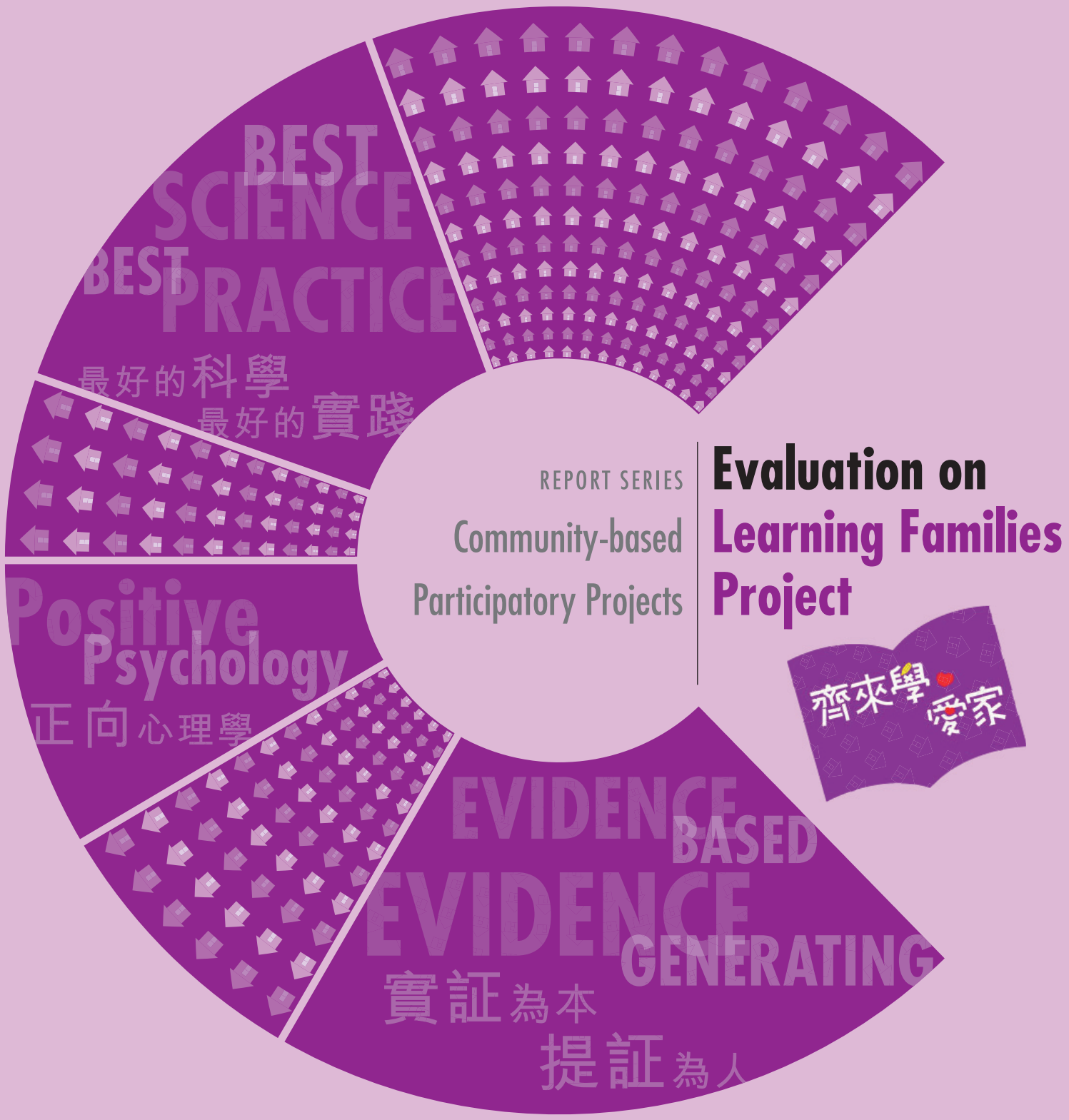
基督教家庭服務中心
Christian Family Service Centre

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

SCHOOL OF PUBLIC HEALTH
THE UNIVERSITY OF HONG KONG
香港大學公共衞生學院

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



REPORT SERIES

Community-based Participatory Projects

Evaluation on Learning Families Project

齊來學愛家

捐助機構
Funded by:

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

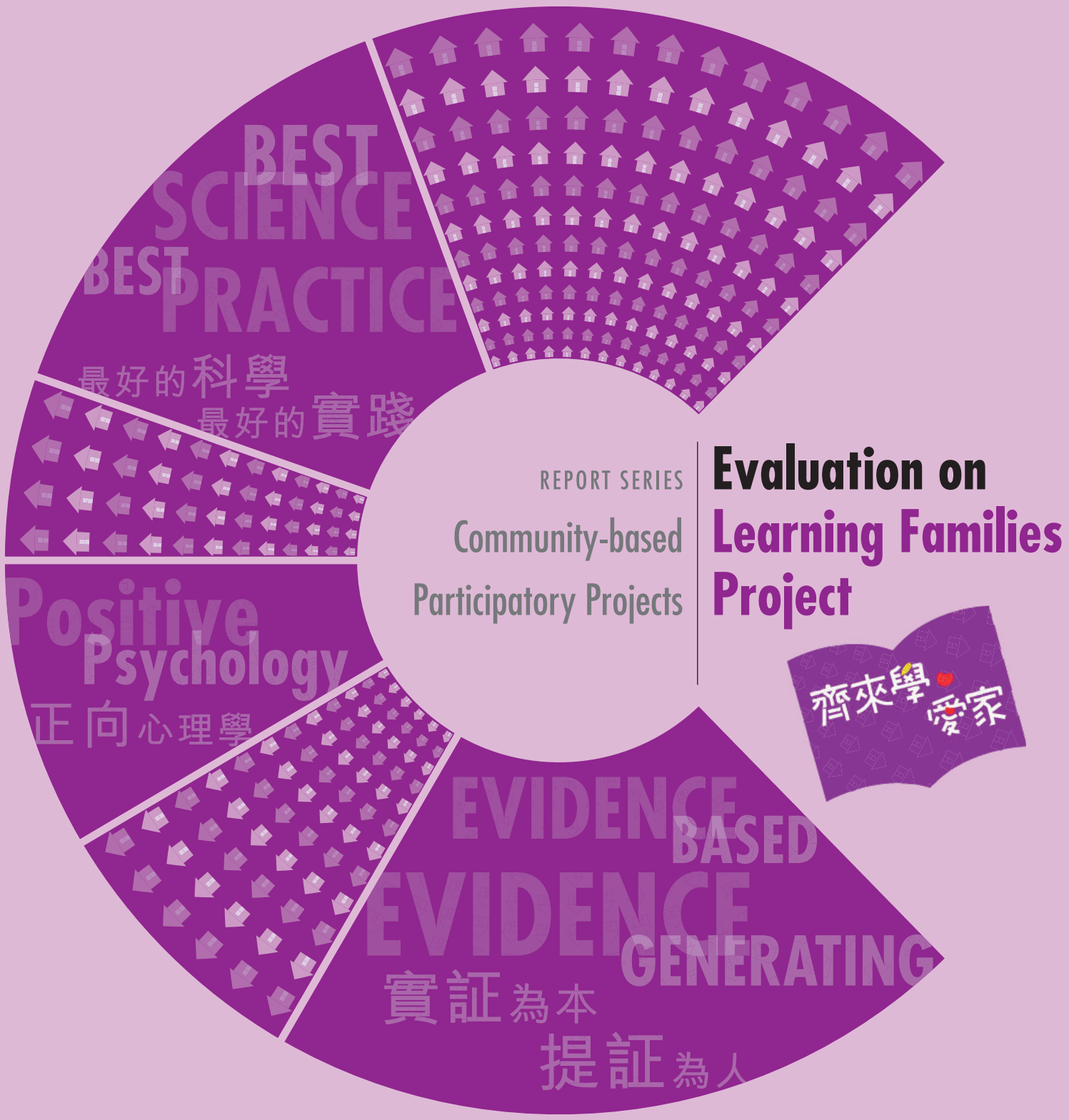
3Hs • HEALTH • HAPPINESS • HARMONY • 家有康和樂 • 健康 • 快樂 • 和諧

基督教家庭服務中心
Christian Family Service Centre

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

SCHOOL OF PUBLIC HEALTH
THE UNIVERSITY OF HONG KONG
香港大學公共衛生學院

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 Learning Families Project

齊來學愛家

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

TABLE OF CONTENTS

PROJECT TEAM

Project Title:
Promoting FAMILY Health, Happiness and Harmony through a community-based Learning Families Project

Funder:
The Hong Kong Jockey Club Charities Trust

Organizers:
Christian Family Service Centre in collaboration with School of Public Health of The University of Hong Kong

Christian Family Service Centre Project Team:
Mr. KWOK Lit Tung, Chief Executive
Ms. PANG Shuk Ling, Sally, Programme Director (Family & Community)
Ms. FOK, Helen, Service Manager
Ms. LAI Yin Wan, Hebe, Registered Social Worker

FAMILY Project, The University of Hong Kong Project Team:
Principal Investigator (Learning Families Project):
Professor CHAN Siu Chee, Sophia, Professor in Nursing and Director of Research, School of Nursing, The University of Hong Kong; Co-Investigator, FAMILY Project (till Oct 31, 2012)

Co-Investigator (Learning Families Project):
Professor LAM Tai Hing, Sir Robert Kotewall Professor in Public Health; Chair Professor of Community Medicine, School of Public Health, The University of Hong Kong; Principal Investigator, FAMILY Project

Project Administrator:
Ms. WAN Ngai Teck, Alice

Research Officer:
Dr. FABRIZIO Cecilia

Post-Doctoral Fellows:
Dr. WANG Man Ping, Kelvin (till Jan 5, 2014)
Dr. XIE Yaojie, Grace (till Oct 2, 2013)
Dr. ZHOU Qianling, Linda (till Sep 15, 2013)

Team Coordinators:
Ms. SOONG Sze Sze, Cissy
Mr. WONG Tsz Kin, Paul (till Apr 30, 2011)

Senior Research Assistant:
Ms. WANG Xin

Research Assistants:

Ms. CHEN Qiuting, Valerie (till Jul 22, 2013)
Mr. CHIU Kwok Hoi, Joe (till Oct 10, 2011)
Ms. IP Ka Yan, Alison (till Mar 21, 2014)
Mr. KING Chie Yung, Jackie
Ms. KWOK Cheuk Ting, Joanna
Ms. LAU Cheuk Yin, Wallis (till Dec 12, 2011)
Mr. LAU Shing Oh, Kirk
Ms. LEUNG Man Sze, Carmen (till Sep 2, 2012)
Ms. LEUNG Po Yan, Melanie (till Oct 27, 2013)
Ms. LEUNG Suk Man, Jenny
Mr. LI Chi Hang, Terence (till Jul 8, 2011)
Ms. LO Chung Man, Carol (till Sep 14, 2013)
Ms. TIN Sze Pui, Pamela (till Jan 31, 2014)
Mr. WONG Ka Hei, Kevin (till Sep 1, 2013)
Ms. WONG Shuet Ying, Cindy (till Sep 2, 2012)
Ms. WONG Wai Yu, Angela (till Oct 23, 2012)
Mr. YAU Yue Chi, Isaac

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 "Learning Families Project" was successfully implemented in Kwun Tong District in 2012 by a collaboration between the Christian Family Service Centre and the School of Public Health of The University of Hong Kong, with the strong support from the Estate Management Advisory Committees (EMACs) and Mutual Aid Committees (MACs) of Tsui Ping (South) Estate and Shun Tin Estate 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 learning together with family members and family well-being.

On behalf the Club, I would like to thank the Christian Family Service Centre, the EMACs and MACs of Tsui Ping (South) Estate and Shun Tin Estate, and various social service units/community organisations 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 Christian Family Service Centre (CFSC) has a strong vision and mission to promote family well-being in the last 60 years and one of the guiding principles that governing our services is "Family First". In which, we aim at supporting and strengthening families for making positive changes. We appreciate and value The Hong Kong Jockey Club Charities Trust's initiative to promote FAMILY Health, Happiness and Harmony (3Hs) in the society. Thus, the "Learning Families Project" was planned to make some contribution in this valuable mission. "Learning Families Project" was a Community-based Participatory campaign which emphasizes on utilizing social capitals and the collaboration among community stakeholders in leading the neighborhood participation. After over one year's pilot period, we are so happy to see that with the support from community leaders and 7 Mutual Aid Committees, thousands of residents in Kwun Tong are benefited from a series of family learning activities in this project. To best use of the experiences gained in the project, the project was implemented coupled with an intense research on project effectiveness conducted by the School of Public Health of The University of Hong Kong. It is our conviction that social work practice and the best public health science could be integrated to generate strong evidence to inform the effectiveness of the project and to guide future development of community-based campaigns.

Here, we would like to extend our deepest thanks to The Hong Kong Jockey Club Charities Trust to provide funding support for this project. We are also extremely grateful to the School of Public Health of The University of Hong Kong for their guidance, encouragement and helpful suggestions during the whole project period. Their expert knowledge and generosity with their time are very much appreciated. Moreover, we wish to record our thanks to the Housing Department, the Social Welfare Department, the Estate Management Advisory Committee of Tsui Ping (South) Estate and the Estate Management Advisory Committee of Shun Tin Estate who had taken the time and effort to participate and support in the programme implementation. Last but not the least, we wish to convey our deepest gratitude to those families in Tsui Ping (South) Estate and in Shun Tin Estate who had participated in our promotional activities, family workshops, booster programmes and household surveys. Their active participation in the project has helped to further our knowledge in "Family Learning" and "FAMILY 3Hs". Without these generous peoples, this project would not have been possible. Promoting "Family Learning" and "FAMILY 3Hs" in Hong Kong is no easy task. There is a long road to traverse. That notwithstanding, we deeply believe that with the support of multi-sectors and the whole community, the road ahead will be full of opportunities and hope.

Mr. KWOK Lit Tung, JP
Chief Executive
Christian Family Service Centre

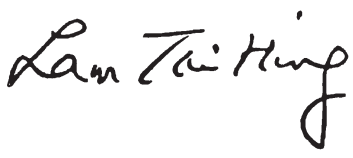
PREFACE (3)

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.

The Learning Families Project adopted the Community-Based Participatory Research (CBPR) approach, led by the Christian Family Service Centre (CFSC), in collaboration with the FAMILY Project, and engaged the key community stakeholders – the Estate Management Advisory Committees (EMACs) and the Mutual Aid Committees (MACs) in two Kwun Tong public housing estates to deliver a series of learning family interventions for the residents. These interventions were delivered as resident training to promote FAMILY 3Hs through cultivating a learning culture and embarking in learning activities among family members.

The Learning Families Project with the strong support of several community partners and governmental departments including the Housing Department and the Social Welfare Department has been completed with great success. The purpose of this report is to share the findings and experience gained from the project with the community partners and other stakeholders with the ultimate goal of promoting 3Hs for families in Hong Kong and beyond.



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

The Social Welfare Department statistics have shown that Kwun Tong was one of the districts with high prevalence of elderly abuse (8.2%), domestic violence (9.4%) and child abuse (9.8%). To strengthen family well-being in the Kwun Tong community, the Social Learning Theory was proposed and used by the Christian Family Service Centre (CFSC) as a guiding framework to develop a community-based participatory intervention project to promote FAMILY Health, Happiness and Harmony (3Hs) – Learning Families Project. Key community stakeholders such as the Estate Management Advisory Committees (EMACs) and the Mutual Aid Committees (MACs) in two Kwun Tong public housing estates were actively engaged as key partners in this project.

The aim of the project was to promote family communication and 3Hs among families living in public housing estates in Kwun Tong district through cultivating a cooperative and self-motivated family learning culture. Another objective was to engage and build capacity among resident leaders (EMAC and MACs) and families through train-the-trainer programme for the leaders, and residents' training programmes and participation in activities to promote the concepts of family learning and 3Hs.

The Learning Families Project adopted a Community-Based Participatory Research (CBPR) approach, led by the Christian Family Service Centre, a large non-government organization (NGO) in Hong Kong, in collaboration with School of Public Health of The University of Hong Kong. CFSC engaged the EMAC and MACs to deliver a series of learning family interventions focus on self-learning and FAMILY 3Hs to residents living at Tsui Ping (South) Estate (intervention group) in Kwun Tong district. The train-the-trainer programme for housing estate leaders was well-received and showed significant beneficial effects on strengthening knowledge and perception of FAMILY 3Hs, and motivation in promoting FAMILY 3Hs at immediate post-training and one year follow-up.

The interventions to residents were delivered as resident training programmes aiming to promote FAMILY 3Hs through learning activities among family members. A series of promotion and publicity events were conducted to publicise and develop the environment of learning habits among families in Kwun Tong district. Baseline and post-project household questionnaire surveys were conducted to evaluate the whole impact of the interventions comparing with the control estate (Shun Tin Estate) one year after the interventions. The impacts of the interventions on the intervention estate were measured using repeated cross-sectional surveys, which showed significant improvements in social support, family harmony and neighbourhood cohesion in the intervention estate, while these indicators either remained stable or decreased in the control estate where no intervention was delivered. Subgroup analyses showed even greater improvements for people who used the intervention materials (booklet), used suggested activities, and practiced skills to learn with families. The high attrition rate (57%) hindered analysis for matched cohort data. The quantitative findings were supported by the qualitative data through many individual in-depth interviews and focus group discussions. Both residents and community partners welcomed the project. Improvement in FAMILY 3Hs and neighbourhood relationships were observed after the programme implementation. Future development and extension of the programme was recommended.

For the effect of the resident training programmes, a series of questionnaires were conducted to measure the changes of families' self-regulated learning behaviours, family learning concepts, communication and 3Hs. Immediate post-programme and 6-week follow-up results showed beneficial effects on knowledge, attitude and behaviours in improving FAMILY 3Hs.

To conclude, the specially designed resident training interventions showed good evidence of effectiveness in developing a learning culture in the families, enhancing family communication time and quality, increasing neighbourhood cohesion and resilience and promoting family happiness and harmony. The project should be extended to other disadvantaged people using improved interventions and evaluation methods. Future projects should also consider strengthening engagement of different community partners and integrating the project into routine practice.

CHAPTER 1

INTRODUCTION

1.1 BACKGROUND

Kwun Tong district had relatively more family problems compared with other districts, according to the statistics from the Social Welfare Department [1]. To strengthen family well-being in the Kwun Tong community, the Christian Family Service Centre (CFSC) in collaboration with the School of Public Health of The University of Hong Kong (HKU), adopted a Community-Based Participatory Research (CBPR) approach [2-5] and implemented a community-based Learning Families Project in Kwun Tong district. The project aimed to promote FAMILY Health, Happiness and Harmony (3Hs) through cultivating cooperative and self-regulated family learning culture in one public housing estate, Tsui Ping (South) Estate (intervention estate), with another nearby estate Shun Tin Estate as a control estate, in Kwun Tong district.

Based on the Social Learning Theory (Bandura, 1977), it is believed that people can learn new information and behaviours via observation, imitation and modelling. The theory is related to Vygotsky's Social Development Theory (1978), which emphasizes the importance of social learning. It is used as a guiding framework to promote 3Hs through observational learning and participation in learning activities. Incorporating the advantages of community-based participatory approach and Social Ecology Model and Health Belief Model, the Learning Families Project was organized in Kwun Tong district from July 2010 to March 2012, with data collection until August 2012. Kwun Tong district was chosen also because CFSC is one of the leading non-government organizations with its headquarter in the district. The project was expected to effectively deliver the FAMILY 3Hs messages in the community via engaging major stakeholders including the Estate Management Advisory Committee (EMAC) and the Mutual Aid Committees (MACs). These stakeholders were seldom involved previously in most community service projects in Hong Kong. Housing estate based projects were also scarce.

1.2 PROJECT AIMS

1. To promote FAMILY 3Hs in public housing estates in Kwun Tong district through cultivating a cooperative and self-regulated family learning culture

2. To utilize community resources by building capacity among public housing estate resident leaders (EMAC and MACs) through hosting estate leaders' train-the-trainer programme on the concepts of family learning and 3Hs

3. To establish a platform for enhancing social networking and neighbourhood support by multiple family-based activities for public housing estate residents organized by resident leaders and social workers

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

5. To evaluate the impact of resident training programmes on knowledge and attitudes about the key messages of self-regulated learning behaviours and family learning concepts

1.3 LITERATURE REVIEW

1.3.1 Community-Based Participatory Research (CBPR)

CBPR is an approach that combines research methods and community capacity-building strategies to bridge the gap between knowledge produced through research and translation of this research into interventions and policies [2-3]. According to the Community Health Scholars Programme [4], CBPR is defined as:

> *"A collaborative approach to research that equitably involves all partners in the research process and recognises the unique strengths that each brings. CBPR begins with a research topic of importance to the community and has the aim of combining knowledge with action and achieving social change..."*

This approach is particularly attractive to academics and public health professionals struggling to address the persistent problems of healthcare disparities in a variety of populations [5], with the aim of combining knowledge and action for social changes to improve community health and eliminate disparities.

Although often, but erroneously, referred to as a research method, CBPR and other participatory approaches are not methods but orientations to research [6]. A number of experts have advanced the principles for CBPR and, drawing on over a decade of experience, Israel and her colleagues [7] have identified nine key principles of CBPR, which are to:

- Recognise community as a unit of identity
- Build on strengths and resources within the community
- Facilitate collaborative, equitable involvement of all partners in all phases 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

Israel cautions that these principles should not be imposed on a project, but should be allowed to evolve continually to reflect changes in the research purposes, context and participants. Process implementation is a key for evaluating the effectiveness of CBPR projects [8]. However, this measurement strategy lacks standardization, in both methodology and accepted criteria [9]. Shalowitz et al. point out that "each academic/community partnership evaluates the effectiveness of their efforts based on the particular context, culture and community that the project is situated in and the specific aims of the study" [8].

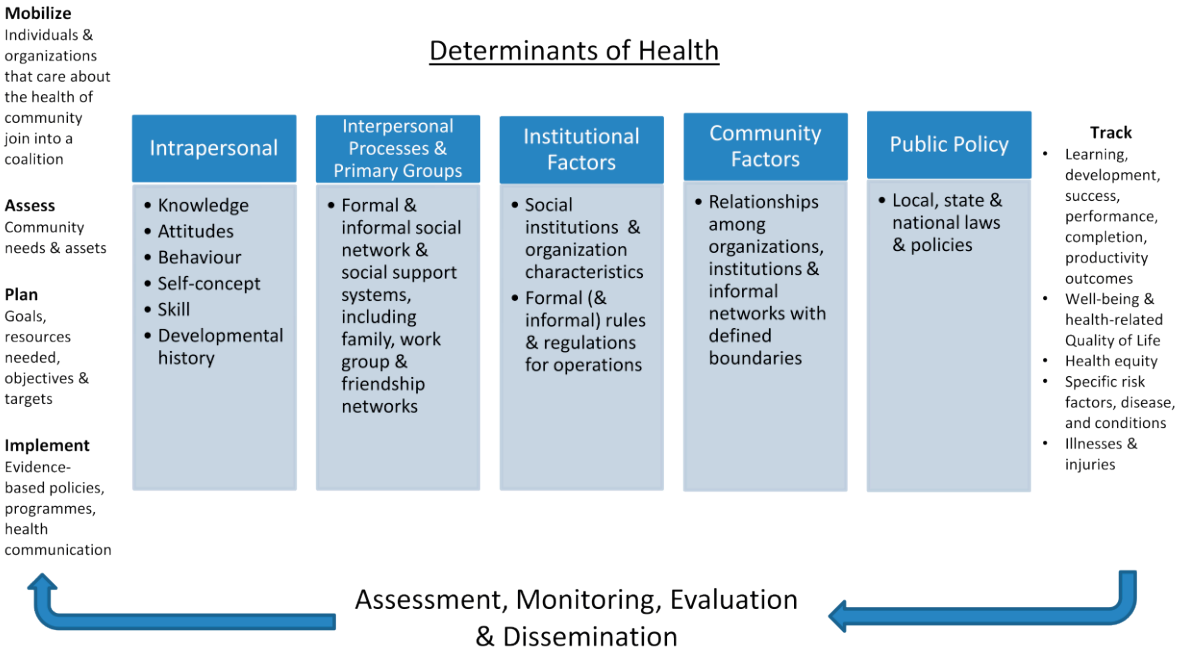
A systematic review [10] has identified 55 CBPR studies using various methods such as randomized controlled trials, quasi-experimental studies and non-experimental studies with pre- and post-test evaluations [11-13].

To the best of our knowledge, there are no comparable studies, using a CBPR approach to develop and evaluate interventions intended to improve FAMILY 3Hs through learning behaviours in Hong Kong. The outcomes of the present study can guide us to develop a model community-based engagement with community leaders integrating family education.

1.3.2 Social Ecology Model (SEM)

The Social Ecology Model (SEM) or Social Ecological Perspective, is a framework to examine the multiple effects and interrelatedness of social elements in an environment. Social ecology focuses at the investigation on the influence between people and environment. Figure 1.1 shows the integration of this model in different levels and contexts of communication, health or physical activity [14].

Figure 1.1 Social Ecology Model for health behaviour change



This project combined four main categories of community-based concepts to construct the intervention framework including:

1. Community as setting – two designated public housing estates
   The project's setting was at two designated housing estates in Kwun Tong. The CFSC social workers first engaged the Estate Management Advisory Committee (EMAC) and Mutual Aid Committees (MACs) in the intervention estate and this community coalition was led by the CFSC social workers to develop the intervention programmes focusing on creating a "Learning Atmosphere" and to cultivate a "Learning Culture" in the community.

2. Community as target – the desired outcomes
   The objective of this project was to develop a 3Hs community environment through a series of intervention programmes using the concepts of "Learning".

3. Community as agent – the supportive institutions
   Respect for and reinforcement of the natural adaptive, supportive and developmental capacities of communities was stressed. All institutions including families, social networks, neighbourhoods, voluntary agencies, and political structures were responsible to promote FAMILY 3Hs in the community.

