

Meeting of the Ethnic Minorities Forum
18 December 2024 at 10:00 a.m.
at Conference Room, 21/F, Southorn Centre

Present

Government representatives

Assistant Director of Home Affairs (3)	Mr Wilson KWONG (Chairperson)
Assistant Secretary for Constitutional and Mainland Affairs (5A)	Miss Winnie YEUNG
Chief Executive Officer (3), Home Affairs Department	Ms Rebecca CHAN

Representatives of non-government organisations

Hong Kong Christian Service	Mr Mike CHEUNG
Hong Kong Integrated Nepalese Society Limited	Mr Binay SHAH
Hong Kong Lutheran Social Service	Ms Karen CHOW
Hong Kong Nepalese Federation	Ms Rita GURUNG
HKSKH Lady MacLehose Centre	Ms Noel LEUNG
Human Welfare Services	Mr Raghbi Syed JAMIL
Indian Businessmen's Association	Mr Gul. T. MIRPURI
International Social Service Hong Kong Branch	Mr James SUEN
Justice Centre Hong Kong	Ms Lynette NAM
Nigerian Community Hong Kong	Ms Anita Joel JIMS
The Hong Kong Council of Social Service	Mr Peace WONG
The Incorporated Trustees of the Islamic Community Fund of Hong Kong	Mr Arslan AHMED
The Neighbourhood Advice-Action Council	Ms Connie WONG
Yuen Long Town Hall	Ms Ruth KONG

Other attendees

For Agenda Item 1

Principal Executive Manager (Heath)3A, Health Bureau	Mrs Susanne IP
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Founder and Chief Executive Officer,
the Zubin Foundation
Project Director, the Zubin Foundation

Ms Shalini MATHANI

Ms Winnie NG

For Agenda Item 2

Service Director, New Home Association
Centre-in-charge, HOME Centre
Team leader, Ethnic Minority Care Team of
HOME(SSP) Sub-centre

Mr CHAN Yee-fei

Ms Blaire TSANG

Mr Ahmed AHSAN

Secretary

Senior Executive Officer (Race Relations Unit),
Home Affairs Department

Miss Angie LAI

1 Introduction

- 1.1 The Chairperson welcomed attendees to the meeting.

2 New Policy Address Initiatives for Ethnic Minorities

- 2.1 The Chairperson said that Home Affairs Department (HAD) attached great importance to providing support for ethnic minorities and assisting them in integrating into the community. He reported that HAD had successfully implemented all the initiatives announced in the 2023 Policy Address, namely (a) set up two additional support service centres for ethnic minorities (EM centres), one in Kowloon City and the other in Shatin, bringing the total number of EM centres to 10; (b) set up one Ethnic Minority Care Team (EM Care Team) in each of the 10 EM centres; (c) regularised the enhanced services for ethnic minority youths and new arrivals; and (d) regularised the District-based Programmes for Racial Harmony. To further facilitate the integration of ethnic minorities into the community, the Chief Executive announced in the 2024 Policy Address that, in addition to CHEER Centre, HAD will engage one more existing support service centre, to provide interpretation and translation services for ethnic minorities in 2025.

3 Ethnic Minority Wellbeing Centre

- 3.1 The Chairperson invited Mrs Susanne IP, Ms Shalini MATHANI and Ms Winnie NG to introduce the Ethnic Minority Wellbeing Centre (the Centre) to the meeting. Ms MATHANI advised that as announced in the 2022 and 2023 Policy Address, the Health Bureau (HKB) had engaged the Zubin Mahtani Gidumal Foundation Limited (the Zubin Foundation) to establish a trial-based centre, to provide emotional support and counselling for ethnic minorities. The Centre provided one-to-one free counselling service, in Hindi, Urdu, Nepali and English for ethnic minorities in Hong Kong. The consultation sessions could be held face-to-face or online. Clients seeking help from the Centre would be assessed by the Depression, Anxiety and Stress Scale (DASS) test. The number of sessions provided to clients, ranged from six to ten with two booster sessions if necessary, depending on the DASS tests' scores.

