

**Sha Tin District Council**  
**Minutes of the 1<sup>st</sup> Meeting of**  
**the Social Welfare and Youth Committee in 2026**

**Date :** 14 January 2026 (Wednesday)  
**Time :** 2:30 pm  
**Venue :** Sha Tin District Office Conference Room 441  
 4/F, Sha Tin Government Offices

| <b><u>Present</u></b>                | <b><u>Time of joining<br/>the meeting</u></b>                     | <b><u>Time of leaving<br/>the meeting</u></b> |
|--------------------------------------|---|---|
| Mr LEUNG Ka-fai, MH (Chairman)       | 2:30 pm   | 3:12 pm                                       |
| Miss TUNG Kin-lei (Vice Chairman)    | 2:30 pm   | 3:12 pm                                       |
| Mr WONG Wai-shing                    | 2:30 pm   | 3:12 pm                                       |
| Mr KU Wai-ping                       | 2:30 pm   | 3:12 pm                                       |
| Mr CHU Wun-chiu                      | 2:30 pm   | 3:12 pm                                       |
| Miss LEE Ching-yee, Janet, MH        | 2:30 pm   | 3:12 pm                                       |
| Mr NG Kai-tai                        | 2:30 pm   | 3:12 pm                                       |
| Ms LAM Siu-man                       | 2:30 pm   | 3:12 pm                                       |
| Ms LAM Yuk-wa                        | 2:30 pm   | 3:12 pm                                       |
| Mr LAM Yu-sing                       | 2:30 pm   | 3:12 pm                                       |
| Ms LAM Chung-yan, Nancy, MH          | 2:30 pm   | 3:12 pm                                       |
| Dr LAM Kong-kwan                     | 2:30 pm   | 3:12 pm                                       |
| Mr YIU Ka-chun, MH                   | 2:30 pm   | 3:12 pm                                       |
| Mr HA Kim-kwan                       | 2:30 pm   | 3:12 pm                                       |
| Mr AU Chi-on, Paul                   | 2:30 pm   | 3:12 pm                                       |
| Ms GUO Xuanton                       | 2:30 pm   | 3:12 pm                                       |
| Mr LEUNG Chun-pong, Maverick         | 2:30 pm   | 3:12 pm                                       |
| Mr LEUNG Ka-wai                      | 2:30 pm   | 3:12 pm                                       |
| Mr CHAN Tan-tan                      | 2:30 pm   | 3:12 pm                                       |
| Miss CHAN Hiu-ying                   | 2:30 pm   | 3:12 pm                                       |
| Miss MOK Hei-man                     | 2:30 pm   | 3:12 pm                                       |
| Mr WONG Yue-hon                      | 2:30 pm   | 3:12 pm                                       |
| Ms WONG Po-yee                       | 2:30 pm   | 3:12 pm                                       |
| Mr YEUNG Ying-hon, Ronald            | 2:30 pm   | 3:12 pm                                       |
| Mr TSOI Ming-yang                    | 2:30 pm   | 3:12 pm                                       |
| Mr DENG Kairong, BBS, MH, JP         | 2:30 pm   | 3:12 pm                                       |
| Mr CHOI Wai-shing                    | 2:30 pm   | 3:12 pm                                       |
| Mr LAU Tak-wing                      | 2:30 pm   | 3:12 pm                                       |
| Ms LO Tai-suen, Ada                  | 2:30 pm   | 3:12 pm                                       |
| Ms PONG Scarlett Oi-lan, BBS, JP     | 2:30 pm   | 3:12 pm                                       |
| Ms KUNG Mei-chi                      | 2:30 pm   | 3:12 pm                                       |
| Ms YIP Shuk-kuen                     | 2:30 pm   | 3:12 pm                                       |
| Mr LEE Kang-pan                      | 2:30 pm   | 3:12 pm                                       |
| Mr CHAU Ping-him                     | 2:30 pm   | 3:12 pm                                       |
| Ms YEUNG Suet-man, Kelly (Secretary) | Executive Officer (District Council)1,<br>Sha Tin District Office |   |

**In Attendance**

Ms ZHONG Shek-wa, Sophia  
Mr LEE Man-fai, Dave

Ms WONG So-man, Katrina

Mrs LAU HO Man-wai

Ms CHOY Yuk-ling, Elaine

Senior Inspector Mr MAK Wai-kei, Matt

Ms WONG Mo-sze, Nancy

**Title**

Assistant District Officer (Sha Tin)2

Senior Executive Officer (District Council),  
Sha Tin District Office

Executive Officer I (District Council)3,  
Sha Tin District Office

Senior School Development Officer (Shatin)5,  
Education Bureau

Assistant District Social Welfare Officer (Sha Tin)2,  
Social Welfare Department