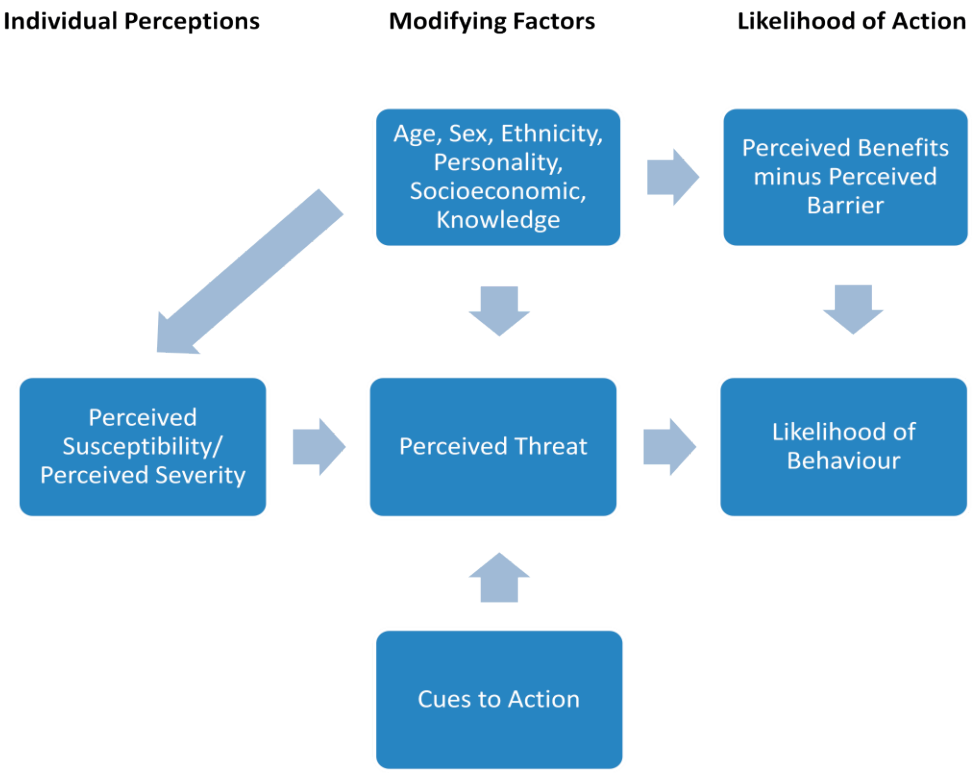
4. Community as resources – utilizing community resources
   This project utilized community resources by recruiting peer counsellors, mobilizing internal resources across community sectors such as the EMAC, MACs and District Council members, and focused their attention through a series of intervention activities. During this mobilization process, sense of support, ownership and responsibility, and also participation and capacity were developed within the community.

1.3.3 Health Belief Model (HBM)

The Health Belief Model (HBM) proposes that personal beliefs or perception in diseases are associated with health behaviours [15]. The model incorporates several constructs such as perceived severity, perceived susceptibility, perceived benefits, perceived barriers, cues to action, motivating factors and self-efficacy (Figure 1.2).

This framework indicates that people will adopt healthier behaviours when they perceive higher susceptibility and severity of the diseases, greater benefits and less barriers. By improving the modifiable variables including socio-demographic factors (education, income), psychological factors (e.g. personality), perceived self-efficacy and other social factors (e.g. health communication), the programmes may increase the likelihood of health behaviour change. This framework was adopted in this project to guide the interventions.

Figure 1.2 Health Belief Model



1.3.4 Social Learning Theory

Social Learning Theory posits that people can learn new information and behaviours by watching other people, which is also known as observational learning (or modelling).

The theory also posits that internal thoughts and cognitions help connect learning theories to cognitive developmental theories and intrinsic reinforcement (e.g. pride, satisfaction, and a sense of accomplishment) can act as an internal form of reward. The third concept at the core of the theory is that learning does not require that the behaviour occurs before it is reinforced. Instead people can learn new information that leads them to performing new behaviours strictly by observation.

An important factor of this theory is the emphasis on reciprocal determinism. This notion states that an individual's behaviour is influenced both by the environment and by the characteristics of the person. This project adopted the concepts of learning through observation of positive behaviours and learning from each other according to their interest and readiness.

CHAPTER 2

PROJECT DESIGN AND METHODS

2.1 OVERALL PROJECT DESIGN AND METHODS

This Community-Based Participatory Research (CBPR) project used both quantitative (cross-sectional and longitudinal surveys) and qualitative (focus groups and in-depth interviews) methods and a two group comparison experimental design for evaluation. Tsui Ping (South) Estate was the intervention site, and Shun Tin Estate was the control site. Process and outcome evaluations were conducted at different time points throughout the different phases of the project.

The project was conducted in five phases (Figure 2.1):

Phase I: A needs assessment with EMAC and MACs to collect their views on the needs of families with regard to health, happiness and harmony, and suggestions as to leaders' train-the-trainer programme sessions for the EMAC and MACs designed to engage and equip them with the concept of 3Hs and organizing skills to help them plan and organize activities.

Phase II: A baseline household survey of the residents in the intervention and control estates, and a kick-off ceremony for the project at Tsui Ping (South) Estate (intervention estate).

Phase III: A series of community-based programmes (promotion programmes, resident training programmes and learning programmes) for families in the intervention estate to enhance their knowledge about and positive attitudes towards the key messages of self-regulated learning behaviours and family learning concepts, and to promote FAMILY 3Hs.

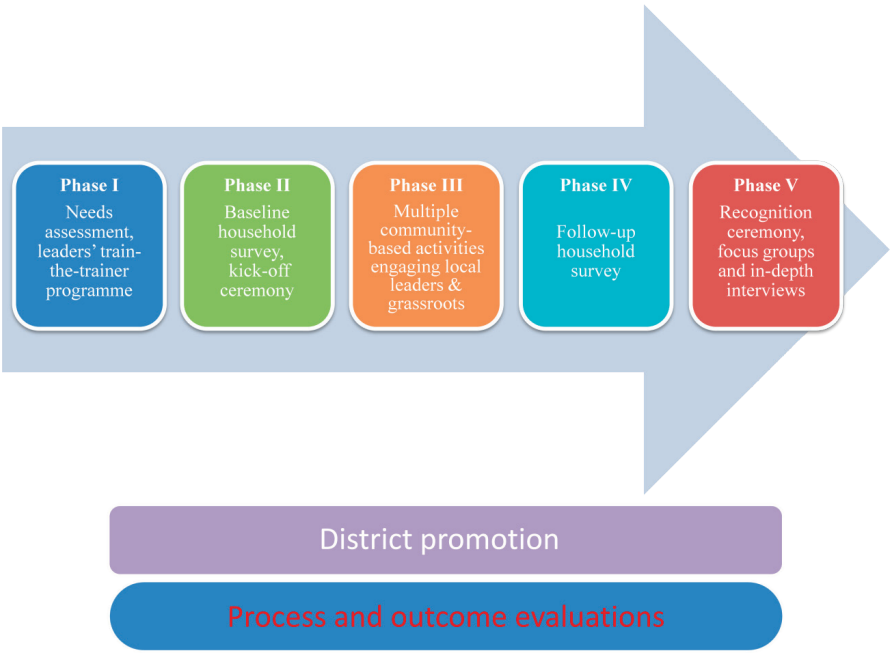
Phase IV: A follow-up household survey on the intervention and control estates.

Phase V: A recognition ceremony, a number of focus groups and in-depth interviews to explore the EMAC, MACs, volunteers', CFSC staff's and family members' experiences, thoughts and feelings about the project.

Over the course of the project, a series of promotion and publicity strategies were used including:

1. Publication of "Learning Family Booklet"
2. Leaflet promotion
3. Banner promotion
4. Poster promotion
5. Health check promotion
6. Video advertisement
7. Newspaper, magazine and radio programme introduction
8. Souvenirs

Figure 2.1 Phases of Learning Families Project



2.2 PROJECT CONCEPTUAL AND EVALUATION FRAMEWORK AND TIMELINE

The project adopted the "Social Ecology Model", "Health Belief Model", "Social Learning Theory", and CBPR approach in the whole study design to promote community learning culture in order to improve FAMILY 3Hs.

Combining characteristics of these four models, the Learning Families Project identified, quantified, and promoted the understanding of the impact of individual level and family level determinants on self-regulated behaviours within the community. It also stressed the importance of reaching people and families of all levels and creating a self-learning environment by CBPR approach to promote behaviour changes. By engaging the EMAC and MACs in each building block, a collaborative working platform was formed to enhance social networking and neighbourhood support. Through the community-based intervention programmes, participants learnt how to increase FAMILY 3Hs and practice related skills. Different intervention activities also provided self-motivated learning opportunities, and cultivated a learning culture among families and in the community. The residents' self-efficacy, belief and intention of practice of FAMILY 3Hs were expected to increase after participating in the activities. Figure 2.2 shows the overall project timeline and Table 2.1 shows the details of the project evaluations.

Figure 2.2 Timeline of Learning Families Project

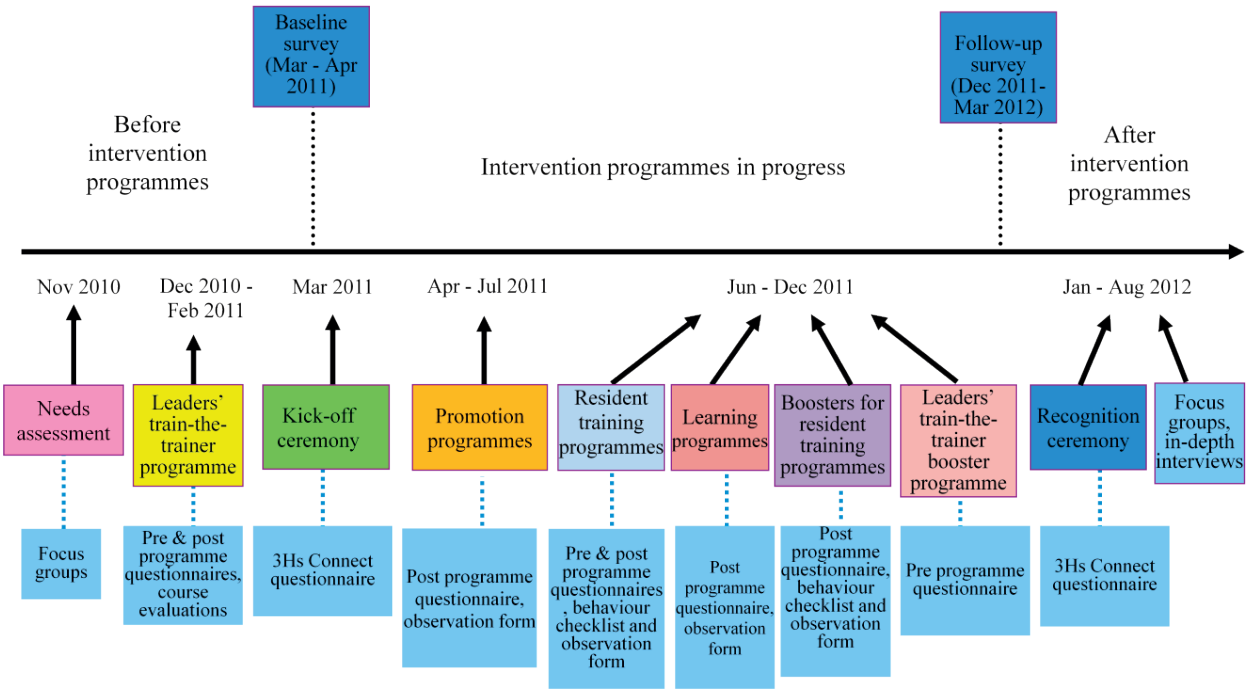


Table 2.1 Evaluation framework of Learning Families Project

Phases	Events	Details	Evaluation methods
Phase I	Needs assessment (Nov 2010)	HKU conducted focus groups with the resident leaders (EMAC and MACs) in Kwun Tong to assess their needs and views on how to promote FAMILY 3Hs among Kwun Tong families.	Qualitative – focus groups (G1) Target: Resident leaders were invited to join focus group interviews before the resident training programmes
	Leaders' train-the-trainer programme (Dec 2010 - Feb 2011)	CFSC and HKU collaborated to design the leaders' train-the-trainer programme to engage and equip the EMAC and MACs with the concept of 3Hs, to enhance their self-efficacy and motivation of participating and organizing family programmes.	Quantitative – pre and post-programme, 6 month and 12 month follow-up questionnaires (TT1, TT2, TTE1 & TT3) Target: EMAC and MACs in the intervention estate
Phase II	Baseline household survey (Mar - Apr 2011)	A baseline survey of the residents in the intervention and control estates to investigate residents' FAMILY 3Hs, family satisfaction and neighbourhood cohesion before the intervention programmes were conducted.	Quantitative – A self-administrated pre-intervention questionnaire (S1) regarding FAMILY 3Hs, social capital and neighbourhood was conducted Target: Residents in both intervention and control estates
	Kick-off ceremony (Mar 2011)	A kick-off ceremony was held in Kwun Tong to promote the Learning Families Project. Questionnaire survey was used to collect data for evaluation.	Quantitative – 3Hs Connect questionnaire (H1) Target: Participants in the event and passers-by in the area were invited to complete the one-page questionnaire
Phase III	Promotion programmes (Apr - Jul 2011)	Activities to raise the awareness of 3Hs and Learning Family concepts among residents were conducted, with the aims to promote the resident training programmes and learning programmes in the community.	Quantitative: A one-page programme evaluation (P1) questionnaire Target: Residents in the intervention estate
	Resident training programmes (Jun - Nov 2011)	CFSC organized programmes to promote Learning Family and 3Hs concepts among the intervention estate's residents. In order to maintain the fidelity of the programme, CFSC was required to submit a behaviour checklist and programme rundowns before programme implementation. Process evaluations were also conducted to evaluate the recruitment, dose delivered, dose received, and fidelity. A specially designed booklet was prepared as a tool of training and also used as a record book for the participants to document their participation in the learning activities as well as their learning behaviours.	Quantitative – questionnaires (pre-intervention and post-intervention) Target: All participants were invited to complete the pre-intervention (T1) and post-intervention questionnaires (T2) Quantitative and qualitative – process evaluation: (i) Programme behaviour checklist (F1): CFSC was asked to complete a checklist to illustrate the alignment of their programme objectives, content and strategies with the outcomes (behavioural changes in the families) (ii) Observation form (F2): HKU staff and student helpers, and also CFSC staff completed this form as a part of process evaluation (iii) Agency report (F3): CFSC submitted promotion evaluations together with final report to HKU

Phase III (cont.)	Booster of resident training programmes (Jul - Dec 2011)	After six weeks of the resident training programmes, a booster session was conducted for the families to further promote the programme goals and explore any difficulties encountered in achieving the expected outcomes.	Quantitative – questionnaire (T3) Target: All participants were invited to complete the questionnaire after the booster session
	Learning programmes (Jul - Dec 2011)	A series of learning programmes were conducted in the intervention estate organized by the MACs members in each housing block to further consolidate the concepts of 3Hs and Learning Family.	Quantitative – A programme evaluation (L1) was administered to assess the activity impact Target: All participants were invited to complete the programme evaluation
Phase IV	Follow-up household survey (Dec 2011- Mar 2012)	A final survey with the residents in both intervention and control estates to investigate residents' FAMILY 3Hs, family satisfaction and neighbourhood cohesion after the intervention programmes were conducted.	Quantitative – A self-administered post questionnaire (S2) regarding FAMILY 3Hs, social capital and neighbourhood was conducted. Target: Residents in both intervention and control estates
Phase V	Recognition ceremony (Mar 2012)	A recognition ceremony was organized to recognise the most proactive participating families and individuals, over 40 awards were presented to residents who actively involved in the project.	Quantitative – 3Hs Connect questionnaire (H1) Target: Participants in the ceremony were invited to complete the questionnaire after the event
	Focus group interviews (Feb - Jun 2012)	To collect more details to evaluate the programme's impact, and explore any difficulties in practicing the concepts and behaviours learnt from the intervention programmes, a total of six residents' focus groups were conducted whose interviewees had participated different resident training programmes. A total of five focus groups with community partners (EMAC, MACs, CFSC staff and peer counsellors) were conducted to collect their further comments, examine any barriers to conducting intervention programmes and receive comments on the leaders' train-the-trainer programme.	Qualitative – focus groups (G2 & G3) Target: (1) Residents and (2) activity organizers and assistants from intervention estate and CFSC were invited to join focus group interviews
	In-depth interviews (Jun - Aug 2012)	A total of five individual in-depth interviews with major community stakeholders of Kwun Tong district were conducted to collect comments and suggestions on future project development.	Qualitative – in-depth interviews (G4) Target: community stakeholders of Kwun Tong district

2.3 SUBJECT POPULATION

Table 2.2 shows the numbers of targeted and actual participants of different components of the project. For the needs assessment and leaders' train-the-trainer programme, the targets were those members of the EMAC and MACs of the intervention estate (Tsui Ping (South) Estate) in Kwun Tong district. For the kick-off ceremony, community-based programmes and recognition ceremony, the targets were residents residing in the intervention estate, and were able to communicate in Cantonese/Putonghua. For the baseline and follow-up household surveys, the targets were residents of both the intervention and control estates (Tsui Ping (South) Estate and Shun Tin Estate).

Tsui Ping (South) Estate consisted of seven blocks with a population of 13,400 from 5,000 households; and the Shun Tin Estate consisted of 11 blocks with a population of 19,700 from 6,800 households was assigned as the control estate. The two estates were public low rent housing estates with similar socio-economic background and were about 2.6 km apart, well separated by busy main roads. Commuting between residents of the two estates was quite inconvenient.

Table 2.2 Number of target participants for each component of Learning Families Project

Platforms	Number of targeted and actual participants
Needs assessment focus groups	A total of 16 members of EMACs and MACs from the intervention estate were involved
Leaders' train-the-trainer programme	A total of 32 members of EMACs and MACs from the intervention estate were involved
Baseline and follow-up household surveys	1,300 residents in each of the intervention and control estates were targeted. A total of 1,167 and 1,108 residents in the intervention and control estates respectively participated in the baseline survey; 1,323 and 1,108 residents in the intervention and control estates respectively participated in the follow-up survey
Kick-off ceremony	500 residents in Kwun Tong were targeted, and approximately 1,000 residents participated
Community-based programme – resident training programmes	860 families were targeted, a total of 980 families joined
Community-based programme – promotion and learning programmes	500 residents were targeted, a total of 670 and 208 participants joined the promotion and learning programmes respectively
Recognition ceremony	500 persons were targeted, including EMAC, peer counsellors, activity instructors and participating families and a total of 503 participants attended the ceremony

2.4 COMMUNITY-BASED PROGRAMME SUMMARY

The CFSC, EMAC and MACs members from the Tsui Ping (South) Estate planned and implemented three types of community-based participatory programmes for the residents from April to December 2011. These programmes consisted of promotion, resident training and learning programmes are described in Table 2.3.

2.4.1 Promotion programmes

A series of promotional and publicity activities commenced from April 2011 to raise estate residents' awareness with regard to 3Hs and Learning Family concepts in the intervention estate. They aimed to publicise and promote the resident training and learning programmes that would be organized after the promotion programmes. As a first step, the residents were encouraged to join the membership of the Learning Families Project and leave their contact information to CFSC so as to receive updated information about the project.

2.4.2 Resident training programmes

The resident training programmes used different strategies such as talks, day camps, thematic activities during June to November 2011 aiming at encouraging families to practice their skills in learning FAMILY 3Hs. A "Learning Family Booklet" was prepared as a tool of training and also used as a record book for the participants to document their participation in the learning activities as well as their learning skills.

Booster sessions named "Love your family eco-farm visit" was held about six weeks after the resident training programmes in the New Life Interactive Farm for the participants who had joined the resident training programmes. A guided tour and experiential activities were offered to the participants. Debriefing and review of the concepts of FAMILY 3Hs and Learning Family activities were provided. These sessions served to track changes in the participants' self-efficacy and barriers to practicing "Learning Family".

2.4.3 Learning programmes

To further consolidate the concept of 3Hs and Learning Family and provide an opportunity for the residents to practice learning skills, a series of learning programmes were conducted in the intervention estate by the MACs members in each housing blocks between July and December 2011. Details of all the community-based programmes are shown in Table 2.3.

Table 2.3 Summary of community-based programmes

Events	No. of participants	Other achievements
10 promotion programmes	670	293 participants registered as members of the Learning Families Project
24 resident training programmes, (talks, camps, festival events, theme promotions, exercises, etc)	980	More than 1,000 Learning Family Booklet were distributed to residents
6 booster sessions of resident training programmes	365	/
14 learning programmes	208	/

2.5 PROMOTION AND PUBLICITY

Several methods were adopted in the Learning Families Project for project promotion, participant recruitment and development of a self-motivated learning environment within the intervention estate. These activities included 19,200 leaflets, 688 posters, two banners, more than 1,000 telephone calls, 40 times of street booths, 10 household visits using "door-to-door" approach, souvenirs, and the Learning Family Booklet.

2.5.1 Learning Family Booklet

A booklet, the Learning Family Booklet, was produced as a training tool and was also used as a record book for the participants to document their participation in the learning activities and their learning behaviours. An award campaign actively involved residents was designed to attract them to enhance and record their self-learning behaviours within their families. Nearly 1,000 booklets were distributed eventually. Records and feedback from the participants noted in the booklets were analysed.

2.5.2 Attractive project slogans

To further increase the project impact in developing the self-motivated learning environment, a project slogan – Eight Easy Ways to Love Your Family (愛家八達通) was promoted during project implementation. Eight health behaviours and learning activities were promoted in eight simple slogans which were:

1. Learn something new with your family	一家學習樂融融
2. Exercise regularly with your family	二話不說齊運動
3. Share your feeling with your family	三代同堂齊分享
4. Communicate regularly with your family	四時十分來溝通
5. Encourage and praise your family	五分鼓勵五分讚
6. Live a healthy life with your family	六色生活齊響應
7. Be content and appreciate life together with your family	七式快樂齊來學
8. Live a harmonious life with your family	八面玲瓏添和氣

2.5.3 Door to-door-visits

Another method used to promote the project was door-to-door visit. To further promote the project ideas, to reach as many residents as possible at the estate and recruit more participants for the programmes, the CFSC organized 10 visits using “door-to-door” approach in the Tsui Ping (South) Estate at various times during the project implementation. CFSC staff, EMAC, MACs and HKU staff approached the residents door-to-door in weekday evenings and on weekends. They introduced the idea of the project, communicated the core messages to the residents, and invited them to participate in the resident training programmes and surveys. Souvenirs were also distributed to attract more residents to join the programmes. Through these interactive approaches, residents learnt more about community resources, and rapport was strengthened between the residents and the project team members.

2.5.4 Souvenirs

The project also designed several souvenirs including shopping bags, folders and pens that were distributed to the residents throughout the project.

2.5.5 Media coverage

The recognition ceremony attracted wide media coverage, including Sing Pao（成報）, Sing Tao Daily（星島日報）, Headline Daily（頭條日報）and Hong Kong Daily News（新報）.

2.6 CONFERENCE PRESENTATION

The preliminary findings from this project were presented in an international conference – Consortium of Institutes on Family in the Asian Region (CIFA) 3rd Regional Symposium on December 11-13, 2012 in Singapore.

CHAPTER 3

PROJECT OUTCOMES

3.1 NEEDS ASSESSMENT

3.1.1 Introduction

Needs assessment focus groups were conducted with members of the Estate Management Advisory Committee (EMAC) and Mutual Aid Committees (MACs) of Tsui Ping (South) Estate to understand the residents' needs regarding the Learning Families Project implementation. The specific objectives are listed below:

- To collect the views of EMAC and MACs towards FAMILY Health, Happiness and Harmony (3Hs) in the Tsui Ping (South) Estate
- To collect the views of EMAC and MACs towards the concepts of Learning Family
- To understand their roles and responsibilities in the Tsui Ping (South) Estate
- To collect their suggestions on project implementation and resident training programme arrangements

3.1.2 Methods for collecting qualitative data (focus groups and in-depth interviews)

Needs assessment was conducted in the format of focus groups, and participation in all the focus groups and in-depth interviews of the project was totally voluntary. A completed written consent form and a questionnaire on demographic characteristics were collected from the participants before the focus groups/in-depth interviews began. All personal information collected was kept confidential and used for research purpose only.

The focus group and in-depth interviews were semi-structured using open-ended interview guides which were developed according to various study aims. The interviews were conducted in quiet venues (e.g. an activity room) and lasted about 60 minutes. For the focus groups, each group was managed by a panel of three members, which consisted of one moderator and two note-takers. A coupon of HK$50 was given as an incentive to post-programme and community partners' focus group participants.

3.1.3 Data analyses and quality assurance

All the interviews were conducted in Cantonese, and were audiotape-recorded and transcribed verbatim into Cantonese in order to capture nuances of expression. 10% of the transcripts were double-checked against the tape recordings. Qualitative data were analysed with the strategy of thematic content analysis manually. Open coding was performed initially. Codes were then arranged into different categories, and further integrated into themes.

3.1.4 Results and discussion

3.1.4.1 Sample characteristics

Characteristics of the needs assessment focus group participants are shown in Table 3.1. Participants were also asked to indicate the extent to which they agreed with statements related to Learning Family concepts.

Table 3.1 Demographic characteristics of needs assessment focus group participants (N = 16)

Characteristics	No.	(%)
Gender		
Male	5	(31.3)
Female	11	(68.8)
Age		
18-34	2	(12.5)
35-54	3	(18.8)
55-64	5	(31.3)
65 or above	6	(37.5)
Education		
No formal education	1	(6.3)
Primary	5	(31.3)
Secondary 1-5	7	(43.8)
Matriculated or above	3	(18.8)
Years of volunteer services		
None	3	(18.8)
1-4 years	7	(43.8)
5 years or above	6	(37.5)
Years of membership in Estate Management Advisory Committee (EMAC)[a]		
Less than 1 year	3	(27.3)
1-4 years	3	(27.3)
5 years or above	5	(45.5)
Years in EMAC and being a representative for Tsui Ping (South) Estate[a]		
Less than 1 year	3	(27.3)
1-4 years	4	(36.4)
5 years or above	4	(36.4)
Years of membership in Mutual Aid Committee (MAC)[b]		
Less than 1 year	2	(13.3)
1-4 years	6	(40.0)
5 years or above	7	(46.7)
Years in MAC and being a representative for Tsui Ping (South) Estate[c]		
Less than 1 year	1	(7.7)
1-4 years	5	(38.5)
5 years or above	7	(53.9)
Resident training experiences with "Learning Family" concepts		
None	13	(81.3)
Some	3	(18.8)
Abundant	0	(0.0)
Application of concepts of "Learning Family" in previous activities		
Yes	3	(18.8)
No	13	(81.3)
Level of agreement with the following statements		
"I have a basic awareness of the mechanics of Learning Family."		
Strongly disagree	2	(12.5)
Slightly disagree	0	(0.0)
Average	8	(50.0)
Slightly agree	5	(31.3)
Strongly agree	1	(6.3)
"I have knowledge about Learning Family."		
Strongly disagree	3	(18.8)
Slightly disagree	0	(0.0)
Average	7	(43.8)
Slightly agree	5	(31.3)
Strongly agree	1	(6.3)
"I know what the key components of Learning Family are."		
Strongly disagree	3	(18.8)
Slightly disagree	0	(0.0)
Average	8	(50.0)
Slightly agree	4	(25.0)
Strongly agree	1	(6.3)

[a] 5 missing values, N = 11;

[b] 1 missing value, N = 15;

[c] 3 missing values, N = 13

3.1.4.2 Results of qualitative content analysis

3.1.4.2.1 Views of EMAC/MACs towards 3Hs in Tsui Ping (South) Estate

The Learning Families Project focused on the messages of 3Hs, and also Learning Family concepts. Most of the members in EMAC/MACs actively expressed their views about the concept of 3Hs. They highlighted that 3Hs were interrelated.

