香港小童群益會
The Boys' & Girls' Clubs Association of Hong Kong

Family 愛+人
健康康樂 開開心心 和和氣氣
Health Happiness Harmony
賽馬會和諧社會計劃
A Jockey Club Initiative for a Harmonious Society

SCHOOL OF PUBLIC HEALTH
THE UNIVERSITY OF HONG KONG
香 港 大 學 公 共 衞 生 學 院

FAMILY: A Jockey Club Initiative for a Harmonious Society
愛 + 人：賽馬會和諧社會計劃

REPORT SERIES

Community-based Participatory Projects

Evaluation on 3Hs Family Drama Project

捐助機構
Funded by:

香港賽馬會慈善信託基金
The Hong Kong Jockey Club Charities Trust

3Hs • HEALTH • HAPPINESS • HARMONY • 家有康和樂 • 健康 • 快樂 • 和諧

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BEST SCIENCE
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Positive Psychology
正向心理學
EVIDENCE BASED
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PROJECT TEAM

Project Title:
3Hs Family Drama Project

Funder:
The Hong Kong Jockey Club Charities Trust

Organizers:
The Boys' & Girls' Clubs Association of Hong Kong in collaboration with School of Public Health of The University of Hong Kong

Project Advisory Group, Steering Committee and Working Group Members:

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Ms. LAU Ka Wai, Assistant Project Officer, The Boys' & Girls' Clubs Association of Hong Kong
Mr. HO Ka Chun, Research Assistant, The Boys' & Girls' Clubs Association of Hong Kong (till Oct 31, 2013)
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Project Administrator, FAMILY Project:
Ms. WAN Ngai Teck, Alice

Research Assistant, FAMILY Project:
Mr. HO Ka Chun (till Jan 31, 2014)

PREFACE (1)

Being the largest community benefactor in Hong Kong, The Hong Kong Jockey Club increasingly takes proactive approach to tackling pressing social issues through its unique not-for-profit business model and Charities Trust. The wide range and diversity of projects and programmes reflect the Club's role as a "Force for Good" in society. To ensure their maximum reach and effectiveness, we work closely with non-governmental organisations ("NGOs"), district organisations and other parties across Hong Kong as trusted community partners, helping to fill gaps in a number of important areas and support needy groups across different parts of the city.

In recent years, our society is undergoing rapid changes together with macro social and economic trends. Demographic shifts, economic upheavals, changing societal norms and values together with immigration across borders are creating new and altered structures, processes and relations within families. The family structure has become more complex and diverse, creating a range of discords to family life.

To address these social issues, The Hong Kong Jockey Club Charities Trust earmarked HK$250 million in 2007 to launch a citywide project – "FAMILY: A Jockey Club Initiative for a Harmonious Society". Led by the School of Public Health of The University of Hong Kong, the project has been carrying out a six-year territory-wide household survey, developing intervention projects, as well as conducting a wide range of community participatory programmes. By adopting a positive preventive and public health approach, the project aims at devising suitable preventive measures and to strengthen and promote the 3Hs for a family: health, happiness and harmony.

The "3Hs Family Drama Project" was successfully implemented across different districts in Hong Kong in 2013 in collaboration with The Boys' & Girls' Clubs Association of Hong Kong and the School of Public Health of The University of Hong Kong, with the participation of 100 primary schools. The project aimed to promote bonding and positive family communication among school children and their parents. Through this report, we hope to demonstrate that interactive drama and take-home worksheets can be effective in promoting parent-child interactions and health behaviours.

On behalf the Club, I would like to thank The Boys' & Girls' Clubs Association of Hong Kong and the schools involved in the project, for their enormous support which enabled the project to be carried out smoothly. I would also like to thank the School of Public Health of The University of Hong Kong for its unfailing support and advice since the inception of the project, striving to spread the 3Hs to the community.

Mr. Douglas SO
Executive Director, Charities
The Hong Kong Jockey Club

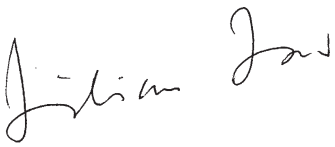
PREFACE (2)

Children and young people's wellbeing has always been the main concern of The Boys' & Girls' Clubs Association of Hong Kong. We strongly believe that children living in nurturing, caring and harmonious families can have better development to meet future challenges. By joining hands with The Hong Kong Jockey Club and the School of Public Health of The University of Hong Kong, our Association was delighted to have the chance to further promote the importance of FAMILY Health, Happiness and Harmony (3Hs), by a series of competitions, live drama performance and extended programmes.

The competitions, drama performance and the extended programmes were prudently designed to be age-appropriate and social-context sensitive to meet the needs of our next generation. The 100 shows had been performed in front of more than 25,000 students and their parents in 100 schools across the territory during the period from November 2012 to June 2013. The impact was obvious as we witnessed students singing along with the key characters in the musical live drama. We were encouraged by the active and positive responses from the students and their parents as well as their active participation, with over 7,000 entries, in the extended programme – "Show your love to your family" Online Award Scheme. Participating students, sometimes with support from their families, had created a vast number of positive and touching messages along the importance of healthy, happy and harmonious families. The impact of the project for the participating children in better grasping the concept and knowledge of the 3Hs messages was further revealed and confirmed by the research results.

We would like to thank The Hong Kong Jockey Club for the funding and invaluable advices that make the project possible. We thank the School of Public Health of The University of Hong Kong for the creative spark, the great coordination, and the expert effort in conducting the research. We thank all the participating schools, parents and students for joining with us this fun-filled journey. We are also indebted to the project staff team for their amazing efforts and commitments.

Last and not the least, we are sure that this report would be an important piece of record on key messages and experiences of the project to share with the interested public and stakeholders. We shall join hands creating a better future for our next generation.



Ms. Lilian LAW Suk Kwan, JP
Executive Director
The Boys' & Girls' Clubs Association of Hong Kong

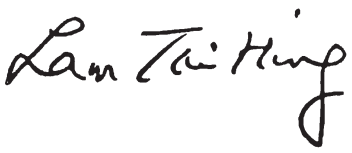
PREFACE (3)

Family is the elementary building block of any society. Harmonious society cannot be built without positive family relationship. Nowadays in Hong Kong, however, the diminishing traditional family values, the long working hours and stressful urban lifestyle pose great hindrances to positive family communication.

In view of this, The Hong Kong Jockey Club Charities Trust, initiated and donated HK$250 million to fund and launch a citywide project entitled "FAMILY: A Jockey Club Initiative for a Harmonious Society", in collaboration with the School of Public Health of The University of Hong Kong. The project aims at identifying the sources of family problems, devising cost-effective preventive measures and promoting FAMILY Health, Happiness and Harmony (3Hs) through a territory-wide household survey, a variety of intervention projects and extensive public education.

3Hs Family Drama Project, in partnership with The Boys' & Girls' Clubs Association of Hong Kong, is one of the major intervention projects under the FAMILY Project. By adopting the Community-based Participatory Research (CBPR) model, the 3Hs Family Drama Project used the public health approach for project planning, implementation and evaluation on one hand, and gathered the power of social service organization and schools to benefit the families through the best social work practice on the other hand. The project is thus regarded as a ground-breaking initiative in Hong Kong, which integrates "Best Science" and "Best Practice" to generate the "Best Evidence".

The 3Hs Family Drama Project has been completed with a great success. I wish that through this report, the findings and experiences can be shared with the community partners and other stakeholders, and the message of "Spending time with and expressing more appreciation to your family" can be spread across the territory, which will result in changes that are conducive to building positive family communication and promoting FAMILY 3Hs.



Professor LAM Tai Hing
Principal Investigator, FAMILY: A Jockey Club Initiative for a Harmonious Society
Sir Robert Kotewall Professor in Public Health
Chair Professor of Community Medicine, School of Public Health, The University of Hong Kong

FAMILY: A JOCKEY CLUB INITIATIVE FOR A HARMONIOUS SOCIETY

BACKGROUND & OBJECTIVES

- Family is the base of every society. No harmonious society can be built without loving family relationships. However, traditional family values inevitably start to change when a society becomes more economically, socially and educationally advanced, as is the case in today's Hong Kong, and many family discord cases emerge.
- To help build a more harmonious society, The Hong Kong Jockey Club Charities Trust has invited the School of Public Health of The University of Hong Kong to collaboratively launch a project entitled "The FAMILY Project" with a HK$250 million funding.
- The project is based on the premise that traditional Chinese values of cherishing family relationships can still be adapted to modern-day life, and can help promote the 3Hs – Health, Happiness and Harmony – across generations. It is preventive in nature, rather than trying to rectify family problems.

THE PROGRAMME

- The project comprises three components:

1. TERRITORY-WIDE HOUSEHOLD SURVEY

The survey focuses on the family as a unit. The survey uses a public health approach that brings together various scientific disciplines such as medical, behavioural and social sciences (including psychology and social work), epidemiology, biostatistics, and environmental science. It links social practices, medicine, education, journalism and the media so as to identify the source of domestic problems and derive a preventive response that is complementary, wide-reaching, pervasive, and cost-effective. Government and other related organisations will be able to use the information and evidence to formulate long-term public policies and programmes.

1.1 Scope and duration:

- The following data were collected: personal and family particulars, lifestyles (such as eating and physical activities), physical and psychological health, happiness index, family harmony index, religious beliefs, neighbourhood relationships, work status, and use of medical and social resources, etc.
- The survey lasted for 6 years. The first household visit was conducted from March 2009 to May 2011. A total of 20,964 households (with 47,697 individuals) were successfully enumerated. The second household visit started in July 2011 to re-visit the households, and was completed in 2014.

1.2 Sample selection:

- A total of 20,964 households were enumerated. In order to reflect the situation in different stages of life span and community development, other than households from the general population, 5 targeted populations were sampled: 1) newly weds; 2) households with Primary One students living in Sham Shui Po, Kwun Tong, Hong Kong East and Hong Kong South; 3) people with recent health shocks (e.g. cancer, stroke, and coronary heart disease); 4) households living in Tung Chung, Tin Shui Wai or Tseung Kwan O; and 5) a random sample of single-member households.

1.3 Research methods:

- During the survey period, fieldworkers have conducted 2 household visits and in-between telephone and web-based follow-ups. Data collected were treated in strict confidentiality.

1.4 All participating households have became members of the "1% Club" and are eligible for all privileges, including free health information services; free access to an e-health platform which can generate real-time personalised health assessment based on the personal health data given (e.g. blood pressure index); and receive updates of the survey's progress on a regular basis.

2. INTERVENTION PROJECTS

2.1 Five pilot intervention projects were completed, in partnership with four non-governmental organisations (NGOs) and the Department of Health.

2.2 The intervention projects, developed by the various project partners in collaboration with School of Public Health, The University of Hong Kong (SPH) were designed in accordance with public health principles to be cost-effective and sustainable. Each intervention was theory-based with clearly defined, measurable and achievable objectives, was short in duration (four to five sessions), and was brief (two to three hours a session). Participants were encouraged and empowered to practice key parenting skills at home. In order to enhance the programme's sustainability and cost effectiveness, the programmes were delivered by experienced community social workers.

2.3 Pilot studies of the five intervention projects with 2 major objectives of enhancing family and parent-child relationships were conducted in 2009 and early 2010 in 13 different districts of Hong Kong. The targeted participants included families with pregnant women and children in primary school. About 100 to 150 families were involved in each project. Changes in participants' behaviour and attitudes for the study-specific outcomes, as well as the interventions' effectiveness in enhancing FAMILY 3Hs, were evaluated by follow up surveys and qualitative methods (focus groups and in-depth interviews). The 5 intervention programmes, using the most rigorous design of randomized controlled trial (RCT) with SPH's deep collaboration, were:

- "Effective Parenting Programme"《愛 + 人：「有教 • 無慮」家庭和諧計劃》organised by Caritas Hong Kong,
- "Harmony@Home"《愛 + 人：「家多 • 和諧」計劃》organised by Hong Kong Family Welfare Society,
- "Happy Transition to Primary One"《愛 + 人：「愉快學習上小一」計劃》organised by Hong Kong Sheng Kung Hui Welfare Council,
- "H.O.P.E." (Hope Oriented Parents Education for Families in Hong Kong)《愛 + 人：「愛家 • Teen 希望」希望故事計劃》organised by Hong Kong Christian Service, and
- "Share the Care, Share the Joy"《愛 + 人：「共育共樂」計劃》organised by the Maternal and Child Health Centres of the Department of Health.

2.4 With the positive results of the pilot intervention projects, two larger main RCT were completed by Caritas Hong Kong and Hong Kong Family Welfare Society with SPH, with improved content, larger sample sizes and more districts in July 2010 to December 2012.

2.5 From June 2011 to June 2013, a new RCT intervention project was launched by the International Social Service Hong Kong Branch in collaboration with SPH, to help strengthen resilience in new immigrant families, namely "FAMILY: Boosting Positive Energy Programme"《「愛 + 人 • 家添正能量」計劃》.

2.6 A school programme using the cluster RCT design, was launched from April 2012 to May 2013 by the Tung Wah Group of Hospitals, in collaboration with SPH, namely "More Appreciation and Less Criticism"《「愛 + 人 • 多讚少彈康和樂」計劃》. This project aimed to increase appreciation and decrease criticism in 1,000 parents and their school-aged children with a control group of increasing fruit and vegetables consumption, and was successfully completed in May 2013.

2.7 The Intervention Team actively worked with different non-governmental organisations or social service agencies to explore the feasibility of launching different interventions programmes to meet the diverse needs of people in the community.

2.8 All intervention projects were completed in 2013 and the final report will be ready in 2014.

3. PUBLIC EDUCATION – HEALTH COMMUNICATION

3.1 FAMILY 3Hs messages were disseminated to the general public through various channels to raise their awareness of family values, enhance their communication and participation. Community-wide events were held to promote FAMILY 3Hs and provide an opportunity for fostering harmonious relationships among family members.

3.2 Different media tools, such as newspapers, magazines, the Internet, television and advertisements were used to promote positive attitudes towards FAMILY 3Hs and enhance the public's awareness of family values.

3.3 A cross-sectional telephone survey is being conducted every year to assess changes in behaviour among the general public and the effectiveness of the programmes in promoting FAMILY 3Hs. The first and the second population-based surveys, entitled "Hong Kong Family and Health Information Trends Survey" (HK-FHInTS), were completed in 2009 and 2010 respectively. The results were released in a press conference held on 26 September 2010. The results were widely reported by the mass media and had successfully aroused public's awareness on the FAMILY 3Hs message. The third and forth surveys were completed in 2012 and 2013 respectively.

3.4 Training workshops, seminars and symposiums are being held using appropriate communication strategies to share experiences, and to develop a critical mass of social and community workers capable of promoting FAMILY 3Hs.

3.5 A public education programme, nine-episode "Love Family" TV series, sponsored by The Hong Kong Jockey Club, was produced by the Radio Television Hong Kong (RTHK). The thirty-minute programme was broadcasted on TVB Jade at 8:00 pm Saturdays from 23 January to 27 March 2010. A ceremony was held on 17 January 2010 at Times Square, Causeway Bay to announce the launch of the series.

3.6 Government department and two NGOs, in collaboration with SPH, initiated and completed four community-based participatory projects with the aim of promoting FAMILY 3Hs through local organisations and agencies:

- "Happy Family Kitchen I Project"《「快樂家庭廚房 I」計劃》organised by The Hong Kong Council of Social Service with the participation of over 19 NGOs, schools, community groups and government department in Yuen Long,
- "Learning Families Project"《愛 + 人「齊來學 • 愛家」計劃》organised by Christian Family Service Centre in Kwun Tong with the participation of Estate Management Advisory Committees (EMACs) and Mutual Aid Committees (MACs),
- "Enhancing Family Well-being Project"《「家」「深」幸福計劃》organised by Sham Shui Po District Social Welfare Office of Social Welfare Department and with the participation of 39 NGOs, community groups and schools in Sham Shui Po, and
- "Happy Family Kitchen II Project"《「快樂家庭廚房 II」計劃》organised by The Hong Kong Council of Social Service with the participation of over 24 NGOs, schools, community groups and government department in Tsuen Wan and Kwai Tsing.

Rigorous and longitudinal evaluations were conducted using quantitative and qualitative methods to assess the effectiveness of these innovative community-based interventions in promoting FAMILY 3Hs in the community and the effectiveness of the training programmes of service workers.

