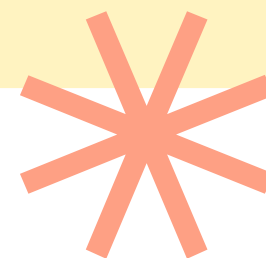




Keynote Plenary Session 2: Public Health and Well-being

From Housing Support to Resilient Community: Lessons from Sunrise House

3rd July 2026





Register Social Worker

Ms. Ramy CHAK

Assistant Social Services Director

(Youth, Family, Community and Central Services)

The Salvation Army



2026年6月19日

2.9萬劊房戶有兒童 亟待援手



放大圖片 / 顯示原圖

扶貧委員會鎖定了3個目標群組，分別為劊房住戶、單親住戶及長者住戶。《香港精準扶貧成果報告》指出，全港有21.4萬人居於劊房，當中有兒童的劊房戶最需要幫助，共有約2.9萬戶，涉及9萬人，佔劊房住戶積中位數只有43方呎，僅為整體劊房戶65方呎的

(信報財經新聞，2026)

家庭醫學門診 一籌難求，預約困難

社協調查數據*：

- 87.5%預約門診「困難」或「非常困難」
- 49.5%超過24小時才成功預約
- 9.5%屢次嘗試未能成功預約

影響：

市民無法及時就診，被迫轉往急症室或自購成藥

*數據來自訪問200位基層市民

急症室加價後仍逼爆

威院最長等10.5小時

撰文：左朗星 林振華 林遠航

出版：2026-01-05 22:26 更新：2026-01-06 17:09



(左朗星等，2026)

糧價漲荷包傷 半數基層 寧縮食棄營養



62%受訪者表示食物開支較去年上升。

調查：佔家庭支出逾4成 冀獲補助紓困境

香港是富裕的繁榮都會，但居高不下的生活成本亦令貧窮族、低收入者左支右絀，有調查發現，42.8%受訪基層人士指食物佔其家庭總支出約四成，近80%受訪者指食物價格上漲對其購買決定有顯著影響，近半受訪者因此減少購買次數、更有超過一半受訪者買食物時難以兼顧營養。調查團體坦言，長幼食物缺乏營養，不利公共健康，促政府研究並籌劃專款專用，設立針對食物補助的電子券，精準補貼市民購買新鮮蔬果、蛋奶等高營養價值食品。

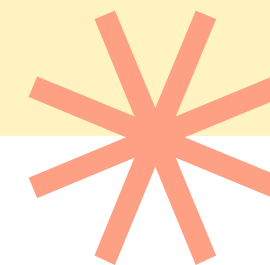
(董素琛，2026)



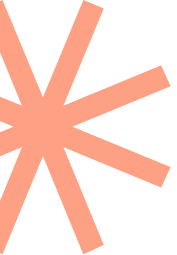
每年首季公屋平均輪候時間



(香港文匯報，2026)



(東方日報，2025)



Loneliness



2025年全港已有逾 60萬獨居戶

小家庭成現代社會常態
一二人家庭住戶逾半數

「獨居率」

指獨居住戶或人口（15歲或以上）
佔全港住戶或人口（不包括外傭）的比例。

獨居率排名



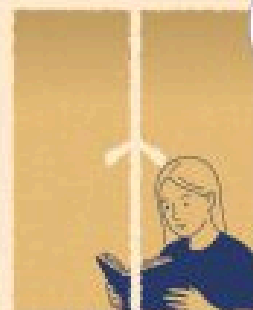
在2021年，香港每5戶便有1戶是單人住戶，即每12人有1人為獨居。住戶獨居率達20.2%，到2025年獨居戶更逾60萬。社聯早前整合政府統計處和其他國家數據，在全球已發展國家和地區之中，香港的獨居率排名第9。

上一兩代大家庭乃屬常態，現今小家庭、一二人住戶越來越多。回顧1961年，每戶平均有4.4人，5人或以上的住戶佔43%。但到2025年，每戶平均降至2.6人，一二人家庭住戶佔53%。選擇不婚、不生育、少生育的人越來越多。現代婚姻、家庭結構，以至居住模式的轉變下，延伸至高齡少子化的社區支援。