> *"3Hs were interrelated. They were integral..."* (Group B-H)

In addition, they highlighted the family problems such as economic problems were related to the family happiness and harmony.

> *"Economic conflicts between family members..."* (Group B-E)

They also described specific situations in Tsui Ping (South) Estate that made an impact on FAMILY 3Hs. For instance, solitary elders and new arrivals had become an increasing concern in the estate recently.

> *"We should pay more attention to the solitary elder.. make them happy..."* (Group A-H)

> *"New arrivals increased, we should give them more attention..."* (Group B-H)

In addition, some of the members also emphasized the importance of good relationships among neighbours.

> *"We need 'Harmony', as the proverb goes, a distant relative is not as good as a near neighbour!"* (Group A-A)

Some members also pointed out some family issues such as communication problems as being relevant to family happiness and harmony.

> *"Most of them (parents) indicated that their children seldom visited them... Youngsters seem unconcerned about that nowadays..."* (Group A-D)

The above findings indicated that the EMAC/MACs were aware of the importance of delivering the message of FAMILY 3Hs. Based on the characteristics of Tsui Ping (South) Estate such as the solitary elders and new immigrants, the EMAC/MACs also recognised that they needed to implement the Learning Families Project in the estate and to improve the relationships among neighbours.

3.1.4.2.2 Views of EMAC/MACs towards the concepts of Learning Family

Another focus of this project was to promote the concepts of Learning Family. Some members of the MACs agreed on the worthiness of promoting these concepts in the estate and were willing to offer help.

> *"It is okay to promote this concept (Learning Family). Everyone in the EMAC/MACs is willing to help the promotion."* (Group B-B)

However, they pointed out some potential barriers, such as the estate has many elderly people, busy lives of the residents, which made the Learning Family concepts difficult to be promoted and implemented.

> *"Most of the residents living in these two blocks are elderly. They have lived here for more than 20 years. The young people got married and moved out. They do not live with their parents."* (Group B-B)

> *"(The residents) cannot join the activities because of busy lives. This is one of the difficulties."* (Group B-J)

In view of this, the EMAC/MACs suggested to organize some activities to attract the residents before promoting the concepts of Learning Family.

> *"Could organize some activities, organize a mass event to attract more residents first."* (Group A-I)

3.1.4.2.3 Strengths of Tsui Ping (South) Estate

Some members of the EMAC/MACs believed that they had the responsibility to lead the Learning Families Project in order to make the estate become more cohesive. They had a sense of mission and a commitment to serve the estate.

> *"Want to help others!"* (Group B-A)

> *"Nobody likes to do it (joined EMAC/MACs). I do it because of passion..."* (Group A-F)

Besides, as mentioned before, the number of new arrivals in Tsui Ping (South) Estate had increased in recent years. Some of them were teenagers and young couples. They might accept the concepts of Learning Family and 3Hs more easily.

> *"The youngsters would accept the concepts of Learning Family more easily..."* (Group B-N)

Based on this information, it was concluded that the EMAC/MACs would play an important role in the process of project recruitment and publicity.

3.1.4.2.4 Project implementation and resident training programme arrangement

For project implementation, the members presented their opinions about the nature of the activities and the methods of publicity and recruitment.

> *"Travel was more popular, and free of charge would have quick recruitment."* (Group A-A)

> *"All families have their touching stories. Why don't we use such positive energy for publicity?"* (Group B-L)

> *"...Could arrange festival activities such as Mid-Autumn Festival and Christmas, and carnival..."* (Group A-I)

> *"...Could utilize big posters and prizes for publicity..."* (Group A-I)

EMAC/MACs also expressed their expectations of the capacity building session in the leaders' train-the-trainer programme. Many members wanted to learn more about the "skills" in order to enhance the efficiency of the project implementation. One of the members also indicated that more group discussions would be better.

> *"We hope that you can teach us more skills that would help us implement the project more quickly and smoothly."* (Group B-J)

> *"...Give us some useful information... and emphasize the characteristics of leadership...."* (Group A-I)

3.1.5 Conclusion

EMAC and MACs recognised that the Learning Families Project should be carried out in the estate. Most of the members believed that the Learning Family concepts could improve the FAMILY 3Hs. Suggestions about project implementation and training arrangements should be considered in the actual practice for forthcoming projects.

3.2 LEADERS' TRAIN-THE-TRAINER PROGRAMME

3.2.1 Introduction

CSFC and HKU collaborated and held two leaders' train-the-trainer programmes from December 2010 to February 2011, aiming at engaging and equipping the residential leaders from both EMAC and MACs to organize family programmes with the Learning Family concepts and leadership skills. 32 members of EMAC and MACs participated in the programmes. They were assessed at baseline (TT1), immediate after the train-the-trainer programme (TT2) and at 12-month follow-up (TT3).

3.2.2 Results

3.2.2.1 Demographic characteristics of participants in leaders' train-the-trainer programme

Demographic characteristics of the participants of the train-the-trainer programme are shown in Table 3.2.

Table 3.2 Baseline socio-demographic characteristics (N = 32)

Characteristics	N (%)
Gender	
Male	9 (28.1)
Female	23 (71.9)
Age	
18-44	5 (15.6)
45-64	17 (53.1)
65 or above	10 (31.3)
Education level	
No formal education	5 (15.6)
Primary	8 (25.0)
Secondary 1-5	17 (53.1)
Matriculated	1 (3.1)
Non-degree tertiary	1 (3.1)
Duration of volunteer service in Hong Kong	
None	3 (9.4)
Less than 1 year	2 (6.3)
1-4 years	11 (34.4)
5-9 years	6 (18.8)
10-19 years	8 (25.0)
20 years or above	2 (6.3)

As the number of participants was small (baseline: 32; immediate post-training: 29; 12-month follow-up: 11), the statistical power to detect significant results was limited. Nevertheless, several significant improvements were observed immediately after train-the-trainer programme, including knowledge in family happiness, Learning Family and leadership skills, and self-efficacy in using leadership skills. Participants' knowledge and self-efficacy in other aspects also improved. Higher scores indicated better knowledge or perceived self-efficacy towards FAMILY 3Hs, and the greater effect size was indicated by larger improvement in these scores (Table 3.3).

Table 3.3 Knowledge and self-efficacy of Leaning Family

(1: no ideas/strongly incapable 3: average/neutral 5: know it well/ strongly capable)	Baseline (TT1) (N = 32)	Post-training (TT2) (N = 29)	12-month follow-up (TT3) (N = 11)	TT1-TT2 Effect size[a]	TT1-TT3 Effect size[a]
	Mean (SD)	Mean (SD)	Mean (SD)		
Knowledge					
Family health	4.16 (0.69)	4.32 (0.75)	4.45 (0.52)	0.21	0.42
Family health	3.85 (0.99)	4.31 (0.63)[b]	/	0.53	/
Family happiness	4.00 (0.65)	4.40 (0.65)	4.36 (0.50)	0.52*	0.54
Family harmony	4.16 (0.69)	4.40 (0.58)	4.36 (0.50)	0.36	0.13
Learning Family	3.65 (0.78)	4.03 (0.60)	3.98 (0.47)	0.54*	0.24
Leadership skills	2.78 (0.55)	3.75 (0.65)	3.80 (0.53)	1.57**	1.26**
Self-efficacy					
Implementing Learning Family	3.14 (0.63)	3.41 (0.62)	3.71 (0.55)	0.36	0.52
Leadership skills	3.02 (0.86)	3.40 (0.85)	3.66 (0.52)	0.42*	0.53

* Statistically significant at $P < 0.05$

** Statistically significant at $P < 0.001$

[a] Effect size (Cohen's d), small = 0.20, medium = 0.50, and large = 0.80

[b] N = 13

Table 3.4 shows that the resident leaders had positive attitudes towards adopting Learning Family concepts and the leadership skills acquired in the training. They also increased efforts to motivate residents to actively engage in learning activities with family members in the 12-month follow-up (effect size ranged from 0.45 to 0.56, medium effect size) (Table 3.5).

Table 3.4 Attitude towards adopting Learning Family

Attitude (1: strongly disagree; 3: neutral; 5: strongly agree)	Baseline (T1) (N = 32)	Post-training (T2) (N = 29)	12-month follow-up (T3) (N = 11)	T1-T2 Effect size[a]	T1-T3 Effect size[a]
	Mean (SD)	Mean (SD)	Mean (SD)		
The concepts of "Learning Family" can provide direction to programme planning	3.41 (1.05)	3.86 (0.64)	4.00 (0.00)	0.38	0.40
The concepts of "Learning Family" is a worthwhile practice	3.62 (0.86)	4.17 (0.71)	4.09 (0.30)	0.54**	0.0
Family health can be learnt	4.03 (0.63)	4.24 (0.58)	4.27 (0.47)	0.25	0.30
Family happiness can be learnt	4.03 (0.57)	4.34 (0.55)	4.27 (0.47)	0.44*	0.42
Family harmony can be learnt	4.03 (0.57)	4.34 (0.61)	4.36 (0.50)	0.47*	0.42
Actively engage in learning activities with family members is an ideal way to family health	3.83 (0.76)	4.17 (0.66)	4.45 (0.52)	0.52*	0.67
Actively engage in learning activities with family members is an ideal way to family happiness	3.72 (0.84)	4.10 (0.72)	4.55 (0.52)	0.44*	0.83*
Actively engage in learning activities with family members is an ideal way to family harmony	3.69 (0.89)	4.24 (0.69)	4.55 (0.52)	0.63**	0.83*
"5W2H" [#] method is a worthwhile practice	2.67 (1.20)	4.38 (0.58)	4.00 (0.50)	1.43***	0.63
In the future, I will try to apply elements of "Learning Family" in resident programmes	3.68 (0.98)	4.25 (0.59)	4.09 (0.54)	0.55**	0.00
In the future, I will try to apply "5W2H" method to plan resident programmes	2.76 (1.20)	4.12 (0.73)	3.91 (0.54)	1.31***	0.83*

* Statistically significant at P < 0.05

** Statistically significant at P < 0.01

*** Statistically significant at P < 0.001

[a] Effect size (Cohen's d), small = 0.20, medium = 0.50, and large = 0.80

[#] 5W2H – What, Where, When, Who, Why, How and How much analysis is a problem definition technique which works by asking questions about a defect or a problem

Table 3.5 Motivating residents to use Learning Family concepts

In the past 4 weeks, have you ever motivated residents to (1: never 0%; 3: sometimes 31-60%; 5: always 81-100%)	Baseline (T1) (N = 32)	12-month follow-up (T3) (N = 11)	T1-T3 Effect size[a]
	Mean (SD)	Mean (SD)	
Actively engage in learning activities with family members	2.62 (1.15)	3.36 (1.12)	0.50
Actively engage in learning activities with family members to promote family health	3.07 (1.22)	3.73 (1.19)	0.56
Actively engage in learning activities with family members to promote family happiness	3.17 (1.23)	3.73 (1.19)	0.45
Actively engage in learning activities with family members to promote family harmony	3.14 (1.19)	3.73 (1.19)	0.51

[a] Effect size (Cohen's d), small = 0.20, medium = 0.50, and large = 0.80

3.3 KICK-OFF CEREMONY

3.3.1 Introduction

The kick-off ceremony was held on March 27, 2011 at the basketball court of Tsui Ping (South) Estate in Kwun Tong. The Hong Kong Jockey Club's Executive Director, Charities, Mr. Douglas So joined Kwun Tong District Council Chairman Mr. Bunny Chan, Housing Department Deputy Director (Estate Management) Mr. Albert Lee, Social Welfare Department Assistant Director (Family and Child Welfare) Mrs. Mak Chow Suk Har, FAMILY Project Principal Investigator Prof. Lam Tai Hing, Christian Family Service Centre Chairman of the Board Prof. Kwan Yui Huen and the members of the Estate Management Advisory Committee (EMAC) and Mutual Aid Committees (MACs) of the estate to officiate the kick-off ceremony.

At the ceremony, a famous television artist Mr. English Tang and his daughter Ms. Shermon Tang shared with the audience their pleasurable and memorable experience of learning together with family members. A series of activities including stage performances and game booths were hosted by the EMAC/MACs and residents from the seven housing blocks of Tsui Ping (South) Estate to promote the message of FAMILY 3Hs and Learning Family concepts to the residents. Approximately 1,000 residents attended the ceremony and enjoyed a healthy and joyful family day.

In order to evaluate the participants' perceptions of the event, their FAMILY 3Hs status and their behavioural preferences for enhancing FAMILY 3Hs, a brief one-page 3Hs Connect questionnaire survey was conducted.

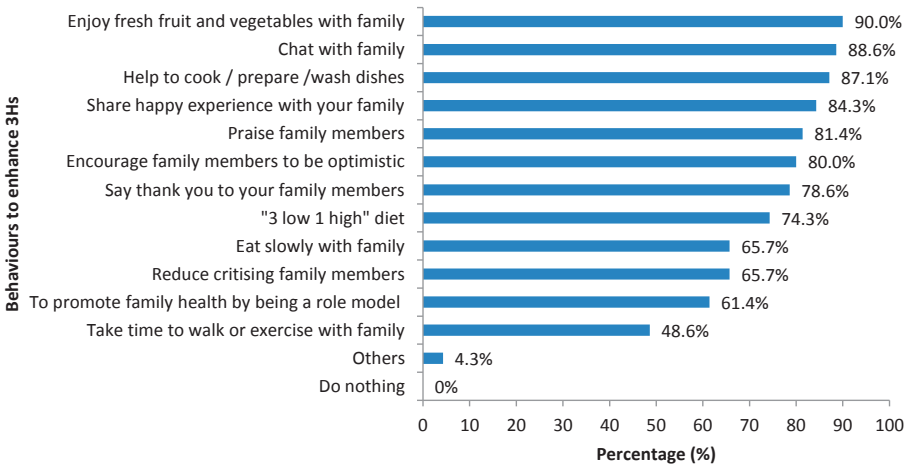
3.3.2 Results of the questionnaire assessment

Among 1,000 participated in the ceremony, 70 valid questionnaires were received after the kick-off ceremony. Of these 70 participants, 62 (88.6%) were female, slightly over half (52.9%) were aged 10-44 years old, 41 (58.6%) were married and half reported having primary education or below.

The time spent on daily communication with family members was assessed. The average daily family communication time of the participants (N = 69) in the past seven days was 85.06 minutes (SD = 103.68). Participants were also asked to rate their family happiness, health and harmony on a scale of 1 to 10, 1 for "not at all happy, healthy or harmonious", and 10 for "very happy, healthy or harmonious". The mean scores for family happiness, health and harmony among the participants were 8.47, 8.60 and 8.46 respectively.

The frequency of adopting the 12 listed actions for enhancing their FAMILY 3Hs were also investigated (Figure 3.1). "Enjoy fresh fruits and vegetables with family members" was the most common action (90.0%) reported. Apart from "others", the least common action was "take time to walk or exercise with family members" (48.6%). None of the participants reported taking no actions at all.

Figure 3.1 Kick-off ceremony participants' actions to enhance their FAMILY 3Hs



3.4 PROMOTION PROGRAMMES

3.4.1 Introduction

The promotion programmes were launched to further introduce the Learning Family concepts and the project contents as well as to recruit members at the Tsui Ping (South) Estate in Kwun Tong. In addition, it also helped disseminate information about the upcoming resident training programmes and learning programmes.

Many activities were designed and completed from April to July 2011 for the promotion programmes which aroused strong interest among the residents. For example, an Easter egg painting activity was held on 24 April at the basketball court of the estate. The purpose of that activity was to encourage the residents to express their creativity and imagination, and also enabled the whole family to learn "mutual appreciation" together. On 7 May (the day before the Mother's Day), all the participating families made their own DIY photo frames as Mother's Day gifts to express their profound love to their mothers. In addition to these art and crafts activities, an outing to Noah's Ark in Ma Wan was also organized. 670 residents joined and enrolled as members of the project.

3.4.2 Data collection

After each activity or workshop, questionnaires were handed out to the participants. Except for the Noah's Ark activity, participants could join without any previous registration. The activity organizers and volunteers approached as many participants as possible and tried to encourage them to complete every item on the questionnaires. 424 questionnaires were collected in total out of 670 attendants.

3.4.3 Results

Majority (over 80%) of the participants were satisfied or very satisfied with the activities (Table 3.6). These findings supported the conclusion that the promotion programmes was successful.

Table 3.6 Overall evaluation of promotion programmes

N = 424	Unsatisfactory/ Improvement needed N (%)	Average N (%)	Satisfactory/ Very satisfactory N (%)
Programme format	11 (2.6%)	45 (10.6%)	367 (86.8%)
Programme content	6 (1.4%)	47 (11.2%)	368 (87.4%)
Programme arrangement	7 (1.7%)	52 (12.3%)	363 (86.0%)
Programme promotion	15 (3.6%)	57 (13.7%)	344 (82.7%)
Venue arrangement	13 (3.1%)	58 (13.7%)	351 (83.2%)

We also examined whether the activities offered were effective in promoting the 3Hs concepts, communication and neighbourhood cohesion. The results are shown in Table 3.7. Approximately 70% of the participants indicated that the programme was effective. In addition, participants were asked to grade how helpful the whole activity was to increase 3Hs and the results also confirmed that the activities offered were effective.

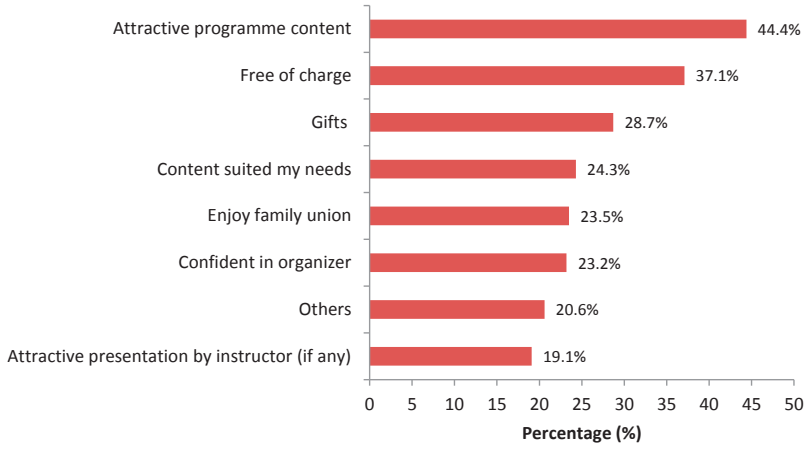
The next set of questions examined the factors that encouraged the residents to join the programmes and complete the activities (Figure 3.2). Of the factors listed, attractive programme content (44.4%), free of charge (37.1%) and gifts (28.7%) were named as the top three reasons for joining the programme. Other reasons were reported respectively by approximately 20% of the participants, which included programme content suit participants' needs, enjoy family union, confidence in the organizer, and attractive presentation by instructor(s).

Moreover, 74.6% of participants would like to learn together with family members to enhance family communication, and 91.8% were interested in other upcoming learning programme activities.

Table 3.7 Delivery of key concepts (family communication, health, happiness and harmony, neighbourhood network)

N = 424	Incapable at all/ Incapable N (%)	Neutral N (%)	Capable/ Highly capable N (%)
1. Did this programme capable to communicate the following messages?			
a. Enhance family communication through learning	15 (3.6%)	121 (29.1%)	280 (67.3%)
b. Enhance family health through learning	12 (2.9%)	124 (29.7%)	282 (67.5%)
c. Enhance family happiness through learning	13 (3.1%)	108 (25.9%)	296 (71.0%)
d. Enhance family harmony through learning	13 (3.1%)	107 (25.7%)	296 (71.2%)
2. Did this programme help you apply the followings?			
a. Enhance family communication through learning	15 (3.6%)	104 (25.2%)	293 (71.1%)
b. Enhance family health through learning	16 (3.9%)	107 (25.8%)	292 (70.4%)
c. Enhance family happiness through learning	14 (3.4%)	96 (23.2%)	303 (73.4%)
d. Enhance family harmony through learning	13 (3.1%)	103 (24.9%)	297 (71.9%)
e. Strengthen neighbourhood network	24 (5.8%)	109 (26.5%)	279 (67.7%)

Figure 3.2 Reasons for joining and completing promotion programmes (%)



3.5 RESIDENT TRAINING PROGRAMMES

3.5.1 Introduction

Totally 24 resident training programmes aimed to encourage families to actively engage in learning through various activities, including talks, day camps, and thematic activities were organized from June to November 2011.

A Learning Family Booklet was produced as a tool for training and also used as a record book for the participants to document their participation in the learning activities.

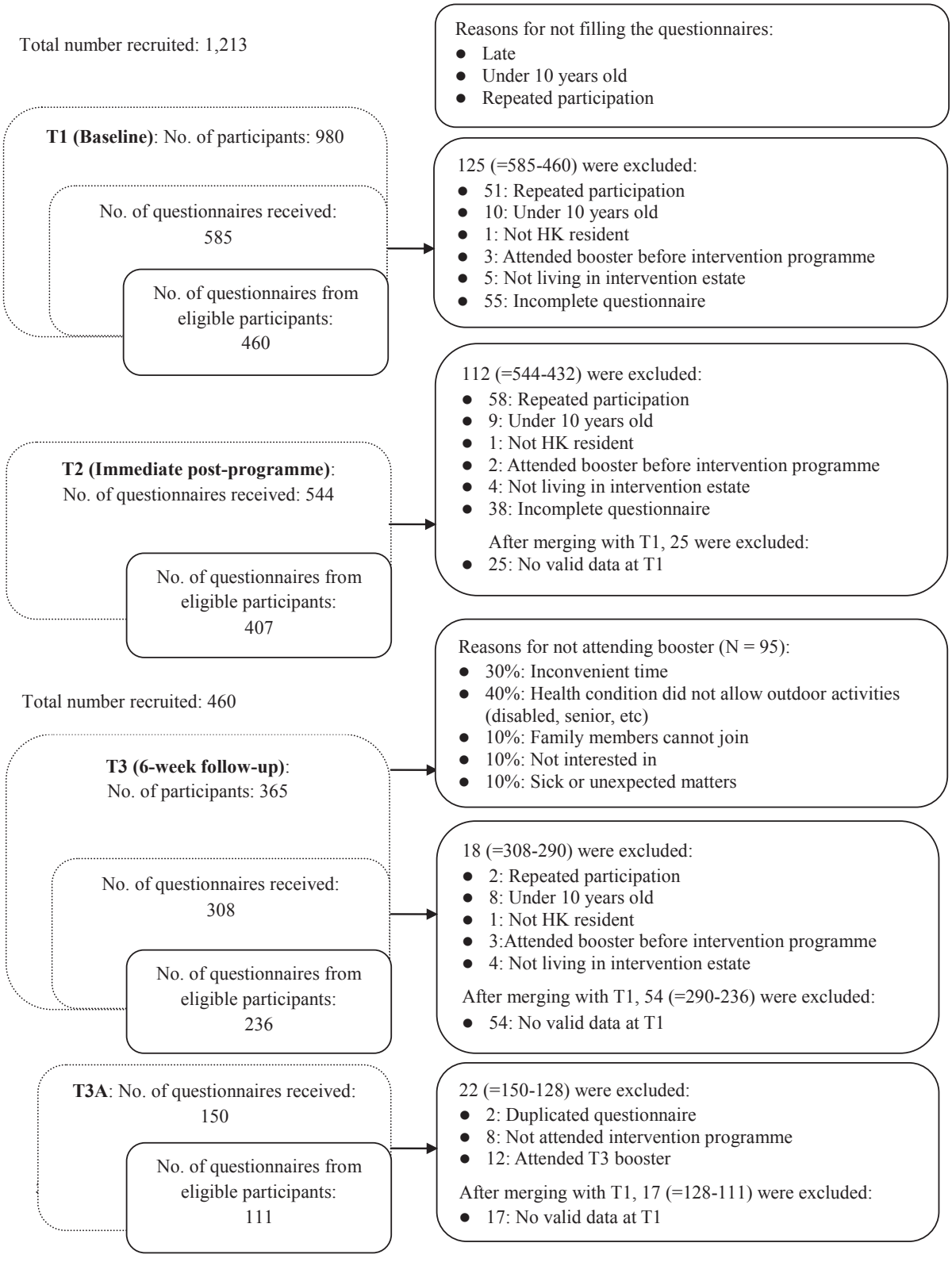
A total of six booster sessions named “Love your family eco-farm visit” were held six weeks after the resident training programmes in the New Life Interactive Farm for the resident training programme participants. Each participant of the booster session had attended at least one resident training programme. A guided tour and experiential activities were offered to the participants. Reviews of the concepts of FAMILY 3Hs and Learning Family activities were also provided. The booster session also served to obtain information about the participants’ changes in their self-efficacy and barriers to practicing Learning Family, in which questionnaire survey was conducted after the booster activities.

3.5.2 Data collection

The participating residents were approached by the volunteers or the social workers to complete the questionnaires at baseline (T1), immediate post-programme (T2), and at 6-week follow-up (T3). Figure 3.3 shows for the CONSORT flow diagram.

3.5.3 CONSORT

Figure 3.3 Resident training programmes CONSORT diagram



3.5.4 Demographic characteristics of resident training programme participants

Table 3.8 shows the demographic characteristics of the participants who joined the resident training programmes. Comparing to the overall participants in the Learning Families Project, more female participants joined the resident training programmes (training: 73.1%; overall: 65.4%) and fewer were employed (training: 15.3%; overall: 31.8%).