3.7 In collaboration with the Sha Tin District Council, "Sha Tin Family Fun Fest"《沙田節賽馬會「愛 + 人」家家康和樂嘉年華》was organised in December 2010.

3.8 The Hong Kong Jockey Club "Sha Tin Family Arts and Fun Day"《「愛 + 人」: 沙田藝圃樂》was organised in December 2011.

3.9 In 2010-11, a programme with the theme of "FAMILY Goes Green" was completed in 85 primary schools from six designated districts. Over 18,000 P.4 to P.6 students and their families actively participated in the educational activities with the aim of obtaining a deeper understanding of FAMILY 3Hs.

3.10 From March 2012 to October 2013, a drama school tour (performed by a professional drama company) to 100 schools was launched by The Boys' & Girls' Clubs Association of Hong Kong with SPH, namely "3Hs Family Drama Project"《「家添戲 FUN」計劃》. This project aimed to enhance FAMILY 3Hs and promote positive communication among senior primary school students and their families through drama performances, DVD viewing with family members and online participation of expressing love to family members, and was successfully completed in October 2013, ending with two successful public performances by primary school students from Tai Po and Western District.

3.11 From December 2012 to March 2013, Hong Kong Island Women's Association (HKIWA) and SPH jointly organised a pioneering community survey conducted by trained volunteers, namely "Amazing Body, Mind and Soul Women's Health Project"《奇妙身 • 心 • 靈婦女健康計劃》. The survey focused on investigating family health, happiness and harmony among residents living on Hong Kong Island. Women volunteers of the HKIWA attended a one-day workshop conducted by the SPH and the HKIWA to introduce them the basic skills and techniques used in questionnaire survey. The training was found to have boosted up women volunteers' self confidence, enhanced family communication, neighbourhood support network, and community involvement.

3.12 The FAMILY Project actively co-organised and participated in various kinds of community events with the aims to promote the FAMILY 3Hs messages by means of exhibitions, games booths, and talks, etc. Some of the community events co-organised with NGOs and community organisations include:

- "Kowloon City World Health Day 2010"《2010 年九龍城世界衛生日》, organised by the Building Healthy Kowloon City Association, Department of Health, Kowloon City District Office of Home Affairs Department, and Kowloon City District Council, was held in April 2010 in collaboration with 17 social service units/ community organisations and SPH,
- "Sham Shui Po Well-being Movement - Sham Shui Po Well-being Day"《幸福由深出發運動 – 深水埗幸福日》, organised by Sham Shui Po District Social Welfare Office of Social Welfare Department and Sham Shui Po District Council, was held in October 2010 in collaboration with 45 social service units/ community organisations and SPH,
- Participated in "Central and Western District Community Concern Day 2010"《2010 年中西區關愛日 》, organised by the Central and Western District Council and Caritas Mok Cheung Sui Kun Community Centre in December 2010,
- Participated in "2011 District Welfare Planning Seminar"《2011 年地區福利規劃研討會》, organised by District Social Welfare Offices of Social Welfare Department in 2 districts from February to March 2011,
- "Kowloon City World Health Day 2011"《2011 年九龍城世界衛生日》, organised by the Building Healthy Kowloon City Association, Department of Health, Kowloon City District Office of Home Affairs Department, and Kowloon City District Council, was held in April 2011 in collaboration with 17 social service units/ community organisations and SPH,
- Participated in "CADENZA: Elder at PEACE Launching Ceremony"《流金頌社區計劃－長和滿葵青啟動禮暨嘉年華》, organised by Hong Kong Christian Service and CADENZA Project in February 2012,
- Participated in the Fun Fair《「擁抱生命 與您同行」愛心嘉年華》organised by Hong Kong Sheng Kung Hui Welfare Council in collaboration with 8 social service units/ community organisations in February 2012,
- Participated in "Haven of Hope Tseung Kwan O and Sai Kung District Support Centre Opening Ceremony"《靈實將軍澳及西貢地區支援中心開幕典禮》organised by the Haven of Hope Christian Service in February 2012,
- Participated in "2012 District Welfare Planning Seminar"《2012 年地區福利規劃研討會》, organised by District Social Welfare Offices of Social Welfare Department in 6 districts in March 2012,
- "Kowloon City World Health Day 2012"《2012 年九龍城世界衛生日》, organised by the Building Healthy Kowloon City Association, Department of Health, Kowloon City District Office of Home Affairs Department, and Kowloon City District Council, was held in April 2012 in collaboration with social service units/ community organisations,
- "2012-2013 Central and Western District Health Festival"《2012 至 2013 年度中西區健康節－健康生活齊參與》, organised by the Central and Western District Council and co-organised by the Central and Western District Office of Home Affairs Department, was held in November 2012 in collaboration with 37 social service units/ community organisations and SPH,

- "2012 Central and Western District Healthy City Carnival"《2012年中西區健康城市齊共創嘉年華》, organised by the Central and Western District Council, was held in December 2012 in collaboration with 13 social service units/ community organisations and SPH,
- "2013-2014 Central and Western District Health Festival"《2013 至 2014 年度中西區健康節－健康生活 全家參與》, organised by the Central and Western District Council and co-organised by the Central and Western District Office of Home Affairs Department, was held in November 2013 in collaboration with 36 social service units/ community organisations and SPH,
- "2013 Central and Western District Healthy City Carnival"《2013 年中西區健康城市「一家齊減壓」嘉年華》, organised by the Central and Western District Council, was held in December 2013 in collaboration with 12 social service units/ community organisations and SPH, and
- "Kowloon City World Health Day 2014"《2014 年世界衛生日－健康龍城嘉年華「病媒傳播的疾病」》, organised by the Building Healthy Kowloon City Association, Department of Health, Kowloon City District Office of Home Affairs Department, and Kowloon City District Council, was held in April 2014 in collaboration with 19 social service units/ community organisations and SPH, etc.

3.13 With SPH's successful advocacy for using family as the theme, the "FAMILY 3Hs Gathering Day"《愛 + 人：家家樂聚日》was held in the Central and Western District on 20 October 2013, by the Steering Committee on Healthy City in the Central and Western District of the Central and Western District Council, Hong Kong Island Women's Association, Hong Kong Central and Western District Women Association, Federation of Parent-Teacher Associations of the Central and Western District, The Boys' & Girls' Clubs Association of Hong Kong Jockey Club Sheung Wan Children & Youth Integrated Services Centre and Caritas Mok Cheung Sui Kun Community Centre.

CHAPTER 1

INTRODUCTION

Good communication between parents and children is a crucial element for FAMILY Health, Happiness and Harmony (3Hs). However, communication within Hong Kong families is vastly inadequate partly due to the busy urban lifestyle.

3Hs Family Drama Project aimed at promoting students' health behaviours and parent-child interactions by means of an interactive drama and take-home worksheets. Through these interventions, FAMILY 3Hs: Health, Happiness and Harmony were promoted.

This project was funded by The Hong Kong Jockey Club Charities Trust and led by The Boys' & Girls' Clubs Association of Hong Kong and the School of Public Health of The University of Hong Kong.

The whole project was organized from March 2012 to October 2013. A total of 100 primary schools (Primary 4-6 students) participated. The effects of the programme were evaluated by the School of Public Health of The University of Hong Kong. Participating students in the project were invited to complete 3 surveys (T1, T2 and T3) for programme evaluation. Short questionnaires were designed by the School of Public Health of The University of Hong Kong to measure FAMILY 3Hs and satisfaction towards the programme.

The objectives of the evaluation were to investigate:

1. Student feedback and ratings on the programme (live drama, DVD and worksheets).
2. The effect of the programme on students' health behaviours.
3. The effect of the programme on parent-child interactions.
4. The effect of the programme on FAMILY Health, Happiness and Harmony (3Hs) of the families.

CHAPTER 2

METHODOLOGY

Primary (P) 4-6 students from 30 schools were included in the programme evaluation. Group A schools (n=10) were randomly selected from schools scheduled to watch the live drama show in January 2013. Group B (n=10) and Group C (n=10) schools were randomly selected from schools scheduled to watch the live drama show from March to April 2013. This is to ensure that Groups B and C students would have completed T1, T2 and T3 assessments before watching the live drama. The scheduling of schools in different months was based on their availability and unrelated to their characteristics (Table 1). The schools which participated in the evaluation are listed in Table 2.

Students in Group A watched both live drama and DVD while students in Group B watched DVD only. Group C was the control group. Ethical approval was obtained from the Institutional Review Board of The University of Hong Kong/Hospital Authority Hong Kong West Cluster.

Table 1: Characteristics and scheduling of school groups

School groups	Number of schools	T1 survey (mainly in January)	Drama/ DVD	T2 survey (mainly in March)	T3 survey (mainly in April)	Drama/ DVD
Group A	10	✓	Drama + DVD	✓	✓	X
Group B	10	✓	DVD	✓	✓	Drama
Group C	10	✓	X	✓#	✓#	Drama + DVD
Total	**30**					

#Without items for rating the performance and worksheets
Drama: Includes live drama show at school and follow up programme
DVD: DVD viewing at home and follow up programme

Table 2: Schools participated in the programme evaluation

School no.	School names
1	SKH Wei Lun Primary School 聖公會偉倫小學
2	Po Leung Kuk Castar Primary School 保良局世德小學
3	Fanling Government Primary School 粉嶺官立小學
4	Yuen Long Government Primary School 元朗官立小學
5	Po Leung Kuk Chee Jing Yin Primary School 保良局朱正賢小學
6	St. John The Baptist Catholic Primary School 聖若翰天主教小學
7	Yaumati Catholic Primary School 油蔴地天主教小學
8	Shatin Government Primary School 沙田官立小學
9	Chinese Methodist School, Tanner Hill 丹拿山循道學校
10	CNEC Lui Ming Choi Primary School 中華傳道會呂明才小學
11	Dr. Catherine F. Woo Memorial School 胡素貞博士紀念學校
12	Fanling Public School 粉嶺公立學校
13	Ho Shun Primary School (Sponsored By Sik Sik Yuen) 嗇色園主辦可信學校
14	Fung Kai No.1 Primary School 鳳溪第一小學
15	Tai Po Baptist Public School 大埔浸信會公立學校
16	S.K.H. St. John's Primary School 聖公會聖約翰小學
17	SKH Ling Oi Primary School 聖公會靈愛小學
18	Po On Commercial Association Wan Ho Kan Primary School 寶安商會溫浩根小學
19	Si Yuan School of the Precious Blood 寶血會思源學校
20	H. K. T. A. The Yuen Yuen Institute Shek Wai Kok Primary School 香港道教聯合會圓玄學院石圍角小學
21	SKH Kei Fook Primary School 聖公會基福小學
22	Sau Ming Primary School 秀明小學
23	S.T.F.A. Lee Kam Primary School 順德聯誼總會李金小學
24	Po Leung Kuk Hong Kong Taoist Association Yuen Yuen Primary School 保良局香港道教聯合會圓玄小學
25	The Salvation Army Tin Ka Ping School 救世軍田家炳學校
26	Sai Kung Sung Tsun Catholic School (Primary Section) 西貢崇真天主教學校（小學部）
27	S.K.H. Kei Tak Primary School 聖公會基德小學
28	Yuen Long Long Ping Estate Tung Koon Primary School 元朗朗屏邨東莞學校
29	Po Leung Kuk Tin Ka Ping Millennium Primary School 保良局田家炳千禧小學
30	Sung Tak Wong Kin Sheung Memorial School 大埔崇德黃建常紀念學校

Table 3 shows the Consort Diagram. Students in each participating school completed 3 questionnaires: T1, T2 and T3. T1 recorded the baseline status of students. T2 and T3 were conducted after 1 week and 4 weeks, respectively. Intervention students (Group A and Group B) were required to complete the worksheets as well. All the questionnaires were structured and anonymous, short (2-3 pages) and in simple wordings. The surveys were self-administered in classrooms under the supervision of teachers. Immediate effects of the programme on FAMILY 3Hs and satisfaction towards the programme were assessed by the changes from T1 to T2 while short-term effects were assessed by the changes from T1 to T3. The level of participation and ratings for the programme were assessed in T2 and T3. Items included in each survey are summarized in Table 4.

A total of 7449 T1, 7029 T2 and 6636 T3 valid questionnaires were collected. The T2/T1 and T3/T1 retention rates were 94.4% and 89.1% respectively. Data were entered using EpiData 3.1 with built-in functions against errors. Information on school, grade, class, date of birth and the last 2 telephone digits were used to match individual students, and 76.8% of questionnaires were successfully matched for T1, T2 and T3.

Table 3: Consort Diagram

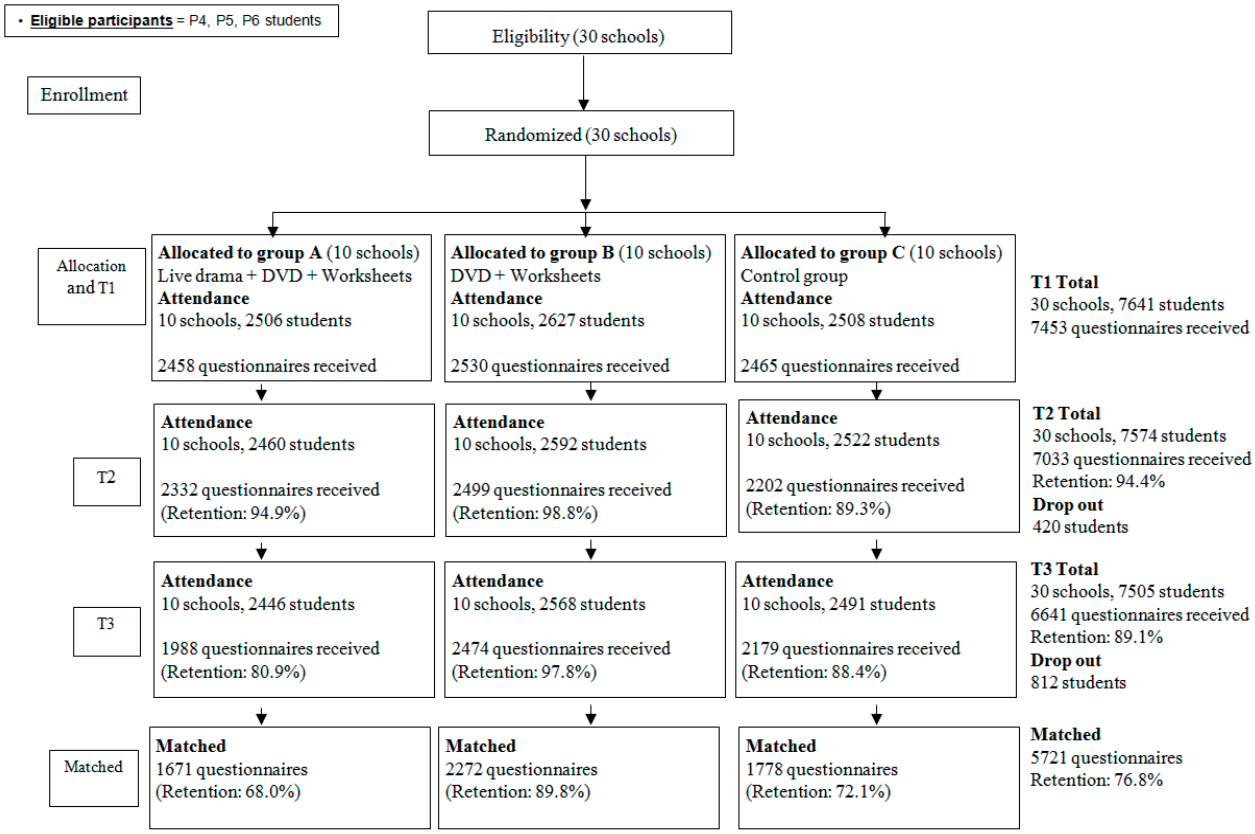


Table 4: Summary of items in T1, T2 and T3 surveys

Items	T1 Survey	T2 Survey	T3 Survey
Grade, class and telephone last 2 digits for linkage	✓	✓	✓
Background socio-demographic information	✓		
FAMILY 3Hs	✓	✓	✓
Health behaviours	✓	✓	✓
Praising, scolding and parental conflicts	✓	✓	✓
Paternal and maternal interactions	✓	✓	✓
Participation and ratings of the programme		✓	✓
Satisfaction towards live drama and DVD*		✓	
Satisfaction towards worksheets*			✓
Subjective changes on FAMILY 3Hs*			✓

*Only for intervention schools (Group A and/or B)

5% of the questionnaires were randomly selected for repeated data entry to ascertain the level of accuracy. A small error rate of 0.5% was found, indicating good quality of data entry.

