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

Family 愛+人
健康康康 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 Boosting Positive Energy Programme

愛+人・家添正能量

捐助機構
Funded by:

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

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

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Project Title:
Boosting Positive Energy Programme

Funder:
The Hong Kong Jockey Club Charities Trust

Organizers:
International Social Service Hong Kong Branch in collaboration with School of Public Health of The University of Hong Kong

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PREFACE (1)

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

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

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

The "Boosting Positive Energy Programme" was successfully implemented in Sham Shui Po, Kwun Tong, Northern District, Yuen Long and Hong Kong East in 2013 in collaboration with the International Social Service Hong Kong Branch and the School of Public Health of The University of Hong Kong. The project aimed to strengthen resilience of new arrivals and their ability to access to community resources. Through this report, we hope to demonstrate that simple interventions can be effective in promoting positive thinking and a hopeful attitude, thereby enhancing resilience.

On behalf the Club, I would like to thank the International Social Service Hong Kong Branch for the 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)

Life is a journey full of challenges. Life for Chinese new arrivals faced daily with adjustment, social and emotional problems is particularly trying. Enhancing resilience and reducing adaptation difficulties in new arrivals facilitate their integration and help them become productive members in society.

The Hong Kong branch of International Social Service (ISS) is committed to service and community investment that lead to improved lives, healthier families and better communities. We fully support the initiative of The Hong Kong Jockey Club Charities Trust to promote FAMILY Health, Happiness and Harmony (3Hs) through the campaign entitled "FAMILY: A Jockey Club Initiative for a Harmonious Society".

We are honoured to partner with the School of Public Health of The University of Hong Kong in implementing the Boosting Positive Energy Programme (one of the projects of The Hong Kong Jockey Club's family campaign) to enhance resilience, increase positive energy levels, and promote 3Hs among new arrivals through resilience intervention and a thorough examination of its effectiveness.

The collaboration which combined the strengths of both parties – the service experiences of ISS Hong Kong and the research capabilities of the University – proved to be successful. A resilience model demonstrated as effective in new arrivals has been developed and introduced to practitioners for better service provision.

We commend The Hong Kong Jockey Club Charities Trust and the School of Public Health of The University of Hong Kong for their countless acts of help, support and encouragement. We are grateful for the various new arrivals participated in the Programme who kindly shared with us their stories of hopes, struggles and courage.

May positive energy radiate in abundance from families and the communities.

Mr. Stephen YAU
Chief Executive
International Social Service Hong Kong Branch

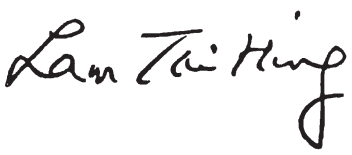
PREFACE (3)

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.

Boosting Positive Energy Programme, in partnership with the International Social Service Hong Kong Branch, is one of the major intervention projects under the FAMILY Project. By adopting the Community-based Participatory Research (CBPR) model, the Boosting Positive Energy Programme used the public health approach for project planning, implementation and evaluation on one hand, and gathered the power of social welfare organization to benefit the families through the best social work practice on the other hand. The project is thus regarded as a ground-breaking initiative in Hong Kong which integrates "Best Science" and "Best Practice" to generate the "Best Evidence".

The Boosting Positive Energy Programme has been completed with a great success. I wish that through this report, the findings and experiences can be shared with the community partners and other stakeholders, and the message of resilience can be spread across the territory, which will result in better family relationship and FAMILY 3Hs.



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

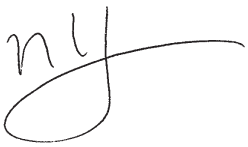
PREFACE (4)

Resilience has been widely reported as a protective factor for effective adaptation of new immigrants in international literature, and developing resilience interventions is promising for mental health promotion of new immigrants. However, there are few intervention models available to be readily applied to our target population of new immigrants from Mainland China, a high-risk group with low income and little experience of using social services. Together with social workers in the International Social Service Hong Kong Branch, we designed brief resilience interventions tailored for new immigrants.

During the 25 months of project implementation, over 400 participants developed a strong bond with us and continuously provided positive feedback about our interventions. To scientifically evaluate the effectiveness of our resilience interventions, we used the randomized controlled trial to examine the enhancement in resilience and adaptation following the interventions.