Out of the 460 participants who completed the baseline survey (T1), 293 (63.7%) completed the 6-week follow-up survey (T3). There were no significant differences between those who completed both T1 and T3 surveys and those who were lost to follow-up at T3 in baseline socio-demographic characteristics and baseline outcomes (all P-values were larger than 0.1).

Table 3.8 Baseline socio-demographic characteristics of participants joined the resident training programmes (N = 460)

Characteristics	N (%)
Gender	
Male	115 (26.9)
Female	312 (73.1)
Age	
6-17	57 (12.5)
18-44	121 (26.6)
45-64	114 (25.1)
65 or above	163 (35.8)
Education	
No formal education	94 (20.8)
Primary	133 (29.4)
Secondary 1-5	191 (42.3)
Matriculated	17 (3.8)
Non-degree tertiary	10 (2.2)
Degree tertiary or above	7 (1.5)
Working status	
Student	59 (12.9)
Self employed	8 (1.7)
Employed	70 (15.3)
Unemployed	23 (5.0)
Homemaker	132 (28.8)
Retired	166 (36.2)
Marital status	
Single	80 (17.5)
Married	264 (57.8)
Others	113 (24.7)
Length of residence in Hong Kong	
Less than 1 year	12 (2.7)
2-3 years	12 (2.7)
4-6 years	41 (9.1)
7 years or above	387 (85.6)

Note: Missing values were not included in the analysis

3.5.5 Learning Family: knowledge, attitude and behaviour

Table 3.9 shows that the resident training programmes significantly improved the participants' knowledge, attitude and self-efficacy in relation to applying the concepts of Learning Family for enhancing FAMILY 3Hs. The improvements were strongest (effect size ranged from 0.15 to 0.67, small to medium effect) right after the resident training programmes (T2). The effect size was strongest and most significant for knowledge about Learning Family.

The improvements from baseline were sustained at 6-week follow-up, although the improvements at 6-week was less than those at immediate post-programme (effect size ranged from 0.13 to 0.51, small to medium effect), except for attitude towards applying Learning Family to enhance FAMILY 3Hs continued to improve at six weeks (T3).

There was also a significant increase in frequency of applying Learning Family to enhance FAMILY 3Hs (behaviours) at T3 with a small effect size.

Table 3.9 Knowledge, attitude, self-efficacy and behaviour

1: no ideas/strongly disagree/ strongly incapable/never; 3: average/neutral/sometimes 5: know it well/strongly agree/ strongly capable /always	Baseline (T1)	Post-programme (T2)	6-week follow-up (T3)	T1-T2 Effect size[a]	T1-T3 Effect size[a]
	Mean (SD)	Mean (SD)	Mean (SD)		
Knowledge					
Family health	3.58 (0.86)	3.84 (0.53)	3.80 (0.68)	0.32***	0.22***
Family happiness	3.68 (0.83)	3.90 (0.61)	3.79 (0.68)	0.29***	0.13*
Family harmony	3.72 (0.84)	3.91 (0.59)	3.84 (0.64)	0.23***	0.13*
Learning Family	3.27 (0.87)	3.83 (0.57)	3.74 (0.60)	0.67***	0.51***
Attitude	3.92 (0.58)	4.01 (0.46)	4.04 (0.55)	0.15***	0.17**
Self-efficacy	3.19 (0.77)	3.59 (0.89)	3.34 (0.71)	0.37***	0.15**
Behaviour	2.99 (1.06)	/	3.33 (0.94)	/	0.29***

* Statistically significant at $P < 0.05$
** Statistically significant at $P < 0.01$
*** Statistically significant at $P < 0.001$
[a] Effect size (Cohen's d), small = 0.20, medium = 0.50, and large = 0.80

3.5.6 Family communication

Table 3.10 shows that there were significant improvements in participants' perceived family communication quality at T3, mostly with a small effect size.

Table 3.10 Family communication and family relationship

	Baseline (T1)	6-week follow-up (T3)	Effect size[a]
	Mean (SD)	Mean (SD)	
Communication			
Communication time per day (minutes) [b]	91.72 (76.54)	89.24 (78.90)	0.02
Perceived communication sufficiency with family members (1: Strongly insufficient; 3: Average; 5: Strongly sufficient)	3.08 (0.99)	3.39 (0.86)	0.29***
Family communication scale	3.50 (0.67)	3.76 (0.57)	0.40***
Enhance family relationship (overall) (1: Always; 2 Often; 3: Seldom; 4: Never)	2.98 (0.62)	3.15 (0.61)	0.26***
Greet the family	3.09 (0.80)	3.30 (0.68)	0.24***
Show appreciations	2.95 (0.86)	3.17 (0.69)	0.23***
Give little gifts	2.57 (0.83)	2.89 (0.77)	0.34***
Provide services	3.23 (0.88)	3.21 (0.81)	0.02
Hug	2.75 (0.94)	3.04 (0.84)	0.28***
Spend time together	3.28 (0.78)	3.29 (0.73)	0.01

*** Statistically significant at $P < 0.001$

[a] Effect size (Cohen's d), small = 0.20, medium = 0.50, and large = 0.80

[b] Respondents with communication time larger or smaller than 3SDs from the mean were not included in the analyses

3.5.7 Health, happiness and harmony

Table 3.11 Changes in family and personal health, happiness and harmony

	Baseline (T1)	6-week follow-up (T3)	Effect size[a]
	Mean (SD)	Mean (SD)	
Harmony			
Harmony scale (1: not at all harmonious; 5: very harmonious)	3.75 (0.72)	3.87 (0.66)	0.18**
Perceived family harmony (0: not at all harmonious; 10: very harmonious)	7.37 (2.20)	7.61 (1.73)	0.13
Happiness			
Happiness scale (1: not happy; 7: very happy)	4.67 (1.08)	4.82 (1.03)	0.12*
Personal happiness (1: not happy; 4: very happy)	2.90 (0.63)	3.04 (0.58)	0.22**
Family happiness (0: not happy; 10: very happy)	7.24 (2.14)	7.36 (1.83)	0.06
Physical health			
Personal health (1: not healthy; 5: very healthy)	2.82 (1.14)	2.98 (1.11)	0.15*
Family health (0: not healthy; 10: very healthy)	7.15 (2.10)	7.32 (1.86)	0.08
Mental health			
Mood (1: very pessimistic; 5: Very optimistic)	4.95 (1.48)	5.16 (1.25)	0.13*
Facing difficulties (1: not face it bravely; 5: face it bravely)	3.76 (0.73)	3.81 (0.72)	0.05

* Statistically significant at $P < 0.05$

** Statistically significant at $P < 0.01$

[a] Effect size (Cohen's d), small = 0.20, medium = 0.50, and large = 0.80

Table 3.12 shows that following the resident training programmes, participants increased specific behaviours to enhance FAMILY 3Hs at T3 and most of the increases had large effect sizes.

Table 3.12 Behaviours adopted to enhance FAMILY 3Hs

In the past 7 days, have you actively done the following(s) to increase 3Hs (Health, Happiness and Harmony) in your family?	Baseline (T1)	6-week follow-up (T3)	Effect size[a]
	Yes (%)	Yes (%)	
Say thank you to family members	73.9	92.3	0.38***
Enjoy fresh fruits and vegetables with family members	87.6	94.6	0.11
Chat with family members	87.6	93.3	0.14*
Take time to walk or exercise with family members	52.7	69.2	0.24***
Reduce criticism towards family members	69.7	84.3	0.26***
Encourage family members to be optimistic when facing unhappy incidents	77.6	91.8	0.27***
Praise family members	75.2	89.0	0.27***
Enjoy food with low fat, low salt, low sugar and high fibre ("3 low 1 high" rule) with family members	70.9	86.4	0.24***
Share happy experiences with family members	80.5	91.6	0.23***
Slowly enjoying meals with family members	62.8	81.6	0.33***
Help to cook/prepare/clear/wash dishes	82.7	89.8	0.10

* Statistically significant at P < 0.05
** Statistically significant at P < 0.01
*** Statistically significant at P < 0.001
[a] Effect size (Cramer's V), small = 0.10, medium = 0.15, and large = 0.25

Table 3.13 shows that after the resident training programmes, participants significantly decreased their smoking and drinking frequency at T3. There was also a significant increase in delivering encouragement. However, there were significant decreases in adopting "3 low 1 high" diet and exercise.

Table 3.13 Healthy living habits

In the past 7 days, how frequent did you? (1: never; 3: sometimes; 5: always)	Baseline (T1)	6-week follow-up (T3)	Effect size[a]
	Mean (SD)	Mean (SD)	
Mental			
Think comprehensively when facing difficulties	3.06 (1.01)	2.93 (1.22)	0.09
Words of encouragement	2.10 (1.13)	2.27 (1.14)	0.12*
Physical			
"3 low 1 high" diet	3.34 (1.27)	3.05 (1.32)	0.16** (reverse direction)
10 minutes of medium strength exercise	3.30 (1.28)	3.03 (1.27)	0.15** (reverse direction)
Smoking [b]	1.49 (1.15)	1.36 (1.03)	0.12*
Drinking [b]	1.50 (0.95)	1.33 (0.78)	0.15*

* Statistically significant at P < 0.05
** Statistically significant at P < 0.01
[a] Effect size (Cohen's d), small = 0.20, medium = 0.50, and large = 0.80
[b] Decrease in scores indicates decrease in smoking or drinking frequency, which suggests improvements in healthy living habits

3.5.8 Level of involvement in Learning Families Project

At T3, over half of the resident training programme participants adopted the suggestions and used the booklets from the Learning Families Project. Over 60% spent more time learning with their family members after the programmes and over 70% intended to continue utilizing the suggestions to guide their behaviours in the next six weeks. (Table 3.14)

Table 3.14 Level of involvement in Learning Families Project

	6-week follow-up (T3)
In the past 6 weeks, did you (Yes vs. No)	Yes (%)
Adopt suggestions from the Learning Families Project	64.7
Use Learning Family Booklet	57.6
Spend more time learning with family members	63.7
Increase the frequency of learning with family members	62.6
Improve the overall situation in learning with family members	66.4
Intention (Yes vs. No)	Yes (%)
Will you use suggestions from the Learning Families Project in the coming 6 weeks?	74.9

3.6 LEARNING PROGRAMMES

3.6.1 Introduction

The learning programmes aimed to cultivate FAMILY 3Hs with "learning together with family" as the thematic message. A total of 14 learning activities were organized and attended by 208 participants. Examples were lantern making class, horticulture class and aerobic exercise class. The residents in Tsui Ping (South) Estate of Kwun Tong were encouraged to learn something new with their family members. These activities were designed to be enjoyable and suitable for people of all ages. The focus was to promote family communication and mutual understanding during the learning process. In addition, the participating residents could enjoy each other's company in a caring environment during the activities.

Favourable feedbacks were received from the participating residents. For example, "My two children and I seldom have the opportunity to make handicrafts together. It was a very meaningful experience for us," said a participant. "When I showed my potted plant to my children, they were happy to see it," said an elderly participant.

3.6.2 Data collection

The participating residents were approached by the volunteers or the social workers and completed the questionnaires after finishing each class. Some classes had multiple sessions (e.g. the horticulture class had four sessions). In total, 138 questionnaires were collected from 208 participants.

3.6.3 Results

Most (> 90%) of the participants were satisfied with the programme itself (Figure 3.4). When asked to grade from 0 (not at all) to 10 (a great deal) how much they liked the programme, the mean score was 8.76 with a standard deviation of 1.48. These findings suggested that the programmes were well received. Most participants also agreed that the programme was effective in bringing out the 3Hs messages; and helping to apply the 3Hs in practice (Table 3.15).

We obtained information about the motivators for joining the programmes. As shown in Figure 3.5, the most frequently chosen reasons were "attractive programme content," "content suits my need," "free of charge" and "a chance to learn with family members". This information about the reasons may guide future efforts to publicise such programmes to the public. When asked about the utilization of materials, about 84% of participants reported that they had completed some of the exercises in the Learning Family Booklet. Of those who reported completing some parts of the booklets, more than 40% had completed the Learning Record, Family Tree, and Voice of My Heart sections respectively, and 31.2% had completed the health information section. Figure 3.6 shows these findings. Table 3.16 shows the evaluation of the booklet content. Most participants who completed the assessment indicated that the booklet was useful (scored 8+ out of 10).

With regard to future intentions, 89.6% participants indicated that they planned to learn together with their family to enhance family communication in the coming three months, and 96.3% of participants indicated that they would take part in future activities of the learning programmes held by the Learning Families Project.

Figure 3.4 Overall experience in learning programmes (%)

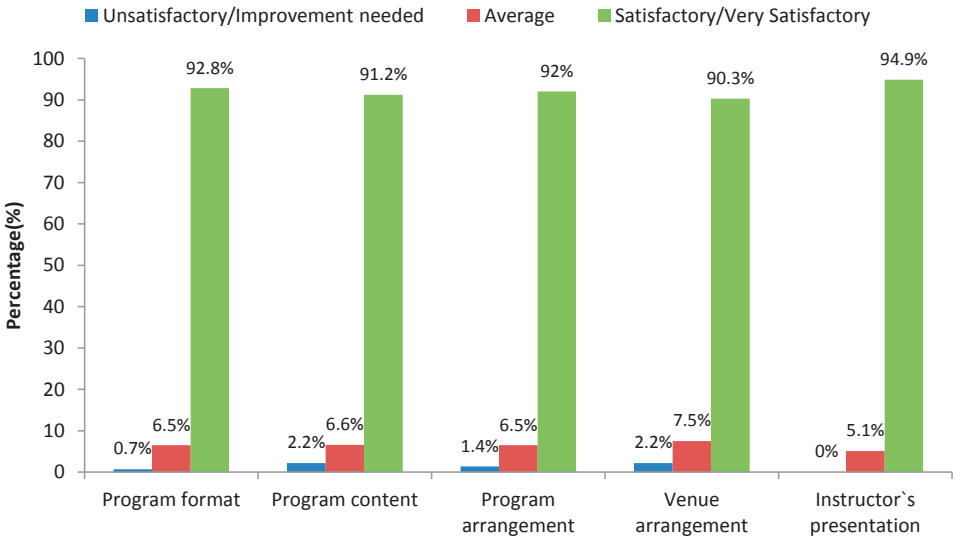


Figure 3.5 Reasons for joining and completing learning programmes (%)

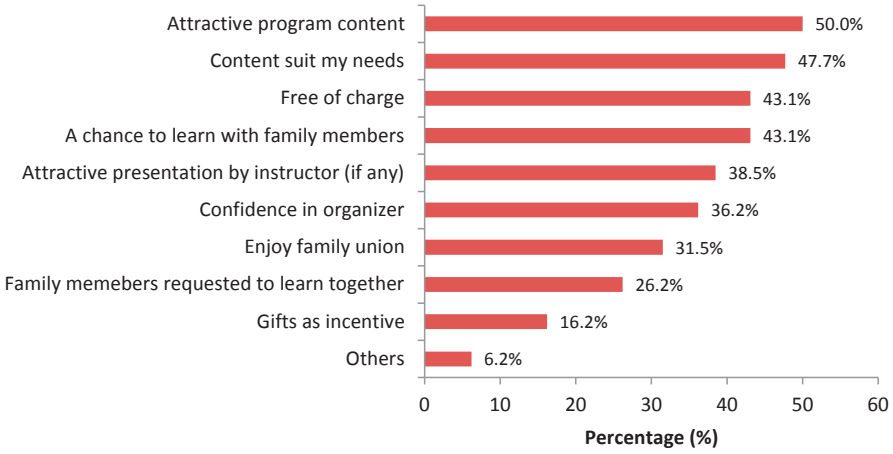


Figure 3.6 Learning Family Booklet fill-in summary (%)

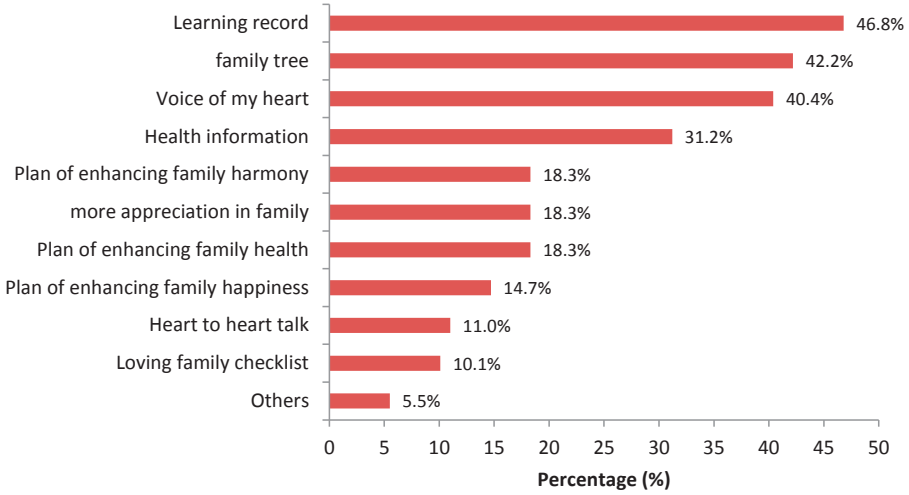


Table 3.15 Evaluation of 3Hs delivery in learning programmes

N = 138	Incapable at all/ Incapable N (%)	Average N (%)	Capable/Highly capable N (%)
1. Can the programme bring out the following messages?			
a. Enhance family communication through learning	/	16 (11.7%)	121 (88.3%)
b. Enhance family health through learning	1 (0.7%)	16 (11.6%)	121 (87.7%)
c. Enhance family happiness through learning	/	15 (10.9%)	123 (89.1%)
d. Enhance family harmony through learning	/	14 (10.3%)	122 (89.7%)
2. Can the programme help you apply the followings?			
a. Enhance family communication through learning	/	17 (12.4%)	120 (87.6%)
b. Enhance family health through learning	/	16 (11.8%)	120 (88.2%)
c. Enhance family happiness through learning	/	18 (13.1%)	119 (86.9%)
d. Enhance family harmony through learning	/	17 (12.6%)	118 (87.4%)
e. Strengthen neighbourhood network	2 (1.5%)	17 (12.6%)	116 (85.9%)
3. Can the participation of MACs in the programme help you conduct the followings?			
a. Enhance family communication through learning	4 (2.9%)	21 (15.4%)	111 (81.6%)
b. Enhance family health through learning	3 (2.2%)	28 (20.6%)	105 (77.2%)
c. Enhance family happiness through learning	4 (2.9%)	24 (17.6%)	108 (79.4%)
d. Enhance family harmony through learning	4 (3.0%)	24 (17.8%)	107 (79.3%)
e. Strengthen neighbourhood network	5 (3.7%)	20 (14.7%)	111 (81.6%)

Table 3.16 Evaluation on the content of Learning Family Booklet

N = 138	Mean (SD)
Can the content of the booklet help you apply the followings? (0: not helpful; 10: very helpful)	
Family health	8.31 (1.78)
Family happiness	8.52 (1.67)
Family harmony	8.48 (1.61)
Family communication	8.46 (1.59)
Learning together with family members	8.38 (1.71)

3.7 RECOGNITION CEREMONY

3.7.1 Introduction

With the aim to recognise the most proactive participating families and individuals, the Learning Families Project's recognition ceremony was held on March 17, 2012. The officiating guests included The Hong Kong Jockey Club's Executive Director, Charities, Mr. Douglas So, Kwun Tong District Council Chairman Mr. Bunny Chan, Social Welfare Department Assistant Director (Family and Child Welfare) Ms. Caran Wong, Kwun Tong District Social Welfare Officer Mr. Peter Ng, Housing Department Kowloon East Regional Management Office Chief Manager Mr. Brian Ma, FAMILY Project Principal Investigator Prof. Lam Tai Hing and Christian Family Service Centre Chairman of the Board Prof. Kwan Yui Huen.

At the ceremony, 49 "Love your family" awards were set up and presented to residents of Tsui Ping (South) Estate to recognise residents who did learn together with family members under the project. Besides, the estate's Mutual Aid Committee members and the residents joined together to deliver the message of FAMILY 3Hs through singing and drama performance. The famous television artist Ms. Tse Suet Sum and actor Mr. KK Cheung, Christian Family Service Centre Chief Executive Mr. Kwok Lit Tung and the award recipients (family category) shared their tips and experiences on maintaining family harmony.

Besides the ceremony, an exhibition displaying creations of the residents from various learning activities (e.g. photo frames, lanterns, Easter eggs) and the activity photos was also held.

A total of 503 residents attended the ceremony. The event had also attracted wide media coverage, including Sing Pao（成報）, Sing Tao Daily（星島日報）, Headline Daily（頭條日報）and Hong Kong Daily News（新報）.

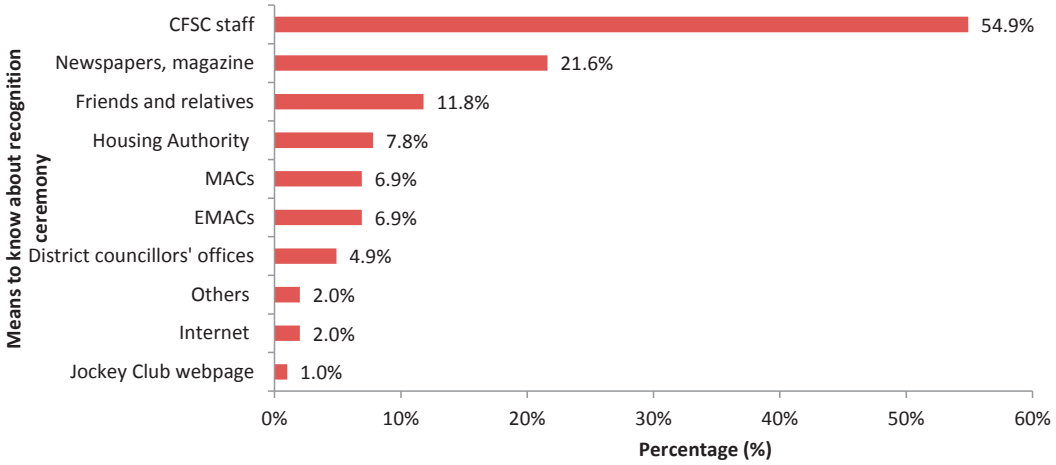
To measure the satisfaction level towards this recognition ceremony and to compare the FAMILY 3Hs status of those who did not attend the ceremony, a brief one-page 3Hs Connect questionnaire survey was also conducted outside the event venue.

3.7.2 Results of the questionnaire assessment

A total of 290 valid questionnaires were received after the ceremony. 116 (40%) questionnaires were collected within the ceremony (response rate 23.1%) and the remaining 174 (60%) were collected outside the ceremony. The ceremony participants (N = 116) were mainly female (69.8%), 45 or above (69.2%) and over 90% of them with education level below Secondary 5. Similar proportion of female (65%) and education attainment of Secondary 5 or below (75%) were observed for the passers-by, who were younger (45% aged 45 or above) than the ceremony participants.

Participants in the recognition ceremony learnt about the recognition ceremony mostly from the CFSC staff (54.9%). The other popular means were newspapers and magazines (21.6%) and friends and relatives (11.8%) (Figure 3.7).

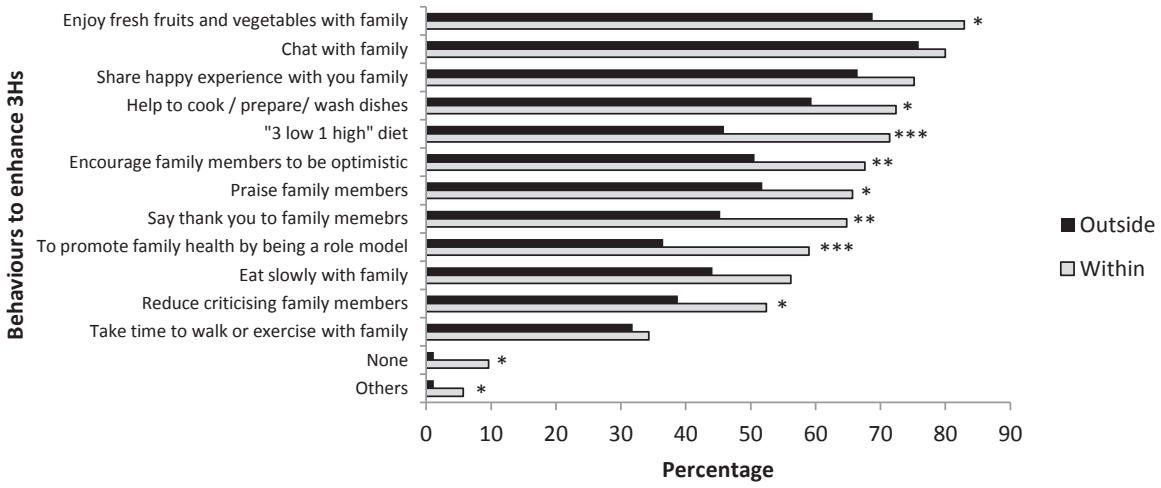
Figure 3.7 Means to know about recognition ceremony among participants in the ceremony



The time spent on daily communication with family members was assessed. The average daily family communication time of the participants (N = 116) in the past seven days was 60.97 minutes (SD = 55.77). Ceremony participants were also asked to rate their family happiness, health and harmony on a scale of 1 to 10, 1 as not at all happy, healthy or harmonious, and 10 as very happy, healthy or harmonious. The mean scores for family happiness, health and harmony among the ceremony participants were 8.49, 8.18 and 8.56 respectively.

Ceremony participants' activities in enhancing their FAMILY 3Hs in the past three months were also investigated (Figure 3.8). "Enjoy fresh fruits and vegetables with family members" was the most common action (82.9%) reported. Apart from "others", the least common action was "take time to walk or exercise with family members" (34.3%). Among reported actions for enhancing FAMILY 3Hs, most were significantly higher among ceremony participants than the passers-by outside the ceremony venue.