中老齡人士的獨居機會較青年人大

人口普查數據亦反映獨居機會隨年齡上升。在2021年，長者獨居率為13%，即每100名長者有13名獨居，比例較中年和青年的獨居率大。與過去十年比較，長者獨居率相差不多。獨居長者多來自喪偶者。2021年近19萬獨居長者當中，有45%為喪偶者。

至於45-64歲中年人士的獨居率於2011至2021年間錄得明顯上升。當中，女性獨居率達9.5%，上升幅度較男性快，而且超越男性，主要與未婚及離婚/分居者獨居相關。另外，15-44歲青壯年人口雖下降，但其獨居率逆向上升，顯示他們更主動獨居。



No.9

資料來源：
「解鎖：我的獨居連結故事」
專題展覽
社聯（2026）

Worldwide:

- **One in six** people experiencing **“loneliness”** worldwide

(WHO, 2025)

Hong Kong

- **One in five** is classified as feeling **“lonely”**
- Around **520,000** people remain in a state of **self-isolation**

(HKFWS & HKPORI, 2026)

(香港社會服務聯會, 2026)



Ideal Life & Real-World Pain Points



Category	Ideal Goals	Main Real-World Pain Points
Physical	• Delaying aging • Aging in place (at home) • Maintaining self-care abilities 	• Skyrocketing medical & living expenses • Health warning signs starting to appear from age 39
Mental	• Reducing work stress • Seeking inner peace • Achieving work-life balance	• Long working hours • Feelings of loneliness • Being unable to adapt major life transitions 
Financial	• Having stable income 	• Salaries can't keep up with inflation • Over 50% of Hongkongers worry about insufficient retirement savings
Social	• Maintaining close relationships • Feeling connected to the community • Not becoming a burden 	• Lacking adequate community support • Lacking opportunity to enlarge social circles

(HKFWS & HKPORI, 2026; Manulife H.K., 2025; OHKF, 2025)

Health Gap

Public Policy



Social Service

Key Elements

- Social Capital
- Life Skills
- Problem Solving Ability
- Personal Strengths
- Connection Points
- Financial Management