This programme demonstrates a successful model of community-based participatory approach. The researchers and social workers have been working closely to develop and implement this intervention study in the community. In addition, the evidence-based and evidence-generating approach has guided our programme, and our results will inform future psychological research and social services.

We compiled our experience and findings in this report. It would be delightful if the resilience framework will complement your work to serve immigrants or other people who encounter adversities.



Dr. Nancy YU Xiaonan
Assistant Professor
Department of Applied Social Studies
City 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

This evaluation report summarizes the results of the Boosting Positive Energy Programme. This project was jointly developed and implemented by the International Social Service Hong Kong Branch (ISS-HK) and the School of Public Health of The University of Hong Kong (HKU). This study was conducted directly in the community setting, using a rigorous randomized controlled trial (RCT) design.

DESCRIPTION

The Boosting Positive Energy Programme, organized from June 2011 to June 2013 (with data collection until July 2013), used an evidence-based approach and a 3-arm RCT design. Through structured group activities including sharing, discussion, playing games, watching videos, and volunteering facilitated by social workers, this innovative project aimed to promote resilience and to increase FAMILY Health, Happiness and Harmony (3Hs) among new arrivals in Hong Kong. Intervention groups were conducted in two phases.

To examine the changes of outcomes from the intervention, participants completed assessment tools at the beginning of the intervention (T1), immediately after the intervention (T2), one month post-intervention (T3), three months post-intervention (T4), and six months post-intervention (T5). The results showed high acceptability and feasibility for the implementation of the programme in the community.

PHASE I

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

PHASE II

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

CONCLUSION

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

CHAPTER 1

INTRODUCTION

1.1 BACKGROUND

International evidence shows that immigrants are vulnerable for mental health disorders, social exclusion, and domestic violence (Claassen, Ascoli, Berhe, & Priebe, 2005; Dalgard & Thapa, 2007; Lee & Hadeed, 2009). Parents who have migrated from Mainland China to Hong Kong report various difficulties such as poor employment, life stress, marital problems, partner violence, parenting stress, and children behavioral problems (Leung, Leung, & Chan, 2007; Ngo, 1994; Tsui, Chan, So, & Kam, 2006). Therefore, new arrivals from Mainland China are in urgent need of psychosocial support services to improve family harmony and to prevent family conflicts.

Resilience refers to effective coping and adaptation when one experiences loss, hardship, or adversity (Tugade & Fredrickson, 2004). Resilience characteristics include positive thinking, gratitude, perceived control, sense of purpose, and self-competence, etc. (Tugade & Fredrickson, 2004; Wood, Froh, & Geraghty, 2010). Resilient people report more positive emotions, quicker recovery (Ong, Bergeman, Bisconti, & Wallace, 2006), and less psychological distress in response to major stressors (Yu et al., 2009).

A resilience study among immigrants has demonstrated that resilience characteristics reduce the risk of being depressed by about one half (Aroian & Norris, 2000). Another study has shown that self-esteem and optimism, which are components of resilience, are associated with positive adaptation for both immigrant mothers and daughters in the face of psychological loss and relocation difficulties (Lee, Brown, Mitchell, & Schiraldi, 2008). High level of resilience is associated with psychological well-being of immigrants even after controlling for health service utilization and life satisfaction (Christopher, 2000).

Cost-effective interventions using the resilience framework have been designed and tested (Luthar, Cicchetti, & Becker, 2000). To our knowledge, only two studies used randomized controlled trial (RCT) to test the effectiveness of resilience intervention programmes in nonclinical samples (Dolbier, Jaggars, & Steinhardt, 2009; Steinhardt & Dolbier, 2008). These intervention programmes were shown effective to increase resilience, effective coping, and stress-related growth in college students. However, few studies have investigated the effectiveness of resilience interventions among immigrants, and no RCT has been conducted. Evidence from RCTs would fill the knowledge gap of psychosocial support services for new arrivals, in Hong Kong and elsewhere.

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

1.2 OBJECTIVES

This study had three objectives:

- To examine the effectiveness of a resilience intervention in improving resilient characteristics among new arrivals;
- To examine the effectiveness of an information intervention in improving knowledge about education, medical care, employment and housing system in Hong Kong among new arrivals; and
- To examine the effectiveness of an enhanced intervention which combined resilience components and information provision to improve resilient characteristics and various knowledge (e.g., education, medical care) among new arrivals.