Assistant Police Community Relations Officer (Youth  
Engagement), Shatin District, Hong Kong Police Force

Labour Officer (Workplace Consultation Promotion),  
Labour Department

**In Attendance by Invitation**

Mr WONG Siu-kwong

Ms LEE Fung-ha, Flora

**Title**

Senior Liaison Officer (South),  
Sha Tin District Office

Labour Officer (Foreign Domestic Helpers)2,  
Labour Department

**Absent**

Miss LAW Yuen-pui

**Title**

District Council Member (Application for leave of absence received)

The Chairman welcomed members and representatives of government departments to the first meeting of the Social Welfare and Youth Committee (SWYC) this year.

**Application for Leave of Absence**

2. The Chairman said that the Sha Tin District Council Secretariat had received a written application for leave of absence from the following member prior to the meeting:

Miss LAW Yuen-pui

Postpartum recovery

3. The SWYC unanimously consented to the application for leave of absence submitted by the above member.

**Confirmation of Minutes of Meeting**

Minutes of the Meeting Held on 5 November 2025  
(SWYC Minutes 6/2025)

4. Members unanimously endorsed the above minutes.

## Questions

### Question Raised by Miss MOK Hei-man on Concerns about the Working Conditions of Foreign Domestic Helpers in Sha Tin District (Paper No. SWYC 1/2026)

5. Members' views and suggestions were as follows:
- (a) the contributions of foreign domestic helpers (FDHs) to Hong Kong families and the overall economy were recognised. Since the implementation of the FDH importation policy in 1973, FDHs had helped middle-class families reduce their housework burden, allowing dual-income parents to focus more on their work, thereby enhancing their families' financial well-being. Citing personal growth experience as an example, a member illustrated the important role FDHs played in assisting employers in maintaining household operations and taking care of children. Currently, in densely populated areas such as Sha Tin District, the supportive role of FDHs for employers' families was particularly significant;
  - (b) members opined that the Government's current support for FDHs was insufficient, as they lacked convenient channels for lodging complaints, such as multilingual hotline service. At the same time, the Government's supervision and prosecution of non-compliant intermediaries and employers was limited in effectiveness. In 2021, the Labour Department (LD) received 390 complaints about intermediaries for FDHs, but in the end, there were only 4 successful prosecution cases;
  - (c) it was suggested that mobile support service counters be set up at recreation parks or squares where FDHs frequently gathered with counsellors proactively providing assistance to them; and
  - (d) it was suggested to establish a regulatory authority for FDH affairs, modelled on the Estate Agents Authority or the Property Management Services Authority, to protect the rights of FDHs and regulate the intermediary industry in a more comprehensive manner. By strengthening the protection and support for FDHs, their sense of belonging to Hong Kong and job stability could be enhanced, ultimately benefitting both employers and employees.
6. A representative of the Social Welfare Department (SWD) gave a consolidated response as follows:
- (a) it was agreed that FDHs and their employers should establish a good communication mechanism. Employers should assist FDHs in understanding their job duties with an attitude of understanding and inclusiveness, thereby promoting the building up of a harmonious and smooth collaborative relationship between both parties; and
  - (b) FDHs who encountered great difficulties, life adaptation issues or emergencies could seek assistance from the SWD's Integrated Family Service Centres, where social workers would provide corresponding support.
7. In response to the suggestion to establish a regulatory authority for FDH affairs, a representative of the LD said that given the extensive scope of functions of the regulatory authority, it might need to coordinate matters such as approval of FDH entry, application for employment agency licences and the handling of labour disputes. As this involved the existing professional domains and work of various government departments and would have a significant impact on the Government's work and various

stakeholders, the Government had to give careful consideration to ensure that the policy could be implemented steadily and effectively.

8. Members' supplementary views were as follows:

- (a) it was suggested that the LD adopt a more proactive outreach strategy, such as a trial in Sha Tin District to actively explain employment rights to FDHs and provide them with information on support channels at recreation places like parks where they gathered on weekends so as to strengthen support for them;
- (b) it was pointed out that although the LD received hundreds of complaint cases in 2021, the final number of prosecutions was only a single-digit figure, reflecting the limited effectiveness of the existing handling mechanism; and
- (c) it was emphasised that FDHs had become an indispensable part of the Hong Kong society, and their issues should not be handled merely according to regulations. Members called for relevant departments to care for FDHs with empathy and a people-oriented attitude, and to take more proactive measures to effectively assist them in resolving difficulties.

