

Committee on the Promotion of Racial Harmony
Notes of the meeting on 20 June 2025

Present

Home Affairs Department (HAD)

Mr TE Chi-wang (Chairperson)	Deputy Director of Home Affairs(2)
Mr Wilson KWONG	Assistant Director of Home Affairs (3)
Ms Rebecca CHAN	Chief Executive Officer (3)
Mr Nichole CHENG (Secretary)	Acting Senior Executive Officer (Race Relations Unit)

Official Members

Mr Sunny LO	Education Officer (Non-Chinese Speaking Student Support) 11, Education Bureau
Ms Kitnacy WONG	Principal Information Officer (Local Promotions), Information Services Department
Ms Kitty LUN	Labour Officer (Employment Services) (Racial Diversity Employment), Labour Department

Non-official Members

Ms HO Sau-yin Zareenah
Mr Mohammad ILYAS
Mr Vishal MELWANI
Mr Syed Mohammed MOHIUDDIN
Mr Zaman Minhas QAMAR
Mrs Marina RAI
Mr Baljinder SINGH

1.2 Before going into the agenda, the Chairperson took the opportunity to update Members on the progress made by the Home Affairs Department (HAD) in implementing the new initiative for ethnic minorities announced in the 2024 Policy Address. Specifically, HAD had invited operators of existing support service centres for ethnic minorities to submit proposals for providing the new translation and interpretation services for ethnic minorities. A suitable operator had been selected to provide this new services, which was expected to commence by the end of this year.

2. Confirmation of the notes of discussion on 6 December 2024

2.1 A member would like to follow up on Education Bureau (EDB)'s response provided to members in December 2024. He commented that the proportion of non-Chinese speaking (NCS) students taking the Chinese language exam in Hong Kong Diploma of Secondary Education Examination (HKDSE) remained low, with the majority still opting for alternative Chinese examinations such as the General Certificate of Secondary Education (GCSE) or International General Certificate of Secondary Education (IGCSE). He noted that the standard of these alternative exams was below the requirement of the local job market. The member inquired about the measures being taken to encourage more NCS students to sit for higher level Chinese examinations such as the HKDSE, and the proportion of NCS students attending schools where NCS students accounted for more than 50% of the total student population.

[Post-meeting notes: The Secretariat provided EDB's response to members on 28.7.2025.]

2.2 The Chairperson suggested that the support provided by EDB for NCS students could be discussed at the next meeting.

2.3 The notes of the last meeting held on 6 December 2024 were confirmed with one amendment. A post-meeting note was added

under paragraph 3.1 to reflect the response from EDB was circulated to all Members in December 2024.

3. Matters arising from the meeting on 6 December 2024

3.1 A member proposed to further discuss the issue of welfare support for ethnic minority elderlies. The Chairperson noted and suggested inviting relevant bureaux and departments to make presentation on this topic in a forthcoming meeting.

4. Ethnic Minority Wellbeing Centre

4.1 At the invitation of the Chairperson, Ms Shalini MAHTANI introduced the Ethnic Minority Wellbeing Centre (the Centre) to Members. As announced in the 2022 and 2023 Policy Addresses, the Health Bureau had engaged the Zubin Foundation to establish a centre on a trial basis to provide emotional support and counselling services for ethnic minorities. The Centre provided free one-to-one counselling services to ethnic minorities in Hong Kong in Hindi, Urdu, Nepali and English. The consultation sessions could be conducted in person or online. The Centre would assess the clients seeking help through 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. In addition to one-to-one consultation, the Centre also provided small group sharing, mindfulness workshops, and street booths to raise awareness of mental health. Furthermore, the Centre provided capacity building training for frontline workers of non-governmental organisations, healthcare providers and professionals, schools, social workers, etc.

4.2 One member enquired about the language and cultural barriers faced by ethnic minorities when accessing mainstream mental health public services. Ms MAHTANI shared with members the origin of their emotional support and counselling services. She

said that the Zubin Foundation mobilised its network to provide support to individuals, recognising that many ethnic minorities would prefer and benefit from services where staff understand their cultural backgrounds and speak their languages, and that mainstream mental health public services currently cannot meet their needs effectively. Ms MAHTANI emphasised that it was crucial to have someone who understood the cultural background of ethnic minorities, for example, being familiar with customs associated with the South Asian community such as early marriage because this cultural understanding was crucial for effectively addressing issues specific to ethnic minorities.

4.3 A member noted from the client profiles mentioned in the presentation that all clients were above 18 years old and enquired about the handling of cases involving teenagers under 18. Ms MAHTANI clarified that currently, the government-funded project served clients aged 18 and above. For cases involving children and teenagers aged 6 to 17, the Zubin Foundation operated a separately-funded Children Counselling Centre.