CHAPTER 2

NEEDS ASSESSMENT AND TRIAL GROUPS

2.1 RESULTS OF NEEDS ASSESSMENT OF NEW ARRIVALS

For a better understanding of resilience of new arrivals and their needs for psychosocial support services, focus groups and in-depth interviews were conducted among new arrival parents and children, social workers and community stakeholders (e.g., governmental officials, church leaders, school principals, teachers, employment training managers, and nurses). In September 2010, a total of 51 participants joined the seven focus groups and three in-depth interviews. Their opinions on personal characteristics that would promote effective adaptation were consistent with the resilience framework, which includes acceptance of reality and contentment, emotional regulation, self-confidence, hope, positive thinking, finding one's strengths, focusing on positive experiences, and having social networks. The family characteristics that would promote successful adaptation involve family harmony (e.g., sharing, support and encouragement among core members), good relationship with mother/father-in-law, and support from other relatives. In addition, new arrivals reported low levels of knowledge about various systems (e.g., education, medical care, employment and housing) in Hong Kong, as well as accessible resources and existing networks they could use in the new community. Participants also confirmed that our proposed programme (e.g., target population, venue, schedule, language, group format, research design, recruitment and content) for new arrivals was feasible to be conducted in the community.

2.2 PILOT STUDY RESULTS OF TRIAL GROUPS FOR NEW ARRIVALS

To test the feasibility and efficacy of the proposed programme, a pilot study was conducted on two trial groups with eight participants in the intervention group and nine participants in the control group. The results showed that the intervention participants enjoyed the programme, were satisfied with the programme, rated the programme as helpful, and would recommend this programme to others. In addition, this programme was feasible for the International Social Service Hong Kong Branch and the School of Public Health of The University of Hong Kong to carry out.

CHAPTER 3

PHASE I

3.1 METHODS

3.1.1 Trial Design

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

3.1.2 Target Population

- Inclusion criteria
  New immigrants who:
  - Came to Hong Kong from Mainland China with permits to join family members
  - Had resided in Hong Kong for one year or less
  - Had at least a primary school education
  - Had children studying in kindergartens or primary schools in Hong Kong

- Exclusion criteria
  - Self-report of current psychiatric consultation, suicidal ideations, emotional problems (as defined by the participants and unspecified by the investigators) or mental retardation
  - Self-report of his/her child who had current developmental problems (e.g., autism, attention deficit hyperactivity disorder, or mental retardation) that required more intensive and individualized help

3.1.3 Recruitment

Recruitment was the most challenging part of the project and several strategies were used. The goal was to retain 150 participants by the end of Phase I.

- Contacting immigrants who were found from the border checkpoint or the Registration of Persons Office (Kowloon) where new immigrants apply for the identity card

- Referral by participants of other immigrants in their social network

3.1.4 Screening and Randomization

Prior to obtaining consent, orientation gatherings were organized for prospective participants, who were informed about the nature of the study, the RCT design, and the potential benefit and harm. Participants were assured that their refusal would not disqualify themselves from using any services and they could quit at any time without giving any explanation and with no prejudice. Written informed consent was obtained from all participants. The Institutional Review Board of The University of Hong Kong/Hospital Authority Hong Kong West Cluster approved this study.

Project Facilitators and Research Assistants administered the screening forms to identify eligible participants for the project. The Project Officer and Principal Investigator judged the eligibility of special cases. New immigrants had to be eligible AND available AND consent to join the study before being randomized into the study.

3.1.5 Intervention

Participants were randomized into one of three arms after they were determined to be eligible and consented to join the study. The intervention was done in groups of four to 21 people.

3.1.5.1 Resilience arm

Participants in the Resilience arm received four weekly sessions over four consecutive weeks, each lasting for 2.5 hours. The topic of the four sessions was: 1) self-efficacy (discussing difficulties faced by Mainland new immigrants, introducing concept of resilience, games on appreciating oneself and others, and homework on appreciating oneself for successful experience); 2) positive thinking (video illustrating positive ways of thinking, games on promoting positive emotions, introduction of antecedent-belief-consequence, worksheet on practicing positive thinking when facing undesirable incidents, and homework on creating and recording happy moments in family); 3) altruism (instructions on volunteering, visiting homeless people centre, sharing feelings, and homework on experience of helping others); and 4) goal setting (games on using different methods to solve problems, video illustrating an unemployed middle-aged man using positive ways when facing difficulties, introducing goal-incentive-method to promote hope, setting goals to be achieved within six months, and homework on monitoring progress of achieving goals).

