre for the Elderly (S/E)</p>	<ul style="list-style-type: none"> ● Objectives: To organise social and recreational activities for elderly persons in the community, and to promote mutual support of elderly persons by helping them make constructive use of their leisure time, build social networks and participate in community affairs. ● Service target: Elderly persons aged 60 or above living in the locality. ● Service content: Organising groups or activities, providing leisure facilities and a place for social contact, encouraging elderly persons to organise mutual help activities and participate in community affairs, providing information on welfare services for elderly persons and referrals to appropriate services where necessary. ● Website: https://www.swd.gov.hk/en/index/site_pubsvc/page_elderly/sub_csselderly/id_socialcent/
<p>Support Teams for the Elderly (STEs)</p>	<ul style="list-style-type: none"> ● Objectives: Through the community support services attached to DECCs, STEs aim to serve the elderly persons in need so that they can promote a sense of worthiness and continue to live actively in the community under the support network. ● Service target: Elderly persons aged 60 or above who are willing to receive services and who are under one or more of the following circumstances: living alone or lacking family support, having limited social support network, suffering

Service	Introduction
	<p>from poor health, having financial difficulties, living in unfavourable environment, unable to make proper use of community resources or services, and facing other unfavourable circumstances.</p> <ul style="list-style-type: none"> ● Service content: Identifying vulnerable elderly persons through outreaching and networking approaches, showing concern to elderly persons through regular home visits and telephone contacts, introducing community resources, providing simple personal assistance such as escorting elderly persons to and from clinics and doing simple household chores for them, providing emotional support, referring elderly persons for formal services, developing the Senior Volunteer Programme, etc. ● Website: https://www.swd.gov.hk/en/index/site_pubsvc/page_elderly/sub_csselderly/id_supporttea/
<p>Integrated Home Care Services (IHCS)</p>	<ul style="list-style-type: none"> ● Objectives: To provide a range of home care support services to frail elderly persons and needy families living in the community with a pool of professionally trained staff, and via a network of service units in the community with its collaboration and support. ● Service Target: Elderly persons aged 60 or above living in the community (including those frail cases assessed to be in the state of either moderate or severe level of impairment by the Standardised Care Need Assessment Mechanism for Elderly Services), individuals and families with social need. ● Service content: Ordinary cases – including personal care, general household or domestic duties, simple nursing care, escort service, home respite service, purchase and delivery of daily necessities, provision of meals and laundry service, environmental risk and health assessment, etc. Frail cases – in addition to the above services provided to ordinary cases, care management, basic and special nursing care, rehabilitation exercises, day care services, day respite service, counselling services, 24-hour emergency support and carer support services, etc. are also provided for elderly persons. ● Website:

Service	Introduction
	<p>https://www.swd.gov.hk/en/index/site_pubsvc/page_elderly/sub_csselderly/id_618/</p>
<p>Enhanced Home and Community Care Services (EHCCS)</p>	<p>● Objectives: Designed as an integrated form of services, EHCCS aims to meet the nursing and care needs of frail elderly persons in their familiar home and community environment, and provide support to carers.</p> <p>● Service target: Elderly persons aged 65 or above (including those aged between 60 and 64 if there is a proven need for the services), and those assessed to be in the state of either moderate or severe level of impairment by the Standardised Care Need Assessment Mechanism for Elderly Services, and have the genuine need for a well co-ordinated package of home care and community support services.</p> <p>● Service content: Including provision of care management, basic and special nursing care, rehabilitation exercises, environmental risk assessment and home modifications, personal care, elder sitting, on-site carer training, carer support services, home-making and meals delivery services, counselling service, transportation and escort services, day care services, respite services and 24-hour emergency support, etc. for elderly persons.</p> <p>● Website: https://www.swd.gov.hk/en/index/site_pubsvc/page_elderly/sub_csselderly/id_enhancedho/</p>
<p>Home Help Service (Upgraded to IHCS since October 2020)</p>	<p>● Objectives: To provide various kinds of care and support services to frail elderly persons, persons with disabilities and other persons with special needs.</p> <p>● Service target: Since the launch of “Re-engineering Community Support Services for Elders” in April 2003, the remaining Home Help Team in the territory located in Tung Chung, Lantau Island, has provided service to elderly persons aged 60 or above, persons with disabilities, individuals and families living in Tung Chung area who are incapable of looking after themselves.</p> <p>● Service content: Including general personal care, escort service and household cleaning, etc.</p>

