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Social Welfare Department

Family 愛+人

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 Enhancing Family Well-being Project

家深幸福計劃 愛家蜜語

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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健健康康 開開心心 和和氣氣
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Enhancing Family Well-being Project

Funder:
The Hong Kong Jockey Club Charities Trust

Organizers:
Sham Shui Po District Social Welfare Office of Social Welfare Department in collaboration with School of Public Health of The University of Hong Kong

Project Consultants, Steering Committee and Working Task Force Members:

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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 "Enhancing Family Well-being Project" was successfully implemented in Sham Shui Po District in 2013 by a collaboration between the Sham Shui Po District Social Welfare Office of Social Welfare Department and the School of Public Health of The University of Hong Kong, with the participation of 39 NGOs, community groups and schools in the district. Through this report, we hope to promote family communication, relationships and 3Hs, as well as to demonstrate that simple interventions can be effective in promoting family relationship and family well-being.

On behalf the Club, I would like to thank the Sham Shui Po District Social Welfare Office of Social Welfare Department, and various social service units/community organisations, schools and government agencies 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)

The vision of the Sham Shui Po District Social Welfare Office is to enhance cross sector collaboration to promote synergy conducive for effective and efficient service delivery in the Sham Shui Po district. We all understand that family is the vital component of our society. It provides an intimate environment in which physical care, mutual support and emotional security are normally available to foster the development of children into healthy and responsible members of society. Well functioned families undoubtedly contribute to the stability and well being of the society and it is always our top priority to strengthen the families and the needy in the community.

To leap forwards, we have launched the Sham Shui Po Well-being Movement based on positive psychology in joint hands with the Sham Shui Po District Council and a number of governmental and non-governmental organizations since June 2009. It is our utmost pleasure for "The FAMILY Project" funded by The Hong Kong Jockey Club Charities Trust to show their generous support to the Movement since 2010 leading to the launching of this exciting joint venture of the Enhancing Family Well-being Project.

Apart from the successful organization of a wide variety of evidence-based family programmes serving families, youth, rehabilitation and elderly sectors in the district, attractive booklets for the families and practical manuals for the professionals were published to sustain its community impact while large scale publicity campaigns were launched to penetrate the positive messages of gratitude, hope, resilience and open-mindedness intertwined with the promotion of FAMILY Health, Happiness and Harmony of the "The FAMILY Project" to the society at large.

Taking this opportunity, I would like to extend my heartfelt thanks to all the members of the Project Steering Committee and the Project Task Force as well as all participating schools and organizations for their unfailing support to the Project and their strive for excellence. Through the successful launching of the Enhancing Family Well-being Project, we are pleased to find an innovative, cohesive and professional team devoted for promoting the well being for our beloved families in the district.

Last but not the least, let me express my sincerest gratitude once again for the generous support of The Hong Kong Jockey Club Charities Trust and the expert contribution of the distinguished scholars of the School of Public Health of The University of Hong Kong, in particular, Professor LAM Tai Hing and Professor CHAN Siu Chee, Sophia during the process. We hope that this report will provide valuable insight and practice wisdom for all the professionals and community stakeholders interested in promoting family well being territory-wide.

Though the Project has been completed, we are certain that we will all upkeep the best effort to provide quality services to the families and, together, we will build a healthy and caring community with harmony and happiness!

Mrs. KWOK LI Mung Yee, Helen
District Social Welfare Officer (Sham Shui Po)
Social Welfare Department

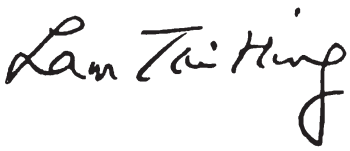
PREFACE (3)

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.

Enhancing Family Well-being Project, in partnership with the Sham Shui Po District Social Welfare Office of Social Welfare Department, is one of the major intervention projects under the FAMILY Project. By adopting the Community-based Participatory Research (CBPR) model, the Enhancing Family Well-being Project used the public health approach for project planning, implementation and evaluation on one hand, and gathered the power of social welfare organizations, local groups, schools and government departments 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 Enhancing Family Well-being 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 3 themes (Gratitude, Hope/Resilience and Open-mindedness) in positive psychology can be spread across the territory, which will result in better family relationship and 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.

EXECUTIVE SUMMARY

BACKGROUND

The Enhancing Family Well-being Project (EFWBP) was a community-based project initiated by the Sham Shui Po District Social Welfare Office of Social Welfare Department in collaboration with the School of Public Health of The University of Hong Kong (HKU). This project built on the success of the Sham Shui Po Well-being Movement (the Movement) and was implemented from February 2012 to May 2013.

OBJECTIVES

1. To promote FAMILY Health, Happiness and Harmony (3Hs) by building capacity for families to enhance family relationship;
2. To investigate the effectiveness of community-based intervention programmes that were developed based on the principles of positive psychology in improving family relationship and the 3Hs;
3. To evaluate the effectiveness of a theory-based Participant Booklet in improving family relationship and the 3Hs;
4. To explore the social impact of Community-based Participatory Research (CBPR) that involves various organizations and stakeholders in the Sham Shui Po district.

METHODS

This project adopted a CBPR approach that focused on developing, delivering and evaluating community-based intervention programmes designed by community organizations to enhance the family well-being of Sham Shui Po residents. A 1-day train-the-trainers programme was organized to equip participating social workers with relevant knowledge and skills for translating the project aims into effective intervention programmes. The intervention programmes were developed in accordance to 1 of the 3 main themes in positive psychology, including “Gratitude”, “Hope/Resilience” or “Open-mindedness”. Each programme was designed to emphasize the importance of family relationship as a contributor to optimize the 3Hs. To test the effectiveness of a supplementary theory-based Participant Booklet, community organizations were randomized into “Basic Programme” (n=15) and “Enhanced Programme” (n=14) intervention groups. A family education book and a professional practice manual were published and a 1-day forum was organized to disseminate findings of this project to the social service sector and to members of the public. Data were collected at pre- and immediately post-intervention (T1 and T2 respectively), 6 weeks (T3) and 3 months (T4) after core intervention session. Intention-to-treat (ITT) analysis was conducted among participants aged 12 years or above.

RESULTS

At T4, family health (effect size [ES]=0.14, $p<0.001$), happiness (ES=0.10, $p<0.001$) and harmony (ES=0.10, $p<0.001$) improved significantly alongside family relationship (ES=0.06, $p=0.03$) compared to T1 values. Additionally, compared to the Basic Programme group, the Enhanced Programme group experienced a greater increase in family health (ES=0.11, $p=0.04$) and happiness (ES=0.13, $p=0.01$) scores from T1 to T4. Qualitative findings also supported the programme effectiveness. Many participants described the changes they have made to improve relationships, notably in family relationships and shared the positive experiences gained. Although some participants had no time or found it awkward to carry out the suggested behavioural indicators, they were still able to witness some improvements in their family Health, Happiness and Harmony.

The train-the-trainers programme evaluation findings showed the social workers' general attitude towards positive psychology and its application to programme design improved significantly immediately after training with moderate to large effect size, although the improvement was not extended to 12-month post-training for most items (all $p<0.05$). The perception that social workers had towards their ability to apply positive psychology in programme design significantly improved immediately (ES=1.09, $p<0.001$), and at 6-month (ES=0.57, $p<0.001$) and 12-month (ES=0.4, $p<0.001$) after training with moderate to large effect size. The mean score for capturing their intention to apply positive psychology to programme design in future projects was 4.71 and 4.75 out of 6 at 6-month and 12-month post-training respectively. At 12-month post-training, up to 72.0% of trained social workers had the intention or strong intention to apply positive psychology when designing programmes in future.

CONCLUSIONS

This project demonstrated that the simple community-based intervention programmes significantly improved family relationship and the 3Hs. The supplementary Participant Booklet strengthened the effect. The results support the further development of community-based practice models implemented with supplementary booklets to enhance family well-being. The train-the-trainers programme was useful for the training of social workers as they were able to learn more about the theoretical models which were used to design effective intervention programmes. The positive results of the project reflected the success of the strong academic-social service sector partnership between The University of Hong Kong, the Sham Shui Po District Social Welfare Office of Social Welfare Department and other collaborators and further follow-up work should be promoted.

CHAPTER 1

INTRODUCTION

1.1 BACKGROUND

1.1.1 Family well-being

Maximizing family well-being is important. As an essential social unit, family is often a source of care and support. Suboptimal family functioning and poor family relationship have been documented to result in problematic behaviour among family members, such as increased risk for substance abuse among children and adolescents (Hummel et al., 2013). Promoting the importance of family relationship that characterized by love, care and mutual support is therefore, fundamental. Focusing on underprivileged families that are constantly subjected to various stressors in life and therefore at highest risk could be particularly worthwhile, but requires innovative strategies to engage them and brief interventions to minimize demands on them.

1.1.2 Hong Kong situation

As a collectivist culture, Chinese people put great emphasis on the importance of family (Bond, 1986). Nevertheless, the fast-paced lifestyle of many people in Hong Kong deprives them of sufficient time for family communication and mutual understanding. This was exemplified by results of a survey conducted by the Hong Kong Government which showed that up to 77.9% of adult respondents never, rarely or only occasionally listened to parents' views and concerns (Census and Statistics Department, 2010). The existence of suboptimal family relationship is therefore, unsurprising. Of concern, poor family relationship could negatively affect FAMILY Health, Happiness and Harmony (3Hs).

1.1.3 Target district: Sham Shui Po

The Sham Shui Po district consisted 5.3% of the Hong Kong population and was the fourth most densely populated local district in year 2010. As would be expected for a district that was constituted of a high percentage of elderly, single parents, ethnic minorities, comprehensive social security assistance recipients and new immigrants from Mainland China, the median monthly domestic household income was the lowest among all districts in Hong Kong (Social Welfare Department, 2011).

1.1.4 Sham Shui Po Well-being Movement

The Sham Shui Po Well-being Movement was initiated by the Sham Shui Po District Social Welfare Office of Social Welfare Department in year 2009 and was developed in line with the principles of positive psychology. The notion of positive psychology puts great emphasis on positive traits and virtues, including but not limited to tolerance, responsibility and the capacity for love. A substantial amount of evidence has demonstrated the effectiveness of applying the principles of positive psychology to enhance family well-being. Hence, adopting 4 major themes from positive psychology that included "Gratitude", "Hope", "Resilience", and "Open-mindedness" (Seligman and Csikszentmihalyi, 2000), the Movement aimed to a) promote a sense of well-being among Sham Shui Po residents and b) strengthen their resilience against different adversities in life. Partnering with the Sham Shui Po District Council, other government departments, non-government organizations, schools and other local parties, the Movement spread positive messages throughout the district via different events and activities since its commencement.

1.1.5 Enhancing Family Well-being Project

Building on the success of the Movement, a community-based initiative entitled the Enhancing Family Well-being Project was developed by the Sham Shui Po District Social Welfare Office of Social Welfare Department in collaboration with the School of Public Health of The University of Hong Kong. Through integrating best science from the university and best practice from local social service providers and other stakeholders, the project focused on developing, delivering and evaluating community-based intervention programmes that were targeted at families in the Sham Shui Po district. These programmes were developed based on 3 main positive psychology themes including Gratitude, Hope/Resilience and Open-mindedness and emphasized the importance of family relationship as a contributor to optimal 3Hs.

1.2 LITERATURE REVIEW

1.2.1 Family relationship

The 3 main types of relationship constituting a family unit are marital, sibling and parent-child relationship (Hakvoort et al., 2010). These relationships are theorized to be inter-related, such that emotions and behaviours in one type of relationship can either spillover to, or compensate for, another (Hakvoort et al., 2010), making each type of family relationship important for all family members. Poor family relationship not only potentially affects the harmony of the family unit, but also adversely affects the emotional and behavioural outcomes of each family member. As an example, children living in homes with cold, unsupportive and neglectful atmospheres often experience poor family relationship, and are more likely to develop mental and physical health problems (e.g. depression, anxiety, aggression, delinquency, overall physical health) that can persist into adulthood (Hakvoort et al., 2010; Repetti et al., 2002). Additionally, families of low socioeconomic status (SES) are reported to be more prone to poor family relationship (e.g. family conflict) that in turn, could lead to poor developmental outcomes among children (Bradley and Corwyn, 2002).

Given the significant role of family relationship in ensuring the optimal functioning of a family unit and the well-being of individual family members, the project aimed to enhance the 3Hs using interventions designed to optimize family relationship in the Sham Shui Po district where the prevalence of low SES families was high.

1.2.2 Positive psychology

In contrast to traditional approaches that focus on psychological problems, positive psychology aims to understand and promote factors that lead to positive attitudes, happiness and fulfillment (Seligman and Csikszentmihalyi, 2000).

Enquiry in the field of positive psychology has been described as falling into 3 levels. First, the subjective level stresses the importance of valued subjective experiences that contribute to well-being, satisfaction, contentment (in the past), happiness and flow (in the present), and hope and optimism (for the future). Second, positive psychology at an individual level puts emphasis on positive individual traits, including but not limited to interpersonal skills, capacity for love and vocation, perseverance, forgiveness and wisdom. Finally, at a group level, civic virtues and attributes that are involved in the betterment of citizenship such as responsibility, altruism, civility, work ethic and tolerance are of importance (Seligman and Csikszentmihalyi, 2000).

1.2.3 Family-centred positive psychology

Family-centred positive psychology (FCPP) is a framework that was designed for working with children and families. In contrast to exclusively focusing on problem solving and rectification of deficiencies, the focus of FCPP is to promote the strengths within individuals and systems. Using key principles that include placing emphasis on the importance of the process in additional to outcomes, stressing the need to strengthen social support and networks, and focusing on family-identified rather than professionally determined needs, the FCPP aims to enhance the functioning of individual family members, which in turn, should result in family empowerment (Conoley CW and Conoley JC, 2009).

Positive psychology is believed to be a fundamental contributor to positive family functioning (Sheridan et al., 2004). The potential role of positive psychology in interventions that build thriving individuals, families and communities, prompted us to use the positive psychology approach for intervention programme design in the study. We identified 3 principles of positive psychology that were relevant to enhancing family relationship, including Gratitude, Hope/Resilience and Open-mindedness.

1.2.4 Community-based Participatory Research

Community-based Participatory Research (CBPR) is a research orientation conceptualized to engage public health researchers and members of the community (e.g. programme participants, social service units and other major stakeholders) in an active partnership to promote social change (White et al., 2004; Macaulay, 2007; Berge et al., 2009; Shalowitz et al., 2009). Through the development and advancement of the CBPR approach by experts of the field, 9 key principles of this approach have been identified (Israel et al., 1998):

- Recognize the community as a unit of identity;
- Build on strengths and resources within the community;
- Facilitate collaborative, equitable involvement of all partners in all stages of the research;
- Integrate knowledge and intervention for the mutual benefit of all partners;
- Promote a co-learning and empowering process that attends to social inequalities;
- Involve a cyclical and iterative process;
- Address health from both positive and ecological perspectives;
- Disseminate findings and knowledge gained to all partners;
- Involve long-term commitment by all partners.

These principles are not intended to be binding, and projects using the CBPR approach should adopt them varyingly, according to research purposes, context and participants (Israel et al., 1998).

In recent years, the CBPR approach has increasingly been adopted for use in many different types of studies, including randomized controlled trials, quasi-experimental studies and non-experimental studies with pre- and post-test data (Israel et al., 1989; Hugentobler et al., 1992; Heaney, 1993). A recent project, under the FAMILY Project entitled “Happy Family Kitchen I” project made use of the CBPR approach and 5 principles of positive psychology to enhance the 3Hs. The project was focused on improving family communication and targeted residents in the Yuen Long district. To advance the development of community-based practice models that are scientifically rigorous and practically sound, the Enhancing Family Well-being Project aimed to use the principles of positive psychology to improve family relationship among residents in Sham Shui Po district.

1.3 AIMS, OBJECTIVES AND HYPOTHESES

1.3.1 Aims

To assess the effectiveness of a) community-based intervention programmes developed in accordance with the principles of positive psychology and b) an integrated theory-based Participant Booklet on enhancing family relationship and 3Hs among residents in Sham Shui Po.

1.3.2 Objectives

1. To engage and build the capacity of the social workers through train-the-trainers programme on the application of positive psychology and the Logic Model;

2. To investigate the effectiveness of community-based intervention programmes in improving family relationship and the 3Hs;

3. To evaluate the effectiveness of a theory-based Participant Booklet in increasing participants' intention and practices of the suggested behaviours, as well as enhancing their family relationship;

4. To evaluate the various components of the project in terms of its structure, process, and outcomes;

5. To explore the social impact of the CBPR in collaboration with various organizations and stakeholders in the Sham Shui Po district.

1.3.3 Hypotheses

Primary hypotheses

1. Participants' attitudes towards and intention of practising the behaviours suggested in the community-based intervention programme will be improved and increased, respectively, immediately after their participation in the intervention;

2. Participants' attitudes towards as well as their intention and the frequency of practice of the suggested behaviours will remain positive and be higher at 6 weeks and 3 months after the intervention compared to pre-intervention;

3. Participants' family relationship and 3Hs scores will be significantly higher at 6 weeks and 3 months after their participation in the intervention.

Secondary hypothesis

Families that participated in a community-based intervention programme who also received a theory-based Participant Booklet (intervention group) were hypothesized to have better family relationship and 3Hs than families who only participated in a community-based intervention programme but did not receive a Participant Booklet (control group).

CHAPTER 2

PROJECT DESIGN AND METHODS

2.1 OVERALL PROJECT DESIGN

The project used a Community-based Participatory Research approach to improve FAMILY Health, Happiness and Harmony (3Hs) through enhancing family relationship in the Sham Shui Po district. The project was carried out in 3 main stages, as depicted in Figures 2.1 and 2.2:

Stage 1: Project conception

Stage 1 encompassed a launching ceremony to publicize the project, to emphasize the importance of positive family relationship and ultimately, to promote 3Hs. Another component of stage 1 was a capacity building programme (train-the-trainers programme) that was targeted at social workers of the 39 participating organizations and schools. The aim of this programme was to equip social workers with necessary skills to design and evaluate community-based programmes targeted at families suited to the themes of the project. Additionally, this programme sought to enhance social workers' knowledge about positive psychology which in turn, should be the key approach used in designing the above mentioned community-based programmes.

Stage 2: Project implementation

Stage 2 involved the implementation of community-based family intervention programmes organized by the 39 participating organizations and schools to promote positive family relationship and subsequently, the 3Hs. The programmes were designed in accordance with each organization's chosen theme (Gratitude, Hope/Resilience or Open-mindedness) alongside concepts conveyed during the train-the-trainers programme (including positive psychology). Ongoing process evaluation was conducted throughout this phase through the use of questionnaires, focus groups and in-depth interviews. Such data were deemed valuable for consolidation of experience that will potentially be useful for large scale community-based health education projects in the future.

In addition, using a randomized controlled trial design (please refer to section 2.3 for more details), the effectiveness of a theory-based action planning Participant Booklet was assessed.

Stage 3: Project consolidation

Stage 3 of the project involved the organization of the practice wisdom forum. Social workers and major stakeholders were invited to share their experiences with taking part in the project, and to discuss project outcomes. The forum also aimed to increase public understanding on community-based projects and the use of evidence-based and evidence-generating approaches.

The Positive Family Book and the Positive Family Practice Manual were published at this stage of the project. The former was distributed to members of the public and contained advice for maintaining positive family communication as well as several case studies. The latter was distributed to individuals working in the social service sector and consolidated the project rationale, theoretical framework, training materials as well as practical experience gained. Both publications contained evaluation questionnaires.

2.1.1 Project publicity

Various strategies were implemented to publicize and promote the project, including:

1. Websites
2. Newspapers
3. Roadshow promotional videos
4. Banners
5. Community events
6. Positive Family Book
7. Positive Family Practice Manual

2.1.2 Evaluation of the project

Apart from evaluating the project outcomes, a detailed process evaluation for each intervention programme was carried out (please refer to Table 2.1 for the project evaluation framework). A steering committee consisting of representatives from the Social Welfare Department, District Council, Home Affairs Department, Education Bureau, The University of Hong Kong and the Project Secretariat was formed to provide overall supervision and assistance in project evaluation.

Figure 2.1 Stages of the Enhancing Family Well-being Project

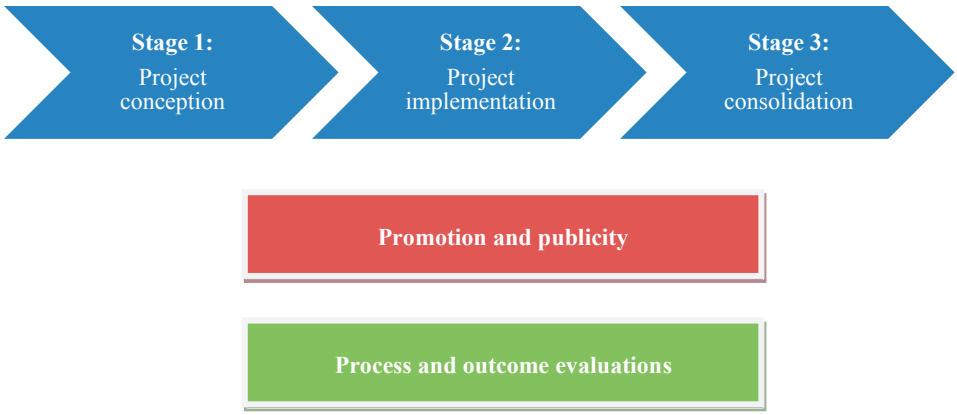


Figure 2.2 Timeline of the Enhancing Family Well-being Project (outline of main events and evaluation process)

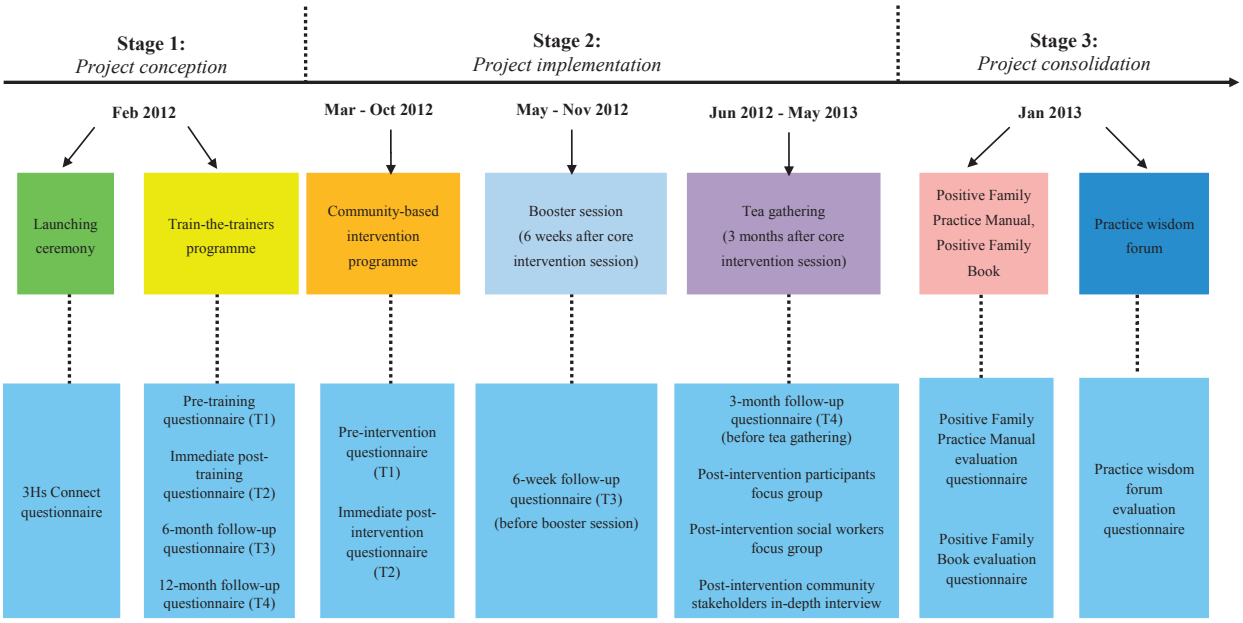


Table 2.1 Evaluation framework of the Enhancing Family Well-being Project

Events (dates)	Details	Evaluation tools
Launching ceremony (12 February 2012)	The launching ceremony was held in the Sham Shui Po district. Game booths were organized to publicize the Enhancing Family Well-being Project and to promote the 3Hs. A short survey was conducted among the ceremony participants and passersby.	Quantitative: - 1-page 3Hs Connect questionnaire for participants and passersby
Train-the-trainers programme (capacity building for social workers) (21 February 2012)	A 1-day train-the-trainers programme for social workers was conducted. Concepts of positive psychology, programme planning and evaluation using the Logic Model, and process evaluation were introduced.	Quantitative: - Pre- (T1) and immediate post-training (T2) questionnaires - 6-month (T3) and 12-month (T4) follow-up questionnaires
Community-based intervention programmes (March - October 2012)	A total of 29 programmes were delivered by participating organizations to 1,000 eligible families in the Sham Shui Po district. The conceptual framework and length of the programme were standardized and had the same outcome measures. The activities of the programmes were based on the characteristics and needs of the participating families. The 29 programmes were randomized into either intervention (Enhanced Programme group) or control group (Basic Programme group). While organizations of both groups implemented community-based programmes to families, Enhanced Programme group received the theory-based Participant Booklet, while Basic Programme group did not at this stage.	Quantitative: - Pre-intervention questionnaire (T1) - Immediate post-intervention questionnaire (T2) Quantitative and qualitative: Process evaluation: - Behavioural checklist - Resources input record sheet - Participants' attendance form - Programme rundown - Process evaluation onsite observation form
Booster session: 6-week follow-up (May - November 2012)	A booster session was conducted at 6 weeks after the core intervention session to review the messages delivered in the core session. All participants were invited to complete a follow-up questionnaire on their family relationship and the 3Hs before the commencement of the booster session. During the booster session, participants from intervention group shared their experience with using the theory-based Participant Booklet. The completed Booklets were collected after the booster session.	Quantitative: - 6-week follow-up questionnaire (T3) A HK$20 coupon was given to each participant as an incentive Quantitative and qualitative: Process evaluation: - Behavioural checklist - Resources input record sheet - Participants' attendance form - Programme rundown - Process evaluation onsite observation form - Booklet record form

Tea gathering: 3-month follow-up (June 2012 - January 2013)	A tea gathering was organized at 3 months after the core intervention session. The participating families were invited to complete a 3-month follow-up questionnaire to assess their family relationship and the 3Hs before the start of the tea gathering. The theory-based Participant Booklet was distributed to the families in Basic Programme group after they had completed the T4 assessment.	Quantitative: - 3-month follow-up questionnaire (T4) A HK$20 coupon was given to each participant that completed questionnaires at all 4 time points' questionnaires as an incentive Quantitative and qualitative: Process evaluation: - Resources input record sheet - Participants' attendance form - Programme rundown - Process evaluation onsite observation form
Focus groups of participants (July - November 2012)	179 participants from 24 organizations attended 24 focus groups after the completion of the core intervention and follow-up sessions. The focus groups aimed to understand participants' feelings and experiences throughout their participation in the project.	Qualitative: - A focus group interview guide was developed to collect qualitative data from the participating families
Focus groups of social workers (December 2012)	24 social workers were invited to attend 4 focus groups that aimed to understand their views and experiences in programme implementation and their perceived effectiveness of the project.	Qualitative: - A focus group interview guide was developed to collect qualitative data from the social workers
Positive Family Book (January 2013)	The Positive Family Book was developed to provide tips on enhancing family relationship and the 3Hs. The book was targeted at the general public.	Quantitative: - A 1-page evaluation questionnaire was included in the book for completion by readers
Positive Family Practice Manual (January 2013)	A specially designed Positive Family Practice Manual was developed for knowledge transfer. The manual was targeted at social service sector and community stakeholders.	Quantitative: - A brief questionnaire was attached to the manual to evaluate the effectiveness of the manual and to collect readers' comments
Practice wisdom forum (25 January 2013)	The practice wisdom forum was organized to share the experiences of implementing the project with the social service sector and members of the general public.	Quantitative: - An evaluation questionnaire was distributed to participants after the forum
In-depth interviews of community stakeholders (March - May 2013)	9 individual in-depth interviews with community stakeholders in the Sham Shui Po district were conducted.	Qualitative: - A semi-structured interview guide was developed to collect comments and suggestions on the programme implementation in the district and its potential impact on family policies

2.2 TARGET POPULATION

The project was family-based and aimed to recruit a total of 1,200 families (each with at least 2 eligible family members) in Sham Shui Po district.

2.2.1 Inclusion criteria

1. Launching ceremony, the community-based intervention programmes and the focus groups for participants:
   Individuals aged 6 years or above, able to communicate with social workers, and were
   a. residing in the Sham Shui Po district; or
   b. service users of participating organizations; or
   c. students in the Sham Shui Po district during the timeframe of the project.

   Participants aged between 6 and 8 years were individually assisted by social workers when completing questionnaires.

2. Train-the-trainers programme, the practice wisdom forum, and the focus groups for social workers:
   Social or programme workers who
   a. read Chinese;
   b. speak Cantonese;
   c. were working in the participating social service organizations or government agencies in the Sham Shui Po district during the timeframe of the project.

3. In-depth interviews of community stakeholders:
   Community stakeholders who
   a. read Chinese;
   b. speak Cantonese;
   c. were working in social service organizations (not limited to organizations who participated in the project) or government agencies in the Sham Shui Po district during the timeframe of the project.

2.2.2 Participant consent

Participation in the project was completely voluntary. Participants were required to complete a consent form before participating in the study components of the project, such as surveys and focus group interviews. Participants were provided with a contact telephone number for making queries about the project and were clearly informed that they had the right to withdraw from participation at any time point without any consequence. All personal information obtained throughout the project was kept confidential and was used for research purposes only.

2.3 CLUSTER RANDOMIZED CONTROLLED TRIAL DESIGN

As mentioned above, aside from the overall effectiveness of the community-based intervention programmes developed by organizations, the project adopted a cluster randomized controlled trial (cluster RCT) design to evaluate the effectiveness of a theory-based action planning Participant Booklet developed with reference to the Health Action Process Approach (HAPA) (Schwarzer, 2008).

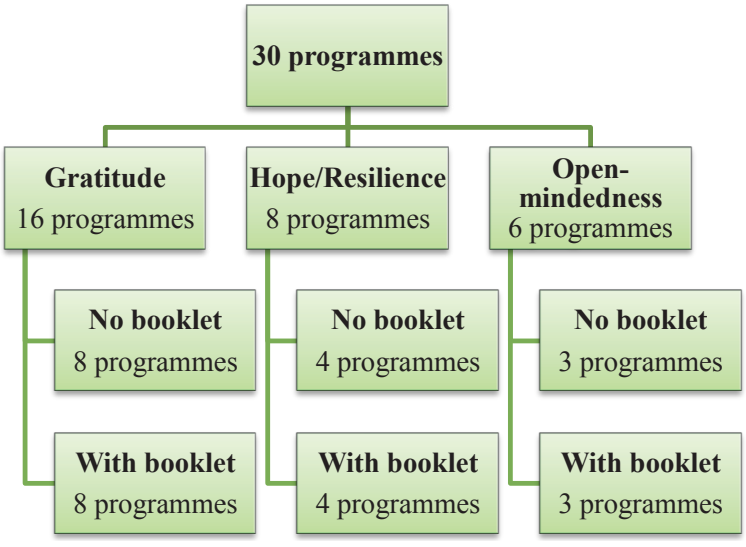
2.3.1 Sample size calculation of the clustered RCT

It was expected there were 1,200 families recruited by the 30 programmes took part in the cluster randomized controlled trial study (Table 4.1 lists the participating organizations). Using family happiness, health and harmony as the primary outcomes and with reference to our previous CBPR project entitled "Happy Family Kitchen I" that took place in the Yuen Long district, an effect size of approximately 0.18 was suggested. Furthermore, Killip et al. (2004) had suggested that an intra-cluster correlation (ICC) of between 0.01 and 0.02 in human studies was to be expected. Hence, to obtain 80% power assuming the lower estimated ICC (0.01), 711 individuals per arm was required (Hemming et al., 2011). Given that we had 15 programmes per arm, assuming a 50% attrition rate and estimating there was an average of 2.5 persons per family, each programme was required to recruit at least 95 individuals (38 families).

2.3.2 Randomization

Randomization took place at the programme level. Using the random number generation method by statistical software – SPSS 19.0, the 30 participating programmes were randomized into either intervention group (Enhanced Programme group, received Participant Booklets, 15 NGOs) or control group (Basic Programme group, no Participant Booklets, 15 NGOs) by programme themes (Figure 2.3). However, one programme withdrew from the study before intervention commencement.

Figure 2.3 Cluster randomized controlled trial by programme themes



Participating organizations were given information on group allocation during the train-the-trainers programme. Organizations assigned to Enhanced Programme group were invited to have an additional briefing session before the commencement of the community-based programmes where they learnt about the theory behind and the instructions for the booklet intervention.

2.4 DATA ANALYSIS

2.4.1 Quantitative analysis

Descriptive statistics (mean and standard deviation for continuous variables; frequency and percentage for categorical variables) were used to summarize the outcomes and demographic characteristics of participants. Pre-intervention participant characteristics were compared between intervention and control groups using t-tests, analysis of variance (ANOVA) or chi-squared tests, as appropriate. General linear mixed models were used to analyse differences in outcome changes between intervention and control groups. All analyses were carried out using statistical software – SPSS version 20.0.

2.4.2 Qualitative analysis

The focus group and in-depth interviews were tape-recorded and transcribed verbatim. Transcripts were analysed by thematic content analysis, following the guidelines recommended by Morse and Field (1995). Each transcript was analysed sentence by sentence and coded for the respondents' meanings. Initial open coding of the data used differing codes, which were subsequently organized into categories. Categories were then integrated into themes within and across groups. The transcripts were reviewed again to validate the thematic analysis and to ensure that all meaningful interview data had been analysed. Data comparisons within and between groups were also conducted. Field notes were continuously reviewed alongside the transcripts during the process.

2.4.3 Process evaluation analysis

Process evaluation data collected using various forms and checklists were analysed using a combination of quantitative and qualitative methods. Closed-ended questions were analysed using descriptive statistics (quantitative method) while open-ended questions were analysed by thematic content analysis (qualitative method).

CHAPTER 3

STAGE 1 – PROJECT CONCEPTION

3.1 LAUNCHING CEREMONY

3.1.1 Introduction and objectives

The launching ceremony for the project took place on 12 February 2012 at Maple Street Playground in Sham Shui Po district. This event revolved around the theme "Grasp the Happiness" and had the following objectives:

1. To publicize the Enhancing Family Well-being Project among community stakeholders and the public in Sham Shui Po;
2. To promote positive family relationship and the 3Hs to Sham Shui Po residents;
3. To connect families in Sham Shui Po with the FAMILY Project.

3.1.2 Guests of honour

Under Secretary for Home Affairs Ms. Florence Hui; Social Welfare Department Deputy Director (Services) Mrs. Anna Mak; The Hong Kong Jockey Club's Executive Director, Charities, Mr. Douglas So; Sham Shui Po District Council Chairman Mr. Jimmy Kwok; FAMILY Project Principal Investigator Prof. Lam Tai Hing and other district leaders were honourable guests to officiate at the launching ceremony.

3.1.3 Procedures of the launching ceremony

The launching ceremony commenced with a recitation of "The Declaration of Happiness" by the guests and participants. Throughout the event, various performances that promoted well-being were staged by local organizations. Different activities were also designed to maximize participant involvement in the ceremony and to emphasize the importance of positive family relationship and the 3Hs. An example of this was the "artistic group creation" activity that grouped hundreds of residents and families together to form the big word "ART" and subsequently "HEART" when joined by other guests on the playground. Over 500 people participated in and witnessed the group creation with a very impressive photo for such a big word from the top of a tall building. At the same time, many non-government organizations, local organizations, schools and government departments set up art-themed game booths that attracted approximately 1,000 participants. The investigators of the FAMILY Project set up a booth that encouraged family interaction by encouraging residents to take part in an activity that involved drawing on reusable shopping bags with their family members.

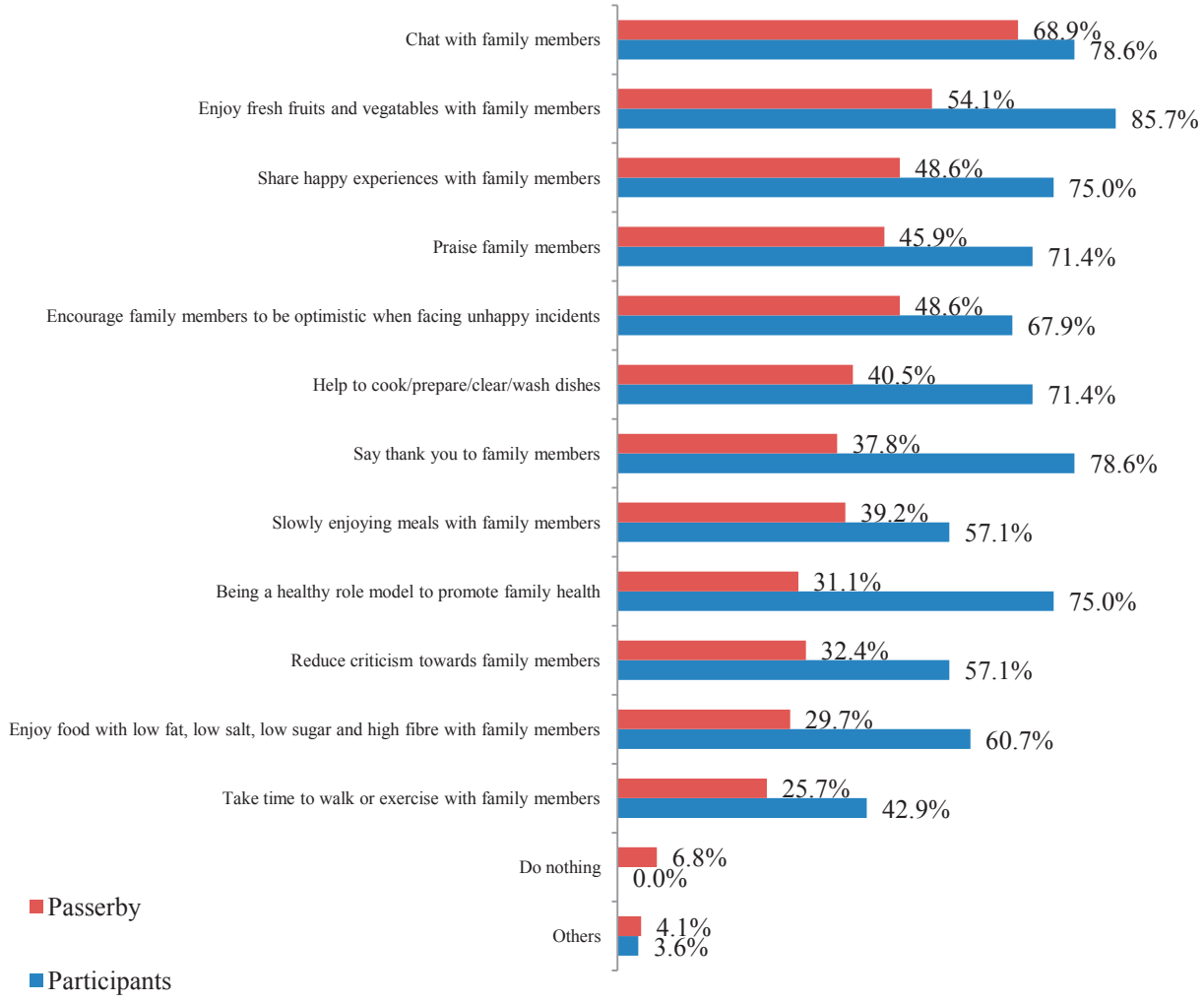
To evaluate participant satisfaction towards the launching ceremony and to investigate the 3Hs status among families in Sham Shui Po district, convenience sampling was used to recruit participants and passersby of the event who were invited to complete the standardized 1-page 3Hs Connect questionnaire.

3.1.4 Findings of 3Hs Connect questionnaire

A total of 391 individuals were approached and 102 returned valid questionnaires. 28 of them (27%) were from participants of the launching ceremony and 74 of them (73%) were from passersby. The participants were mostly female (92.8%), aged 25-64 years (78.6%), married (67.9%) and had received secondary education or below (78.5%). Similar findings were also found in passersby respondents, of whom 48.6% were female, 63.5% were aged 25-64 years, married (44.6%) and had received secondary education or below (52.7%).

Participants of the ceremony (n=28) spent more time on daily communication with family members (104 minutes/day) than passersby (n=74; 78 minutes/day). Participants were also asked to rate their family health, happiness and harmony on a scale from 1 (not at all healthy, happy and harmonious) to 10 (very healthy, happy and harmonious). Scores for health, happiness and harmony were higher among participants of the ceremony (8.4, 8.9 and 8.7, respectively) than passersby (7.0, 7.1 and 6.9, respectively). Additionally, more participants were engaged in all of the 12 behaviours to enhance their 3Hs than passersby (Figure 3.1).

Figure 3.1 Behaviours that respondents engaged in to enhance 3Hs (participants=74, passersby=28)



To evaluate the launching ceremony, participant's satisfaction with and perceived usefulness of the event was assessed. On average, participants were highly satisfied with the event content (with 10 being the highest score, average score=8.8 out of 10) and perceived the content to be useful for encouraging them to achieve the 3Hs (average score=8.5 out of 10) (n=28).

3.1.5 Discussion

The launching ceremony was an inaugural event that raised public awareness of the project which incorporated activities that promoted the importance of positive family relationship and the 3Hs. Information about the status of the 3Hs in Sham Shui Po district was collected and overall, the average self-rated scores for family health, happiness and harmony were quite high (at least 7 out of 10). Interestingly and as expected, participants of the ceremony scored better than passersby. It could be that participants of the ceremony were more health conscious and proactive and hence, more aware of and likely to participate in health promotion activities. This was supported by the longer average time that participants spent on family communication (104 minutes/day) compared with passersby (78 minutes/day). Due to the convenience sampling method used, we could rule out the possible effect of volunteer bias. Still, these preliminary results reflected the existing 3Hs status of families in Sham Shui Po district and suggested the need to specifically extend the outreach of programmes to those who are less active to join local activities and families with poorer 3Hs residing in the same district.

A high percentage of respondents engaged in conversations and enjoyed fruits/vegetables with family members to enhance their 3Hs, yet only 42.9% (participants) and 25.7% (passersby) engaged in walking/exercise with family members to achieve the same aim. Of concern was the finding that 6.8% (passersby) made no special effort to enhance their 3Hs. In light of the many benefits from physical activity (Hallal and Lee, 2013; Janssen and LeBlanc, 2010), future interventions to promote physical activity as a channel to improve the 3Hs are warranted. Additionally, special effort should be targeted at those who did not take any action to enhance the 3Hs.