- 3.2 Ms MATHANI advised that as of 30 November 2024, 139 clients had sought assistance from the Centre. The majority of the clients were Indian (29%) and Pakistani (29%). In terms of age, 50% of the clients were between 19 to 29 years old. In addition to one-to-one consultation, the Centre also provided small group sharing, street booths to raise awareness of mental health, and mindfulness workshops. Furthermore, the Centre provided training for capacity building for frontline workers of non-governmental organisations, healthcare providers and professionals, schools, social workers, etc. The Chairperson commended the work of the Centre and highlighted the need of capacity building for other organisations serving ethnic minorities to strengthen their efforts.
- 3.3 Issues raised by attendees and the discussions were summarised below:
- 3.3.1 One attendee expressed concerns about the number of consultation sessions preset in the programme and asked the follow-up after the allocated sessions. Ms NG responded that counsellors would review the progress of each case, and would provide extensions if additional sessions were required to achieve counselling goals. Another attendee inquired about the service charges and Ms MATHANI clarified that the programme was fully funded by HHB.
- 3.3.2 One attendee asked about the demand of counsellor services. Ms MATHANI explained that the programme would provide one-on-one counselling services and priority would be given to individuals who were at higher risk. Ms NG added that while most clients completed the programme within the prescribed sessions, a small number still required extended services due to complex or ongoing issues. The focus of the counselling services was on problem-solving, building resilience, self-care, and empowering clients to cope with challenges independently. Ms MATHANI also mentioned that the centres under Zubin Foundation, though not under the same programme, had organised support groups and gatherings to help individuals feel less isolated.
- 3.3.3 One attendee suggested placing advertorials in newsletters and websites of various ethnic minority groups to promote the Centre's support services. Ms MATHANI agreed to follow up on this suggestion and appealed to all attendees for sharing the relevant information.

[Post-meeting note: Ethnic minority media list and contact list of EM centres were sent to HHB by the Secretariat on 18.12.2024 for reference.]

- 3.3.4 One attendee expressed concern about the dropout rate, noting that clients might lose momentum during long service journey. Ms MATHANI acknowledged that it would depend on the individual's willingness to continue receiving mental health services, and participation could not be forced. Ms NG estimated the dropout rate at 10 to 20% and explained that clients had the flexibility to return to services after taking a break. If a client disengaged completely, her team would follow up to check if additional support was needed.
- 3.3.5 Another attendee raised questions about referrals to the Integrated Community Centre for Mental Wellness (ICCMW), asking whether referrals were district-based or designated and if translation services were provided. Ms MATHANI explained that referrals would be dealt with on a case-by-case basis. Ms NG added that approximately 10 to 15 cases were referred to ICCMW in 2024, emphasising the importance of "hand-holding" to facilitate the referral process and ensure clients feel supported. Ms MATHANI noted that many clients faced stressors beyond mental health, such as divorce, child custody issues, or housing needs. On-site social workers were available to address these challenges. Regarding the referral arrangement, Ms NG shared that the Centre would follow up on referral cases, within about three months of the initial referral. This follow-up would ensure clients feel supported and allow the Centre to re-engage them if needed. Another attendee mentioned that some ICCMWs were not fully prepared to serve ethnic minority clients, and Ms NG responded that training and briefing sessions could be provided to help ICCMW staff better understand the unique needs of ethnic minority clients.
- 3.3.6 One attendee asked whether the programme would include home visits to clients, and Ms MATHANI clarified that home visits would be conducted and managed by other programmes operated by the Zubin Foundation but not under the Ethnic Minority Wellbeing Centre. Another attendee appreciated the Centre's efforts during its pilot stage and asked if counsellors could provide on-site services at other non-governmental organisations in the next phase. Ms MATHANI

acknowledged the importance of convenience but explained that resource constraints made extending services to all districts unfeasible.

- 3.3.7 One attendee inquired about interventions for children facing family problems. Ms MATHANI explained that ethnic minority children does not meet the service criteria of the Centre (service user should be aged 18 or above), but the challenges faced by ethnic minority children should not be overlooked, such as social stigma and identity struggles, including being teased for the smell of food, resorting to eating in toilets, or skipping meals at all. These issues often lead to self-harm and loss of identity.
- 3.3.8 The Chairperson asked about the availability of online consultations, and whether the Centre had the capacity to receive more clients through more service promotion. Ms MATHANI confirmed that while potentially high-risk cases would be prioritised for face-to-face consultations, online consultations would also be offered where appropriate. She advised that the Centre was able to take on new clients. Part-time counsellors might also be engaged to expand capacity.

4 Ethnic Minority Care Team

- 4.1 Upon the invitation of the Chairperson, Mr CHAN Yee-fei, Ms Blaire TSANG and Mr Ahmed AHSAN briefed Members on the services provided by EM Care Teams. Mr CHAN advised that these teams mainly constituted by ethnic minorities had been set up in the EM centres to strengthen the support for ethnic minorities since July 2024. Through the networks in the ethnic minority communities as well as referrals from District Services and Community Care Teams, the EM Care Teams would visit ethnic minority households, establish connections, disseminate important government information to them. Ms TSANG shared with members several cases handled by EM Care Team under HOME Centre. In one case, a Pakistani lady who had only been in Hong Kong for one year was due to give birth in five weeks. She encountered problems such as language barrier and lack of care from relatives and friends and developed symptoms of depression and anxiety. The EM Care Team established contact with her and proactively cared for her needs. They donated essential materials to her and referred her case to a medical social worker for follow-up. In another case, the EM

Care Team visited the typhoon shelter in Yau Tsim Mong District during Typhoon Yagi to provide assistance to ethnic minority service users.