Service	Introduction
	<ul style="list-style-type: none"> ● Website: https://www.swd.gov.hk/en/index/site_pubsvc/page_elderly/sub_csselderly/id_homehelpse/
Day Care Centres for the Elderly (D/Es)	<ul style="list-style-type: none"> ● Objectives: To provide a range of centre-based care and support services during daytime to enable frail elderly persons suffering from moderate or severe level of impairment and elderly persons with dementia to maintain their optimal level of functioning and live in their own homes wherever feasible and possible. ● Service target: Elderly persons aged 60 or above living in the community and not receiving institutional service, whose carers are unable to provide full-time care and assessed to be in the state of either moderate or severe level of impairment by the Standardised Care Need Assessment Mechanism for Elderly Services and suitable for day care services; and carers. ● Service content: Including personal care, nursing care, rehabilitation exercises, meals, counselling and referral services, health education, social and recreational activities, transportation service to and from the centre, as well as carer support services. ● Website: https://www.swd.gov.hk/en/index/site_pubsvc/page_elderly/sub_csselderly/id_daycarecen/
Integrated Family Service Centres (IFSCs)/ Integrated Services Centres (ISCs)	<ul style="list-style-type: none"> ● Objectives: To support and strengthen individuals and families through providing a range of preventive, supportive and remedial family services under the direction of “child-centred, family-focused and community-based”. ● Service target: All Hong Kong residents ● Service content: Including enquiry service, resource corner, family life education, parent-child activities, group work service, programme activities, volunteer training and service, outreaching service, counselling service and referral service, etc. for individuals and families in need. ● Website: https://www.swd.gov.hk/en/index/site_pubsvc/page_family/sub_listofserv/id ifs/

1.2 Residential Care Services for the Elderly

- 1.2.1 Residential Care Services for the Elderly is targeted for elderly persons 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. Currently, apart from the non-profit-making self-financing and private residential care homes for the elderly (RCHEs), elderly persons can be waitlisted for admission to government-subsented residential care services, including care and attention homes (C&A Homes) and Nursing Homes (NHs).
- 1.2.2 To apply for subsidised residential care services, elderly persons or their family members may submit their applications and referral requests to IFSCs/ ISCs, Medical Social Services Units, DECCs, NECs, IHCS Teams and Home Help Team operated by SWD or NGOs in the respective districts.
- 1.2.3 Emergency Placement/ Residential Respite Service for the Elderly
- 1.2.3.1 Emergency placement is provided in some subvented RCHEs and NHs to offer temporary or short-term residential care service for the elderly persons. It serves the objective of guarding the elderly persons against risks arising from the lack of immediate care/ accommodation until their next-of-kin is located for the elderly persons' restoration to families, or other alternatives are arranged.
- 1.2.3.2 The Residential Respite Service for the Elderly serves the objective of providing temporary relief for family members or relatives who are the main carers of elderly persons and providing temporary/ short-term residential care service for elderly persons aged 65 or above.

Service	Introduction
Emergency Placement	<ul style="list-style-type: none">● Objectives: To provide temporary or short-term residential care service for elderly persons with a view to guarding the elderly persons against risks arising from the lack of immediate care or accommodation until their next-of-kin is located for the elderly persons' restoration to their families, or other alternatives are arranged.● Service target: Elderly persons aged 65 or above (including those aged between 60 and 64 with a proven service need) who meet the basic criteria for admission to RCHEs or NHs, are certified free from contagious diseases, are mentally fit for communal living, have no persistent tendency to