3.1.6 Conclusions

The launching ceremony attracted a large number of participants. As a channel to publicize the project in Sham Shui Po district, the launching ceremony served as a valuable connector between families and the FAMILY Project. Encouragingly, participants were satisfied with the programme content and generally perceived the content to be useful for promoting the importance of the 3Hs. Obtaining preliminary data on the 3Hs status in Sham Shui Po district would be useful for the identification of gaps for improvement which in turn, will be useful for designing future interventions.

Some key findings included:

- Participants generally perceived their family as being happy, healthy and harmonious;
- Participants spent an average about of 104 minutes per day on communicating with family members;
- The most frequently reported behaviour for enhancing the 3Hs was “chat with family members”, the least frequently reported was “take time to talk or do exercise with family members”, while 6.8% passerby respondents reported not doing anything to enhance the 3Hs.

3.2 TRAIN-THE-TRAINERS PROGRAMME FOR SOCIAL WORKERS

3.2.1 Introduction and objectives

The Sham Shui Po District Social Welfare Office of Social Welfare Department in collaboration with HKU organized a 1-day train-the-trainers programme. This train-the-trainers programme was developed by the working committee of the Enhancing Family Well-being Project for the social workers of the participating organizations. The programme aimed to familiarize social workers with the project, enhance their understanding of the underlying rationale and equip them with relevant knowledge and skills to facilitate translation of the project aims into effective community-based programmes.

Specific objectives of the programme included:

1. To equip social workers with knowledge of CBPR and positive psychology (expressed through the 3 main themes: Gratitude, Hope/Resilience and Open-mindedness);

2. To equip social workers with skills in designing community-based programmes for families using a positive psychology framework;

3. To convey the importance of process evaluation, to familiarize participants with applying the Logic Model during programme evaluation and to introduce methods of evidence-generating assessment;

4. To evaluate the effectiveness of the train-the-trainers programme.

3.2.2 Procedures of the train-the-trainers programme

The train-the-trainers programme took place at The University of Hong Kong on 21 February 2012 and included 94 participants. The programme was divided into a morning and an afternoon session. The talks delivered focused on the key concepts and characteristics of the FAMILY Project, the application of the Logic Model, the importance of process evaluation and methods of evidence-generating assessment. Notably, a talk was delivered by a clinical psychologist focusing on the application of positive psychology to enhance family relationship.

In addition to passive participation that involved listening to the above mentioned talks, participants were also encouraged to actively participate through interactive group discussion sessions. These sessions allowed participants to share their experiences of and ideas on running family-based programmes. Participants were also encouraged to provide comments on the project.

A booster session of the train-the-trainers programme took place on 8 June 2012 at the YMCA of Hong Kong Beacon Centre Lifelong Learning Institute. A total of 52 individuals representing 25 service units participated in the session. The session provided a good platform for participants to share their thoughts and feelings about, and the knowledge acquired from the training programme as well as their personal experience with fellow participants. Specifically, representatives from 3 service units were invited to share their experience about the difficulties encountered in participant recruitment and with general administrative work. Additionally, preliminary process evaluation findings that were based on data collected from the then ongoing community intervention programmes were presented.

In order to evaluate the effectiveness of the train-the-trainers programme, participants were requested to complete a questionnaire at 4 separate time points including:

1. Pre-training questionnaire (completed before the train-the-trainers programme held on 21 February 2012) (T1)

2. Immediate post-training questionnaire (completed immediately after the train-the-trainers programme on 21 February 2012) (T2)

3. Follow-up questionnaire 6 months after the train-the-trainers programme (T3)

4. Follow-up questionnaire 12 months after the train-the-trainers programme (T4)

The questionnaires aimed to detect improvements in knowledge, skills and self-reported competence, changes in intention, behaviours and attitude as well as willingness and actions taken to implement the knowledge acquired from the train-the-trainers programme. The T2, T3 and T4 questionnaires were similar to the T1 questionnaire but additionally focused on training sustainability and long-term behavioural changes.

3.2.3 Results

A total of 90 participants of the train-the-trainers programme completed the pre-training questionnaire (T1) and 88 also completed the immediate post-training questionnaire (T2) (retention rate=97.8%) (Table 3.1). At 6 and 12 months after the train-the-trainers programme, T3 and T4 follow-up questionnaires were distributed respectively and collected over a period of 1 month with an overall response rate of 70% and 63.3%, respectively. Loss to follow-up was largely due to staff relocation within the participating organizations, resignation from the organizations or refusal to further participate in the project.

Table 3.1 Response rate of train-the-trainers programme questionnaires

Themes	Pre-training	Immediate post-training	6-month follow-up	12-month follow-up
Gratitude	52	51 (98.1%)	41 (78.8%)	39 (75%)
Hope/Resilience	23	23 (100%)	13 (56.5%)	10 (43.5%)
Open-mindedness	13	12 (92.3%)	7 (53.8%)	7 (53.8%)
Not applicable	2	2 (100%)	2 (100%)	1 (50%)
Total	90	88 (97.8%)	63 (70%)	57 (63.3%)

3.2.3.1 Socio-demographic characteristics of participating social workers

A majority of participating social workers were aged 25 to 44 years (70%) and were female (80%) (Table 3.2). Most were registered social workers (77.8%), had obtained at least a tertiary degree (65.6%) and had targeted their services at families (63.3%). Among the social workers, the self-rated score for prior experience of positive psychology training and research method training was 4.63 and 3.79 out of 10 (0: none and 10: enough), respectively.

Table 3.2 Socio-demographic characteristics of the train-the-trainers programme participants (n=90)

Characteristics		Prevalence n (%)
Gender	Male	18 (20)
	Female	72 (80)
Mean age (years ± SD)		34.76±9.45
Age group (years)	18-24	12 (13.3)
	25-34	39 (43.3)
	35-44	24 (26.7)
	45-54	13 (14.4)
	55-59	1 (1.1)
	60-64	1 (1.1)
Education level	Secondary 4-5	1 (1.1)
	Secondary 6-7	2 (2.2)
	Non-degree tertiary	28 (31.1)
	Degree tertiary or above	59 (65.6)
Registered social worker	Yes	70 (77.8)
	No	20 (22.2)
Experience in social service (years ± SD)		10.51±7.71
Experience in current organization (years ± SD)		8.01±7.61
Service target (categories are not mutually exclusive)	Family	57 (63.3)
	Children	35 (38.9)
	Teenagers	30 (33.3)
	Elderly	16 (17.8)
	Mental handicapped	8 (8.9)
	Disabled	14 (15.6)
	Mental rehabilitated	4 (4.4)
	New immigrants	15 (16.7)
	Ethnic minority	9 (10)
	Others	6 (6.7)
Prior experience (rating 0-10; mean ± SD)	Positive psychology training	4.63±2.50
	Research method training	3.79±2.48

3.2.3.2 Knowledge and attitude changes after train-the-trainers programme

Social workers' knowledge change was assessed using results from the pre- and immediate post-training questionnaires (T1 and T2), for which they responded to statements on a 6-point Likert scale (strongly disagree, disagree, slightly disagree, slightly agree, agree and strongly agree) that corresponded to a score ranging from 1 (strongly disagree) to 6 (strongly agree) from which a mean score for each item was derived. Social workers were subsequently invited to complete follow-up questionnaires 6 and 12 months after they joined the train-the-trainers programme on 21 February 2012. An online version and mailed hardcopies of the questionnaires were made available to participants to maximize response rates. Potential respondents received email and when necessary, telephone reminders to complete the questionnaire.

3.2.3.3 Application of positive psychology

The social workers' general attitude towards positive psychology and its application to programme design improved significantly immediately after training with moderate to large effect size, although the improvement did not extend to 12-month follow-up for most items (all $p<0.05$). Of note, the perception that social workers had towards their ability to apply positive psychology in programme design significantly improved immediately (ES=1.09, $p<0.001$), and at 6-month (ES=0.57, $p<0.001$) and 12-month (ES=0.4, $p<0.001$) follow-ups after training with moderate to large effect size (Table 3.3). Concurrently, the mean score for the item capturing their intention to apply positive psychology to programme design in future projects was 4.71 and 4.75 out of 6 at the 6- and 12-month follow-ups, respectively. As shown in Table 3.8, at 12-month follow-up, up to 72.0% of trained social workers intended or strongly intended to apply positive psychology when designing programmes in the future.

Table 3.3 Change in social workers' knowledge of and attitude towards the application of positive psychology

	Pre-training	Immediate post-training	6-month follow-up	12-month follow-up	Pre→post	Pre→6M	Pre→12M
	Mean score (SD) (score range: 1-6)				ES[a]/p-value[b]		
I know how to apply positive psychology in programme design.	4.04 (0.90)	4.97 (0.56)	4.63 (0.73)	4.60 (0.78)	1.09/<0.001	0.57/<0.001	0.4/<0.001
Positive psychology can provide direction of programme design.	4.54 (0.67)	4.97 (0.49)	4.75 (0.67)	4.70 (0.78)	0.62/<0.001	0.29/0.03	0.12/0.36
It is worthy to apply positive psychology.	4.80 (0.71)	5.19 (0.56)	4.89 (0.67)	4.77 (0.81)	0.56/<0.001	0.16/0.22	-0.04/0.77
Positive psychology is an ideal way to promote FAMILY Health, Happiness and Harmony.	4.89 (0.71)	5.07 (0.54)	4.84 (0.83)	4.68 (0.89)	0.24/0.03	-0.02/0.90	-0.22/0.11
Positive psychology is an ideal way to promote family relationship.	4.82 (0.71)	5.11 (0.65)	4.78 (0.77)	4.72 (0.92)	0.37/<0.001	-0.03/0.78	-0.14/0.30
I am competent to apply positive psychology in programme design.	4.41 (0.82)	5.00 (0.63)	4.68 (0.74)	4.65 (0.86)	0.86/<0.001	0.27/0.04	0.24/0.07

[a] ES=effect size (Cohen's d): small=0.10, medium=0.50 and large=0.80

[b] p-value for the difference between pre-training, immediate post-training, 6-and 12-month follow-up assessments

3.2.3.4 Logic Model

There was a significant improvement in social workers' attitude towards the application of the Logic Model immediately after training with large effect size (all p<0.001). Although social workers generally maintained this positive attitude at 12-month follow-up, their perception of the worthiness to apply the Logic Model in programmes did not significantly differ from pre-training value at 6-month (p=0.08) and 12-month (p=0.12) follow-ups. Still, their perception towards their ability to apply the Logic Model in programme planning significantly improved immediately (ES=1.26, p<0.001), and at 6 months (ES=0.59, p<0.001) and 12 months (ES=0.60, p<0.001) after training with moderate to large effect size (Table 3.4). The mean score for the item capturing social workers' intention to apply the Logic Model to programme planning in future projects was 4.17 and 4.00 out of 6 at the 6- and 12-month follow-ups respectively. As shown in Table 3.8, at 12-month follow-up, 37.5% of trained social workers intended or strongly intended to apply the Logic Model during programme planning in the future.

3.2.3.5 Evaluation

Also, there were significant improvements of social workers' understanding of process evaluation (ES=1.12, p<0.001) and its execution (ES=1.35, p<0.001) immediately after training when compared to pre-training levels. These improvements extended to 6- and 12-month follow-ups (all p<0.001) (Table 3.5). The mean score for the item capturing their intention to conduct process evaluation in future projects was 4.14 out of 6 at both 6- and 12-month follow-ups. Table 3.8 shows that at 12-month follow-up, 38.6% of trained social workers intended or strongly intended to conduct process evaluation in future projects.

3.2.3.6 Randomized controlled trial

Table 3.6 shows significant improvements of social workers' understanding of randomized controlled trials (ES=0.98, p<0.001) and its execution (ES=1.13, p<0.001) immediately after training when compared to pre-training levels. These improvements extended to 6- and 12-month follow-ups (all p<0.001).

Table 3.4 Changes in social workers' knowledge of and attitude towards the application of Logic Model

	Pre-training	Immediate post-training	6-month follow-up	12-month follow-up	Pre→post	Pre→6M	Pre→12M
	Mean score (SD) (score range: 1-6)				ES[a]/p-value[b]		
I know how to apply Logic Model in programme planning.	3.65 (1.02)	4.88 (0.58)	4.33 (0.86)	4.26 (0.79)	1.26/<0.001	0.59/<0.001	0.60/<0.001
Logic Model can provide direction to programme planning.	4.04 (0.85)	4.90 (0.68)	4.37 (0.89)	4.21 (0.90)	0.93/<0.001	0.32/<0.02	0.29/0.03
It is worthy of applying Logic Model in programmes.	4.12 (0.90)	4.86 (0.70)	4.35 (0.90)	4.23 (0.95)	0.85/<0.001	0.23/0.08	0.21/0.12
Applying Logic Model is an ideal way in programme planning.	3.97 (0.86)	4.72 (0.77)	4.17 (0.91)	4.14 (0.91)	0.90/<0.001	0.25/0.06	0.32/0.02
I am competent to apply Logic Model in programme planning.	3.82 (0.98)	4.83 (0.73)	4.19 (0.91)	4.11 (0.92)	1.04/<0.001	0.41/<0.01	0.31/0.03

[a] ES=effect size (Cohen's d): small=0.10, medium=0.50 and large=0.80

[b] p-value for the difference between pre-training, immediate post-training, 6-and 12-month follow-up assessments

Table 3.5 Changes in social workers' knowledge of and attitude towards the execution of process evaluation

	Pre-training	Immediate post-training	6-month follow-up	12-month follow-up	Pre→post	Pre→6M	Pre→12M
	Mean score (SD) (score range: 1-6)				ES[a]/p-value[b]		
I know about process evaluation.	3.84 (0.87)	4.81 (0.56)	4.54 (0.69)	4.46 (0.57)	1.12/<0.001	0.65/<0.001	0.57/<0.001
I understand the execution details of process evaluation.	3.64 (0.92)	4.73 (0.67)	4.51 (0.69)	4.43 (0.71)	1.35/<0.001	0.83/<0.001	0.62/<0.001
Process evaluation can provide scientific evidence on the effectiveness of this project.	4.28 (0.76)	4.81 (0.68)	4.44 (0.86)	4.39 (0.82)	0.60/<0.001	0.18/0.15	0.21/0.12
I plan to (continue) conduct process evaluation in detail.	4.46 (0.74)	4.83 (0.66)	4.17 (0.75)	N/A	0.49/<0.001	-0.25/0.06	N/A
I am confident to conduct process evaluation in detail.	4.21 (0.84)	4.66 (0.68)	4.38 (0.73)	4.36 (0.67)	0.53/<0.001	0.11/0.39	0.10/0.44
I have conducted process evaluation before.	3.58 (1.24)	4.38 (0.96)	4.46 (0.80)	4.28 (0.86)	0.69/<0.001	0.64/<0.001	0.44/0.001

[a] ES=effect size (Cohen's d): small=0.10, medium=0.50 and large=0.80

[b] p-value for the difference between pre-training, immediate post-training, 6-and 12-month follow-up assessments

Table 3.6 Changes in social workers' knowledge of and attitude towards randomized controlled trial

	Pre-training	Immediate post-training	6-month follow-up	12-month follow-up	Pre→post	Pre→6M	Pre→12M
	Mean score (SD) (score range: 1-6)				ES[a]/p-value[b]		
I know about randomized controlled trial.	3.42 (1.18)	4.50 (0.66)	3.97 (0.93)	4.04 (0.96)	0.98/<0.001	0.47/<0.001	0.59/<0.001
Using randomized controlled trial to evaluate the effectiveness of booklet is scientific and reliable.	3.69 (1.03)	4.58 (0.71)	3.95 (0.94)	3.96 (0.82)	0.87/<0.001	0.25/0.05	0.42/<0.01
I know how to apply randomized controlled trial to evaluate the effectiveness of the booklet.	3.34 (1.08)	4.51 (0.74)	3.84 (0.99)	3.88 (0.93)	1.13/<0.001	0.42/<0.001	0.48/<0.001

[a] ES=effect size (Cohen's d): small=0.10, medium=0.50 and large=0.80

[b] p-value for the difference between pre-training, immediate post-training, 6-and 12-month follow-up assessments

3.2.3.7 Practice of the training content

Table 3.7 shows that in general, compared to pre-training, social workers showed an increased willingness to apply positive psychology (ES=0.45, $p<0.001$) and Logic Model (ES=0.39, $p<0.001$) to programme planning and design 6 months after the training. They were also more willing to apply positive psychology for improving family relationship and the 3Hs at 6-month follow-up compared to pre-training (all $p<0.05$ with moderate effect size).

The frequency at which social workers encouraged programme participants to demonstrate theme-specific (Gratitude, Hope/Resilience and Open-mindedness) actions to enhance family relationship at 6- and 12-month follow-ups did not differ significantly from pre-training (Table 3.7).

3.2.3.8 Overall evaluation of the train-the-trainers programme

The participating social workers were invited to evaluate the train-the-trainers programme immediately after training. Overall, 87.5% of participating social workers rated the training programme as good or very good (Table 3.9). Also, a majority rated the training quality (90.9%), arrangement of training (80.7%) and the use of visual/audio training materials (75.0%) as good or very good.

Table 3.7 Social workers' practice of the training content

	Pre-training	Immediate post-training	6-month follow-up	12-month follow-up	Pre→post	Pre→6M	Pre→12M
	Mean score (SD) (score range: 1-5)				ES[b]/p-value[c]		
Items that assess the application of training content[a]							
Apply positive psychology in the programme design.	3.37 (1.07)	N/A	3.89 (0.86)	3.56 (1.12)	N/A	0.45/<0.001	0.10/0.43
Apply Logic Model in programme planning in the Enhancing Family Well-being Project.	2.84 (1.18)	N/A	3.41 (0.93)	3.07 (1.12)	N/A	0.39/<0.001	0.21/0.12
Conduct process evaluation in detail in the Enhancing Family Well-being Project.	3.33 (1.13)	N/A	3.63 (0.89)	3.25 (1.07)	N/A	0.23/0.08	-0.12/0.37
Apply positive psychology to improve family relationship.	3.16 (1.12)	N/A	3.62 (0.89)	3.21 (1.08)	N/A	0.35/0.01	0.04/0.76
Apply positive psychology to improve family health.	3.07 (1.14)	N/A	3.65 (0.94)	3.09 (1.06)	N/A	0.45/<0.001	0.00/1.00
Apply positive psychology to improve family happiness.	3.18 (1.14)	N/A	3.65 (0.86)	3.23 (1.07)	N/A	0.36/<0.001	0.01/0.91
Apply positive psychology to improve family harmony.	3.14 (1.13)	N/A	3.62 (0.89)	3.23 (1.10)	N/A	0.38/<0.001	0.08/0.57
In the past 6 months, how often did you encourage your service targets to do the following:							
Gratitude							
Express your gratitude to family members using language.	3.75 (1.05)	N/A	3.77 (1.01)	3.49 (1.19)	N/A	0.04/0.80	-0.21/0.20
Express your gratitude to family members using action.	3.69 (1.06)	N/A	3.72 (1.07)	3.50 (1.16)	N/A	0.10/0.55	-0.13/0.44
Express your love and care to family members using language.	3.88 (1.06)	N/A	3.77 (0.99)	3.47 (1.13)	N/A	-0.04/0.80	-0.36/0.03
Share good experience and stories around you with your family members.	3.79 (1.16)	N/A	3.69 (1.08)	3.38 (1.11)	N/A	0.00/1.00	-0.31/0.06
Hope/Resilience							
Share your/other people's successful experience of getting through difficulties with family members.	3.57 (0.95)	N/A	3.50 (0.80)	3.22 (0.83)	N/A	-0.07/0.81	-0.20/0.56
Encourage and provide support to family members using action.	3.74 (1.01)	N/A	3.75 (0.87)	3.22 (0.67)	N/A	0.13/0.66	-0.76/0.05
Discuss and solve out family problems together with family members.	3.30 (1.06)	N/A	3.50 (0.90)	3.00 (0.87)	N/A	0.36/0.24	-0.27/0.44
Set positive family goal with family members.	3.00 (1.17)	N/A	3.08 (0.79)	2.78 (0.67)	N/A	0.15/0.61	-0.16/0.65
Open-mindedness							
Listen attentively to your family members.	3.82 (1.17)	N/A	3.86 (0.69)	3.57 (1.13)	N/A	0.38/0.36	-0.17/0.67
Share ups and downs in your daily life with your family members.	3.55 (1.04)	N/A	3.71 (0.76)	3.43 (0.98)	N/A	0.38/0.36	-0.12/0.77
Listen widely to the opinions of your family members before making a decision.	3.45 (1.21)	N/A	3.86 (0.69)	3.29 (0.95)	N/A	0.80/0.08	0.13/0.74
Look for the best solution to family contradiction or conflicts with family members together.	3.36 (1.21)	N/A	3.86 (0.69)	3.43 (0.98)	N/A	0.71/0.11	0.26/0.52

[a] Responses ranged from 1 to 5: 1 = Never; 2 = Rarely; 3 = Often; 4 = Sometimes; 5 = Always

[b] ES=effect size (Cohen's d): small=0.10, medium=0.50 and large=0.80

[c] p-value for the difference between pre-training, immediate post-training, 6-and 12-month follow-up assessments

Table 3.8 Intention (assessed 12 months post-training) to apply acquired knowledge to future programmes (n=57)

	Strongly disagree	Disagree	Slightly disagree	Slightly agree	Agree	Strongly agree
I plan to apply positive psychology in programme designs in projects other than Enhancing Family Well-being Project (EFWBP)	0 (0.0%)	1 (1.8%)	1 (1.8%)	14 (24.6%)	36 (63.2%)	5 (8.8%)
I plan to apply Logic Model to plan programmes in projects other than EFWBP	0 (0.0%)	5 (8.9%)	12 (21.4%)	18 (32.1%)	20 (35.7%)	1 (1.8%)
I plan to conduct process evaluation in future projects other than EFWBP	0 (0.0%)	2 (3.5%)	11 (19.3%)	22 (38.6%)	21 (36.8%)	1 (1.8%)

Table 3.9 Overall evaluation of the train-the-trainers programme (n=88)

	Very dissatisfied	Can be improved	Fair	Good	Very good
Arrangement of the training	0 (0%)	1 (1.1%)	16 (18.2%)	61 (69.3%)	10 (11.4%)
Diversification	0 (0%)	2 (2.3%)	36 (40.9%)	44 (50.0%)	6 (6.8%)
Visual and audio training materials	0 (0%)	0 (0%)	22 (25.0%)	52 (59.1%)	14 (15.9%)
Opportunity for discussion	0 (0%)	3 (3.4%)	36 (40.9%)	44 (50.0%)	5 (5.7%)
Number of sessions	0 (0%)	2 (2.3%)	22 (25.0%)	56 (63.6%)	8 (9.1%)
Time management	0 (0%)	1 (1.1%)	17 (19.3%)	65 (73.9%)	5 (5.7%)
Venue arrangement	0 (0%)	7 (8.0%)	15 (17.0%)	54 (61.4%)	12 (13.6%)
Overall training quality	0 (0%)	1 (1.1%)	7 (8.0%)	68 (77.3%)	12 (13.6%)
Overall practicability	0 (0%)	1 (1.1%)	10 (11.4%)	64 (72.7%)	13 (14.8%)
Overall degree of satisfaction	0 (0%)	1 (1.1%)	10 (11.4%)	68 (77.3%)	9 (10.2%)

3.2.4 Discussion

The train-the-trainers programme was very effective in improving participating social workers' knowledge of and attitude towards core programme concepts including positive psychology, the Logic Model, process evaluation and randomized controlled trials. The improvement was particularly great immediately after the train-the-trainers programme. For assessing the sustainability of training outcomes, the follow-up period was extended beyond 6 months up to 12 months. The results showed that the social workers were still likely to put acquired knowledge into practice at 6-month follow-up, but this effect generally did not last until 12-month follow-up. The lack of significant improvement in training outcomes at follow-up surveys could either reflect the lack of sustainability of training outcomes or as likely, the ceiling effect caused by the already high pre-training scores. The findings suggested that there is a need for more in-between booster sessions to reiterate the training contents to maximize the persistence of positive training outcomes especially in day to day practice. The barriers of putting the learning into practices also need to be examined and tackled.

The train-the-trainers programme aimed to equip social workers with knowledge and skills in programme design that could not only be applied to the project, but perhaps also to future community-based projects. Encouragingly, at 12-month follow-up, the majority of social workers who participated in the training programme still intended or strongly intended to apply positive psychology in programme design in future projects. However, only 37.5% and 38.6% intended or strongly intended to incorporate the Logic Model and process evaluation into future programmes. Different reasons could have accounted for the lower percentages observed, such as perceived complexities associated with application of the Logic Model and process evaluation. For example, although social workers believed the Logic Model to be an ideal way for programme planning, they generally did not find it easy or worthy for application. Hence, although this training programme successfully improved the knowledge and skills of the participants, further work might need to be done to help participants understand how to apply them to other projects.

In general, a high degree of satisfaction with the train-the-trainers programme was noted among participants. This could be at least partly attributable to the incorporation of different strategies (including talks, interactive group discussions, experience sharing) that were used to maximize the involvement of participants in different parts of the training programme.

3.2.5 Conclusions

The train-the-trainers programme was useful for enhancing social workers' competence in designing and implementing CBPR programmes for the project. Overall, the programme:

- Enhanced social workers' knowledge of positive psychology, the Logic Model, process evaluation and randomized controlled trials;
- Enhanced social workers' competence in applying related skills to programme design and implementation;
- Enhanced social workers' willingness to consider positive psychology in programme design;
- Was rated as being highly satisfactory among participants.

In addition to the effort put in by programme instructors, the positive results of the train-the-trainers programme reflected the success of the strong academic-social service sector partnership between Sham Shui Po District Social Welfare Office of Social Welfare Department, other collaborators and The University of Hong Kong in the CBPR project. These findings support the use of similar training programmes to maximize the effectiveness of future community-based projects.

CHAPTER 4

STAGE 2 – PROJECT IMPLEMENTATION

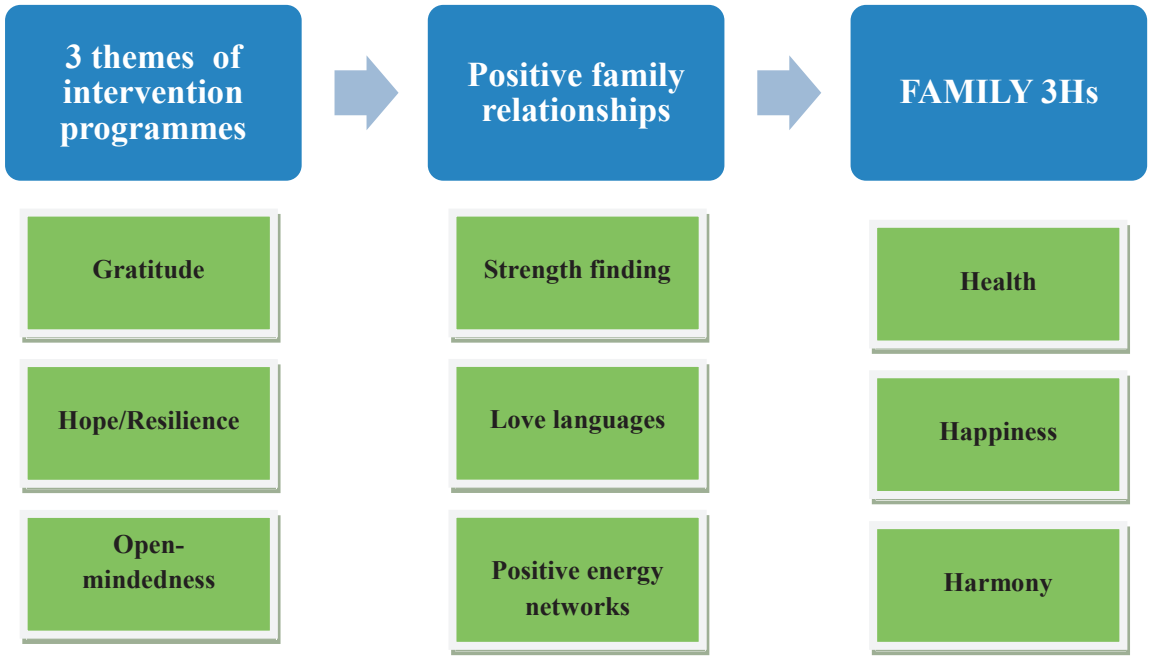
The CBPR approach adopted in the project required participating community partners to design and implement separate community-based family intervention programmes in accordance to their chosen theme and specific service targets but under the same conceptual framework and objectives.

4.1 PROGRAMME PLANNING

4.1.1 Conceptual framework of community-based family intervention programmes

Social workers from the 39 participating organizations and schools designed community-based family intervention programmes based on 3 main themes arising from concepts in positive psychology: 1) Gratitude; 2) Hope/Resilience; and 3) Open-mindedness. The aim of each programme was to promote positive family relationship and ultimately, FAMILY Health, Happiness and Harmony (3Hs) (Figure 4.1).

Figure 4.1 Conceptual framework of community-based family intervention programmes in the Enhancing Family Well-being Project



4.1.2 Community-based family intervention programmes

In total, 30 community-based family intervention programmes targeting residents in Sham Shui Po district were designed and implemented by 39 non-government organizations and schools involving 48 units.

During programme design, social workers were advised to integrate concepts that had been conveyed during the train-the-trainers programme (please refer to Chapter 3 for details). To maximize the quality and consistency of proposed programmes, the following requirements for each programme were set:

- Each programme was to consist of 3 sessions:
  - A core intervention session (with minimum intervention time: 2 hours);
  - A booster session (with minimum intervention time: 1 hour) that would take place 6 weeks after the core intervention session where participants were encouraged to discuss programme content from the core intervention session as well as share their experience with practicing the suggested behaviours;
  - A tea gathering (no intervention) would take place 3 months after the core intervention session where further programme evaluation was also to be conducted.

- Programmes were to be delivered by trained practitioners.

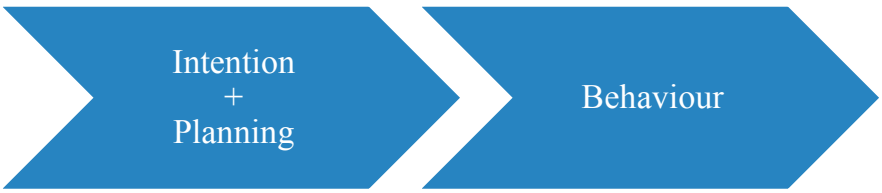
Since this project adopted a public health approach, the number and duration of intervention sessions were designed to be less intensive than conventional preventive programmes organized by social service units. Low cost and reasonable effectiveness were also deemed to be important elements of the programmes.

Each participating organization submitted individual programme proposals to the project steering committee for vetting before programme implementation.

4.1.3 Theory-based Participant Booklet

A theory-based action planning booklet was designed for each of the 3 programme themes. The Participant Booklet included theme-specific advices and planning activities that participants were encouraged to complete. These activities aimed to enhance participants' intention and ultimately increase behaviours that would contribute to the development of positive family relationship. Developed in accordance with the Health Action Process Approach (HAPA) (Schwarzer, 2008) (Figure 4.2), the advices and tasks in the Booklet were designed to enhance behaviour intention and behaviour planning which subsequently, should result in behaviour changes. This was supported by the successful application of the HAPA model elsewhere in altering health behaviours including physical exercise, breast self-examination, seat belt use, dietary behaviours and dental flossing (Schwarzer, 2008).

Figure 4.2 Health Action Process Approach model



4.1.4 Cluster randomized controlled trial

The effectiveness of the Participant Booklet was evaluated by using a cluster randomized controlled trial. Participants from the Enhanced Programme received the Booklet at the end of the core intervention session in the form of a homework assignment (participants were introduced to the methods of use). They were encouraged to complete the suggested tasks in the Booklet during the 6-week period between the core intervention and the booster sessions. The participants were invited to bring the "completed" Booklet to the booster session where further related discussions took place. The organizations in the intervention group (Enhanced Programme group) were asked to collect the Booklets from participants and fill out the booklet record form after the booster session.

The participants from the Basic Programme participated in the core intervention, booster and tea gathering sessions without the Booklet. These participants received the Booklet after the 3-month follow-up (T4, at the tea gathering session) and were briefed about its use.

4.1.5 Programme resources and subsidy

The project had funding from The Hong Kong Jockey Club Charities Trust. Each intervention programme was given a maximum budget of HK$12,000 as programme subsidy and an extra HK$2,500 as volunteer subsidy.

4.2 PROGRAMME IMPLEMENTATION

4.2.1 Participant recruitment

The project aimed to recruit a total of 1,200 families in Sham Shui Po district. Each of the 30 community-based intervention programmes thus targeted recruitment of 40 families, each with at least 2 eligible family members aged 6 or above to participate. Strategies used in the recruitment process included phone contacts, introduction from friends, advertisements in schools, distribution of leaflets, street promotion and recruitment from various other activities.

Although a total of 30 intervention programme proposals were received and approved by the steering committee (as illustrated in Table 4.1), one programme experienced difficulties with participant recruitment and dropped out of the project before programme commencement. Hence, this project involved a total of 29 programmes.

Table 4.1 Community-based family intervention programmes by themes (n=30)

Themes	Organizations	Programme names
Gratitude	The Neighbourhood Advice-Action Council Sham Shui Po District Elderly Community Centre The Neighbourhood Advice-Action Council Pak Tin Social Centre for the Elderly	「家」「深」幸福傳親恩
	Pok Oi Hospital Mr. Kwok Hing Kwan Neighbourhood Elderly Centre	恩賞生活日營
	Hong Kong Young Women's Christian Association Sham Shui Po Integrated Social Service Centre	感恩之旅
	The Neighbourhood Advice-Action Council Sham Shui Po Family Support Networking Team	一屋寶貝
	Hong Kong Family Welfare Society West Kowloon Centre, Sham Shui Po (West) Integrated Family Service Centre Sheng Kung Hui Kei Fook Primary School	栽種感恩迎幸福
	New Home Association Kowloon West Service Centre	樂愛新家園
	Tsung Tsin Mission Of Hong Kong Full Grace Service Centre	感恩 • 凝聚 • 一家親
	Tung Wah Group of Hospitals Ling Sui Ying Centre	家「深」幸福每一天
	Silence Limited[a] Culture Seeds[a]	幸福家庭溝通有妙法
	Kowloon Women's Organisations Federation Wai Yin Association Women Integrated Service Centre	深心相印
	Baptist Oi Kwan Social Service Five Districts Business Welfare Association School	愛多謝家庭
	Chinese Young Men's Christian Association of Hong Kong Shek Kip Mei Centre	傳深恩 • 愛家庭
	The Boys' & Girls' Clubs Association of Hong Kong	「感恩」風箏齊飛翔
	Hong Kong PHAB Association Kowloon West PHAB Centre	愛生活 • 存感恩
	The Parents' Association of Pre-School Handicapped Children (Kowloon West) Yang Memorial Methodist Social Service Kingdom A	「家」「恩」有你
	The Hong Kong Society for Rehabilitation Community Rehabilitation Network	鶼鰈情深

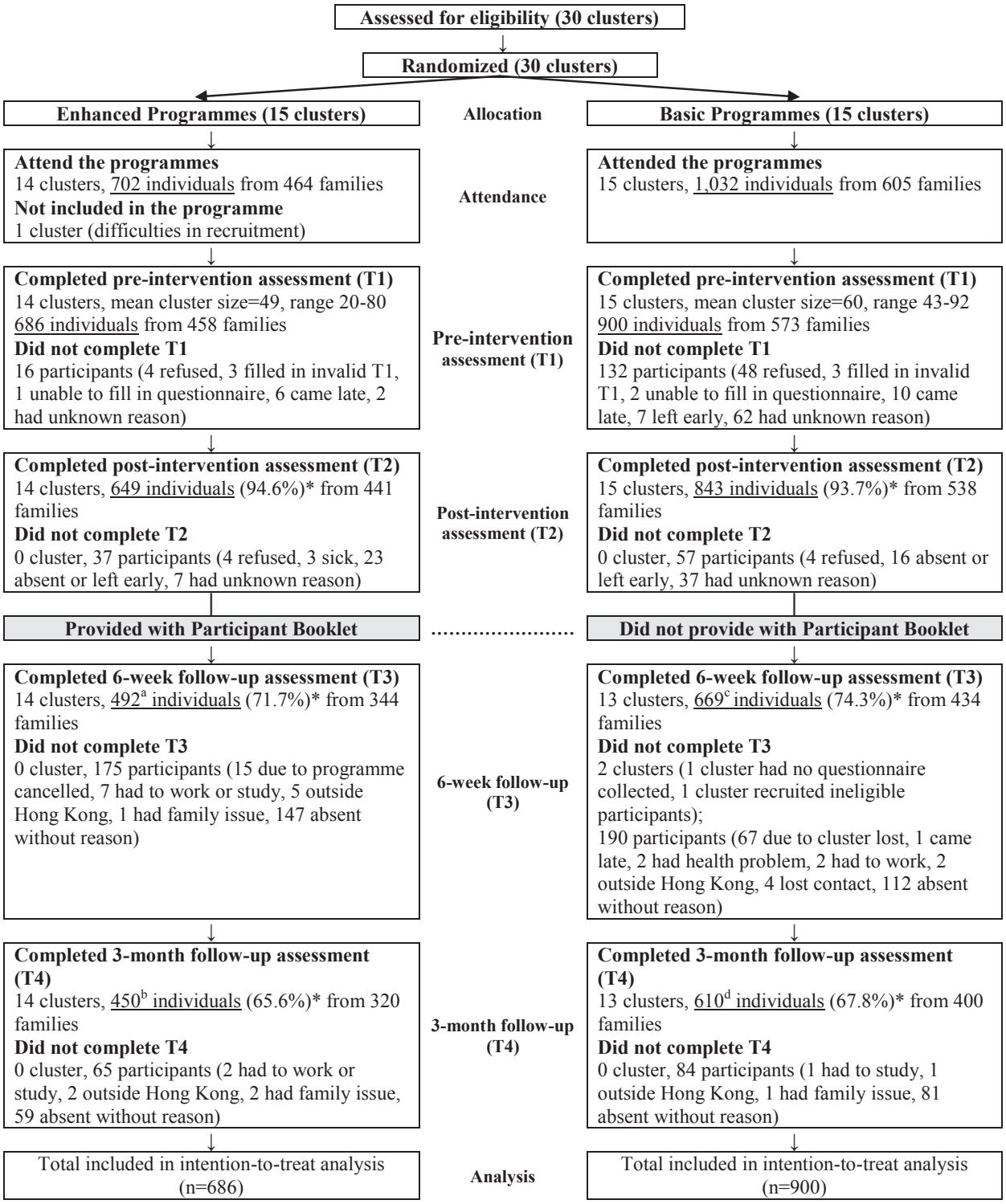
Hope/Resilience	International Social Service Hong Kong Branch Sham Shui Po (South) Integrated Family Service Centre	正向家庭樂融融
	Hong Kong Single Parents Association	幸福幼苗
	Tung Wah Group of Hospitals Yu Mak Yuen Integrated Services Centre	正「氣」家庭樂計劃
	Hong Kong Christian Service Sham Shui Po Central Integrated Children and Youth Service (Sham Shui Po Central Happy Teens Club)	「家」添希望
	Hong Kong Christian Service Sham Shui Po East Integrated Children and Youth Service (Sham Shui Po East Happy Teens Club)	家影留情
	St. James' Settlement TeenS' World Laichikok Catholic Primary School	親歷奇景之家和蜜語
	New Life Psychiatric Rehabilitation Association The Wellness Centre (Sham Shui Po) Hong Kong Federation of Women's Centres Hong Kong Stroke Association	「深」心希望家庭同樂營
	Self Help Group for the Brain Damaged Yang Memorial Methodist Social Service Sham Shui Po District Support Centre Benji's Centre	進晴家力行動
Open-mindedness	Caritas Cheng Shing Fung District Elderly Centre (Sham Shui Po)	愛家傳深康和樂
	Ho Kin District Community Centre for Senior Citizens (Sponsored by Sik Sik Yuen) Caritas Elderly Centre – Lai Kok Hong Kong Young Women's Christian Association Chi Po Neighbourhood Elderly Centre Ho Chak Neighbourhood Centre for Senior Citizens (Sponsored by Sik Sik Yuen) Shamshuipo Kaifong Welfare Advancement Association Chan Kwan Tung Social Centre for the Elderly	共建十「正」家庭
	Martha Boss Lutheran Community Centre Shamshuipo Kaifong Welfare Association Primary School	溫馨「小食家」
	Hong Kong Institute of Vocational Education (Haking Wong) Wai Kiu College Kowloon Technical School	「家庭正能量」計劃
	Chinese Young Men's Christian Association of Hong Kong Cheung Sha Wan Centre Multi-Cultural Enrichment and Support Network	齊向幸福感出發 - 少數族裔家庭 gogogo
	Heep Hong Society Fu Cheong Centre Heep Hong Society Cheung Sha Wan Centre	夫妻心靈密語

[a] Had difficulties with participant recruitment and dropped out before programme commencement.

The 29 remaining programmes (14 allocated to the Enhanced Programme group and 15 to the Basic Programme group) managed to recruit 1,000 families (2,358 individual participants) to attend the core intervention session. Of the 1,000 recruited families, 945 (2,210 individual participants) completed the pre-intervention (T1) assessment questionnaires. However, young children had notable difficulties with understanding and completing questionnaires. Therefore, to maximize the accuracy and reliability of questionnaire data, we refined our participant eligibility criteria from aged 6 years or above to aged 12 years or above for analysis.

Figure 4.3 is a CONSORT diagram that illustrates the flow of participants after the refinement of participant eligibility. After randomly allocating 15 NGOs each to the Enhanced and Basic Programme groups, 702 individuals from 464 families in the former group and 1,032 individuals from 605 families in the latter group attended the intervention programmes. Of note, one programme that was allocated to the Enhanced Programme group had dropped out before programme implementation. Subsequently, 1,586 individual participants from 1,031 families completed the pre-intervention (T1) questionnaires. Thereafter, 1,161 and 1,060 individuals completed the 6-week (T3) and 3-month follow-up (T4) assessments, respectively. Despite the loss to follow-up, a total of 1,586 individuals (686 and 900 from the Enhanced and Basic Programme groups, respectively) were used for subsequent intention-to-treat analysis (ITT analysis was based on initial group assignment i.e. including those lost to follow-up and assuming that they had not changed).