9. A representative of the LD gave a consolidated response as follows:

- (a) at present, the LD had set up a 24-hour telephone hotline for FDHs, providing interpretation services in 11 languages for FDHs to make enquiries or lodging complaints. The cases concerned would be referred to the corresponding government departments according to their nature, or followed up directly by the LD. In addition, the LD also regularly set up "information kiosks for FDHs" at places where FDHs gathered in Hong Kong, Kowloon and the New Territories, such as Central and Victoria Park in Causeway Bay, on Sundays and holidays to enhance their awareness of employment rights; and
- (b) the LD planned to set up an "information kiosk for FDHs" in Sha Tin Park in late March to provide information on employment rights and support to FDHs in Sha Tin District.

10. The Chairman announced the end of discussion on the agenda item.

Question Raised by Ms LAM Yuk-wa on the Support for Community Mental Health Services in Sha Tin District

(Paper No. SWYC 2/2026)

11. Members' further enquiries and views were as follows:

- (a) members shared a case in the district where a hidden woman with mental health problems had drawn attention due to disputes with her neighbours. The situation had been temporarily alleviated after intervention by councillors and the frontline staff of the housing estate. However, the incident reflected the existence of undetected hidden mental health cases in the community. Some individuals lacked awareness of their illnesses and had not sought help from relevant organisations or had remained undiagnosed, while some frontline staff of housing estates lacked training in identifying and supporting mental health cases. Members also expressed gratitude to the SWD for immediately contacting relevant units upon learning of the case to arrange mental health skills training for the housing estates and District Services

and Community Care Teams (Care Teams) concerned in late January 2026 to strengthen the capacity of frontline staff in handling situations;

- (b) members wished to know how Care Teams and members' ward offices should follow up and handle suspected cases of hidden persons discovered in the community;
- (c) it was hoped that the Government would establish an inter-departmental collaboration system to systematically follow up on cases of hidden persons in districts and strengthen support and follow-up for relevant cases;
- (d) there were a number of cases of disturbance, such as littering, in the community caused by ex-mentally ill persons or persons with suspected mental health problems. Although management offices had noticed these persons and tried to advise them, the situation in some cases remained unimproved despite such advice;
- (e) members wished to know the actual effectiveness of the work undertaken by the SWD and relevant service units for promoting mental health in the community, and whether relevant departments had exchanges with property management companies or owners' corporations on a regular basis to discuss response strategies;
- (f) although councillors came across relevant cases, due to personal privacy concerns and the need to respect the clients' wishes, the scope for further intervention after referral of cases was limited. Ongoing assistance often could not be provided, leading to cases ultimately being left unresolved;
- (g) members wished to know whether relevant departments had formulated annual plans or launched promotional activities to make community residents and management companies better aware of mental health support channels so as to more effectively address suspected mental health issues or disturbance issues in the community;
- (h) gratitude was extended to the SWD for immediately notifying the Caritas Integrated Family Service Centre which served the local community to assist in handling a case involving mental health issues in Pok Hong Estate. Although the SWD had intervened and had contacted the case's family, the pace of support still could not keep up with the development of the incident;
- (i) it was suggested that an "inter-departmental rapid response team" be set up to provide timely intervention and support for high-risk mental health cases in which the patients had been discharged from hospital or the patients' condition suddenly deteriorated in order to prevent tragedies from recurring;
- (j) the SWD's current support measures often depended on whether persons in need of mental health support were willing to accept services, but some individuals refused assistance, making intervention difficult. A member cited an instance that some residents with suspected mental health problems caused disturbances in the community, such as shouting loudly late at night or persistently making harassing telephone calls to others, yet these individuals were unwilling to accept social services or relevant assistance. Even though councillors and non-governmental organisations (NGOs) in the local community had tried to intervene, no effective support could be provided because the individuals refused anyone's concern or assistance; and

- (k) regarding such cases where individuals had refused the support from others, members wished to know whether the SWD had corresponding measures to help the affected residents or appropriately intervene in such cases given that the individuals were unwilling to cooperate.