Service	Introduction
	<p>violence/ self-destruction/ self-injury or disruptive behaviour, and fulfil one of the following conditions:</p> <ol style="list-style-type: none"> 1) homeless without the prospect of immediate restoration to family 2) evicted or facing imminent eviction from the accommodation for various reasons 3) fit for discharge from hospital upon completion of medical treatment yet having difficulty in taking care of himself/ herself or having no suitable caregivers 4) in acute immediate need of alternative placement due to relationship problem at existing residence and in weak health to the extent that immediate relocation/ transfer is necessary to avoid risks to lives (such as elder abuse cases) 5) unavailability or inability of caregivers owing to acute unforeseeable crisis situation such as hospitalisation or imprisonment of caregivers or sudden deterioration of the elderly person’s health condition which cannot be coped with by the carers and community support services. <p>● Service content: Emergency placement is provided in some subvented RCHes and NHs to offer temporary or short-term residential care service for elderly persons.</p> <p>● Website: https://www.swd.gov.hk/en/index/site_pubsvc/page_elderly/sub_residentia/id_emergencyp/</p>
<p>Residential Respite Service for the Elderly</p>	<p>● Objectives: To provide temporary relief for the main carers of elderly persons and allow them to take a break from providing the care on a long-term basis when they are in need. It aims at encouraging and helping elderly persons to continue living in the community for as long as possible.</p> <p>● Service target: Elderly persons aged 60 or above who are free from contagious diseases, require a level of personal and nursing care corresponding to the admission criteria of the particular type of residential service, are physically and mentally fit for communal living and whose caregivers are in need of a break. Upon expiry of the respite period, elderly persons are to be taken back by the family for care.</p> <p>● Service content:</p>

Service	Introduction
	<p>Residential respite service is provided in all subvented and private RCHEs through Designated Residential Respite Places and casual vacancies of subsidised places.</p> <p>● Website: https://www.swd.gov.hk/en/index/site_pubsvc/page_elderly/sub_residentia/id_respiteser/</p>
<p>C&A Homes</p>	<p>● Objectives: To provide residential care service for elderly persons 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 impairment level under the Standardised Care Need Assessment Mechanism for Elderly Services.</p> <p>● Service target: Elderly persons aged 65 or above (including those aged between 60 and 64 with a proven service need) who are in poor health or suffering from functional disabilities to the extent that assistance in personal care and daily living activities is necessary, are assessed to be suitable for admission to C&A Homes through the Standardised Care Need Assessment Mechanism for Elderly Services, are able to move around with a walking aid or in a wheelchair, are mentally suitable for communal living and without family members to provide the necessary assistance, or causing great stress to the family when providing care.</p> <p>● Service content: Including meals, personal care services, nursing services, regular visits by medical practitioners, staff on duty 24 hours per day, therapeutic exercise and treatment, social work service and social and recreational activities, etc.</p> <p>● Website: https://www.swd.gov.hk/en/index/site_pubsvc/page_elderly/sub_residentia/id_careandatt/</p>
<p>NHs</p>	<p>● Objectives: To provide residential care services for elderly persons who suffer from poor health or physical/ mental disabilities with deficiency in activities of daily living and are assessed to be of severe impairment level under the Standardised Care Need Assessment Mechanism for Elderly Services.</p> <p>● Service target:</p>

Service	Introduction
	<p>Elderly persons aged 65 or above (including those aged between 60 and 64 with a proven service need) who are in stable medical condition yet requiring regular basic medical and nursing care, or with chronic disability yet not being totally chair bound, but requiring assistance in moving around, are assessed to be suitable for admission to NHs through the Standardised Care Need Assessment Mechanism for Elderly Services and are mentally suitable for communal living with no persistent tendency to violence, self-destruction/ self-injury or disruptive behaviour.</p> <p>● Service content: Including meals, personal care services, regular basic medical care services, nursing care, rehabilitative services, staff on duty 24 hours per day, social work services and social and recreational activities, etc.</p> <p>● Website: https://www.swd.gov.hk/en/index/site_pubsvc/page_elderly/sub_residentia/id_nursinghom/</p>

1.3 Compassionate Rehousing and Alternative Housing Assistance

Service Category	Service Description
<p>Compassionate Rehousing (CR)</p>	<p>CR is a form of special housing assistance, which aims at providing housing assistance to individuals and families who have genuine and imminent long-term housing needs but, owing to their social and medical needs (if applicable) under specific circumstances, have no other feasible means to solve their housing problems. CR has to be assessed comprehensively by professional social workers/ approved persons. During the course in considering whether the case should be recommended for CR, the caseworker will in the meantime explore with the client on making use of other feasible means to resolve the housing needs. If it is assessed that there is no other feasible means, the caseworker will conduct professional assessment having regard to individual case circumstances.</p> <p>Website (SWD): https://www.swd.gov.hk/en/index/site_pubsvc/page_family/sub_listofserv/id_221/index.html</p> <p>Website (Housing Department):</p>