4.4 A member enquired whether the majority of students receiving scholarships from the Zubin Foundation were from ethnic minorities. Ms MAHTANI clarified that all scholarships offered by the Zubin Foundation were specifically for ethnic minority students. She also undertook to share more detailed information about the scholarships with members.

[Post meeting note: the details of the scholarships were sent to members on 14.7.2025.]

4.5 A member asked if there were any cases of university graduates suffering from depression due to not being able to find suitable jobs. Ms Winnie NG confirmed that such cases had indeed been encountered. In response, the team referred these clients to receive employment support and guidance in addition to counselling. Ms MAHTANI further explained that, as an

integrated service provider, the Zubin Foundation would refer cases to other relevant units within the Foundation to ensure comprehensive and appropriate support.

- 4.6 A member enquired whether the Centre could provide talks or sharing sessions for District Care Team members, noting that the percentage of ethnic minority students with special educational needs (SEN) in the Yau Tsim Mong district was relatively high. Ms MAHTANI responded positively to the idea of collaboration and highlighted that the number of ethnic minority children with SEN was increasing rapidly. Therefore, there was an increasing need for targeted support from service providers. Another member added that currently students were assessed for SEN at the kindergarten and provided with free pre-school rehabilitation services. These SEN students would be followed up by a social worker in primary school. If requested by the school, a Psychologist Assistant would be assigned to assist the school in providing support to the students. Ms MAHTANI shared that cases involving attention deficit hyperactivity disorder were particularly difficult to identify before primary school but there was currently no NGO providing free therapy for ethnic minority children with SEN over the age of 6. The member pointed out that, to his knowledge, the Hong Kong Red Cross was offering such therapy services for ethnic minority children before they entered secondary school.
- 4.7 A member expressed appreciation for Ms MAHTANI's passion and highlighted the importance of sustained funding to support the growing ethnic minority community. He also raised the need for a dedicated Centre for ethnic minority elderly.
- 4.8 Ms MAHTANI advised that the Centre was currently operating under a two-year pilot scheme, and the Zubin Foundation was actively liaising with the Government to renew the funding. She also shared that there were plans to expand the Centre's services to Tung Chung later this year.

- 4.9 The Chairperson thanked Ms MAHTANI for her informative presentation and emphasised the importance of collaboration among all stakeholders to support ethnic minority community. With Ms MAHTANI's consent, the presentation materials and her contact information would be shared with all members to facilitate further communication and cooperation.

[Post-meeting notes: The Secretariat shared the relevant information provided by Zubin Foundation to members on 14.7.2025.]

5. Interpretation Services at Public Hospitals/Clinics

- 5.1 At the invitation of the Chairperson, Ms Sandy SZETO briefed Members on the interpretation services provided by public hospital and clinics under the Hospital Authority (HA). These services were provided through a service contractor, freelance interpreters for the Judiciary Administration and consulate offices. HA's service contractor covered a total of 17 languages. For scheduled services, such as medical appointments at specialist and general outpatient clinics, patients might request hospitals or clinics to arrange interpretation services in advance. For non-scheduled services, hospital staff would arrange instant telephone or video-call interpretation, or on-site interpretation services as soon as possible.
- 5.2 The Chairperson asked about possibility of using artificial intelligence (A.I.) in interpretation service. Ms SZETO responded that the HA was making reference to the practices of the Legislative Council and was currently exploring the use of A.I. to translate English into various ethnic minority languages. She said that HA was still in the process of testing and verifying the accuracy of these translations to determine whether A.I. solutions could be effectively applied in the clinical settings.

- 5.3 A member commended HA's efforts over the years and enquired about the average waiting time for patients in the emergency departments to receive interpretation services. Ms SZETO explained that for emergency services, service contractor was generally required to provide interpretation services within an hour. Interpreters who lived nearby would be deployed with priority to enhance the service response time. She added that according to HA's records, the overall response time for urgent requests had been within 30 minutes. However, there were limitations in interpreter availability, particularly for certain languages. In such cases, HA would arrange alternatives such as video-call or telephone interpretation to ensure timely communication.
- 5.4 A member raised the possibility of hiring permanent in-house interpreters for hospitals in districts with higher ethnic minority populations, and using translation tools such as Google Translate or smartphone applications. Ms SZETO responded that employing permanent in-house interpreters would require a large number of staff to cover all shifts in the 43 hospitals managed by HA, posing significant human resources challenge. While the current arrangement was considered the most feasible at present, Ms SZETO emphasized that HA would continue to review the scope of interpretation service contract, supplemented by A.I. options for the future. Additionally, two other members suggested that HA considered hiring in-house interpreters on a trial basis in hospitals in districts with a large ethnic minority population.
- 5.5 The Chairperson remarked that interpretation services in healthcare settings required specialised knowledge. He asked about the training for interpreters before providing services. Ms SZETO explained that HA worked with its service contractors to provide interpreters with the necessary medical knowledge training.
- 5.6 A member enquired about the details of the cultural sensitivity training for HA staff. Ms SZETO replied that the training content and sessions were organised by HA's Human Resources