Figure 4.3 CONSORT diagram illustrating flow of participants after refinement of eligibility criteria (n=1,586)



Note: *retention rate, % based on denominator of the number of individuals who received pre-intervention assessment. Denominator was 686 for Enhanced Programmes and 900 for the Basic Programmes.

[a]: including 18 individuals that did not fill in T2;

[b]: including 23 individuals that did not fill in T3;

[c]: including 16 individuals that did not fill in T2;

[d]: including 25 individuals that did not fill in T3.

4.2.2 Evaluation of the intervention programmes

4.2.2.1 Participant questionnaires

The effectiveness of the intervention programmes was assessed using a series of questionnaires completed by programme participants at 4 separate time points:

Core intervention session

- Pre-intervention questionnaire (T1) (completed alongside consent form)
- Immediate post-intervention questionnaire to evaluate the impact of the programme on the changes in intention to practice and attitude towards theme-specific behaviours, and participant satisfaction with the programme (T2)

Booster session (6 weeks after intervention)

- Questionnaire that assessed participants' family relationship, 3Hs as well as their intention to practice, attitude towards and actual practice of suggested behaviours learnt from intervention programme (T3)

Tea gathering (3 months after intervention)

- Questionnaire that assessed participants' family relationship, 3Hs as well as their intention to, attitude towards and practice of suggested behaviours learnt from intervention programme (T4)

Aside from including questions to assess participants' intention to, attitude towards and practice of suggested behaviours learnt from the intervention programme, the following scales were incorporated into the questionnaires to assess the additional parameters indicated above:

Table 4.2 Measures included in evaluation questionnaires

Parameters	Scales
Family relationship	Family Relationship Scale of the Family Environment Scale (Moos and Moos, 1994)
Self-perceived happiness	Subjective Happiness Scale (Lyubomirsky and Lepper, 1999)
Subjective health	SF-12v2 Health Survey (Lam et al., 2005)
Family health	1-item question
Family happiness	1-item question (adopted from Subramanian et al., 2005)
Family harmony	12-item scale developed by the FAMILY Project

The questionnaires were self-administered, although to maximize the quality of data collected, various groups of participants (including the elderly, children or rehabilitated individuals) received extra assistance as needed. The questionnaires were mainly distributed, administered and collected by intervention programme staff, volunteers from organizations and student helpers from The University of Hong Kong.

4.3 RESULTS

Table 4.3 Pre-intervention demographic characteristics of participants (overall and by Participant Booklet randomization groups)

	Overall n (%) or mean±SD	Enhanced Programmes n (%) or mean±SD	Basic Programmes n (%) or mean±SD	p-value[a]
	n=1586	n=686	n=900	
Age (years)				<0.001
12-17	166 (10.5)	82 (12.0)	84 (9.4)	
18-34	207 (13.1)	82 (12.0)	125 (14.0)	
35-54	705 (44.6)	364 (53.2)	341 (38.1)	
≥ 55	502 (31.8)	156 (22.8)	346 (38.6)	
Gender				0.50
Male	492 (31.0)	219 (31.9)	273 (30.3)	
Female	1094 (69.0)	467 (68.1)	627 (69.7)	
Marital status				0.11
Single	253 (16.4)	125 (18.6)	128 (14.6)	
Married	1074 (69.5)	457 (68.0)	617 (70.6)	
Cohabitation/Divorced/Separated/Widowed	219 (14.2)	90 (13.4)	129 (14.8)	
Education level				0.04
Primary and below	526 (34.2)	210 (31.3)	316 (36.4)	
Secondary	878 (57.1)	407 (60.7)	471 (54.3)	
Tertiary (degree and non-degree)	135 (8.8)	54 (8.0)	81 (9.3)	
Occupation				<0.001
Employed	367 (23.9)	176 (26.4)	191 (22.0)	
Student	192 (12.5)	94 (14.1)	98 (11.3)	
Job-waiting/Unemployed	87 (5.7)	49 (7.3)	38 (4.4)	
Housewife	578 (37.7)	248 (37.2)	330 (38.0)	
Retired	311 (20.3)	100 (15.0)	211 (24.3)	
Place of birth				0.98
Hong Kong	532 (34.3)	232 (34.4)	300 (34.3)	
Guangdong Province	722 (46.6)	316 (46.8)	406 (46.5)	
Others	295 (19.0)	127 (18.8)	168 (19.2)	
Length of stay in Hong Kong (years)				0.56
≥ 7	1168 (76.8)	507 (76.1)	661 (77.4)	
< 7	352 (23.2)	159 (23.9)	193 (22.6)	
Type of accommodation				0.02
Public estate	851 (54.9)	350 (52.0)	501 (57.1)	
Home Ownership Scheme	79 (5.1)	37 (5.5)	42 (4.8)	
Private property	467 (30.1)	228 (33.9)	239 (27.2)	
Temporary housing/Sub-divided flat/Residential home/Others	154 (9.9)	58 (8.6)	96 (10.9)	
Living in Sham Shui Po?				0.05
Yes	1219 (78.0)	550 (80.3)	669 (76.2)	
No	344 (22.0)	135 (19.7)	209 (23.8)	
Household income (HK$)				0.74
≤9,999	772 (55.7)	347 (56.3)	425 (55.1)	
10,000-19,999	431 (31.1)	185 (30.0)	246 (31.9)	
≥20,000	184 (13.3)	84 (13.6)	100 (13.0)	
Social security				0.05
None	769 (52.6)	351 (54.7)	418 (50.9)	
CSSA Scheme	374 (25.6)	170 (26.5)	204 (24.8)	
Old age allowance/Disability allowance/Others	320 (21.9)	121 (18.8)	199 (24.2)	
Household size	3.84±1.44	3.90±1.35	3.80±1.50	0.17

[a] For differences between the participants allocated to the Enhanced Programme and the Basic Programme

Note: Missing values were not included in the analysis

4.3.1 Pre-intervention demographic characteristics of participants

Overall, most participants were aged 18 or above (89.5%), female (69%) and married (69.5%) (Table 4.3). Only 8.8% received at least tertiary education while 23.9% were employed. More than half (54.9%) lived in public housing estates and up to 55.7% had a household income of ≤HK$9,999. Furthermore, participants of the Enhanced Programmes did not significantly differ from those in the Basic Programmes for most characteristics. Although the difference in age distribution was significant ($p<0.001$), most individuals in the Enhanced and Basic Programme groups were aged 18 years or above (88% and 90.6%, respectively). Participants in the Enhanced and Basic Programme groups also significantly differed in socioeconomic status ($p<0.001$), although the majority in both groups achieved at least secondary education (68.7% and 63.6%, respectively) and a comparable percentage were employed (26.4% and 22.0%, respectively).

4.3.1.1 Participant retention

Each intervention programme required participating families to attend 3 separate sessions (core intervention programme, booster session and tea gathering). To lower the overall dropout rate, HK$20 shopping coupons were distributed after completion of T3 and T4 evaluations.

Initially, only data provided by participants who attended and completed questionnaires at all 4 time points were considered to be valid. However, due to low booster session and tea gathering attendance rates reported by some organizations, data of participants who did not attend the booster session or tea gathering but submitted either T3 or T4 questionnaires on time (within 2 weeks after each session) were considered to be valid.

4.3.2 Pre-intervention comparison of programme outcome measures

Table 4.4 Pre-intervention comparison of participants (overall, and Basic Programme vs. Enhanced Programme) by outcome measures

	Overall Mean±SD n=1586	Enhanced Programmes Mean±SD n=686	Basic Programmes Mean±SD n=900	p-value
Behaviour (4-20)	13.54±3.49	13.43±3.42	13.62±3.54	0.30
Intention (4-20)	16.06±2.77	15.92±2.79	16.16±2.76	0.21
Attitude (4-20)	16.62±2.64	16.59±2.54	16.64±2.71	0.28
Family happiness (0-10)	7.28±2.03	7.16±2.00	7.38±2.05	0.049
Family Harmony Scale (0-100)	70.55±16.24	69.84±15.82	71.1±16.55	0.20
Self-perceived health (1-5)	2.87±1.00	2.86±0.98	2.87±1.02	0.55
Family health (0-10)	7.32±1.96	7.26±1.99	7.38±1.94	0.13

Note: Group comparisons were performed using mixed models, adjusting for age, education, occupation, type of accommodation, whether or not social security was collected, controlled at the family level.

Table 4.4 shows that the participants of the Enhanced and Basic Programme groups did not differ significantly in almost all programme outcome measures at pre-intervention.

4.3.3 Family relationship and the 3Hs

4.3.3.1 Changes in outcomes by time (all groups combined)

Family relationship

Overall family relationship were measured using the Family Relationship Scale (score ranges from 27 to 108) and 3 component scores that measured family cohesion, expressiveness and conflict (score ranges from 9 to 36 in each component scale). Apart from the family conflict scale for which a high score is indicative of more family conflicts, a higher score for each of the other above mentioned scales represents better family relationship.

Figure 4.4 Family Relationship - Cohesion (9-36)

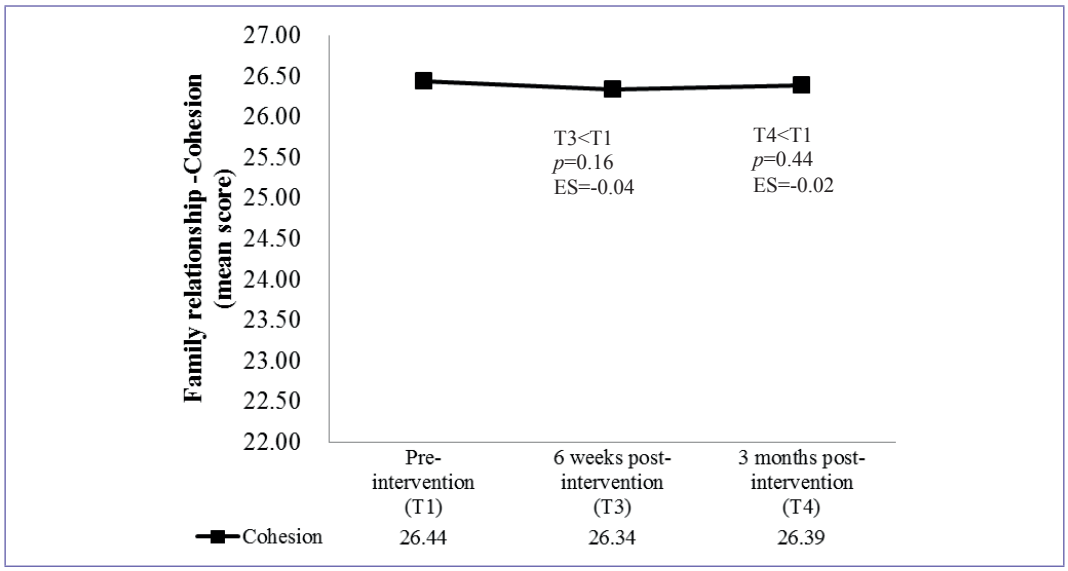


Figure 4.4 shows that compared to pre-intervention, no improvement in mean family cohesion score was observed at 6 weeks (T3 vs. T1, ES=-0.04, p=0.16) or 3 months post-intervention (T4 vs. T1, ES=-0.02, p=0.44).

Figure 4.5 Family Relationship - Expressiveness (9-36)

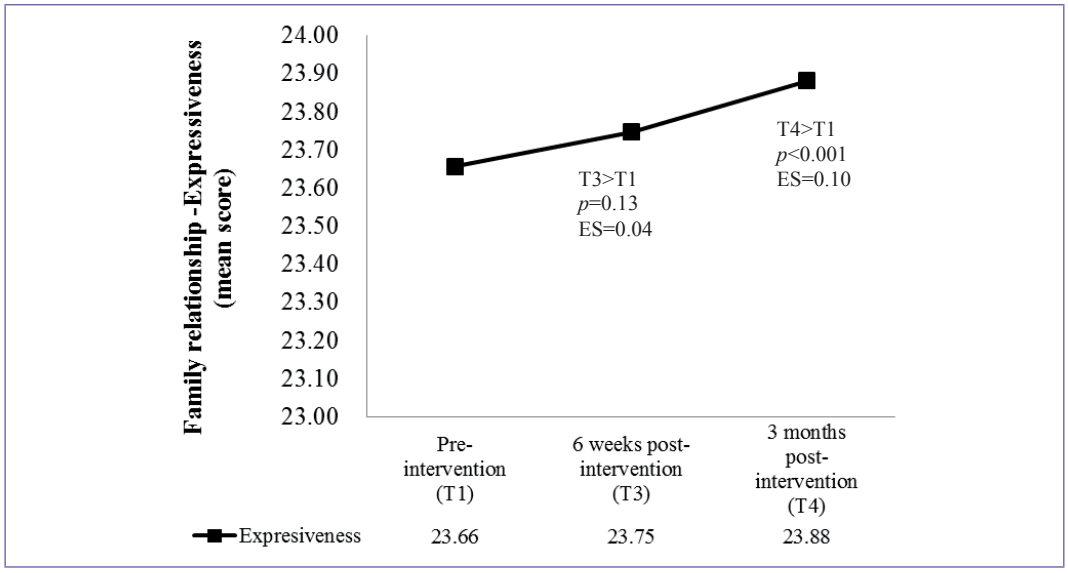


Figure 4.5 shows that compared to pre-intervention, there was a small yet non-significant increase in the mean score for expressiveness at 6 weeks (T3 vs. T1, ES=0.04, p=0.13) post-intervention. A significant albeit small increase was observed 3 months post-intervention (T4 vs. T1, ES=0.10, p<0.001) compared to pre-intervention.

Figure 4.6 Family Relationship - Conflict (9-36)

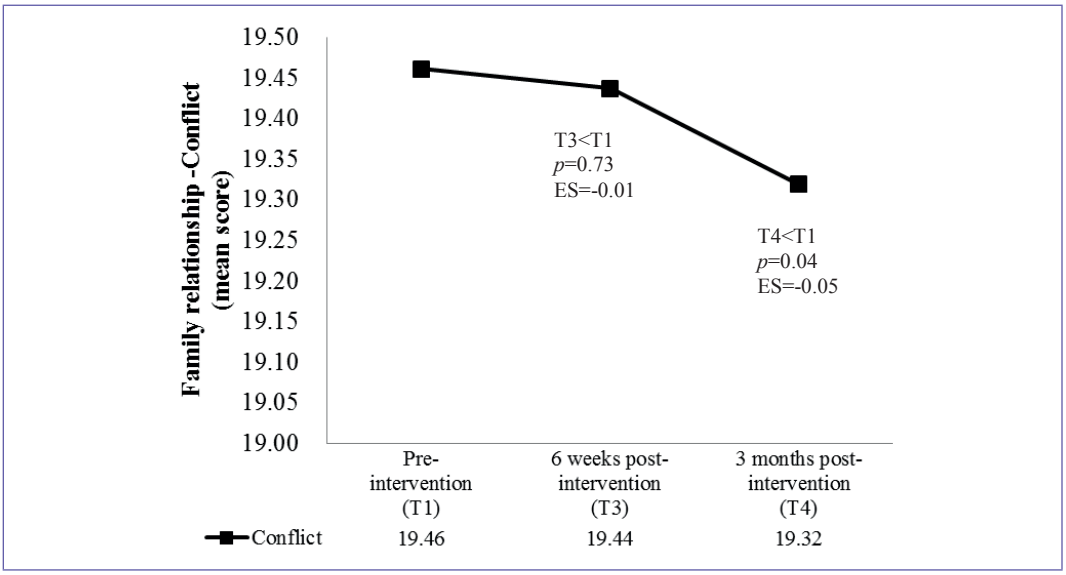


Figure 4.6 shows that compared to pre-intervention, the mean score for family conflict decreased significantly with a small effect size at 3 months post-intervention (T4 vs. T1, ES=-0.05, p=0.04).

Figure 4.7 Family Relationship Scale (27-108)

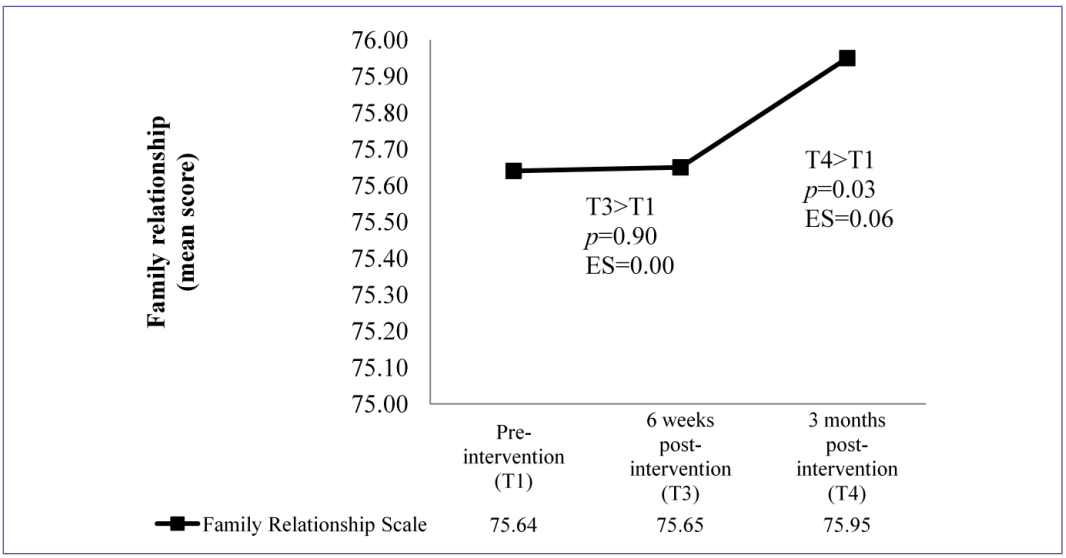


Figure 4.7 shows that at 6 weeks after intervention, the mean family relationship score remained similar to pre-intervention scores (T3 vs. T1, ES=0.00, p=0.90) but subsequently increased significantly (with a small effect size) at 3 months after intervention (T4 vs. T1, ES=0.06, p=0.03) compared to the pre-intervention score.

Self-perceived health

Self-perceived health was measured using the SF-12v2 that produces scores for mental and physical components of health.

Figure 4.8 Self-perceived health - physical health (0-100)

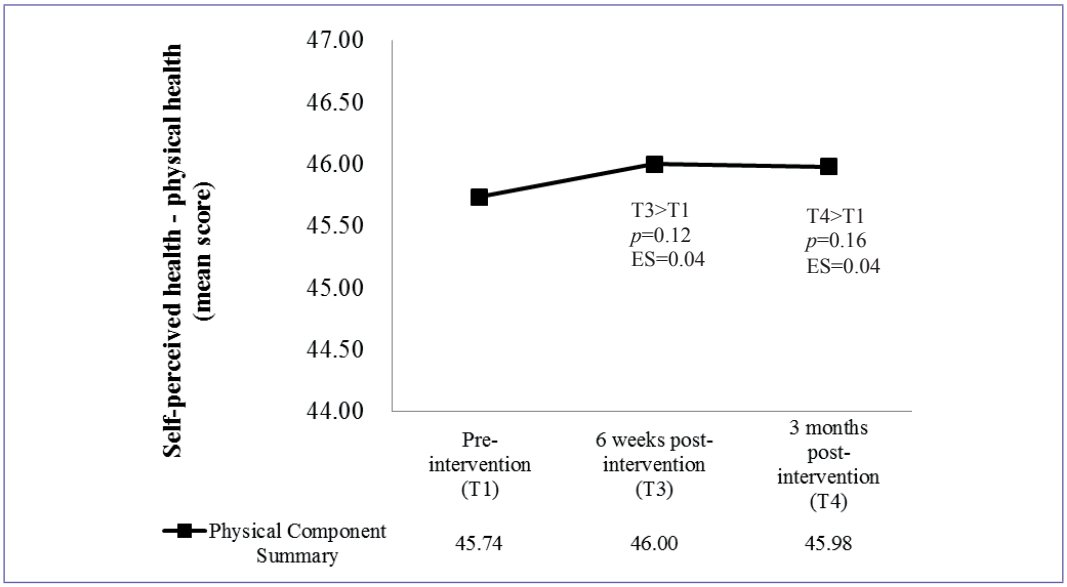


Figure 4.8 shows that the mean score for self-perceived physical health of participants at 6 weeks (T3 vs. T1, ES=0.04, p=0.12) and 3 months (T4 vs. T1, ES=0.04, p=0.16) post-intervention remained close to the pre-intervention level.

Figure 4.9 Self-perceived health - mental health (0-100)

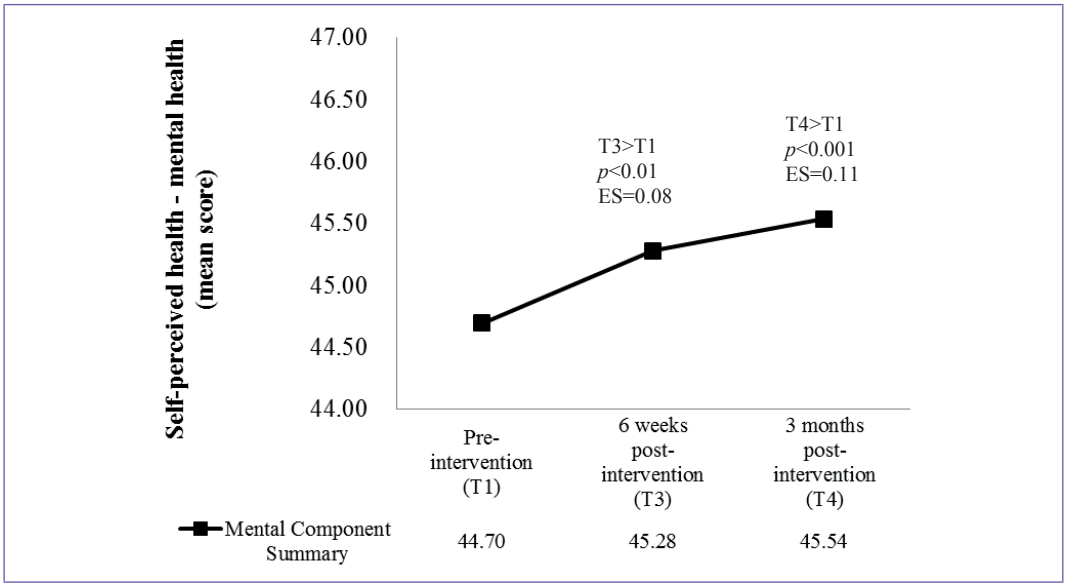


Figure 4.9 shows that compared to pre-intervention, the mean score for self-perceived mental health of participants increased significantly (albeit with small effect size) both 6 weeks (T3 vs. T1, ES=0.08, p<0.01) and 3 months (T4 vs. T1, ES=0.11, p<0.001) after intervention.

Subjective happiness

Figure 4.10 Subjective happiness (0-100)

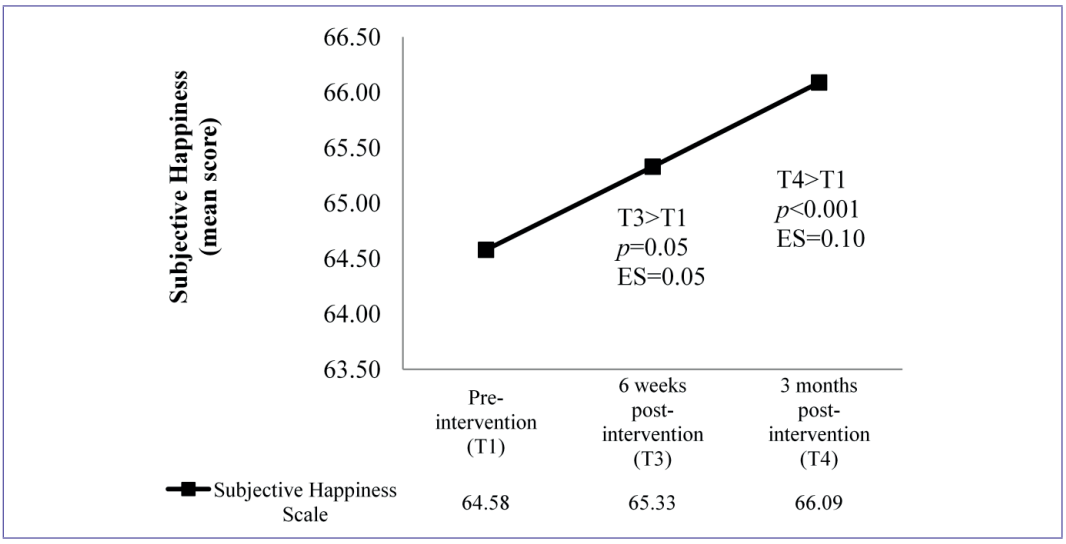


Figure 4.10 shows that a small and marginally significant increase in the mean score for subjective happiness at 6 weeks post-intervention (T3 vs. T1, ES=0.05, p=0.05) when compared to pre-intervention. The mean score was also significantly higher (albeit with a small effect size) among participants 3 months post-intervention compared to pre-intervention (T4 vs. T1, ES=0.10, p<0.001).

Family health

Family health was measured using the single question "Do you think your family is healthy?". The item was scored out of 10 with a higher score indicative of a healthier family.

Figure 4.11 Family health (0-10)

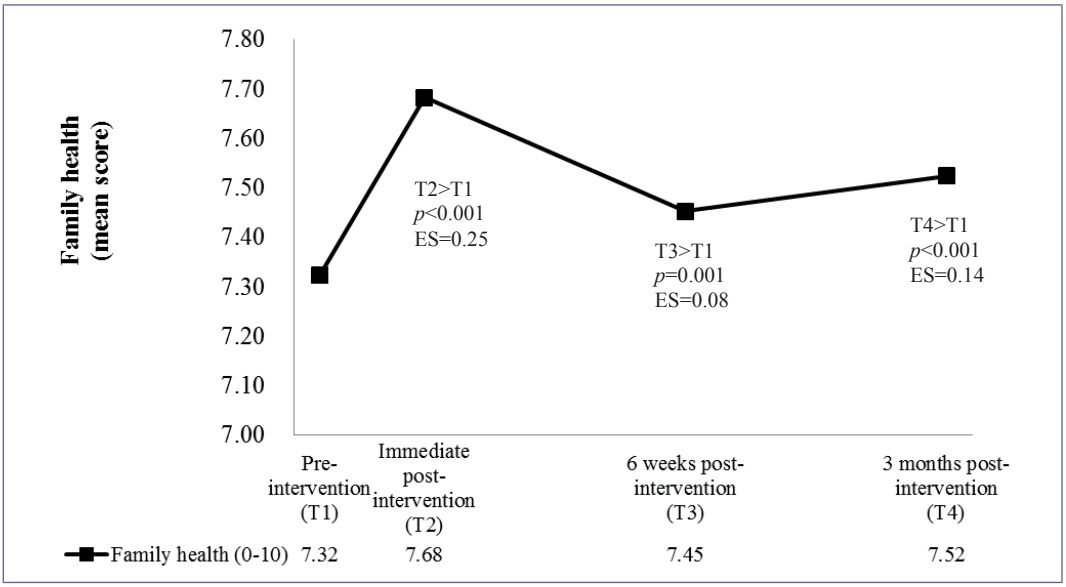


Figure 4.11 shows that a significant small-to-moderate increase in the mean score for family health immediately after intervention compared to pre-intervention (T2 vs. T1, ES=0.25, p<0.001). The mean score improved from pre-intervention (with a small effect size) and remained above the pre-intervention value 6 weeks (T3 vs. T1, ES=0.08, p=0.001) and 3 months post-intervention (T4 vs. T1, ES=0.14, p<0.001).

Family happiness

Family happiness was measured using the single question "Do you think your family is happy?". The item was scored out of 10 with a higher score indicative of a happier family.

Figure 4.12 Family happiness (0-10)

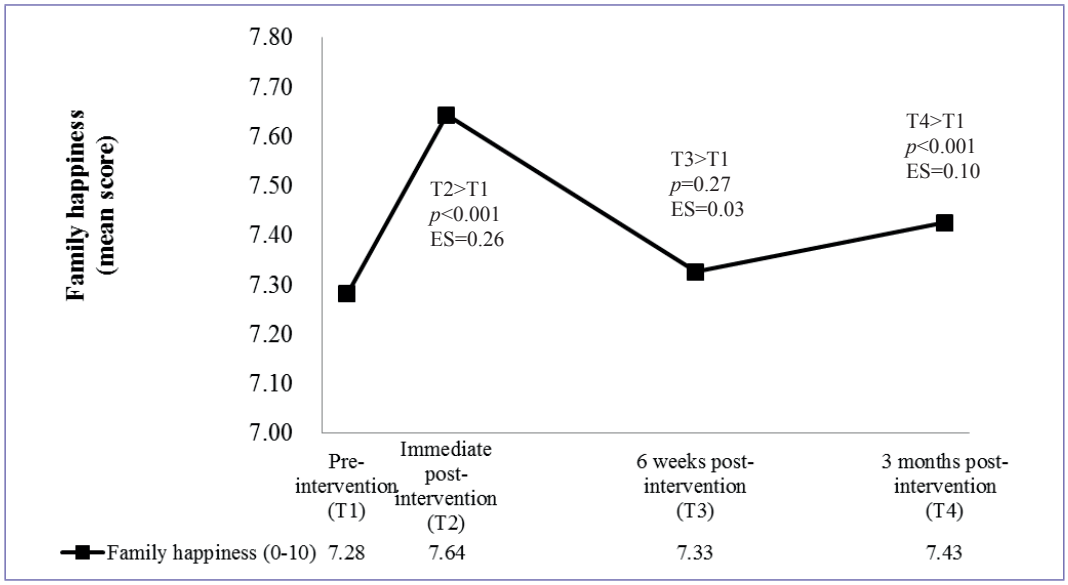


Figure 4.12 shows that compared to pre-intervention, a significant small-to-moderate increase in family happiness immediately after intervention could be observed (T2 vs. T1, ES=0.26, p<0.001). The mean score improved from pre-intervention (with a small effect size) and remained above pre-intervention value 6 weeks (T3 vs. T1, ES=0.03, p=0.27) and 3 months post-intervention (T4 vs. T1, ES=0.10, p<0.001).

Family harmony

Family harmony was measured using the single question "Do you think your family is harmonious?". The item was scored out of 10 with a higher score indicative of a more harmonious family.

Figure 4.13 Family harmony (0-10)

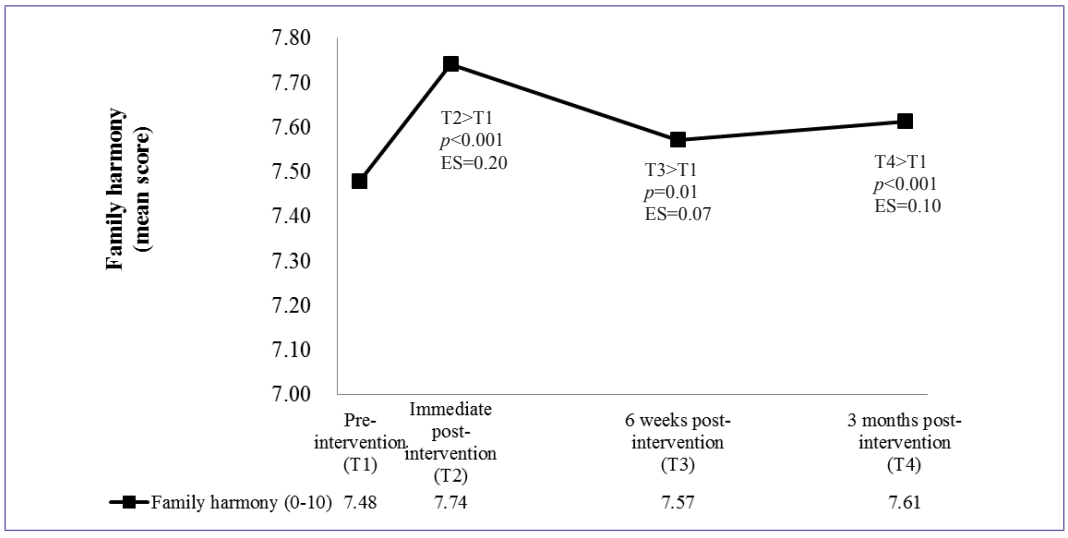


Figure 4.13 shows that a significant but small increase in family harmony immediately after intervention compared to pre-intervention (T2 vs. T1, ES=0.20, p<0.001). The mean score improved from pre-intervention (with small effect) and remained above the pre-intervention value 6 weeks (T3 vs. T1, ES=0.07, p=0.01) and 3 months post-intervention (T4 vs. T1, ES=0.10, p<0.001).

Attitude towards, intention to and practice of behaviours learnt during core intervention

Figure 4.14 Attitude (4-20)

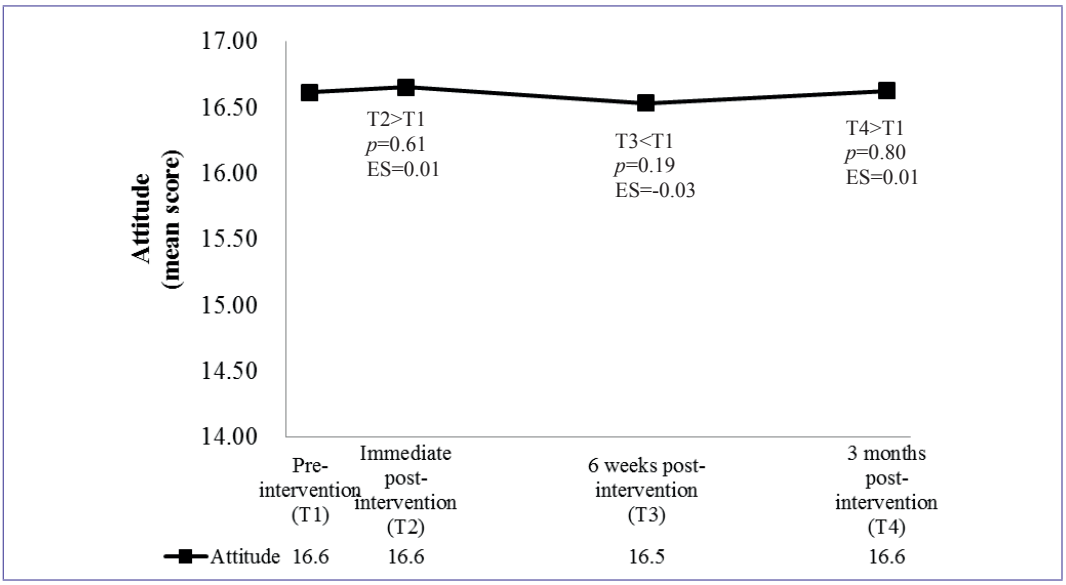


Figure 4.14 shows that no significant improvement in attitude score was observed immediately after intervention, at 6 weeks post-intervention or 3 months post-intervention.

Figure 4.15 Intention (4-20)

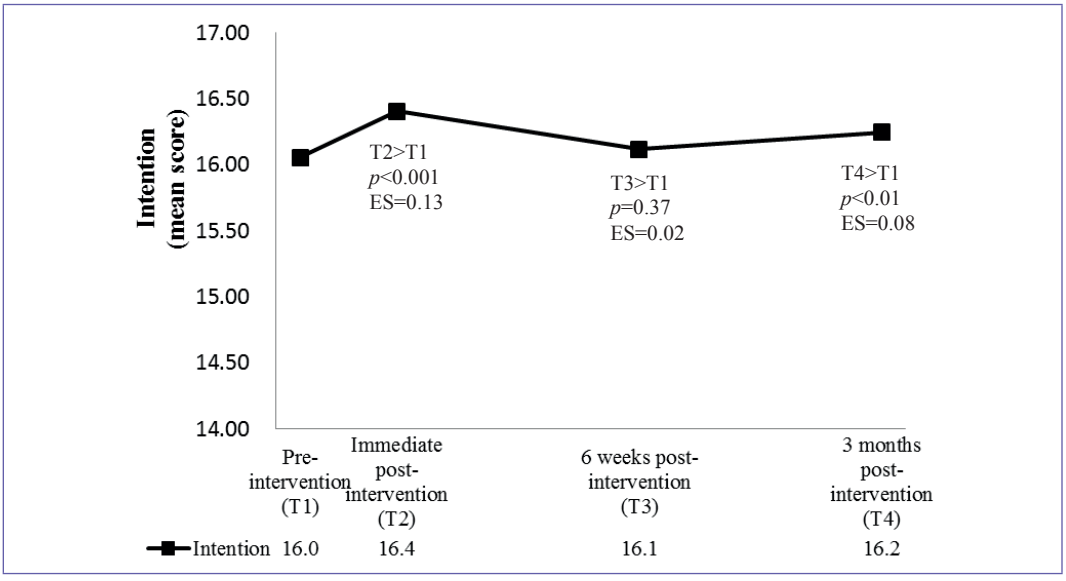


Figure 4.15 shows that immediate after the intervention, there was an immediate significant albeit small increase in the mean score for participants' intention (T2 vs. T1, ES=0.13, p<0.001) compared to pre-intervention. The mean score improved from pre-intervention (with small effect) and remained at pre-intervention value 6 weeks (T3 vs. T1, ES=0.02, p=0.37) and 3 months post-intervention (T4 vs. T1, ES=0.08, p<0.01).

Figure 4.16 Behaviour (4-20)

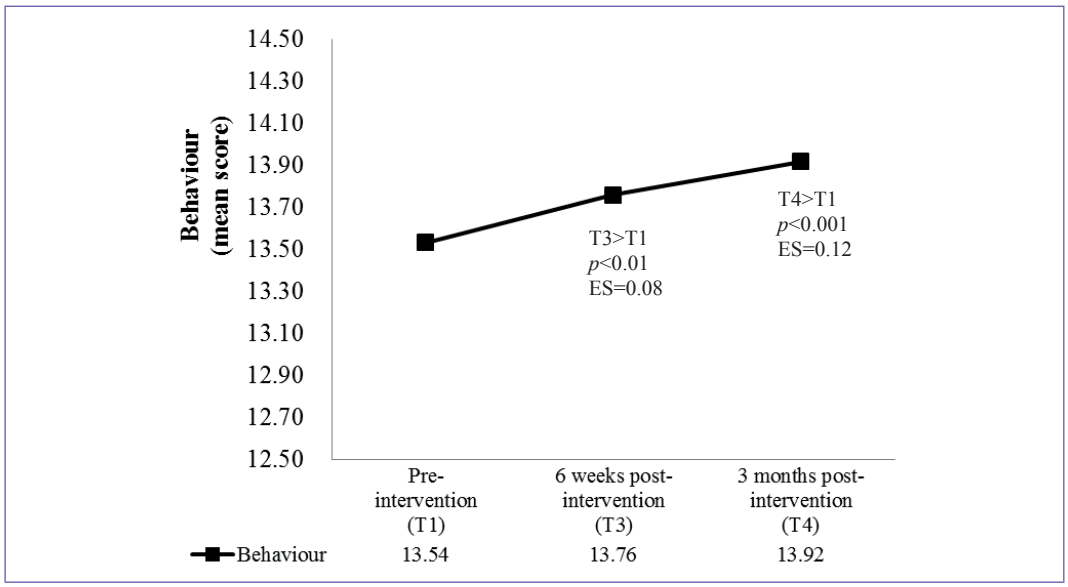


Figure 4.16 shows that the mean score for practicing behaviours suggested in the intervention programmes increased significantly 6 weeks (T3 vs. T1, ES=0.08, p<0.01) and 3 months (T4 vs. T1, ES=0.12, p<0.001) post-intervention compared to pre-intervention, although the effect observed was small.

4.3.3.2 Changes in outcomes by time and group (Basic vs. Enhanced Programmes)

Family relationship

Figure 4.17 Family Relationship - Cohesion (9-36)

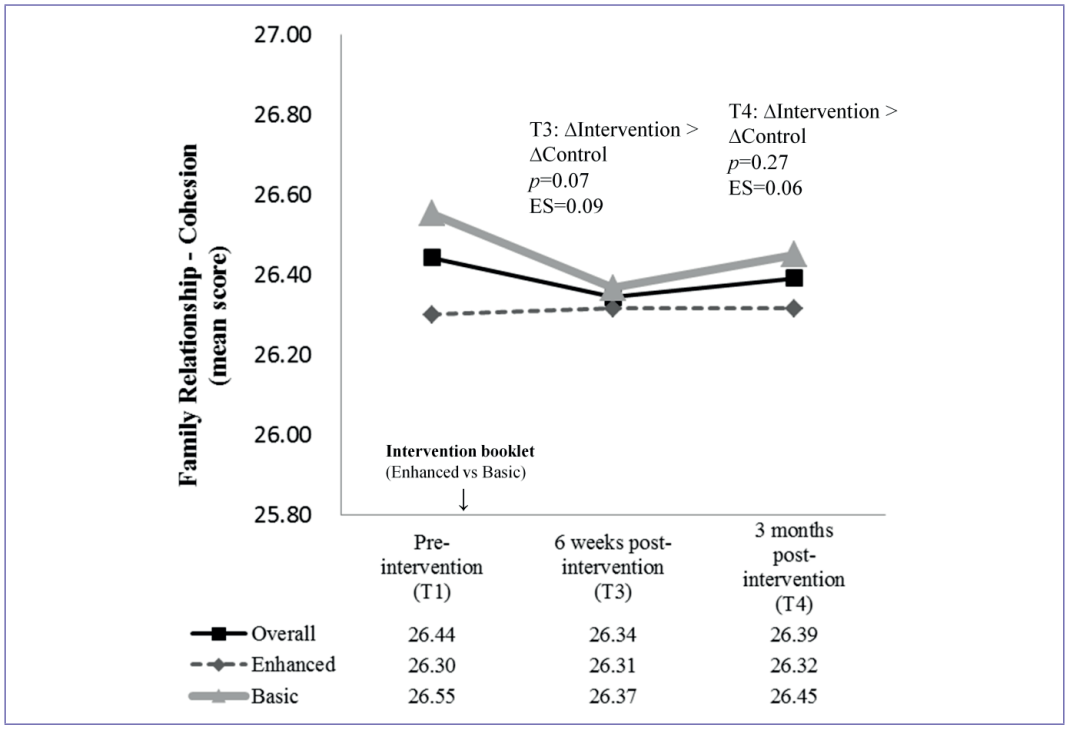


Figure 4.17 shows that the Basic Programme group had a higher mean cohesion score than those in the Enhanced Programme group in general. The score change did not significantly differ between the 2 groups at 6 weeks (p=0.07) and at 3 months post-intervention (p=0.27).