3.1.5.2 Information arm

This arm consisted of two sessions, each lasting for 2.5 hours and aimed at increasing participants' knowledge about Hong Kong: education (education system of Hong Kong, courses that are suitable for newly arrived children, financial assistance for students, accreditation of academic and vocational qualifications, other educational resources and further education opportunities), medical care (accident and emergency service, outpatient service, maternal and child health centres, and The Family Planning Association of Hong Kong), housing (application for public housing), employment (employment services for Mainland new immigrants, Work Incentive Transport Subsidy Scheme, and labour laws), and community resources (Comprehensive Social Security Assistance, Neighbourhood Support Child Care Project, recreational and cultural facilities).

3.1.5.3 Control arm

Participants in the Control arm (but not the other two arms) received a booklet of 16 pages about knowledge that was relevant to education, medical care, housing, employment and community resources.

3.1.6 Assessment

The feasibility of the intervention was evaluated by computing the number of people who were approached, enrolled, attended the intervention, and dropped out during the study period.

Participants were assessed before the intervention (T1), immediately after the intervention, i.e. at the end of the last session (T2), one month after the intervention, i.e. after T2 (T3), three months after the intervention (T4) and six months after the intervention (T5). In the assessments, participants were asked to complete a set of self-administered scales in order to obtain information about the effectiveness of the interventions. In addition, after the programmes were completed (T2), participants in Resilience and Information arms were invited to complete an additional evaluation form on acceptability.

Table 1. Phase I assessments

Variable	Scale	T1	T2	T3	T4	T5
Demographics	Gender, age, marital status, education level, employment status, monthly family income, duration of settlement after immigration	✓				
Depressive symptoms	Patient Health Questionnaire (PHQ) (9 items, range from 0 to 27)	✓				
Adaptation difficulties	Sociocultural Adaptation Scale (24 items, in which 4 items developed by our research team, range from 24 to 120)	✓	✓	✓	✓	✓
Personal resilience	Connor-Davidson Resilience Scale (25 items, range from 0 to 100)	✓	✓	✓	✓	✓
Resilience components	14 items developed by our research team (range from 14 to 70)	✓	✓			
Knowledge	31 items developed by our research team (range from 0 to 31)	✓	✓			
Acceptability	Programme Evaluation Questionnaire developed by our research team		✓			

3.1.7 Statistical Analyses

Group differences of the demographic and baseline characteristics were examined by using ANOVA for continuous variables or chi-square for categorical variables.

Data from participants with missing data due to dropout after baseline assessment (T1) or missed assessments were imputed from the baseline values (i.e. assuming no changes). Those who dropped out after randomization and did not have T1 were excluded from analysis. To test the relative effectiveness of the interventions in changing outcomes, Repeated Measures Analysis was used to compare these measures over time in the three intervention arms. Data from T2, T3, T4 and T5 assessments were compared with baseline to examine any differences. The differential effectiveness of the interventions in changing adaptation difficulties, personal resilience, resilience components (self-efficacy, positive thinking, altruism and goal setting), and knowledge would be indicated by a significant arm by time interaction.

Differences between the groups on feasibility items were tested by using chi-square. Differences on acceptability questions were tested by using t-test. For a descriptive purpose, responses in percentage on acceptability questions were also reported.

All analyses were performed with SPSS 20.0. A p-value of less than .05 was considered statistically significant and effect size (Cohen's f) was computed to measure the size of difference. Through the study, Cohen's (1988) guidelines were used for interpretation. An effect size of .1 to .24 was considered as a small effect, .25 to .39 as a medium effect, and .4 or above as a large effect.

3.1.8 Fidelity

Fidelity check was a method to ensure the core message or activity as specified in the intervention manual was accurately carried out by the interventionist or facilitator. Session-specific fidelity checks were developed for each session of the intervention arms. In addition to the Facilitator's self-assessment of fidelity, Research Assistants were trained to do the fidelity check.