Data were then analysed using IBM SPSS Statistics 20 and STATA. Categorical data were analysed with chi-square tests. Effect size (Cohen's d) [1] was calculated to assess the magnitude of change between pre-test and post-test (ES), and sub-group differences in stratified analyses (ESG). An effect size of 0.2 or below was defined as a "small" effect, 0.5 a "medium" effect and 0.8 a "large" effect [2]. Generalized Linear Model (GLM) was used to investigate the effect of the programme on students' health behaviours and Health, Happiness and Harmony (3Hs) of the families. Logistic regression was used to investigate the effect of the programme on parent-child interactions. Potential confounders such as socio-demographics and baseline data were adjusted. Agreement ratios were calculated by dividing proportion of agreed or strongly agreed by the percentage of students who disagreed or strongly disagreed. The level of statistical significance was set $p<0.05$.

Measures

Several confounders were re-coded due to small numbers in some categories. For place of birth, "Macau" and "Taiwan" were merged into "Other places". For family structure, the following options were combined as "Non-intact": (i) the student's parents had separated or divorced; (ii) one of the parents had passed away or (iii) both parents had passed away.

CHAPTER 3

RESULTS

3.1 STUDENT CHARACTERISTICS

Table 5 shows that the basic characteristics of the students were similar in the 3 groups. Most of the students were born in Hong Kong (78.2%) and with average perceived family affluence (59.1%). The mean age was 10.4 years (Standard deviation, SD=1.03).

Table 5: Background characteristics of P4-6 students

	Overall (n=7449)	Group A (n=2456)	Group B (n=2529)	Group C (n=2464)	p-value (ES)
	%	%	%	%	
Sex					0.37
Boys	52.0	53.1	50.5	52.6	(0.02)
Girls	48.0	46.9	49.5	47.4	
Age, years					<0.001*
8 or below	0.1	0.0	0.1	0.2	(0.08)
9	23.4	25.2	23.8	21.2	
10	31.7	30.4	33.4	31.1	
11	32.9	35.8	28.8	34.3	
12 or above	12.0	8.5	13.8	13.3	
Mean (SD)	10.4 (1.03)	10.3 (0.96)	10.4 (1.05)	10.4 (1.06)	
Grade					<0.001*
P4	30.9	28.5	34.6	29.4	(0.09)
P5	35.6	34.3	37.3	35.3	
P6	33.5	37.3	28.0	35.3	
Place of birth					<0.001*
Hong Kong	78.2	83.6	75.7	75.3	(0.06)
Mainland China	19.1	13.4	22.2	21.7	
Other places	2.7	3.0	2.1	2.9	
Perceived family affluence					<0.001*
Relatively poor	16.9	14.7	19.7	16.1	(0.06)
Average	59.1	58.2	60.9	58.1	
Relatively wealthy	24.0	27.1	19.4	25.8	
Family structure					0.06
Intact	81.0	82.1	79.4	81.5	(0.03)
Non-intact	19.1	17.9	20.6	18.5	

*p-value <0.001

3.2 STUDENT FEEDBACK AND RATINGS ON THE PROGRAMME (LIVE DRAMA, DVD AND WORKSHEETS)

In T2 and T3, students were asked to rate the live drama, DVD and different sections of worksheets as strongly like, like, fair, dislike or strongly dislike.

Figure 1a shows that 73.6% of students in Group A strongly liked or liked the live drama, while only 7.3% disliked or strongly disliked. Figure 1b shows that the lower the grade, the better the ratings towards the live drama in Group A ($p<0.001$). Figure 2a shows ratings on the DVD by Group A (live drama plus DVD) and Group B (DVD only). 64.8% and 50.9% of Group A and Group B students gave strongly like or like ratings. Group A students' ratings on the DVD were significantly better than Group B ($p<0.001$). Similarly, better ratings were given by students in lower grades ($p<0.001$) (Figure 2b).

Figure 1a: Group A (live drama + DVD) students' ratings on live drama (n=1608)

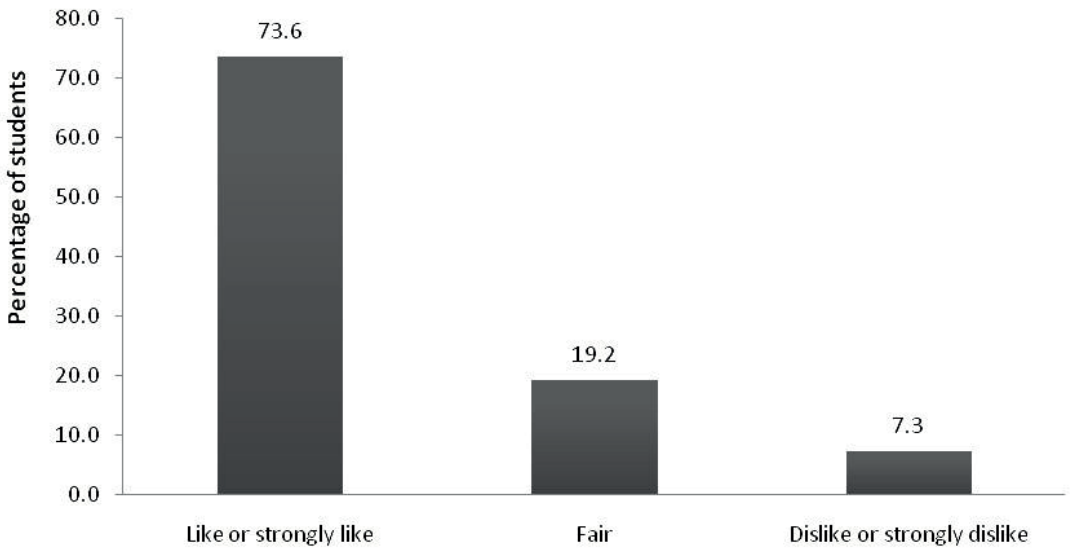


Figure 1b: Group A students' ratings on live drama by grade

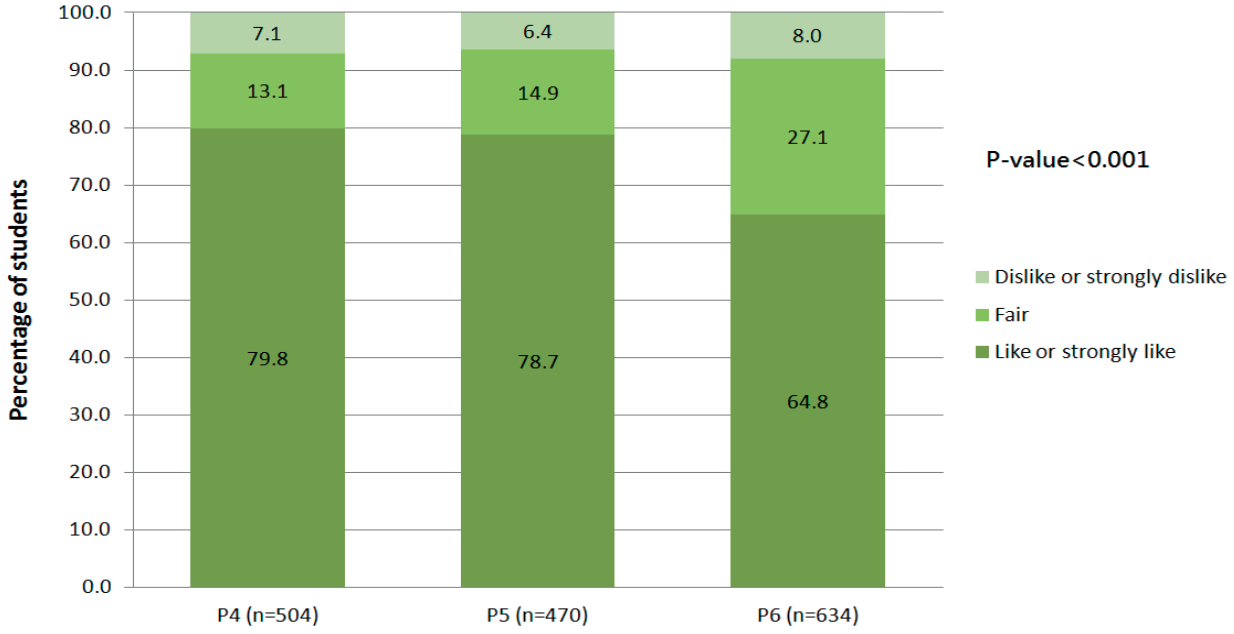


Figure 2a: Group A and Group B students' ratings on DVD

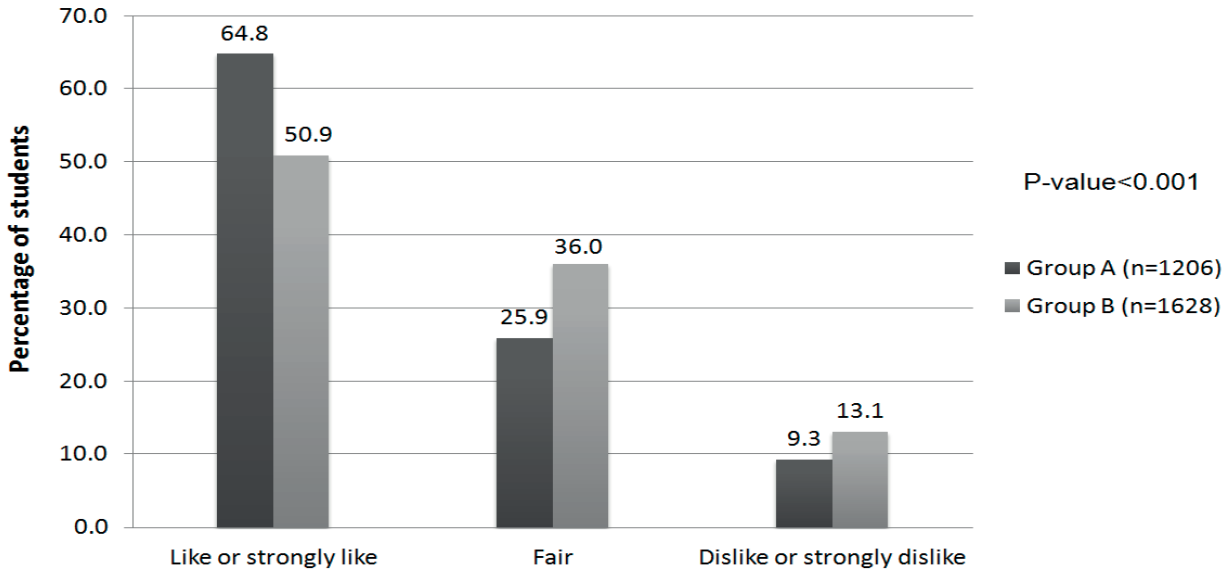
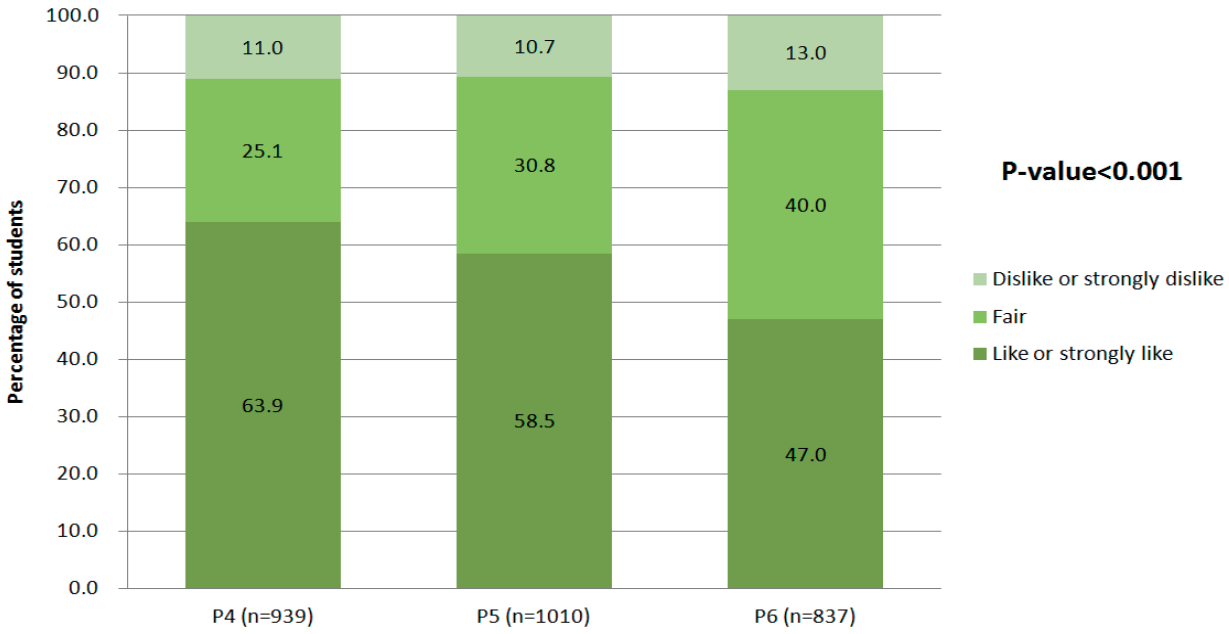


Figure 2b: Group A and Group B students' ratings on DVD by grade



The 3 sections of worksheets were rated by Group A and Group B students (Figure 3a). For both groups, 3Hs Picture Drawing had the highest ratings, with 40.7% and 40.1% of Group A and Group B students rated that they strongly liked or liked this section, followed by Lifestyle checklists (38.0% and 35.5%) and Q&A (36.4% and 30.3%). Group A students' ratings on Q&A were significantly better than Group B ($p<0.001$). Figure 3b shows that in all 3 sections, lower grade students gave significantly better ratings ($p<0.001$).