Figure 4.18 Family Relationship - Expressiveness (9-36)

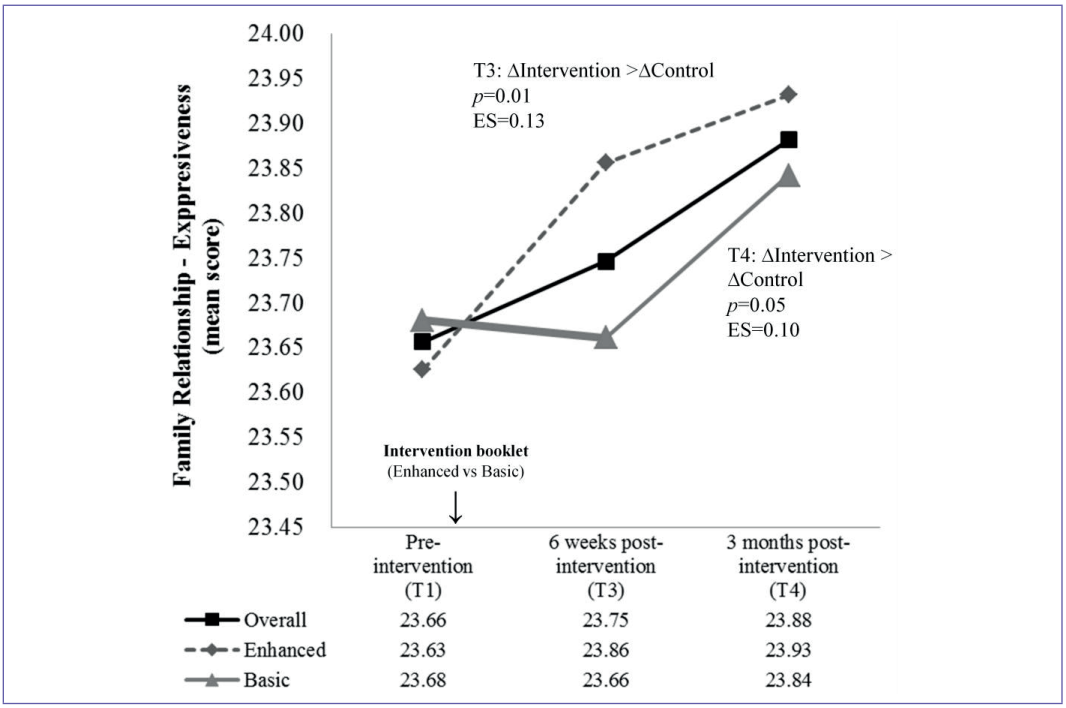


Figure 4.18 shows that the Enhanced Programme group had a slightly lower pre-intervention mean expressiveness score than the Basic Programme group (23.63 and 23.68, respectively). At 6 weeks and 3 months post-intervention, the Enhanced Programme group had a higher mean score than the Basic Programme group and the score changes differed significantly (p=0.01 and p=0.05, respectively) in these 2 groups.

Figure 4.19 Family Relationship - Conflict (9-36)

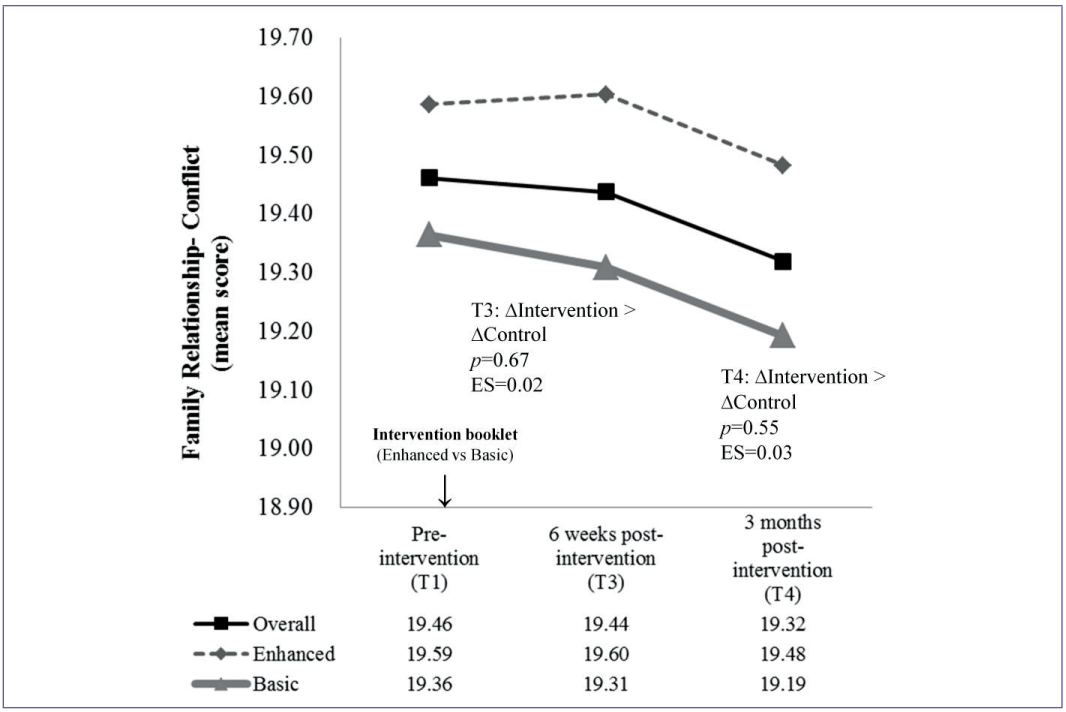


Figure 4.19 shows that the overall trend for the mean conflict scores in the Enhanced and Basic Programme groups was similar. No significant difference for the change in mean score between the 2 groups was observed at either 6 weeks (p=0.67) or 3 months (p=0.55) post-intervention. The mean score for the Enhanced Programme group was higher at each time point (T1, T3 and T4), where both groups had a lower than pre-intervention mean score at 3 months post-intervention.

Figure 4.20 Family Relationship Scale (27-108)

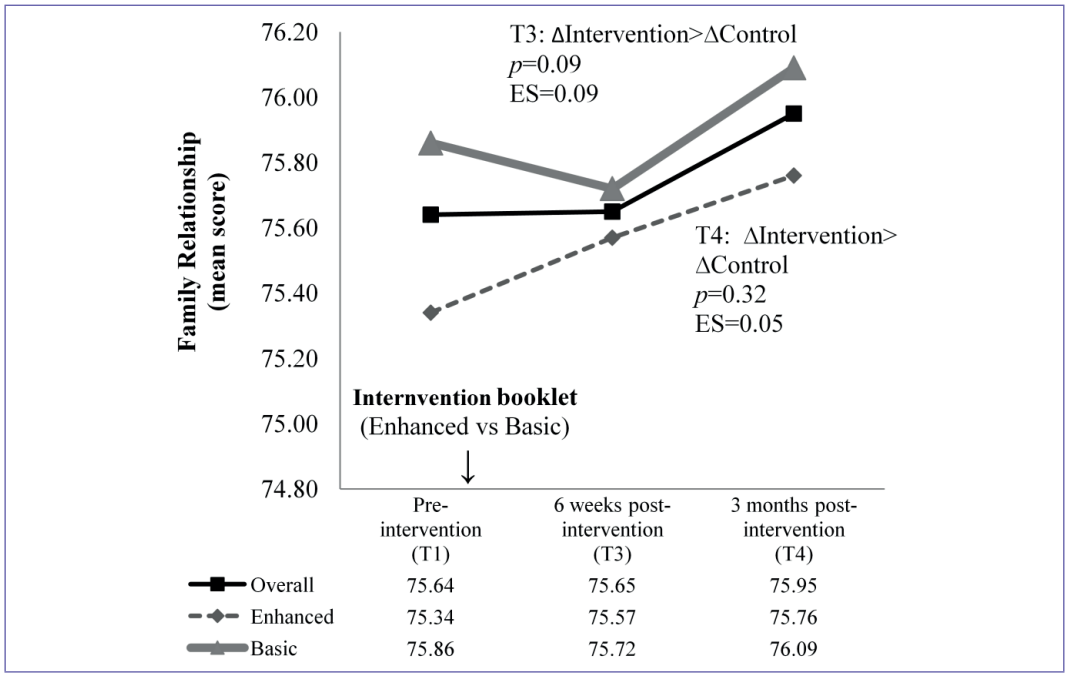


Figure 4.20 shows that the change in mean score of the Family Relationship Scale did not significantly differ between the Basic and Enhanced Programme groups at either T3 or T4 (p=0.09 and p=0.32, respectively).

Self-perceived health

Figure 4.21 Physical component summary (0-100)

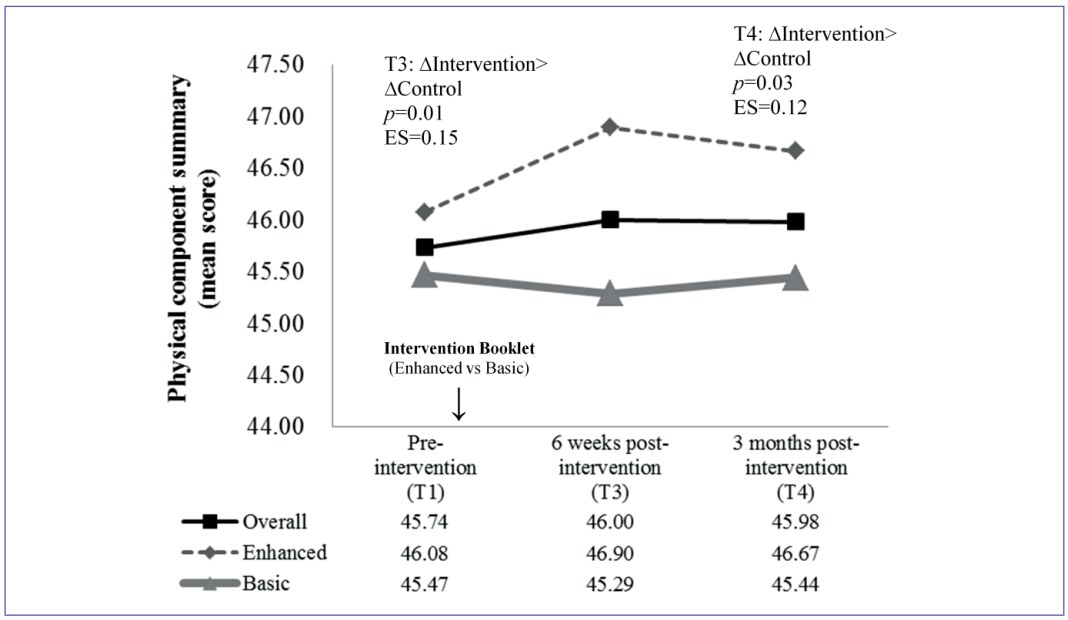


Figure 4.21 shows that there was a significant difference for the change in mean score between the Basic and Enhanced Programme groups at 6 weeks (p=0.01) and 3 months (p=0.03) post-intervention. The Enhanced Programme group had a higher mean score for self-perceived physical health than the Basic Programme group at each time point (pre-intervention T1, 6-week follow-up T3, and 3-month follow-up T4). The mean score in the Enhanced but not the Basic Programme group improved from pre-intervention value at 3 months post-intervention.

Figure 4.22 Mental component summary (0-100)

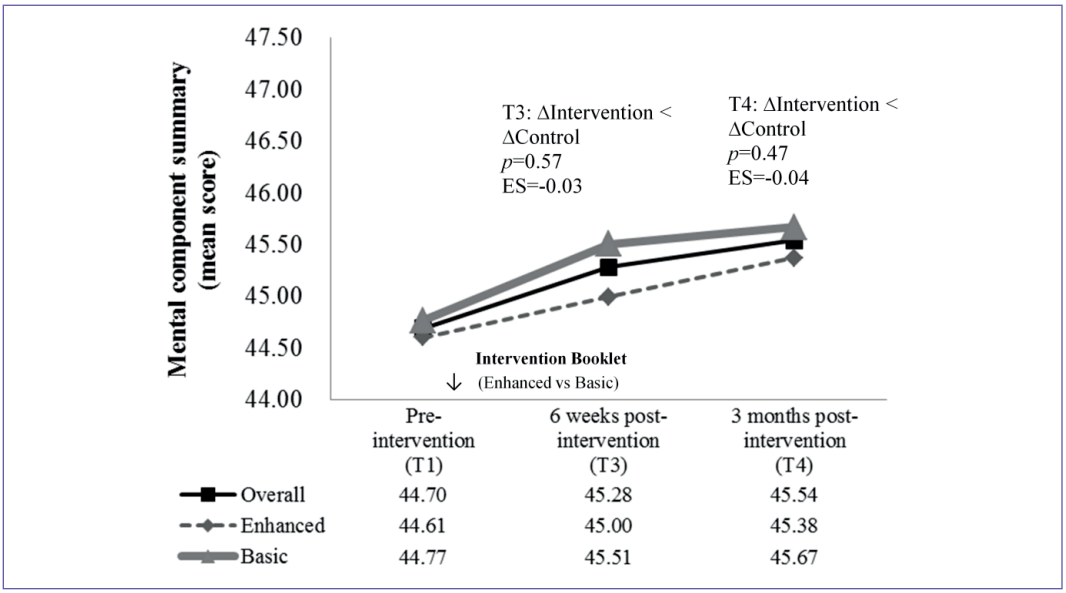


Figure 4.22 shows that compared to the pre-intervention mean score for self-perceived mental health, there was an increase in the mean score in both Basic and Enhanced Programme groups at 6 weeks (T3) and 3 months (T4) post-intervention, however, no significant difference in score change between the 2 groups was observed at either time point (p=0.57 and p=0.47 at T3 and T4, respectively).

Subjective happiness

Figure 4.23 Subjective happiness scale (0-100)

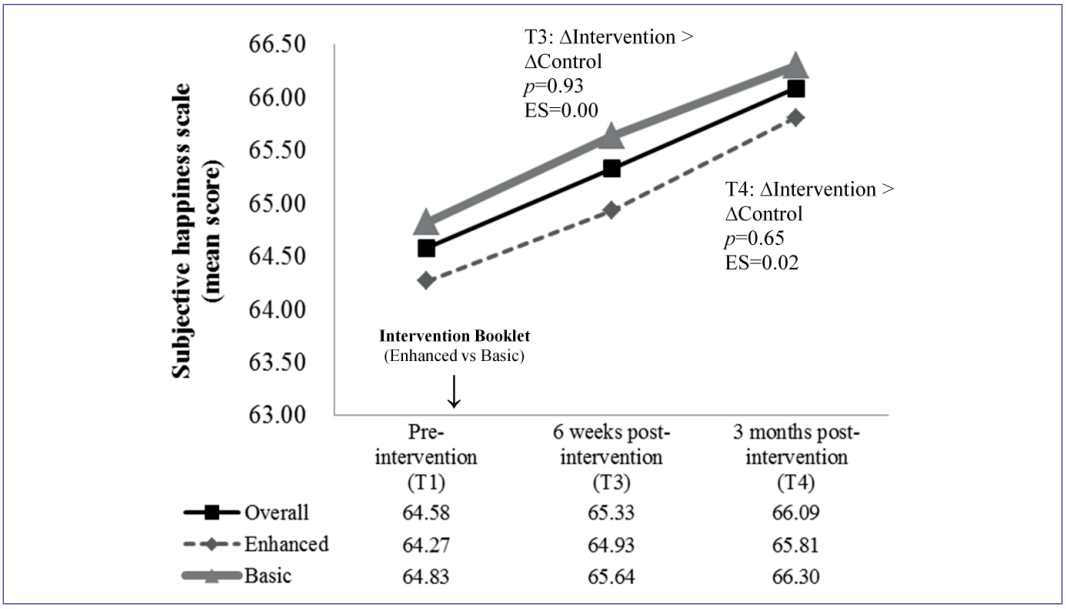


Figure 4.23 shows that compared to the pre-intervention mean score for subjective happiness, there was an increase in the mean score in both Enhanced and Basic Programme groups at 6 weeks (T3) and 3 months (T4) post-intervention, however, no significant difference in score change between the 2 groups was observed at either time point (p=0.93 and p=0.65 at T3 and T4, respectively).

Figure 4.24 Family health (0-10)

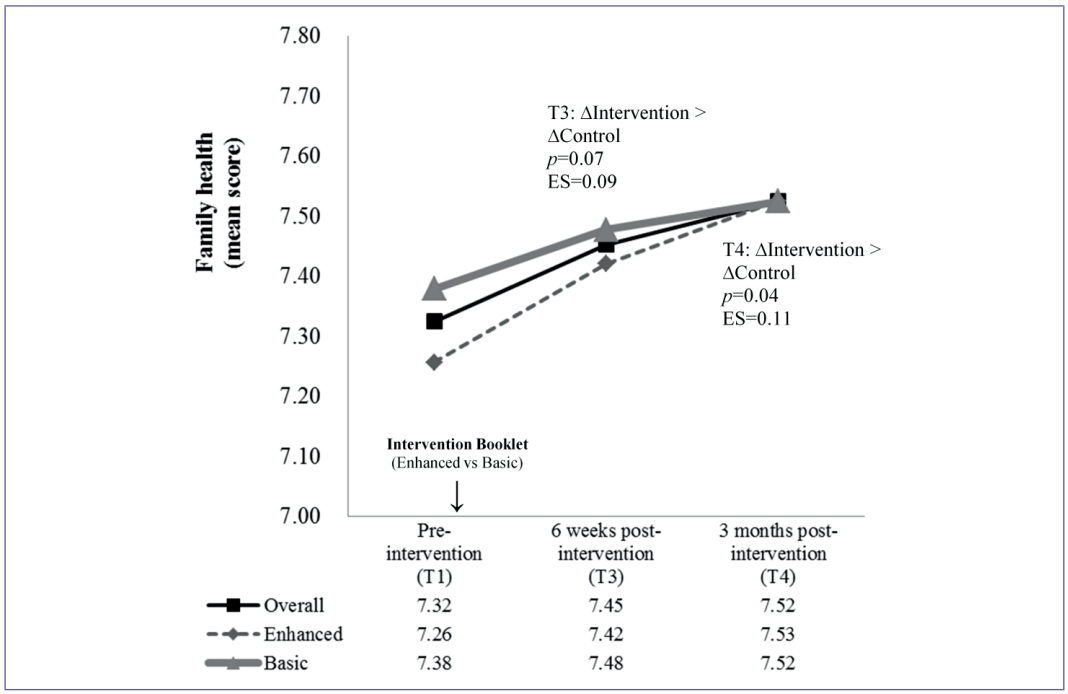


Figure 4.24 shows that no difference in the mean score was observed between the Basic and Enhanced Programme groups. The score change did not significantly differ between the groups at T3 (p=0.07) and was marginally significant at T4 (p=0.04). However, compared to the Basic Programme group, the Enhanced Programme group had a lower pre-intervention mean score but higher score at 3 months post-intervention.

Figure 4.25 Family happiness (0-10)

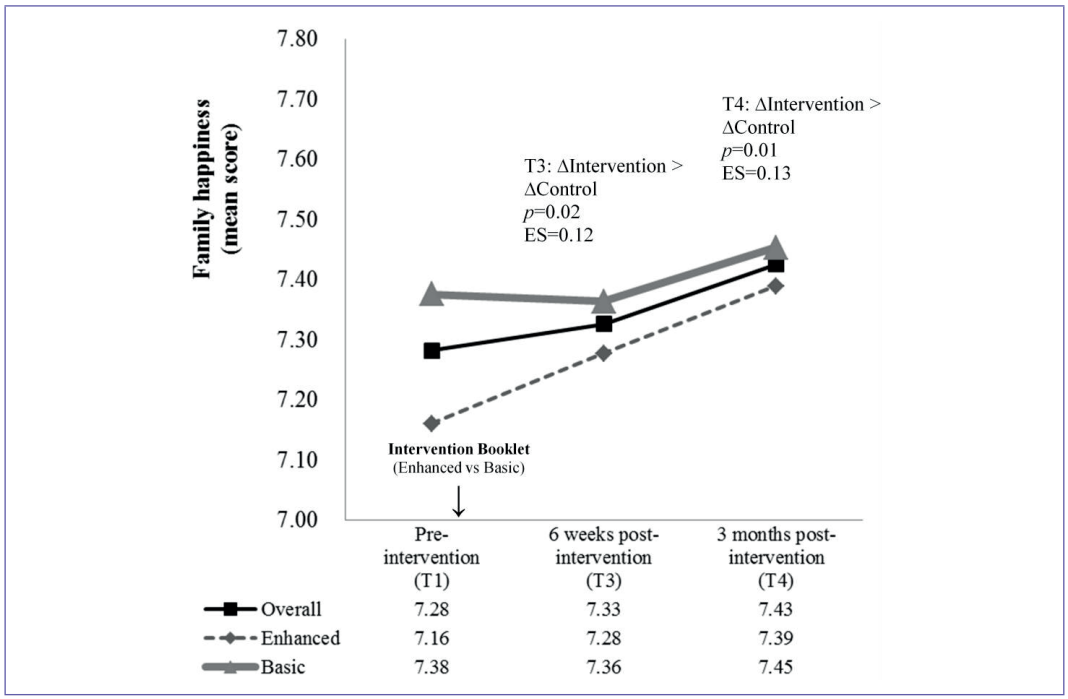


Figure 4.25 shows that compared to pre-intervention, there was an increase in the mean score for family happiness immediately after intervention in both Enhanced and Basic Programme groups. The mean score at 3 months post-intervention was higher than the pre-intervention value in both groups. The score change in the Enhanced Programme group was particularly evident at both time points (p=0.02 and p=0.01 at T3 and T4, respectively).

Figure 4.26 Family harmony (0-10)

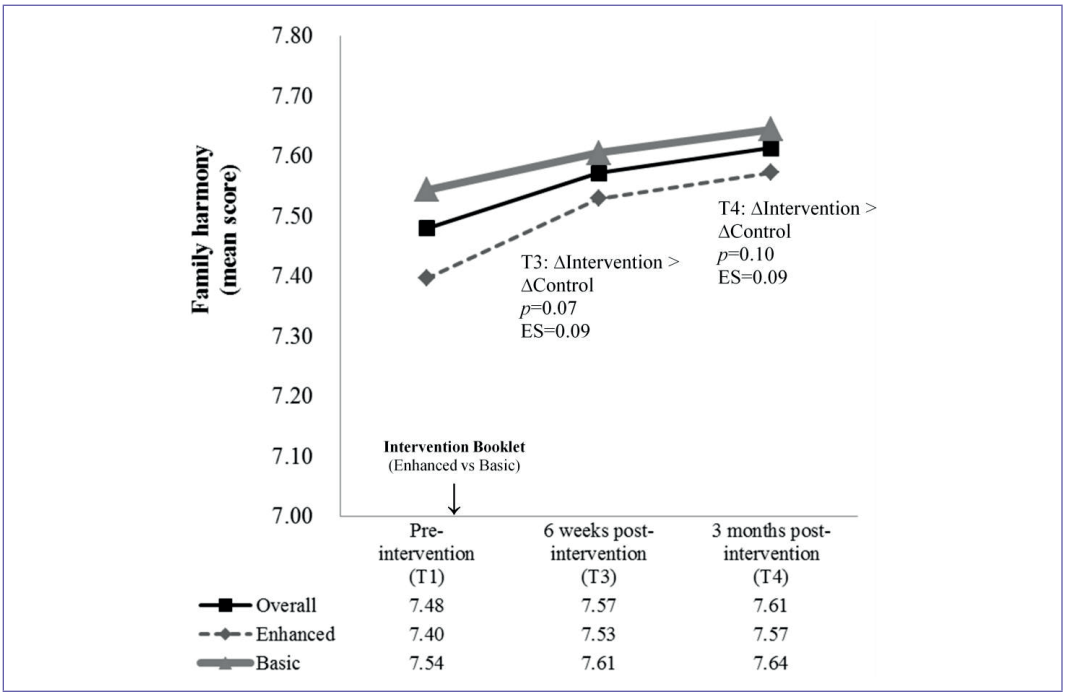


Figure 4.26 shows that the overall trend for family harmony mean score in the Basic and Enhanced Programme groups was similar. The score change did not significantly differ between the 2 groups at 6 weeks (p=0.07) or at 3 months (p=0.10) post-intervention.

Attitude towards, intention to and practice of behaviours learnt during core intervention

Figure 4.27 Attitude (4-20)

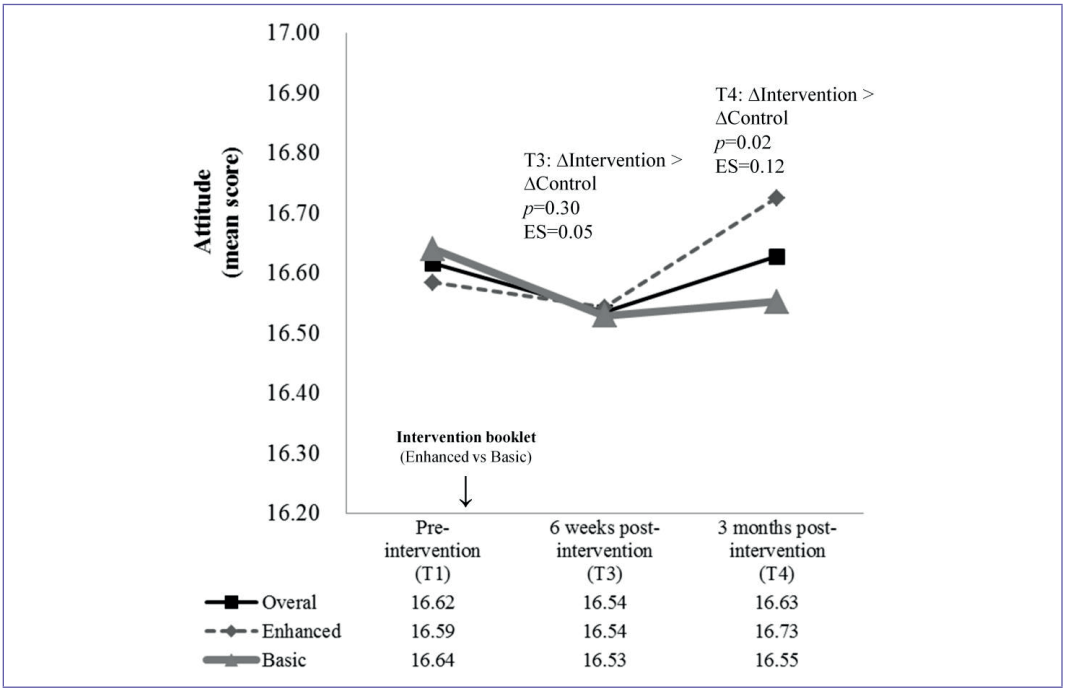


Figure 4.27 shows that there was no significant difference in the mean attitude scores between the Basic and Enhanced Programme groups at 6 weeks post-intervention (p=0.30). However, the intervention group had a significantly higher score than the Basic Programme group by 3 months post intervention (p=0.02).

Figure 4.28 Intention (4-20)

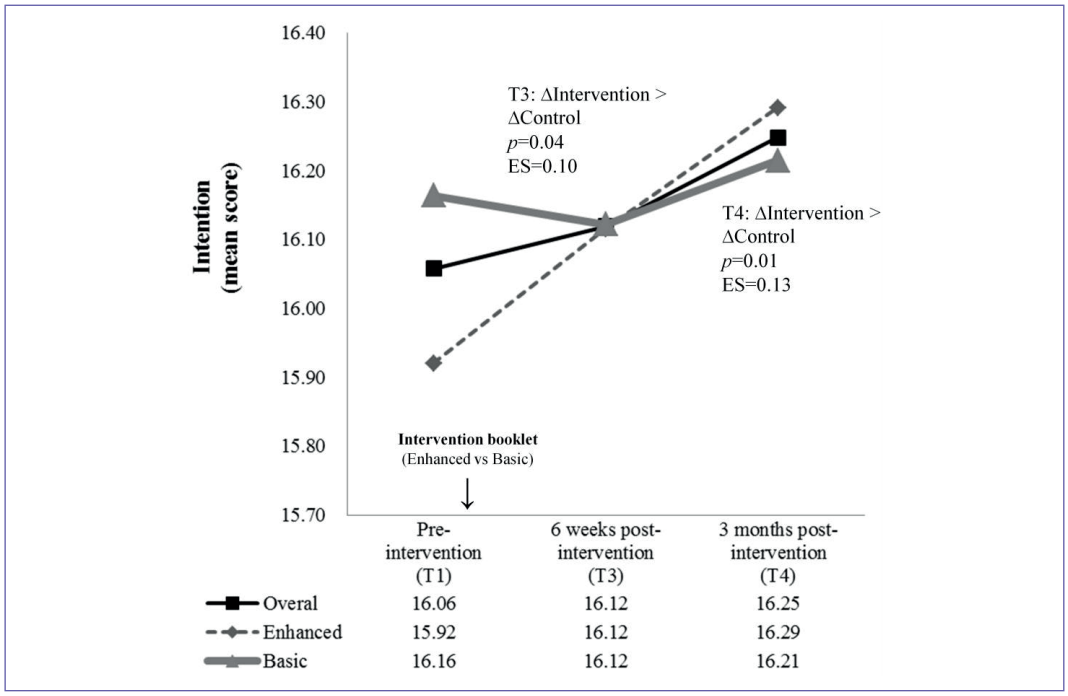


Figure 4.28 shows that compared to pre-intervention, both Enhanced and Basic Programme groups had a higher mean intention score at 3 months post-intervention. The Enhanced Programme group had a lower pre-intervention value than the Basic Programme group, where significant score change differences were observed between the 2 groups at both T3 and T4 (p=0.04 and p=0.01, respectively).

Figure 4.29 Behaviour (4-20)

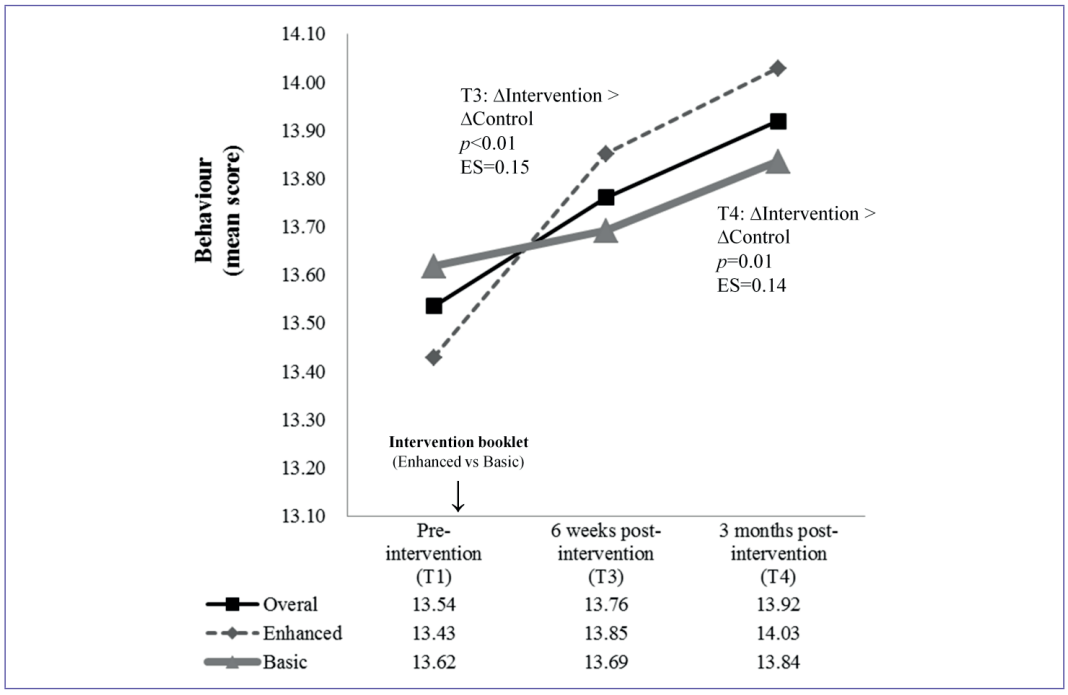


Figure 4.29 shows that compared to pre-intervention, a greater increase in mean behaviour score was observed in the Enhanced than the Basic Programme group at 6 weeks (p<0.01) and 3 months (p=0.01) post-intervention. Notably, compared with the Basic Programme group, the Enhanced Programme group had a lower mean behaviour score at pre-intervention but subsequently had a higher score at 3 months post-intervention.

4.4 DISCUSSION

4.4.1 Effect of the community-based intervention programmes over time

Overall, the community-based intervention programmes significantly improved the family relationship of the participants, as demonstrated by the Family Relationship Scale. Although the family cohesion component score did not change markedly from pre-intervention levels, the programmes significantly enhanced the expressiveness score and reduced the family conflict score. Participants could have improved overall family relationship through, for example, enhancing mutual understanding, avoiding unnecessary conflicts and improving communication among family members, all of which were aspects measured by the Family Relationship Scale.

Importantly, the intervention programmes improved the FAMILY Health, Happiness and Harmony among participants over time. Although the score appeared to fluctuate for the 3 scales where a score increase was observed immediately after intervention that was followed by a score decrease at 6 weeks post-intervention, the score at 3 months post-intervention was generally significantly higher than pre-intervention values. The immediate increase in scores at T2 after intervention could be attributable to a clearer understanding that participants gained towards the definition of FAMILY Health, Happiness and Harmony after the intervention. Specifically, the intervention programmes could have helped the participants to identify behaviours that could contribute to the 3Hs but were previously overlooked.

Overall, the intervention programmes did not affect self-perceived physical health although self-perceived mental health and happiness improved over time. It could be that the happiness and mental well-being of an individual coincides with FAMILY Health, Happiness and Harmony. Previous research demonstrated that a more favourable family environment contributes to greater individual well-being (Siedlecki et al., 2013; Suldo et al., 2013).

The intervention programmes did not have marked effects on the attitude that participants held towards the theme-specific behaviours suggested in the intervention programmes. Perhaps the attitude was already quite positive, so there was limited room for improvement. However, the intervention programmes allowed individuals to convert their positive attitudes to behaviours, as demonstrated by the significant increase in the intention to practice and actual practice of behaviours over time.

4.4.2 Effect of the theory-based Participant Booklet over time

As demonstrated by the lack of significant difference in the Family Relationship Scale scores between the Basic and Enhanced Programme groups, the Participant Booklet did not have an additional effect on improving the family relationship of participants over time. Specifically, the Booklet did not seem to have an effect on family cohesion and harmony scores although there was some evidence for participants in the Enhanced Programme group to score better on family expressiveness over time than their counterparts in the Basic Programme group. The findings suggested that various aspects of the Booklet could be useful for improving certain aspects of family relationship, but not all.

As inferred by the significant difference in mean scores between the Basic and Enhanced Programme groups, the Booklet had a somewhat positive impact on improving the 3Hs beyond the effect of the intervention programmes. Specifically, compared with the Basic Programme, the Booklet improved scores for family happiness and health, an effect that was particularly noticeable by 3 months post-intervention. The Booklet was also effective in enhancing the participants' attitude towards, intention to and practice in behaviours suggested in the intervention programmes.

Overall, the Participant Booklet appeared to be a useful supplementary material that can be used to enhance family relationship and the 3Hs alongside the community-based intervention programmes. However, future use of similar booklet interventions should consider practical problems that could be encountered, such as the loss of booklet. Further development of the Booklet to address its insufficiencies and enhance its effectiveness would be needed before using it in future intervention programmes.

4.4.3 Applying the CBPR approach to a Hong Kong population

The CBPR approach is valuable for engaging a large number of public health researchers and members of the community to actively promote social change together. This approach had been applied in a project entitled "Happy Family Kitchen I" which focused on improving family communication and targeted residents in the Yuen Long district. To extend the application of the CBPR approach in Hong Kong, the Enhancing Family Well-being Project aimed to enhance the 3Hs through improving family relationship among residents in Sham Shui Po.

Involving many different parties and organizations by using the CBPR is useful for extending programme outreach to different parts of the community and thereby, maximizing the beneficial effects that the programmes could have. The CBPR approach could also potentially strengthen working relationship across different participating organizations, which could be useful for future collaboration. Furthermore, the active participation of many different parties in society may help organizations with building better relationship with service users.

Sham Shui Po district is a relatively underprivileged district in Hong Kong that is home to many families with co-inhabiting elderly members and families with low socioeconomic status. Because of this, targeting interventions to enhance family relationship and the 3Hs at families in this district is well justified. However, there was a notable withdrawal rate from the project. For example, up to 34.4% and 32.2% of participants were lost to follow-up by 3 months post-intervention in the Enhanced and Basic Programme groups, respectively. The extended length of questionnaires used in this project could make participation tedious and less acceptable. For example, extra time and effort would be needed to help some participants (e.g. young children) during questionnaire completion. Furthermore, the vast amount of paper work involved would lead to work overload for some organizations in terms of data processing and additionally, increase the risk for loss of important data and documents. Hence, future projects applying the CBPR approach should consider striking a balance between obtaining important information that allows us to evaluate and improve our programmes, and the inconvenience that organizations and participants experience. At the same time, it could be useful to develop questionnaires that suit the need of different target groups (e.g. questionnaires that use simple language). This might help to enhance the participant retention rate.

4.4.4 Conclusions

The Enhancing Family Well-being Project successfully adopted the CBPR approach in attempt to improve the family relationship and 3Hs in Sham Shui Po. Throughout the project, all partners involved actively participated in programme design, development, implementation and evaluation. The effectiveness of the programmes was evaluated at 4 separate time points. Specifically, we found that:

- The intervention programmes significantly improved the family relationship and 3Hs among participants;
- The intervention programmes significantly increased the intention to perform and actual practice of theme-specific behaviours suggested in the programmes;
- The theory-based Participant Booklet was useful for improving family happiness, family health and the expressiveness component of family relationship;
- The Participant Booklet was effective in enhancing the participants' attitude towards, intention to and practice in behaviours suggested in the intervention programmes.

Overall, these results are encouraging and support the further development of community-based practice models implemented alongside supplementary planning activities to enhance family well-being.

4.5 QUALITATIVE EVALUATION OF INTERVENTION PROGRAMMES

4.5.1 Introduction and objectives

Focus group discussions and individual interviews were conducted after the Enhancing Family Well-being Project to collect qualitative data. Focus group discussions were conducted with programme participants as well as programme implementers (social workers and school teachers from the participating organizations); while individual interviews were conducted with community stakeholders. The aim of the discussions and interviews was to explore the opinions and experiences related to the project from different perspectives. The specific objectives of each type of evaluation are listed below:

Programme participant focus group discussions:

- To examine whether the intervention programme had enhanced family relationship;
- To examine whether the intervention programme helped to improve 3Hs;
- To explore the extent that the Participant Booklet can facilitate the performance of behaviours to enhance family relationship and 3Hs.

Social worker focus group discussions:

- To explore their experiences in conducting the community-based intervention programmes, in terms of programme planning and implementation;
- To explore the barriers encountered;
- To explore whether the Participant Booklet was effective in facilitating behaviour changes and 3Hs in participating families.

Community stakeholder individual interviews:

- To capture the views and opinions towards this project;
- To collect comments and suggestions for future improvement.

4.5.2 Methods

4.5.2.1 Data Collection

The programme participants were invited to attend a participant focus group discussion approximately 4 months after the core intervention session. Focus group participant recruitment was organized by each participating unit. A total of 24 focus groups were successfully conducted from July to November 2012. The inclusion criteria were as follows:

- Families who had participated in both the core intervention and booster sessions;
- Individuals aged 10 years or above.

For social worker focus group discussions, the programme implementers were invited to attend a focus group discussion. 4 focus group discussions were completed in December 2012. A wide range of community stakeholders were invited for individual interviews. A total of 9 interviews were conducted from March to May 2013 and 6 were included in the analysis.

Participation in the focus group discussions or individual interviews was voluntary, and written consent (and a questionnaire on demographics) was collected from each participant before the discussion began. All personal information collected was kept confidential and was used for research purposes only. The discussions and interviews were semi-structured. An open-ended interview guide was provided to interviewers. Questions were designed according to the aims of the project.

All group discussions lasted for approximately 60 minutes. Each focus group discussion or individual interview was managed by a panel of at least 1 moderator and 1 or 2 note-taker(s) from The University of Hong Kong. The interviews were mainly conducted in Cantonese. A HK$50 shopping coupon was offered to participants of the programme participant focus group discussions as an incentive.

4.5.2.2 Data Analysis

To maximize data quality, all interviews were audio-taped and transcribed verbatim, in order to capture every nuance of expression unique to the dialect. At least 10% of the transcripts were double-checked against the tape recordings. Qualitative data were analysed using thematic content analysis. Open coding was performed where codes were arranged into different categories, and further integrated into themes. Data comparison within and between groups was also conducted. All the analysis procedures were conducted manually.

4.5.3 Results and discussion

4.5.3.1 Programme participant focus group interviews

4.5.3.1.1 Composition of focus groups

A total of 179 participants from 138 families were interviewed, with numbers in each group ranging from 4 to 11. Details of group composition are shown in Table 4.5. A total of 12 groups of participants covered the theme Gratitude, 8 Hope/Resilience and 4 Open-mindedness. For the group nature, 4 groups consisted of elderly participants, 9 of family, 7 of child and youth, and 4 of rehabilitated participants.

Table 4.5 Composition of focus groups

Group ID	Themes	Group nature	Intervention	No. of families	No. of participants
1	Open-mindedness	Elderly	Control Arm	5	8
2	Gratitude	Elderly	Control Arm	8	8
3	Gratitude	Elderly	Control Arm	5	10
4	Open-mindedness	Elderly	Intervention Arm	7	7
5	Gratitude	Family	Intervention Arm	7	8
6	Hope/Resilience	Family	Control Arm	8	9
7	Gratitude	Family	Control Arm	4	4
8	Gratitude	Family	Intervention Arm	6	9
9	Gratitude	Family	Control Arm	7	7
10	Hope/Resilience	Family	Control Arm	9	9
11	Gratitude	Family	Intervention Arm	5	9
12	Gratitude	Family	Intervention Arm	7	7
14	Hope/Resilience	Family	Intervention Arm	6	6
16	Hope/Resilience	Child & Youth	Intervention Arm	8	8
18	Gratitude	Child & Youth	Control Arm	4	8
19	Hope/Resilience	Child & Youth	Control Arm	6	7
20	Gratitude	Child & Youth	Intervention Arm	11	11
21	Open-mindedness	Child & Youth	Intervention Arm	2	4
23	Hope/Resilience	Child & Youth	Intervention Arm	3	5
24	Open-mindedness	Child & Youth	Control Arm	6	8
26	Hope/Resilience	Rehabilitation	Control Arm	3	6
27	Gratitude	Rehabilitation	Intervention Arm	3	6
29	Gratitude	Rehabilitation	Control Arm	5	9
30	Hope/Resilience	Rehabilitation	Intervention Arm	3	6

4.5.3.1.2 Sample characteristics

The characteristics of the sample are shown in Table 4.6. The majority of focus group participants were female (73.6%), aged 35 to 54 (48%), married (64.6%), and had been living in Hong Kong for 7 years or more (76.6%). The majority had a relatively low educational level, 92.1% educated only to Secondary 5 or below. Nearly half of the participants (49.4%) were born in Guangdong Province. Over half of the participants were not currently working or housewives (54.4%) and had a monthly household income of less than HK$10,000 (52.1%).