Service Category	Service Description
	https://www.housingauthority.gov.hk/en/common/pdf/about-us/policy-focus/policies-on-public-housing/A04/A04.pdf
Elderly persons applying for public rental housing (PRH) under priority schemes	<p data-bbox="563 360 1393 595"> A. Single Elderly Persons Priority Scheme Single elderly persons applying for PRH under this priority scheme must be 58 years of age or above and must have attained the age of 60 at the time of flat allocation, while also fulfilling the general eligibility criteria of the application for PRH. </p> <p data-bbox="563 640 1393 792"> Website: https://www.housingauthority.gov.hk/en/flat-application/application-guide/elderly-persons/single-elderly-persons-priority-scheme/index.html </p> <p data-bbox="563 824 1393 1211"> B. Elderly Persons Priority Scheme Two or more elderly persons who undertake to live together upon flat allocation are eligible to apply for PRH under this priority scheme, provided they also fulfil the general eligibility criteria of the application for PRH. For unrelated members, they are required to sign or stamp their seals on the application form together. All the applicants must be 58 years of age or above at the time of filing in their application and must have attained the age of 60 by the time of flat allocation. </p> <p data-bbox="563 1256 1393 1408"> Website: https://www.housingauthority.gov.hk/en/flat-application/application-guide/elderly-persons/elderly-persons-priority-scheme/index.html </p> <p data-bbox="563 1440 1393 1675"> C. Harmonious Families Priority Scheme This scheme offers priority to PRH applicants with elderly family members. Eligible families may opt to live in one flat or two nearby flats according to their choice of district and the number of flats available for their family situations. </p> <p data-bbox="563 1720 1393 1832"> Website: https://www.housingauthority.gov.hk/en/flat-application/harmonious-families-priority-scheme/index.html </p>

1.4 Social Security Schemes

Service Category	Service Description
<p>Comprehensive Social Security Assistance Scheme (CSSA)</p>	<p>The applicant must (i) be a Hong Kong resident; (ii) have held the Hong Kong resident status for not less than one year; and (iii) have resided in Hong Kong for at least one year (since acquiring the Hong Kong resident status to the date prior to that of application). The applicant must also pass both the income and asset tests to receive assistance.</p>
<p>For the list of Social Security Field Units (SSFUs), please refer to the website at https://www.swd.gov.hk/en/index/site_pubsvc/page_socsecu/sub_add_ressesa/</p>	<p>Apart from standard rates and long-term supplements, community living supplement/ residential care supplement and special grants (e.g. rent allowance, special diet allowance, grant to cover telephone charges, grant for emergency alarm system, domestic removal grant, grant to cover fares to and from hospital/ clinic and other essential travelling expenses and burial grant, etc.) are payable to elderly CSSA recipients having regard to their individual circumstances. Besides, CSSA recipients are entitled to waiving of medical charges at public hospitals (including the Accident and Emergency Department (AED)) or clinics in Hong Kong.</p>
	<p>Website: https://www.swd.gov.hk/en/index/site_pubsvc/page_socsecu/sub_comprehens/</p>
<p>Portable CSSA (PCSSA) Scheme for Elderly Persons Retiring in Guangdong or Fujian</p>	<p>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. The applicant must be a Hong Kong permanent resident aged 65 or above, has lived in Hong Kong for at least 7 years, and has received CSSA continuously for at least one year immediately before the date of application for PCSSA.</p>
	<p>Website: https://www.swd.gov.hk/en/index/site_pubsvc/page_socsecu/sub_portableco/</p>

Service Category	Service Description
<p>Social Allowance Scheme Security (SSA)</p>	<p>The SSA Scheme is to provide a monthly cash allowance to individuals who are 65 years of age or above or severely disabled. The applicant must (i) have been a Hong Kong resident for at least seven years; and (ii) have resided in Hong Kong continuously for at least one year immediately before the date of application. The Scheme covers the following allowances:</p> <p>(i) <u>Normal Disability Allowance (NDA)</u> NDA is payable to a person who is certified by the Director of Health or the Chief Executive, Hospital Authority (HA) (or under exceptional circumstances by a registered medical practitioner of a private hospital) to be severely disabled and as a result needs substantial help from others to cope with daily life, and that his/ her severely disabling condition will persist for at least 6 months.</p> <p>(ii) <u>Higher Disability Allowance (HDA)</u> In addition to meeting the eligibility criteria for NDA above, he/ she must be certified by the Director of Health or the Chief Executive, HA (or under exceptional circumstances by a registered medical practitioner of a private hospital) to be in need of constant attendance from others in his/ her daily life, and he/ she is not receiving care in residential institutions subsidised by the government (including subsidised places in Contract Homes and places bought under the Enhanced Bought Place Scheme) or public hospitals and institutions under the HA.</p> <p>(iii) <u>Old Age Allowance (OAA)</u> OAA is payable to individuals aged 70 or above.</p> <p>(iv) <u>Normal Old Age Living Allowance (NOALA)</u> NOALA is payable to individuals aged 65 or above whose monthly income and assets have not exceeded the prescribed limits.</p>