Figure 3a: Group A and Group B students' ratings on 3 sections of worksheets

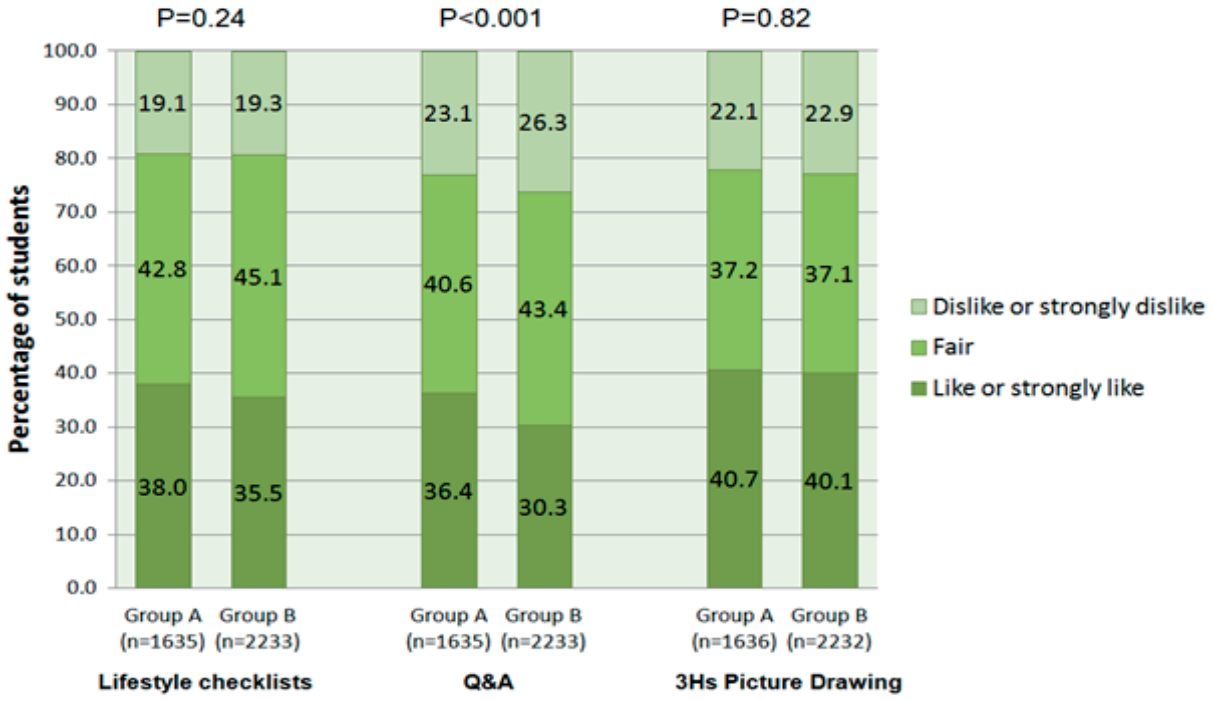
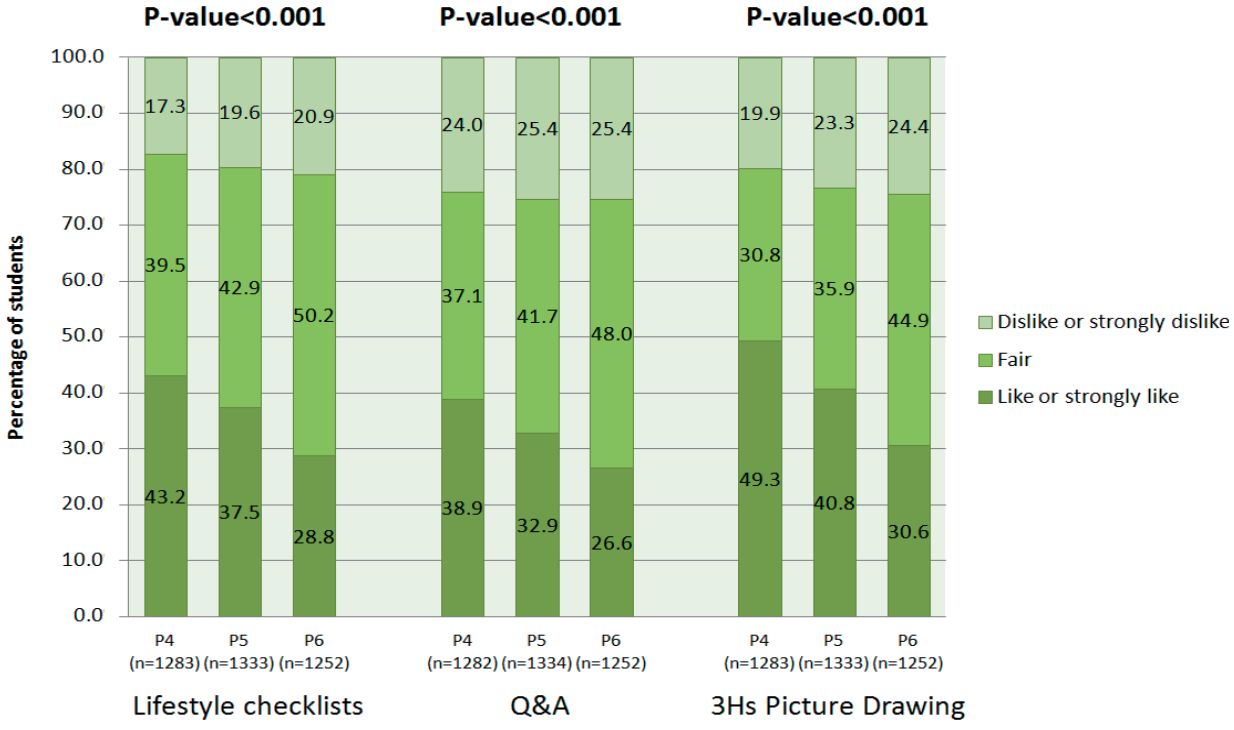


Figure 3b: Group A and Group B students' ratings on 3 sections of worksheets by grade



Group A and Group B students were also asked if the worksheets could enhance FAMILY 3Hs (Figure 4a). More than 40% of students commented that they agreed or strongly agreed. There was no significant difference between Group A and Group B students' comments (p=0.85). However, Figure 4b shows that significantly better ratings were given by students in lower grades (p<0.001).

Figure 4a: Group A and Group B students' comments on "Can worksheets enhance FAMILY 3Hs?"

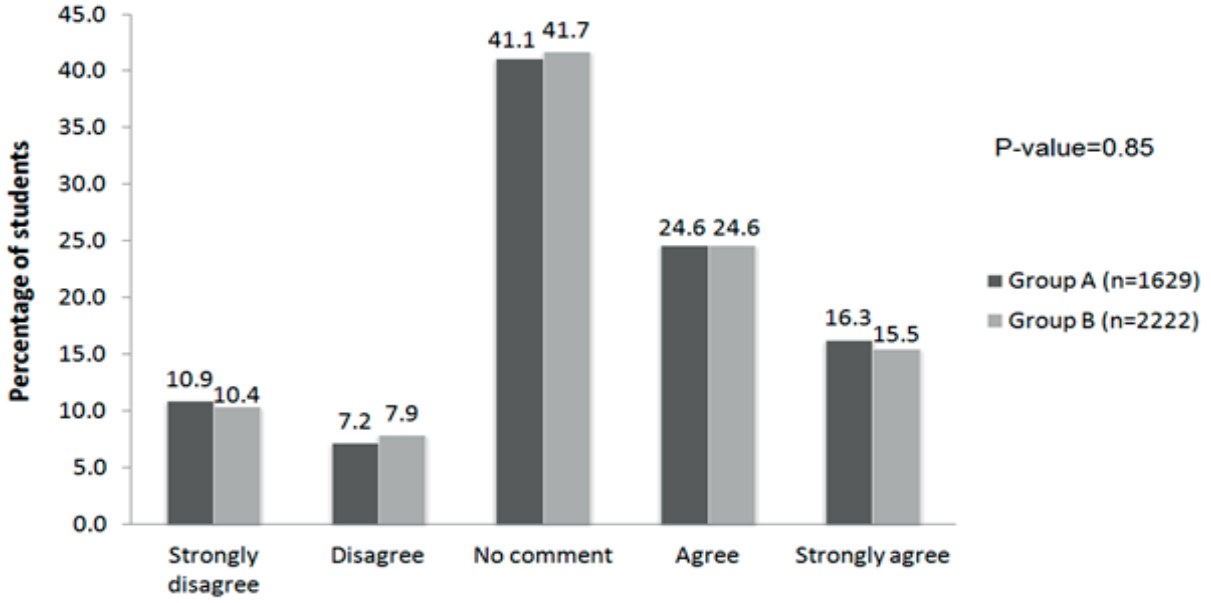
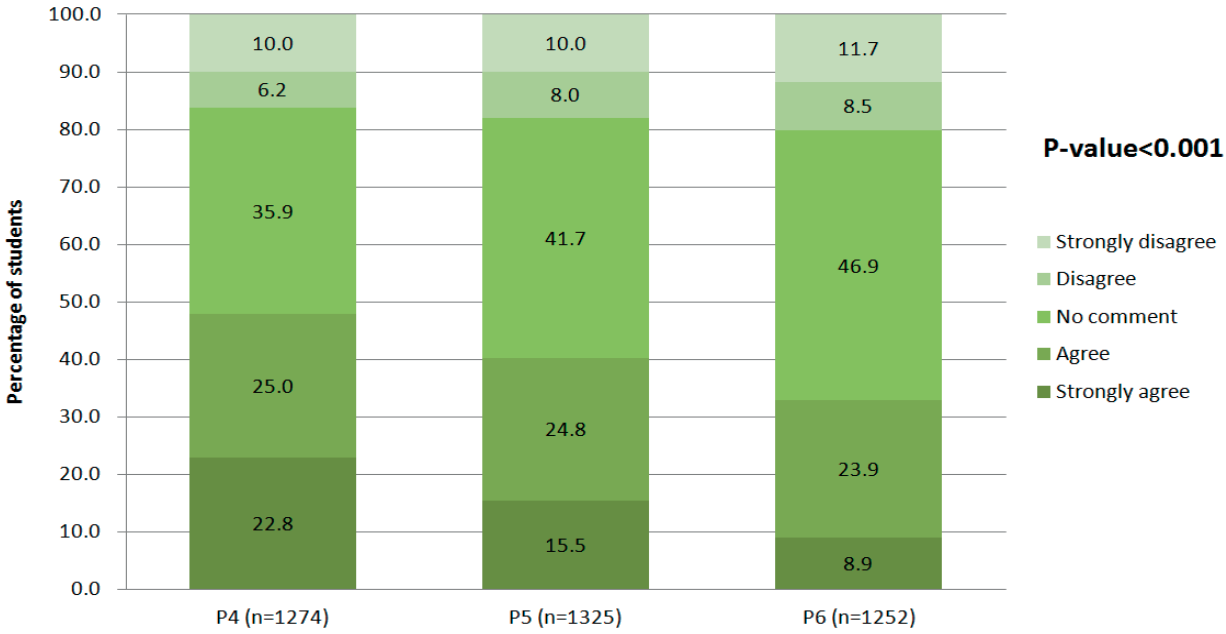


Figure 4b: Group A and Group B students' comments on "Can worksheets enhance FAMILY 3Hs?" by grade



Group A and Group B students were asked if they wanted to watch a new show next time (Figure 5a). More than 85% and 70% of Group A and Group B students commented that they wanted or strongly wanted respectively. The result of Group A students was significantly better ($p<0.001$). Figure 5b shows that better ratings were also provided by students in lower grades ($p<0.001$).

Figure 5a: Group A and Group B students' comments on "If there is a new show next time, do you want to watch?"

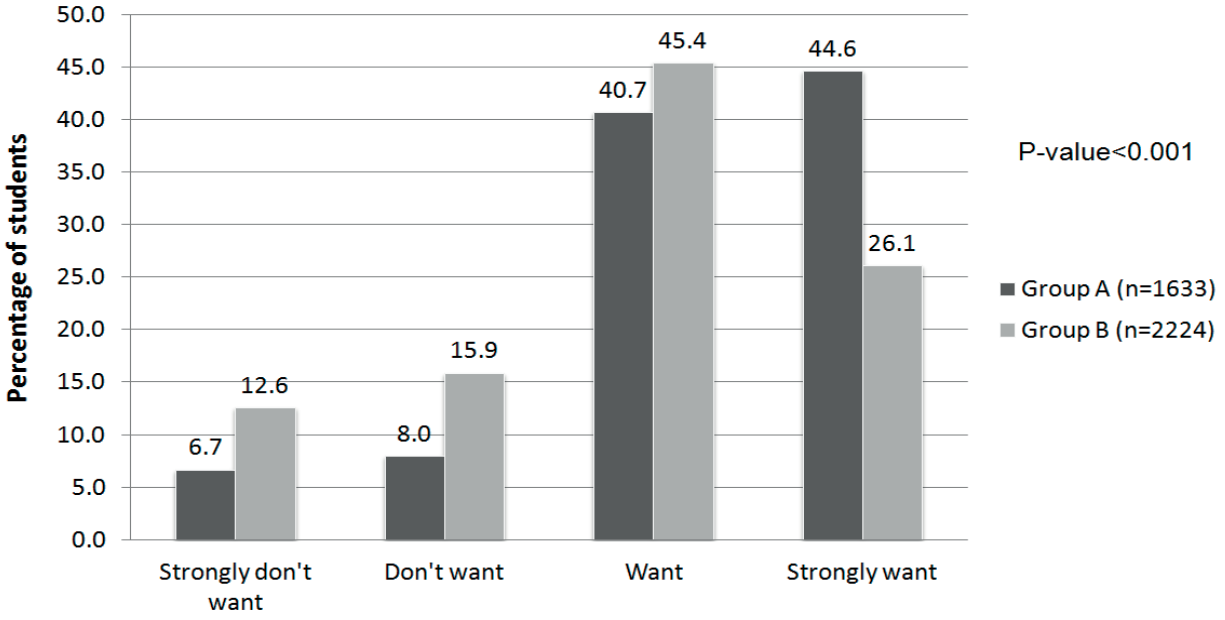
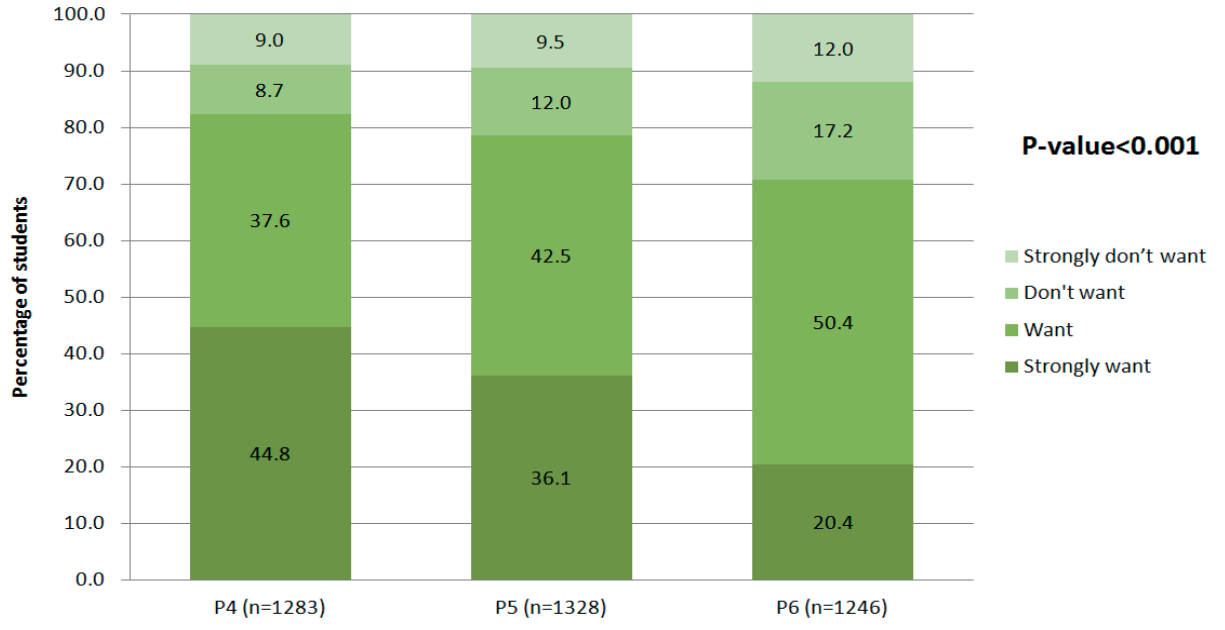


Figure 5b: Group A and Group B students' comments on "If there is a new show next time, do you want to watch?" by grade



Group A and Group B students were asked if they would recommend 3Hs Family Drama Project (Figure 6a). 47.8% and 44.1% of Group A and Group B students commented that they would or definitely would. The result of Group A students was significantly better (p=0.029). Figure 6b shows that better ratings were given by students in lower grades (p<0.001).

Figure 6a: Group A and Group B students' comments on "Will you recommend 3Hs Family Drama Project?"

