International Social Service
HONG KONG BRANCH
香港國際社會服務社

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Health Happiness Harmony
賽馬會和諧社會計劃
A Jockey Club Initiative for a Harmonious Society

SCHOOL OF PUBLIC HEALTH
THE UNIVERSITY OF HONG KONG
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FAMILY: A Jockey Club Initiative for a Harmonious Society
愛 + 人：賽馬會和諧社會計劃

Community-based
Participatory
Project Series

Project Brief – Boosting Positive Energy Programme

愛+人・家添正能量

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

INTRODUCTION

BACKGROUND

International evidence shows that immigrants are vulnerable for mental health disorders, social exclusion, and domestic violence. Parents who have migrated from Mainland China to Hong Kong report various difficulties such as poor employment, life stress, marital problems, partner violence, parenting stress, and children behavioral problems. Therefore, new arrivals from Mainland China are in urgent need of psychosocial support services to improve family harmony and to prevent family conflicts.

Resilience refers to effective coping and adaptation when one experiences loss, hardship or adversity. Resilience characteristics include positive thinking, gratitude, perceived control, sense of purpose, and self-competence. Resilient people report more positive emotions, quicker recovery, and less psychological distress in response to major stressors.

Cost-effective interventions using the resilience framework have been designed and tested. Only two studies used randomized controlled trial (RCT, the best design to evaluate effectiveness), in testing the effectiveness of resilience intervention programmes using nonclinical samples. These intervention programmes were shown effective to increase resilience, effective coping, and stress-related growth in college students. However, few studies have investigated the effectiveness of resilience interventions among immigrants, and no RCT has been conducted. Evidence from RCTs would fill the knowledge gap of psychosocial support services for new arrivals, in Hong Kong and elsewhere.

New arrivals here from China often have immediate housing and economic challenges while they struggle to adapt to cultural differences and live under a reunited family situation. They may experience helplessness, disappointment and frustration. If new arrivals could learn to develop self-appreciation, positive thinking, altruism, and a hopeful attitude, thereby enhancing their resilience, they would be able to better overcome various obstacles and live a satisfying life in Hong Kong. The Boosting Positive Energy Programme was thus aimed at promoting resilience and increasing 3Hs among new arrivals in Hong Kong.

PROJECT AIMS

1. To examine the effectiveness of a resilience intervention in improving resilient characteristics among new arrivals;

2. To examine the effectiveness of an information intervention in improving knowledge about education, medical care, employment and housing system in Hong Kong among new arrivals; and

3. To examine the effectiveness of an enhanced intervention which combined resilience components and information provision to improve resilient characteristics and various knowledge (e.g., education, medical care) among new arrivals.

PROJECT DESIGN AND METHODS

OVERALL PROJECT DESIGN AND METHODS

For a better understanding of resilience of new arrivals and their needs for psychological support services, needs assessments in focus group and in-depth interview formats were conducted among new arrival parents and children, social workers and community stakeholders (e.g., governmental officials, church leaders, school principals, teachers, employment training managers, and nurses) prior to project implementation. A total of 51 participants joined the seven focus groups and three in-depth interviews. Their opinions on personal characteristics that would promote effective adaptation were consistent with the resilience framework, which includes acceptance of reality and contentment, emotional regulation, self-confidence, hope, positive thinking, finding one's strengths, focusing on positive experiences, and having social networks. The family characteristics that would promote successful adaptation involve family harmony (e.g., sharing, support and encouragement among core members), good relationship with mother/father-in-law, and support from other relatives. In addition, new arrivals reported low levels of knowledge about various government service systems (e.g., education, medical care, employment and housing) in Hong Kong, as well as accessible resources and existing networks they could use in the new community. Participants also confirmed that the proposed programme (e.g., target population, venue, schedule, language, group format, research design, recruitment and content) for new arrivals was feasible to be conducted in the community. After the needs assessment, the study was conducted in two phases.