Department in collaboration with its service contractor, Hong Kong Sheng Kung Hui Lady MacLehose Centre. As an experienced NGO serving people of diverse backgrounds, Hong Kong Sheng Kung Hui Lady MacLehose Centre collected and provided relevant information and scenarios that HA staff might encounter in their work. Additionally, HA had employed medical professionals from different ethnic backgrounds, who were invited to provide suggestions and advices to further enhance the effectiveness and relevance of the training. The member commented that many of these trainings were often conducted by Chinese staff who might lack awareness of cultural sensitivity. He suggested that future cultural sensitivity training should follow an established framework to ensure quality and relevance.

(Post-meeting notes: HA has been organising seminars or training courses on the culture of users of diverse race and anti-discrimination ordinances at cluster level according to their service need. HA e-Learning Centre offers an e-courseware on communication with users of diverse race, including knowledge about their culture and proper arrangement of hospital interpretation service.)

- 5.7 A member suggested that HA could analyse the distribution of ethnic minority population and the locations of hospitals in these districts, particularly for Accident & Emergency (A&E) services. The member recommended studying peak service hours and considering the employment of interpreters during these times to better meet the needs of ethnic minority patients.
- 5.8 A member shared a case in which an ethnic minority elderly patient experienced a 45-minute delay in A&E registration because she could not provide a telephone number until her son arrived. Also, the member asked whether interpretation services would be automatically arranged if the need was indicated in the Patient Master Index or if an appointment was required in advance. He pointed out that many ethnic minority elderlies did not know how

to request interpretation services due to language barriers. He also said that when ethnic minority elderly attended medical appointments alone, nurses sometimes did not allow them to call relatives to help communicate with medical staff. He suggested that employing ethnic minority medical assistants might help address these issues. However, the government-funded medical assistant course was currently only offered in Cantonese, limiting learning opportunities for ethnic minority community.

- 5.9 In response to the member's questions, Ms SZETO clarified that the indication in the "Patient Master Index" served only as a reminder for medical staff to check whether the patient required interpretation services, as sometimes the patient's family members might accompany the patient for consultations and be able to communicate with medical staff. Regarding the registration delay, she encouraged members to provide specific date, time and hospital involved so that HA could arrange necessary training and follow-up actions to improve the situation. As for the suggestion on medical assistant training, Ms SZETO would convey this suggestion to the respective department of HA for consideration.
- 5.10 A member followed up on the issue of cultural sensitivity by sharing a case where his relative was asked about his religion by a social worker, but the social worker was unable to distinguish the different needs associated with various religions. He noted that in other countries, there were booklets listing the taboos and key considerations for different religions, and suggested that similar resources could be provided to frontline staff in Hong Kong to enable better understand the diverse religious needs of their clients. Additionally, the member recommended increasing the variety of vegetarian meal options in public hospitals. Ms SZETO said that she would convey the suggestions to the relevant departments in HA for consideration.
- 5.11 A member shared that some patients with mental illness were unaware of the availability of interpretation services and had to rely

on body language to communicate with doctors. She also recalled an incident where a friend requested a Halal meal when she was hospitalised but the staff did not understand the request, indicating a need to raise their awareness of religious dietary requirements in healthcare settings.

5.12 The Chairperson expressed appreciation for the discussion on this agenda item and suggested that better use of technology could help improve the situation. He thanked Ms SZETO and Ms YUNG for attending the meeting and conveying the views and suggestions of members to relevant departments within HA.

6. Any Other Business

6.1 A member expressed appreciation for convening the meeting every six months and hoped that this arrangement would continue in the future. The Chairperson advised that that the arrangement would be maintained. Based on the discussion at this meeting, representatives from EDB and Social Welfare Department would be invited to present on support for NCS students and ethnic minority elderlies respectively.

6.2 A member shared that many ethnic minority parents wished for their children to attend local mainstream schools. However, she noted that while invitations to school activities such as talks or seminars were sent in English, the events themselves were conducted entirely in Cantonese, making it difficult for NCS parents to engage meaningfully. Mr Sunny LO of EDB responded that the Bureau had been actively encouraging schools to use available resources, such as engaging interpretation and translation services, to support NCS parents' participation. She requested to discuss this issue further at the next meeting.

6.3 The Chairperson thanked members for reflecting the views of ethnic minorities and raising many useful suggestions on the

agenda items for attendees to bring back to their departments and organisations. The meeting was adjourned at 5:05 p.m.

Home Affairs Department
July 2025