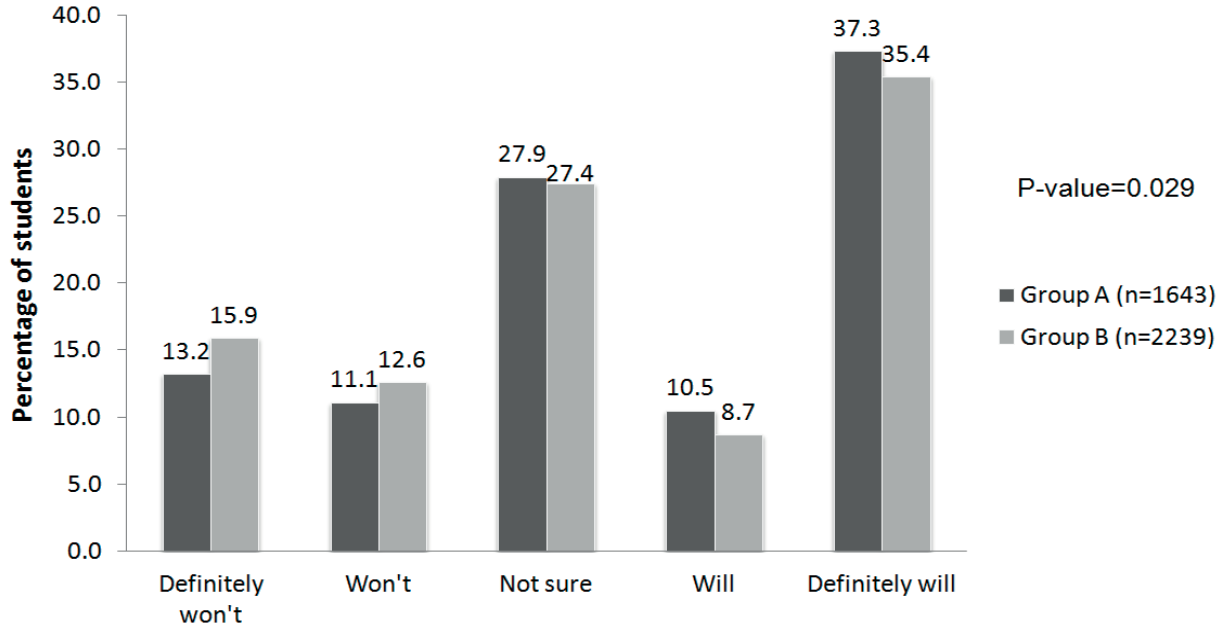
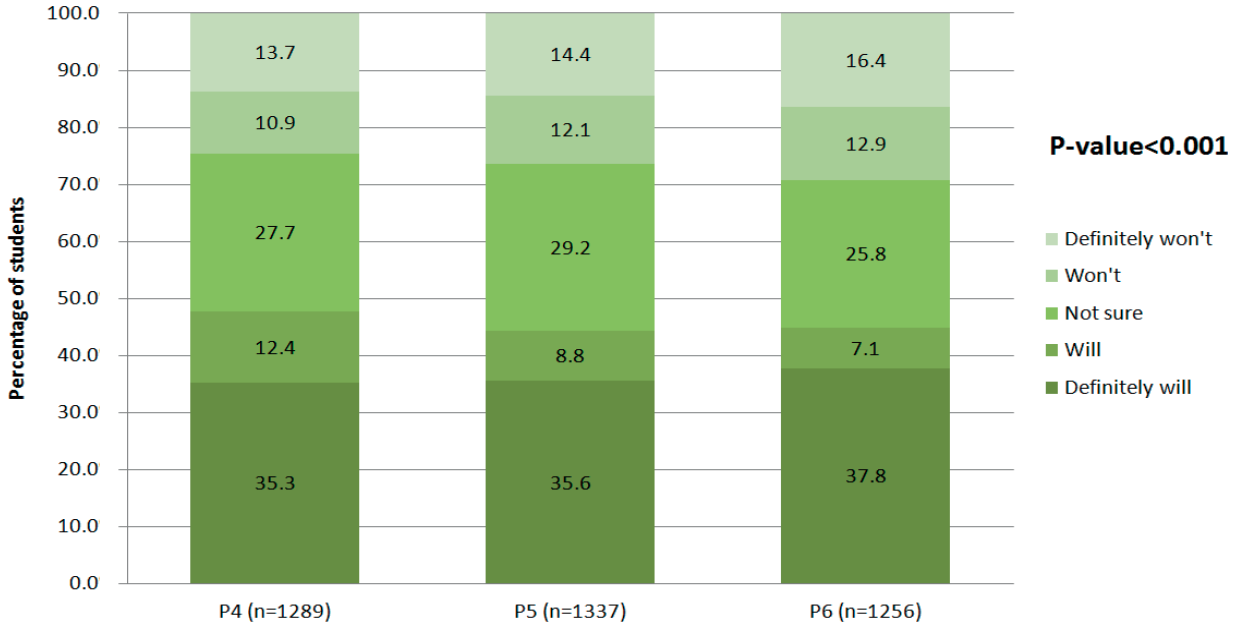


Figure 6b: Group A and Group B students' comments on "Will you recommend 3Hs Family Drama Project?" by grade



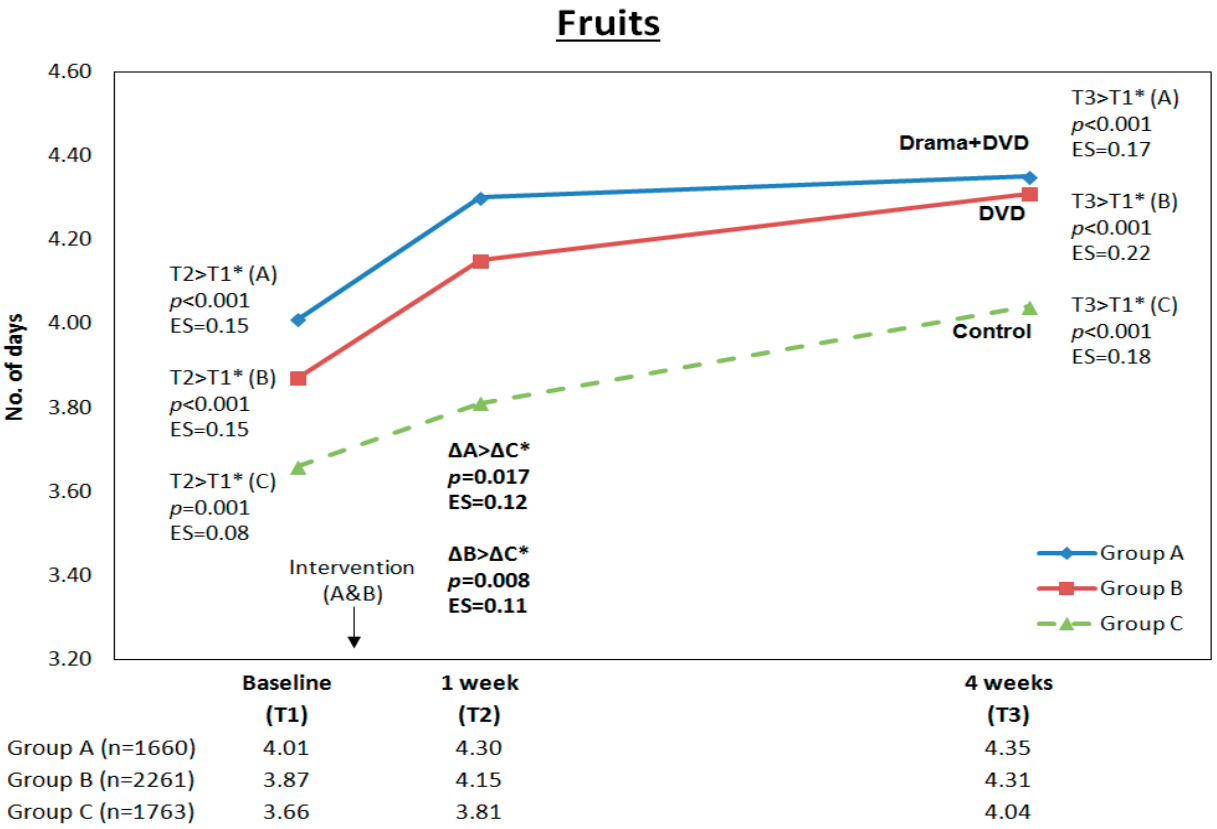
3.3 THE EFFECT OF THE PROGRAMME ON STUDENTS' HEALTH BEHAVIOURS

Students reported the number of days in the past 7 days in which they consumed at least 2 servings of fruits, at least 3 servings of vegetables and did moderate to vigorous physical activities for at least 60 minutes.

GLM was used to assess changes in their health behaviours between the intervention and control groups. The change in health behaviours was the outcome variable and group status (intervention vs control) was the predictor. Adjustments were made for sex, grade, place of birth, family structure, perceived family affluence, baseline (T1) value of the outcome variable, and school clustering effect.

Figure 7 shows that for all groups, significant increases were observed (all p<0.001) in the number of days students consumed at least 2 servings of fruits from T1 to T2 (immediate effect) and from T1 to T3 (short-term effect). Significant favourable immediate effects of the intervention were observed for Group A (ES=0.12, p=0.017) and Group B (ES=0.11, p=0.008) compared with the control group (C). However, the effect size was small.

Figure 7: Number of days in the past 7 days in which students consumed at least 2 servings of fruits

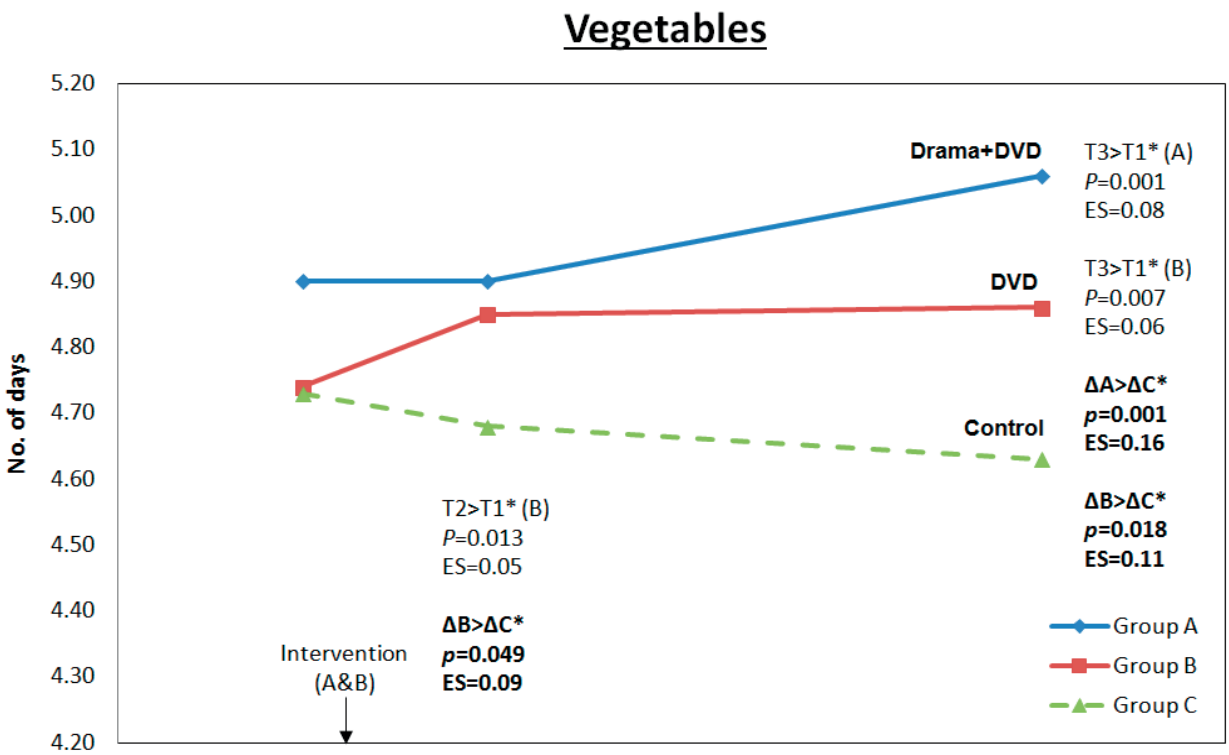


	Baseline (T1)	1 week (T2)	4 weeks (T3)
Group A (n=1660)	4.01	4.30	4.35
Group B (n=2261)	3.87	4.15	4.31
Group C (n=1763)	3.66	3.81	4.04

** Statistically significant at p<0.05*
ES = Effect Size (Cohen's d), small = 0.20, medium = 0.50, and large = 0.80
Adjusting for sex, grade, place of birth, family structure, SES and baseline value. Clustering effect of school was taken into account.

Figure 8 shows that for immediate effect (T1 to T2), a significant increase was observed in the number of days students consumed at least 3 servings of vegetables for Group B (p=0.013). For short-term effect (T1 to T3), a significant increase was observed for Group A (p=0.001) and Group B (p=0.007). A decreasing trend was observed for the control group (C). Significant favourable immediate effects of the intervention were observed for Group B (ES=0.09, p=0.049) compared with the control group (C). Significant favourable short-term effects of the intervention were observed for Group A (ES=0.16, p=0.001) and Group B (ES=0.11, p=0.018) compared with the control group (C). However, the effect size was small.

Figure 8: Number of days in the past 7 days in which students consumed at least 3 servings of vegetables

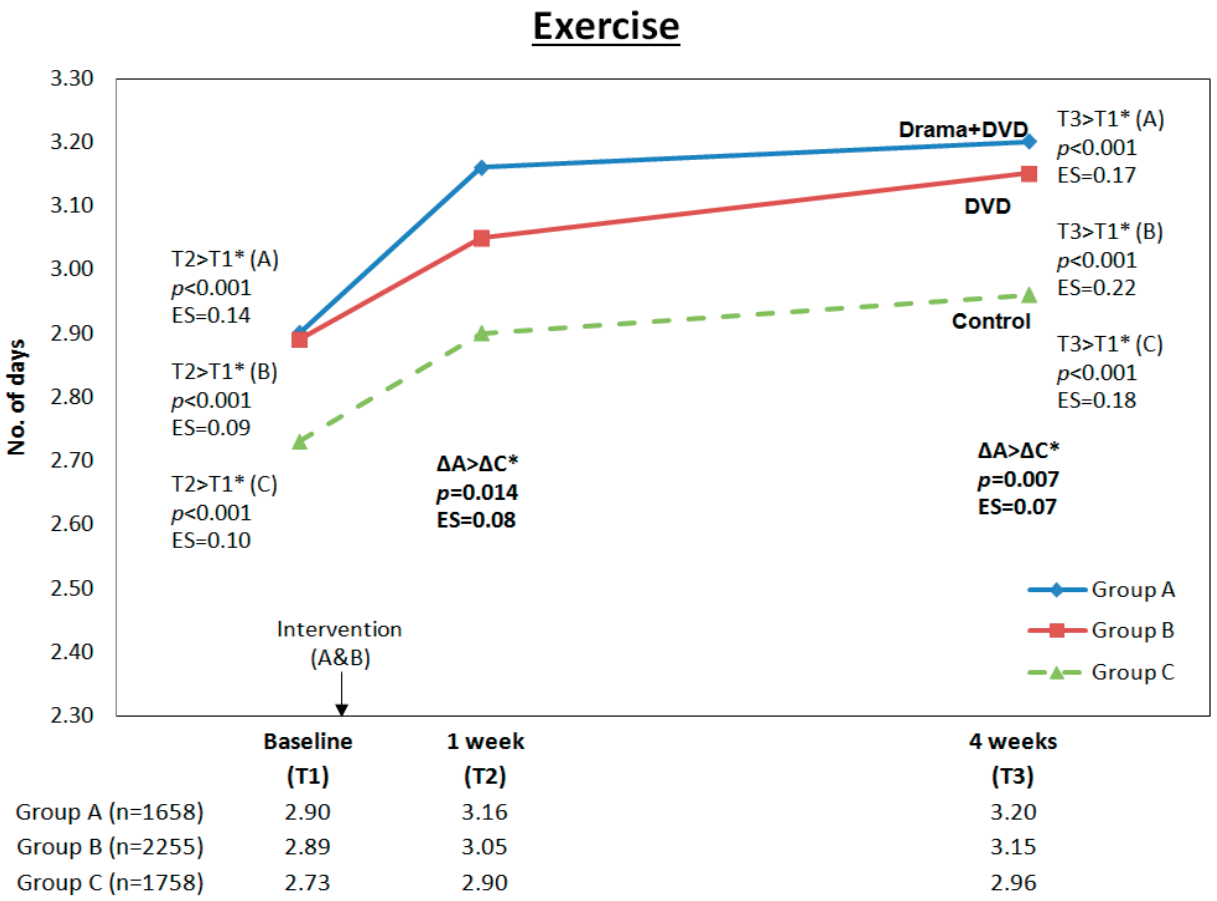


	Baseline (T1)	1 week (T2)	4 weeks (T3)
Group A (n=1662)	4.90	4.90	5.06
Group B (n=2258)	4.74	4.85	4.86
Group C (n=1766)	4.73	4.68	4.63

** Statistically significant at p<0.05*
ES = Effect Size (Cohen's d), small = 0.20, medium = 0.50, and large = 0.80
Adjusting for sex, grade, place of birth, family structure, SES and baseline value. Clustering effect of school was taken into account.

Figure 9 shows that for all groups, significant increases were observed (all p<0.001) in the number of days students did moderate to vigorous physical activities for at least 60 minutes from T1 to T2 (immediate effect) and from T1 to T3 (short-term effect). Significant favourable immediate (ES=0.08, p=0.014) and short-term (ES=0.07, p=0.007) effects of the intervention were observed for Group A compared with the control group (C). However, the effect size was small.