Table 4.6 Demographic characteristics of focus group participants (n=178)

Characteristics	n	(%)
Gender		
Male	47	(26.4)
Female	131	(73.6)
Place of birth[b]		
Hong Kong	62	(35.2)
Guangdong Province	87	(49.4)
Other province in China	22	(12.5)
Others	5	(2.8)
Age[c]		
Below 18	23	(13.1)
18-34	15	(8.6)
35-54	84	(48.0)
55 or above	53	(30.3)
Length of residence in Hong Kong (years)[e]		
< 7	39	(23.4)
≥ 7	128	(76.6)
Marital status[c]		
Single	34	(19.4)
Married	113	(64.6)
Separated	15	(8.6)
Widowed	13	(7.4)
Education[a]		
Primary or below	68	(38.4)
Secondary 1-5	95	(53.7)
Matriculation or above	14	(7.9)
Employment status[d]		
Student/Employed	48	(28.4)
Seeking job/Unemployed/Housewife	92	(54.4)
Retired	29	(17.2)
Monthly household income (HK$)[f]		
≤ 9,999	85	(52.1)
10,000-19,999	41	(25.2)
≥ 20,000	10	(6.1)
Not sure/No stable income	27	(16.6)
Living with[g,h]		
None/Live alone	5	(2.9)
Father	19	(10.9)
Mother	35	(20.0)
Siblings	20	(11.4)
Grandfather/Grandmother	6	(3.4)
Children	99	(56.6)
Grandchildren	7	(4.0)
Spouse	93	(53.1)
Nephew/Niece	2	(1.1)
Father/Mother-in-law	9	(5.1)

[a] 1 missing value, n=177
[b] 2 missing values, n=176
[c] 3 missing values, n=175
[d] 9 missing values, n=169
[e] 11 missing values, n=167
[f] 15 missing values, n=163
[g] Respondents could choose more than one option in this question;
[h] The total number of respondents in each category was 175.

4.5.3.1.3 Qualitative findings

A total of 179 participants participated in the focus group discussions. Most participants had happy and enjoyable moments with their family members during the programmes. They discussed what they had learnt from the programmes, changes in the family as well as their views on the Participant Booklet.

Themes	Subthemes	Quotes
Gains from the programme	Personal	*Learnt to be "gratitude-minded"* "我覺得啲小朋友識得去感恩囉。"(A mother, U11, 40A) "I feel that my children know how to be grateful now." (A mother, U11, 40A) "其實我覺得呢次(活動)呢…會帶領我哋呢從唔同角度去感恩，其實我以前唔識諗㗎。"(A mother, U12, 18A) "I think (the programme)… could lead us to be grateful from different perspectives, this is something that I wasn't able to do before." (A mother, U12, 18A)
	Social	*Expanded social network* "以前大家(左鄰右里)啫撞口撞面都比較都冇(打招呼)…(覺得)生外啲喎…啫參加多啲呢啲活動…個個都…傾吓偈好似都唔使有咩避忌呀咁樣…開朗啲個人…開懷啲咁呀。"(An elderly man, U2, 3B) "In the past, I seldom (greeted our neighbours) even we saw each other... But after participating more in this kind of programmes… we are able to converse comfortably and become more open to one another. We become happier… and more positive." (An elderly man, U2, 3B) "佢(小朋友)都可以識到朋友吖嘛。"(A mother, U11, 29A) "S/he (child) was able to meet new friends." (A mother, U11, 29A)
	Familial	*Discovered the strengths of family members* "玩個野外定向(活動其中一個環節)嗰時，我估唔到我個仔原來咁叻咁樣搵地方！"(A mother, U10, 20A) "I only realized my son has a good sense of direction during the orienteering (one programme activity)!" (A mother, U10, 20A) "依家諗番都覺得我老公幾好，陪細路仔玩。(我)就會比較正面啲囉，好似好耐都冇諗對方嘅優點。"(A mother, U6, 48A) "Upon reflection, I started to appreciate the merits of my husband as he's willing to play with our child. Now (I) have become more positive. It seems it's been a long time since I last noticed my partner's merits." (A mother, U6, 48A) *Valued family members more* "我覺得對家人，重視咗啲咁多。"(A mother, U12, 20A) "Now I value my family members more." (A mother, U12, 20A) "(我)成熟咗咁呀，知道原來家人係咁重要㗎。"(A man, U27, 5A) "(I) have become more mature and have realized how important my family is to me." (A man, U27, 5A)

Changes after the programme	Behavioural aspects	*Increased involvement in household chores* **“依家呢(我)就會自己裝飯呢，起碼做吓…啫分工做吓多少嘢啦…以前冇裝飯嘅，依家裝飯…特登等佢(太太)抖一抖呀。”**(A husband, U2, 22A) “(I) now ladle out the rice by myself… to share some of her (wife’s) workload. I didn’t help her before, but now, I help her with the rice to let her rest a bit.” (A husband, U2, 22A) **“佢(小朋友)參加咗呢個活動之後呢，佢變咗依家好勤力呢幫我做啲家務，執嘢呀…啲地下邋遢呢幫我掃吓，以前從來未試過！”**(A mother , U10, 6A) “After participating in this programme, s/he (child) started to take up chores around the house, like tidying and sweeping. S/he had never done that before!” (A mother, U10, 6A)
	Behavioural changes of parents	*Provided more opportunities for the children to be involved* **“多啲俾佢哋(小朋友)發揮啦，即係知道佢哋都識包餃子，即係佢哋都可以包啦，好多嘢都可以俾機會佢哋玩呀。”**(A father, U8, 46A) “Allow them (children) actualize their potentials, as I noticed they know how to prepare the dumplings, I’ll let them do it. There are many opportunities for them to engage in different activities.” (A father, U8, 46A) **“我覺得如果屋企兩個小朋友可以做到啲嘢，咁應該俾佢哋去做。平時屋企啲嘢自己一個人攬上身。依家細佬同埋家姐，如果有啲嘢可能做到，咁都俾佢哋。”**(A mother, U6, 11A) “I think I should let my two children help with the housework if they are capable of doing so. In the past, I did all the housework by myself. Now, I’ll let them do the housework which they are capable of doing.” (A mother, U6, 11A)
	Emotional aspects	*Better emotional control* **“(活動)之後佢(小朋友)忚憎或者咩呢，即係佢好快調節番囉，即係冇咁容易發脾氣。”**(A mother, U11, 34A) “After (the programme), s/he (child) could regulate his/her emotions in a short period of time even when s/he is irritated, it’s less likely for him/her to throw a tantrum.” (A mother, U11, 34A) **“即係(我)以前控制唔到(脾氣)啦…依家(我)就會即係紓緩吓囉，或者出去洗個面啦或者行開吓啦。”**(A mother, U19, 24B) “In the past, (I) wasn’t able to control (my temper)… now (I) could handle it. I relax myself by washing my face or taking a break from the situation.” (A mother, U19, 24B) *More understanding towards family members* **“之前係因為好少理解到佢(媽媽)做一啲嘢係點解，我就覺得佢成日噫噫哦哦。參加完活動之後，你又明白佢點解要咁樣講。雖然都好煩，我都理解佢係為咗我好嘅。”**(A daughter, U6, 30B) “In the past, I seldom thought about the purposes of her (mother’s) behaviours, I just felt she was always nagging. After this programme, I am able to understand why she behaves the way she does. Although it might be annoying, I know it is for my own good.” (A daughter, U6, 30B) “We got to know our parents better.” (A daughter, U24, 1B)

		Positive thinking and attitude **“我自己識得即係諗嘢好似有少少…開通咗，以前呢我真係唔識諗…即係唔識諗，成日都係諗住啲唔開心嘅嘢。”**(A mother, U12, 18A) “I think I have learned to think from different perspectives and have become more open-minded. In the past, I didn’t know how to think in that way, and always ruminated about the negative aspects.” (A mother, U12, 18A) **“你諗嘢簡單啲，你會開心啲；你怨恨少啲，你嘅快樂仲多啲囉。”** (A wife, U27, 3A) “If you could think in a simple way, you will be happier; when you have less grudge against others, you will be happier that way.” (A wife, U27, 3A)
Family communication	Openly discussed with family members	**“有咩事咁大家(與家人)…啫有商有量呀，唔使屈喺個心嗰度。”** (A husband, U2, 11A) “I discuss different issues openly with my family… and I won’t keep them to myself.” (A husband, U2, 11A) **“啫係有時呢(家人)有咩意見不合嘅話唔會即刻話嗌交嗰啲，會慢慢坐低傾吓點樣，即係都會花時間傾吓。”**(A son, U18, 13A) “We (family) won’t immediately start an argument when we have disagreements. We try to discuss (the issue) calmly, and we are willing to spend time to talk.” (A son, U18, 13A)
	Shared personal feelings and experiences with family members	**“多啲去分享，自己身邊開心與唔開心嘅嘢去同佢(家人)講多啲囉。”** (A mother, U20, 31B) “Now we share our feelings more often, and I am more willing to share my happiness and sadness (with my family members).” (A mother, U20, 31B) “But they (children) tell me their secrets too.” (A mother, U24, 7A)
	More communication	**“同屋企人溝通囉！以前成日自己匿埋一個人喺房，依家自從參加咗呢個活動之後，多咗同屋企人溝通，好過自己匿埋喺房。”**(A son, U18, 13A) “Communicate with family members more often! I used to hide myself in my room. After participating in this programme, I communicate with my family members more. It is better than just hiding in my room.” (A son, U18, 13A) “We start talking to each other more.” (A daughter, U24, 1B) *More topics of conversation* **“回來(活動後)比較有話題一點，平時我對著我兒子我不懂跟他說什麼。”**(A mother, U23, 49B) “We have more topics of conversation (after joining the programme). In the past, I didn’t know what to talk about with my son.” (A mother, U23, 49B) **“轉變？咪話題多咗囉…起碼同你去咗街返嚟咦…咁樣有呢樣開唔開心(事情)喎…呢樣嗰樣咁囉。”**(A mother, U21, 35B) “Change? We now have more topics to talk about… at least we are able to share our happiness and sadness when going back home after being out together.” (A mother, U21, 35B)

	Improvement in communication quality	*Improved communication skills* **“說話圓(圓滑)呀，呢個對方(家人)容易接受。”**(A husband, U2, 7B) “Speak more tactfully, this makes it easier (for my family members) to accept what you’re saying.” (A husband, U2, 7B) **“以前未參加過呢樣活動啊，之前未聽過社工啊講解呢啲嘢嘅問題，大家溝通就直鼓打直搥，一句就一句，唔識得轉彎抹角囉，即係溝通嗰個方法，即係技巧，即係柔軟啲囉，婉轉啲囉。”**(A father, U5, 38A) “I haven’t participated in this kind of programme before, and never heard social workers talking about this issue. We used to express ourselves in a direct manner and said exactly what we thought. We didn’t know how to speak indirectly, a way that involves the use of communication skills and techniques, such as speaking tactfully.” (A father, U5, 38A) *Expressed more appreciation* **“嚟到呢度參加啲活動，知道讚佢哋(小朋友)多啲，對細路好啲。”**(A mother, U8, 45A) “After participating in this programme, I now know that it is better to them (children) if I praise them more.” (A mother, U8, 45A) **“響呢度學識多啲，(以)行動語言表達嗰啲嘢(對小朋友的讚賞)，即係以前少啲吖嘛。”**(A mother, U9, 8A) “I have learnt more about (praising children) by taking actions and using words, something I didn’t do much in the past.” (A mother, U9, 8A) *Less criticism and punishment* **“以前(小朋友)唔聽話就攞籐條打，依家就多啲講吓道理。”**(A mother, U11, 26A) “When (my child) was naughty, I used to hit him/her with a cane. Now I try to be more rational when discuss with him/her.” (A mother, U11, 26A) **“譬如話以前考得唔好…我咪罵佢(小朋友)，仲會打佢，我依家就唔係，我依家會同佢講「我個仔得㗎！」”**(A mother, U23, 49B) “For example, if he (son) got bad grades, I would have scolded or even hit him, but now I tell him ‘my son can make it!’” (A mother, U23, 49B)
Family relationship	Strengthened family relationship	**“我覺得對我哋嘅親子關係都有改善嘅，提醒番我哋多啲用語言溝通啊，行動表示啊，有改進。”**(A mother, U5, 12A) “I think our parent-child relationship has improved. We were reminded to use more verbal communication, and express our feelings through actions. There is an improvement.” (A mother, U5, 12A) “So I am getting quite close with my dad right now. Now we do everything together. When we are alone, we go out together and have some father-daughter time.” (A daughter, U24, 1B)
	Showed respect and acceptance to family members	**“關於我呢代人嚟講呢，即唔係幾識尊重屋企人嘅，經過呢個(活動)對比呢就…我就學咗好多嘢，起碼呢對屋企人嘅尊重先啦。”**(An elderly man, U2, 24B) “People in my generation might not know how to respect our family members. I learned a lot (from the programme), at least I learned to respect my family members.” (An elderly man, U2, 24B) **“其實首先你都要包容你身邊親戚又好，或者家人又好，都要包容囉。”**(A wife, U27, 3A) “First, you should show understanding towards your relatives and family members.” (A wife, U27, 3A)

	Expressiveness (Express love and care to family members)	“同埋(與家人)身體接觸都多咗。我個女依家成日嚟攬我，以前佢都唔會。”(A mother, U9, 23A) “(We have) more physical contact (with our family members) than before. My daughter now hugs me more often, and she never did that before.” (A mother, U9, 23A) “多啲送禮物俾屋企人…自己用手繪一啲心意卡送俾佢哋(父母)囉！會寫啲嘢俾佢哋同埋自己畫。”(A son, U18, 13A) “Send more gifts to family members… draw some greeting cards for them (parents)! I will write and draw something for them by myself.” (A son, U18, 13A)
	Less conflicts	“咁起碼呢…唔會同後生呢傾嗌交嗰啲頂頸嗰啲。”(An elderly man, U2, 7B) “At least, I will not be quarrelsome and argue with youngsters.” (An elderly man, U2, 7B) “以前成日同媽媽嗌交，依家有。媽咪以前成日同爸爸嗌交，依家冇乜。”(A daughter, U11, 34B) “In the past, I always argued with my mother, now I don’t. My mother used to argue with my father frequently, now they don’t.” (A daughter, U11, 34B)
	Spent more time with family members	“依家有時會嗱嗱聲做(家務)快手啲，咁就抽啲時間(和家人)傾吓偈呀。”(A mother, U18, 13B) “Now, I try to finish (housework) quickly in order to spare some time to chat (with my family members).” (A mother, U18, 13B) “禮拜一到禮拜日都忙啊，依家就會(和家人)揀一日睇吓相啊，講吓故仔啊，咁就會抽一日囉，即係我就會覺得係呢樣嘢就值得。”(A mother, U19, 31B) “I used to be busy from Mondays to Sundays. Now I squeeze 1 day (with my family) to look at photos and telling stories. I think it is worthwhile to do so.” (A mother, U19, 31B)
	A chance to stay together	“(活動)可以維繫一家人感情，一齊(參與活動)有個合作性。”(A mother, U6, 50A) “(The programme) could enhance the relationship and cooperation among our family members.” (A mother, U6, 50A)
Changes on 3Hs	Family harmony	“無錯啦…和諧啲啦…有講有笑啦…唔…我(家庭)就有咁嘅現象啦。”(An elderly man, U2, 22A) “Exactly… has become more harmonious, chat more and smile more. Now I’m able to observe this (happening in my family).” (An elderly man, U2, 22A) “和諧咗好多啦，起碼都有咁多拗撬吖。”(A grandmother, U23, 41B) “… has become more harmonious, at least we have fewer arguments now.” (A grandmother, U23, 41B)
	Family happiness	“全家都會開心咗啦我覺得！”(An elderly woman, U4, 33B) “I feel that our family has become happier!” (A elderly woman, U4, 33B) “全家人都開心，人都笑容好咗。”(A mother, U30, 15B) “All family members have become happier and smile more.” (A mother, U30, 15B)

	Family health	“即係食嘢方面以前呢，鍾意食就食囉，冇乜限制！但係依家呢，諗諗吓阿仔好似愈嚟愈肥，係啦，可能食得肉類太多，咁所以食多啲蔬菜呀，魚呀嗰啲囉，減少食肉類囉，都有減少囉！食嘢方面成日提住佢囉…”(A mother, U18, 13B) “In the past, I ate what I wanted to without restriction! But now I notice that my son’s gaining weight, probably due to excessive meat consumption. So now we eat more vegetables and fish, and less meat. I always remind my son to be careful when making dietary choices...” (A mother, U18, 13B) “(我們)更加加注重呢個健康囉，即係從生活飲食呀，同埋個運動方面呀咁，即係會注重多啲，督促吓對方囉。”(A mother, U16, 33B) “(We are) more concerned with staying healthy. We stay healthy by paying attention to our lifestyle, like eating and exercise habits. We also look out for each other.” (A mother, U16, 33B)
	3Hs were intermingled	“因為和諧咗，大家開心咗，咁啊病都少，正面嘅健康梗係都有啦，即係情緒上面都健康咗好多啦。”(A mother, U5, 10A) “Because we now have a more harmonious relationship, we are happier, and less likely to get ill. Of course, our health has been positively affected, our emotions have also been improved.” (A mother, U5, 10A) “我覺得呢就…即係可能家庭融洽咗呢就，嗰個情緒好咗之後呢，覺得個抵抗力好似都增強咗少少，(以前)好易感冒嘅，依家就少啲囉。”(A mother, U16, 29A) “I think possibly because our family has become more harmonious, and everyone has improved emotions, so my immunity has also slightly improved. (In the past), it was easy for me to catch a cold, but now, I’m less likely to get sick.” (A mother, U16, 29A)
Participant Booklet	Design	*User-friendly* “(小冊子)輕輕鬆鬆就咁樣貼吓(貼紙)就得囉！咁唔使你慢慢寫字仲頭痛。”(An elderly woman, U4, 3B) “The task of sticking (stickers) in (the booklet) is simple enough. This avoids the hassle encountered when having to write.” (An elderly woman, U4, 3B) *As a reminder* “咁呢本簿(小冊子)都有好處嘅，咁當你忘記咗依樣嘢(行為指標)，你睇番，即係你每日都要做呢件事吖嘛，咁做依樣事之前，睇番，就不斷提醒你。”(A mother, U11, 29A) “There is an advantage in using this (the booklet). When you forget them (the behavioural indicators), you could refer to the booklet. It could remind you to complete those tasks on a daily basis.” (A mother, U11, 29A) *Useful in enhancing family relationship* “(小冊子)有用㗎，對啲小朋友有用，鼓勵啲小朋友做多啲咁嘅嘢(行為指標)呢，對親子關係好。”(A father, U8, 46A) “(The booklet) is effective for children. It could encourage children to practice (the behavioural indicators) more, as these behaviours are good for parent-child relationship.” (A father, U8, 46A) “去飲兩次茶又去曹公潭玩吓，大家即又填吓呢啲嘢(小冊子)，咦我好似增加咗(夫妻)感情咁喎！”(A wife, U4, 33B) “We went to ‘yum cha’ twice and Tso Kung Tam to have fun. We filled in (the booklet) together and it appears to enhance our (husband and wife) relationship!” (A wife, U4, 33B)

	Barriers in completing the booklet	*Forgetfulness* “(我) 都未必記得日日做 (行為指標)。”(A mother, U5, 16B) “(I) might not remember to act them (the behavioural indicators) out on a daily basis.” (A mother, U5, 16B) “有時有時會…(我) 唔知呀…有時掉…有時掉低咗…一下子就忘記咗…唔記得 (小冊子)。”(A mother, U21, 35B) “Sometimes… (I) don’t know… sometimes I put it (the booklet) aside and forgot it.” (A mother, U21, 35B) *Busy life* “我唔係唔想做 (小冊子)，之不過呢係我要做功課嘅關係，我先有時間做。”(A son, U27, 5A) “It’s not that I didn’t want to complete (the booklet), but I didn’t have time to do it because I had to do my homework.” (A son, U27, 5A) “我 (做家務) 太忙呀。”(A mother, U27, 5B) “I was too busy (in doing housework).” (A mother, U27, 5B) *Difficult for some participants* “好複雜，(我) 唔知點樣去做 (小冊子)。”(A mother, U20, 31B) “It (the booklet) was quite complicated and (I) didn’t know how to complete it.” (A mother, U20, 31B) “我填 (小冊子) 就唔係困難，但係你唔明白佢 (小冊子) 嘅意思，做上去真係有啲難。”(A father, U5, 38A) “It was not difficult for me to fill in (the booklet), but it was hard to understanding, making me difficult to complete.” (A father, U5, 38A) *Absence of other family members* “因為自己一個做 (行為指標) 唔到吖嘛。”(An elderly man, U4, 13A) “I couldn’t perform them (the behavioural indicators) alone.” (An elderly man, U4, 13A) “做 (小冊子) 嗰時…唉，有時可能或者你哋喺度咁…阿仔又唔喺度，可能你又有做嗰個動作 (實踐行為指標)。”(A mother, U12, 21A) “When I attempted to carry out certain tasks (the behavioural indicators as suggested in the booklet), my son might not have been there… and thus, they (the behavioural indicators) might not have been performed.” (A mother, U12, 21A)
Questionnaires	Advantages	*Understood the rationale of filling in questionnaires* “但係我就覺得呢，即係我覺得，我、我自己填咗 3、3 次 (問卷) 啦，咁我第一次呢，就唔係好了解 (內容) 嘅，咁就都唔知覺得係乜，咁但係第二次開始呢，就好啲啦喎，知道啦喎。呀，原來即係你哋做呢個計劃嘅目的，就係想我哋了解屋企人啦，咁直到最後呢次，我就真係好了解。”(An elderly woman, U3, 5A) “I think I had filled in (the questionnaires) for 3 times. At the first time, I didn’t quite understand (the content) and I wasn’t sure what I was doing. Things became better from the second (questionnaire administration) onwards. I started to understand. I realized the objective of this project was to let us understand our family more. I understood (the project objective) very well by the final questionnaire administration.” (An elderly woman, U3, 5A)

	“我哋依家要了解，佢今次個活動係乜嘢性質，吓我哋唔係次次活動都係咁樣嘅，我哋嚟得參加呢我哋要知道今次嘅活動係出席嚟做乜，唔係真係話嚟為飲嗰餐茶。人哋做嗰啲問卷拎去係有用處，所以先要我哋填咁多次。”(An elderly woman, U4, 21B) “We now have to understand the nature of this project. Not every programme was the same in nature. We should understand the reasons behind participating in the programme, but not for the sake of food. We were invited to complete questionnaires several times because the questionnaires were useful.” (An elderly woman, U4, 21B) *Inspiring and reflective* **“嗰個問卷，問你啲問題，你就思想呢個問題呢，就啟發到你囉。”**(An elderly man, U1, 8B) “Giving each question on the questionnaires some thought might inspire you.” (An elderly man, U1, 8B) **“拎番屋企填(問卷)禮拜日，我坐喺度，真係坐喺度，好細心咁睇，原來真係，真係玩咗呢幾次之後，又真係改變咗。好似我以前對佢(家人)呢，真係好衰。”**(A wife, U3, 5A) “I took (the questionnaire) home to fill in. I sat down and read it carefully. It is true to say that after joining this programme a couple of times, something has changed. For example, I realized that I didn’t treat him/her (a family member) well in the past.” (A wife, U3, 5A)
Barriers in filling the questionnaires	*Lengthy and repetitive* **“我覺得問卷呢，啫係(內容)好似好重覆呢，會令人好** confuse**，好難填，有啲有啲真係，係模稜兩可，係咪好似，啫係好多重覆呀，變咗好似好長呢，做成一百條題。”**(An elderly woman, U3, 14A) “I think (the content of) the questionnaire was too repetitive, confusing and hard to fill in. Some questions lacked clarity. It seemed many parts were repetitive, making the questionnaire too lengthy to include almost 100 questions.” (An elderly woman, U3, 14A) **“我覺得問卷又太多，即係次次嚟親(活動)都係要填。”**(A man, U26, 38B) “I think there were too many questionnaires. I had to fill it in every time I attended (the programme).” (A man, U26, 38B) *Difficult for certain groups of participants to understand* **“我覺得(填問卷)年齡上可唔可以唔好 8 歲，因為你 8 歲有啲呢你覺得佢(參加者)年歲太細都唔識字，佢都唔識填，咁佢根本就唔明白問卷內容。”**(A mother, U7, 5A) “Could the minimum age (for questionnaire completion) not set as 8 years old? Some of the 8 years old (participants) were still too young to read the questions and were unable to fill it in. They could hardly understand the meanings of the questions.” (A mother, U7, 5A) **“一講呢我哋呢啲老人家呢，唔係個個都程度咁高(填問卷)，而且呢個眼力又唔夠，手力又唔夠。”**(An elderly woman, U4, 27B) “Generally speaking, not all the elderly have the ability (to complete the questionnaire). We don’t have good eyesight, and our hands might not be strong enough.” (An elderly woman, U4, 27B)

There were 3 themes, namely Gratitude, Hope/Resilience, and Open-mindedness, and each theme contained several behavioural indicators.

Themes	Behavioural indicators	Quotes
Gratitude	Express your gratitude to family members using language	"(以前覺得)佢(丈夫)同我做嘢應份嘅。但係依家覺得好似，都唔係嘅，都要講聲「多謝」呀，呀「唔該」。"(A wife, U3, 5A) "(I used to believe that) it was his (husband's) responsibility to help me. But now, I think otherwise… that I should express my gratitude by saying 'thank you' and 'please' to him." (A wife, U3, 5A) "即係會好多謝(家人)咁，幾十歲老人家仲要煮嘢呀俾我哋食呀咁。"(A daughter, U27, 37A) "I will be grateful (to my family). Despite being old, s/he still prepares meals for us." (A daughter, U27, 37A)
	Express your gratitude to family members using actions	"之前佢(小朋友)唔黐成日嚟攬啊成日嚟抱你，唔敢錫啊，依家就多咗囉。"(A mother, U5, 18B) "In the past, s/he (child) rarely hugged and didn't dare to kiss you. Now s/he does it more often." (A mother, U5, 18B) "感恩卡…耐唔耐送一張俾你…又話喺學校寫畫幅圖畫送俾你吖…俾你吖叫你加油吖…即寫話多謝媽咪吖唔知做乜嘢吖…個衰女又真係會…有陣時坐喺度睇吓電視又話「哎吖，我幫你按摩吓隻腳啦…」即會做多咗呢啲。"(A mother, U20, 41A) "Greeting card… my daughter gives me once in a while, or she would tell me that she drew something for me at school and encouraged me to cheer up… she will also write messages to thank me. Sometimes when we are watching TV, she will say 'Let me massage the feet for you'. She has been doing things like these more." (A mother, U20, 41A)
	Express love and care to family members using language	"其實我仔仔呢就會，(參加完)呢個活動呢佢日日都「哥哥我愛你」，佢真係日日夜晚都嗌一次，不過就會靜雞雞「媽咪我愛你啊」、「I love you 啊」咁樣，但係呢佢以前呢就唔會同屋企人都講啦，佢依家返嚟做功課嘅即係日日都會講一次。"(A mother, U5, 10A) "(After this programme), my son said 'I love you, brother' out loud every day, he really did it once every night. However, he only whispered, 'I love you, mum' to me. He didn't use these phrases when talking to family members in the past. Now he uses them once a day when he is doing his homework." (A mother, U5, 10A) "點講呢…啫我呢代嘅人，以前好少話…即講句話「我愛你」呀乜嘢嘢…好少講嘅。依家呢…依家嘅話，就知道呢，有啲(說話)啫有乜所謂一樣講出嚟。"(An elderly man, U2, 24B) "How should I explain… people of my generation rarely say 'I love you' or express our love verbally. But nowadays, we know that it's alright to say it out loud." (An elderly man, U2, 24B)
	Share heart-warming experience and stories around you with your family members	"其實自己見到啲，即係好嘢，都會同細路仔講，係啊我哋依家咁樣做嘅，坐車啊，有時呢啲嘢呢會分享嘅。"(A mother, U5, 10A) "When I see something good, I will share it with my children. That's what we do now… when we are travelling (on transportation), we share heart-warming experiences and stories with each other." (A mother, U5, 10A) "分享好人好事。即係有時自己見到，都係真係喺身邊，即係有時有人幫咗自己呢，我都會同屋企人講番，係呀，我遇到咩困難呀，邊個邊個幫咗我咁樣。"(A mother, U9, 9A) "Sharing heart-warming experiences and stories... sometimes I witness these happening around me. If someone helps me, I will share the story with my family, explain the difficulties I encountered and the help I received." (A mother, U9, 9A)

Hope/Resilience	Encourage and provide support to family members using actions	“有時見佢(小朋友)咁聽話，都買啲嘢氹吓佢，有時又獎勵吓佢、鼓勵吓佢。”(A mother, U6, 35A) “Sometimes when s/he (child) is well-behaved, I buy something to reward him/her. Sometimes I reward him/her, sometimes I encourage him/her.” (A mother, U6, 35A) “但依家唔係啦…做得好，咁就獎勵呀，帶佢去麥當勞呀，俾啲鼓勵嘅說話佢呀，「你可以做得更加好㗎！」咁樣囉，以前唔識㗎嘛。”(A grandmother, U23, 41B) “Now things are different. If s/he (child) behaves well, I will reward him/her, like bringing him/her to McDonald’s, or give him/her some verbal encouragements, like ‘you can do it even better!’. I didn’t do this in the past.” (A grandmother, U23, 41B)
	Discuss and solve out family problems together with family members	“譬如我哋有咩問題，我哋都一家人坐埋一齊商量。”(A mother, U23, 49B) “For example, when we encounter any problems, our whole family will sit together and talk through it.” (A mother, U23, 49B) “咪參加咗呢個活動之後，認識到好多嘢都要一家人咪坐…坐低(商量)就解決到問題囉。”(A grandmother, U23, 41B) “From this programme, I have learnt that many problems could be solved when we sit together (to discuss problems) as a family… this allows a solution to be found.” (A grandmother, U23, 41B)
	Set positive family goals with family members	“屋企好似有目標咗。之前就漫無目的，唔知屋企將來會點。依家係諗住點樣做會對屋企將來好啲囉。”(A daughter, U6, 30B) “Our family appears to have a goal now. We didn’t use to have family goals and didn’t know about our future. Now, we think about what could be done for the future of our family.” (A daughter, U6, 30B) “反而依個(轉變)我有少少喎，對於呢個情況之下。因為咁啱我個 BB 仔咁上個月出世應該，咁都同太太即係話嚟緊一年點做法。”(A father, U16, 32B) “I had a little bit (changes) under this situation. My son was born last month, and I discussed how things should go in the coming year with my wife.” (A father, U16, 32B)
Open-mindedness	Listen attentively to your family members	“聽多咗(家人說話)當然有。”(An elderly man, U1, 31B) “I do listen more (to my family).” (An elderly man, U1, 31B) “我以前好少話真係坐喺度聽你講嘢，「唉唔好咁囉嗦啦咁」嘅啫！依家就唔係囉，「講咩呀？慢慢講囉！」咁樣囉，多咗啲時間去聽囉。”(An elderly woman, U4, 3B) “I seldom listened attentively to what my family said, (I used to tell them) ‘stop nagging!’ But now things are different. Instead, I will say ‘what did you say? Take your time to say!’ I have now become more willing to spend time on listening.” (An elderly woman, U4, 3B)
	Share ups and downs in your daily life with your family members	“Whenever I face difficulties, I would tell my elder sister.” (A girl, U24, 43B) “Yes. If he (younger brother) has problems, he sometimes asks me (for advice). Yea, I try to help him or I ask my mum first. And then, I pass the advice on to him.” (A daughter, U24, 1B)
	Listen widely to the opinions of your family members before making a decision	“譬如有時聽吓人哋(家人)嘅意見啦，跟住接納…接納番嚟諗吓先囉。”(An elderly woman, U1, 31A) “For example, I sometimes listen to and accept others’ (family’s) opinions. I then think through them.” (An elderly woman, U1, 31A)

	Look for the best solution to family contradictions or conflicts with family members together	“你要明白到，如果有乜嘢大家唔啱呢，都會慢慢商量呀嗰啲咁嘅嘢啦。” (An elderly woman, U1, 32B) “You have to understand that if there is a disagreement among us (family), we will keep calm and discuss with each other.” (An elderly woman, U1, 32B)

The programme participants were encouraged to practice the behaviours at home as a way to facilitate family relationship as well as 3Hs. However, the participants shared that they encountered several difficulties in utilizing the indicators.

Themes	Subthemes	Quotes
Difficulties in performing behavioural indicators	Felt embarrassed to say Love Languages	“(活動) 可能都有教我哋講一啲比較甜蜜嘅說話喇，譬如「我愛你」…都係講唔出口嘅。”(A mother, U7, 30A) “(The programme) might have taught us how to use language to express our love, like ‘I love you’… but I am too shy to utter those phrases.” (A mother, U7, 30A)
	Too busy to act the behaviours out	“(小朋友) 返嚟，做功課就做功課，(我) 唔會話點同佢分享嗰啲好人好事，好少囉，佢哋依家讀書一返嚟做功課就做功課，煮飯食咗咪瞓覺，好少機會同佢分享啲好人好事。”(A mother, U8, 54A) “(My children) just do homework after school, and (I) rarely share heart-warming experiences or stories with them…very rarely. Now they do homework immediately after school and go to bed after dinner. There are few opportunities for me to share heart-warming experiences and stories with them.” (A mother, U8, 54A)

4.5.3.1.4 Conclusions

The participants generally enjoyed the programmes and appreciated the series of activities implemented. With improvements in family relationship and 3Hs, they generally thought that it was worthwhile to continue the project. Activities that focus on parent-child relationship were recommended.

4.5.3.2 Social worker focus group interviews

4.5.3.2.1 Sample characteristics

There were 4 social workers focus group discussions. A total of 24 social workers, representing 21 participating units, were interviewed. 2 groups had 6 social workers respectively, 1 group had 5 and 1 group had 7. Most participating units had 1 representative in the interviews; however, 3 units had 2 representatives in a focus group.

The characteristics of social workers in the focus groups (respondents) are shown in Table 4.7. Most respondents were female (72.7%) and above 24 years old (95%). All had acquired a matriculated education, with 60.9% holding a bachelor's degree or above. Over 80 percent were registered social workers (82.6%) and were experienced in the field with 68.2% had 5 years or more. More than half had worked in the existing participating units for over 5 years (57.1%).

Almost all respondents attended the train-the-trainers programme (95.7%). The social workers had different involvements in the project, with 69.6% in programme planning and 82.6% in programme implementation.

Table 4.7 Demographic characteristics of social workers in focus groups (n=23)

Characteristics	No.	(%)
Gender[a]		
Male	6	(27.3)
Female	16	(72.7)
Age group[c]		
18-24	1	(5.0)
25-34	9	(45.0)
35-44	8	(40.0)
45 or above	2	(10.0)
Education		
Matriculated/Tertiary (non-degree)	9	(39.1)
Tertiary (degree or higher)	14	(60.9)
Registered social worker		
Yes	19	(82.6)
No	4	(17.4)
Years of work experience in social service[a]		
Less than 5	7	(31.8)
5-9	4	(18.2)
10 or above	11	(50.0)
Years of work experience in the participating unit[b]		
Less than 5	9	(42.9)
5-9	7	(33.3)
10 or above	5	(23.8)
Participated in the train-the-trainers programme		
Yes	22	(95.7)
No	1	(4.3)
Role(s) in the project[d,e]		
Planning	16	(69.6)
Supervision	8	(34.8)
Implementation	19	(82.6)
Supporting	7	(30.4)

[a] 1 missing value, n=22
[b] 2 missing values, n=21
[c] 3 missing values, n=20
[d] Respondents could choose more than 1 option in this question;
[e] The total number of respondents in each category was 23.