Figure 3.8 Ceremony participants and passers-by activities during the past 3 months for enhancing their FAMILY 3Hs: within the ceremony vs. outside the ceremony



* Statistically significant at P < 0.05
** Statistically significant at P < 0.01
*** Statistically significant at P < 0.001

3.8 BASELINE AND FOLLOW-UP HOUSEHOLD SURVEYS (UNMATCHED)

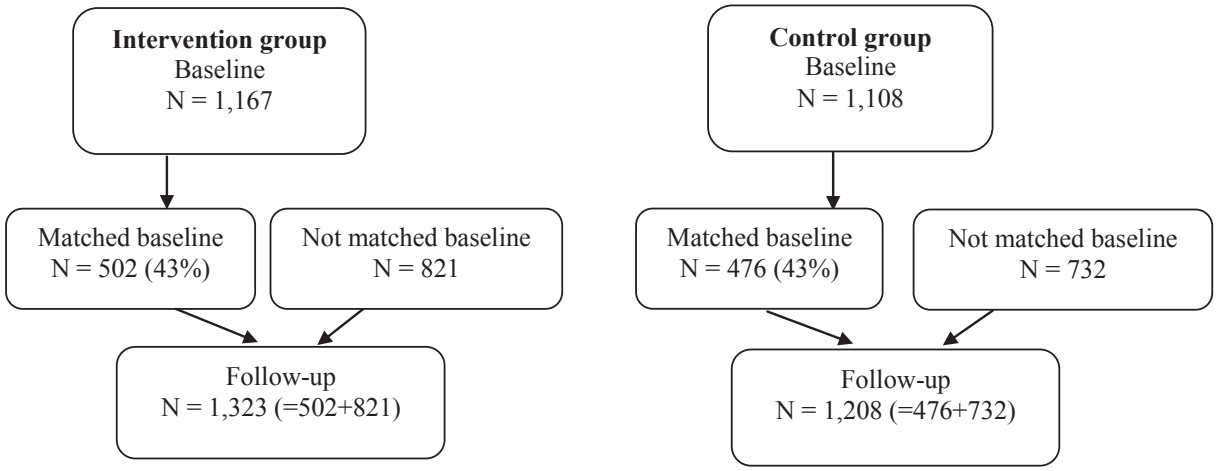
3.8.1 Respondents' recruitment

A household survey was conducted at baseline during March to April 2011 in the intervention (Tsui Ping (South) Estate) and control (Shun Tin Estate) estates. A total of 1,167 and 1,108 completed questionnaires were received from intervention and control estates respectively (Figure 3.9).

A follow-up household survey was conducted after the interventions during December 2011 to March 2012. A total of 502 (43%) and 476 (43%) participants from the intervention and control estates respectively, were successfully followed up (matched: same people pre-and post-project). Another 821 and 732 subjects (unmatched: some were probably not the same people) from the corresponding estates were also surveyed at follow-up.

Only within group changes were analyzed and presented for the unmatched samples as the between-group mean change differences could not be compared using different participants at different time points within each group. The between-group mean change differences were analyzed using the matched sample in subsequent sessions.

Figure 3.9 Respondents' recruitment at baseline and follow-up household surveys



3.8.2 Unmatched analysis results

3.8.2.1 Baseline socio-demographic characteristics

Table 3.17 shows that about two-thirds respondents were female and over 90% of them had been living in Hong Kong for over seven years. There were no statistically significant group differences between the two estates on gender (P = 0.48), education level (P = 0.17), and the length of residence in Hong Kong (P = 0.29). However, respondents in control estate had lower proportion of elderly (aged 65 years old or above) (26.3%) and had higher proportion of being married (52.7%) compared with intervention estate (29.0% were 65 years old or above; 50.8% were married) with small effect size (all ≤ 0.1) indicating the differences between the two groups were small.

Table 3.17 Baseline socio-demographic characteristics between intervention and control estates

Characteristics	Intervention	Control	P-value	Effect size[a]
	N (%)	N (%)		
Gender				
Male	388 (34.6)	382 (36.1)	0.48	0.02
Female	732 (65.4)	676 (63.9)		
Age				
<18	32 (2.7)	63 (5.7)	<0.01*	0.10
18-44	444 (38.1)	435 (39.3)		
45-64	351 (30.1)	318 (28.7)		
65 or above	338 (29.0)	291 (26.3)		
Education				
No formal education	176 (15.2)	133 (12.1)	0.17	0.06
Primary	275 (23.7)	271 (24.7)		
Secondary 1-5	495 (42.8)	501 (45.6)		
Matriculated (Secondary 6-7)	63 (5.4)	73 (6.6)		
Non-degree tertiary	45 (3.9)	43 (3.9)		
Degree tertiary or above	104 (9.0)	78 (7.1)		
Working status				
Student	112 (9.7)	149 (13.7)	0.05	0.07
Self employed	40 (3.5)	31 (2.8)		
Employed	368 (31.8)	343 (31.5)		
Unemployed	58 (5.0)	51 (4.7)		
Homemaker	272 (23.5)	261 (24.0)		
Retired	307 (26.5)	254 (23.3)		
Marital status				
Single	296 (25.5)	324 (29.4)	0.01*	0.08
Married or cohabitated	590 (50.8)	580 (52.7)		
Divorced or widowed	276 (23.8)	197 (17.9)		
Length of residence in HK				
1 year or less	17 (1.5)	9 (0.8)	0.29	0.04
2-3 years	17 (1.5)	24 (2.2)		
4-6 years	47 (4.1)	42 (3.8)		
7 years or above	1072 (93.0)	1022 (93.2)		

* Statistically significant at P < 0.05

[a] Effect size (Cramer's V), small = 0.10, medium = 0.15, and large = 0.25

Note: Missing values were not included in the analysis

Table 3.18 shows that compared with control estate, respondents from the intervention estate had significantly lower scores for family harmony (intervention: 7.48 vs. control: 7.67) and happiness (intervention: 7.19 vs. control: 7.39), neighbourhood cohesion (intervention: 3.23 vs. control: 3.45), social support frequency (intervention: 2.82 vs. control: 2.96), social support quality (intervention: 3.49 vs. control: 3.57) and family resilience (intervention: 5.04 vs. control: 5.22). In contrast, perceived communication sufficiency was higher among respondents in intervention estate (2.65) compared with control estate (2.49) ($P < 0.01$).

Table 3.18 Baseline outcome measures between two estates

	Intervention	Control	P-value	Effect size[a]
	Mean (SD)	Mean (SD)		
Communication time per day (minutes)	108.51 (90.62)	111.22 (90.33)	0.51	0.03
Perceived communication sufficiency	2.65 (1.00)	2.49 (0.89)	<0.01*	0.17
Harmony				
Family	7.48 (2.16)	7.67 (1.89)	0.03*	0.09
Personal	2.73 (0.54)	2.81 (0.46)	<0.01*	0.17
Happiness				
Family	7.19 (2.12)	7.39 (1.90)	0.02*	0.10
Personal	2.91 (0.66)	2.96 (0.59)	0.06	0.08
Health				
Family	6.98 (2.07)	7.14 (1.92)	0.05	0.08
Personal	2.82 (1.07)	3.02 (1.07)	<0.01*	0.18
Physical health	4.45 (1.12)	4.67 (1.15)	<0.01*	0.19
Mental health	4.58 (1.09)	4.78 (1.14)	<0.01*	0.18
Neighbourhood cohesion	3.23 (0.63)	3.45 (0.59)	<0.01*	0.20
Social support				
Size	5.73 (3.20)	5.87 (3.13)	0.33	0.04
Frequency	2.82 (0.61)	2.96 (0.62)	<0.01*	0.22
Quality	3.49 (0.66)	3.57 (0.64)	<0.01*	0.12
Satisfaction with life scale	3.44 (0.73)	3.47 (0.72)	0.36	0.04
Community empowerment	3.05 (0.62)	3.01 (0.64)	0.13	0.06
Family resilience	5.04 (0.86)	5.22 (0.88)	<0.01*	0.21

* Statistically significant at $P < 0.05$

[a] Effect size (Cohen's d), small = 0.20, medium = 0.50, and large = 0.80

3.8.2.2 Intention to learn with family members at baseline

Table 3.19 shows that about one-fifth of the respondents (intervention: 20.1%, control 17.1%) planned to have learning activities with family members in the coming half year and about 15% planned to start the learning activities in the coming one to three months. These figures were similar between the intervention and control estates (all P > 0.05).

Table 3.19 Baseline intention to have learning activities with family members between two estates

	Intervention	Control	P-value	Effect size[a]
	N (%)	N (%)		
Have you planned to have any learning activities with your family members in the coming half year?				
Yes	232 (20.1)	186 (17.1)		
Consider having	206 (17.9)	194 (17.8)	0.16	0.04
No	714 (62.0)	710 (65.1)		
When do you plan to start the learning activities with your family?				
Coming 1-3 months	184 (16.5)	145 (14.0)		
Coming 4-6 months	168 (15.1)	140 (13.5)	0.12	0.05
Not yet planned	763 (68.4)	750 (72.5)		

[a] Effect size (Cohen's d), small = 0.20, medium = 0.50, and large = 0.80
Note: Missing values were not included in the analysis

3.8.2.3 Changes in interpersonal relationships and social support

Table 3.20 shows that in the intervention estate, perceived communication sufficiency (score ranges 1-5, a higher score indicating sufficient communication) significantly decreased from baseline (2.65) to follow-up (2.56) (P = 0.02), although communication time (P = 0.90) and number of people with regular contact remained similar (P = 0.05). Social support was assessed in different aspects: the size of the available social support group (size), the frequency of the respondents making contacts with the social support group (frequency), the perceived quality of the support (quality), and the perceived availability of the support. Significant improvements, but with small effect size (0.09 to 0.15), were observed for frequency (from 2.82 to 2.88; P = 0.01), quality (from 3.48 to 3.59; P < 0.01) and availability (from 3.57 to 3.69; P < 0.01) of social support in the intervention estate while the control estate showed no significant changes.

Table 3.20 Within group changes of communication and social support in two estates

	Baseline	Follow-up	P-value	Effect size[a]
	Mean (SD)	Mean (SD)		
Communication				
Communication time per day (minutes)				
Intervention	108.51 (90.62)	108.04 (89.85)	0.90	0.01
Control	111.22 (90.33)	104.70 (87.14)	0.10	0.07
Perceived communication sufficiency				
Intervention	2.65 (1.00)	2.56 (0.88)	0.02*	0.10
Control	2.49 (0.89)	2.57 (0.92)	0.03*	0.09
No. of people in regular contact				
Intervention	6.15 (6.52)	5.67 (5.31)	0.05	0.08
Control	5.66 (8.70)	6.30 (6.35)	0.05	0.08
Social support				
Size				
Intervention	5.73 (3.20)	5.63 (3.17)	0.44	0.03
Control	5.87 (3.13)	5.63 (2.96)	0.08	0.08
Frequency				
Intervention	2.82 (0.61)	2.88 (0.60)	0.01*	0.10
Control	2.96 (0.61)	2.92 (0.55)	0.14	0.06
Quality				
Intervention	3.48 (0.67)	3.59 (0.64)	<0.01*	0.15
Control	3.57 (0.64)	3.61 (0.59)	0.06	0.08
Perceived availability				
Intervention	3.57 (0.97)	3.69 (0.94)	<0.01*	0.11
Control	3.64 (0.92)	3.75 (0.90)	0.05	0.08

* Statistically significant at P < 0.05

[a] Effect size (Cohen's d), small = 0.20, medium = 0.50, and large = 0.80

3.8.2.4 Changes of FAMILY 3Hs and family resilience

Table 3.21 shows that in the intervention estate, the scores of personal harmony (from 2.73 to 2.80, P < 0.01), physical health (from 4.45 to 4.64, P < 0.01) and mental health (from 4.58 to 4.73 P < 0.01) significantly increased from baseline to follow-up with small effect size. However, compared to baseline, no difference was shown in the scores of family harmony, happiness and health (3Hs) at follow-ups in both intervention and control estates (except for a significant decrease with small effect size in family happiness in control estate).

Table 3.21 Within group changes of 3Hs and family resilience in two estates

	Baseline	Follow-up	P-value	Effect size[a]
	Mean (SD)	Mean (SD)		
Harmony				
Family				
Intervention	7.48 (2.16)	7.57 (1.88)	0.27	0.04
Control	7.67 (1.89)	7.64 (1.83)	0.68	0.02
Personal				
Intervention	2.73 (0.54)	2.80 (0.48)	<0.01*	0.14
Control	2.81 (0.46)	2.81 (0.48)	0.82	0.01
Happiness				
Family				
Intervention	7.19 (2.12)	7.21 (2.00)	0.76	0.01
Control	7.39 (1.90)	7.20 (1.90)	0.02*	0.10
Personal				
Intervention	2.91 (0.66)	2.94 (0.60)	0.19	0.05
Control	2.96 (0.59)	2.95 (0.60)	0.80	0.01
Health				
Family				
Intervention	6.98 (2.07)	7.06 (1.93)	0.29	0.04
Control	7.14 (1.92)	7.01 (1.86)	0.10	0.07
Personal				
Intervention	2.82 (1.07)	2.98 (1.10)	<0.01*	0.15
Control	3.02 (1.07)	2.96 (1.09)	0.19	0.06
Physical health				
Intervention	4.45 (1.12)	4.64 (1.16)	<0.01*	0.16
Control	4.67 (1.15)	4.59 (1.11)	0.09	0.07
Mental health				
Intervention	4.58 (1.09)	4.73 (1.10)	<0.01*	0.14
Control	4.78 (1.14)	4.64 (1.08)	<0.01*	0.12
Family resilience				
Intervention	5.04 (0.86)	5.06 (0.94)	0.68	0.02
Control	5.22 (0.88)	5.10 (0.91)	0.01*	0.14

* Statistically significant at P < 0.05

[a] Effect size (Cohen's d), small = 0.20, medium = 0.50, and large = 0.80

3.8.2.5 Changes in work-life balance, life and marital satisfaction

Table 3.22 shows no significant difference in work-life balance satisfaction in both estates from baseline to follow-up (all P > 0.05). There was a small but non-significant increase on the satisfaction with life scale in the intervention estate, while this score significantly decreased (from 3.47 to 3.39; P = 0.02), with small effect size in the control estate. Satisfaction towards marital relationship (from 3.74 to 3.88; P < 0.01) and family role and responsibility (from 3.74 to 3.87; P < 0.01) significantly increased, with small effect size, in the control estate while remained similar in the intervention estate.

Table 3.22 Within group changes of work-life balance, life and marital satisfaction in two estates

	Baseline	Follow-up	P-value	Effect size[a]
	N (%)	N (%)		
Are you satisfied or dissatisfied with the balance between your job and home life? (% of "satisfied")				
Intervention	913 (79.6)	1083 (82.4)	0.09	0.03
Control	889 (81.3)	947 (79.0)	0.17	0.03
	Mean (SD)	Mean (SD)	P-value	Effect size[b]
Satisfaction with life scale				
Intervention	3.44 (0.73)	3.49 (0.79)	0.08	0.07
Control	3.47 (0.72)	3.39 (0.79)	0.02*	0.09
Marital satisfaction (for married respondents only)				
Relationship				
Intervention	3.80 (0.89)	3.82 (0.83)	0.68	0.02
Control	3.74 (0.92)	3.88 (0.84)	<0.01*	0.16
Family role and responsibility				
Intervention	3.82 (0.82)	3.85 (0.81)	0.65	0.03
Control	3.74 (0.87)	3.87 (0.77)	<0.01*	0.17

* Statistically significant at P < 0.05

[a] Effect size (Cramer's V), small = 0.10, medium = 0.15, and large = 0.25

[b] Effect size (Cohen's d), small = 0.20, medium = 0.50, and large = 0.80

3.8.2.6 Changes in neighbourhood cohesion and community empowerment

Table 3.23 shows a significant increase in perceived neighbourhood cohesion in the intervention estate (from 3.33 to 3.39, P = 0.02) with a small effect size, while the control estate remained similar. However, community empowerment scores significantly decreased in the intervention (from 3.05 to 2.81, P < 0.01) and control (from 3.01 to 2.79, P < 0.01) estates although participation in estate activities significantly increased in the intervention (from 1.72 to 1.80) and decreased in the control estate (from 1.71 to 1.63) (both P = 0.03). The intervention estate also showed a significant increase (from 35.2 % to 44.6%, P < 0.01) in using services from social service organizations in the community.

Table 3.23 Changes in neighbourhood cohesion and community empowerment in two estates

	Baseline	Follow-up	P-value	Effect size[a]
	Mean (SD)	Mean (SD)		
Neighbourhood cohesion				
Intervention	3.33 (0.63)	3.39 (0.69)	0.02*	0.09
Control	3.46 (0.59)	3.46 (0.63)	0.95	0.00
Community empowerment				
Intervention	3.05 (0.62)	2.81 (0.70)	<0.01*	0.36
Control	3.01 (0.64)	2.79 (0.71)	<0.01*	0.33
Estate activities participations				
Intervention	1.72 (0.97)	1.80 (1.02)	0.03*	0.09
Control	1.71 (0.95)	1.63 (0.89)	0.03*	0.09
	N (%)	N (%)	P-value	Effect size[b]
Volunteer service (% of "Yes")				
Intervention	306 (26.3)	335 (25.7)	0.76	0.01
Control	254 (23.2)	278 (23.2)	1.00	0.00
Sufficiency of community resources (% of "Enough")				
Intervention	503 (43.9)	615 (47.1)	0.11	0.03
Control	507 (48.6)	536 (44.6)	0.06	0.04
Use services from social service organizations in the community (% of "Yes")				
Intervention	410 (35.2)	588 (44.6)	<0.01*	0.10
Control	391 (35.5)	410 (34.1)	0.48	0.02

* Statistically significant at P < 0.05

[a] Effect size (Cohen's d), small = 0.20, medium = 0.50, and large = 0.80

[b] Effect size (Cramer's V), small = 0.10, medium = 0.15, and large = 0.25

3.8.2.7 Changes in behaviours for increasing FAMILY 3Hs

There were significant increases in several behaviours for increasing FAMILY 3Hs in the intervention estate, including "say thank you to family members" (from 71.0% to 78.9%, ES = 0.09), "enjoy fresh fruits and vegetables with family members" (from 84.0% to 89.2%, ES = 0.08), "take time to walk or exercise with family members" (from 38.9% to 47.5%, ES = 0.09), "praise family members" (from 73.9% to 79.7%, ES = 0.07), "enjoy food with low fat, low salt, low sugar and high fibre ("3 low 1 high" rule) with family members" (from 57.9% to 71.9%, ES = 0.15) and "share happy experiences with family members" (from 77.0% to 82.4%, ES = 0.07) There were no significant differences in most behaviours in the control estate (Table 3.24).

Table 3.24 Changes in behaviours for increasing FAMILY 3Hs in two estates[a]

	Baseline	Follow-up	P-value	Effect size[b]
In the past 7 days, have you actively done the following(s) to increase 3Hs (Health, Happiness and Harmony) in your family?	Yes N (%)	Yes N (%)		
a. Say thank you to family members				
Intervention	821(71.0)	1039 (78.9)	<0.001***	0.09
Control	858(79.4)	934(78.0)	0.413	0.02
b. Enjoy fresh fruits and vegetables with family members				
Intervention	974(84.0)	1175(89.2)	<0.001***	0.08
Control	957(88.4)	1061(88.1)	0.857	0.00
c. Chat with family members				
Intervention	1033(88.9)	1199(91.1)	0.066	0.04
Control	981(89.3)	1101(91.4)	0.076	0.04
d. Take time to walk or exercise with family members				
Intervention	448(38.9)	622(47.5)	<0.001***	0.09
Control	557(51.7)	569(47.9)	0.070	0.04
e. Reduce criticism towards family members				
Intervention	745(64.6)	927(70.9)	0.001**	0.07
Control	726(67.9)	882(73.9)	0.001**	0.07
f. Encourage family members to be optimistic when facing unhappy incidents				
Intervention	879(76.0)	1034(78.9)	0.092	0.03
Control	818(75.8)	989(82.7)	<0.001***	0.09
g. Praise family members				
Intervention	853(73.9)	1042(79.7)	0.001**	0.07
Control	861(79.8)	928(77.6)	0.200	0.03
h. Enjoy food with low fat, low salt, low sugar and high fibre (“3 low 1 high” rule) with family members				
Intervention	669(57.9)	936(71.9)	<0.001***	0.15
Control	690(64.7)	830(69.3)	0.021	0.05
i. Share happy experiences with family members				
Intervention	889(77.0)	1079(82.4)	0.001**	0.07
Control	852(78.9)	1005(83.9)	0.002	0.06
j. Slowly enjoying meals with family members				
Intervention	634(55.1)	911(70.3)	<0.001***	0.16
Control	645(60.7)	829(69.8)	<0.001***	0.10
k. Help to cook/prepare/clear /wash dishes				
Intervention	889(77.2)	1060(81.2)	0.015*	0.05
Control	835(77.1)	961(80.0)	0.097	0.04

* Statistically significant at $P < 0.05$
** Statistically significant at $P < 0.01$
*** Statistically significant at $P < 0.001$
[a] Independent sample t-test were employed
[b] Effect size (Cohen’s d), small = 0.20, medium = 0.50, and large = 0.80

3.8.2.8 Different methods employed

The Learning Families Project employed three different methods to encourage participants in the intervention estate to enhance family communications and 3Hs. These included (1) organizing learning activities, (2) providing suggestions on methods in learning with family members, and (3) handing out booklets describing methods to increase FAMILY 3Hs. The effects of these three methods were analysed by comparing the participants who reported they had used or acted according to any of these three methods against the participants from the control estate (Table 3.25).

Table 3.25 shows that, participants who had learnt together with family members according to the suggested methods showed significant increases with small effect on family communication time (learnt together: 120.07 min; control: 104.70 min, P = 0.01, ES = 0.14), family happiness (learnt together: 7.55; control: 7.20, P <0.01, ES = 0.15), family health (learnt together: 7.31; control: 7.01, P = 0.01, ES = 0.13), personal health (learnt together: 3.10; control: 2.96, P = 0.04, ES = 0.11), neighbourhood cohesion (learnt together: 3.54; control: 3.46, P = 0.05, ES = 0.10), social support (size: learnt together: 6.22; control: 5.63, P <0.01, ES = 0.16) (frequency: learnt together: 3.00; control: 2.92, P = 0.03, ES = 0.12) (quality: learnt together: 3.74; control: 3.61, P <0.01, ES = 0.17), life satisfaction (learnt together: 3.58; control: 3.39, P <0.001, ES = 0.19) and family resilience (learnt together: 5.24; control: 5.10, P = 0.01, ES = 0.13) comparing against the control estate.

Table 3.25 Participants' level of involvement and outcomes at follow-up survey

	Control estate	Intervention estate				
		Not participating in the project	Participated in Learning Families Project			
			Participated in Learning Families Project	Used the suggestions from the Learning Families Project	Used the Learning Family Booklet distributed during activities	Learnt together with family members
	N = 1208	N = 917	N = 398	N = 316	N = 303	N = 327
Communication time per day (minutes)	104.70 (87.14)	105.80 (88.01) ES[a] = 0.01	112.96 (94.17) ES[a] = 0.08	109.41 (89.19) ES[a] = 0.04	109.23 (86.94) ES[a] = 0.04	120.07 (93.73) ES[a] = 0.14**
Perceived communication sufficiency	2.38 (0.76)	2.39 (0.74) ES[a] = 0.02	2.39 (0.70) ES[a] = 0.01	2.40 (0.69) ES[a] = 0.02	2.43 (0.69) ES[a] = 0.05	2.49 (0.67) ES[a] = 0.12*
Harmony						
Family	7.64 (1.83)	7.55 (1.92) ES[a] = -0.05	7.65 (1.77) ES[a] = 0.01	7.68 (1.79) ES[a] = 0.02	7.77 (1.72) ES[a] = 0.06	7.83 (1.76) ES[a] = 0.09
Personal	2.81 (0.48)	2.79 (0.50) ES[a] = -0.03	2.82 (0.44) ES[a] = 0.02	2.84 (0.42) ES[a] = 0.06	2.85 (0.41) ES[a] = 0.08	2.86 (0.41) ES[a] = 0.09
Happiness						
Family	7.20 (1.90)	7.18 (2.01) ES[a] = -0.01	7.33 (1.95) ES[a] = 0.06	7.44 (1.95) ES[a] = 0.10*	7.45 (1.92) ES[a] = 0.10*	7.55 (1.86) ES[a] = 0.15***
Personal	1.83 (0.37)	1.83 (0.37) ES[a] = 0.00	1.82 (0.38) ES[a] = -0.03	1.83 (0.37) ES[a] = -0.01	1.84 (0.37) ES[a] = 0.02	1.87 (0.33) ES[a] = 0.09
Health						
Family	7.01 (1.86)	7.05 (1.90) ES[a] = 0.02	7.13 (1.96) ES[a] = 0.05	7.26 (1.98) ES[a] = 0.11*	7.24 (1.93) ES[a] = 0.10	7.31 (1.90) ES[a] = 0.13**
Personal	2.96 (1.16)	3.01 (1.07) ES[a] = 0.05	2.93 (1.16) ES[a] = -0.02	3.03 (1.20) ES[a] = 0.05	3.04 (1.19) ES[a] = 0.06	3.10 (1.15) ES[a] =0.11*
Physical health	4.59 (1.11)	4.67 (1.14) ES[a] = 0.07	4.58 (1.23) ES[a] = -0.01	4.64 (1.28) ES[a] = 0.03	4.66 (1.23) ES[a] = 0.05	4.72 (1.20) ES[a] =0.10
Mental health	4.64 (1.08)	4.77 (1.06) ES[a] = 0.11**	4.66 (1.18) ES[a] = 0.01	4.74 (1.14) ES[a] = 0.07	4.73 (1.18) ES[a] = 0.06	4.76 (1.18) ES[a] = 0.08
Neighbourhood cohesion	3.46 (0.63)	3.36 (0.64) ES[a] = -0.15***	3.47 (0.79) ES[a] = 0.02	3.51 (0.84) ES[a] = 0.07	3.52 (0.81) ES[a] = 0.08	3.54 (0.77) ES[a] = 0.10*

Social support						
Size	5.63 (2.96)	5.55 (3.10) ES[a] = -0.03	5.82 (3.31) ES[a] = 0.05	6.02 (3.44) ES[a] = 0.10	5.89 (3.47) ES[a] = 0.07	6.22 (3.41) ES[a] = 0.16**
Frequency	2.92 (0.55)	2.86 (0.59) ES[a] = -0.10*	2.93 (0.63) ES[a] = 0.01	2.94 (0.64) ES[a] = 0.04	2.96 (0.65) ES[a] = 0.05	3.00 (0.60) ES[a] = 0.12*
Quality	3.61 (0.59)	3.57 (0.60) ES[a] = -0.08	3.63 (0.71) ES[a] = 0.02	3.67 (0.74) ES[a] = 0.08	3.68 (0.76) ES[a] = 0.08	3.74 (0.67) ES[a] = 0.17***
Satisfaction with life scale	3.39 (0.79)	3.49 (0.76) ES[a] = 0.13***	3.49 (0.63) ES[a] = 0.10*	3.55(0.86) ES[a] = 0.16**	3.56 (0.85) ES[a] = 0.17**	3.58 (0.84) ES[a] = 0.19***
Marital satisfaction: relationship	3.88 (0.84)	3.87 (0.79) ES[a] = -0.02	3.73 (0.88) ES[a] = -0.15*	3.82 (0.89) ES[a] = -0.06	3.83 (0.87) ES[a] = -0.05	3.86 (0.83) ES[a] = -0.02
Marital satisfaction: family role	3.87 (0.77)	3.88 (0.77) ES[a] = 0.01	3.80 (0.86) ES[a] = -008.	3.88 (0.82) ES[a] = 0.00	3.89 (0.78) ES[a] = 0.01	3.90 (0.82) ES[a] = 0.03
Community empowerment	2.79 (0.71)	2.79 (0.68) ES[a] = 0.00	2.86 (0.76) ES[a] = 0.08	2.83 (0.78) ES[a] = 0.04	2.82 (0.78) ES[a] = 0.03	2.82 (0.78) ES[a] = 0.03
Family resilience	5.10 (0.91)	5.01 (0.92) ES[a] = -0.09*	5.16 (0.98) ES[a] = 0.06	5.25 (0.97) ES[a] = 0.13**	5.20 (0.98) ES[a] = 0.09	5.24 (0.94) ES[a] = 0.13**

* Statistically significant at $P < 0.05$

** Statistically significant at $P < 0.01$

*** Statistically significant at $P < 0.001$

[a] Effect size (Cohen's d), small = 0.20, medium = 0.50, and large = 0.80

3.9 BASELINE AND FOLLOW-UP HOUSEHOLD SURVEYS (MATCHED)

3.9.1 Methods of analysis

The following analyses focused on the intervention effect on the respondents using the matched samples, i.e. baseline survey and follow-up surveys from the same respondent in both intervention estate and control estate. The questionnaires with more than 10% missing values were screened out (intervention: N = 12; control: N = 22). Hence, a total of 490 respondents from the intervention estate and 454 respondents from the control estate were included in the analyses. Baseline comparability of two groups was estimated. To assess intervention effects, P-value was calculated for between group mean changes (with baseline demographic difference corrected) and Cohen's f was used to estimate effect size with 0.10 for small, 0.25 for moderate and 0.40 for large effects. Subgroup analyses were conducted by different levels of participation (e.g. implementing suggestions, using booklet and learning with family) to examine the effects of participation levels on outcomes of communication time and sufficiency, 3Hs, social support, life satisfaction, community empowerment and family resilience.