Service Category	Service Description
	<p>(v) <u>Higher Old Age Living Allowance (HOALA)</u> HOALA is payable to individuals aged 65 or above whose monthly income and assets have not exceeded the prescribed limits. HOALA recipients aged 75 or above are entitled to waving of medical charges at public hospitals (including the AED) or clinics in Hong Kong.</p> <p>(vi) <u>Guangdong Scheme (GD Scheme)</u> Individuals aged 65 or above who continue to reside in Guangdong during receipt of allowance; and those aged 65 to 69 whose monthly income and assets have not exceeded the prescribed limits, are eligible for the GD Scheme.</p> <p>(vii) <u>Fujian Scheme (FJ Scheme)</u> Individuals aged 65 or above who continue to reside in Fujian during receipt of allowance; and those aged 65 to 69 whose monthly income and assets have not exceeded the prescribed limits, are eligible for the FJ Scheme.</p> <p><u>Notes:</u></p> <ol style="list-style-type: none"> (1) SSA applicants must not be in receipt of any other allowance under the SSA Scheme or assistance under the CSSA Scheme at the same time. (2) In processing SSA applications, if other welfare needs of the applicants are identified, such as financial assistance or other welfare services, the SWD will provide appropriate assistance as far as practicable. <p><u>Website:</u> https://www.swd.gov.hk/en/index/site_pubsvc/page_socsecu/sub_ssallowance/</p>

1.5 Health and Medical Services

1.5.1 HA's Out-patient/ Accident and Emergency/ Inpatient Services

Service Category	Service Description
General Out-patient Service	<p>The General Out-patient Clinics provide primary medical care. They liaise closely with hospitals and Department of Health (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 units/ organisations for medical services.</p> <p>Website: http://www.ha.org.hk/visitor/ha_visitor_index.asp?Content_ID=10052&Lang=ENG&Dimension=100&Parent_ID=10042&Ver=HTML</p>
Specialist Out-patient Service	<p>The Specialist Out-patient Clinics provide specialist consultations and treatments for illnesses of specialties (e.g. orthopedics, medicine, surgery, ophthalmology, obstetrics & gynecology, 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.</p> <p>Website: http://www.ha.org.hk/visitor/ha_visitor_index.asp?Content_ID=10053&Lang=ENG&Dimension=100&Parent_ID=10042&Ver=HTML</p>
Accident and Emergency Service	<p>The AED provides consultation and treatment to patients requiring emergency services. Persons in need may call 999 for the ambulance service, or walk in to the AED of the local hospital for emergency services.</p> <p>Website: http://www.ha.org.hk/visitor/ha_visitor_index.asp?Content_ID=10051&Lang=ENG&Dimension=100&Parent_ID=10042&Ver=HTML</p>
Inpatient Service	<p>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 HA doctors of the specialist out-patient service or the AED.</p>

Service Category	Service Description
	Website: http://www.ha.org.hk/visitor/ha_visitor_index.asp?Content_ID=10043&Lang=ENG&Dimension=100&Parent_ID=10042&Ver=HTML
Hospice/ Palliative Care Service	Terminally ill patients are provided with multidisciplinary 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 includes inpatient services, home care, grief counselling and out-patient services. Referral by HA doctors is required. Website: http://www.ha.org.hk/visitor/ha_visitor_index.asp?Content_ID=10096&Lang=ENG&Dimension=100&Parent_ID=10085&Ver=HTML

1.5.2 HA's Community Medical Services

Service Category	Service Description
Geriatric Day Hospitals	Geriatric Day Hospitals are part of ambulatory care facilities providing with multidisciplinary assessment, continued care and rehabilitation programmes. HA doctors will refer patients to suitable types of rehabilitative service. Website: http://www.ha.org.hk/visitor/ha_visitor_index.asp?Content_ID=10087&Lang=ENG&Dimension=100&Parent_ID=10086&Ver=HTML
Psychiatric Day Hospitals	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. Website: http://www.ha.org.hk/visitor/ha_visitor_index.asp?Content_ID=10088&Lang=ENG&Dimension=100&Parent_ID=10086&Ver=HTML