4.5.3.2.2 Qualitative findings

Themes	Subthemes	Quotes
Project characteristics		*Clear project objectives with a structural theory* “我就覺得因為一開始選咗係做邊 part (活動主題)，所以變咗個 worker 呀，或者係成個活動嗰 part 都會好清晰知道個目標喺邊囉…”(A social worker, Group 3, 14) “Since (the programme theme) had been chosen at the very beginning, the workers had a clear understanding of the programme objectives...” (A social worker, Group 3, 14) “我諗呢個計劃最大嘅特點就係，即係一個規範性，同埋階段性，指標性都好高嘅一個計劃囉。”(A supervisor, Group 3, 17) “In my opinion, the most outstanding aspects of this project were that it was highly normative, used a step-by-step approach, and was highly indicative.” (A supervisor, Group 3, 17)
Difficulties	Recruitment and retention	*Insufficient number of participants* “因為你個單位始終係家庭，即係你唔係個人呀嘛，咁變咗如果要你搵家庭，你一定要兩個人以上喎，咁你點樣搵到咁多 pair 家庭？”(A worker, Group 3, 13) “This project targeted family units and not individuals. It turned out that if you recruited a family, at least 2 members would have to be included. So how are we supposed to recruit such a large number of families?” (A worker, Group 3, 13) “對於我哋嚟講招募都係吃力嘅，因為我哋個中心都係長者中心啦，咁可能個家庭即係要，即係可能一對夫婦加個仔呀，咁所以有時變相有啲就可能獨老嘅，有啲唔係，但個仔又唔係肯去(活動)嘅，咁就係招募嗰邊(有困難)。”(A social worker, Group 4, 20) “We had difficulties with participant recruitment because our centre is an elderly centre. While some families may comprise of a couple and their son, some elderly may live alone. In some situations, their son might not have been willing to attend (the programme). Thus (there were difficulties) in recruitment.” (A social worker, Group 4, 20) *Duplicated recruitment* “其實我哋區有 30 個單位參與，而每個單位要有 40 個家庭(參與)，又要 8 歲以上，又唔可以 overlap 呢，其實我哋真係有咁多家庭咩？我做到後期先知有個家庭同第二個 programme overlap 咗。”(A social worker, Group 2, 8) “There were 30 organizations in the district participated in the project. Each organization was required to recruit 40 families with members aged above 8 years, and double recruitment was not permitted. Did we really have so many families to recruit? I only found out that one of the families had participated both in my programme and a programme organized by another organization towards the end of the project.” (A social worker, Group 2, 8) “所以喺個計劃度我哋招募就相對上困難啲，因為招募個過程我哋要問番啲參加者之前有冇去其他機構參加過同類型嘅計劃，如果參加過我哋都唔會俾佢參加嘅，所以一開始我就喺招募上面就，都會面對幾大嘅困難囉。”(A worker, Group 4, 22) “It was relatively difficult for us to recruit participants in this project. During the recruitment, we had to ask the participants whether they had already participated in the programmes organized by other organizations of the same project. If so, they were not allowed to join our programme. Thus we did face a great difficulty in the recruitment.” (A worker, Group 4, 22)

	High turnover rate **“我哋都會預早約佢哋(參加者),咁好多參加者都會係,可能會臨時有嘢做呀,咁佢哋就未必會好早覆實到你嗰日真係會嚟,又或者覆實咗你到時可能早一兩日就話俾你知,我都係有事做呀,嚟唔到咁樣囉。係呀,比較多都會係咁。”**(A social worker, Group 2, 11) “We tried to confirm with their (participants’) attendance in advance. Some participants needed to deal with urgent matters, so they wouldn’t confirm their attendance in advance. Alternately, some participants who agreed to attend informed us of their unavailability 1 or 2 days prior to programme day. This happened quite frequently.” (A social worker, Group 2, 11) **“但個問題就係第二節同第三節(活動),因為好多都係後生(參加者),陪爸爸媽媽即係長者嚟啦,除咗個 outing 個吸引力大少少之外啦,佢哋去完個 outing(核心活動)之後啦,咁佢哋之後兩次活動呢,流失率都幾高嘅。”**(A social worker, Group 4, 20) “Problems occurred in the second and third sessions (of the programme). Many youngsters (participants) attended (the programme) because they wanted to accompany with their elderly parents. However, these young participants were mainly attracted by the outdoor activity (in core session), causing the retention rates in the booster session and tea gathering to be very low.” (A social worker, Group 4, 20)
Preparation work	*Restrictions in programme planning* **“設計活動就因為後面程序活動(設計)好限死,一定唔可以多過前面核心活動,定唔知後面嗰個係唔可以玩遊戲呀,定唔知點樣嘅!”**(A social worker, Group 2, 11) “When planning the programme, it was restricted that the latter sessions shouldn’t last longer than the core session. Also, games were not allowed in later sessions!” (A social worker, Group 2, 11) **“設計活動上面啦,因為要限住有幾多分鐘(主題訊息傳達),其實以往我哋做 programme,我哋都唔會話計住要幾多分鐘要達標。我哋通常就話睇番我哋個目標會唔會達標嘅即…我哋就好少睇吓幾多分鐘。”**(A social worker, Group 1, 6) “In programme planning… because the duration (of thematic message delivery) was restricted… Actually, when we conduct programmes, we aren’t normally concerned about how many minutes have to be spent for meeting the standard. We are normally concerned about whether the programme could achieve what it was set... We seldom care about how many minutes were actually spent.” (A social worker, Group 1, 6)
Implementation	*Difficult to find a suitable venue* **“(困難在於)個時間地點上面,因為我哋個中心細呀,所以我哋一次係容納唔到 40 個家庭,變咗我哋係分開幾次搞(活動)咁囉。”**(A supervisor, Group 3, 17) “(The difficulties) were about the time slot and venue. As there was a shortage of space in our centre, we couldn’t handle 40 families in 1 programme, we decided to split them into groups and implemented (the programme) for several times.” (A supervisor, Group 3, 17) **“咁但係我哋係搵地方嘅時候,我哋都遇到幾大嘅困難,因為本身個 budget 又冇預錢,冇預咁大嚿錢俾我哋 book 地方啦。”**(A worker, Group 4, 22) “We experienced difficulties in finding a suitable venue, because we didn’t have a budget in spending such a large amount of money for booking programme venue.” (A worker, Group 4, 22)

Difficult to match the time schedule of the participants

"一方面同埋要佢(參加者)一齊(參與),譬如要佢先生呀,佢老婆,或者要小朋友一齊參與,又要夾到個時間係難嘅。"(A supervisor, Group 3, 17)

"It was difficult to require them (the participants), including husband, wife or their children to participate, and on the other hand, to find a time slot that all parties were available for participation." (A supervisor, Group 3, 17)

"即小朋友要考試,咁或者係到暑假佢哋因為有啲新來港人士,佢哋要返鄉下,咁如果有少部份嘅長者呢,都係覺得…區內都係多長者嘅服務,咁都要參加,所以變相要連貫性去參加,難去一次應承我哋囉。咁甚至因為始終都係一啲低收入嘅家庭,有啲街坊禮拜六日都需要返工,咁之後都係一個限制佢哋唔肯應承去參加呀,或者參加吓,之後又來唔到,咁變咗多咗有呢個情況出現囉。"(A social worker, Group 3, 14)

"Children had to sit in examinations, and new arrivals needed to go back to their hometown during summer holidays. Also, a few elderly participants thought that there are many elderly services in the district. They found it difficult to guarantee participation in our programme as they needed to attend the sessions consecutively. Some participants came from low income families, and needed to work on Saturdays and Sundays. This prevented them from committing to participate, or they couldn't attend all sessions. This situation was very common." (A social worker, Group 3, 14)

Tight programme schedule

"其實我哋機構就比較早開始(活動)嘅,咁所以都我感覺上都比較趕。因為我印象中好似一月二月係開幕禮,跟住我哋好似三、四月就開始做核心活動啦,所以都比較緊迫一啲,同埋我哋有啲係做完活動先有培訓。"(A social worker, Group 2, 11)

"Our organization started (the programme) relatively early compared with other organizations, but we also felt the time schedule was quite tight. I remember that the launching ceremony took place in January or February, and we then had to organize the core session in March and April, so the time schedule was really tight, and some of us only received training after programme implementation." (A social worker, Group 2, 11)

"咁其實因為又撞正中心暑假前呢,希望暑假前可以完成到(活動),咁所以變咗我哋好趕囉。"(A worker, Group 2, 9)

"Our centre had hoped to finish (the programme) before summer holiday. As a result we had a tight time schedule." (A worker, Group 2, 9)

Too much administrative and paper work

"其實好多 paper work。"(A social worker, Group 1, 2)

"Actually there was a lot of paper work." (A social worker, Group 1, 2)

"或者個研究嘅流程上都比較多 admin 嘅嘢啦,都令到好多前線同工都即係,即花咗好多時間喺 admin 嘅嘢上面,依樣嘢都幾少少幾影響(其他工作)嘅。"(A social worker, Group 2, 8)

"Maybe there was a lot of administrative work attributable to research purposes. Many of our frontline workers had to spend a lot of time on the administrative work, and this might have affected (other works)." (A social worker, Group 2, 8)

		Insufficient resources “呢個同事都有講資源唔夠…我哋中心係擺咗好多…即係收咗呢個 project money 之後再都另外擺多四份三嘅錢落。”(A social worker, Group 1, 2) “This colleague mentioned the resources were insufficient. Our centre had inputted 75% of money additionally for this project, after receiving the programme funding.” (A social worker, Group 1, 2) “所以整體上去睇，真係有好多技術上…資源嘅問題，義工要 brief 2 次到 4 次，咁嘥咗好多時間…。”(A worker, Group 4, 26) “Generally speaking, there were many technical and resources issues. Volunteers had to be briefed 2 to 4 times, and it was time consuming...” (A worker, Group 4, 26) “其實地區支援搵唔到，其實好多都係自己暗啞底擺落去嘅，錢銀人力，我相信好多機構都要自己俾錢。”(A worker, Group 4, 26) “Actually there was not much support from the district. I believe that many organizations had to input their own money and manpower to the project.” (A worker, Group 4, 26)
Solving the difficulties	Recruitment	*Cooperated with different parties* “(計劃秘書處) 幫我再搵咗兩個合辦單位去幫手，唔係我自己單位搞唔掂，因為我自己個單位都係做智障 (人士) 啦，傷殘 (人士) 嘅咁樣，咁佢哋一見到三次活動我都要嚟晒，佢哋就都唔係好肯 join 個活動嘅咁樣，咁基於可能一啲 (同工與參加者) 嘅關係啦，部份就肯參加，咁所以致都要麻煩 Kelly (計劃秘書) 幫手再搵一啲合辦單位，要搵咗兩個，我哋先至搞得掂成個活動。”(A social worker, Group 1, 5) “(The Project Secretariat) helped our organization to find 2 co-organizers for this project, not because we didn’t have the ability to organize the programme, but because our service targets are the mentally or physically disabled. When they knew that they needed to participate in all 3 sessions, they were not willing to join. Some of them might have attended because of our good relationship (between workers and participants), so we contacted Kelly (Project Secretariat) to help us find some co-organizers. In the end, we were only able to successfully organize this programme after seeking help from 2 co-organizers.” (A social worker, Group 1, 5) “(我們) 就同咗一間學校，即基本上同咗兩邊 (機構和學校) 嘅人合作，咁先儲夠咁多個家庭。”(A worker, Group 2, 12) “(We) cooperated with a school, and we were only able to recruit a sufficient number of families after this cooperation (between organization and school).” (A worker, Group 2, 12) *Active promotion* “即係不斷靠我哋 (同工與參加者) 啲關係，即係話「我哋都唔夠人呀，希望你都可以參加呢個活動呀，都幾有意義，即係希望你喺呢個活動當中有得著又幫到我。」”(A social worker, Group 3, 16) “We used our network (between workers and participants) to persuade (potential participants) by telling them things like ‘we don’t have enough participants, so I really hope that you could join this meaningful programme. You will not only help me, but will also gain something from participating in this programme.’” (A social worker, Group 3, 16) “其實之前都用過唔同嘅方式 (招募參加者)，譬如好似掛 banner，派單張啦，甚至啲同事去幫手，逐一去 cold call 番啲參加者。”(A worker, Group 4, 22) “We used different methods (to recruit participants). For examples, we put up banners, distributed leaflets, and our colleagues even called the participants one by one.” (A worker, Group 4, 22)

		Reallocation of resources “我哋郁咗好多個社工（協助此計劃），其中一個社工係專責做呢 paper work 啦，佢 overlook 咗去睇呢啲 admin。因為你好難，你又要參與又要策劃又要 supervise 同時跟住我仲要顧埋嗰個咁，要我成個 post 落晒去（計劃）…咁唔會嘛。”(A social worker, Group 1, 2) “We allocated many social workers to get involved (in this project), and one of the social workers was mobilized to focus on the paper work and oversee the administrative work. It was difficult for me to do the paper work when I also had to implement, plan and supervise the project. I couldn’t put all my effort (into this project).” (A social worker, Group 1, 2) “（計劃）錢多啲。”(A social worker, Group 4, 21) “(It would be better to) have more funding (for this project).” (A social worker, Group 4, 21) *Increasing the flexibility* “可能個計劃裡面嘅內容可以因應唔同中心嘅需要囉，或者對象有唔同嘅彈性去修改，咁會比較好啲。因為始終可能因為小朋友嘅單位同老人家嘅單位已經好大差異，咁你變咗好難用同一個標準去做個活動囉，如果（計劃內容）可以有少少彈性個走盞會好少少。”(A worker, Group 3, 13) “It would be better if the content of this project could be more flexible and adaptable to the needs of different organizations and target groups. As the organizations serving children and those serving the elderly differ substantially, it was hard to use the same standard to implement the programme. It would be better if the organizations have the flexibility to adjust (the project content).” (A worker, Group 3, 13)
Impacts on programme participants	Immediate responses	*High involvement with great enjoyment* “至於其實佢哋（參加者）嘅參與呀，佢嚟到，睇到佢哋個參與度係高。”(A social worker, Group 3, 14) “Concerning their (participants’) participation, it could be observed that their involvement was high when they joined the programme.” (A social worker, Group 3, 14) “依啲嘢（投入度）可能問卷未必未必反映到出嚟，但係我哋活動上反而睇到出嚟，當中佢哋真係 enjoy 個 moment 囉。”(A social worker, Group 2, 8) “(High involvement) might not be reflected in questionnaires, but could be observed during programme implementation. They (the participants) really enjoyed the moments experienced.” (A social worker, Group 2, 8)

Touching and impressive

“但係其實佢哋(參加者)當中個印象係好深刻嘅，因為其實我哋做堅毅自強啦，嗰五個步驟基本上都係攬吓錫吓啦，親子按摩啦，跟住又講吓優點啦，開吓家庭會議呀，諗吓一啲屋企嘅問題咁樣樣。但係其實佢哋嘅 feedback 就係佢哋平時喺屋企好少做呢啲嘢嘅，咁就算話阿仔阿女同阿媽平時都好少肢體接觸呀，都好少讚嘅，咁係透過呢個機會佢哋真係有機會即係都要格硬都要攬吓，格硬都要錫吓，咁就好難得佢哋有呢啲機會囉。咁尤其是寫到心意卡嘅時候呢，咁啲屋企人真係喊㗎，因為阿仔阿女都好真係少寫呢啲說話呀，去感激佢哋呀。咁就我知道到第三次茶聚活動嘅時候呢，咁好多家庭嘅媽媽都將呢啲卡 keep 喺個銀包度，所以我都相信佢哋係，即係因為呢啲卡都簡單呀嘛，佢哋都會 keep 住落去囉。”(A social worker, Group 1, 5)

“Actually they (the participants) were very impressed. Our topic was Hope/Resilience. Basically, the 5 elements included: hugging and kissing each other, having parent-child massage, praising one another for their respective merits, and having family conferences to discuss family issues. They responded that they rarely performed these behaviours at home. Physical contact and praise between parents and children were rare. Through this programme, they were given a chance to hug and kiss each other, even though they might be ‘forced’ to do so. This was a valuable opportunity for them. Especially when they wrote greeting cards for one another, some of them even cried because their children seldom wrote to show their appreciation towards their parents. During the tea gathering session, I noticed that many mothers kept the greeting cards in their purse, and I do believe they will keep on doing simple tasks like these.” (A social worker, Group 1, 5)

“喺個新活動嗰度嚟講呢，其實睇到佢哋(參加者)都有諗過原來自己都可以感謝咁多人嘅，特別啲父母啦，有諗過啲小朋友原來都會感激佢哋，都會覺得你煮嗰啲飯其實都係好開心嘅，都好食嘅，即係講咗好多佢哋有諗過小朋友會講嘅(說話)，同埋啲父母會喊啦即場。”(A social worker, Group 1, 6)

“From this programme, I observed that they (the participants) didn’t realize that they could be so grateful, especially the parents didn’t expect their children to be grateful to them, to be happy about eating a meal prepared (by the parents) and to tell (the parents) that the food tastes good. The parents expressed that they didn’t expect their children to say (this kind of words), and some of them were in tears.” (A social worker, Group 1, 6)

Changes in participants as a result of the programme

Improvement in family relationships

“其實有一個家長直情係話…「我即係除咗可以增加同阿仔阿女嘅關係之外，都可以藉住一啲肢體嘅接觸呀，或者肯定嘅語句係可以增進番同先生嘅關係…」咁就所以都對佢哋(參加者)嚟講係好正面。”(A social worker, Group 1, 5)

“Actually one parent said, ‘apart from improving the relationships with my son and daughter, I can improve the relationship with my husband through some physical contact or positive phrases…’ so the programme had a positive impact on them (the participants).” (A social worker, Group 1, 5)

“活動 OK 㗎，其實因為我哋都係一啲家庭有表達愛呀，關心呀(的訊息)，咁依個活動有提供到機會(實踐)，咁有家人都同番我反映話依啲機會都好好呀，可以令到屋企嘅關係親密咗呀，溝通多咗。”(A welfare worker, Group 2, 10)

“The programme was OK. It provided a chance for the families to express their love and care for each other. Some families expressed that it was a good opportunity for them (to practice expressing love), their relationships with other family members were enhanced and more communication was resulted.” (A welfare worker, Group 2, 10)

Expressing love and care

"參加完依啲活動之後，因為個個（參加者）都係咁做好正常，個個都咁攬唔會好了扭（奇怪），我覺得係滲咗（訊息給參加者）嘅，啫係依家我見到啲家長帶小朋友上嚟玩呢，啲家長對小朋友攬呢係多咗㗎。"(A worker, Group 2, 9)

"After participating in this programme, every (participant) found it normal to hug their family members, and they no longer feel it strange. I think (the messages) had been delivered (to the participants). Sometimes when the parents bring their children to our centre, I observe that they hug their children more often." (A worker, Group 2, 9)

"其實佢哋（參加者）參與咗活動之後都好自律呀，同姑娘講都有得著嘅，咁佢話主要都會返到屋企同先生嘅關係…即係…都多咗關心佢啦，即係小朋友都多咗主動幫阿爸阿媽做嘢呀…啲小朋友都講爸爸成日都早出晚歸呀，都好少時間同佢接觸，咁佢哋就會諗吓除咗…除咗一至五可能星期六日都會多啲時間同爸爸去街呀，或者表達吓自己對佢嘅感謝呀，或者愛意咁。"(A social worker, Group 3, 16)

"They (the participants) became more self-motivated after the programme. They told our social workers that they had gained something from the programme. One participant expressed that she cares her husband more, and her child also actively helps their parents do housework. Some children said their father goes to work very early and returns home late at night, so they lacked time for communication. Apart from Mondays to Fridays, they now spend more time in hanging out with their father on Saturdays and Sundays, or expressing their gratitude and love towards their father." (A social worker, Group 3, 16)

Showing appreciation and gratitude

"喺活動入面都幾 positive，佢哋參加完依個活動都真係學識咗要讚佢哋喎，甚至有小朋友會同我講番要讚吓爹哋媽咪呀，啫係在於佢哋嚟講，平時會覺得依啲機會好難得，稱讚原來好重要的，佢哋學識咗。"(A worker, Group 2, 12)

"These programmes were positive, and they (the participants) really learnt that they need to appreciate others after the programme. Some children even told me that they had to praise their parents from time to time. From their perspective, this chance was very valuable, and they learnt the importance of praising others." (A worker, Group 2, 12)

"咁可能呢個計劃比佢哋（參加者）諗番生活嘅細節，即係諗番屋企人做咗啲咩嘢要感恩嘅，即係要講出來嘅，佢係做到嘅，只不過大家冇去表達，講出來，係啦，咁依家參加咗呢個小組之後呢，會多啲去表達番啦，咁佢屋企更加有個融和啦，同埋學到感恩嘅感覺囉。"(A worker, Group 3, 15)

"This project provided an opportunity for them (the participants) to think about the details in their daily lives. They needed to be grateful for what had been done by their family, and acknowledge them aloud. They could do this, but might not express it verbally before. After participating in this programme, they express their thoughts and learnt to be grateful more often, thus contributing to a more harmonious family." (A worker, Group 3, 15)

Project sustainability		"同埋佢哋嗰啲父母(參加者)最後完咗活動都會同我哋 feedback…呀其實個活動都好有意思,不過只係限於嗰刻、嗰時…番到屋企已經煙消雲散啦。" (A social worker, Group 1, 6) "According to the feedback received from the parents (the participants), they thought the programme was very meaningful, but the effect was only limited to that moment during programme implementation. The effect ceased after they went home." (A social worker, Group 1, 6) "咁但係呢個 message 開始滲入佢哋(參加者)嗰度…但係好似我之前咁講開可能就係正正喺個面(表面)嗰度…就未滲到落去(融入內心)…可能都要多啲功夫咁佢哋先至(融入內心)…即係我哋接住落嚟可能要再做啲工作,佢哋先至能夠牢固少少囉呢一方面。"(A social worker, Group 1, 4) "The messages started to influence them (the participants). But like what I mentioned before, the effect was superficial and hadn't deepened into (the participants' hearts). More effort is still needed. So what we might need to do next is to consolidate the messages they had received." (A social worker, Group 1, 4)
Behavioural indicators	Delivery methods	*Interactive ways, including games, sharing, role plays* "我哋(活動)用卡呀、擁抱呀、按摩呀、影相呀,我哋喺重聚活動都播番啲核心活動啲相俾佢哋(參加者)。"(A social worker, Group 4, 21) "We used greeting cards, hugs, massage and photo shooting sessions (in the programme). During the booster session, we showed them (the participants) the photos that had been taken in the core session." (A social worker, Group 4, 21) "咁通常因為老人家寫字能力比較唔係太好啦,咁調番轉我哋可能會用啲貼紙呀,或者係一啲現成嘢俾佢覺得,你諗到屋企人一個優點就貼一個啦,咁就可以減省咗(寫字)…(適合)呢啲唔係太寫到字嘅老友記。咁我記得有樣嘢(行為指標)就係要互送小禮物,咁所以每一次活動都會同佢哋做啲小手工,比較簡單嘅手工,咁譬如佢哋嗰個年代可以比較少送花,俾佢哋整一啲花,其實即係其實比較簡單,將啲假嘅花束埋一包,跟住互相送俾對方啦。"(A worker, Group 3, 13) "Normally, the elderly have difficulties with writing, so we decided to use stickers and other tools for the ease of expression. For example, one sticker was used to represent every merit of your family member you could think of. In this way, (the writing task) could be minimized and it was (suitable) for the elderly who have difficulties in writing. Also, (one behavioural indicator) was to send small gifts to their family members, so they made some simple hand-made gifts together in each session. For example, since people from their generation rarely send flowers to others, they were asked to make some flowers as gifts. It was very simple, they just wrapped up some fake flowers and they could send them to their family members." (A worker, Group 3, 13)
	Ways to motivate practicing	*Frequent reminders* "可能間唔中會打吓電話去問吓,關心吓佢(參加者)之餘都睇佢有冇做功課呀,即係喺屋企繼續做埋學到嘅嘢呀,咁都 OK 嘅,我覺得。"(A supervisor, Group 3, 17) "Sometimes we phoned them (the participants) and asked them if they had completed their homework, and we were concerned about whether they continued to practice what they had learnt. I think it is OK." (A supervisor, Group 3, 17) "即係喺核心(活動)定係其他都有落 PowerPoint 去提大家去做嗰四樣嘢(行為指標)嘅,咁做 training(活動),臨完都會話「嗱,望一望喇,記住要做到嗰四樣嘢喇。」"(A social worker, Group 4, 20) "PowerPoint presentations were made every session to remind everyone to practice the 4 (behavioural indicators). Before the end of the sessions, we reminded them again, 'please take a look, and remember to practice all 4 of them.'" (A social worker, Group 4, 20)

Tangible materials as reminders

"同埋有一個重聚活動嘅時候，我哋自己整嘅正能量卡囉，俾佢哋（參加者）一人抽一張，譬如佢抽到「你是最好的」，攞咗呢張卡返屋企就提佢，「呀，你得閒就要同屋企人講吓呢句嘢呀」，咁希望佢哋做到咁囉。"(A supervisor, Group 3, 17)

"In our booster session, we produced some positive energy cards for them (the participants) and each person drew one card. For example, if s/he drew the card 'You are the best', s/he would have brought this card back home and they would have been reminded 'if you have time, please say this sentence to your family members.' We hoped they could do this." (A supervisor, Group 3, 17)

"今次嗰三份紀念品呢，手指呀、相架呀，同埋個按摩棒，我覺得呢個對個家庭關係好好，因為喺啲場合問番佢哋（參加者），我覺得依三份禮物係放喺屋企幫佢哋提點。同埋派嗰陣時候呢，都用咗好多計仔去點樣 sell 呀，俾佢哋知道放喺屋企都有用喎，可能 remind 番佢哋其實佢哋成家人一齊喺依個地方度做過啲咁嘅嘢，係好似一個不斷嘅提醒囉。"(A social worker, Group 2, 8)

"There were 3 different kinds of souvenirs in this project, including a USB thumb drive, a photo frame and a massage stick. I think these were very good for promoting family relationship. When we asked them (the participants) in different situations, I found these 3 souvenirs could act as a reminder when they were put at home. We used different strategies to promote the souvenirs when we distributed them to the participants, telling them the practicality associated with each souvenir. We hoped that the souvenirs were able to remind them about their participation in our programme as a family." (A social worker, Group 2, 8)

Homework as a reminder

"我哋第一次同第二次（活動）就係做咗張家庭畫嘅，叫佢哋畫啲嘢，所以第一同第二次之間佢哋會記得要做，即係要做功課嘅，咁就會擺上心囉。"(A worker, Group 4, 24)

"During the first and second sessions (of the programme), we arranged for the participants to draw a family picture, so they would remember to do the homework between the first and second sessions. They would then bear this in mind." (A worker, Group 4, 24)

"（我們）會俾盆盆栽俾佢哋拎返屋企嘅，咁喺核心活動最尾嘅時候，每個家庭要訂立一個目標，點去栽種呢個盆栽，好似一個預習咁，佢哋要畫一幅畫啦，要寫低，個分工係點呀，預期係點，會有一幅畫嘅。"(A worker, Group 4, 22)

"(We) gave each family a small plant to bring home. At the end of the core session, they needed to set up a goal of how they planned to take care of it. As a rehearsal, they needed to draw a picture, illustrate their division of labour and outline their expectations." (A worker, Group 4, 22)

	Suggestions	*Some indicators were easier to implement, while some were difficult* "老人家比較難掌握同分享到好人好事，即就算你同佢講話簡單到有人幫你開門都係囉，即係比較簡單但係佢哋好難去掌握到呢樣嘢，即係覺得好人好事係好大件事，即係有錢開飯我借錢俾你開飯，嗰啲至 get（明白）到係好人好事，呢個位就要多啲解釋先可能分享到啲囉。"(A worker, Group 3, 13) "It was difficult for the elderly to understand how to share heart-warming stories and experiences. Even if you told them that something as simple as holding a door open could be classified as a heart-warming experience, they still found it hard to understand. They envisioned heart-warming stories and experiences to be something bigger, like lending money to someone for a living. More explanations were needed before they were able to do the sharing." (A worker, Group 3, 13) "同家人一齊訂目標同諗方法，依樣嘢我覺得雖然比較易呀，一齊諗一齊傾活動嘅 task 點樣做，已經算係做咗個行為指標出嚟，同埋做完再同佢哋 debriefing 番，原來佢哋係成家人一齊去傾，咁從而令佢哋諗番依啲行為指標容易啲帶（表達）。"(A social worker, Group 2, 8) "Setting goals and discussing ways of implementation together with family members... I think this was relatively easier to introduce. By allowing participating families to discuss ways of completing the tasks in the programme, this could be considered as acting out a behavioural indicator. Participants were debriefed after the programme, they found it easier to understand and perform the behavioural indicators after the family discussion." (A social worker, Group 2, 8) *More concrete and fewer behavioural indicators* "咁我覺得有啲指標好似重覆咗，譬如你說話時通常有行動喇，咁變咗第三個指標我哋覺得，咁你又說話，即係帶 briefing 係有啲困難囉，同埋重重覆覆要佢哋 share，來來去去都係 share 嗰啲囉，都係咁做喇。"(A worker, Group 4, 25) "I think some of these behavioural indicators were repetitive. For example, you usually use language together with behaviours, but the third behavioural indicator was related to express through language again. I experienced difficulties with introducing them (the behavioural indicators) in the briefing session. Also, they were invited to share the same topic over and over again." (A worker, Group 4, 25) "（我）覺得喺一個活動帶四個行為指標出嚟係比較多，差唔多有四個目標。"(A social worker, Group 2, 8) "Bringing out 4 behavioural indicators in 1 programme was a bit too much. It practically meant that we had 4 targets to meet in 1 programme." (A social worker, Group 2, 8)
Train-the-trainers programme	Views	*Comprehensive training content* "我覺得個 project 對同事嘅 input 係好足夠…譬如好多 training 啦…亦都個 training 係好全面嘅…咁亦都即唔同層面嘅 training 都有 professional 嘅，或者 among staff…社工同事亦都有分享會…都覺得係好豐富囉。"(A social worker, Group 1, 2) "I think my colleagues were benefited from the project. For example, the training was comprehensive, well-rounded and involved professionals. There was also a sharing forum for the social workers. The content of the training was comprehensive." (A social worker, Group 1, 2) "員工嗰 part 自己都幾深刻。好少有個計劃喺之前嘅準備或者訓練都咁足夠，咁都相對嚟講負責嘅同事們都幾清楚知道自己做緊啲乜嘢囉。"(A social worker, Group 1, 3) "I was impressed by this part (train-the-trainers programme). It's uncommon for projects to include such comprehensive pre-programme preparation and training. Relatively speaking, our colleagues were clear about what they had to do." (A social worker, Group 1, 3)

	Knowledge enrichment “我哋就唔會特登去講咩 positive psychology，但為咗 planning 我哋（活動），啲機構就開始講家庭關係啦，咁我哋就會係多咗可以用番，即係用得著呢啲 ideas 去擺落家庭個關係到啦。”(A worker, Group 4, 24) “In the past, we wouldn’t foucs on positive psychology. But for the sake of planning our (programme), the organizations started to focus on family relationship. We had more opportunities to implement these concepts (of positive psychology) in promoting family relationship.” (A worker, Group 4, 24) “反而如果你話講成個 model 嘅 design logic framework，點樣我哋個目標、點樣跟番個行為指標，跟住再定番啲 rule 呀，我覺得依個 model 好啲，呢個係我哋中心都成日用嘅。”(A social worker, Group 2, 8) “Referring to the design framework of the project… like how to make sure programme goals were set in accordance with the behavioural indicators, and then established the rules. I think this model is good, and our centre often applies it.” (A social worker, Group 2, 8) *Generalization of the knowledge* “咁同事之間都有所得著，咁我哋同事有時會用番呢啲（主題）去搞啲活動呀，或者係我哋呢次你（用）感恩，因為可能一個同事就用咗，其他…堅毅自強呀，嗰個主題為下一個主題呀咁。”(A social worker, Group 3, 16) “Our colleagues had gained something. Sometimes they reused these (themes) to organize other programmes, perhaps a colleague used the Gratitude theme at one time and another colleague used the Hope/Resilience theme on a separate occasion.” (A social worker, Group 3, 16) “我哋學到嘅知識呢都不斷…我哋要喺我哋其他同事之間 training 都會講番呢啲俾同事之間聽囉，因為我覺得呢個正向心理學同埋呢個和諧家庭呀，同埋感恩呢啲，唔單只係喺家庭之中要出現，或者係同工嘅工作環境呀其實都要有呢一個心囉，咁其實淨係我一個呢一個 programme，咁其實我同事都會有得著囉。”(A supervisor, Group 3, 17) “We gained a lot of knowledge, and we shared the knowledge among our colleagues during internal training. I think the practice of positive psychology, harmonious family and gratitude are not only essential in the family context, but could also be applied to the working environment. Even in this programme this time, my colleagues were able to benefit.” (A supervisor, Group 3, 17)
Suggestions	*Suggestions on training content* “不過我再想其實如果有機會再多少少 training，譬如 CP（臨床心理學家）嗰邊個分享再深入啲，我諗我哋（社工）更可以捉到鹿都脫角，咁唔會搞完呢壇嘢（活動）就算，咁我哋可以深化啲（訊息），好似其他機構可以開到個頭啦繼續啦。”(A social worker, Group 1, 2) “I would prefer there to be more training for us. For example, the sharing by the clinical psychologist could be more in-depth. In this way, I think we (social workers) could master the skills better. Instead of stop using the skills learnt after the project, we could deepen (the messages). Like other organizations, we would be able to continue (this kind of programme) after making a start.” (A social worker, Group 1, 2) “再講番 HKU 嗰次嘅 training 啦，其實我自己就會覺得比較（零）散嘅，同埋喺嗰三個 core（主題）上面，點樣去做依三個 topic 嘅行為指標，但係依個行為指標嘅 support 係咩呢，其實唔係好清楚。”(A social worker, Group 2, 8) “About the train-the-trainers programme held by HKU, I think the content of the training wasn’t concentrated enough. And how the behavioural indicators of the 3 (themes) should be performed remains unclear. The evidence of these behavioural indicators is also unclear.” (A social worker, Group 2, 8)

		"唔係話個(計劃)logic 或者 theory 唔好，而係每樣揸吓，你能夠知幾多呀？" (A welfare worker, Group 2, 10) "I am not saying the logic and underlying theory (of the project) was not good, but if we only touch upon the tip of an iceberg, how much could we really learn?" (A welfare worker, Group 2, 10) "寫 proposal 嗰時大家都好似唔知點落筆咁，所以有少少嘅空間可以做多少少嘢，所以前期培訓除咗理論，其實都實際上面都要印證個 correlation，攞番啲 proof 去先會有用。"(A social worker, Group 4, 20) "With regard to proposal writing, we didn't know where to begin, so there is room to work on it more. Apart from the theories mentioned in the training at early stage, there is also a need to back up the correlations in reality, and supporting proof is needed to back theories up." (A social worker, Group 4, 20) *More training to volunteers* "(培訓課程)除咗俾我哋之外呢，我估有機會俾啲義工聽一聽啦，咁我估會好啲囉，因為我哋 training 嘅時候份問卷係未落實，咁變咗我哋有啲嘢(內容)又問唔到啦，咁到份問題番到來時候呢，我哋俾義工，咁佢哋有時真係唔明點問呀，又唔明個(題目)意思啦，咁有時我…最初睇嗰時都唔敢百分之百肯定呢可以知就係呢個意思，咁變咗如果可以喺 training 方面呢照顧埋幫手做問卷嘅(義工)。"(A supervisor, Group 3, 19) "Apart from training us, I think it would be better to also let our volunteers join (the train-the-trainers programme). The questionnaires were yet to be finalized when we received the training, so we couldn't ask for more details. When we got the questionnaires, the volunteers had some queries about how to ask participants questions, and also didn't understand the meanings of (some questions). At the beginning, I wasn't sure that I could fully understand the meanings of the questions myself, so it would have been better if the training could include volunteers who would assist in questionnaire filling." (A supervisor, Group 3, 19) *More training sessions* "所以其實可以多啲培訓，唔怕多，可以俾 option 佢哋(社工)揀。"(A worker, Group 4, 24) "I suggest more training sessions to be provided, and options could be provided (to social workers) to choose from." (A worker, Group 4, 24)
Participant Booklet	Views	*Booklet as a homework* "小冊子嗰個用心(目的)係好㗎，即係希望佢哋返到去之後可以做吓嘢…任務嘅功課。不過即係我都好明白嘅，佢個設計係有研究嘅用途，咁所以就係咁樣設計。"(A social worker, Group 1, 3) "The objective of the booklet was good. It was hoped that participants could do the homework after participating in the programme. I understand that it was one of the research components, so it was designed in this way." (A social worker, Group 1, 3)

	More mutual understanding among family members “但印象中有一兩個家庭係真係好好，喺後面反思篇，前面有咩點貼 (貼紙)，但後面反思篇有寫低話兩母女係，個女女話原來聽咗知道咗 (活動訊息)，同媽咪傾多咗偈先發現原來媽咪平時有咁多唔開心，之後會錫佢多啲咁樣。咁調番轉媽咪嗰邊都寫咗好大篇，啫係有了解個女多咗呀。”(A social worker, Group 2, 11) “I remember that 1 or 2 families did well in completing the booklet. Although they didn’t use (stickers) in the booklet, they did write something about their mother-daughter relationship in the reflection part. The daughter communicated more with her mother after knowing (the project messages), and realized that her mother was not very happy in daily life, so she would love her more. The mother also wrote a long passage in the booklet about how she got to know her daughter more.” (A social worker, Group 2, 11)
Difficulties	*Lost the booklet* “係囉，佢哋好多小朋友都唔係好理我哋本小冊子。你派咗俾佢啦，之後話要收番啦，其實已經不停提佢「唔好唔見 (遺失) 呀，記得做呀，幾時要收番呀。」(參加者) 都係會唔見。”(A worker, Group 2, 12) “Many children did not care about the booklet. Even you had already reminded them many times ‘the booklet would be collected, please complete it and keep it safe.’ They (the participants) could still lose it.” (A worker, Group 2, 12) *Had difficulties in completing the booklet* “本小冊子我覺得係真係好多字呀，好多字同埋啲字唔係咁啱我哋依區 (深水埗) 嘅家長同小朋友。(小冊子) 都比較深呀，比較長。”(A social worker, Group 2, 8) “There were too many words in the booklet and it was not so suitable for parents and children in this district (Sham Shui Po), as the language was too difficult and lengthy.” (A social worker, Group 2, 8) “即係我 (社工) 自己都理解咗一輪 (小冊子內容) 先交得 (表達) 到出嚟…咁對於佢哋 (參加者) 返到去做真係好難。”(A social worker, Group 1, 3) “Even I (social worker) needed to spend some time to understand (and express) it (the content of booklet), so it might be too difficult for them (the participants) to complete it after the programme.” (A social worker, Group 1, 3) *Unwilling to complete the booklet* “其實佢哋 (參加者) 盡量都唔做 (小冊子)。”(A social worker, Group 1, 2) “Actually, they (the participants) didn’t want to complete (the booklet).” (A social worker, Group 1, 2) “佢哋 (小朋友) 就會話「又要交多份功課？」對佢哋嚟講 (小冊子) 可能係交功課囉。咁佢哋會唔願意做，或者甚至唔放上心囉。唔見咗 (小冊子) 呀，唔知去咗邊呀，都係咁樣囉。”(A worker, Group 2, 12) “They (the children) might think, ‘need to hand in one more piece of homework?’. The booklet was like the homework from their perspective, so they might not be willing to complete it, and didn’t even pay much attention to it. They usually had lost it.” (A worker, Group 2, 12)

		The content might not be suitable for some participants “睇嘅時候我諗有必要咁長，啲係第二、三頁嗰啲正向宣言啦，後面又介紹正向心理學，我覺得對家庭嚟講未必啱。”(A welfare worker, Group 2, 10) “While I was reading it, I thought it was unnecessary to make it so lengthy. I thought ‘The Declaration of Happiness’ on pages 2 to 3 and the introduction on positive psychology in the later part weren’t suitable to read as a family.” (A welfare worker, Group 2, 10) “啲小冊子其實唔啱長者做啦，不過我諗唔係 for 長者囉。”(A welfare worker, Group 2, 10) “This booklet was not suitable for the elderly to complete, although I think it was not initially designed for the elderly.” (A welfare worker, Group 2, 10)
	Suggestions	*Different ways to deliver the messages* “其實本小冊子印得幾精美嘅，不過就唔多圖，小朋友就唔鍾意寫，叫佢哋寫佢哋話「吓，點寫呀，唔識寫。」我哋就話「咁你畫公仔呀。」咁變咗如果有多嘅圖去輔助嗰句句子啦，等佢哋容易啲明白囉。”(A worker, Group 2, 12) “The booklet was printed well, but there were not enough pictures, and children did not enjoy completing it. Children usually said ‘I don’t know how to write’ when they were asked to fill in the booklet, we then told them ‘you can draw something’. If there were more pictures to help elaborate the sentences, they would have been able to understand it easier.” (A worker, Group 2, 12) “我諗基本上反而有多啲金句有用，反而多啲俾佢哋 (參加者) 揭 (看) 吓呢，我諗提醒會大過俾佢哋做囉。”(A welfare worker, Group 2, 10) “Basically, I think those proverbs were useful. They could serve as a good reminder when they (the participants) read them more often, it was better than requiring them to complete the booklet.” (A welfare worker, Group 2, 10) “有啲實用啲嘅嘢 (東西) 囉，啲係佢 (參加者) 都係每日做嘛，可唔可以變咗個大日曆呀？屋企都掛住啦。”(A social worker, Group 2, 11) “Something practical could be made… something they (the participants) use it every day, could we make it in the form of a calendar? Every household could have one at home.” (A social worker, Group 2, 11)
Questionnaires	Views and difficulties	*Lengthy and repetitive* “同埋佢哋 (參加者) 有時會分唔到啲字的分別囉，即係佢哋會覺得上面嗰題同下面嗰題都係一樣。”(A social worker, Group 2, 11) “They (the participants) might not be able to distinguish the differences in the wordings used for different questions, and they might think that the former and later questions were the same.” (A social worker, Group 2, 11) “長者其實 OK (對填寫問卷)，好少事嘅，但其實真係佔咗成個活動嘅一半時間 (填寫問卷) 囉，起碼要填一個鐘囉長者，又要講解，咁變咗其實你又要 briefing 半個鐘，briefing 完半個鐘呢又要再幫老人家填，咁變咗一次過成 80 個老人家仲要分開，所以你諗吓要好長嘅時間，咁我覺得失咗個活動意義…做完問卷可以走咁嘅感覺囉就係。”(A welfare worker, Group 2, 10) “The elderly were easygoing (about filling in questionnaires), but this part really took up almost half of the programme time. They needed at least an hour to finish it. We had to brief them for around half an hour and assist them to fill in the questionnaires for another half an hour. We had 80 elderly so you could imagine the large amount of time it took up. I think the meaning of the programme was lost in this way, as it felt like conveying the message that the participants could leave after completing the questionnaires.” (A welfare worker, Group 2, 10)

Not suitable for certain groups of participants

"(參加者) 全部都係智障嘅大人啦，同埋小朋友咁樣，咁就即係喺佢哋嚟講填問卷係一件好困難嘅事。"(A social worker, Group 1, 5)

"Most of them (the participants) were adults and children with mental disabilities. It was difficult for them to complete the questionnaires." (A social worker, Group 1, 5)

"但係佢哋 (參加者) 個知識水平始終唔係太高，咁有部份新來港 (人士) 覺得問卷唔識喎，字都唔識多隻呀，點去做呀，即係會好多呢類嘅擔憂囉。"(A social worker, Group 3, 14)

"Most of them (the participants) did not have high education level. Some new arrivals couldn't even read nor complete the questionnaires. It was a main concern." (A social worker, Group 3, 14)

Not completing the questionnaires seriously

"有陣時佢哋 (小朋友) 會隨心去剔 (答案) 囉。我哋又一個義工，跟住就照顧可能兩三個小朋友，咁喺嗰啲剔 (答案) 嘅時候，其實佢哋一來又唔係好掌握點解 (問卷內容) 啦，二來佢哋有啲又貪玩啦，做出嚟係咪真係可以好準確呢？我都覺得未必太準確嘅。"(A social worker, Group 1, 4)

"Sometimes they (the children) didn't choose (the answers) seriously. 1 volunteer had to look after 2 to 3 children. When the children were choosing the answers, they might not understand (the meanings of the questions), and they might have played mischief. Were the results really accurate? I don't think so." (A social worker, Group 1, 4)

"(參加者) 或者求其 10 分鐘做晒 (問卷)，擺明係就知亂剔 (答案)，咁你收定唔收好？又冇得叫佢改 (答案) 嘅。"(A social worker, Group 1, 2)

"They (the participants) might have completed it (the questionnaire) in 10 minutes. It was obvious that they chose (the answers) casually, so would you collect it or not? We couldn't ask them to change (their answers)." (A social worker, Group 1, 2)

Translation needed

"所以個問題就係要翻譯啦，首先中文變英文，英文又一堆嘢再翻譯佢 (少數族裔參加者) 嗰啲文 (語言)，你俾我係英文版嘛，咁其實英文要翻譯番，呢度都花咗段時間囉，同埋啲細路唔知會唔會好多嘢 (問卷內容) 都覺得差唔多，所以我覺得個準確性，個 accuracy 我覺得有好大問號囉，因為佢哋會覺得差唔多，差唔多，就會變咗亂答囉。"(A worker, Group 4, 24)

"Those questions need to be translated. First, Chinese was translated into English and then further translated into their (ethnic minority participants') mother tongue. Even if you gave us the English version, it still took some time for us to translate it into their language. Children might have thought that (the meanings of the questions) looked similar. I had doubts about the accuracy of the questionnaires. If they thought that the questions were similar, it would have been likely for them to respond more casually." (A worker, Group 4, 24)

	Ways to solve	*Volunteers and helpers' assistance* "我哋都訓練咗啲義工幫手去解釋(問卷),但有啲比較抽象嘅字眼其實佢哋都唔係太明,我哋要義工花好多時間去解釋。"(A worker, Group 4, 22) "We trained many volunteers to explain (the questionnaires), but some of the wordings were so abstract that even the volunteers couldn't understand. We spent a lot of time in explaining." (A worker, Group 4, 22) "咁我哋開心嘅就係搵咗好多 helper 幫手,因為都要翻譯,需要好多人手幫手填問卷。"(A worker, Group 4, 24) "We were happy that we could find so many helpers as we needed them to do the translation and assist in questionnaire completion." (A worker, Group 4, 24)
	Suggestions	*Tailor the questionnaires for different groups of participants* "問卷嗰度啦,如果下次再有 research 我就諗會唔會可以係三個唔同嘅問卷,咁長者一個系列啦,成年人又一個系列,小朋友又一個系列。咁甚至長者嗰啲可能字都要大隻啲,因為佢啲字咁細,同埋我發覺問卷如果係用顏色紙印呢,其實睇佢哋唔係睇得咁清楚,咁我諗嗰方面其實可以改善。"(A social worker, Group 3, 16) "For future research study, I suggest to have 3 different versions of questionnaires for the elderly, adults and children. A larger font size could be used for the version targeted at the elderly. The font size of the current version was so small, also when the coloured paper was used in questionnaires, the elderly found it difficult to read. I think the questionnaires could be improved in these aspects." (A social worker, Group 3, 16) *Shorten the questionnaires* "問卷短啲。"(A worker, Group 4, 24) "Shorten the questionnaires." (A worker, Group 4, 24)
Impacts on organizations		*Strengthened relationship between and within organizations* "同埋成個 project 唔止做一次,都見過好多次(其他地區伙伴),個好處就係聯繫咗區內唔同 NGO 嘅人士。"(A worker, Group 4, 24) "The project had more than one programme. We had met (other community partners) many times. The strength (of this project) was to provide an opportunity for us to communicate with different NGOs within this district." (A worker, Group 4, 24) "同埋我哋機構都少機會有咁大型活動,即係中心全部同事都有機會參加同一個計劃,所以都有一個機會俾我哋同工,內部嘅有一個交流嘅機會。"(A worker, Group 4, 22) "Our organization rarely has opportunities to join such a large scale project. All of our colleagues had a chance to take part in the same project, so it provided an opportunity for internal communication." (A worker, Group 4, 22) *Developed relationship with service users* "其中一個我覺得係同一啲平時少接觸嘅家庭認識咗佢,建立咗一個基本嘅關係。"(A social worker, Group 2, 8) "I met some families whom I had rarely got in touch before, and we developed a basic relationship with each other." (A social worker, Group 2, 8)

4.5.3.2.3 Conclusions

The social workers generally appreciated the newly introduced CBPR approach that the project was based on, and acknowledged the impact it made. However, many suggested the need for more co-ordination and support throughout the project, and suggestions were made to make the materials more user-friendly. More capacity building and knowledge transfer work was recommended to further consolidate the project outcomes and to improve the sustainability of the project.