3.9.2 Results

3.9.2.1 Baseline socio-demographic characteristics

Table 3.26 shows that most of the respondents were female (about 70%) and had been living in Hong Kong over seven years (about 92%). The samples deviated from the total sample in terms of gender (matched: female: 70.4%; unmatched: female: 64.9%); age distribution (matched: 18-24: 9.7%; above 65: 31.1%; unmatched: 18-24: 14.2%; above 65: 26.1%); employment (matched: employed: 26.9%; unmatched: employed: 32.5%); marital status: (matched: single: 21.8%; unmatched: single: 29.4%). Similar distribution of gender, age, education level, and length of residence in Hong Kong were observed for the intervention and the control estates, except respondents in the control estate had a significantly higher proportion with a small effect size of being married (59.0%) compared with the intervention estate (51.3%) (P <0.01, ES = 0.11).

Table 3.26 Baseline socio-demographic characteristics between the matched samples in intervention and control estates

Characteristics	Intervention	Control	P-value	Effect Size[a]
	N (%)	N (%)		
Gender				
Male	141 (29.8)	128 (29.4)	0.88	0.01
Female	332 (70.2)	308 (70.6)		
Age				
<18	5 (1.0)	16 (3.5)	0.06	0.09
18-44	177 (36.2)	159 (35.1)		
45-64	148 (30.3)	144 (31.8)		
65+	159 (32.5)	134 (29.6)		
Education level				
No formal education	85 (17.5)	60 (13.2)	0.18	0.09
Primary	119 (24.4)	128 (28.3)		
Secondary 1-5	201 (41.3)	191 (42.2)		
Matriculated (Secondary 6-7)	22 (4.5)	27 (6.0)		
Non-degree tertiary	19 (3.9)	21 (4.6)		
Degree tertiary or above	41 (8.4)	26 (5.7)		
Working status				
Student	36 (7.4)	45 (10.0)	0.53	0.07
Self employed	14 (2.9)	12 (2.7)		
Employed	137 (28.2)	114 (25.4)		
Unemployed	28 (5.8)	26 (5.8)		
Homemaker	131 (27.0)	135 (30.1)		
Retired	140 (28.8)	116 (25.9)		
Marital status				
Single	103 (21.1)	103 (22.7)	<0.01*	0.11
Married or cohabitated	251 (51.3)	268 (59.0)		
Divorced or widowed	135 (27.6)	83 (18.3)		
Length of residence in HK				
1 year or less	8 (1.7)	4 (0.9)	0.18	0.07
2-3 years	4 (0.8)	11 (2.4)		
4-6 years	24 (5.0)	23 (5.1)		
7 years or above	448 (92.6)	412 (91.6)		

* Statistically significant at P < 0.05

[a] Effect size (Cramer's V), small = 0.10, medium = 0.15, and large = 0.25

Note: Missing values were not included in the analysis

Table 3.27 shows that respondents from the control estate, compared with the intervention estate, had significantly higher scores for physical health (intervention: 4.34 vs. control: 4.51, P = 0.04), neighbourhood cohesion (intervention: 3.25 vs. control: 3.34, P = 0.01), and frequency of contact in social support (intervention: 2.79 vs. control: 2.94, P < 0.01), all with small effect size (0.07-0.11) suggesting comparability.

Table 3.27 Baseline outcome measures between the matched samples in intervention and control estates

	Intervention	Control	P-value	Effect size[a]
	Mean (SD)	Mean (SD)		
Communication time per day (minutes)	142.09 (141.72)	142.52 (132.80)	0.24	0.04
Perceived communication sufficiency	2.64 (0.99)	2.52 (0.95)	0.35	0.03
Harmony				
Family	7.48 (2.21)	7.67 (1.99)	0.25	0.04
Personal	3.93 (0.84)	4.03 (0.73)	0.19	0.04
Happiness				
Family	7.13 (2.15)	7.24 (2.11)	0.82	0.01
Personal	2.87 (0.68)	2.93 (0.65)	0.58	0.02
Health				
Family	6.89 (2.10)	7.00 (2.09)	0.44	0.03
Personal	2.73 (1.10)	2.84 (1.06)	0.38	0.03
Physical health	4.34 (1.17)	4.51 (1.16)	0.04*	0.07
Mental health	4.51 (1.15)	4.63 (1.24)	0.27	0.04
Neighbourhood cohesion	3.25 (0.57)	3.34 (0.57)	0.01*	0.09
Social support				
Size	5.55 (3.65)	5.73 (3.44)	0.86	0.01
Frequency	2.79 (0.61)	2.94 (0.63)	<0.01**	0.11
Quality	3.47 (0.66)	3.52 (0.69)	0.26	0.04
Satisfaction with life scale	3.40 (0.74)	3.44 (0.76)	0.59	0.02
Community empowerment	3.09 (0.60)	3.00 (0.66)	0.15	0.05
Family resilience	5.06 (0.87)	5.17 (0.90)	0.26	0.04

Note: All of the above analyses were adjusted for baseline marital status differences

* Statistically significant at P < 0.05

** Statistically significant at P < 0.01

[a] Effect size (Cohen's f), small = 0.10, medium = 0.25, and large = 0.40

3.9.2.2 Intention to learn with family members at baseline

Table 3.28 shows that about one-fifth of the respondents (intervention: 21.4%, control: 20.9%) planned to have learning activities with family members in the coming half year and about 15% planned to start the learning activities in the coming one to three months. These figures were similar between the intervention and control estates (all P > 0.05).

Table 3.28 Intention to have learning activities with family members between the matched samples in intervention and control estates

	Intervention	Control	P-value	Effect size[a]
	N (%)	N (%)		
Have you planned to have any learning activities with your family members in the coming half year?				
Yes	104 (21.4)	94 (20.9)		
Consider having	80 (16.5)	85 (18.9)	0.61	0.03
No	302 (62.1)	270 (60.1)		
When do you plan to start the learning activities with your family?				
Coming 1-3 months	73 (15.4)	65 (15.1)		
Coming 4-6 months	83 (17.5)	62 (14.4)	0.42	0.04
Not yet planned	319 (67.2)	304 (70.5)		

[a] Effect size (Cramer's V), small = 0.10, medium = 0.15, and large = 0.25
Note: Missing values were not included in the analysis

3.9.2.3 Changes in interpersonal relationships and social support

Table 3.29 shows that social support (frequency) in the intervention estate significantly increased from baseline (2.78) to follow-up (2.88) while that remained similar in the control estate (between group mean change: P = 0.02, ES = 0.08). Changes of other outcomes of interpersonal relationships and social support were similar between intervention and control estates.

Table 3.29 Within group changes of communication and social support from baseline to follow-up surveys

	Baseline	Follow-up	P-value	Effect size[a]
	Mean (SD)	Mean (SD)		
Communication				
Communication time per day (minutes)				
Intervention	139.30 (139.84)	115.90 (119.14)	0.90	0.00
Control	140.21 (129.62)	115.17 (124.05)		
Perceived communication sufficiency				
Intervention	3.35 (0.98)	3.44 (0.86)	0.32	0.03
Control	3.47 (0.96)	3.49 (0.91)		
No. of people you are in regular contact				
Intervention	6.00 (6.91)	6.34 (5.83)	0.05	0.07
Control	5.48 (4.63)	6.78 (6.75)		
Social Support				
Size				
Intervention	5.49 (3.57)	5.54 (3.44)	0.66	0.01
Control	5.73 (3.45)	5.59 (3.56)		
Frequency				
Intervention	2.78 (0.60)	2.88 (0.63)	0.02*	0.08
Control	2.94 (0.63)	2.93 (0.57)		
Quality				
Intervention	3.47 (0.66)	3.55 (0.66)	0.92	0.00
Control	3.52 (0.69)	3.63 (0.62)		
Perceived availability				
Intervention	3.54 (0.98)	3.63 (0.97)	0.58	0.02
Control	3.58 (0.97)	3.80 (0.89)		

Note: All of the above analyses were adjusted for baseline marital status differences

* Statistically significant at P < 0.05, P-value for the difference in changes from baseline to follow-up between the intervention and control estates

[a] Effect size (Cohen's f), small = 0.10, medium = 0.25, and large = 0.40

Table 3.30 shows that changes on the scores of family and personal harmony, happiness and health (3Hs), and family resilience from baseline to follow-up remained similar between the intervention and control estates (all P for between group mean difference > 0.05).

Table 3.30 Within group changes of 3Hs and family resilience from baseline to follow-up surveys between the matched samples in intervention and control estates

	Baseline	Follow-up	P-value	Effect size[a]
	Mean (SD)	Mean (SD)		
Harmony				
Family				
Intervention	7.51 (2.19)	7.50 (1.87)	0.59	0.02
Control	7.72 (1.97)	7.65 (1.87)		
Personal				
Intervention	3.94 (0.85)	4.05 (0.74)	0.84	0.01
Control	4.03 (0.74)	4.12 (0.80)		
Happiness				
Family				
Intervention	7.15 (2.10)	7.15 (2.03)	0.90	0.00
Control	7.26 (2.11)	7.22 (1.97)		
Personal				
Intervention	2.87 (0.68)	2.95 (0.60)	0.53	0.02
Control	2.93 (0.65)	2.95 (0.64)		
Health				
Family				
Intervention	6.87 (2.08)	6.96 (1.83)	0.81	0.01
Control	6.96 (2.10)	7.08 (2.00)		
Personal				
Intervention	2.74 (1.10)	2.79 (1.09)	0.26	0.04
Control	2.81 (1.07)	2.92 (1.16)		
Physical health				
Intervention	4.34 (1.18)	4.54 (1.21)	0.19	0.04
Control	4.49 (1.17)	4.59 (1.18)		
Mental health				
Intervention	4.51 (1.15)	4.72 (1.13)	0.09	0.06
Control	4.62 (1.23)	4.66 (1.16)		
Family resilience				
Intervention	5.08 (0.86)	5.11 (1.01)	0.18	0.04
Control	5.16 (0.91)	5.11 (1.04)		

Note: All of the above analyses were adjusted for baseline marital status differences

[a] Effect size (Cohen's f), small = 0.10, medium = 0.25, and large = 0.40

3.9.2.4 Changes in life and marital satisfaction

Table 3.31 shows that the satisfaction with life scale among participants in the intervention estate had a marginally significant large increase (from 3.42 to 3.52) than the control estate (from 3.43 to 3.45) (between group mean difference P = 0.06, ES = 0.06). Changes in marital satisfaction remained similar for both estates.

Table 3.31 Changes of life and marital satisfaction from baseline to follow-up surveys

	Baseline	Follow-up	P-value	Effect size[a]
	Mean (SD)	Mean (SD)		
Satisfaction with life scale				
Intervention	3.42 (0.74)	3.52 (0.79)	0.06	0.06
Control	3.43 (0.77)	3.45 (0.87)		
Marital satisfaction (for married respondents only)				
Relationship				
Intervention	3.83 (0.80)	3.83 (0.80)	0.18	0.06
Control	3.80 (0.98)	3.91 (0.81)		
Family role and responsibility				
Intervention	3.81 (0.77)	3.82 (0.78)	0.08	0.08
Control	3.77 (0.93)	3.93 (0.77)		

Note: All of the above analyses were adjusted for baseline marital status differences

[a] Effect size (Cohen's d), small = 0.20, medium = 0.50, and large = 0.80

3.9.2.5 Changes in neighbourhood cohesion and community empowerment

Table 3.32 shows a decrease in estate activities participations of control group (from 1.81 to 1.64) while participation in the intervention estate remained fairly constant (from 1.79 to 1.76) (between group mean difference P = 0.01, ES = 0.09). Both estates had increased levels of perceived neighbourhood cohesion although the between difference was not significant.

Table 3.32 Changes in neighbourhood cohesion and community empowerment between the matched samples in intervention and control estates

	Baseline	Follow-up	P-value	Effect size[a]
	Mean (SD)	Mean (SD)		
Neighbourhood cohesion				
Intervention	3.26 (0.57)	3.36 (0.65)	0.53	0.02
Control	3.35 (0.57)	3.41 (0.63)		
Community empowerment				
Intervention	3.10 (0.59)	2.80 (0.71)	0.65	0.02
Control	3.02 (0.66)	2.73 (0.69)		
Estate activities participations				
Intervention	1.79 (0.97)	1.76 (0.98)	0.01*	0.09
Control	1.81 (1.04)	1.64 (0.92)		

Note: All of the above analyses were adjusted for baseline marital status differences

* Statistically significant at P < 0.05, P-value for the difference in changes from baseline to follow-up between the intervention and control estates

[a] Effect size (Cohen's d), small = 0.20, medium = 0.50, and large = 0.80

3.9.2.6 Changes in behaviours for increasing FAMILY 3Hs

Table 3.33 shows there were significant increases in several behaviours for increasing FAMILY 3Hs in the intervention estate, including "say thank you to family members" (from 69.2% to 76.9%, ES = 0.10), "take time to walk or exercise with family members" (from 38.8% to 46.4%, ES = 0.10), "praise family members" (from 74.5% to 80.8%, ES = 0.07). Both the intervention and the control estates show significant increases in "reduce criticism towards family members" (intervention: from 61.8% to 74.6%, ES = 0.15; control: from 67.3% to 77.4%, ES = 0.12), "enjoy food with low fat, low salt, low sugar and high fibre ("3 low 1 high" rule) with family members" (intervention: from 57.3% to 73.6%, ES = 0.19; control: from 64.6% to 74.2%, ES = 0.11), and "slowly enjoying meals with family members" (intervention: from 53.3% to 68.6%, ES = 0.19; control: from 59.5% to 72.0%, ES = 0.14).

Table 3.33 Changes in behaviours for increasing FAMILY 3Hs between the matched samples in intervention and control estates

	Baseline	Follow-up	P-value[a]	Effect size[b]
In the past 7 days, have you actively done the following(s) to increase 3Hs (Health, Happiness and Harmony) in your family?	Yes N (%)	Yes N (%)		
a. Say thank you to family members				
Intervention	339(69.2)	377(76.9)	0.001**	0.10
Control	349(77.4)	350(77.8)	1.000	0.00
b. Enjoy fresh fruits and vegetables with family members				
Intervention	417(85.1)	432(88.2)	0.065	0.06
Control	399(88.7)	401(88.3)	0.903	0.00
c. Chat with family members				
Intervention	435(88.8)	441(90.6)	0.306	0.03
Control	408(90.1)	409(90.5)	0.888	0.00
d. Take time to walk or exercise with family members				
Intervention	190(38.8)	224(46.4)	0.003**	0.10
Control	227(50.6)	213(47.9)	0.335	0.03
e. Reduce criticism towards family members				
Intervention	303(61.8)	361(74.6)	<0.001***	0.15
Control	298(67.3)	346(77.4)	<0.001***	0.12
f. Encourage family members to be optimistic when facing unhappy incidents				
Intervention	371(75.7)	387(79.5)	0.152	0.05
Control	343(76.4)	362(81.0)	0.091	0.06
g. Praise family members				
Intervention	365(74.5)	392(80.8)	0.024*	0.07
Control	367(81.0)	345(76.8)	0.102	0.05
h. Enjoy food with low fat, low salt, low sugar and high fibre (“3 low 1 high” rule) with family members				
Intervention	281(57.3)	354(73.6)	<0.001***	0.19
Control	288(64.6)	333(74.2)	0.001**	0.11
i. Share happy experiences with family members				
Intervention	380(77.6)	398(81.9)	0.055	0.06
Control	356(78.8)	377(83.4)	0.053	0.06
j. Slowly enjoying meals with family members				
Intervention	261(53.3)	336(68.6)	<0.001***	0.19
Control	266(59.5)	321(72.0)	<0.001***	0.14
k. Help to cook/prepare/clear/wash dishes				
Intervention	374(76.3)	390(79.6)	0.121	0.05
Control	351(77.8)	370(81.7)	0.111	0.05

* Statistically significant at $P < 0.05$
** Statistically significant at $P < 0.01$
*** Statistically significant at $P < 0.001$
[a] Independent sample t-test were employed
[b] Effect size (Cohen’s d), small = 0.20, medium = 0.50, and large = 0.80

3.9.2.7 Different methods employed

Similar as section 3.8.2.8, for matched samples we also analysed the effects of whether respondents had used or acted according to any of the suggested methods from Learning Families Project activities in the intervention and control estates. Table 3.34 shows that compared with participants in control estate, participants who learnt together with family members significantly increased, with small effect size, their personal harmony (P = 0.01, ES = 0.12) and neighbourhood cohesion (P = 0.05, ES = 0.09).

Table 3.34 Participants' level of involvement and outcomes at follow-up

	Control estate	Intervention estate				
		Not participating in the project	Participated in Learning Families Project			
			Participated in Learning Families Project	Implemented the suggestions from the Learning Families Project	Used the Learning Family Booklet distributed during activities	Learnt together with family members
	N = 454	N = 336	N = 152	N = 98	N = 92	N = 92
Communication time per day (minutes)	-19.20 (186.42)	-10.36 (183.26) ES[a] = 0.01	-6.33 (203.71) ES[a] = 0.00	11.94 (207.16) ES[a] = 0.03	-5.41 (201.74) ES[a] = 0.02	13.92 (191.41) ES[a] = 0.07
Perceived communication sufficiency	0.02 (1.06)	0.08 (0.99) ES[a] = 0.03	0.12 (1.13) ES[a] = 0.03	0.12 (1.07) ES[a] = 0.01	0.22 (1.02) ES[a] = 0.04	0.20 (1.15) ES[a] = 0.07
Harmony						
Family	-0.05 (2.07)	-0.08 (2.12) ES[a] = 0.02	0.14 (2.10) ES[a] = 0.04	0.08 (1.90) ES[a] = 0.04	0.28 (1.73) ES[a] = 0.04	0.30 (1.99) ES[a] = 0.04
Personal	0.09 (0.86)	0.04 (0.83) ES[a] = 0.11**	0.24 (0.94) ES[a] = 0.05	0.24 (1.00) ES[a] = 0.01	0.31 (0.97) ES[a] = 0.07	0.40 (0.97) ES[a] = 0.12*
Happiness						
Family	-0.04 (2.07)	-0.11 (2.00) ES[a] = 0.10*	0.24 (2.24) ES[a] = 0.02	0.44 (2.38) ES[a] = 0.00	0.51 (2.30) ES[a] = 0.04	0.60 (2.07) ES[a] = 0.08
Personal	0.02 (0.70)	0.08 (0.70) ES[a] = 0.09*	0.05 (0.77) ES[a] = 0.02	0.06 (0.80) ES[a] = 0.00	0.10 (0.78) ES[a] = 0.04	0.10 (0.83) ES[a] = 0.03
Health						
Family	0.11 (2.17)	0.00 (2.24) ES[a] = 0.09*	0.23 (2.06) ES[a] = 0.03	0.30 (2.14) ES[a] = 0.02	0.37 (1.93) ES[a] = 0.02	0.53 (1.85) ES[a] = 0.07
Personal	0.11 (1.17)	0.01 (1.14) ES[a] = 0.08	0.12 (1.15) ES[a] = 0.01	0.23 (1.28) ES[a] = 0.02	0.28 (1.25) ES[a] = 0.02	0.35 (1.22) ES[a] =0.05
Physical health	0.11 (1.30)	0.24 (1.29) ES[a] = 0.08	0.06 (1.30) ES[a] = 0.00	0.02 (1.35) ES[a] = 0.01	0.13 (1.26) ES[a] = 0.01	0.26 (1.29) ES[a] =0.03
Mental health	0.04 (1.38)	0.23 (1.24) ES[a] = 0.11**	0.14 (1.22) ES[a] = 0.04	0.08 (1.24) ES[a] = 0.01	0.20 (1.31) ES[a] = 0.05	0.23 (1.26) ES[a] = 0.07
Neighbourhood cohesion	-0.01 (0.73)	0.01 (0.79) ES[a] = 0.05	0.16 (0.75) ES[a] = 0.05	0.22 (0.83) ES[a] = 0.02	0.26 (0.78) ES[a] = 0.05	0.27 (0.79) ES[a] = 0.09*
Social support						
Size	-0.13 (5.52)	0.05 (5.93) ES[a] = 0.04	0.17 (5.62) ES[a] = 0.01	0.38 (5.49) ES[a] = 0.01	0.01 (5.09) ES[a] = 0.00	0.26 (5.46) ES[a] = 0.01
Frequency	-0.02 (0.73)	0.09 (0.70) ES[a] = 0.04	0.10 (0.71) ES[a] = 0.05	0.16 (0.76) ES[a] = 0.00	0.21 (0.76) ES[a] = 0.07	0.17 (0.73) ES[a] = 0.06

Quality	0.12 (0.79)	0.09 (0.76) ES[a] = 0.06	0.04 (0.77) ES[a] = 0.03	0.06 (0.86) ES[a] = 0.05	0.11 (0.83) ES[a] = 0.00	0.16 (0.82) ES[a] = 0.01
Satisfaction with life scale	0.01 (0.96)	0.12 (0.84) ES[a] = 0.02	0.03 (0.89) ES[a] = 0.03	0.01 (0.86) ES[a] = 0.00	0.06 (0.84) ES[a] = 0.02	0.13 (0.90) ES[a] = 0.07
Marital satisfaction: relationship	0.12 (0.98)	0.05 (0.88) ES[a] = 0.05	-0.08 (0.94) ES[a] = 0.09	0.05 (0.90) ES[a] = 0.03	0.14 (0.78) ES[a] = 0.00	0.04 (0.86) ES[a] = 0.04
Marital satisfaction: family role	0.16 (0.89)	0.11 (0.85) ES[a] = 0.05	-0.14 (1.09) ES[a] = 0.15*	0.00 (1.04) ES[a] = 0.08	0.06 (0.96) ES[a] = 0.06	0.00 (1.02) ES[a] = 0.07
Community empowerment	-0.28 (0.86)	-0.32 (0.83) ES[a] = 0.09	-0.22 (0.82) ES[a] = 0.04	-0.19 (0.88) ES[a] = 0.00	-0.21 (0.88) ES[a] = 0.01	-0.20 (0.87) ES[a] = 0.02
Family resilience	-0.06 (1.12)	0.02 (1.14) ES[a] = 0.03	0.06 (1.10) ES[a] = 0.03	0.16 (1.12) ES[a] = 0.04	0.19 (1.12) ES[a] = 0.07	0.13 (1.16) ES[a] = 0.05

Note: All of the above analyses were adjusted for baseline marital status differences
Data shown in the above table are differences from baseline to follow-up values
* Statistically significant at $P < 0.05$
** Statistically significant at $P < 0.01$
[a] Effect size (Cohen's d), small = 0.20, medium = 0.50, and large = 0.80

3.10 PROCESS EVALUATION

3.10.1 Objectives and methods

Process evaluation is a systematic and continuous evaluation that describes how the programme has been implemented and is useful for programme implementation monitoring and continuous improvement. It is an important component for project evaluation and can inform future project planning.

Prior to project initiation, the team reviewed related data from the Census and Statistics Department, District Council and Social Welfare Department's in the year 2010 to inform the project design. CFSC was required to submit programme behaviour checklists, and programme rundowns to ensure that the programme objectives, content and behaviour indicators were appropriate. A standardized observation form was used for process evaluation. Several indicators included programme fidelity, content delivery and format, participants' involvement and feedback, facilitators and limitations were recorded by observers from CFSC and the university's research team in each programme. Publicity records were also completed by CFSC for each type of programmes to record the strategies used in subject recruitment and to indicate the type of participating residents.