Service Category	Service Description
Community Geriatric Assessment Services	<p>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 elderly persons. Referrals by HA doctors are required.</p> <p>Website: http://www.ha.org.hk/visitor/ha_visitor_index.asp?Content_ID=10091&Lang=ENG&Dimension=100&Parent_ID=10089&Ver=HTML</p>
Community Psychogeriatric Teams	<p>Community psychogeriatric teams are an integral part of the community care services providing designated care and rehabilitation programmes to psychogeriatric patients.</p> <p>Website: http://www.ha.org.hk/visitor/ha_visitor_index.asp?Content_ID=10092&Lang=ENG&Dimension=100&Parent_ID=10089&Ver=HTML</p>
Community Nursing Services	<p>Community Nurses administer proper nursing care to patients through home visits and at the same time, imbue them 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.</p> <p>Website: http://www.ha.org.hk/visitor/ha_visitor_index.asp?Content_ID=10090&Lang=ENG&Dimension=100&Parent_ID=10089&Ver=HTML</p>
Medical Social Services	<p>Medical social services mainly provide timely psycho-social intervention and/ or tangible assistance to patients and/ or their families to help them cope with or solve problems arising from illness, trauma or disability. Enquiries may be directed to the hospitals or specialist clinics of the HA.</p> <p>Website: https://www.swd.gov.hk/en/index/site_pubsvc/page_medical/</p>

1.5.3 Health Services and Hotlines of the DH

Service Category	Service Description
Elderly Health Service of the DH	<p>Elderly Health Centres and Visiting Health Teams aim to enhance the public's understanding of the health and care of elderly persons through a wide range of health education programmes, with a view to improving the health and self-care ability of the elderly persons.</p> <p>Website: https://www.elderly.gov.hk/eindex.html</p>
Medical Service Hotlines	<p>The DH has set up health information hotlines to handle public's enquiries regarding the medical services available and provide information on diseases and illnesses. The telephone numbers are as follows:</p> <p>Elderly Health Infoline of the DH 2121 8080 Health Education Infoline of the DH 2833 0111</p>

1.6 Other Community Support Services for Elderly Persons

Service	Introduction
Emergency Alarm System (EAS)	<ul style="list-style-type: none"> ● Objectives: An emergency alarm system provided by commercial or NGOs aims to offer speedy and appropriate assistance to service users in need of emergency assistance. ● Service target: Persons in need (e.g. the elderly persons). ● Service content: In emergency situation when the service user needs help, he/ she can press the remote trigger of the portable EAS or the alarm button of the base unit and the emergency call will be connected to a 24-hour call centre. Upon confirmation of the caller's identity, the control centre will take action to ensure that speedy and appropriate assistance will be offered. ● Website: https://www.swd.gov.hk/en/index/site_pubsvc/page_elderly/sub_EAS/ ● Remarks: EAS is a kind of commercial activity provided by

Service	Introduction
	commercial or NGOs rather than a welfare service subsidised by SWD. SWD has not authorised any company/ organisation or arranged staff for sales of the services. For those who need to purchase an EAS can make direct enquiry to service providers as appropriate.
Senior Citizen Card Scheme	<ul style="list-style-type: none"> ● Objectives: To provide a generally recognised proof of age for elderly persons and promote a spirit of respect for senior citizens. ● Service target: Hong Kong residents aged 65 or above. ● Service content: Using the Senior Citizen Card as authentication, the scheme aims to facilitate the elderly persons' access to concessions, discounts or priority services offered by government departments, public transport companies, private and commercial establishments joining the Scheme. ● Website: https://www.swd.gov.hk/en/index/site_pubsvc/page_elderly/sub_csselderly/id_seniorciti/
The Hong Kong Society for Rehabilitation (HKSR) Easy-Access Bus Elderly Transport Service (ETS)	<ul style="list-style-type: none"> ● Objectives: To provide user-friendly, safe, comfortable and easily accessible transport service for elderly persons who have mobility difficulties, so as to assist them to reach their destinations. ● Service target: Elderly persons aged 60 or over with mobility difficulties who are able to commute between the destination and the pick-up/ drop-off spot at the roadside independently or with the assistance of their carers when using the service. ● Service content: ETS covers transport service to and from hospitals, as well as transport service for medical follow-up, treatment and other activities. ● Website: https://www.rehabsociety.org.hk/transport/eab/elderly-transport-service/ ● Remarks: Enquiries regarding the service details and application procedures can be made to the HKSR direct.