4.5.3.3 Community stakeholders in-depth interviews

4.5.3.3.1 Sample characteristics

A total of 9 community stakeholders were interviewed during the period March to May 2013 but only 6 were included in the analysis. The demographic characteristics of community stakeholders in the in-depth interviews are shown in Table 4.8. Half of the respondents were female (50%). All had acquired a tertiary education, holding a bachelor's degree or above. The majority were aged 45-54 (75%), had worked in the participating unit for 10 years or above (66.7%), and had active participation in this project (83.3%).

Table 4.8 Demographic characteristics of community stakeholder in in-depth interviews (n=6)

Characteristics	No.	(%)
Gender		
Male	3	(50.0)
Female	3	(50.0)
Age group[a]		
45-54	3	(75.0)
55 or above	1	(25.0)
Education		
Tertiary (degree or higher)	6	(100.0)
Years of work experience in the participating unit		
5-9	2	(33.3)
10 or above	4	(66.7)
Participated in this project		
Yes	5	(83.3)
No	1	(16.7)

[a] 2 missing values, n=4

Table 4.9 Community stakeholder's working organizations

Sham Shui Po District Council
Education Bureau
The Boys' & Girls' Clubs Association of Hong Kong
Sham Shui Po District Social Welfare Office of Social Welfare Department
Hong Kong Family Welfare Society
The Neighbourhood Advice-Action Council

4.5.3.3.2 Qualitative findings

Themes	Subthemes	Quotes
Project characteristics		*Focus on positive psychology* "其實成個 project 由頭到尾不停係講個 term「正向心理學」，對呢個 term 印象比較深，咁就每一件事都有唔同嘅角度去睇嘅，咁呢個正向心理學就可以幫到啲街坊就可以喺好嘅角度，選擇一個適合自己嘅去成長嘅心理態度去面對問題呀，困難呀，去欣賞。"(C1) "I have a solid impression of the term 'positive psychology' because it was repetitively mentioned throughout the whole project. We could think from different perspectives. Positive psychology could help the residents think from a positive perspective, adopt an attitude that will enable them to face problems and difficulties, and appreciate things more." (C1) "大家 (計劃) 裡面用嘅正向心理嗰樣嘢呢，係比較大家係貫穿一啲，係大家都用呢一個嚟做個主線嚟去大家唔同地區上面嘅 service unit，大家各自呢去就住自己 centre 嘅特色嚟去運作咁樣樣囉。"(C5) "Positive psychology in the project could be used as a central means to link up different service units in the district. Each centre could use it in accordance with its own characteristics for programme development." (C5) *A comprehensive project that included different elements* "個同工嘅訓練 (比) 重好多啦。"(C1) "The train-the-trainers programme for social workers was more intense than the others." (C1) "大家同工喺事 (推行活動) 前接受一啲訓練啦，事後亦都係分享啦，咁亦都係有一個檢討，咁最後港大亦都會有個研究結果出嚟，咁變咗呢一個係一個…即係好全面囉。"(C4) "The social workers received some training before (programme implementation), then there was a sharing session and an evaluation afterwards. HKU will also release the research findings upon project completion. The project is very comprehensive." (C4) *Extended coverage with involvement of different parties and residents* "咁我覺得呢個所謂跨機構、跨服務組群啦，全區嗰個滲透面我覺得都相當廣泛，喺社區裡面，我覺得喺深水埗呢個社區入面，過往合作，不同機構合作嘅活動或者計劃都好多，但依呢一個嚟講呢我覺得最廣泛亦都最深入。"(C6) "I think the involvement of different organizations and service targets increased the project coverage in the district. Although there had been a lot of collaborative projects and programmes in Sham Shui Po district before, I think this project had the largest coverage and was the most in-depth. " (C6) "其實係話，啫係唔同機構去搞啲活動啦，喺今次俾個區嘅居民或者啲學生啦吓，同埋咁佢 (計劃) 有啲活動，咁即係俾我哋參加囉，咁從而增加佢哋 (居民)…可能正能量方面。"(C2) "Different organizations implemented different programmes for the residents and the students to take part in it, so as to further increase their positive energy." (C2)

		Participating units shared an identical goal “咁大家(計劃組織者)都係有個目標去做啲嘢。”(C1) “We (project organizers) all had targets to achieve.” (C1) “咁我又覺得嗰個特色就係在於大家(計劃組織者)都好似有一個共同目標咁樣。”(C5) “I think the characteristics of this project was that we (project organizers) all had a common goal to achieve.” (C5) *Provided research data* “今次有咁多嘅家庭嘅參與啦，都接近成千個家庭嘅參與，咁變咗亦都係，亦都一個追蹤嘅問題啦，咁變咗就係話呢我覺得啲咁嘅資料，其實喺將來我哋喺推行一啲服務，同埋…深化我哋正向心理學，喺區裡面推行，我哋係覺得今次得益好大。”(C4) “There were around a thousand families participated in the project. I think that the rich data from this project could help us to further promote certain services and strengthen the implementation of positive psychology programmes in the district. We have gained a lot in this project.” (C4) “即係其實都係建立緊一個，研究嘅，具地區組群特性數據嘅搜集囉，同埋，係…點樣樣嗰個實驗計劃，咁龐大嘅，又由多個團體不同組群組成裡面去做到一啲嘅地區性整理。”(C3) “In fact, the project has been building up a research study and collecting data with district characteristics. It has been working on research experimentation and consolidating data obtained from different clusters of various organizations on a large scale.” (C3)
CBPR	Views	*Extended outreach for participants and involvement of different parties* “咁有得咁多個唔同嘅單位，嚟自老人又好，復康又好，青少年服務都好啦，我係會覺得更百花齊放，特別對於我哋做家庭(作服務對象)，但係其實我哋都會有老中青幼嘅對象，亦都有啲復康嘅人士，咁可能亦都會令我哋喺…嗰個涉獵面係會闊好多囉。”(C5) “It was good to have so many different organizations involved, ranging from the elderly, rehabilitated to youth service (sectors). Although (our service targets) are families in general, our targets also include people of different ages and the rehabilitated. The project might have extended our reach.” (C5) “我覺得唔同嘅群體走埋一齊呢，其實，譬如政府部門呀，社區機構呀，以致係啲…大學呀，呢啲係另外一種整合嚟嘅，而呢個整合如果整合得到係好，好正嘅，因為嗰個就係各取所長吖嘛，咁呢個都會係一個，其實，嗰個社區為本嘅參與性應該係呢個計劃最有特色嘅部份囉。”(C3) “The project involved different parties like government departments, community organizations and even a university. The effects could have been great, as each party could use their own expertise to benefit the project. The community-based participatory approach is the major characteristic of the project. ” (C3) *The unique feature and high heterogeneity in delivery process* “最有難度嗰個過程呢，係點樣擴散到區內 30 個機構，而 30 個機構呢，因為其實係，30 種嘅特色及工作文化，機構文化，即係我都唔講做(活動)嘅手法喇，而係機構文化同佢點樣安排緊相同嘅同事再落程序，再出嚟攞相同嘅訊息，再去發展番出去給服務對象呢。”(C3) “The most challenging part of the project was to bring together the 30 organizations in the district. Each organization has its own characteristics, work culture and organization culture, not to mention its own ways of implementing programme. (It’s about) how organizations of different cultures (work together) and how to arrange the same colleagues to follow the same procedures and convey the same messages to service targets.” (C3)

Views on "family-based"	Agreed on the rationale	"(計劃)裡面用咗正向心理學啦，再結合家庭嘅，以家庭為本嘅活動啦，咁就推行一個叫正向家庭嘅計劃啦，我覺得呢個都係一個好嶄新嘅一個服務嘅一個理論。"(C6) "Positive psychology together with the 'family' concept were used to develop family-based programmes in this positive family project. I think this is an innovative service model." (C6) "咁其實(計劃)係以家庭為單位嘅，都係配合我哋社署自己嘅(方針)，亦都希望係…好多情況下我哋都係以成個家庭去服務。"(C4) "Using 'family' as a unit (in this project) actually matches well with the approach of the Social Welfare Department. Generally, we hope to provide services to family units." (C4)
	Difficult to engage families	*Difficult to engage the entire family* "我去過長者嘅活動啦，但真係對長者嘅，咁下一代人完全唔見人。亦都去過啲家庭嘅活動啦，見阿媽帶住個仔，阿爸爸唔見人，始終都係差少少。咁(參加者)可能通過活動將實質訊息帶到返去(家庭)唔定，但始終都唔係全家一齊去，一定差啲。"(C1) "I joined the elderly programme and the target was solely the elderly, there were no youngsters took part in it. I also joined some family-based programmes, only mothers and children participated. The programme effectiveness could not be maximized as fathers were absent. Though (the participants) might have taken the messages back (home), the programme effectiveness could have been affected if not all family members participated." (C1) *Could not attend the programmes due to busy schedules* "全家或者大部份嘅參與係唔容易啦，因為父母好多時候，尤其是我哋區雙職嘅家庭都唔少。"(C4) "It's difficult for all or most family members to participate, because many parents in this district need to work." (C4) "因為特別如果你話喺深水埗呢度呢啲家庭，為口奔馳嘅又會有，單親嘅嗰啲會覺得如果佢係要咁長時間咁樣出咗嚟(參加活動)呢，又係有個困難喺度。"(C5) "For families in Sham Shui Po, some of them like the single parents need to work, it's difficult for them to spend a lot of time (to participate in the programme)." (C5)
Project suitability in the district	Views	*Positive messages enhanced the participants' mental health* "用一個正向心理學令到佢哋喺多角度喺佢哋自身嘅問題，或者自身嘅處境啦，係一個比較樂觀嘅心態，同埋係，知道自己內在嘅一啲嘅潛能啦，咁去發揮到出嚟啦。咁呢個都係締造一個社區和諧…我相信係一個好有用(的方法)啦。"(C4) "Positive psychology could help residents to face their own problems from different perspectives, and to use a positive attitude to handle difficulties. They could also identify their potentials and bring them forth. I think this is a good (way) to promote community harmony." (C4) "即係我講過我哋係改變唔到貧窮呢個事實，唔可以短時間內改變得到，但係(計劃)可以改變到個生活態度呀，對問題嘅態度，人可以開心。"(C1) "We couldn't change the poverty problem in a short time, but (the project) could change people's attitude towards life and problems, people could be happier." (C1)

		Fundamental problems of the residents could not be solved easily “(計劃)幫唔到佢(居民)囉…家庭問題呀…即係家庭問題就係唔係話我淨係好錫你呀咁簡單可以解決到囉。有啲好深層次㗎，譬如中港婚姻嘅…啥係有可能話一兩個活動就可以解決得到囉。”(C2) “(The project) couldn’t help them (the residents) to solve their family problems… it’s not easy to solve these problems just by expressing love to family members. Some deep-rooted issues, like cross-boundary marriage between Mainland China and Hong Kong couldn’t be solved by 1 or 2 programmes.” (C2) “啥係啲人睇深水埗區其實係貧窮啦，或者係，啥係家庭暴力呀，或者住屋呀，新移民嗰啲問題嚟嘛，即係深水埗係呢啲問題呀嘛，咁就唔係話去淨係參加呢啲活動去幫佢囉，即係兩碼子的事囉我覺得。”(C2) “Most people perceive that residents of Sham Shui Po are poor, and have problems like family violence, and problems associated with housing and new arrivals. These problems couldn’t be solved by just participating in the programmes. They are two different matters.” (C2)
Project effectiveness	On participants	*Enjoyed the programme activities* “其實我覺得(活動)係令到社區啲人開心啲，一部份人開心啲已經夠啦。”(C2) “I think it (the programme) made some residents happier. That’s enough even some of them did feel happier.” (C2) “(計劃)做得都幾好呀…我見啲參加者裡面嗰啲人都幾開心嘅，我覺得佢哋都…個個都好開心去參與…佢哋要去做嘅一啲嘢囉…即係好簡單嘅不過。”(C2) “(The project) was well implemented according to my observation, some participants participated happily and actually performed the simple behaviours.” (C2) *Facilitated attitude changes* “咁佢哋(參加者)就比起冇參與過，佢哋係容易啲去用另外一個角度去睇自己。”(C4) “It was easier for them (the participants) to think from different perspectives after they participated the programme.” (C4) “起碼第日佢(參加者)能遇到其他嘅挑戰呀，遇到其他屋企嘅一啲問題呀，或者個人一啲成長經驗嘅問題嘅時候，我哋係俾多一個角度俾佢自己諗個問題，俾多個一個選擇佢哋啦…”(C4) “At least they (the participants) could think from different perspectives when they face challenges in the future, like family issues and personal development. The project provided more suggestions for them...” (C4) *Facilitated behavioural changes* “我哋要(推廣)我哋「愛之蜜語」，咁當然啲人唔識講「愛之蜜語」呢個字啦，但係裡面會有多啲去表達錫屋企人，幫屋企人嘅行為，例如做吓 massage，或者係做個啲…鼓勵人啲說話呀…咁我哋睇到係，有限嘅觀察睇到好多人都…佢(參加者)都識用嗰個 language，某程度佢哋都用到，咁我覺得係睇到係有個變化喺度，不過當然我就唔能夠掌握呢個變化有幾廣泛喇。”(C6) “We need (to promote) the ‘Love Languages’, of course people might not know the exact term. The Love Languages suggest ways of expressing love to family members, actions like giving them a body massage, and encouraging them verbally. We observed that they (the participants) were able to use those languages in certain extent and there were changes among them, but I’m not sure about the extent of the changes.” (C6)

On organizations	*Strengthened the connections between and among organizations*
	“機構同埋政府部門之間嗰個合作係…通過呢個計劃係，我相信係更加緊密嘅。咁啱係大家一齊做呢個工作時候，咁啱係無論結果…經歷喺嗰個過程入面啦，大家嗰個 collaboration，嗰個互相認識呀，或者係嗰個機構…大家嘅睇法呀…有一個充份嘅了解同討論，咁我覺得呢個平台係…呢個計劃能夠更加令呢個平台更鞏固。”(C4)
	“The collaboration between the organizations and the government departments has become closer through this project. When we were working on the project, we deepened our understanding of each other, and we had adequate sharing and discussions. The project strengthened this platform of collaboration.” (C4)
	“機構之間頭先講過，就係話我哋自己…嗰個凝聚力啦…如果有咗今次嘅活動嘅話呢，雖然我哋深水埗(的社會服務機構)都係一個好嘅合作(關係)…但係今次真係更加能夠將我哋唔同服務、唔同背景嘅機構真係可以更加黐埋一齊，將佢大家…啱係嗰種互相認識同埋互相溝通嗰種默契呢，係好多嘅，咁呢個其實我哋覺得嘅就係好想見嘅一樣嘢嚟嘅。”(C4)
	“This project enhanced the cohesion among different organizations... The collaboration (of social service organizations) in Sham Shui Po is good, the project further brought together organizations with different services and backgrounds, a mutual understanding and communication was enhanced. This is what we were looking for before.” (C4)
	Knowledge enrichment
	“咁響我哋前線員工嚟講呢，就嗰個學習經歷，呢個(計劃)係一個好好嘅學習經歷。咁對於我哋嘅社福界，第日後推行活動呀，或者係嗰個以實証為本呀呢樣嘢，咁呢個係起碼個意識係強咗好多。”(C4)
	“This was a great learning experience for our frontline workers. It (the project) strengthened our awareness to further implement evidence-based programmes in the social service settings.” (C4)
	“或者其他服務單位裡面啦，我哋(社工)，好多時喺一個非做緊「『家』『深』幸福計劃」嘅情況之下呢，亦都係睇到同事係用好多正向心理嘅方法(放)入去其他活動裡面，咁我覺得呢個都幾廣泛，喺好多機構(都)見到。咁我覺得，呢個係好好嘅效果嚟嘅，因為有時我覺得呢，計劃你搞完就完咗喇，點能夠將啲計劃嘅訊息能夠繼續(持續)落去，就係至少第一，就係要喺每一個機構入面能夠植根，而同事相信呢個理念，肯用呢個理念，或者，都將呢個理念擺喺佢一個活動或者(其他)計劃嘅裡面呢，咁呢個可以細水長流，可以不同咁延續落去，咁我睇到好多單位，我觀察係睇到，係發生咗喇已經。”(C6)
	“I know that we (social workers) in many service units have implemented positive psychology in programmes other than the Enhancing Family Well-being Project, and I think this is a good project impact. I think if we want to sustain the project effectiveness after project completion, we need to make organizations adopt this concept, and make the staffs believe in this concept and are willing to incorporate it into future programmes. I observed that this has already happened in many service units.” (C6)

	On community	*Spread the project messages* “甚至乎我諗嘅日我哋深水埗區(議會)個主席，上去同呀林鄭(林鄭月娥女士，政務司司長)開會，佢將深水埗呢個(計劃) concept 帶咗上去推廣。因為好多社會問題解決唔到嘅時候，有啲咩推廣幸福呀，令到人生活得積極啲呀嗰啲，係對社會有意義嘅。”(C1) “The chairman of the Sham Shui Po (District Council) shared the concept (of the project) in a meeting with Mrs. Carrie Lam Cheng Yuet Ngor (Chief Secretary for Administration) yesterday. When there are many social problems that could not be solved at this moment, it is meaningful to the society to promote messages about well-being, which motivate people to live positively.” (C1) “我哋要成日都開心，我哋唔好諗埋一邊，我哋做人要正面一啲，呢啲嘅訊息呢，係睇到，某程度上已經成為一啲 language 喇…喺社區入面我哋睇到已經係用，有唔少人用嚟做成為咗平常習慣用嘅 language，咁或者係，當然呢個 language 背後其實係啲，可能係啲思想上嘅，已經係一啲嘅植根同埋轉化，咁我覺得呢個係一個好嘅(現象)，我覺得我所形容嘅社區氣氛就係呢啲。”(C6) “Messages like we need to be happy, should not be stubborn, and need to be positive-minded have already become a ‘language’ in the community. I observed that quite a number of people have adopted it in their daily lives. This ‘language’ is developed through people’s thinking and its transformation, I think it is a good (phenomenon) and this is what I describe as community atmosphere.” (C6) “我覺得社會效應呀，我諗到，起碼帶出一種訊息，起碼呢個社會都仲講緊「家有康和樂」嘅。”(C3) “I think the project has made an impact on the community. At least people in the community are still talking about the FAMILY 3Hs.” (C3)
Difficulties	Different intervention approaches	*Different from the usual practice of frontline workers* “但係我哋(社工)今次真係比較詳細一啲，去一個追蹤…喺三個月後再去…再逐個禮拜咁樣(跟進)…咁變咗嗰個係一個比較長期嘅 commitment，同事都有壓力嘅，啱係佢(參加者)第一次嚟，第二次嚟唔嚟呢，第三次又點呢，同事都有壓力嘅，咁所以呢個需要都係同事…我哋前線嘅同事佢哋都要適應。”(C4) “We (social workers) have conducted a comprehensive follow-up week by week 3 months after the programme. As a long-term commitment, our colleagues were under pressure. The participants might join the first session, but their attendance at the second and third sessions were uncertain. Our frontline workers might feel stressed about it, and they needed to adapt to this situation.” (C4) “其實我哋(社工)幾(著)重訓練 process-oriented 嚟嘅，喺我哋社工訓練入面，亦都大家會習慣呢個方式囉，咁但係今次呢個 model 呢，就係你哋設定咗一個框格，所謂叫落藥，一個咁樣嘅配方，咁就盡量要跟呢個配方去做，咁呢個同我哋本身嗰個，工作嘅，我哋訓練嘅背景啦，同埋我哋工作嘅實務嘅習慣呢，我就發覺有幾大嘅唔同。”(C6) “We (social workers) focus on process-oriented training and we get used to accept this practice in our training for social workers. However, this project’s model had a theoretical framework and a planned ‘dosage’ which we needed to follow to plan our programmes. I think it’s quite different in terms of our training background and work practices.” (C6)

	Resources	*Limited resources* “其實今次(計劃)相對嚟講呢係透過…即係 Jockey Club 呀或者我哋攞到嘅撥款落嚟去搞(活動),咁樣嘅 target group 咁嘅 number of families 呢,其實係絕對唔夠嘅。”(C5) “The programme funding from Jockey Club was not enough to cover (a programme) when this number of families of the target group was required.” (C5) “今次(計劃)呢我哋要投放到同事一齊落去做呢…都相當多嘅數量嘅,社工嘅同事,咁另外仲有啲 programme supportive staff 啦吓,咁我哋覺得唔容易。”(C5) “We had to input quite a lot of manpower (in this project)… not only the social workers but also some programme support staff. It wasn’t easy for us.” (C5)
Solving the difficulties	Recruitment	*Provide more flexibility in terms of recruitment* “有幾個點(機構),咁譬如呢個(機構)你攞到 50(位參加者)嘅,咁你明愛另一個點(機構)攞到 30,咁夾埋都有 80,除番咁得唔得呢(以符合最低參加家庭數目)?或者一個 area 一個區一條邨嘅佢搵到幾多個囉,咁呢啲都可以同人傾吓囉,啫變咗有啲彈性囉。”(C2) “Could we combine (the numbers of participants recruited) from several (organizations) to fulfil the requirement (of minimum number of participating families)? For example, 1 organization got 50 (participants) and a service unit of the Caritas got 30, could we combine them into 80? Or could we combine the numbers recruited from the same area, district or village? … The method of recruitment could be further discussed so as to provide more flexibility.” (C2) “(計劃)醞釀期嗰度係咪夠呢?…咁樣,長少少醞釀期,佢哋又可以諗吓,可能之前我有啲咩 programme,一啲嘅前期嘅 programme 引佢哋(參加者)出嚟呀,吸引佢哋呢,點樣 identify 一啲係覺得人係適合參加呀呢啲(活動),個醞釀期我哋可以再諗吓。”(C4) “Was the time for project preparation enough? If that period was longer, they would have been able to think of some strategies to attract (participants) from previous programmes, and to identify suitable targets for participation. The duration of the preparation period could be further considered.” (C4) *Use different ways to recruit participants* “咁就靠同事可能都 identify 到某啲適合嘅家庭嘅組合呀咁…我哋(機構)個招募都係要靠同事好努力去 identify 啦。”(C5) “We (organization) mainly depended on our colleagues to identify suitable families for participation.” (C5) “我哋(機構)今次就選擇咗同學校嚟去一個協作,咁就變咗希望透過佢哋,亦都多啲可以搵到啱番呢個 target group 裡面組群嘅一啲嘅家庭咁樣。”(C5) “We (organization) chose to collaborate with school(s) this time. Through the school(s), we hoped to recruit some suitable families from the target groups for the programme.” (C5)

Retention	*Explain more on the project's objectives* “我覺得喺(活動)之前大家(同工與參加者)嗰種 contracting 啦，即係姑且用呢嗰 term，即係如果佢哋(參加者)預先都可以明白得到，其實，呀佢都要參與一個研究，而唔係參與一個 programme 呢，咁可能有幫助嘅。”(C3) “I think the commitment between us (workers and participants) would have been stronger if they had understood they were involved in a research, instead of just participating in a programme.” (C3) *Design programme that suits the needs and interests of participants* “喺我哋服務 programme 嗰個設計方面盡量彈性啲啦，即係盡量迎合到大部份人嗰個需要啦。我都見到有啲都係幾好嘅，譬如用日營嘅方式啲 day camp 咁樣。”(C4) “We tried to be more flexible in our programme design, so as to fulfil the needs of most participants. I observed some good strategies like the form of day camp.” (C4) “(我們)都諗咗好多招數，例如都設計一啲得意啲呀、唔同環節嘅活動，令到佢(參加者)會知(訊息)，即係有興趣會返嚟(隨後的活動)囉。”(C3) “(We) thought of many strategies, such as designing interesting activities with variety, so that they (the participants) could learn about (the messages) and were motivated to join again (in the following sessions).” (C3)
Other methods	*Continuous training and strengthen the support* “個訓練就唔係淨係一個單一…嘅訓練，即係唔係淨係訓練囉，可能中間都需要好多總結嘅經驗呀。呢個我哋(機構)過往做督導工作呢，可能一路做，一路會去 train 佢哋(同事)，跟住話俾佢哋聽原來你咁做呢係點。其實，我哋需要一啲引導同指導啲同事呢。”(C6) “The training shouldn’t simply be a training programme, it might need many consolidation sessions in between. We (organization) train (colleagues) along the way, and let them know how they are doing. In fact, we need to provide some guidance to them.” (C6) *A more detailed briefing session* “我覺得嗰時(計劃前)講(解)得係未夠清晰，個(計劃)要求嗰方面呢係未夠清晰，以致係(機構)應承(參與計劃)嘅時候呢，大家去考慮嘅時候未夠嚴謹，所以我覺得，如果再清晰啲嚴謹啲有個 briefing 好、訓練好呢… ”(C6) “(The project’s) requirements were unclear to us initially (before project implementation). As a result, we (organizations) agreed (to participate) in the project without thinking over it deeply. I think it’s better to have a detailed briefing and training session before deciding to join the project...” (C6)

Males' participation in the project	Views	*Programmes might not meet the needs of male participants* "…可能我哋(機構)搞嘅活動未必能夠真係…未必真係接觸得到佢哋(參加者)男士嗰種心底嘅需要。"(C4) "… Our programme might not have fulfilled the needs of men." (C4) *A general situation in social service sector* "(男士參加者較少)個問題呢就同呢個計劃無關嘅,係一個整體嘅問題…即係如果嗰個中心本身佢唔夠多啲爸爸(會員)嘅班底,我諗對個招募一定有困難嘅。因為即使個計劃點做呢,即係一個,反而有個更加 universal 更加整體嘅問題,就係究竟我哋啲社區計劃點樣可以有效地去吸引爸爸或者男士囉。"(C6) "(The problem of less male participants) was not related to the project, and it is actually a universal issue... If there were not enough fathers (members) in a centre, this would pose difficulties to the recruitment. I think there is a universal need to come up with methods to involve more fathers or male participants in our community projects." (C6) *Bounded by traditional culture* "…男士嘅參與…都唔容易嘅…有陣時呢個係可能係我哋中國人社會呀咁樣啦,咁佢哋都係唔係咁鍾意參與呢啲…尤其是社福機構舉辦嘅一啲活動,啫係唔係咁積極啦。"(C4) "… It's not easy to recruit male participants. This is probably related to our traditional Chinese culture. They're not very willing to, or aren't enthusiastic about participating in programmes organized by social welfare organizations." (C4)
	Suggestions	*Tailor-made programmes in term of interests* "即係我哋唔係吹水(聊天),即係例如可以睇波,係嗰啲較多男性參與嘅社交活動囉,即係你(用)要呢啲設計去睇緊(迎合)一個 gender (的興趣),其實佢參與開乜嘢活動,啱(配合)佢囉。"(C3) "Instead of sharing session, we could organize social activities that are popular among the men, such as football watching. We need to design gender-specific activities (to meet their interests)." (C3) *More active promotion* "我哋(機構)都係照透過唔同網絡嘅一個宣傳嘅啫。"(C5) "We (organization) used different networks for promotion." (C5) "…喺個(活動)招募嘅時候開初都要靠同事啦,咁會唔會多一啲再諗一諗吓郁動…郁動到多一啲嘅男士去 introduce 話俾佢聽呢一個活動有啲咩嘅好啦,咁嚟去啦。"(C5) "At the beginning of participant recruitment, we needed to depend on our colleagues to recruit male participants, maybe we could consider mobilizing the men to introduce the programme benefits to other men." (C5)

		Alternative ways of recruitment “都好睇機構同啲家庭(參加者)嘅關係啦，譬如我同媽媽熟嘅時候，講多兩句咪會帶埋爸爸出嚟(參與活動)。”(C1) “It depends on the relationship between the organization and the families (the participants). For example, I have good relationship with the mothers, so they helped motivate the fathers to join (the programme).” (C1) “譬如話我哋點樣去請啲同事去特別 mark 住一啲家長呀，一啲爸爸呀，跟住我哋搵啲核心嘅爸爸呀，做呢個 snowball (一個傳一個)呢，去搵吓搵吓搵番(其他參加者)嚟(活動)呢。”(C6) “For example, we asked our colleagues to identify some parents and fathers. These fathers could form the ‘core group’ and act as a snowball that could further encourage (other participants) to join (the programme).” (C6)
Promotion	Views	*Diverse ways to promote the project* “咁當然對於一般普羅市民嚟講呢咁呢就…佢如果未必咁留意(計劃)嘅話呢，就未必有咁清晰。咁但係我哋都見得到響社區裡面，都見到我哋有好多(計劃)宣傳嘅海報啦，banner 啦，周圍…我哋都有…咁其實(效果)都比起我哋一般…啫係我睇番其他社區裡面唔係剩係社福界，或者其他活動都好啦，咁其實呢我都覺得都唔錯嘅。”(C4) “When the general public weren’t aware of it (the project)… they might not have a clear idea about it. However, we could see that many promotion posters and banners were displayed in the district… in everywhere… Compared with campaigns held in other districts or by other social service organizations… this (effect) was quite good.” (C4) “同埋都(有)一啲好好嘅(計劃)宣傳…咁有多啲資源可以做多啲 road show 咁就更好啦。因為我哋早前都做過啲報紙嘅宣傳…都發覺唔同區嘅同事都會聽到…都會見到一啲嘅…資料嘅發放啦…咁其實都 arouse 咗其他區唔同(機構)嘅。”(C4) “The (project’s) promotion was good... and if there were more resources, it could include more road shows to create greater promotional impact. We had done some promotion in newspapers before… some colleagues in other districts became aware of the promotion and could get the information, and (organizations) in other districts also became aware of it.” (C4) *Messages were well delivered* “譬如(計劃)都 involve 咗區議會呀，或者行政事務(機構)呀，或者學校呀嘅一啲體制，其實(他們)係收到個訊息囉，即係知道有呢個項目呀。”(C3) “(The project) involved different parties like the District Council, administrative departments (of organizations) and schools. The messages were well delivered to them and they know about the project.” (C3) “「家有康和樂」點樣去傳，或者個正向心理啦，去傳遞俾社區 on a whole，或者喺成個社會去做呢，咁我覺得都係做到個效果出嚟嘅。”(C6) “I think (the messages of) FAMILY 3Hs and positive psychology were effectively conveyed to the community.” (C6)

Suggestions

Use diverse ways in promotion

“諗住做多啲街外標語，都可以通街都見到呀，即係推廣呢個（計劃）concept，大家平時生活上都可以見到嘅時候。”(C1)

“We could work more on outdoor slogans as they could be seen everywhere. That means to promote the (project’s) concept in our daily lives.” (C1)

“咁同埋如果你話真係一啲（計劃）嘅宣傳方面，或者係一啲嘅 newsletter 會唔會即係再統一啲，因為其實如果咁多嘅機構，個別嘅機構我相信佢哋都會有時有自己啲 newsletter 嘅嘢。會唔會大家可以點樣樣統合啲自己啲定期嘅刊物，裡面有一齊去做呢（宣傳）咁樣樣。”(C5)

“Regarding the (project’s) promotion, maybe we can integrate different newsletters for promotion. I believe many participating organizations have their own newsletter, maybe we could think about compiling materials of different publications to promote the project.” (C5)

Use of the media

“深入，其實係…其實要（將訊息帶）入家庭呢，你一係用大氣（電）波或者整套電視劇呢啲。”(C3)

“We might use the media, like the television and radio, and television dramas to get the messages across to families.” (C3)

“（計劃）都（希望）作為一個好似會多啲人會知道嘅狀況啦，咁可能呢個其中一個再去諗一諗有咩名人或者藝人呢可以喺呢方面帶動得到。”(C5)

“As it was hoped that a great number of people could get to know (about the project), we could consider using some celebrities or artists to promote the project.” (C5)

Expand the outreach of the targeted audience

“如果再有機會做嘅話，可以再滲邊落去啦，點樣可以接觸個別呢啲咁嘅街坊會呀，呢啲社區組織呀，咁同埋一啲區裡面嘅，某啲…婦女嘅組織呀咁樣，咁佢哋未必可以係我哋 30 個（活動）機構嘅一員，但係啫係佢哋嗰種幫手呀…recruit 呀…或者幫手宣傳呀，其實都係好草根同好深入，咁我哋呢樣我哋可以諗吓做多少少。”(C4)

“If there is another chance to further work on it, we could involve residents’ associations, community organizations and women’s associations. They might not be one of the 30 participating organizations, but they could help with participant recruitment or promotion. The way they work is grassroots and in-depth. We could consider working more on this.” (C4)

“咁教會都有好多細嘅教會啦，唔同教會…咁呢個可能我哋（計劃）都係（可以考慮）點樣先可以去動員吓佢哋幫手呀，咁樣我覺得個成效都可能會好嘅。”(C4)

“A church may have many small churches... different churches… We could consider involving them to assist in (the project). I think this could enhance the impact of the project.” (C4)

Dissemination	Views	*Knowledge transfer* “譬如我哋同事響 frontline worker 度，(得到)好多資料啦，嗰個 training 啦，有啲書啦，有啲智慧分享啦，exhibition 啦，咁其實嗰度係有好多溝通，其實啫係 enrich 到佢哋嗰個諗法嘅。”(C4) “Our colleagues gained a lot from acting as frontline workers (by receiving) much information, training, publications, wisdom sharing and exhibitions. There were a lot of communication that could in turn, enrich their way of thinking.” (C4) “咁都可能如果可以安排到一啲嘅分享會，或者發佈會喇，各方面嘅嘢呢，俾同事去掌握，咁同事掌握呢個(計劃)工作裡面，即係，我哋會因為個(計劃)效果係影響到我哋跟住我哋點樣去定位呢個服務方向。”(C6) “It would be better if some sharing or dissemination sessions could be arranged to let colleagues understand more (about the project). This is because the impact (of the project) will affect our service planning direction in the future.” (C6)
	Suggestions	*Dissemination formats* “(透過)區裡面嘅圖書館，康文署嗰啲，亦都有啲叫地區圖書館(去發佈計劃結果)。”(C1) “We could use libraries of the Leisure and Cultural Services Department or other district libraries (for project results dissemination).” (C1) “咁可能要highlight番啲(計劃)重點啦，你唔好期望佢(沒有參與計劃的居民)成本(計劃結果)書睇晒嘅。譬如頭嗰幾版呀有啲 summary 呀，或者有啲特別重要嘅地方嘅字體會大啲呀俾人睇呀。”(C1) “Maybe it is needed to highlight some main points (of the project) because we couldn’t expect them (residents who did not participate) to read the whole book (of project results). For example, there could be a summary on the first few pages, or the font size of important points should be enlarged.” (C1) “會唔會透過喺屋邨裡面嚟去舉辦發佈會啦。”(C5) “We could organize project results dissemination sessions in different housing estates.” (C5) *More focus on programme quality* “即係喺我哋 service user 嘅角度…數字之外可能真係個別睇我哋嘅(活動)quality，嗰度都係重要嘅。”(C4) “From our service users’ perspective, in addition to quantitative findings, our (programme) quality is also important.” (C4) *Consolidating training sessions* “但其實原來我哋智慧分享會嘛，智慧總結嘛，咁其實我哋(同工)有好多嘅經驗智慧呢，仲係可以做好多 consolidation，攞嚟再去再深化(去)用、擴大。”(C6) “In the wisdom forum, we (social workers) still have a lot of practice wisdom that could be further consolidated and explored.” (C6) “… Consolidation 嘅一個嘅訓練，就係我哋會請我哋嘅 trainer…佢會攞晒啲，盡量 pick up 晒啲(計劃)資料啦，請同事做一個總結。咁我覺得類似呢啲咁嘅 workshop 呢，其實如果配合嗰個智慧分享會，前後會加一撐(些)咁嘅訓練嘅 workshop，或者一啲小型啲但係聚焦啲嘅研討會，或者訓練嘅服務啦，即係更加可以總結得再強啲而去發佈。”(C6) “We organized a consolidating training session… We asked our trainer to gather as much (project) information as possible, and asked our colleagues to make project conclusions. I think this kind of training workshops together with wisdom sharing sessions, intensive mini-seminars or service training could be further developed, this will facilitate project consolidation and dissemination.” (C6)

	Audience	*District Councils* **“譬如其他區嘅區議會，深水埗知咩事（計劃）啫，其他區譬如 17 區，元朗知（計劃）呢，但其他區唔知㗎嘛，都應該要做啲嘢（計劃發佈）。”**(C1) “Only the Sham Shui Po and Yuen Long District Councils know (about the project), but not other districts, so we need to work more (on promoting the project) to other District Councils.” (C1) **“譬如喺啲屋邨裡面可能係去搞一啲嘅發佈會呀，咁一定會有當區嘅區議員啦，我相信咁樣樣嚟去（發佈）嘅時候，一方面佢哋（議員）會接觸到多啲佢所屬嘅居民啦，咁另外再由大家努力去推廣住家庭嗰樣訊息嘅時候，希望個效果係會再明顯一啲啦。”**(C5) “Some dissemination sessions could be held in housing estates which could involve the District Councillors. As they (District Councillors) have close contact with the residents, together with further promotion on family messages, a greater effect could be achieved.” (C5) *Policy makers and other community leaders* **“其實我覺得幾層（發佈）嘅分佈都重要嘅，即係你話（對象）係對於一啲搞政策嘅人，可能嗰個，做政策嘅設計嗰啲呢係一堆（人）啦，另外…即係話點樣帶呢啲訊息嗰班同事呢，係值得，即係聚番佢哋一齊去交流，其實係好寶貴囉…”**(C3) “I think it is important to disseminate the project in several aspects, like the policy makers and frontline workers who were responsible for delivering the messages. It is worthy and valuable for them to gather together and exchange ideas with each other…” (C3) **“如果你**project**完咗個**report ok**可以**sell**嘅時候，同扶貧委員會傾傾啦。”**(C1) “After project completion and when the report is ready, you could consider discussing with the Commission on Poverty.” (C1)
Role issue	Roles in the project	*Planning* **“我（機構）諗一開始嘅時候就幫手去做一個（計劃）設計啦。”**(C6) “I (organization) helped with project planning from the beginning.” (C6) *Implementation* **“然後透過我哋（社工）就再去點樣（訊息）滲入啲家庭囉，咁我會覺得我哋係一嗰** agent **嚟嘅。”**(C3) “We (social workers) helped to deliver the (messages) to the families. I think we acted as an ‘agent’ for delivering these messages.” (C3) *Coordinating* **“其實當我哋（機構）要去執行個（計劃）協調，就算（有）成個籌委會呢，其實都係一個相當唔容易嘅工作，今次（計劃）裡面涉及好多嘅機構啦，亦都涉及有政府部門啦。”**(C6) “Although there was a steering committee in the project, it wasn’t easy for us (organization) to coordinate the whole (project). This (project) involved many organizations and also government departments.” (C6) *Networking* **“我哋（計劃秘書處）用咗好長、好多嘅時間喺做好大量嘅聯絡工作。”**(C6) “We (Project Secretariat) spent a lot of time in doing a great amount of liaison work.” (C6)

	Future roles	“由社署扮演統籌角色或會較容易協調唔同 NGO，唔係由地區 NGO 擔任協調角色。我估社署係一個好合適嘅角色。因為參與嘅 30 多個機構中，大部份都係社署資助嘅服務機構，佢係已經有好自然嘅一種伙伴協調關係同聯絡基礎呀，反為呢如果新建立另一個秘書處，而呢個秘書處係另外一個社區嘅 NGO 呢，咁我就覺得嗰種（與其他機構的）關係係需要一種建立嘅歷程同心力囉。”(C3) “I think it would be easier for the Social Welfare Department (SWD) than an NGO to be in charge of coordinating different NGOs. SWD might be suitable for this role since most of the some 30 participating organizations are subvented by SWD, thus partnership relationships with NGOs have already been built and contacts have been established. When a new secretariat is set up by an NGO, I think it takes time and efforts to develop relationships (with other organizations).” (C3) “（機構）一齊做一個 working group 嘅參與，咁呢個（工作）係未必即時同佢（機構）個工作好相關，咁但係起碼對於我哋同事嘅訓練都係好好嘅…咁佢哋嘅眼界都可能會闊咗。”(C4) “(The organizations) joined the working group, although it might not be directly related to our daily work, it’s good for our colleagues… this will help broaden their horizons.” (C4)
Project sustainability	Views	*Worthwhile to continue the project* “佢（計劃）裡面啲正向嘅訊息係我哋可以未來嘅工作方向，另外嘅幾年都可以試吓嗰種（方向），累積累積累積咁樣去做個工作方向，俾啲家庭，我覺得呢個係一個…可能已經係播咗一粒種子囉，如果呢粒種子如果持續得到發落去呢，其實係（需要）有幾年嘅（經驗）累積。”(C3) “The positive messages (in the project) could provide insights to our future work direction. Maybe we could try to adopt (this direction) in the next few years to benefit the families. A seed has probably been sown, and it might take a couple of years (to accumulate experiences) for the seed to grow.” (C3) “我哋應該咁講啦吓，啫係（計劃）令到人有一個新嘅諗法，咁其實有時候，唔單止係可能幾次嘅 programme 就可以做得到，咁呢個都係一啲比較長線一啲工作嚟嘅，咁變咗就話其中嘅困難就係話，個效果你唔係真係見得到。”(C4) “(The project) might be able to bring insights to people, but might not be able to achieve so only through a few programme sessions. This is a long-term work and the difficulty is that the effect might not be observable.” (C4) *Build up networks* “譬如話有啲服務網絡，或者一啲（參加者）仍然都係會繼續有一啲活動，或者係一啲嘅聚會，可以繼續 keep 住佢哋嘅參與，咁以致到可以繼續溫故知新（計劃訊息），甚至透過一個我哋可以建立一個 social network 嘅時候呢，而呢個 social network 係呢個主題或者呢一個訊息或者呢一個目標嘅時候呢，咁我覺得如果能夠有若干嘅中心嚟到 build up 到呢個 network，將佢變成一個又一個，單元性，或者一個短期嘅活動，成為咗一個中期或者長期嘅一個小組，或者網絡，咁我覺得如果做到呢個效果呢，所謂（計劃）延續性係會做到嘅。”(C6) “If there are service networks, programmes or gatherings that enable them (the participants) to continue to join after the project ended, they could review what they have learnt (about the project messages). Moreover, when the social network is built up through organizations, and the theme or message or target is related to the project, then some short-term programmes and middle- to long-term groups and networks could be developed, the (project) sustainability could be achieved.” (C6)

		Provide resources for sustainability “譬如話假如一系列嘅活動，你（機構）真係 keep 到一班班底（參加者），要用佢可以繼續發展嘅時候呢，咁我哋（計劃）會俾一啲嘅資源佢（機構），當然佢覺得想要先啦。”(C6) “When a group of core participants could be obtained after a series of programmes and further project development is needed, we (the project) will be happy to provide resources to them (organizations) if they want.” (C6) “譬如區議會嗰邊 extra 俾啲資源啦…你要再去搵其他資源，區議會係一個唔錯嘅平台。即係你班同工（參與）咗（計劃）之後覺得個 idea ok 想繼續嘅時候，咁可以係區議會啦，甚至社署都可以幫到手。但係即係最重要就係個 project 會繼續落去，未必有咁深入呀咁闊呀，但係起碼會細水長流咁做落去。”(C1) “If you need to seek resources, I think the District Council is a good platform. If your colleagues find it (the project) worth continuing, the District Council or the Social Welfare Department could probably assist in it. The project scope might not be so in-depth and broad reaching, but at least the project will be continued in the future.” (C1) *Provide continuous support and training* “呢個（計劃）都需要訓練，咁我覺得係，如果個計劃有持續持續嘅執行或者發展嘅時候呢，應該有持續嘅訓練啦。”(C6) “Training is needed (for the project). I think if the project will continue be implemented and developed, continuous training is needed.” (C6) “我諗喺唔同嘅（計劃）階段裡面呢，同事都需要有個 mutual support 呀，啲 mutual support 可以係啲經驗嘅交流，一啲新知識嘅或者工作手法嘅鞏固同埋學習，新嘅學習。”(C6) “I think that colleagues need mutual support at different stages (of the project). Mutual support could be attained via sharing of experiences, acquiring new knowledge and work skills while consolidating the old ones.” (C6)
Policy making	Views	*Disseminate the project findings to policy makers* “我（區議會）主席做緊啦，佢同呀林鄭（林鄭月娥女士，政務司司長）講咗啦，即係地區有啲活動做得 work 嘅時候，你要俾高層知道…我唔知你（計劃）完咗會唔會有啲書呀報告出咗嚟呢，發啲政策建議俾佢哋有權話事嘅人啦。”(C1) “The chairman (of District Council) is doing it. S/he told Mrs. Carrie Lam Cheng Yuet Ngor (Chief Secretary for Administration) about it (the project). It is necessary to let the senior officials know when a project does work... I’m not sure if there are any reports upon (project) completion, you could provide policy suggestions to policy makers.” (C1) *The Government supports community-based projects* “政府近呢幾年都好 aware 一樣（事情），點樣推動我哋全民個社區參與，個 network，social networking 我哋講緊社區資本。”(C4) “The government’s awareness in promoting community participation has raised in recent years. Social network is one of the community capitals.” (C4) “我睇到一啲 senior 啲嘅同事、政府部門同事，佢哋參與（計劃）呢。區議員呢，佢哋都係好，佢哋都係資深嘅…甚至區議會主席，佢哋都係睇到係好好好欣賞同埋好認同個計劃。”(C6) “I observed that there were senior colleagues and government staff participated (in the project)... The District Councillors who are experienced in their field, and the chairman of the District Council also appreciate and agree on the project.” (C6)

The project sets a good example

"咁我覺得呢個係一個比較成功嘅一個 programme，可以令到我哋 policy maker 睇得到其實得嘅。只要你搵一個主題出嚟，而呢一個主題喺社區係有需要同埋大家認同嘅話呢，其實亦都可以凝聚到我哋一個社區嗰個嘅，唔同界別人士嘅參與，去同樣係解決或者面對我哋社區嘅問題，咁我哋覺得呢個係一個好好嘅一個 example 啦。"(C4)

"I think the project is rather successful and the policy makers could see it really works. When a project theme meets the needs of the community and is agreed by the community, people from different sectors could get involved, and to deal with or face the problems in the community. I think the project has set a good example." (C4)

"咁所以如果你問我，係咪一個對個長遠政策有影響 (的計劃) 呢，我覺得係。我睇到一個正面嘅發展，對同事，即係對政府嘅同事有影響，對部門嘅同事有影響，但係咪影響到我可以確保到個計劃能夠係成為一個長遠政策有一個影響嘅時候呢，我就覺得係有好處呢，不過都仍然存在一啲變數囉。" (C6)

"If you ask me whether (the project) might have a long-term impact on policy making, the answer is yes. I observed a positive effect on the development of governmental staff. I think the project brought benefits to the community, and it might have impact on long-term policies, however, some unknown variables remain." (C6)

4.5.3.3.3 Conclusions

The community stakeholders generally welcomed the CBPR approach, recognized the project values and developed a wide collaboration within different parties and organizations throughout this project. However, several difficulties encountered during implementation were highlighted. Suggestions were made for strategies to improve planning in future projects and to maximize project effects at a policy level.