12. A representative of the SWD gave a consolidated response as follows:

- (a) under the existing mechanism, the SWD would proactively contact the residents with suspected mental health problems in the community, encouraging them to seek medical consultation or maintain contact with social workers, under the premise of respecting clients' wishes. If a client refused assistance, support was mainly provided through persuasion and continuous care at this stage unless the situation was critical;
- (b) the SWD would also ask social workers of Integrated Community Centres for Mental Wellness (ICCMWs) to assist in contacting the clients and/or their family, continuously assess their needs for mental health support and immediately intervene at critical moments to help the persons concerned receive treatment or outpatient service. In the event of an emergency, for example, a client had an intent to hurt himself/herself or others, social workers would immediately contact the Police or the Hospital Authority (HA)'s community psychiatric medical personnel to arrange for the person concerned to be sent to the accident and emergency department of a hospital under the HA for treatment; and
- (c) for the cases that did not present as emergencies but the individual concerned, suspected of having mental problems, had caused disturbances in the community, under the existing mechanism, the ICCMW, upon receiving a referral or a request for help from the client's family, would proactively contact the client to provide counselling and persuade the client to receive treatment, and would maintain contact with the relevant parties to continuously assess the situation of the case. As long as the assessment indicated a need for services, social workers would continue to contact the persons concerned again at suitable junctures until the case had been followed up by a psychiatric doctor, or the situation had stabilised and no follow-up was required.

13. A representative of the Sha Tin District Office (STDO) said that Care Teams aimed at consolidating community resources and forces to support district work and strengthen community networks. In the daily work, if Care Team members came into contact with an individual with suspected mental health problems, they would make observations and a preliminary identification using the knowledge gained from mental health training. Once such cases were identified, Care Teams would refer them to relevant departments, such as the SWD, the HA or relevant NGOs as soon as possible for follow-up and provision of support.

14. Members' further enquiries were as follows:

- (a) members shared a case of hidden person in the district in which both the individual and his/her family were unwilling to accept assistance. As social workers and Care Teams found it difficult to intervene effectively, they could only attempt to make proactive contact through other means, such as tracking the individual's daily movements and approaching the individual "by chance" to express concern;
- (b) at present, Care Teams placed emphasis on early detection, diagnosis and referral for treatment and active involvement in intervention work following the STDO's guidelines;

- (c) members shared a recent case in which an elderly person in a care home sought assistance at night, involving the care and safety issues of elderly persons, and the SWD would be consulted on the appropriate course of action after the meeting;
- (d) drawing on personal experience in handling cases, members pointed out that in some cases, it was necessary to reactivate the intervention process after a relapse in the client's clinical condition;
- (e) members wished to know the involvement of property management companies in Sha Tin District in mental health prevention work and intervention in related issues, and how they assisted residents in need to receive treatment as early as possible, thereby reducing disturbances to the community; and
- (f) members wished to know whether the two ICCMWs in the district maintained regular contact with Care Teams and members' ward offices, and hoped that the SWD would provide information on the main contact persons after the meeting.

15. A representative of the SWD gave a consolidated response as follows:

- (a) every effort would be made to provide assistance if members required further communication after the meeting;
- (b) if social workers successfully assisted individuals in seeking medical consultation, the healthcare system would continue to monitor their condition; for those with mild clinical condition, social workers would help them adapt and integrate into community life; and for cases in which the clients' clinical condition might deteriorate or high-risk cases, continuous support would be jointly provided by psychiatric nurses, medical social workers and social workers of ICCMWs;
- (c) for high-risk cases in which the clients refused assistance from all healthcare units, such cases would still be continuously monitored until the clients were willing to accept medical intervention; and
- (d) if members learned of certain high-risk cases that had been discontinued from follow-up, they could immediately notify the SWD, and the SWD would reactivate the cases concerned to ensure that they received continuous attention.

16. The Chairman announced the end of discussion on the agenda item.

Question Raised by Mr KU Wai-ping on the Implementation of the Residential Care Services Scheme in Guangdong in Sha Tin District  
(Paper No. SWYC 3/2026)

17. Members' further enquiries and views were as follows:

- (a) members thanked the SWD for its reply, which enabled members to have an understanding of the occupancy rates and popularity of residential care homes under the Residential Care Services Scheme in Guangdong (the Scheme). Members also expressed their understanding that, given the differences among various residential care homes in terms of resident admission and bed allocation, the existing data did not provide a full picture of the situation;