Phase I

The RCT was conducted in Sham Shui Po and Kwun Tong from September to December 2011, with 6-month follow-up until June 2012. In this phase, participants were randomly assigned into three arms: 4-session Resilience arm, 2-session Information arm, and 2-session Control arm. Randomization numbers were generated using Random Allocation Software with a 1:1:1 allocation using random block size of 3, 6, and 9. The allocation was concealed in serially numbered, opaque and sealed envelope (SNOSE method). Envelopes were opened sequentially, and participants were randomly assigned accordingly to one of the three arms and informed of their allocation. Interventions on eight sub-groups for the Resilience arm, six sub-groups for the Information arm and six sub-groups for the Control arm were conducted.

Phase II

Considering the demand of new arrivals living in districts apart from Sham Shui Po and Kwun Tong, and their eagerness to join our project, the project was extended to Northern District, Yuen Long and Hong Kong East, so that more new arrivals would benefit from the interventions in this phase. The study was conducted from April 2012 to January 2013, with 6-month follow-up conducted until July 2013. The results and experiences in Phase I informed the planning and implementation of Phase II with improvements. Modifications in Phase II in terms of districts, inclusion criteria, screening and randomization procedures, and intervention were made. The SNOSE method was also used to randomize participants in this phase. Interventions for nine sub-groups of Resilience arm (3 sessions), eight sub-groups of Information arm (3 sessions) and nine sub-groups of Resilience + Information arm (4 sessions) were conducted. The intervention was done in groups of seven to 15 people.

In Phase I, participants were new arrivals who had children attending kindergartens or primary schools in Hong Kong. During recruitment, a number of parents with toddlers or children studying in secondary schools also expressed their interest in this project because our interventions would be useful for them as well. Therefore in Phase II, the project widened the participants' inclusion criteria to include new arrivals whose children were studying from day nurseries to secondary schools.

BOOSTING POSITIVE ENERGY PROGRAMME

PROJECT SUMMARY

The Boosting Positive Energy Programme was jointly developed and implemented by the International Social Service Hong Kong Branch and the School of Public Health of The University of Hong Kong. The project, implemented from June 2011 to June 2013, was conducted directly in the community setting, using an evidence-based approach and a 3-arm randomized controlled trial (RCT) design.

Through structured group activities including sharing, discussion, playing games, watching videos, and volunteering facilitated by social workers, this innovative project aimed to promote resilience and to increase FAMILY Health, Happiness and Harmony (3Hs) among new arrivals in Hong Kong. To examine the changes of outcomes from the intervention, participants completed assessment tools at the beginning of the intervention (T1), immediately after the intervention (T2), one month (T3), three months (T4) and six months post-intervention (T5). The results showed high acceptability and feasibility for the implementation of the programmes in the community.

The study was conducted in two phases. In Phase I, participants were randomly assigned into three arms: 4-session Resilience arm, 2-session Information arm, and 2-session Control arm. Each session lasted for about 2.5 hours. About 60 participants were included for each arm. Compared with the other two arms, the Resilience arm reported greater increases in personal resilience and in the four resilience components targeted in each session (self-efficacy, positive thinking, altruism and goal setting); compared with the Control arm, the Resilience arm showed greater decreases in adaptation difficulties. The Information arm reported greater increases in knowledge about Hong Kong than the other two arms, and greater decreases in adaptation difficulties than the Control arm.

In Phase II, another group of participants were recruited to test an enhanced intervention which was built on the experiences and results obtained in Phase I. Participants were randomly assigned into three arms: condensed 3-session Resilience arm, enhanced 3-session Information arm, and combined 4-session Resilience + Information arm. Each arm included about 80 participants. Participants in all the three arms reported decreases in adaptation difficulties. The Resilience arm reported greater increases in personal resilience and in the four resilience components than the Information arm. The Information arm reported greater increases in knowledge about Hong Kong than the other two arms and greater increases in service utilization than the Resilience arm. The Resilience + Information arm reported greater increases in knowledge and service utilization than the Resilience arm, and greater increases in personal resilience than the Information arm.

Overall, the results of the study showed that the 2-, 3- and 4-session (each for 2.5 hours) interventions were feasible, acceptable and effective. Process measures indicated that the project was successful in its implementation. Retention rates were high and the project was completed on time and within budget. Participant feedback was strongly positive, and the programmes were effective in reducing adaptation difficulties and enhancing personal resilience, resilience components, knowledge about Hong Kong and service utilization. Future studies could consider the application of this resilience framework on other populations in order to expand the beneficiaries of resilience intervention.

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