CHAPTER 5

STAGE 3 – PROJECT CONSOLIDATION

5.1 PUBLICITY AND PROMOTION

To enhance public awareness of the project, various promotion campaigns were carried out via several media channels.

5.1.1 Newspapers

The project was promoted in 2 Hong Kong newspapers, Ming Pao and Sky Post, in 4 separate stages (Table 5.1).

Table 5.1 Promotion of the project in newspapers

Stages of promotion	Promotional content	Dates
1	General promotion of the project	8 and 9 October 2012
2	Practice wisdom forum	24 and 25 January 2013
3	Importance of positive family relationship	28 and 30 January 2013
4	Practical wisdom accumulated in the project	8 February 2013

5.1.2 RoadShow promotional videos

"RoadShow" is an effective advertising medium in the transit vehicle market that allows promotional content to reach a large audience. A short 1-minute promotional video featuring content that summarizes the project was aired on RoadShow 12 times per day on approximately 1,600 buses from 23 to 25 January 2013.

5.1.3 Banners

A total of 24 banners were designed to promote the 3 project themes (Gratitude, Hope/Resilience and Open-mindedness). These banners were displayed at various venues in Sham Shui Po district.

5.1.4 Community events

A community road show event entitled "愛＋人「幸福推廣站」(「家」「深」幸福計劃)" organized to promote the project to residents in Sham Shui Po took place on 30 October 2012. In addition, participating organizations set up 10 street booths around the district to promote the project, the 3 project themes and the 3Hs via community education.

5.2 PRACTICE WISDOM FORUM

5.2.1 Introduction and objectives

The practice wisdom forum was organized to conclude the Enhancing Family Well-being Project and had the following objectives:

a. To disseminate preliminary findings of the project to the social service sector and to members of the public;
b. To provide an opportunity for the participating service units to discuss the effectiveness of and share practical experience gained from the project;
c. To serve as a platform for stakeholders, professionals and service units to discuss the sustainability and methods of popularizing the use of the CBPR approach for intervention programmes in Hong Kong.

5.2.2 Procedures of the practice wisdom forum

The practice wisdom forum was held on 25 January 2013 at the InnoCentre in Kowloon Tong. Prior to the official commencement of the forum, exhibition boards designed and set up by each participating service unit were displayed. This exhibition provided service units with a platform to share their valuable experiences in carrying out community-based intervention programmes.

The forum opened with a singing performance by Ms. Wong Ming Yan (a visually impaired singer) and 2 of her students. This was followed by speeches delivered by officiating guests including The Neighbourhood Advice-Action Council Director Mr. Tung Chi Fat, Under Secretary for Home Affairs Ms. Florence Hui and representatives from The Hong Kong Jockey Club as well as the Social Welfare Department.

After a short break, Mr. Li Yum Kwok from The Neighbourhood Advice-Action Council provided an overview of the project. Following this overview, FAMILY Project Principal Investigator Prof. Lam Tai Hing reported the preliminary findings of the project. Thereafter, representatives from 3 participating service units including Ho Kin District Community Centre for Senior Citizens (Sponsored by Sik Sik Yuen), Hong Kong Single Parents Association and Hong Kong PHAB Association Kowloon West PHAB Centre shared their experiences of organizing community-based family intervention programmes in Sham Shui Po district. This was followed by a presentation entitled "Promoting positive family in an effective way: preparation, application and reflection" that was delivered by a well-known clinical psychologist, Mr. Lo Chak Chuen. The forum concluded with closing remarks from Mr. Li Yum Kwok and Prof. Lam Tai Hing.

5.2.3 Evaluation of the practice wisdom forum

Participants were asked to complete a 2-page questionnaire at the end of the forum that consisted of questions assessing the usefulness of the forum, participants' satisfaction with the forum, change in knowledge related to positive psychology and evidence-based practice, and intention to apply positive psychology when designing programmes in the future.

5.2.3.1 Results of the questionnaire evaluation

5.2.3.1.1 Respondent characteristics

Excluding HKU staff and officiating guests, 165 individuals participated in the forum. Of the 94 that returned a valid questionnaire (response rate: 56.97%), 75.5% were female, 94.7% received at least tertiary education and 78.7% were registered social workers. A majority (69.2%) of respondents were aged 25 to 44 years, and 56.4% worked in organizations that targeted family units for the services they provided. On average, respondents had worked in the social service profession for 10.16 years (SD: 7.43 years).

5.2.3.1.2 Evaluation of forum content

Respondents were asked to rate their satisfaction with the forum from 0 (least satisfied) to 10 (most satisfied). Average scores received were (in parentheses): overall satisfaction (7.28), and satisfaction with presentation on research findings (6.80), the practice wisdom sharing session (7.32) and session discussing the effectiveness of promoting positive family (7.46) (Table 5.2).

Table 5.2 Participant satisfaction towards the practice wisdom forum

	n	Mean±SD
Overall satisfaction (0-10)	94	7.28±1.16
Satisfaction with each forum section (0-10):		
a. Presentation on research findings	93	6.80±1.25
b. Practice wisdom sharing session	93	7.32±1.09
c. Promoting positive family in an effective way: preparation, application and reflection (delivered by clinical psychologist)	89	7.46±1.10

Most respondents found the forum content useful (79.8%) and easy to understand (91.5%) (Table 5.3). Up to 77.7% of respondents intended to apply the acquired knowledge to their work, 73.4% indicated that they would share the knowledge with colleagues and 70.2% were willing to introduce the project to others.

Table 5.3 Opinions towards the content of the practice wisdom forum (n=94)

	Negative	Neutral	Positive
		n (%)	
The content in the forum is useful	1(1.1)	18 (19.1)	75 (79.8)
I understand the forum content	0 (0)	8 (8.5)	86 (91.5)
I will apply the acquired knowledge in my work	2 (2.1)	19 (20.2)	73 (77.7)
I will share the acquired knowledge with my colleagues	2 (2.1)	23 (24.5)	69 (73.4)
I will introduce this project to others	1 (1.1)	27 (28.7)	66 (70.2)

Note: 'Negative' represents 'extremely disagree' and 'disagree'; 'Positive' represents 'agree' and 'extremely agree'.

Attitude change towards CBPR and positive psychology

The change in attitudes towards CBPR and positive psychology reported by participants were evaluated. A total of 76.6% of respondents experienced a positive change in attitude towards the feasibility of CBPR, 73.5% experienced positive changes in attitude regarding the value of this research approach. Up to 78.7% and 75.3% of respondents experienced positive changes in attitude towards the value and feasibility of carrying out evidence-based and evidence-generating projects in the community, respectively. At the same time, 89.3% experienced positive changes in attitudes towards both the value and feasibility of applying positive psychology in family activities (Table 5.4).

Table 5.4 Changes in attitudes towards Community-based Participatory Research (CBPR) and positive psychology after practice wisdom forum (n=94)

	Scores more negative	No changes	Scores more positive
	n (%)		
The value of CBPR	1 (1.1)	24(25.5)	69(73.5)
The feasibility of CBPR	3(3.2)	19(20.2)	72(76.6)
The value of evidence-based and evidence-generating project in the community	1(1.1)	19(20.2)	74(78.7)
The feasibility of evidence-based and evidence-generating project in community (n=93)	3(3.2)	20(21.5)	70(75.3)
The value of applying positive psychology in family activities (n=93)	0 (0)	10(10.8)	83(89.3)
The feasibility of applying positive psychology in family activities (n=93)	0 (0)	10(10.8)	83(89.3)

Note: 'Scores more negative' represents 'become very negative', 'become negative' and 'become quite negative'; 'Scores more positive' represents 'become very positive', 'become positive' and 'become quite positive'.

5.2.4 Conclusions

Overall, the practice wisdom forum provided a useful platform that allowed reflections on and discussions about the project. Participants were satisfied with this forum where a large majority found the forum content to be useful. Of note, many participants demonstrated positive changes in attitudes towards the feasibility of CBPR and application of positive psychology.

5.3 POSITIVE FAMILY BOOK

The Positive Family Book was developed and distributed to programme participants and members of the public after the practice wisdom forum. The book included:

1. Interviews with celebrities who shared their experience and application of positive psychology (including Gratitude, Hope/Resilience and Open-mindedness) in life;
2. Practical tips on methods to achieve positive family relationship that were provided by a clinical psychologist;
3. Case studies on how families in Sham Shui Po faced adversity in life.

A supplementary magic tool could be used to perform magic tricks was included. This was an entertaining object that readers could enjoy with their family members.

5.3.1 Distribution

A total of 10,000 Positive Family Books were officially released on 25 January 2013 and widely distributed. The distribution sites are described in Table 5.5.

Table 5.5 Progress of Positive Family Book distribution (by 2 May 2013)

Distribution channels	Number of copies distributed
Participating NGOs	1,800
The University of Hong Kong	440
Project Secretariat	100
Integrated Family Service Centres and District Elderly Community Centres	2,080
District Councillors	480
Primary and secondary schools	140
Libraries	25
Medical social workers	300
Practice wisdom forum	200
Positive family promotion event	200
Street booth (on 12 April 2013)	140
Street booth (on 19 April 2013)	250
Other community event (創造幸福維港航)	400
Reserved by NGOs, District Councillors, primary and secondary schools	3,145
Reserved by The University of Hong Kong	100
Reserved by Social Welfare Department	100
Reserved by Project Secretariat	100

5.3.2 Evaluation

A 1-page questionnaire was developed to evaluate the effectiveness of the Positive Family Book and to collect feedback from readers. The hard copy of the questionnaire was attached at the back of the book. Readers were encouraged to complete and return the questionnaire via mail (postage was pre-paid). The questionnaire was also available online. A HK$10 coupon was sent to each respondent who returned the questionnaire before 28 February 2013. However, only 38 questionnaires were received as of February 2014.

5.4 POSITIVE FAMILY PRACTICE MANUAL

The Positive Family Practice Manual that aimed to provide guidance for future programme design and implementation via means of knowledge transfer was assembled and published. The Practice Manual was targeted at stakeholders and social workers, and included detailed information on positive psychology, the Logic Model and practical wisdom accumulated by the participating service units in the project.

5.4.1 Distribution

The Practice Manual was free of charge and has been available for download from the FAMILY Project website since 25 January 2013. Details of distribution are shown in Table 5.6.

Table 5.6 Progress of Positive Family Practice Manual distribution (by 2 May 2013)

Distribution channels	Number of copies distributed
Participating NGOs	130
Requested by NGOs in Sham Shui Po	605
Integrated Family Service Centres, District Elderly Community Centres, Neighbourhood Elderly Centres, and Integrated Children and Youth Service Centres	728
District Councillors in Sham Shui Po	48
Primary and secondary schools in Sham Shui Po	130
Libraries in Sham Shui Po	25
Medical social workers	208
Train-the-trainers programme	50
Practice wisdom forum	60
Reserved by The University of Hong Kong	208
Reserved by Social Welfare Department	104
Reserved by Project Secretariat	104

5.4.2 Evaluation

A 1-page questionnaire was developed to evaluate the effectiveness of the Practice Manual and to collect feedback from users. A hard copy of the questionnaire was attached at the back of the Practice Manual. Users were encouraged to complete and return the questionnaire via mail (postage was pre-paid). The questionnaire was also available online. However, no questionnaire was collected as of February 2014.

5.5 SOUVENIRS

To motivate participation or as an incentive for active participation, various souvenirs were distributed in different interventions throughout the project (Table 5.7).

Table 5.7 Souvenirs distributed

Souvenirs	Number distributed
1,640 photo frames	Participating NGOs: 1,310 Practice wisdom forum: 200 HKU: 90 Guests and committee members: 40
4,000 massage sticks	Participating NGOs: 2,360 Practice wisdom forum: 200 HKU: 90 Guests and committee members: 40 Community events: 1,230 Spare: 80
1,800 USB thumb drives	Participating NGOs: 1,200 Practice wisdom forum: 200 Guests and committee members: 40 Community events: 100 Spare: 260
1,000 plastic holders	Participating NGOs: 300 Community events: 700
6,000 bookmarks	Train-the-trainers programme: 300 Community events: 5,700

CHAPTER 6

PROCESS EVALUATION

6.1 INTRODUCTION AND METHODS

Process evaluation is the method used widely to identify the components of an intervention that make it effective, the population for which the intervention is effective, and the conditions under which the intervention is effective (Steckler and Linnan, 2002). Importantly, process evaluation allows for the identification of potential improvements that can be made to enhance programme effectiveness.

In the project, ongoing process evaluation of each intervention programme was conducted by members of the steering committee (as described in Chapter 2.1). In parallel, to ensure that interventions were delivered at an appropriate dosage (measured by duration) with reasonable quality, onsite observations during each session (core intervention, booster session and tea gathering) of every intervention programme was carried out. The following documents facilitated the process evaluation conducted throughout this project:

The following were submitted by each organization before the commencement of the intervention programme:

1. Behavioural checklist that matched intervention programme objectives and content with theme-specific concepts
2. Participants' attendance form
3. Programme rundown

Submitted after intervention programme:

4. Final participants' attendance form (submitted by each organization)
5. Process evaluation onsite observation form (submitted by onsite observers)
6. Resources input record sheet (submitted by each organization)

Importantly, each organization compiled a final report to detail the specifics of intervention programmes.

6.2 RESULTS

Various components of process evaluation suggested by Baranowski and Stables (2000) were considered in the project, as detailed below. Members of the steering committee and representatives of each organization completed the process evaluation onsite observation forms.

6.2.1 Context

The manner that contextual aspects affect intervention effectiveness should be considered. The target service district in this project was Sham Shui Po district, home to many underprivileged families and individuals who are at high risk for compromised family well-being and stressors in life. Targeting community-based intervention programmes that aim to enhance family relationship, health, happiness and harmony at families residing in this district therefore seems justifiable. It is possible that the observed success of intervention programmes in this study was tied in with the high demand for community services in this disadvantaged district.

6.2.2 Reach

The reach of an intervention programme can be estimated by reviewing the programme attendance. Generally, a high attendance indicates a more extended reach and an increased number of people who benefit from the programme. In the project, a total of 1,000 complete families (with at least 2 eligible family members) were counted in attendance. This number was short of the targeted 1,200 families, most probably attributable to the drop out of an organization and the difficulties experienced with participant recruitment. Nevertheless, the recruited families covered 2,358 individual participants, a comparable number to that recruited in another local CBPR project entitled the "Happy Family Kitchen I" project. Furthermore, the participating organizations had different service target groups including families, children, the elderly and rehabilitated. Thus, various population segments could be benefited from the intervention programmes of this project.

6.2.3 Recruitment

Recruitment refers to the methods used to approach and attract potential participants. It is important to review recruitment effectiveness in order to pinpoint potential areas that need to be improved to maximize the number of participants recruited in future projects. Participant recruitment was a major difficulty experienced by participating organizations in this project. Different methods were used to recruit more participants (including phone invitations, recruitment through schools as well as promotion via the use of posters, leaflets, street booths, internet, activities by organizations and word-of-mouth). Additionally, coupons and souvenir items were used to attract participation. Still, organizations experienced problems with participant recruitment and many only successfully recruited familiar members directly from their service target group. The required target numbers was greater than most organizations usually handle, and necessitated recruitment beyond their usual clients, out of their "comfort zone". This is a major issue which needs to be further examined and improved.

6.2.4 Fidelity

Fidelity has been regarded to be one of the most difficult aspects to measure in process evaluation and relates to the quality of intervention programme implementation (Steckler and Linnan, 2002). Fidelity largely depends on whether the programme has been delivered according to plan. In accordance with the CBPR approach, each participating organization developed individual intervention programme. As a form of quality control, each organization was required to adhere to several guidelines in programme design. First, the organizations designed intervention programmes in accordance with a single positive psychology theme (Gratitude, Hope/Resilience or Open-mindedness). Second, each intervention was designed to include a core intervention session, a booster session (6-week follow-up) and a tea gathering (3-month follow-up). Third, the minimum intervention time for the core and booster sessions was set at 2 hours and 1 hour, respectively. It should be noted that various organizations conducted more than 1 (identical) core intervention sessions for different groups of participants. Additionally, the theory-based intervention Participant Booklet was distributed to and reviewed by participants at the same time points.

Overall, up to 75.9% and 79.3% of organizations managed to deliver all 4 behavioural indicators during core intervention and booster sessions by various kinds of formats like sharing, interactive games, and talks, respectively (Table 6.1). Table 6.2 shows the mean scores that core intervention and booster sessions received by participating parties for delivering behavioural indicators. Monitoring committee members (observation group) and participating organizations rated the core intervention sessions with scores of 4.16 and 4.15 out of 5, respectively, and the booster sessions 3.98 and 4.14, respectively.

Table 6.1 Proportion of organizations that delivered all 4 behavioural indicators during core intervention and booster sessions, by programme themes

Programme themes	Core intervention n (%)	Booster session n (%)
Gratitude	12 (80.0)	12 (80.0)
Hope/Resilience	7 (87.5)	7 (87.5)
Open-mindedness	3 (50.0)	4 (66.7)
Total	22 (75.9)	23 (79.3)

Table 6.2 Mean score for dose delivery indicators for core intervention and booster sessions, by participating parties

	Mean score (out of 5) for participating parties			p-value for difference
	Overall (n=141)	Onsite observation group rating (n=86)	Organizations self-rating (n=55)	
Did core intervention activities deliver behavioural indicators?	4.16±0.70	4.16±0.75	4.15±0.62	0.89
	Overall (n=106)	Onsite observation group rating (n=56)	Organizations self-rating (n=50)	
Did booster session activities deliver behavioural indicators?	4.06±0.71	3.98±0.81	4.14±0.57	0.253

Table 6.3 shows that the intervention programmes delivered generally adhered to their respective proposals where the organizations self-suggested a higher degree of adherence (91.5%) than members of the onsite observation group (86.5%) (p=0.01). Regarding the delivery of core message, it reached 86.1% and 89.4% as rated by members of the onsite observation group and the organizations, respectively. For the booster sessions, high adherence also found with the proposal (86.9% by the observation group and 93.5% by the organization self-assessment, p=0.001) and in core message review (81.4% by the observation group and 91.4% by the organization self-assessment, p=0.002).

Additionally, the mean ratings for the quality of core intervention and booster sessions were 4.12 and 4.04 out of 5, respectively (Table 6.4). No significant difference was observed between the ratings given by the onsite observation group and the organizations (both p=0.21 and 0.23, respectively).

Table 6.3 Degree of adherence of core intervention and booster sessions to original proposal

Measure	Feedback by participating parties (mean %)			p-value for difference
	Overall (n=141)	Onsite observation group rating (n=86)	Organizations self-rating (n=55)	
Overall speaking, the degree of adherence of core intervention session to the proposal/rundown is appropriately _____ %	88.5	86.5	91.5	0.01
In the delivery of core message (fulfilment of behavioural indicators), the degree of adherence to the proposal/ rundown is appropriately _____ %	87.5	86.1	89.4	0.10
	Overall (n=106)	Onsite observation group rating (n=56)	Organizations self-rating (n=50)	
Overall speaking, the degree of adherence of booster session to the proposal/rundown is appropriately _____ %.	90.1	86.9	93.5	0.001
In the review of core message, the degree of adherence to the proposal/rundown is appropriately _____ %	86.2	81.4	91.4	0.002

Table 6.4 Mean score for quality of core intervention and booster sessions, by participating parties

	Mean score (out of 5) ± SD by participating parties			p-value for difference
	Overall (n=141)	Onsite observation group rating (n=86)	Organizations self-rating (n=55)	
Were the core intervention activities high in quality?	4.12±0.66	4.07±0.75	4.20±0.49	0.21
	Overall (n=106)	Onsite observation group rating (n=56)	Organizations self-rating (n=50)	
Were the booster session activities high in quality?	4.04±0.66	3.96±0.74	4.12±0.56	0.23

6.2.5 Dose delivered

It is of interest to understand how much of intervention that were actually delivered to participants during programme implementation. As shown in Table 6.5 up to 75.9% of participating organizations implemented core intervention sessions that exceeded the project suggested criteria of 120 minutes.

Table 6.5 Proportion of organizations that implemented core intervention sessions that exceeded the duration of 120 minutes, by programme themes

Programme themes	n (%)
Gratitude	12 (80.0)
Hope/Resilience	7 (87.5)
Open-mindedness	3 (50.0)
Total	22 (75.9)

6.2.6 Dose received

The effectiveness of intervention programmes could be assessed by assessing the extent that participants received programme content and made use of relevant programme materials.

Table 6.6 shows the mean score for questions that attempted to measure the dose received by participants at T2. The results showed that participants generally found the programme contents fairly practicable (mean score 4.02 out of 5) and capable for encouraging participants to take actions to improve family relationship (3.92 out of 5). Additionally, the programmes received an average score of 3.79 out of 5 for meeting participants' needs and were generally liked by participants (7.98 out of 10). Table 6.7 shows the extent of participants' interest and involvement in the programmes reached 3.97 and 4.08 out of 5, respectively. Participants' satisfaction with the programmes was 4.07 out of 5.

Overall, a high percentage of individuals who participated in core intervention session (pre-intervention assessment, T1) remained at T2 (immediate post-intervention) (98.6%). Only approximately 50% of T1 participants remained at T3 (6-week follow-up) and even fewer by T4 (3-month follow-up) (Table 6.8). This trend was evident across all intervention themes.

Table 6.6 Mean score for questions that assessed the dose received by participants at T2 (immediate post-intervention) (1=incapable at all, 5=perfectly capable) (n=1,492)

	Mean±SD
Overall practicability of the programme	4.02±0.65
Did this programme meet your needs?	3.79±0.69
Could the programme encourage you to take some actions so as to improve family relationship?	3.92±0.67
How do you like this programme? (0-10 score, 0=dislike very much, 10=like very much)	7.98±1.69

Table 6.7 Onsite observation group/participating organizations' assessment of the dose received by participants (1=very low at all, 5=very high) (n=293)

	Mean±SD
The extent of participants' interest in the programme	3.97±0.62
The extent of participants' involvement	4.08±0.62
The extent of participants' satisfaction with the programme	4.07±0.58

Table 6.8 Attendance rates of all participants at each time point, overall and by programme themes

Time points	Overall n (%)	Gratitude n (%)	Hope/Resilience n (%)	Open-mindedness n (%)
T1	2,618 (100.0)	1,410 (100.0)	717 (100.0)	491 (100.0)
T2	2,581 (98.6)	1,398 (99.1)	693 (96.7)	490 (99.8)
T3	1,349 (51.5)	785 (55.7)	362 (50.5)	202 (41.1)
T4	1,228 (46.9)	665 (47.2)	369 (51.5)	194 (39.5)

6.3 DISCUSSION

Overall, the intervention programmes in this project were well received by the participants. The success of the intervention programmes could meet the high demand for community service in this disadvantaged district, although the effect sizes were small. Future work should perhaps determine whether intervention programmes of a similar nature remain effective in less disadvantaged districts.

The CBPR approach used in the project allowed for the development of unique intervention programmes by different participating organizations. However, participant recruitment was a major difficulty experienced and many organizations resorted to recruiting participants directly from their service target groups. This could be problematic, as those who were more willing to participate might have had specific characteristics that in turn, could lead to biased results (discussed in the "Strengths and limitations" of Chapter 7). Nevertheless, various population segments, including families, children, elderly and rehabilitated were service target groups that benefited from this project where the intervention programmes were tailor designed to meet the needs of these groups. Still, there is a need to expand outreach to families and individuals beyond the scope of organization service target groups that are equally, if not more, in need. Organizations need to consider methods to motivate target groups that were more difficult to recruit, including the elderly with literacy problems, families with tight time schedules (usually with working parents and busy children) and families with disabled members. Notably, specific methods to enhance participation and retention could include simplifying questionnaires and improving the attractiveness of incentives. Some door to door home visits could be used to reach the less proactive people.

Apart from participant recruitment, problems were also experienced with participant retention. Some participants were lost to follow-up where nonattendance was often explained by bad weather and inconvenient activity times. Hence, participant retention should be improved in future projects by maximizing the convenience and access to intervention programme venues and activities. Additionally, the duration between intervention sessions can be reduced to enhance participant retention rates.

To maximize the fidelity of this project, effort was made to apply some restrictions to the design of intervention programmes. However, due to the varying nature of the intervention programmes, the intervention dose delivered inevitably varied. Further work needs to be done to monitor and control the quality of intervention programmes. Specifically, problems with adhering to specific programme development criteria such as programme duration need to be identified and tackled. Furthermore, some practical problems encountered by organizations impeded the delivery of intervention programmes. For example, some organizations reported a shortage of manpower, limited size of activity venues and insufficient means of transportation for potential participants with mobility problems. These practical concerns also need to be addressed in the planning stage of future projects. Additionally, repeated booster training sessions targeted at social workers could be useful for further enhancing their level of understanding and commitment towards programme themes and underlying theories that in turn, might further improve dose delivery and effectiveness.

The intervention programmes of this project were generally well received by participants, as demonstrated by the positive changes in outcome measures and participants' satisfaction with the programmes. Both objective (observers) and subjective (participants) assessments of the intervention dose received by participants yielded very good ratings. The intervention programmes used various methods to encourage active participation which likely helped to increase the reception of programme content by participants. For example, interactive activities were included in programmes while sharing sessions were set up to allow participants to reflect upon their personal feelings. Nevertheless, although the retention rate of participants was good at T2 (immediate post-intervention, meaning that most participants had at least experienced the core intervention session), the attendance rate at longer follow-ups (such as 6-week follow-up, T3; and 3-month follow-up, T4) needs to be improved. Furthermore, the intervention dose received by participants could not be determined for certain aspects of the project. For example, only very few users of the Positive Family Book returned the feedback forms, impeding our ability to evaluate their use of the publications. Future projects not only need to consider methods to increase participants' participation and retention, but also the response rate of feedback questionnaires.

6.4 CONCLUSIONS

To conclude, residents in Sham Shui Po were generally interested in and receptive of the project that managed to recruit over 2,000 participants. The intervention dose delivered by organizations and received by participants was satisfactory. Overall, the intervention programmes in this project achieved what we had set out to do, indicative of high fidelity that was supported by both subjective and objective evaluation measures. Given that the entire project was conducted based on the "low-cost minimal approach", which aims at maximal intervention effect through low-cost intervention programmes with minimal contact time, the high programme fidelity achieved is encouraging. To enhance the simplicity and practicality of process evaluation as well as the interpretability of its results, more work is needed to develop a set of standard process evaluation criteria.

CHAPTER 7

OVERALL DISCUSSION AND CONCLUSIONS

7.1 SUMMARY

The Enhancing Family Well-being Project built on the success of the Sham Shui Po Well-being Movement and through the collaboration of academic scholars, various community organizations and stakeholders, demonstrated the effectiveness of applying the CBPR approach to enhance FAMILY Health, Happiness and Harmony (3Hs) among members of the public in Sham Shui Po. In particular, the project generated new evidence to support the effectiveness of community-based intervention programmes developed in accordance with the principles of positive psychology. These programmes were supplemented by planning activities delivered in the mode of intervention booklets for improving family relationship and well-being. The process model of the project that involved programme planning, development, implementation and evaluation can serve as a useful reference for future projects that aim to enhance family well-being.

7.1.1 Project commencement stage

The launching ceremony served as both a platform to connect participants of the project and an opportunity to promote the project to families in Sham Shui Po. It not only marked the official start of the project, but importantly, incorporated talks and sharing sessions that aimed to familiarize Sham Shui Po residents with the importance of enhancing 3Hs which were well received.

The train-the-trainers programme was useful for training social workers who were provided with an opportunity to learn more about the theoretical models used for designing effective intervention programmes. The programme was rated as being highly satisfactory among participating social workers and was useful for enhancing their competence in designing and implementing CBPR programmes in the project. Certain concepts conveyed in the programme (e.g. positive psychology) were more attractive than other concepts (e.g. Logic Model). Similar training programmes to be implemented in the future should perhaps refrain from over-burdening participants with too many different theories and concepts but instead, focus on providing more details about core theories and concepts to be applied during intervention programme design and implementation.

7.1.2 Programme implementation

The 29 community-based intervention programmes in this project were developed by participating social service organizations. Notably, maximal effort was made by social workers to incorporate the concepts learned in the train-the-trainers programme into the development of intervention programmes that take minimal amount of time to implement (1 core session, 2 follow-up sessions). Although some programmes were innovative, as previously mentioned, there is perhaps a need to reduce the number of theories and concepts conveyed to social workers during training to maximize their inclusion of the learnt materials into intervention programme design. The number of themes to be chosen and the outcomes to be targeted could also be reduced, given the brief nature of the intervention. Alternately, given the complex nature of some theories, a larger number of training sessions might be considered.

Apart from providing a platform for families to gather and to engage in a particular activity together (something that might not have happened otherwise), the intervention programmes allowed the unique ideas of social workers to be translated into specific actions that had significant, albeit small effects on enhancing family relationship and 3Hs.

Although the train-the-trainers programme equipped social workers with skills and techniques for intervention programme development, problems with intervention implementation were unavoidable. A major problem encountered by many organizations was participant recruitment, which was especially challenging since at least 2 members from each family had to agree to participate. Even after recruitment, it was difficult to persuade family units to attend follow-up sessions. Many organizations experienced difficulties with proactive recruitment that was often labour intensive and frustratingly inefficient. In face of this problem, many organizations resorted to recruitment of existing service targets. Future programmes should not only consider extending participant recruitment outside of this pool, but the need to develop more effective methods to attract participants, perhaps via door to door home visits and offering more attractive incentives. At the same time, since some organizations were evidently more enthusiastic than others in participant recruitment, the need to provide incentives to participating organization to enhance and reward their enthusiasm should be considered.

Another difficulty experienced during programme implementation involved the extra manpower needed to help young children and the elderly with questionnaire completion. The development of shorter questionnaires with simpler language can potentially alleviate the extra effort used to facilitate participants in questionnaire completion and perhaps, improve response rates. Cutting down the outcome indicators could simplify the interventions and the assessment tools.

7.1.3 Qualitative findings

In general, many participants described positive experiences from the intervention programmes that helped them to improve themselves at personal, family and social levels. Many described changes they had made in behaviours, emotional control and notably, in family relationship. Concurrently, although some participants had no time or found it embarrassing to implement certain behavioural indicators, participants described improvements in 3Hs. Interestingly, some reflected the need for programmes to focus more specifically on parent-child instead of just family relationship. Additionally, although participants generally found the theory-based Participant Booklet to be user-friendly and a useful reminder for enhancing family relationship, more work may be needed to simplify the booklet contents perhaps by providing more practical tips.

Social workers revealed that they greatly benefited from participating in this project by improving relationship between/within organizations and with service users. However, social workers also suggested the need for more project co-ordination and support. For instance, some social workers encountered problems with finding venues to implement programmes and raised issues about insufficient resources as well as an overload of administrative paperwork. Furthermore, many raised concerns regarding the lengthy and detailed participant questionnaires. In addition to more project support, echoing quantitative findings, future social worker training programmes can benefit from having more details and solid examples for the application of concepts conveyed. Another major problem encountered by social workers was participant recruitment. There is a need for future programmes to consider developing more effective ways of participant recruitment, perhaps through conducting cross-district programmes, door to door by home visits, by making programme activities more interesting or by increasing incentives to attract participation.

The stakeholders were generally impressed with the implementation of this CBPR project, particularly with the large number of different community sectors that it involved and its emphasis on family well-being as well as positive psychology. Notably, it was acknowledged that fundamental difficulties experienced by families might not necessarily be resolved via participation in this project. Nevertheless, this project at least raised the awareness of the existence of these problems. Although like participants and social workers, stakeholders highlighted several difficulties encountered during programme implementation, the project was generally assessed as being sustainable, having policy level implications and useful for providing insights into future programme directions.

Overall, the constructive comments provided by participants, social workers and the stakeholders are useful for the identification of potential issues that need to be addressed in future projects. The intervention programmes in this project demonstrated the successful application of the CBPR approach that involves different parties working towards achieving the same goal under a large project: to promote family relationship, health, happiness and harmony in Sham Shui Po. Importantly, this project allowed both programme targets and implementers to benefit from the intervention programmes.

7.1.4 Consolidation stage

A major component of the consolidation stage was the practice wisdom forum that allowed participants to discuss and reflect upon the effectiveness of integrating positive psychology into programme implementation. The forum also provided a platform for disseminating the preliminary findings of this project that helped to keep members of the public informed about the project. Participants were highly satisfied with this forum where a large majority found the forum content to be useful.

Apart from practice wisdom forum, several publicity campaigns were organized throughout the project. These campaigns were important for promoting and raising public awareness about the project that in turn, possibly increased the likelihood for members of the public to participate. Publications were widely distributed not only to promote the project, but also for knowledge dissemination. Hence, even if an individual chose not to take part, he or she would at least have attention drawn to 3Hs. However, there is insufficient data to support the effectiveness of the Participant Booklet and the Positive Family Book. Further work needs to be done to boost the feedback received on such publications and where necessary, understand how to improve the utility and usage of such publications.

7.2 STRENGTHS AND LIMITATIONS

7.2.1 Strengths

The Enhancing Family Well-being Project was the first large-scale CBPR project carried out to enhance 3Hs through improving family relationship in Hong Kong. Targeting residents of the relatively deprived Sham Shui Po district that is home to many low socioeconomic status families, senior citizens and ethnic minorities, this project reached out to help those who are arguably most in need.

Through the collaboration of different sectors in the community, academic and social service groups jointly contributed their respective expertise to achieve the project aims. Intervention programmes were designed by participating organizations, thus maximizing creativity and the suitability of programmes for respective service target groups. At the same time, the design of intervention programmes was informed by concepts and theories that are widely accepted in the academic literature, thus increasing the scientific merits of programmes. Additionally, a cluster randomized controlled trial (for generating stronger scientific evidence) was carried out in this project to test the effectiveness of the theory-based Participant Booklet for improving family relationship and 3Hs. In addition to being evidence-based, this project was also evidence-generating.

This project was comprehensively evaluated using process evaluation together with questionnaires administered at different time points. The results were useful for identifying areas of merits and potential needs for improvement in future projects.

7.2.2 Limitations

Several limitations of this project should be noted. Firstly, many different parties and individuals were involved in the CBPR project. Despite making effort to verify that each developed intervention programme adhered to project aims and positive psychology theme, due to the varying nature of programme designs, it was difficult to conduct quality control using standard criteria to ensure that the delivery of each intervention programme was of the highest standard. Although onsite observation of the intervention programmes were carried out, further work would be needed to develop a standard set of criteria for programme evaluation as a form of quality control for the intervention programmes.

Second, despite the generally positive response towards the train-the-trainers programme, some participating social workers were evidently less keen on applying the concepts learnt to their work in the future. It should be noted that aside from academics, most individuals that participated in this project were less knowledgeable about scientific concepts and practices. Thus, care should be taken to present scientific concepts in a way that is understandable to non-academics.

Third, difficulties were experienced with participant recruitment. In accordance with the CBPR approach, each participating organization was responsible for participant recruitment. Hence, many organizations resorted to recruiting from their respective service target groups that included families, children, the elderly and rehabilitated people, resulting in questions as to whether the sample was representative. Furthermore, individuals who agreed to take part could have had specific characteristics (e.g. especially problematic family relationship that urgently need to be rectified, more motivated and proactive, and more ready for changes). Such volunteer bias could have limited the generalizability of the project findings.

Fourth, although including follow-up time points in this project allowed for a comprehensive evaluation process for longer-term effects, a substantial proportion of participants were lost to follow-up. Considering that these participants could differ from successfully tracked individuals in terms of family relationship and 3Hs, this non-response bias could affect the project findings. Future projects should aim to improve response rates, perhaps by simplifying questionnaires and increasing incentives.

Fifth, the theory-based Participant Booklet appeared to positively impact upon the 3Hs but only certain aspects of family relationship. Additionally, practical problems regarding the use of the Booklet (e.g. loss of Booklets, particularly by young children) were documented. Thus, further development of the Booklet is warranted to address its inadequacies and to improve its practicability for use in future projects.

Finally, no control group was used when assessing the effectiveness of the intervention programmes. Instead, assessing the effect of the core intervention over time (pre- and post-intervention) was deemed to be more feasible. The influence of extraneous random factors cannot be ruled out. An inclusion of a control group that helps to minimize the influence of such factors on pre-post programme differences should be considered in future programmes.

7.3 PROJECT IMPLICATIONS AND SUGGESTIONS FOR FUTURE PLANNING

The findings from this project support the effectiveness of community-based intervention programmes developed by social service units and the supplementary theory-based Participant Booklet in improving family relationship, health, happiness and harmony. The effects were generally small but sustained over time (up to 3 months), reinforcing the positive impact that the intervention programmes had on family well-being. Nevertheless, more work needs to be carried out to monitor programme quality and to improve the effectiveness of the Booklet.

The CBPR approach adopted in this project was a good demonstration of collaborative work between different parties in the community. In particular, echoing the concept of “best science, best practice”, this project was able to strengthen social service delivery and its evaluation by the incorporation of scientific models. The train-the-trainers programme for participating social workers proved to be important in this process, although additional booster sessions could be useful for reinforcing the programme contents. Future projects should consider adopting the CBPR approach to maximize the use of the expertise that various participating parties contribute. While adopting this approach, methods of participant recruitment need to be improved, where the outreach of intervention programmes should be extended in order to maximize the number of beneficiaries of the project.

The findings from this project could have important implications not only for future projects, but also for family service policy planning at the governmental level, particularly policies concerned with welfare, resource distribution and societal level prevention programmes targeted at low SES populations.

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NOTE

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You are cordially invited to sparse around 5-8 minutes to complete the "Evaluation on Enhancing Family Well-being 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.

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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 Enhancing Family Well-being 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 Enhancing Family Well-being 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 Enhancing Family Well-being 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 Enhancing Family Well-being 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 Enhancing Family Well-being 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 Enhancing Family Well-being 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 Enhancing Family Well-being 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 Enhancing Family Well-being 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 Enhancing Family Well-being Project", what is your biggest acquisition? Do you have any other opinions?

   _____

   _____

10. Will you recommend this "Evaluation on Enhancing Family Well-being 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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