3.10.2 Context

Kwun Tong district is a relatively traditional community in Hong Kong. According to the Census and Statistics Department and the District Council's data, approximately 30% of residents were aged 55 or above, with most achieving a low education level (45.3%) and a typical household income of less than HK$10,000 (34.6%). The Social Welfare Department reported a high prevalence of elderly abuse (8.2%), domestic violence (9.4%) and child abuse (9.8%) in this community. As approximately 56% of Kwun Tong residents lived in the public housing estates, two of these estates (Tsui Ping (South) Estate, the intervention estate, had seven housing blocks with about 5,000 households; and Shun Tin Estate, the control estate, had 11 blocks with about 6,800 households) were chosen for this project. Tsui Ping (South) was chosen as the intervention estate as CFSC's headquarters is close to the estate. Shun Tin was chosen as the control because its socio-demographic characteristics were similar, and the two estates are separated by busy main roads, so that contamination of intervention effects was unlikely.

3.10.3 Project reach and subject recruitment

To recruit residents in the intervention estate to participate in the project, several methods were used in different kinds of programmes.

3.10.3.1 Promotion programmes

The aim of promotion programmes was to introduce the project to residents, increase their awareness and obtain their contact information for further participation. A total of 10 promotion programmes were organized with 670 attendances and 302 residents' contact information obtained. These programmes' content was mainly group activities collaborated with EMAC/MACs. The whole process consisted of 10 resident activities cum road shows, utilized 4,000 leaflets and 80 posters, conducted several telephone calls, and introduction by residents for participant recruitment. Four staff members and 69 volunteers spent a total of 50 working hours to complete all the programmes.

3.10.3.2 Resident training programmes

To further recruit residents to participate in the resident training programmes, the community partners tried different methods to approach the residents. In addition to 384 posters, 9,600 leaflets and one banner displayed in the Tsui Ping (South) Estate, they also made about 800 telephone calls, and ran 37 road shows to attract residents. A special method of door-to-door visit was adopted to further extend their targets to reach those "passive residents" who had no experience in seeking NGO services. A total of five staff and 139 volunteers were involved in these publicity activities. A total of 980 residents participated in 24 resident training programmes including several thematic talks, camps, festival events and group activities. A total of 365 residents joined the booster programmes in the six weeks after the resident training programmes (T3) to further consolidate the intervention they had received.

3.10.3.3 Learning programmes

For the learning programmes, the community partners used the same methods as those of the promotion and resident training programmes to recruit participants. A total of 224 posters, 5,600 leaflets and one banner were used in the estate. A total of about 200 phone calls, 14 road shows and two door-to-door visits were also organized. A total of 14 learning programmes were organized with 208 residents participated.

From the self-evaluation, the community partners believed that their methods used for resident recruitment were strategic and effective. These methods also extended their target reach, although some difficulties, like not recruiting enough participants in one publicity event were encountered.

3.10.4 Dose

3.10.4.1 Dose delivery approach

The core message of this project was "Learning with your family members". Spending quality time to learn something with family members can contribute not only to knowledge development but also better communication, relationships and FAMILY 3Hs. Based on the Social Learning Theory, an individual-level behaviour can further affect others and generate a social norm as a community learning atmosphere. Enhancement of direct social contact between families even improves neighbourhood relationships and social cohesion. Therefore, the project team developed three different types of programmes: those intended to enhance personal knowledge, to encourage residents' interaction, and to develop resident leaders' leadership skills using family learning activities.

Promotion programmes: this programme aimed to generate a learning environment and increase the awareness of 3Hs among the residents using group activities and classes conducted within the housing estate. In the observers' reports, a mean score of 78.6 with a SD of 10.3 was registered in the rating score of the objectives achievement level in the programme.

Resident training programmes: this kind of programme was intended to increase residents' knowledge in 3Hs and lead to self-learning behaviours with family members. Several thematic seminars, group learning, interest classes were organized to achieve these purposes. Specially designed booster sessions in the format of farming activities were also conducted to further consolidate the learning experience. Observers reported a mean programme adherence level of 91.2% (±8.2%), and a mean score of 73.7 with a SD of 13.2 in the objectives achievement level of the programmes.

Learning programmes: to further provide opportunities for residents' practice, learning programmes were organized by the EMAC/MACs in different formats like interest classes and group activities. Observers reported a mean programme adherence level of 95.6% (±9.2%), and a mean score of 81.2 with a SD of 9.6 in the degree of objectives achieved in the programmes. To further promote an atmosphere of learning, estate-wide promotion was organized which included banners, posters and leaflets communicating the Learning Family message, and eight peer counsellors were recruited within the project period to assist the programme implementation and promotion.

3.10.5 Dose received

3.10.5.1 Observers' evaluations

Promotion programmes: Since the aim was to raise residents' awareness of the project, the activity organizers used several approaches to attract residents' attention. With activities like festive Easter egg painting, photo frame making, mobile classrooms and outdoor visit, the participants' interest and participation level were quite high. From the observers' evaluations, a mean score of 78 out of 100 with a SD of 8.4 and 13.3 in the participants' interest and level of participation were rated. These figures suggested that participants were very interested in these programmes. This high level of interest might be due to the highly interactive format, and the multiple strategies used. A mean score of 72.6 out of 100 with a SD of 10.3 and a mean score of 72 out of 100 with a SD of 13.3 were rated in the programme interactive and strategic level in the observers' reports. However, since the promotion methods for these programmes involved only some passive recruitment like posters and leaflets, only a few residents noticed the programmes before they were held and this limited the programme impact. Sometimes, the programme venue also affected the recruitment rate for the programme. Although most of the programmes were run within the estate, it seemed that most of the venues did not have many residents passing by.

Resident training programmes: The resident training programme was the main component of this project. These interventions targeted to increase residents' awareness and intention to practice self-learning behaviours and 3Hs behaviours. CFSC and EMAC/MACs initially used a seminar format for this programme, however, this format was not attractive to participants, possibility because of the long duration (two hours) and non-interactive approach. New participants were not attracted to the programme: a few individuals, mainly those who were elderly and children, were found to be repeaters. The activity organizers then tried several alternative formats such as exercise classes, festival celebration events, distributing souvenirs and thematic activities but the core messages delivery became weak and diluted. The sessions and time for introducing the booklets were also not enough and only a few residents completed and returned the booklets, limiting the programme impact. The involvement of peer counsellors can be improved in the future, by extending their role from assisting programme implementation, to act as peer groups of the residents and encourage them to practice the learning and 3Hs behaviours and to assist in programme evaluations. The booster programme was well accepted by the participants, perhaps because an interactive approach was adopted and clear messages were delivered in these programmes.

Since a large number of participants were involved in each programme, the manpower demands were high. Coordination between the activity organizers and academics can also be improved in the future. Given the low educational level of the participants, shorter and simpler questionnaires would be easier and more acceptable to them. Nevertheless, there was a high level of interest in these programmes. A mean score of 78.6 out of 100 (SD = 13.6) was achieved for programme interest level and a mean score of 79.1 (SD = 13.7) was achieved for the involvement level.

Learning programmes: The learning programmes were organized primarily by the EMAC/MACs and provided a platform for the residents to practice learning and 3Hs behaviours. These programmes included a series of classes on topics such as laughing yoga, crafts making, healthy eating and exercise classes. These innovative and interactive approaches were well accepted by the residents, and high levels of involvement were recorded. The participants' ratings resulted in a mean score of 87.2 out of 100 (SD = 9.4) for the programme interest level and a mean score of 88.0 (SD = 8.6) in the involvement level. High marks were given by the observers to programme interactive level and programme strategies usage level with a mean score of 82.0 (SD = 10.5) and a mean score of 82.4 (SD = 9.5) respectively.

However, since most of these programmes were organized during the summer vacation, and most of the residents had other arrangements in this period, recruitment of more residents was quite different. Also the time for the introduction and review of the booklets was limited during these programmes and this might affect the whole project impact.

3.10.6 Fidelity

Fidelity is an important component of a successful programme. If the adherence to programme content is low, the effectiveness of the programme is also expected to be low. From the observers' reports, all the promotion, resident training and learning programmes were adhered to well. All of them were rated with mean scores of more than 70 (out of a maximum of 100) with regard to programme quality. Programme objectives achievement level was also shown by observers' ratings with a mean score of nearly 80 especially for the learning programmes. Table 3.35 shows the details of both programme quality and programme achievement level. These findings revealed that the programmes were well planned, adherent with the proposal, and the messages were delivered to participants successfully.

Table 3.35 Programme quality and objectives achievement level

Score scale: 0-100	Promotion programmes	Resident training programmes	Learning programmes
	Mean (SD)	Mean (SD)	Mean (SD)
Programme quality	74.4 (9.4)	77.2 (10.7)	82.0 (9.3)
Programme objectives achievement	79.2 (11.9)	78.0 (11.0)	82.0 (13.3)

3.10.7 Cost and resources

The project was funded by The Hong Kong Jockey Club Charities Trust. CFSC in collaboration with HKU, with the assistance of other community partners such as the EMACs, MACs and the Housing Department, the project had adequate programme funding, manpower and other supportive resources. Two full time social workers and two programme workers were employed to implement this project. Pre-programme training and supporting assistance were provided within the whole project to better facilitate project implementation.

3.11 QUALITATIVE EVALUATION

3.11.1 Programme participants focus groups

3.11.1.1 Introduction

Focus group discussions were conducted among programme participants after the Learning Families Project to collect qualitative data. The aims of the interviews were to explore participants' experiences in the programmes, their mastery of Learning Family concepts, as well as the changes in their FAMILY 3Hs after the project. Specific objectives of the focus groups were listed below:

- To examine to what extent the programme participants could implement the concepts of Learning Family into their daily family practices
- To explore whether the programme could enhance FAMILY Health, Happiness and Harmony (3Hs)
- To explore whether the programme could improve neighbourhood cohesion
- To explore challenges encountered in applying Learning Family concepts in their families
- To explore the impact of the involvement of Estate Management Advisory Committee (EMAC) and Mutual Aid Committees (MACs) on the programme

3.11.1.2 Methods for qualitative focus groups and in-depth interviews

3.11.1.2.1 Procedures

Qualitative study methods (focus groups and in-depth interviews) were used in the project, and the methods of data collection, data analyses and quality assurance procedures are described in section 3.1.2 and 3.1.3. Two types of participant focus groups were conducted, i.e. family-based and individual-based. Family-based focus groups allowed further observation of participants' interaction with their family members in the group discussions. The individual-based focus groups consisted of those whose family members were not able to join the interview.

The focus group discussions were conducted after the completion of the intervention programmes. Participants were recruited by CFSC. A total of six focus groups were conducted from February to May 2012. The inclusion criteria for both family-based and individual-based focus groups are listed below (Table 3.36).

Table 3.36 Inclusion criteria for programme participants' focus groups

Family-based focus groups	Individual-based focus groups
• At least two representatives from each family • At least one of the members in each family had participated in the resident training programme of the Learning Families Project • Aged 12 to 80 years • Mentally healthy • Be able to speak Cantonese	• Participants had participated in the resident training programme of the Learning Families Project • Participants whose family members were unable to join the focus group • Aged 12 to 80 years • Mentally healthy • Be able to speak Cantonese

3.11.1.3 Results and discussion

3.11.1.3.1 Composition of focus groups

A total of 54 programme participants from 34 families were interviewed. The number of participants in each focus group ranged from six to 12. Details of group composition are shown in Table 3.37. Four groups were family-based and the other two were individual-based. For the resident training programmes that the participant attended, one group attended seminars, two groups participated in thematic activities, and three groups joined multiple kinds of resident training programmes.

Table 3.37 Composition of focus groups

Group ID	Group types	Resident training programme types	No. of families	No. of participants
1	Family-based	Thematic	5	10
2	Individual-based	Thematic	6	6
3	Individual-based	Multiple	7	8
4	Family-based	Multiple	6	12
5	Family-based	Seminar	5	9
6	Family-based	Multiple	5	9

3.11.1.3.2 Sample characteristics

Most focus group participants were female (63%), aged 45-64 years (44.4%), married (64.2%), born in Guang Dong Province (47.2%) and had been living in Hong Kong for seven years or more (92.6%) (Table 3.38). Most focus group participants were students or housewives (53.7%) with a relatively low education level, as 92.6% of them had completed Secondary 5 or lower. Participants generally had a low socio-economic status, about half of them had a monthly household income of less than HK$10,000 (65.1%), and received social security (51.9%).

Table 3.38 Demographic characteristics of focus group participants (N = 54)

Characteristics	No.	(%)
Gender		
Male	20	(37.0)
Female	34	(63.0)
Age		
12-24	9	(16.7)
25-44	10	(18.5)
45-64	24	(44.4)
65 or above	11	(20.4)
Length of residence in Hong Kong (year)		
< 7	4	(7.4)
≥ 7	50	(92.6)
Marital status[a]		
Never married	11	(20.8)
Married	34	(64.2)
Widowed/Divorced/Separated	8	(15.1)
Education		
Secondary 5 or below	50	(92.6)
Matriculated or above	4	(7.4)
Employment status		
Employed	11	(20.4)
Student/Housewife	29	(53.7)
Waiting job/Unemployed	3	(5.6)
Retired	11	(20.4)
Monthly household income (HK$)[b]		
≤ 9,999	28	(65.1)
10,000-19,999	12	(27.9)
≥ 20,000	3	(7.0)
Social security		
No	26	(48.1)
Comprehensive Social Security Assistance/Disability Allowance	28	(51.9)
Place of birth[a]		
Hong Kong	21	(39.6)
Guang Dong Province	25	(47.2)
Other areas	7	(13.2)

[a]: one missing value, N = 53;
[b]: Eleven missing values, N = 43

3.11.1.3.3 Results from qualitative content analysis

3.11.1.3.3.1 Programme effectiveness

This resident training programme aimed at promoting the concepts of Learning Family and encouraging participants to implement these concepts in daily family practices, hence enhancing their FAMILY 3Hs. The comments below showed that the objectives were achieved in general.

(1) Implementation of the concepts of Learning Family

A series of activities were designed to promote the concepts of Learning Family. In general, this concept emphasized that family relationship could be improved or enhanced when family members learnt something together. Despite the fact that this was a relatively new idea for the participants, some were able to grasp this concept.

> *"I think (this concept means) we (the whole family) learn something together and share among each other."* (A father, Group 4, 265A)

Some participants had another view of this concept as reflecting mutual understanding.

> *"(Learning Family means) for the same issue, I understand why she (his wife) does that, to know her reason behind her actions, and also her starting points."* (A husband, Group 1, 291A)

When asked whether they implemented the Learning Family concepts, some participants shared that they invited their family members to learn something together and the family relationships improved after that.

> *"[Do both of you learn something together? I mean whether you and your family learn a new thing together as a way to improve the family relationship.] Yes. We (the mother and her child) learnt singing. [Do you think you have a better relationship with your kid after learning singing together?] Yes, definitely."* (A mother, Group 4, 234A)

> *"[What have you done or learnt together with your family members?] I learnt origami in school and taught my mum how to do it. [During the process of doing origami, is there any change in the communication?] Yes, we learn from each other."* (A son, Group 4, 27C)

(2) Improvement in family communication, both in term of quantity and quality

Improvement in family communication was also found. The programme provided valuable opportunities for the participants to interact with their family members. They chatted and shared happy moments. They reported that they not only gained an immediate sense of happiness and togetherness during the programme activities, family communication was also enhanced after that.

> *"(I now) spend more time for communicating. He (the child) is busy with his homework. We don't have much time to chat. (Now) I spend more time in knowing more about his study. We (the father and the son) can then be happier."* (A father, Group 4, 234Z)

> *"Sometimes when I back home, I chat with him (her son). In the past, I seldom interacted with him. Now, I initiate the conversation... that means we have an improvement in communication."* (A mother, Group 2, 272A)

In addition to increase in the time for communication, the participants were also more open to sharing the happiness and sadness they encountered in daily lives.

> *"Now he (the kid) tells whenever he is happy or sad. That is, he tells me 'How I feel'. I can also share (the feeling) with him. When I was upset from work, I also shared with him (the kid) too."* (A father, Group 6, 302Z)

> *"I communicate more with her (the mother). I tell her the happy and unhappy things encountered in school."* (A son, Group 6, 34C)

The communication patterns also changed. Some participants actively sought way to enhance the quality of communication. Some parents became more aware of their parenting skills and adopted positive ways, such as praising and interaction with children. In return, the children became happier when the parents used a more encouraging and supportive way of communication.

> *"I know how to praise him (the kid) now. (Before the programme) when he got off the school bus and told me his grade in a dictation test, I said that there was no need for us to talk as he did not get full marks. Now I say to him 'Ah, it is nice, you got 90 something'. He is very happy. When I said 'it is not 100 marks' before (before participating the programme), he was very upset."* (A mother, Group 4, 135A)

> *"I praise my daughter. She is very happy for that. When I praise for her good behaviours, she becomes very enthusiastic. If I criticize her, she is not willing to do."* (A mother, Group 3, 241A)

(3) Improved family relationship with enhanced FAMILY 3Hs

From the programme activities, the participants discovered and learnt to appreciate the strengths of their family members. Realizing the importance of family relationships, they actively sought ways for further improvement.

> *"The programme activities help me realize the importance of family relationships. I want to take one step forward to improve it (the family relationship)."* (A daughter, Group 4, 123B)

> *"We (the mother and the son) had made the card earlier. It was beautiful. I can write something on the card and send it to my family. I think this idea is great as I can deliver my blessings to them (family members). He (the father receiving the card) felt we care for him when he received the card."* (A mother, Group 4, 27A)

> *"When we (the family) play and work together, we understand the strengths and weaknesses of each other."* (A father, Group 1, 291A)

The family was reported to have become more harmonious. There were fewer disputes and the participants knew how to get along with their family members.

> *"(I) get along better with the elderly in our family. (Before the programme) I was not sure how the elderly thought. (Now, after the programme) I have an idea of how the elderly and kids think. (The family is) more harmonious."* (A father, Group 4, 265A)

Actually, the concepts of FAMILY Health, Happiness and Harmony were interlocking. With a more harmonious family, the happiness level also increased. Some participants became more aware of the importance of happiness and health as well.

> *"After participating in the activity, I think that happiness and health are the most important."* (A wife, Group 1, 282A)

> *"(The family is) more harmonious. That means there are fewer arguments. (The family is also) happier."* (A father, Group 4, 265A)

(4) Improvement in neighbourhood cohesion

The programme exerted an influence on the community as neighborhood relationships improved. The participants made friends with their neighbours and joined some activities together. They had more topics to chat about. Some even showed more caring to their neighbours.

"It gives me a chance to communicate, to know the neighbours. Not only with my family members, I can also join and play together with them (the neighbours)." (A mother, Group 5, 383C)

"(I) greeted the neighbours. Sometimes, when I met other housewives, I asked 'Are you looking for work?' When I knew there was a job vacancy in the factory, I helped make the connection. She could work there if she was interested." (A mother, Group 3, 37A)

(5) Challenges encountered

The participants had tried to implement the concepts of Learning Family in their families, and most of them indicated improvement in family communication and relationships after the programme. However, they also encountered some challenges during this process.

i Busy lives

Having a busy life was a main challenge faced by the participants. They described their family members as busily occupied by either their studies or work, which hindered family communication.

"Sometimes I want to chat with her (daughter). There is no opportunity, or simply not enough time. It is because she needs to work and I don't see her back. She sometimes comes back home late." (A mother, Group 3, 229A)

ii Difficult to get other family members involved in the programme

Participants indicated that sometimes other family members were not cooperative.

"He (the husband) does not chat with me. He goes gambling. He dislikes these activities. He likes to play card games instead." (A wife, Group 3, 241A)

Some parents shared in the focus group that their children had grown up and had their own social circles, which was another barrier. The children refused to join activities together with their parents.

"When they have grown up, they do not learn together with the family." (A mother, Group 5, 383A)

3.11.1.3.3.2 Participants' perception about involvement of Estate Management Advisory Committee (EMAC) and Mutual Aid Committees (MACs) in this programme

The members of EMAC and MACs received trainings and were invited to implement the project. Their efforts in promoting the activities and assisting the logistics arrangement were appreciated.

"I know MACs have involved. They help deliver the gifts." (A wife, Group 5, 245A)

"(MACs) helped the publicity." (A mother, Group 3, 229A)

However, some participants were not clear about the roles and contributions of EMAC/MACs in this project. They recommended that EMAC/MACs should have more involvement in the publicity tasks. It was also suggested that the members of EMAC/MACs to briefly introduce their roles during programme activities.

"They (MACs) can do the publicity. Also, the information can be put on the notice board…" (A mother, Group 3, 229A)

"During the activities, they (MACs) can briefly introduce their roles and how they are involved in the programme. This can help us better understand." (A daughter, Group 4, 123B)

3.11.1.3.3.3 Participants' overall comments and recommendation for the project

This project was well received by the participants. It provided a chance for them to share happy moments with their family members and also experience diverse activities.

> *"We can explore new things. Through the activities, they (the children) understand the hard work of farming."* (A mother, Group 3, 37A)

However, some had complaints about the questionnaires, primarily about the length and repetition.

> *"The questions are asked again and again. They are repetitive."* (A mother, Group 5, 184B)

When asked about their opinions on this project, the participants commented this kind of project was worthwhile to continue. They welcomed the activities with a focus on improving family relationships. Furthermore, they recommended that activities could be tailor-made according to the needs of different age groups.

> *"You can design some games for the kids… For the elderly, gymnastic exercises or other activities are also good for them."* (A mother, Group 6, 34A)

3.11.1.4 Conclusion

The above results and discussions revealed that the resident training programmes were effective in improving and enhancing family communication and relationship. The effect of the programmes also extended to the community level, i.e. there was improvement in neighbourhood relationships. Concerning the concepts of Learning Family, some participants were able to grasp them while others had different interpretations. Several challenges and barriers for effective family communication were found. The focus groups also addressed the participants' perceptions about the involvement of EMAC/MACs in these programmes. In general, the programmes were well received by the participants.

3.11.2 Community partners focus groups

3.11.2.1 Introduction

Focus group discussions were conducted among community partners, including representatives of Estate Management Advisory Committee (EMAC), Mutual Aid Committees (MACs), staff of Christian Family Service Centre (CFSC) and peer counsellors, after the completion of Learning Families Project. The aims of the interview were to explore their experiences with the project including perceptions of challenges, personal growth and sharing of experiences with others. The specific objectives of the focus groups are listed below:

- To explore the programme effectiveness
- To explore the cooperation model among different parties, i.e. EMAC, MACs, CFSC, peer counsellors and HKU
- To examine the overall design and arrangement of the programme
- To explore the difficulties or barriers encountered

3.11.2.2 Methods

3.11.2.2.1 Procedures

After the project and recognition ceremony, the representatives of all the community partners were invited to participate in focus group discussions. There were in total five focus groups conducted from May to June 2012. The methods of data collection, data analyses and quality assurance procedures are described in section 3.1.2 and 3.1.3.

3.11.2.3 Results and discussion

3.11.2.3.1 Composition of focus groups

A total of 27 representatives of the community partners were interviewed. The number of respondents in each focus group ranged from three to eight. Details of the group composition are illustrated in Table 3.39. There were three focus group discussions conducted with EMAC or MACs, one group for staff of CFSC, and one group for peer counsellors.

Table 3.39 Composition of focus groups

Group ID	Community partners	No. of respondents
1	EMAC/MACs	6
2	EMAC/MACs	8
3	EMAC/MACs	5
4	Staff of CFSC	3
5	Peer counsellors	5

3.11.2.3.2 Sample characteristics

The focus group discussions were conducted among three different parties. The sample characteristics are shown in Table 3.40.

Table 3.40 Demographic characteristics of focus group participants

	EMAC/ MACs (N = 19)	Staff of CFSC (N = 3)	Peer Counsellors (N = 5)
Characteristics	No. (%)	No. (%)	No. (%)
Gender			
Male	8 (42.1)	0 (0.0)	1 (20.0)
Female	11 (57.9)	3 (100.0)	4 (80.0)
Age group[a]			
18-24	0 (0.0)	2 (66.7)	0 (0.0)
25-34	1 (5.6)	1 (33.3)	0 (0.0)
35-44	1 (5.6)	0 (0.0)	2 (40.0)
45-54	4 (22.2)	0 (0.0)	0 (0.0)
55-64	2 (11.1)	0 (0.0)	2 (40.0)
65 or above	10 (55.6)	0 (0.0)	1 (20.0)
Education			
Primary or below	10 (52.6)	0 (0.0)	1 (20.0)
Secondary 1-5	7 (36.8)	1 (33.3)	2 (40.0)
Matriculated or above	2 (10.5)	2 (66.7)	2 (40.0)
Employment status			
Employed	7 (36.8)	3 (100.0)	1 (20.0)
Housewife	5 (26.3)	0 (0.0)	2 (40.0)
Retired	7 (36.8)	0 (0.0)	2 (40.0)

[a]: One missing value in EMAC/MACs group, N = 18 in this group

For the groups of EMAC/MACs (N = 19), 18 respondents reported active participation in voluntary services and 14 of them (77.8%) had five years or more of experience. 12 respondents (63.2%) were members of both EMAC and MAC, and eight of them (66.7%) had joined the EMAC for five years or more. 13 respondents (68.4%) had been members of MAC for five years or more. Some had multiple roles in the project. Nine of them (47.4%) helped with programme implementation and 11 (57.9%) provided general assistance. As the project comprised a variety of activities, for example kick-off ceremony and promotion programmes, many members assisted with more than one.

In the group of CFSC staff (N = 3), all were registered social workers and had been working in social services for three years or more. They worked in CFSC for more than one year and took up multiple roles, such as planning and implementation of this project.

Of the five peer counsellors, only one was resident of Tsui Ping (South) Estate (20%). All peer counsellors had volunteer experience and three of them (60%) had five years or more experience.

3.11.2.4 Results from qualitative content analysis

3.11.2.4.1 Programme effectiveness from the perspectives of community partners

One of the project objectives was to promote the message of FAMILY 3Hs to the community. The project also aimed to enhance social networking and neighbourhood support of the community. In general, the community partners agreed that the project was effective in bringing positive changes to the estate where the interventions took place.

(1) Enhancing FAMILY 3Hs

The concept of FAMILY 3Hs was the core message of the project. The community partners generally supported and held positive views about this message.

> *"The concept of 3Hs is meaningful. It is easy to understand."* (A CFSC staff, Group 4, 1)

> *"The concept of 3Hs is extremely good. Everyone wishes… everyone wants to have them (3Hs)."* (A peer counsellor, Group 5, 5)

Programme participants grasped the message of 3Hs easily, with increased awareness of its importance.