Figure 9: Number of days in the past 7 days in which students did moderate to vigorous physical activities for at least 60 minutes



	Baseline (T1)	1 week (T2)	4 weeks (T3)
Group A (n=1658)	2.90	3.16	3.20
Group B (n=2255)	2.89	3.05	3.15
Group C (n=1758)	2.73	2.90	2.96

** Statistically significant at p<0.05*
ES = Effect Size (Cohen's d), small = 0.20, medium = 0.50, and large = 0.80
Adjusting for sex, grade, place of birth, family structure, SES and baseline value. Clustering effect of school was taken into account.

3.4 THE EFFECT OF THE PROGRAMME ON PARENT-CHILD INTERACTIONS

Students were asked if the 7 events listed below occurred in the past 7 days:

Event 1: Dad praised me.
Event 2: Mum praised me.
Event 3: I praised dad.
Event 4: I praised mum.
Event 5: Dad scolded me.
Event 6: Mum scolded me.
Event 7: Dad and mum argued.

Figure 10 shows the baseline results of praising, scolding and parental conflicts of Group A, Group B and the control group (C). There was no significant difference between Groups A and C and between Groups B and C (all $p>0.05$).

Logistic regression was used to assess changes in the occurrence of the above events between the intervention and control groups. The change in the occurrence was the outcome variable and group status (intervention vs control) was the predictor. Adjustments were made for sex, grade, place of birth, family structure, perceived family affluence, baseline (T1) value of the outcome variable, and school clustering effect.

An event with OR>1 (OR= odds ratio) indicated that it was more likely for students in intervention group (Group A and Group B) to occur than the control group (C), whereas an event with OR<1 indicated that it was less likely for students in intervention group to occur than the control group. An odds ratio of 1.3 or below was defined as a "small" effect, 1.3 to 2.0 a "medium" effect and 2.0 or above a "large" effect [2].

Figure 11 shows that for Group A, significant favourable immediate and short-term changes were observed in Event 2 and Event 3 (all $p<0.05$ and OR>1), showing Group A students were more likely to be praised by mum and more likely to praise dad than the control group from T1 to T2 and from T1 to T3. Significant favourable immediate changes were also observed in Event 4 and Event 5 (all $p<0.05$; OR>1 and OR<1 respectively), showing Group A students were more likely to praise mum and less likely to be scolded by dad than the control group from T1 to T2.

For Group B, significant favourable immediate and short-term change was observed in Event 4 ($p<0.05$ and OR>1), showing praising mum was more likely to occur for Group B students than the control group from T1 to T2 and from T1 to T3. Significant favourable short-term changes were also observed in Event 2, Event 3 and Event 6 (all $p<0.05$; OR>1, OR>1 and OR<1, respectively), showing Group B students were more likely to be praised by mum, more likely to praise dad and less likely to be scolded by mum than the control group from T1 to T3.

The effect size in Group A tended to be greater than Group B (although not significant), with some items reaching medium level.

Figure 10: Baseline results of praising, scolding and parental conflicts

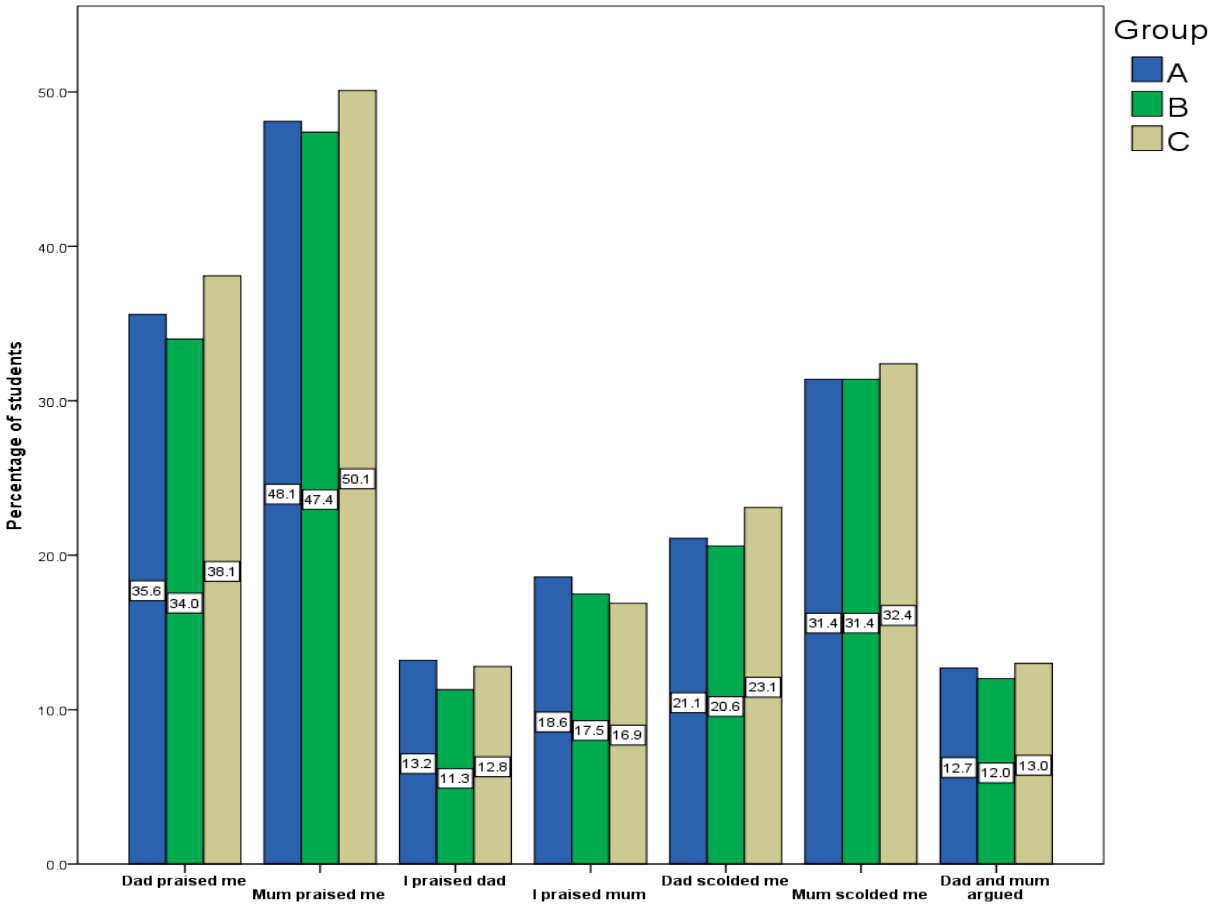
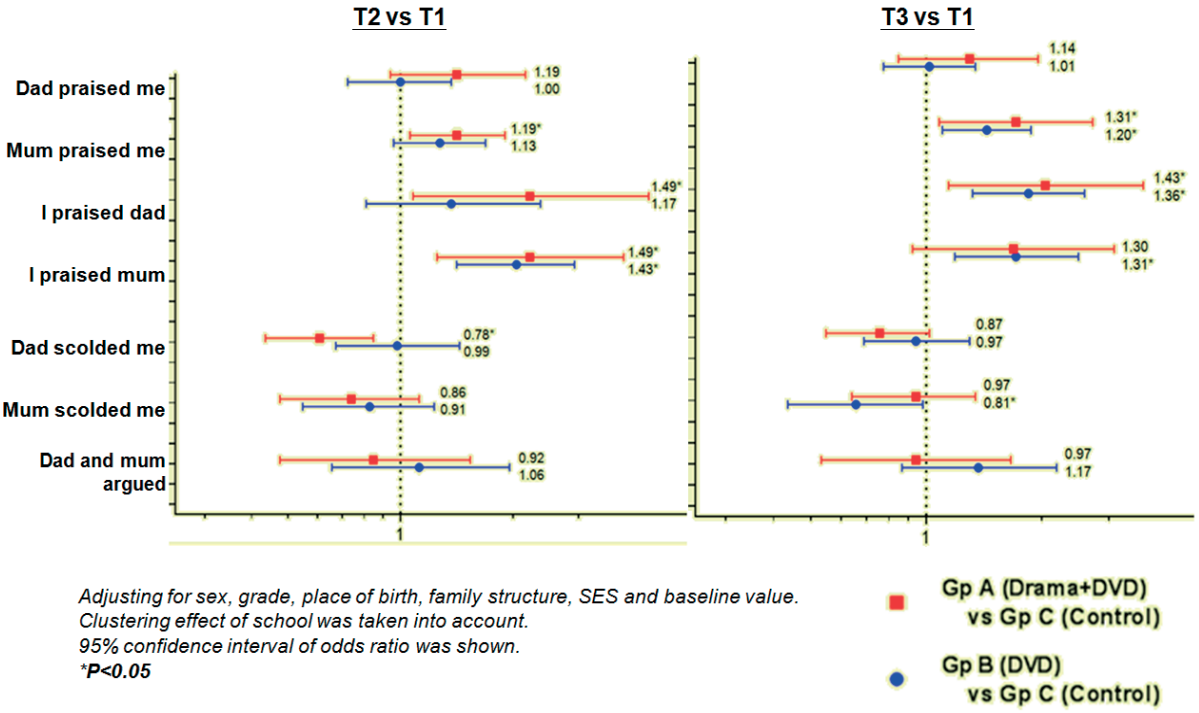


Figure 11: Odds ratio for praising, scolding and parental conflicts



Adjusting for sex, grade, place of birth, family structure, SES and baseline value.
Clustering effect of school was taken into account.
95% confidence interval of odds ratio was shown.
P<0.05

Parental involvement in day-to-day activities and the level of parent-child intimacy were assessed using a list of parent-child interactions such as dining, studying, playing, chatting, holding hands and hugging. Students reported whether each interaction occurred in the past 7 days with their father and mother, separately.

Figure 12 shows the baseline results of paternal and maternal interactions of Group A, Group B and the control group (C). There was no significant difference between Groups A and C and between Groups B and C (all $p>0.05$).

Logistic regression was used to assess changes in the occurrence of the interaction activities between the intervention and control groups. The change in the occurrence was the outcome variable and group status (intervention vs control) was the predictor. Adjustments were made for sex, grade, place of birth, family structure, perceived family affluence, baseline (T1) value of the outcome variable, and school clustering effect.

An interaction activity with OR>1 indicated that it was more likely for intervention students (Group A and Group B) to occur than the control group (C), whereas an interaction activity with OR<1 indicated that it was less likely for intervention students to occur than the control group. An odds ratio of 1.3 or below was defined as a "small" effect, 1.3 to 2.0 a "medium" effect and 2.0 or above a "large" effect.

Figure 13 shows that for Group A and Group B, significant favourable immediate changes in Joke were observed in both paternal and maternal interactions (all $p<0.05$ and OR>1), showing intervention students were more likely to joke with dad and mum than the control group from T1 to T2. Significant favourable immediate changes were also observed in Jog in paternal interactions for both groups (all $p<0.05$ and OR>1), showing intervention students were more likely to jog with dad than the control group from T1 to T2. For Group A students, significant favourable immediate changes were also observed in Play in both paternal and maternal interactions ($p<0.05$ and OR>1), showing Group A students were more likely to play with dad and mum than the control group from T1 to T2.

Figure 14 shows that for Group B, significant favourable short-term changes in Play, Chat, Joke and Jog were observed in both paternal and maternal interactions (all $p<0.05$ and OR>1), showing Group B students were more likely to play, chat, joke and jog with dad and mum than the control group from T1 to T3. Significant favourable short-term changes were also observed in Drag (holding hands) in maternal interactions for Group B ($p<0.05$ and OR>1), showing Group B students were also more likely to hold hands with mum than the control group from T1 to T3. For Group A students, significant favourable short-term changes were also observed in Joke in paternal interactions and in Play in maternal interactions (all $p<0.05$ and OR>1), showing Group A students were more likely to joke with dad and play with mum than the control group from T1 to T3.

The effect size in Group A tended to be greater than Group B (although not significant), with some items reaching medium level.

Figure 12: Baseline results of paternal and maternal interactions

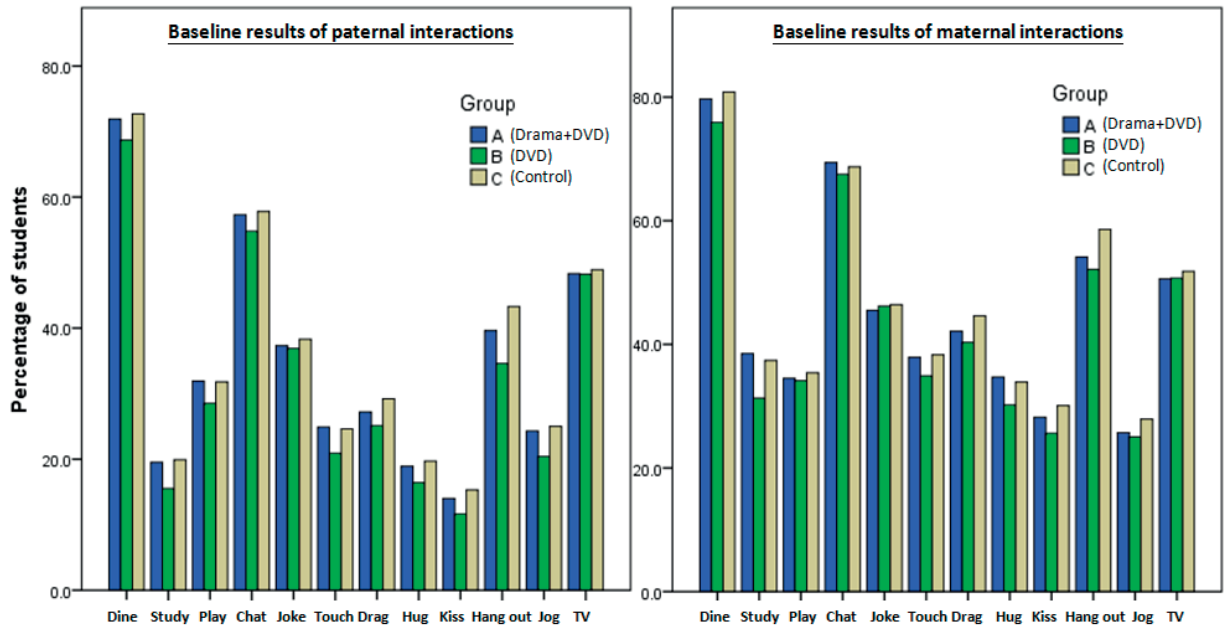
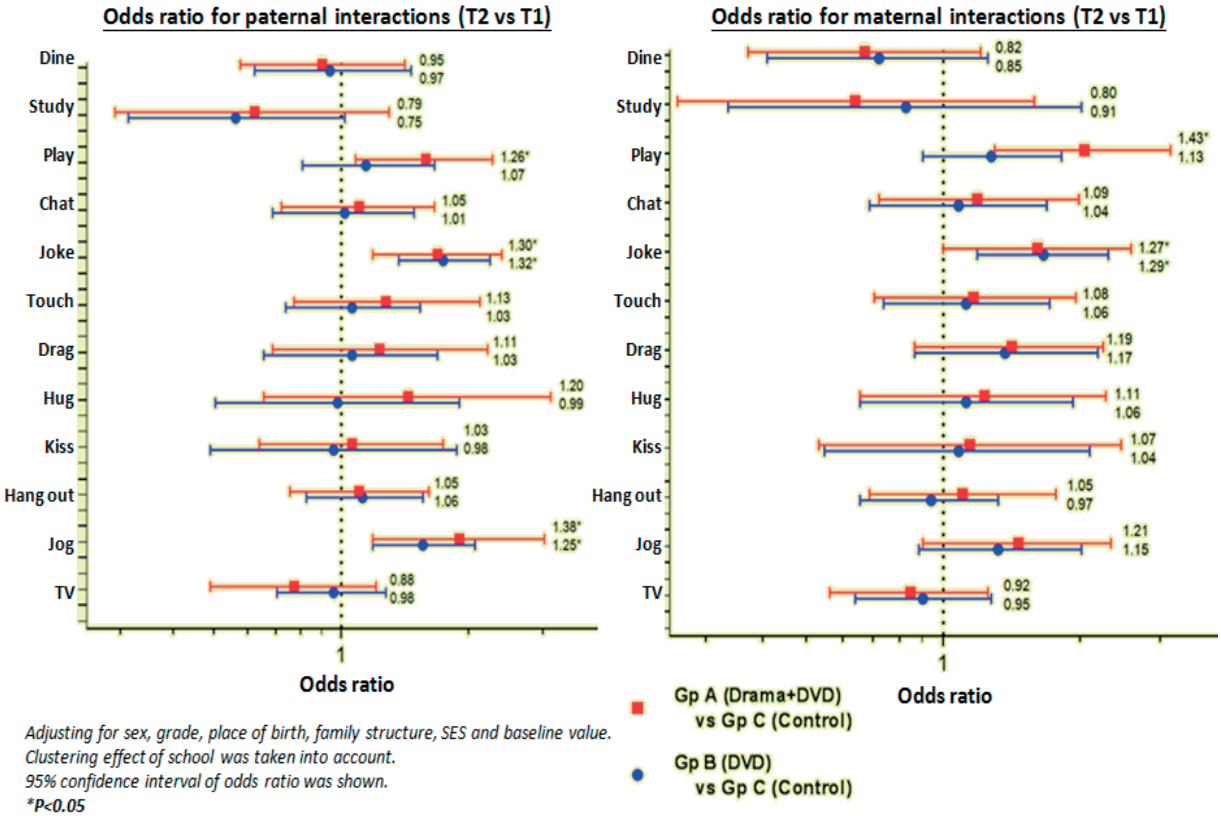
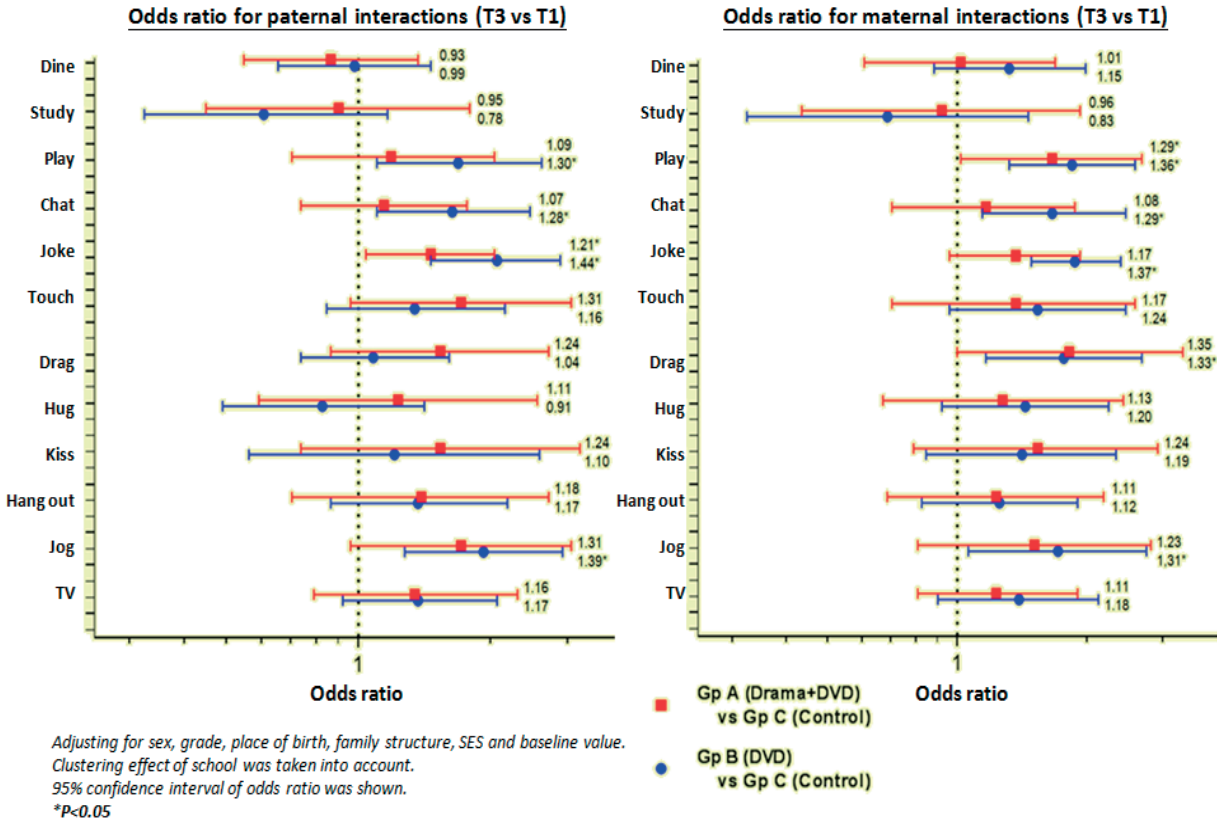