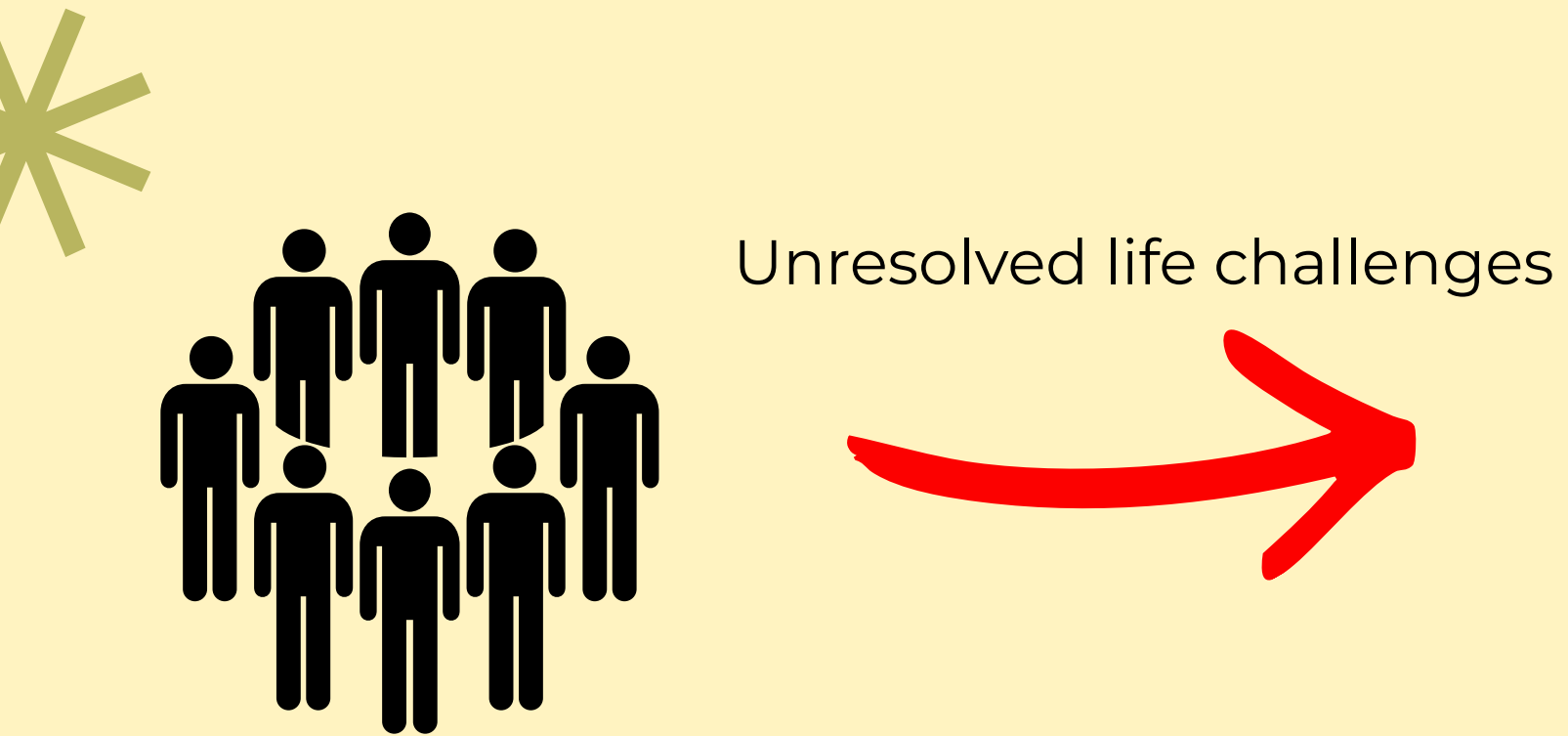
Health & Well-being



(CDC, 2024)

Our Model of Change

A preventive, integrated and community-based approach



Leave Community



Offering **Safe Environment**
Offering **Muti-disciplinary Support**
Building **Trustful Relationship**
Building **Healthy Habits**
Enhancing **Life & Financial Skills**

Strengthened capabilities



Back to Community

Sunrise House

From Hostel to Recovery Community



- **Established in 1998**
- **310 single rooms ; 13 Floors**
(8 Male Floors ; 5 Female Floors)
- **Shared kitchens & bathrooms**
- **Aged 18 - 62**
- **Many experiencing poverty, illness & social isolation**



Jockey Club “HOME meHOME” Project



Intervention Logic

Accommodation + Health + Relationships + Community = Well-being

Services Rendered:

Intake & Personalized Plans (231 residents assessed, 124 Fund Granted)

Assisted by **nurse and social worker** to tackle life challenges

Upskilling & Health Programs (87 health programs; 86 mentors matched)

Equipped knowledge and skills in **health & work-related talks and trainings**

Social Capital & Community Connection Programs (64 floor leaders formed)

Established **buddy pairs** and **mutual-help community**

Casework & Post-exit Follow up (1,407 counselling sessions conducted)

Facilitated the journey of change through **Outcomes Star** assessment tool



Case Sharing - Before Intervention



Ms. L

Sex & Age:

Female ; 58 year-old



Mental Health

- Schizophrenia
- Delusional thoughts without stable community support
- Constantly felt targeted by others, leading to chronic anxiety

Physical Health

- Severe insomnia
- Brain fog caused by insomnia & poor medication management

Social Support

- Unable to maintain relationships due to delusional thoughts
- Experienced loneliness and social isolation

Life Skills

- Lacked the motivation and skills to cook

Financial & Work

- Lost the ability to work or engage in productive employment
- Faced severe grassroots poverty

Housing Support

- Lacked community capital
- Faced housing insecurity

Case Sharing - During Intervention



Ms. L

Sex & Age:

Female ; 58 year-old



Mental Health

- Counselling with **CBT approach** to deal with delusional thoughts
- Equipped with **relaxation techniques** to soothe emotional distress

Physical Health

- Offered **health talk and workshop** for insomnia
- **Guided meditation management** by registered nurse