> *"I think the participants can tell what 3Hs are (after the programme)."* (A CFSC staff, Group 4, 1)

> *"The feedback (from the participants) showed that they learnt something. It turned out that (they) were more aware of health issues… they (the participants) were more concerned about taking care of their health."* (A CFSC staff, Group 4, 2)

(2) Enhancing social networking and neighbourhood cohesion of the community

Enhancing social networking and neighbourhood cohesion was one of the objectives of this project. Most community partners agreed that the project had a positive impact on the community and there were noticeable changes in neighbourhood relationships. As shown in the following quotes, the residents expanded their social network with more interaction and communication with their neighbours.

> *"The change is great. At least, those elderly, who usually sit and rest downstairs in the morning or at night, greet you now."* (A member of MAC, Group 1, GA16)

> *"They (the participants) get to know more neighbours after joining the activities."* (A CFSC staff, Group 4, 1)

3.11.2.4.2 Roles of community partners

Each party played an important role and contributed a great deal to this project. The EMAC/MACs provided significant assistance to the activities, such as promoting and recruiting participants, running game booths, explaining the questionnaires to the residents.

> *"This is because we know some residents (of the estate). We can promote the activity on each floor."* (A member of MAC, Group 1, GA17)

> *"We (the MACs) helped with the game booth downstairs."* (A member of MAC, Group 2, GB12)

> *"I chat with the residents. And, I explain to them (the residents) there is no consequence for not filling in the questionnaire. I do the explanation."* (A member of MAC, Group 1, GA17)

Also, the peer counsellors actively helped promote the concept of 3Hs.

> *"We assisted the elderly to complete the homework (sticking the stars) in order to deliver the message of 3Hs."* (A peer counsellor, Group 5, 5)

3.11.2.4.3 Cooperation among EMAC/MACs members, CFSC staff, peer counsellors and HKU

The working relationships between different parties were generally satisfactory although they sometimes held different opinions on implementation of programme activities. In order to facilitate cooperation, it is important to maintain effective communication among the parties.

> *"They (the staff of CFSC) are very good. If not, we (members of MAC) will not help implement the programme."* (A member of MAC, Group 3, GC01)

> *"If they (the peer counsellors) had not been involved (in the activities), I think (the activities) would not have been successful."* (A member of MAC, Group 2, GB09)

> *"(CFSC) recruited us (peer counsellors), of course we have communication with them."* (A peer counsellor, Group 5, 5)

CFSC had a closer partnership with HKU and the working relationship was highly satisfactory. It was suggested that more discussions and knowledge transfer would have been helpful to better implement the project, especially the research component.

> *"When we first got to know about this project, we did not have much knowledge about research. We now should have more exchange on research and knowledge (to facilitate the project implementation)."* (A CFSC staff, Group 4, 2)

3.11.2.4.4 Challenges and barriers encountered

The community partners were also invited to share the challenges encountered during the implementation of the project. In general, they identified the questionnaires as a concern. Moreover, it was difficult to motivate many residents to participate in the activities. The partnership and communication among different parties could be further improved.

(1) Issue of questionnaire

The community partners indicated that quite a number of the residents were not willing to complete the questionnaires as they were lengthy and repetitive. Some residents, particularly the elderly, had difficulty in understanding the questions. A CFSC staff member further commented that several questionnaire items might not be suitable for a certain group of residents, such as the solitary elderly.

> *"The questionnaire has many pages. Similar questions were asked again and again. It is repetitive."* (A member of MAC, Group 1, GA16)

> *"From my observation, some people did not understand the questions and pick the answers not seriously."* (A member of MAC, Group 3, GC08)

> *"Some questions cannot be answered. For example, those who live alone, they do not know how to answer as the questions are asking about issues with family members. Does it mean that they (people who live alone) don't need to answer?"* (A CFSC staff, Group 4, 2)

Some also noted that the questionnaire was not just a barrier. It could serve a positive function – as a reminder for the participants.

> *"There are several parts (of the questionnaire) which facilitate the self reflection of the participants."* (A member of MAC, Group 3, GC08)

> *"The questionnaire… they (the participants) may think about it (the issue) when being asked. For example, (there is a question asking) how much time you spend in communicating with family members. They will then start reviewing their communication with family members."* (A CFSC staff, Group 4, 2)

(2) Difficult to motivate the residents to participate

The community partners expressed that some residents were inactive and not motivated to join any activities of the programme. In particular, men were hard to motivate.

> *"They (the residents) do not involve. Even when there were incentives (gifts), they were not active (in joining the activity)."* (A member of MAC, Group 2, GB09)

> *"It is really difficult to motivate the men (to join the activity). The men in this estate… may be it is a cultural issue. If they had a higher educational level, they may have been more involved… Even we live in the same block, I cannot motivate them."* (A member of MAC, Group 1, GA17)

3.11.2.4.5 Suggestions on future project implementation

All community partners agreed on the project objectives and its worthiness for further development. Several suggestions were made for future implementation.

(1) Allocation of resources

In general, the programme participants could benefit from the project. In order to serve more residents, the community partners addressed the need of an increase of resources.

> *"It (the project) is good… but too few residents can be benefited from (joining the programme) it."* (A member of MAC, Group 3, GC07)

> *"More resources should be put in this programme."* (A member of MAC, Group 5, GC01)

(2) More effective communication and partnership would be better

Since this project involved different parties, sometimes it was difficult to deliver information precisely and efficiently among different parties. As a result, there were some misunderstandings that hindered cooperation. In addition, the representatives might have held different views on implementing the activities which could cause some disagreements among them.

"The MACs only gathered together in the kick-off ceremony. After that, we did our parts separately." (A member of MAC, Group 3, GC01)

The representatives suggested that the project information could be delivered earlier in order to facilitate cooperation.

"I, personally, think we (the peer counsellors) should have been informed about the details of the programme earlier. This is because, sometimes, I did not know what would come next." (A peer counsellor, Group 5, 5)

(3) Involvement and cooperation of local community parties

Different parties were invited to participate in this project. As a way to facilitate the implementation of this kind of community-based project, extending the involvement to different community stakeholders, such as District Council members, was recommended.

"When talking about the feasibility (of this project)... it would be great if the MACs could help more with promotion, because this centre (CFSC) has limited resources, including staff. The MACs should make a large impact (on the project)." (A peer counsellor, Group 5, 5)

"That would be great if you could cooperate directly with the District Council members. Now, they work very hard." (A peer counsellor, Group 5, 5)

3.11.2.5 Conclusion

The above discussions revealed that the project was effective from the perspectives of different community partners. The interviewees agreed that the programmes could enhance social networking and neighbourhood cohesion in the community. The involvement of different parties in programme planning and initiation was new and attractive to them. In general, the community partners welcomed the programmes. However, as the project involved several parties with different backgrounds, more engagement works were suggested to let the partners understand their roles and contributions to the project. With effective communication, different parties could maintain a satisfactory working relationship among each other, avoid unnecessary conflict and better implement the programmes.

3.11.3 In-depth interview with community stakeholders

3.11.3.1 Introduction

Individual in-depth interviews were conducted with community stakeholders of Kwun Tong district to seek comments and suggestions on the project. The specific objectives for the interviews are listed below:

- To collect opinions and comments on the overall project
- To explore potential community resources and support

3.11.3.2 Methods

3.11.3.2.1 Procedures

Different community stakeholders (N = 5) were selected and invited for in-depth interviews from June to August 2012. The methods of data collection, data analyses and quality assurance procedures are described in section 3.1.2 and 3.1.3.

3.11.3.3 Results and discussion

3.11.3.3.1 Sample characteristics

A total of five community stakeholders were interviewed. The units they were working are shown in Table 3.41.

Table 3.41 Working units of community stakeholders

Working units
Social Welfare Department
Kwun Tong District Council (Tsui Ping (South) Estate)
Housing Department
Housing Department & EMAC
CFSC

Table 3.42 shows the demographic characteristics of the community stakeholders. 60% of the stakeholders were male and aged 45-54 years. All had at least matriculation education level. The majority (80%) had more than 10 years of working experiences in their organizations.

Table 3.42 Demographic characteristics of community stakeholders (N = 5)

Characteristics	No.	(%)
Gender		
Male	3	(60)
Female	2	(40)
Age		
45-54	3	(60)
55-64	2	(40)
Education		
Matriculated or above	5	(100)
Year of service		
≤ 10 years	1	(20)
> 10 years	4	(80)
Participation in Learning Families Project		
Yes	5	(100)

3.11.3.3.2 Results from qualitative content analysis

3.11.3.3.2.1 Learning Families Project was appreciated by the community stakeholders

The aims of the Learning Families Project were to promote the concept of FAMILY 3Hs, and also to enhance neighbourhood cohesion in the community. This project was characterized by involvement of several community parties, for example EMAC, MACs and peer counsellors, and a design and implementation of a series of family-based programmes with comprehensive evaluation. Most interviewees had an overall positive impression and feedback about the project.

> *"The project was great. I support the rationale of this project."* (C2)

> *"Not only the theme (of the project), I also appreciate the study protocol."* (C1)

(1) Study objectives and design were supported

Most interviewees agreed on the project objectives and supported the concept of enhancing 3Hs through family learning.

> *"One core element (of this project) is the learning component. Inclusion of this element (learning component) is necessary."*(C1)

> *"Therefore (the concept of) 3Hs and Learning Family are meaningful and worthy messages."* (C5)

The study design, which included a series of programmes emphasizing sustainability, was highly appreciated. The interviewees pointed out that the project participants could grasp the core concepts by directly participating in a series of activities.

> *"Basically, the study design is good because it intervenes at different levels. The direction is correct."* (C2)

> *"The study design was okay. The message (FAMILY Health, Happiness and Harmony) was delivered and different activities were organized. Through their participation in these activities, the participants could strengthen their understanding of the message. The project objectives should have been achieved. "* (C3)

(2) A good start to involve different community parties in the project

In order to build and utilize social capacity, several community parties were involved in this project. This arrangement was supported by the interviewees.

> *"The involvement of EMAC and community leaders (in this project) is in concordance with community development. It is on the right track."* (C1)

> *"(The project) involves EMAC for programme implementation. It is good to include EMAC."* (C3)

The organizations which several interviewees were working had also involved in this project, and formed partnerships with other parties. The working relationships between different parties were satisfactory, or even enhanced.

> *"The partnership between CFSC and MACs is very good. As I observed, they (MACs) can form good relationships with Ms. Fok (staff of CFSC)."* (C4)

> *"We (Housing Department and CFSC) have even more contacts (for this project). Just like this interview (in-depth interview with community stakeholder), I have several telephone contacts with Ms. Pang (staff of CFSC) beforehand."* (C3)

(3) An evidence-based research method was used in this project

The interviewees were also invited to comment on the evidence-based research approach adopted in this project. Most agreed on the effectiveness and usefulness of this research approach in tracking changes in participants before and after the programmes.

> *"(Using this research design), you know how the situation was before launching of the project. When the project has been completed, I can notice whether there is any improvement. This research method (conducting pre-, post- questionnaires) is good."* (C4)

> *"By this evaluation method, i.e. quantitative data and face to face interviews, you can understand the effectiveness of the project. Of course, you can still collect the required information from the questionnaires. You can further gather other useful information from the interviews."* (C3)

One interviewee pointed out evidence-based research method had room for development in the community social service sector, and suggested to maintain a close linkage between research and social service.

> *"There is room for development for the evidence-based work in community service sector. Some NGOs hold conservative views in cooperating with academic institutes. Therefore, this kind of evidence-based model must work closely with the community services. The two should go together for mutual benefits."* (C1)

Although the use of evidence-based research method in community services was supported, some interviewees also shared the difficulties, mainly related to administration of questionnaires, encountered during the process.

> *"Asking people to complete the questionnaire is difficult. Those who have completed the questionnaires in the first phase may not be available for filling in the second phase of the questionnaires. This may cause some errors in the result. This is one slight disadvantage."* (C4)

> *"The residents or participants do not realize they need to fill in the questionnaires."* (C2)

3.11.3.3.2.2 Results dissemination to influence district policy

An evidence-based method is important in evaluating the effectiveness of the project. Research findings would be crucial in influencing future development and implementation of district policies.

> *"You discover something from research. You can't voice out your opinion if your point is not supported by research findings."* (C2)

Interviewees recommended that the research findings be disseminated to relevant parties, such as councillors and District Councillors, in order to have an impact on policy making.

> *"I think... you need to disseminate the research findings to councillors, District Councillors or even community leaders. You need to deliver a message 'It is good to implement this project in the community', hoping that the Government can provide some resources and funding."* (C4)

The interviewees also welcomed the idea of presenting the results in their own organizations and also related parties.

> *"Our department (Housing Department) sends a newsletter to the estate residents regularly. You can prepare a short summary of the research findings and we can put it in the newsletter."* (C3)

"Our Family and Child Welfare in the district welcome your results dissemination. Actually, we have five… six IFSC (Integrated Family Service Centres) which can serve as platforms to share the knowledge and results. We are glad to take reference of your research findings (in our future planning)." (C1)

Schools or institutes were also suggested as potential targets for results dissemination.

"The school principals are nice. You can send a brief summary to the schools. The schools may be able to disseminate the results in their morning assemblies or some other occasions, and to bring out the message to more students." (C3)

3.11.3.3.2.3 Future prospects

The interviewees all agreed with the objectives of the project and commented that it was worth continuing. In order to better implement similar projects in the future, several suggestions were made.

(1) Suggestions on study design

As ways to improve the project, the interviewees suggested that some adjustments could be made in the activities of the learning programmes. Moreover, further development of the leaders' train-the-trainer component was also recommended.

"Some participants learn faster (in learning programmes), while others need more time. Also, you need to see what you want them to learn, and the content of learning activities has an impact on their (the participants') learning progress." (C4)

"The project includes an element – (leaders') train-the-trainer. This element can be extended a little bit more. Accreditation can be added to it. It (leaders' train-the-trainer) can be extended by a so-called coach organization." (C1)

(2) More resources and enhanced social networking

Many interviewees hoped the project could be continued; however limited resources and budgets were their concerns.

"[Do you think this project is worth continuing?] Yes… I hope there are continuous support and resources." (C5)

"I think the first requirement (for continuing the project) is experienced staff. The second concern is the funding provided to the agencies." (C4)

In order to tackle this issue, many interviewees mentioned a possibility of expanding partnerships with other organizations. As suggested, the Social Welfare Department, CFSC and some charity organizations were potential partners as they had greater resources.

"The Social Welfare Department has staff with different expertise. It can also provide financial sponsorship. Moreover, other organizations can also be sponsors." (C4)

"I think some charity organizations can provide sponsorship of funding." (C4)

(3) Further publicity and recruitment

Passive publicity strategies such as posters and leaflets were used for publicising the project. In order to enhance the participation level of the residents, more active publicity and recruitment strategies could be used. The involvement of community leaders and District Councillors was suggested as they were influential within the community and could actively invite more residents to join the activities.

> *"If publicity work is to be done, we can involve District Councillors or even the MAC members."* (C3)

> *"You depend on the residents to come to you. They sometimes are shy and do not know what it is about. You should actively pull them in, invite them (the residents) to join the activities."* (C2)

Many programme participants were housewives and retirees. In order to have a more diverse group of participants, many interviewees suggested partnership with schools within the community.

> *"There are many schools in this district. We (Housing Department) have some joint activities with the schools. You can try to target the schools because many students are children of residents of this district..."* (C3)

3.11.3.4 Conclusion

The Learning Families Project was well received by the community stakeholders as well. The project's objectives which aimed to enhance FAMILY 3Hs and promote neighbourhood cohesion were well supported. The study design, which incorporated cooperation among several community parties with evidence-based research, was innovative. In order to have an impact on district policy, it was considered essential to disseminate the results and relevant information to the community. Different potential target audiences to whom the results might be shared were proposed, like schools, District Councils and social welfare units in each district.

It was recommended that project publicity should be enhanced and to cover targets such as schools. Moreover, collaborations should also include various social service agencies to attract resources and share skills that may not be readily available in some agencies.

CHAPTER 4

PROJECT DISCUSSION AND CONCLUSION

4.1 OVERALL PROJECT DISCUSSION AND CONCLUSION

The Learning Families Project was a collaboration between academic researchers, social workers and public housing management committees and leaders to promote FAMILY 3Hs, social support and neighbourhood coherence. By adopting a Community-Based Participatory Research approach, the project showed effective partnership in engaging community stakeholders in promoting family learning among residents living in the public housing estate.

The project started by assessing community needs in promoting FAMILY 3Hs among housing management committees and leaders. Based on these results, a theoretical underlying concept of "Learning with family" was identified to achieve the project aims. Housing management committees and leaders were empowered in conducting CBPR project for FAMILY 3Hs through leaders' train-the-trainer programme. Immediate evaluations showed positive changes on knowledge, attitude and motivation in promoting FAMILY 3Hs, and some beneficial effects on self-efficacy were also observed. After the leaders' train-the-trainer programme, a series of interventions including resident training and learning programmes were developed and various methods were used to publicise and recruit estate residents to participate in these programmes. Various promotion programmes were organized to attract participation. Findings from evaluations revealed that majority of the activities were well received by the participants, and were effective in communicating the key concepts and enhancing intention to participate in the Learning Families Project.

Resident training and learning programmes were organized to equip participants with the knowledge and skills to learn with family members in promoting FAMILY 3Hs. These programmes were generally well received by the participants. Immediate and 6-week beneficial effects were observed as a result of the resident training programmes on knowledge and attitude towards FAMILY 3Hs, family relationship and communication, and behaviours indicators for improving FAMILY 3Hs. Most participants in the learning programmes also agreed that the interventions were useful for improving FAMILY 3Hs.

Repeated cross-sectional analysis showed that levels of social support and neighbourhood cohesion were significantly improved in the intervention group (Tsui Ping (South) Estate) while changes in control group (Shun Tin Estate) had either decreased or remained stable. Further subgroup analyses by different levels of participation showed that residents who adopted the concept (Learn with family) had significant improvements in family communication, family happiness and physical health, individual physical health, social support, life satisfaction and family resilience. These findings suggested that the project had produced the desired effects on FAMILY 3Hs, social support and neighbourhood cohesion among residents in lower socio-economic status. However, the results of the matched cohort showed that, with small effect size, individual changes were not significant but in the same directions. As only 43% of residents were successfully followed, the results between the two methods were not directly comparable, and the smaller sample size of the matched analysis might lack statistical power to show significant difference. Nevertheless, findings from qualitative focus groups among residents and EMAC/MACs support the beneficial effects of the interventions on family communication, FAMILY 3Hs and neighbourhood cohesion. The project was welcomed by community stakeholders who indicated an appreciation of the values for the investigational process, collaboration mode, intervention methods and the potential impacts on district policy related to family well-being.

4.2 STRENGTHS AND LIMITATIONS

The Learning Families Project was one of the few large projects focusing on families in Hong Kong. The successful collaboration between academic researchers, social workers and housing management committees established a new mode for promoting FAMILY 3Hs, which is worthwhile for further exploration and development. Compared with other projects, this project recruited a significant proportion of "hard to reach" population including male participants, people with lower education attainment and new immigrants. Indeed, these groups of participants are those who rarely utilized social services and should be potential service targets of NGOs. The 24 need-based and theory-driven interventions achieved small effects on promoting FAMILY 3Hs, social support and neighbourhood cohesion. The adoption of a quasi-experimental sample design in evaluating the effects of such CBPR project provided more rigorous results than conventional pre-post test method with no controls in many community interventions.

This project had several limitations. First, the resident training and learning programmes were developed by the community partners but it is uncertain to what extent and in what aspects these interventions were evidence-based, as evidence from previous studies was scarce. The interventions were not intensive which probably could only lead to the small beneficial effects observed in the unmatched samples and non-significant results in the matched samples despite the satisfactory fidelity of programmes delivery. Second, the attrition rate at follow-up reduced the statistical power for analysis using the matched samples. Third, the project used various methods to recruit the subjects including door-to-door visits and many publicity activities. The representativeness of these samples of the two public housing estates was uncertain. The findings from subgroup analyses by different levels of participation (used the suggestions, used the booklet or learnt with families) might be subject to self-selection bias, in which participants who were more motivated and ready to change were more likely to participate in these interventions.

4.3 PROJECT IMPLICATIONS AND SUGGESTIONS FOR FUTURE PLANNING

The Learning Families Project has shown the feasibility of conducting a CBPR project in collaboration with community stakeholders to promote FAMILY 3Hs among families. Close collaboration among all parties is an important factor determining the success of a CBPR project. Future projects should seek better strategies to build mutual trust and consensus with each other and evaluate engagement and capacity building in community partners. The positive results support the potential use of similar approaches in the future with evidence-based interventions, rigorous research design and evaluation, representative samples and lower attrition rates. Future projects should also investigate how to integrate the project methods into NGOs and housing management practice, and influence district and government policy on family welfare and services.

ACKNOWLEDGEMENTS

The project team would like to thank The Hong Kong Jockey Club Charities Trust for funding this project. Thanks to the Christian Family Service Centre for organizing this project. Our sincere thanks must also go to both the members of the Estate Management Advisory Committees (EMACs) and Mutual Aid Committees (MACs) in Tsui Ping (South) Estate and Shun Tin Estate for their strong support. We also thank the Housing Department, Kwun Tong District Social Welfare Office of Social Welfare Department, Synergis Management Services Limited and Office of Kwun Tong District Councillor Fung Mei Wan for their great support for the whole project implementation. Special thanks to Dr. Catalina Ng, Dr. David Wong and many student helpers for their hard work throughout the whole project. Last but not the least, we thank all the families who have participated in the project.

REFERENCES

[1] Social indicators on district welfare needs. Social Welfare Department, HKSAR, 2010. *http://www.swd.gov.hk/en/index/site_district/page_kwuntong/sub_districtpr/*

[2] Israel BA, Schulz AJ, Parker EA, *et al*. Review of community-based research: assessing partnership approaches to improve public health. *Annu Rev Public Health*, 1998; 19:173-202.

[3] Aguirre-Molina M, Gorman DM. Community based approaches for the prevention of alcohol, tobacco, and other drug use. *Annu Rev Public Health*, 1996; 17:337-58.

[4] Kauper-Brown J, Seifer SD, Hartwig K, *et al*. Community-Based Participatory Research curriculum. *http://www.cbprcurriculum.info/* (Accessed December 1, 2011).

[5] Viswanathan M, Ammerman A, Eng E, *et al*. Community-Based Participatory Research: Assessing the evidence. *Evid Rep Technol Assess*, No. 99. US, 2004.

[6] Minkler M & Wallerstein N. *Introduction to Community-Based Participatory Research*. In Minkler M. and Wallerstein N. (Eds.), Community-Based Participatory Research for health, 2003. pp. 3-26. San Francisco CA: Jossey-Bass.

[7] Israel B, Schulz A, Parker E, *et al. Critical issues in developing and following Community-Based Participatory principles*. In Minkler M. and Wallerstein N. (Eds.), Community-Based Participatory Research for health, 2003. pp. 53-76. San Francisco CA: Jossey-Bass.

[8] Shalowitz MU, Isacco A, Barquin N, *et al*. Community-Based Participatory Research: a review of the literature with strategies for community engagement. *J Dev Behav Pediat*, 2009; 30(4):350-61.

[9] Faridi Z, Grunbaum JA, Gray BS, *et al*. Community-Based Participatory Research: necessary next steps. *Prev Chronic Dis*, 2007; 4: A70.

[10] Viswanathan M, Ammerman A, Eng E, *et al*. Community-Based Participatory Research: assessing the evidence. *Evid Rep Technol Assess (Summ)*, 2004 Aug; (99):1-8.

[11] Israel BA, Schurman SJ & House JS. Action research on occupational stress: involving workers as researchers. *Int J Health Serv*. 1989; 19(1):135-55.

[12] Hugentobler MK, Israel BA & Schurman SJ. An action research approach to workplace health: Integrating methods. *Health Educat Q*. 1992; 19(1):55-76.

[13] Heaney CA, Israel BA, Schurman SJ, *et al*. Industrial relations, worksite stress reduction, and employee well-being: A participatory action research investigation. *J Org Behav*, 1993; 14(5):495-510.

[14] Oetzel JG, Ting-Toomey S & Rinderle S. *Conflict communication in contexts: A social ecological perspective*. The SAGE handbook of conflict communication, 2006.

[15] Stretcher V & Rosenstock IM, *The Health Belief Model*. In Glanz K., Lewis FM & Rimer BK, (Eds). Health behavior and health education theory: Research and practice. San Francisco: Jossey-Bass.1997.

NOTE

NOTE

Author:	School of Public Health, The University of Hong Kong
Publisher:	The Hong Kong Jockey Club
Partnering organization:	Christian Family Service Centre
Copyright:	School of Public Health, The University of Hong Kong Address: 5/F, William M.W. Mong Block, Faculty of Medicine Building, 21 Sassoon Road, Pok Fu Lam, Hong Kong Tel: (852) 3917 9280 Fax: (852) 2855 9528 E-mail: jcfamily@hkucc.hku.hk / hkusph@hku.hk Website: http://sph.hku.hk
Funder:	The Hong Kong Jockey Club Charities Trust
Publication date:	August 2014
Number of copies in the first edition:	1,200
ISBN:	978-988-12931-5-2

"EVALUATION ON LEARNING FAMILIES PROJECT" ASSESSMENT QUESTIONNAIRE

You are cordially invited to sparse around 5-8 minutes to complete the "Evaluation on Learning Families 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.

基督教家庭服務中心
Christian Family Service Centre

SCHOOL OF PUBLIC HEALTH
THE UNIVERSITY OF HONG KONG
香港大學公共衞生學院

捐助機構
Funded by:
香港賽馬會慈善信託基金
The Hong Kong Jockey Club Charities Trust

No Postage Stamp is needed

Freepost Service
Hongkong Post Freepost No.16

Family Project
5/F, William M.W. Mong Block,
21 Sassoon Road, Pok Fu Lam, Hong Kong

"EVALUATION ON LEARNING FAMILIES PROJECT" ASSESSMENT QUESTIONNAIRE

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

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

1. Where did you get this "Evaluation on Learning Families 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 Learning Families 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 Learning Families 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 Learning Families 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 Learning Families 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 Learning Families 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 Learning Families 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 Learning Families 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 Learning Families Project", what is your biggest acquisition? Do you have any other opinions?

   _____

   _____

10. Will you recommend this "Evaluation on Learning Families 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: _____

CONTACT INFORMATION

Address: 5/F, William M.W. Mong Block, Faculty of Medicine Building,
21 Sassoon Road, Pok Fu Lam, Hong Kong
Tel: (852) 3917 6824 / 3917 6702
Fax: (852) 2855 9528
E-mail: jcfamily@hkucc.hku.hk
Website: http://www.family.org.hk

ISBN 978-988-12931-5-2