Figure 13: Odds ratio for paternal and maternal interactions (T2 vs T1)



Adjusting for sex, grade, place of birth, family structure, SES and baseline value.
Clustering effect of school was taken into account.
95% confidence interval of odds ratio was shown.
P<0.05

Figure 14: Odds ratio for paternal and maternal interactions (T3 vs T1)



Adjusting for sex, grade, place of birth, family structure, SES and baseline value.
Clustering effect of school was taken into account.
95% confidence interval of odds ratio was shown.
P<0.05

3.5 THE EFFECT OF THE PROGRAMME ON FAMILY HEALTH, HAPPINESS AND HARMONY (3HS) OF THE FAMILIES

FAMILY 3Hs: Health, Happiness and Harmony, are inter-related and influenced by many factors including those described previously in this report, such as health behaviours, mutual appreciations and parent-child interactions. Self-rated health, in particular, is a simple and useful overall assessment of physical and mental health. FAMILY 3Hs were assessed using the following items:

- Health:
  Overall, you rate your health condition as:
  Responses: 1=Poor, 2=Fair, 3=Good, 4=Very good, 5=Extremely good

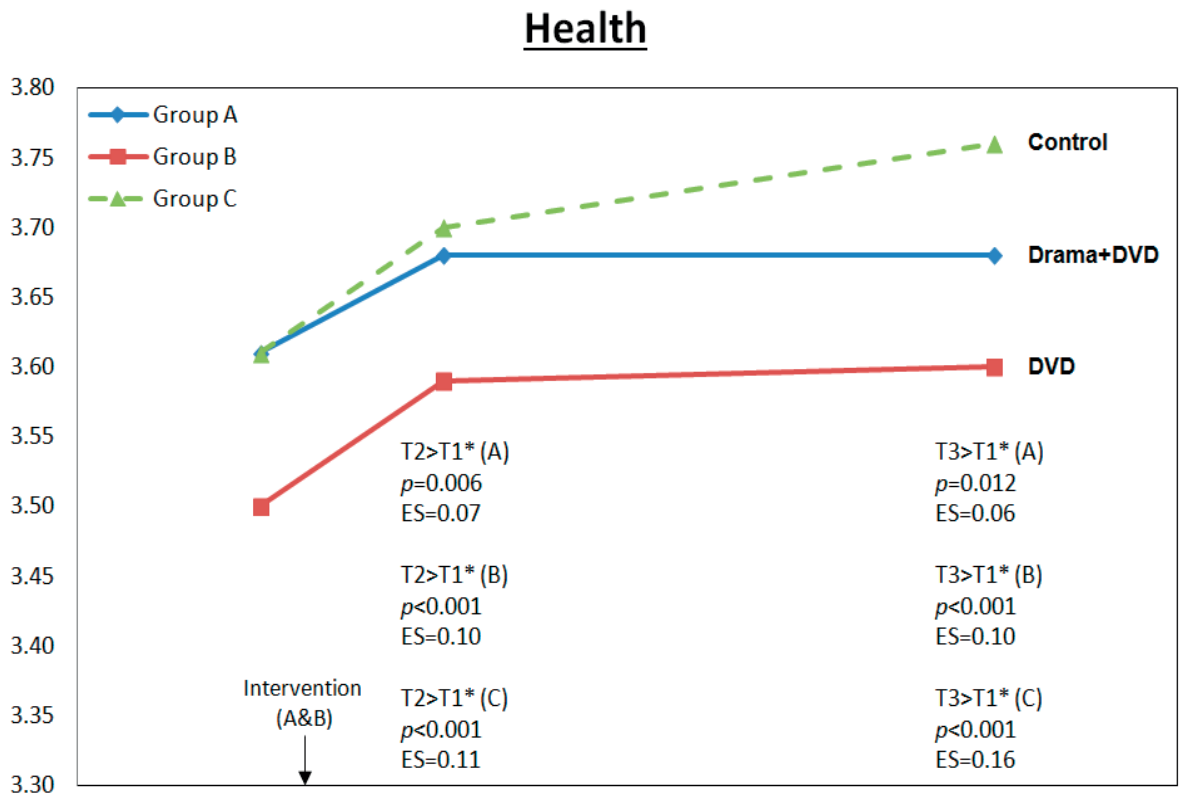
- Happiness:
  Overall, you think your family is:
  Responses: 1=Completely unhappy, 2=Not so happy, 3=Happy, 4=Very happy

- Harmony:
  My family is harmonious.
  Responses: 1=Strongly disagree, 2=Disagree, 3=No comment, 4=Agree, 5=Strongly agree

GLM was used to assess changes in students' FAMILY 3Hs between the intervention and control groups. The change in FAMILY 3Hs was the outcome variable and group status (intervention vs control) was the predictor. Adjustments were made for sex, grade, place of birth, family structure, perceived family affluence, baseline (T1) value of the outcome variable, and school clustering effect.

Figure 15 shows that for all groups, significant increases were observed (all p<0.05) in students' self-rated health from T1 to T2 and from T1 to T3. However, no significant difference was observed between groups.

Figure 15: Students' self-rated health

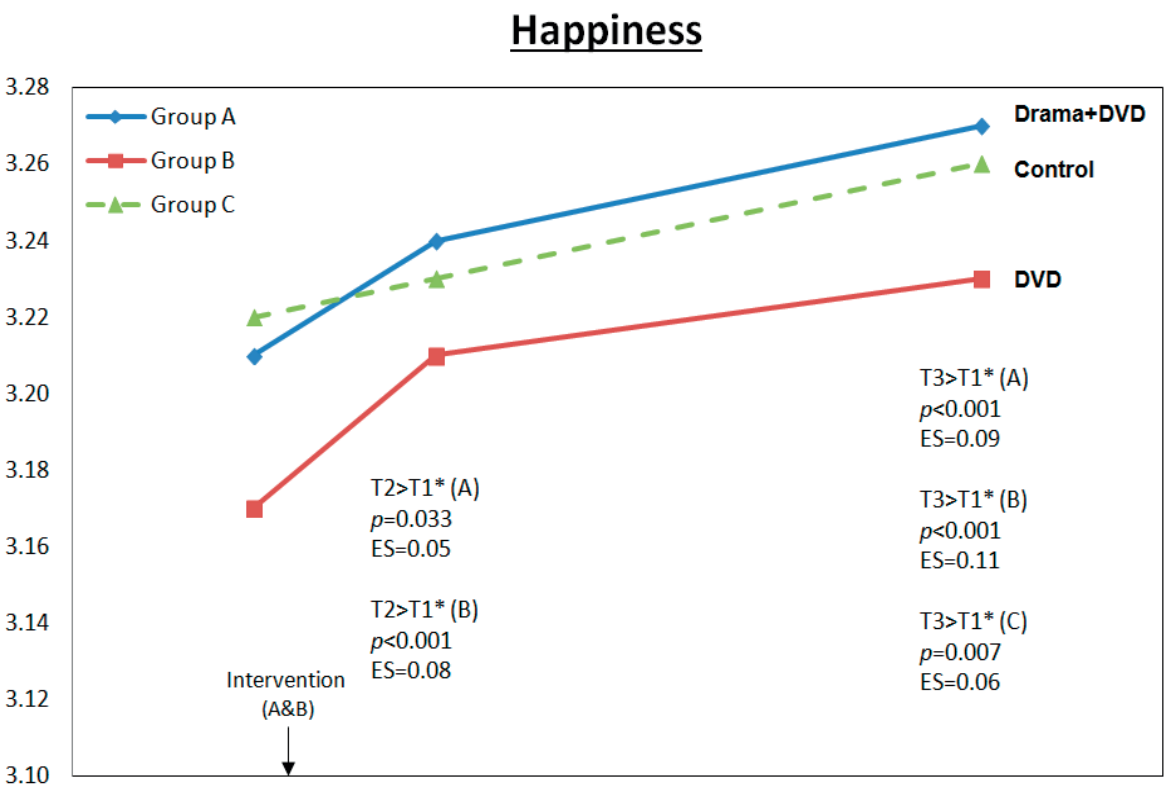


	Baseline (T1)	1 week (T2)	4 weeks (T3)
Group A (n=1647)	3.61	3.68	3.68
Group B (n=2249)	3.50	3.59	3.60
Group C (n=1759)	3.61	3.70	3.76

Statistically significant at p<0.05
ES = Effect Size (Cohen's d), small = 0.20, medium = 0.50, and large = 0.80
Adjusting for sex, grade, place of birth, family structure, SES and baseline value. Clustering effect of school was taken into account.

Figure 16 shows that from T1 to T2, significant increases were observed in students' self-rated happiness for Group A (p=0.033) and Group B (p<0.001). From T1 to T3, significant increases were observed in all groups (all p<0.01). However, no significant difference was observed between groups.

Figure 16: Students' self-rated happiness

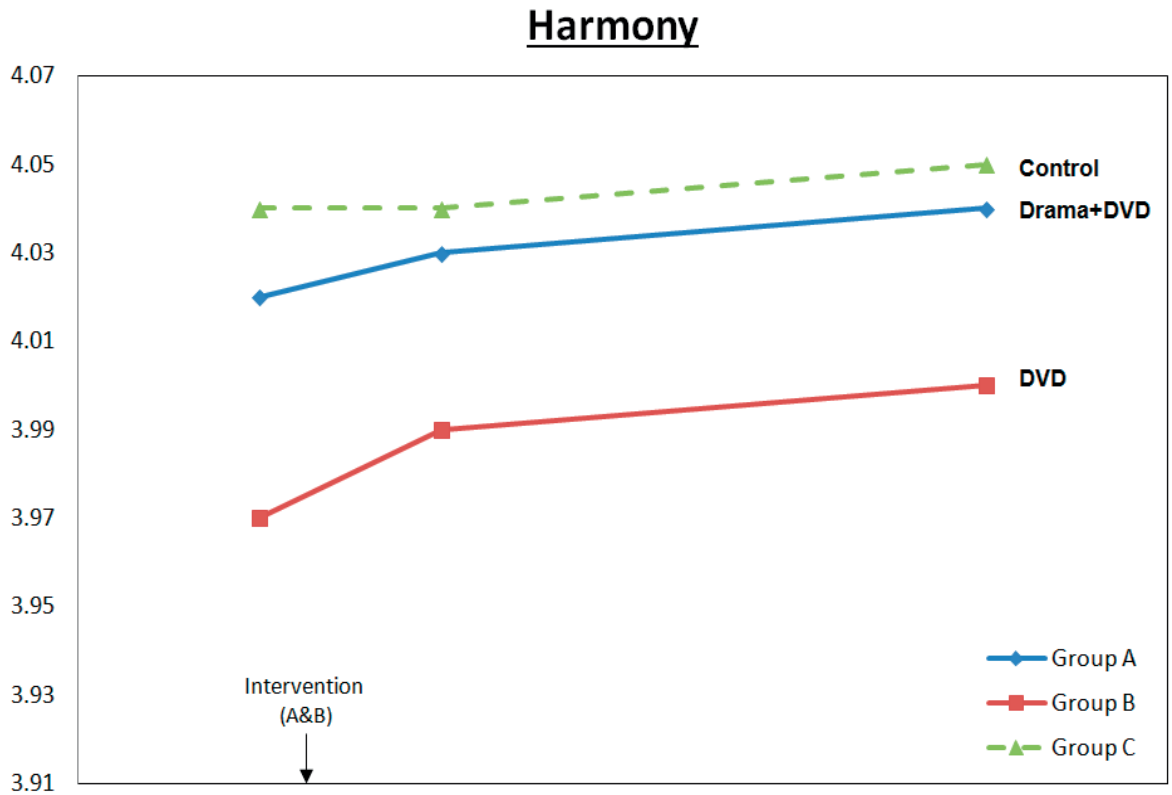


	Baseline (T1)	1 week (T2)	4 weeks (T3)
Group A (n=1647)	3.21	3.24	3.27
Group B (n=2245)	3.17	3.21	3.23
Group C (n=1761)	3.22	3.23	3.26

Statistically significant at p<0.05
ES = Effect Size (Cohen's d), small = 0.20, medium = 0.50, and large = 0.80
Adjusting for sex, grade, place of birth, family structure, SES and baseline value. Clustering effect of school was taken into account.