- (b) it was suggested that the SWD consider collaborating with New Home Association to explore the difficulties encountered by participants of the Scheme in cross-border elderly care services in order to assess and optimise support services, thereby enhancing the overall quality of services;
- (c) it was suggested that a cross-border service hotline be established to enable residents, their family members or other relevant parties to seek assistance directly;
- (d) members wished to know whether the SWD would consider making the “medical subsidy” arrangement permanent after the two-year pilot period ended, and hoped that the SWD would report on the effectiveness of the pilot arrangement to the District Council upon the end of the two-year period;
- (e) it was suggested that the SWD provide a one-stop information comparison service to enable elderly residents in Sha Tin District to understand the difference in costs, medical care and services between local residential care homes and those in Guangdong, thereby enhancing promotional efforts and raising awareness among the elderly and their families about cross-border medical and care services;
- (f) members expected the SWD to provide information on the service quality of the 24 designated elderly care homes participating in the Scheme, as well as on the situation of the elderly persons receiving services in Guangdong; and
- (g) members wished to know whether there were corresponding mechanisms in place on the Mainland to oversee the quality of services provided by elderly care homes participating in the Scheme, and whether the related monitoring tasks were primarily carried out by municipal governments of the respective cities.

18. A representative of the SWD gave a consolidated response as follows:

- (a) all recognised service providers participating in the Scheme, whether in Hong Kong or on the Mainland, were required to sign a service agreement and comply with the requirements set out therein. The agreement included requirements for meeting care standards, obtaining a Mainland operating licence for elderly care institutions, complying with relevant Mainland regulations, providing professional services, and submitting annual reports and service user satisfaction surveys. Institutions were required to provide records to the SWD in accordance with regulations and accept inspections. In addition, the SWD staff would conduct regular on-site visits each year and maintain communication with institutions through channels such as WeChat to ensure that services met the standards. For institutions that did not comply with the regulations, the SWD would take serious follow-up actions, and if necessary, suspend or terminate their arrangements for receiving Hong Kong elderly residents; if the service performance was inadequate, the SWD would also urge the institutions to make improvements, and in severe cases, consider suspending or terminating cooperation with the institutions;
- (b) the pilot “medical subsidy” arrangement would be launched for two years, after which a review would be conducted whether to continue its implementation;

- (c) when the elderly persons and their families applied for services, the SWD would give a detailed explanation of the differences between local and cross-border elderly homes in terms of service content, fees, and medical systems, and provide clear information to assist the elderly in making suitable choices. Applicants who chose elderly homes in Guangdong usually did so because their families or friends were already in the area, or they had a preference for a specific home; and
- (d) the SWD had commissioned New Home Association to regularly visit the Hong Kong elderly persons who had moved into residential care homes under the Residential Care Services Scheme in Guangdong, to follow up on their adaptation and assist with any difficulties. Although a cross-border service hotline had not been established, after an elderly person was admitted to the residential care home, the social worker who made the referral, the social workers in the care home, and/or those from New Home Association would maintain regular contact to monitor their adaptation. If the elderly person had any needs or if their family members expressed concerns, they could approach a social worker for assistance at any time.

19. Members further enquired with the SWD whether Care Teams could utilise funds from the Scheme on Supporting Elderly and Carers to organise “one-day tours” for the elderly persons and their carers to visit designated elderly homes on the Mainland.

20. A representative of the SWD gave a consolidated response as follows:

- (a) regarding the suggestion to organise on-site visits to elderly care homes on the Mainland, the SWD headquarters had confirmed that the relevant funds could be used for such activities;
- (b) it was emphasised that participants of the activities should belong to the four designated groups under the Scheme, namely, singleton elderly persons, doubleton elderly persons, carers of elderly persons, and carers of persons with disabilities; and
- (c) it was recommended that if Care Teams needed to organise group visits, they should engage licensed travel agencies to assist with the arrangements to ensure the safety of the itinerary and compliance with regulatory requirements. Regarding the requirements for the use of funds and other specific arrangements, further communication with the SWD might be sought prior to the tours’ departure to ensure the smooth operation of the activities.

21. The Chairman announced the end of discussion on the agenda item.

### **Information Papers**

Number of Children Referred to Public Sector Primary and Secondary Schools in Sha Tin District Provided by the Education Bureau (October to November 2025)  
(Paper No. SWYC 4/2026)

22. Members noted the above paper.

23. The Chairman announced the end of discussion on the agenda item.

Report on Youth Crimes in Sha Tin District (October to November 2025)

(Paper No. SWYC 5/2026)

24. Members noted the above paper.
25. The Chairman announced the end of discussion on the agenda item.

**Date and Time of Next Meeting**

26. The next meeting was scheduled to be held at 2:30 pm on 11 March 2026 (Wednesday).
27. The meeting was closed at 3:12 pm.

Sha Tin District Council Secretariat  
STDC 13/15/80

March 2026