Social Support

- **Matched with dedicated residents** to form mutual-help groups
- Encouraged to participate in a variety of activities

Life Skills

- Offered **skills workshops** such as cooking, wall-painting etc

Financial & Work

- Offered financial **talks and workshops**
- **Individualized plans** for financial management & job-seeking

Housing Support

- Offered **moving and home modification support**
- Assisted in **connecting community** after moving out

Case Sharing : Post-Intervention

Ms. L

Sex & Age:

Female ; 58 year-old



Mental Health

- Reduced delusional thoughts significantly
- Freed from chronic fear and hostility
- Enhanced life satisfaction

Physical Health

- Fewer insomnia episodes
- Better medication management
- Restored physical energy and mental vitality

Social Support

- Built a strong peer support network
- Formed friend circles to exercise outdoors regularly

Life Skills

- Learned how to cook meals for herself (canned soup to braised lamb stew)

Financial & Work

- Capable of managing personal finances independently
- Capable of working as a part-time security guard
- Empowered with the capacity to participate in volunteer work

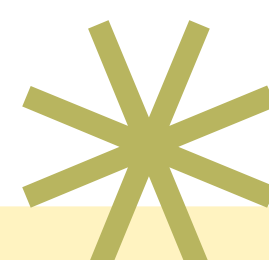
Housing Support

- Successfully moved to public housing and completed renovation

Project Outcome

**Collaborated with
Dr. Janet Leung in PolyU,
a research on Sunrise House
residents who received JCHMH
project has been conducted:**

Number of participants: 130
Duration: July 2024 - March 2026



Interim results showed that:

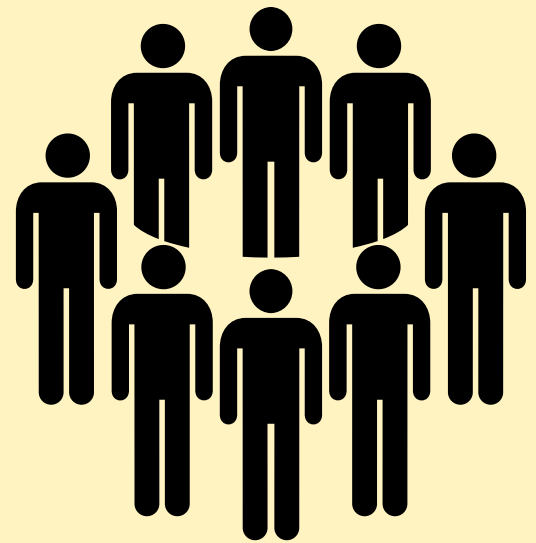
- Perceived social support : **+10.9%**
- Sense of community : **+8.1%**
- Friend support : **+13.8%**
- Life satisfaction : **+16.1%**
- Hopelessness & Helplessness : **-13.8%**



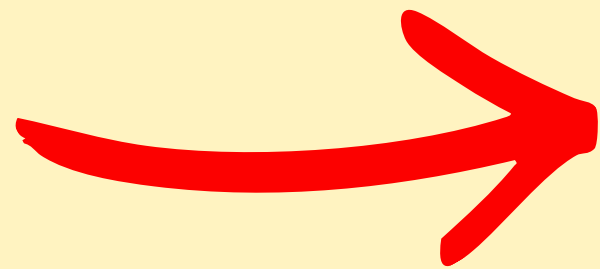
Project Video



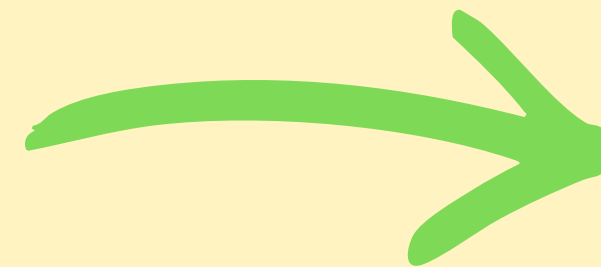
A Journey of change - change for better health



Being **patients** in
community



Support them with preventive, integrated
and community-based approach



Becoming
neighbors
in the community

Thank you!

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Presented by: Ramy Chak
Prepared by: Samuel Chan
30 June 2026



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