Service	Introduction
Community Centres (CCs)	<ul style="list-style-type: none"> ● Objectives: To facilitate people of all ages to gather, meet and interact with one another, with an aim to strengthen the residents' civic awareness and develop a sense of belonging to the community. ● Service targets: Residents of the local communities. ● Service content: Provision of a wide range of group and community work activities at 13 CCs operated by NGOs under the subvention of SWD. ● Website: https://www.swd.gov.hk/en/index/site_pubsvc/page_comm/sub_commdevser/id_commcenter2/

1.7 Interpretation Services

Service Category	Service Description
Hong Kong Christian Service (HKCS) Centre for Harmony and Enhancement of Ethnic Minority Residents (CHEER) Free Telephone Interpretation Service	<ul style="list-style-type: none"> ● Objectives: To provide interpretation support to urgent matters. ● Service targets: Ethnic minorities and public service organisations in need. ● Service content: Applications may be made through the Telephone Interpretation Service hotline and the calls will be answered by English-speaking staff. ● Website: http://www.hkcs.org/en/services/cheer ● Remarks: Enquiries regarding the service details and application procedures can be made to HKCS direct.

The updated and detailed information on the above services is available at the websites of relevant departments/ agencies.

Please refer to Appendix I to Chapter 12 for the list of websites.
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2. Suggestions on Promoting the Use of Support Services by the Elderly Persons Being Abused and Their Carers

For some reason, elderly persons 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 Elderly Persons’/ Carers’ Anxieties about the Services

Elderly persons 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 elderly persons 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 elderly persons to pay site visits or have some sharing with the existing service users as appropriate, with a view to enhancing the elderly persons’ motivation to receive the services.

2.2 Understanding the Elderly Persons’/ Carers’ Psychological Needs

Psychological factor is one of the reasons why elderly persons 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 elderly persons and help them speak out their worries, the elderly persons will find it easier to accept the provision of service.

2.3 Enlisting the Help of Other Professionals

Elderly persons may be persuaded to approach the healthcare personnel concerned to obtain their expert opinion. Elderly persons in general are more ready to accept the advice of healthcare personnel, 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 elderly persons to receive the services. The responsible social workers should invite the family members to participate in their discussions with the elderly persons and the parties concerned. For example, they can be asked to assist in making the transport arrangement for the elderly persons, and to be responsible for paying the fees, etc. Elderly persons 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 elderly persons, 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 elderly persons/ carers to receive support services.

2.6 Elderly Persons Only Expect the Care by Carers but No Other Services

Some elderly persons 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 elderly persons/ carers to receive support services.

A List of Websites on Information of Various Services

	Information	Websites
1.	Guidelines for emergency guardianship application	http://www.adultguardianship.org.hk/
2.	List of Integrated Family Service Centres/ Integrated Services Centres	https://www.swd.gov.hk/en/index/site_pubsvc/page_family/sub_listofserv/ids/ifs/
3.	Lists of District Elderly Community Centres/ Enhanced Home and Community Care Services Teams/ Integrated Home Care Services Teams	https://www.swd.gov.hk/en/index/site_pubsvc/page_elderly/sub_csselderly/
4.	List of Residential Care Homes for the Elderly providing emergency placement service	https://www.swd.gov.hk/en/index/site_pubsvc/page_elderly/sub_residentia/ids_emergencyp/
5.	List of Refuge Centres providing temporary accommodation to women being abused	https://www.swd.gov.hk/en/index/site_pubsvc/page_family/sub_listofserv/ids/230/
6.	Services of the Department of Health	https://www.dh.gov.hk/english/main/main.html
7.	Services of the Hospital Authority	http://www.ha.org.hk/visitor/
8.	Elderly Information Website of the Social Welfare Department	https://www.elderlyinfo.swd.gov.hk/en
9.	List of telephone and fax numbers of all Report Rooms of the Hong Kong Police Force	https://www.police.gov.hk/ppp_en/contact_us.html