4.2 Issues raised by attendees and the discussions were summarised below:

4.2.1 One attendee asked about the common problems found by the EM Care Team. Ms TSANG shared her observations of the Yau Tsim Mong District, particularly among the Nepali community. She said that parenting stress and children's learning problems were common concerns. Some women showed interest in finding part-time jobs, particularly English-speaking vacancies, to support their families financially. Mr AHSAN added that Muslim and Pakistani communities also faced significant challenges, including housing problems where landlords refused to fix issues in the leased units. Additionally, many families struggled with public housing applications due to limited English and Chinese proficiency. Mr AHSAN said that some parents had attended classes organised by the EM centres to improve their language skills.

4.2.2 The attendee further asked about how the EM Care Team assisted children in enrolling in public schools. Ms TSANG explained that social workers in the EM centre would assist ethnic minority families in filling out forms, gathering necessary documents, and contacting schools to check for vacancies. Families would also be guided in school placement based on their children's Chinese proficiency. For children with strong Chinese proficiency, they would be encouraged to apply to mainstream schools for better integration.

4.2.3 The Chairperson then highlighted the collaboration between EM Care Teams and 452 District Services and Community Care Teams (District Care Teams). These teams played a key role in promoting government messages and informing ethnic minority communities about available services. When encountering difficulties, District Care Teams could refer cases to the EM Care Team for further assistance. The Chairperson also noted that many ethnic minorities were not interested in local media, so outreach efforts were needed to ensure messages reach target audiences.

4.2.4 An attendee asked how to determine whether ethnic minority families required support from EM Care Team. Ms TSANG explained that

cases were normally referred by EM centres which might identify some issues or problems faced by ethnic minority families; and consent would be obtained before conducting a home visit. The EM Care Team would also reach out to elderlies who feel lonely and conduct outreach such as setting up booths in parks to engage with ethnic minorities. The Chairperson concluded the discussion by emphasising the importance of building connections and expanding networks of ethnic minority families. This approach helped promote better integration and ensured that families have access to necessary resources.

5 Any Other Business

- 5.1 An attendee raised questions regarding the funding criteria, monitoring mechanisms, and how the progress of funded services was tracked. The Chairperson explained that HAD was currently supporting the integration of ethnic minorities mainly through the 10 EM centres. These EM centres were required to submit regular reports for progress tracking and users' satisfaction assessment. In addition, HAD welcomed comments and suggestions from the ethnic minority community to improve services. Another attendee questioned whether the funding provided was value for money and whether the services would truly benefit the target communities. He emphasised the importance of accountability and evaluation to ensure that services had a positive impact. The Chairperson acknowledged the suggestion, advising that these service evaluation measures were already in place as part of the reporting system.
- 5.2 One attendee expressed concern that the needs of some communities, such as Nigerians, were not adequately catered for in the services provided. She noted that many Nigerians were unaware of the services available and shared that members of the Nigerian community, including highly educated individuals like PhD graduates, often struggled to find employment despite their skills. The Chairperson assured the attendee that services offered by EM centres were not limited to specific minority groups but were open to all. Regarding employment, the Chairperson advised that any individuals seeking work must ensure their visas allowed them to do so and suggested applying for a work visa through the Immigration Department. Another attendee added that non-local students could apply to the Immigration Department to work legally in

Hong Kong, even if they did not have a work visa.

- 5.3 An attendee proposed inviting the Housing Bureau to attend future meetings to introduce the ongoing Light Public Housing project and the Government's legislation proposal to devise a system to regulate subdivided units in residential building. As the public consultation on the proposed regulatory regime for Basic Housing Units have already commenced, the Chairperson suggested that the attendees should submit their opinions directly to the Housing Bureau as soon as possible instead of waiting for the next meeting.
- 5.4 The Chairperson thanked all attendees for attending today's Ethnic Minorities Forum and sharing their valuable opinions.
- 5.5 There being no other business, the meeting was adjourned at 12:00 noon.
- 5.6 For the date of next meeting, attendees would be duly informed nearer the time.

Home Affairs Department
January 2025