Figure 17 shows that from T1 to T2, slight increases were observed in students' self-rated harmony for Group A and Group B. From T1 to T3, slight increases were observed in all groups. However, no significant difference was observed between groups.

Figure 17: Students' self-rated harmony



	Baseline (T1)	1 week (T2)	4 weeks (T3)
Group A (n=1636)	4.02	4.03	4.04
Group B (n=2238)	3.97	3.99	4.00
Group C (n=1762)	4.04	4.04	4.05

Statistically significant at p<0.05
ES = Effect Size (Cohen's d), small = 0.20, medium = 0.50, and large = 0.80
Adjusting for sex, grade, place of birth, family structure, SES and baseline value. Clustering effect of school was taken into account.

In T3, intervention students (Group A and Group B) reported any perceived changes on FAMILY 3Hs after joining the programme. For both groups, nearly 60% of students agreed or strongly agreed that FAMILY 3Hs have improved (Figure 18). The relatively large agreement ratios (range: 4.18 to 4.83) showed that over 4 times as many intervention students agreed as those who disagreed (Table 6).

Figure 18: Subjective change in FAMILY 3Hs

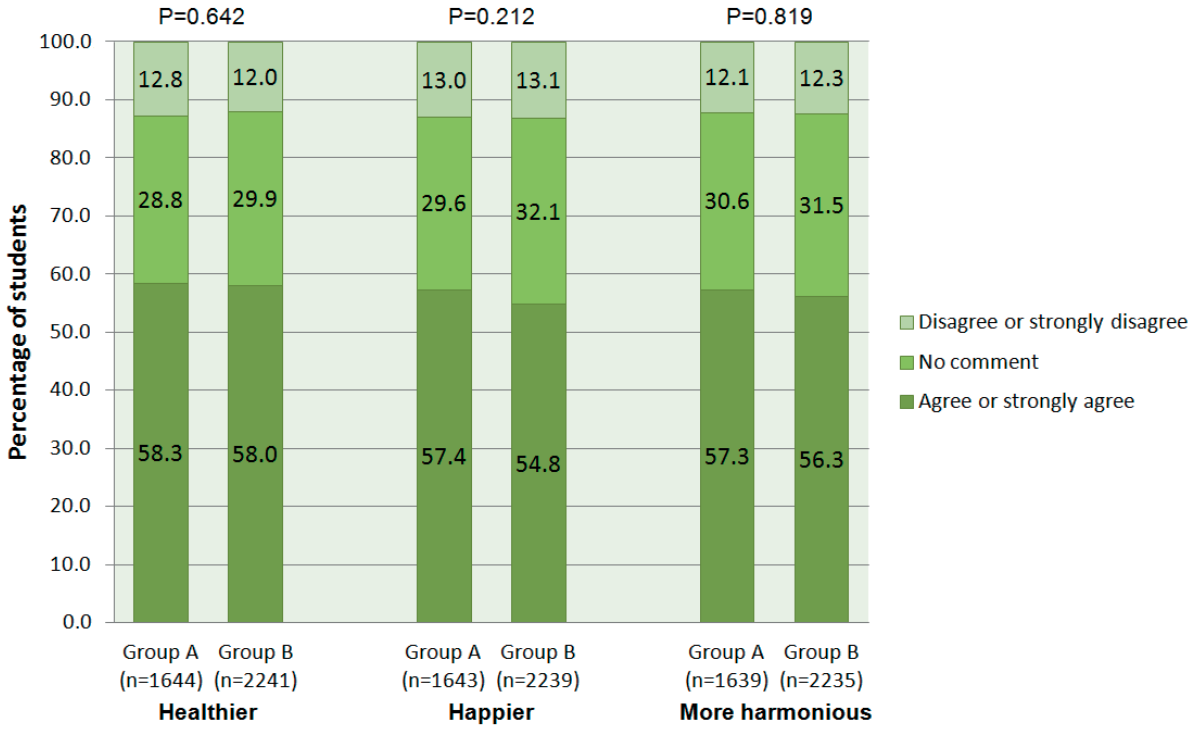


Table 6: Agreement ratios* of subjective change in FAMILY 3Hs

	Agree/strongly agree %	Disagree/strongly disagree %	Agreement ratio*
Group A			
Healthier	58.3	12.8	4.55
Happier	57.4	13.0	4.42
More harmonious	57.3	12.1	4.74
Group B			
Healthier	58.0	12.0	4.83
Happier	54.8	13.1	4.18
More harmonious	56.3	12.3	4.58

*Agree/strongly agree % divided by disagree/strongly disagree %

CHAPTER 4

DISCUSSION

4.1 STUDENT FEEDBACK AND RATINGS ON THE PROGRAMME (LIVE DRAMA, DVD AND WORKSHEETS)

73.6% of students in Group A gave strongly like or like ratings on the live drama (Figure 1a). 64.8% and 50.9% of Group A and Group B students gave strongly like or like ratings on the DVD (Figure 2a). This showed that both live drama and DVD were attractive intervention tools to students. Another intervention tool was the worksheets, which comprised 3 sections. For both groups, 3Hs Picture Drawing had the highest ratings, followed by Lifestyle checklists and Q&A (Figure 3a). This showed drawing was a more interesting way for students to get involved.

Intervention students were asked if they wanted to watch a new show next time. More than 85% and 70% commented that they wanted or strongly wanted (Figure 5a). Most of the students looked forward to a new show, thus activities of similar types and themes can be organized in the future so that students can have opportunities to receive other useful messages.

Intervention students were also asked if the worksheets could enhance FAMILY 3Hs. While more than 40% of students commented that they agreed or strongly agreed, there were about 40% of students who answered "No comment" (Figure 4a). Students were also asked if they would recommend 3Hs Family Drama Project. While 47.8% and 44.1% of Group A and Group B students commented that they would or definitely would, about 27% of each group of them answered "Not sure" (Figure 6a). In future evaluations, telephone interviews or focus group discussion may help better understand factors affecting students' comments.

Significantly better ratings were obtained from students in lower grades (Figures 1b-6b), suggesting that these students would be more receptive to the programme, although a clear difference in programme effectiveness by grade was not observed. Future drama performance may also include Primary 3 and Primary 2 students.

4.2 THE EFFECT OF THE PROGRAMME ON STUDENTS' HEALTH BEHAVIOURS

Students' health behaviours of consuming fruits, vegetables and doing physical activities were analysed. The intervention results were generally satisfactory. For fruits, significant favourable immediate effects of the intervention were observed for Group A and Group B compared with the control group (Figure 7). For vegetables, significant favourable immediate effects of the intervention were observed for Group B compared with the control group. Significant favourable short-term effects of the intervention were observed for Group A and Group B compared with the control group (Figure 8). For physical activities, significant favourable immediate and short-term effects of the intervention were observed for Group A compared with the control group (Figure 9). Although significant results were observed, the effect sizes were expectedly small, as the dose of the intervention was small.

4.3 THE EFFECT OF THE PROGRAMME ON PARENT-CHILD INTERACTIONS

The intervention results were generally satisfactory for praising and scolding. In Figure 11, we can see that Group A students were more likely to be praised by mum and more likely to praise dad than the control group from T1 to T2 and from T1 to T3. They were more likely to praise mum and less likely to be scolded by dad than the control group from T1 to T2. Praising mum was more likely to occur for Group B students than the control group from T1 to T2 and from T1 to T3. Group B students were more likely to be praised by mum, more likely to praise dad and less likely to be scolded by mum than the control group from T1 to T3.

The intervention results were generally satisfactory for parental involvement in day-to-day activities and the level of parent-child intimacy as well. Figure 13 shows that from T1 to T2, intervention students (Group A and Group B) were more likely to joke with dad and mum and to jog with dad than the control group. Group A students were more likely to play with dad and mum than the control group from T1 to T2. Figure 14 shows that from T1 to T3, Group B students were more likely to play, chat, joke and jog with dad and mum than the control group. Group B students were also more likely to hold hands with mum than the control group. On the other hand, Group A students were more likely to joke with dad and play with mum than the control group. There was some evidence, though not significant, that the effect size in Group A was greater than Group B, and some items showed medium effect size.

4.4 THE EFFECT OF THE PROGRAMME ON FAMILY HEALTH, HAPPINESS AND HARMONY (3HS) OF THE FAMILIES

Although perceived improvements on FAMILY 3Hs were observed for both groups (Figure 18), no immediate and short-term significant differences in students' self-rated health, happiness and harmony were observed between intervention group and the control group (Figures 15-17). The results on FAMILY 3Hs might not be very obvious compared with those on health behaviours and parent-child interactions, probably because it was easier for primary students to directly imitate those health behaviours and interactions activities from the drama, while it was more difficult for them to fully understand and grasp the concept of FAMILY 3Hs. Ceiling effect, which was observed for all the questions on self-rated FAMILY 3Hs, might have masked the positive changes of the students, as the questions/scales might not be sensitive to detect small changes. In future evaluations, telephone interviews or focus group discussion may help better understand students' changes on FAMILY 3Hs.

CHAPTER 5

LIMITATIONS, CONCLUSIONS AND RECOMMENDATIONS

5.1 LIMITATIONS

Due to resource limitation, qualitative data including focus group and telephone interview were not collected. Also not included were outcome evaluation by parents and process evaluation from teachers, which can help assess the efficiency of administration and implementation of the programme. Ceiling effect was observed for questions on self-rated FAMILY 3Hs. Better questions on scales are needed to minimise the ceiling effect and to detect small effects. Nevertheless, the present study has provided unique and useful findings that should have important implications for future intervention programmes.

5.2 CONCLUSIONS AND RECOMMENDATIONS

In general, the 3Hs Family Drama Project was well received by the subjects, and satisfactory results of the programme in improving students' health behaviours and parent-child interactions were observed. Although perceived improvements on FAMILY 3Hs were observed, the programme had only small effects on self-rated FAMILY 3Hs.

This evaluation highlighted rooms for improvement in future programmes with more emphasis on the awareness and understanding of students towards FAMILY 3Hs. Prior briefing of schools and teachers by our FAMILY Project and research team would be useful for better implementation and evaluation. More structured and direct activities are recommended, although the cost-effectiveness of this type of activities has to be assessed. It is useful to include qualitative interviews to understand the effects of the programme.

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NOTE

NOTE

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"EVALUATION ON 3HS FAMILY DRAMA PROJECT" ASSESSMENT QUESTIONNAIRE

You are cordially invited to sparse around 5-8 minutes to complete the "Evaluation on 3Hs Family Drama Project" assessment questionnaire.

Method of return:

Please cut off the questionnaire along the dotted line after completion, fold and seal it with glue and return the questionnaire by mail. No postage stamp is needed.

香港小童群益會
The Boys' & Girls' Clubs Association of Hong Kong

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健健康康 開開心心 和和氣氣 Health Happiness Harmony
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"EVALUATION ON 3HS FAMILY DRAMA PROJECT" ASSESSMENT QUESTIONNAIRE

Note: Data collected in this questionnaire are only for academic research and statistical analysis. All personal information will be kept strictly confidential.

Please put a "✓" to the most suitable answer(s) you considered.

1. Where did you get this "Evaluation on 3Hs Family Drama Project"?
   ① Project's participating organization ② The Hong Kong Jockey Club ③ District Council
   ④ Library ⑤ Community organization ⑥ Social service organization
   ⑦ Others, please specify: _____

2. Why did you get this "Evaluation on 3Hs Family Drama Project"? (can select more than one option)
   ① Free of charge ② Attractiveness of content ③ Content meets my needs
   ④ Related to my work, can be used as a reference ⑤ Participated in FAMILY Project
   ⑥ Want to explore the practice wisdom in this project ⑦ No reason
   ⑧ Others, please specify: _____

3. **At the time when you fill in this questionnaire**, how much content of "Evaluation on 3Hs Family Drama Project" have you read?
   ① Not at all (0%) ② Less than half (0%-49%) ③ Half (50%)
   ④ About three quarters (75%) ⑤ More than three quarters (76%-99%) ⑥ All (100%)

4. If you have not finished reading the "Evaluation on 3Hs Family Drama Project" yet, will you continue to read it?
   ① Yes, please explain: _____
   ② No, please explain: _____

5. Do you think the content of this "Evaluation on 3Hs Family Drama Project" practical?
   ① Very practical ② Practical ③ Neutral
   ④ Not very practical ⑤ Not practical at all

6. Do you think this "Evaluation on 3Hs Family Drama Project" can fulfill the following objectives?
   (Score 0 represents very incapable, score 10 represents very capable)

   a. Help readers know how to effectively design, implement and evaluate a community-based intervention project

0	1	2	3	4	5	6	7	8	9	10
Very incapable					Average					Very capable

   b. Deepen readers' understanding of the scientific rationale and model (Public health approach & Evidence-based and evidence generating [EBEG]) of this project

0	1	2	3	4	5	6	7	8	9	10
Very incapable					Average					Very capable

   c. Inspire readers to apply FAMILY 3Hs (Health, Happiness and Harmony) in their future project planning agenda

0	1	2	3	4	5	6	7	8	9	10
Very incapable					Average					Very capable

   d. Inspire readers to incorporating CBP & EBEG model and scientific evaluation into their future community-based activities

0	1	2	3	4	5	6	7	8	9	10
Very incapable					Average					Very capable

7. Which part of the "Evaluation on 3Hs Family Drama Project" do you feel satisfied the most? (can select more than one option)
   ① Introduction of Community-based Participatory (CBP) model
   ② Introduction of Evidence-based and evidence generating (EBEG) model
   ③ Evidence-based research — scientific evaluation for programmes
   ④ Impact of the community-based intervention programmes
   ⑤ Future suggestions and recommendations in different level of audiences
   ⑥ None
   ⑦ Others, please specify: _____

8. Do you have any plan to apply suggestions from this "Evaluation on 3Hs Family Drama Project" to design family activities? If yes, when will you intent to apply the suggestions?
   ① Not intend to do so, please specify reason(s):

   _____

   ② Within one month, please specify which suggestion(s) you will adopt:

   _____

   ③ Beyond one month but within half year, please specify which suggestion(s) you will adopt:

   _____

   ④ Beyond half year but within one year, please specify which suggestion(s) you will adopt:

   _____

   ⑤ Intent to, but not sure about the time, please specify which suggestion(s) you will adopt:

   _____

9. After reading "Evaluation on 3Hs Family Drama Project", what is your biggest acquisition? Do you have any other opinions?

   _____

   _____

10. Will you recommend this "Evaluation on 3Hs Family Drama Project" to others? And whom?
    ① Yes, my colleagues
    ② Yes, my friends
    ③ Yes, my organization
    ④ Yes, other community stakeholders
    ⑤ No, I will not recommend to others
    ⑥ Others, please specify: _____

11. Gender:
    ① Male ② Female

12. Age:
    ① <18 years old ② 18-24 years old ③ 25-34 years old
    ④ 35-44 years old ⑤ 45-54 years old ⑥ 55-64 years old
    ⑦ 65 years old or above

13. Education level:
    ① Primary ② Secondary 1-3 ③ Secondary 4-5
    ④ Matriculated (Secondary 6-7) ⑤ Non-degree tertiary ⑥ Degree tertiary or above

14. Are you a registered social worker? ① Yes ② No

15. If yes, how long have you been working in the social service profession: _____ year(s)

16. If you are working in the social service profession, the target group(s) of your organization is/are: (can select more than one option)
    ① Resident ② Family ③ Adolescents
    ④ Women ⑤ Children & Teenagers ⑥ Elderly
    ⑦ Mentally handicapped ⑧ Disabled ⑨ Mentally rehabilitated
    ⑩ New arrivals ⑪ Ethnic minority ⑫ Others: _____

17. Are you a community stakeholder/leader? ① Yes ② No

18. How long have you been working for the community: _____ year(s)

19. If you are working for the community, your service target group(s) is/are: (can select more than one option)
    ① Resident ② Family ③ Adolescents
    ④ Women ⑤ Children & Teenagers ⑥ Elderly
    ⑦ Mentally handicapped ⑧ Disabled ⑨ Mentally rehabilitated
    ⑩ New arrivals ⑪ Ethnic minority ⑫ Others: _____

FAMILY Project aims to promote FAMILY 3Hs (Health, Happiness and Harmony), if you are willing to receive information from our project, please write down your contact information as follow:

Name: _____

Phone: _____

Email: _____

Address: _____

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