3.1.9 Retention

In order to reduce dropout during the project, several strategies were adopted, such as reminder calls, make-up sessions, encouragement cards and incentives. Telephone reminder calls were made a few days before each session. Within one week of a missed session, face-to-face make-ups or make-up calls were scheduled, which briefly shared the content and homework of that session.

To boost retention during the 3- and 6-month follow-ups, encouragement cards were sent out to participants. Participants received incentives of HK$50 at each evaluation time point to compensate for time spent in completing each assessment.

3.2 STUDY RESULTS

3.2.1 Socio-demographic and Baseline Characteristics of Participants

Table 2 shows that the participants were mainly housewives, with secondary education and with monthly family income of less than HK$15,000 (median family income for Hong Kong=HK$20,500), not receiving government financial assistance, and were living in Hong Kong for six months or less. Their mean score on the PHQ was 4.79 (SD=3.86; Mean, SD for the Hong Kong population=2.40, 3.39) (Yu et al., 2012), suggesting a mild degree of depressive symptoms as might be expected given their new immigrant status.

No significant differences were found in demographic variables among the three arms at baseline. The three arms also did not show significant differences at baseline in personal resilience, resilience components or knowledge about Hong Kong (Table 2). However, the Resilience and Information arms reported significantly greater adaptation difficulties than the Control arm at baseline. Because of exclusion of dropouts after randomization, the comparability of the three arms might have been compromised somewhat and some differences would be expected.

Table 2. Baseline demographic and other variables for Phase I participants in the three arms

	Resilience (n=58) n (%) or Mean ± SD (range)	Information (n=63) n (%) or Mean ± SD (range)	Control (n=62) n (%) or Mean ± SD (range)	p
Female	55 (94.8)	61 (96.8)	59 (95.2)	.85
Age (years)	32.97± 4.46 (25-43)	31.92 ± 4.61 (24-49)	33.84 ± 5.56 (22-49)	.09
Marital status				.80
Divorced/widowed	1 (1.7)	2 (3.2)	1 (1.6)	
Married	57 (98.3)	61 (96.8)	61 (98.4)	
Education level				.21
Primary education	8 (13.8)	5 (7.9)	7 (11.3)	
Secondary education	45 (77.6)	43 (68.3)	46 (74.2)	
Technical/high school/tertiary education	5 (8.6)	15 (23.8)	9 (14.5)	
Employment status				.07
Housewife/unemployed	56 (96.6)	56 (88.9)	52 (83.9)	
Employed	2 (3.4)	7 (11.1)	10 (16.1)	
Monthly family income (HK$)				.89
≤9,999	29 (50.0)	26 (41.3)	29 (46.8)	
10,000-14,999	19 (32.8)	24 (38.1)	20 (32.3)	
≥15,000	10 (17.2)	13 (20.6)	13 (21.0)	
Duration of settlement after immigration				.47
≤1 month	19 (32.8)	23 (36.5)	20 (32.3)	
2-6 months	28 (48.3)	22 (34.9)	30 (48.4)	
≥7 months	11 (19.0)	18 (28.6)	12 (19.4)	
Adaptation difficulties	75.02± 16.91 (32-111)	71.18± 15.07 (41-98)	64.74 ± 19.19 (28-107)	.01
Personal resilience	58.23 ± 12.16 (32-91)	57.73 ± 14.58 (23-93)	59.32 ± 16.35 (21-96)	.82
Resilience components	51.60 ± 6.65 (36-68)	51.63 ± 8.17 (31-68)	52.19 ± 7.68 (31-70)	.89
Knowledge	11.50± 4.86 (1-24)	11.87± 4.27 (3-21)	11.79 ± 4.55 (1-22)	.90
Depressive symptoms	4.71 ± 3.84 (0-14)	5.03 ± 4.22 (0-20)	4.61 ± 3.53 (0-12)	.82

3.2.2 Process Evaluation

3.2.2.1 Recruitment, attendance and retention

Of the 496 participants approached, 45.0% (n=223) were interested in this study, and three ineligible people were excluded. A total of 220 participants attended randomization. A number of participants dropped out after the randomization but prior to the commencement of the interventions.

The average attendance rates of the Resilience and Information arms were: 79.3% and 83.3% of the sessions, respectively (Table 3). Dropout rates were low once the participants attended the first session of the interventions (Table 4).

Table 3. Attendance of sessions

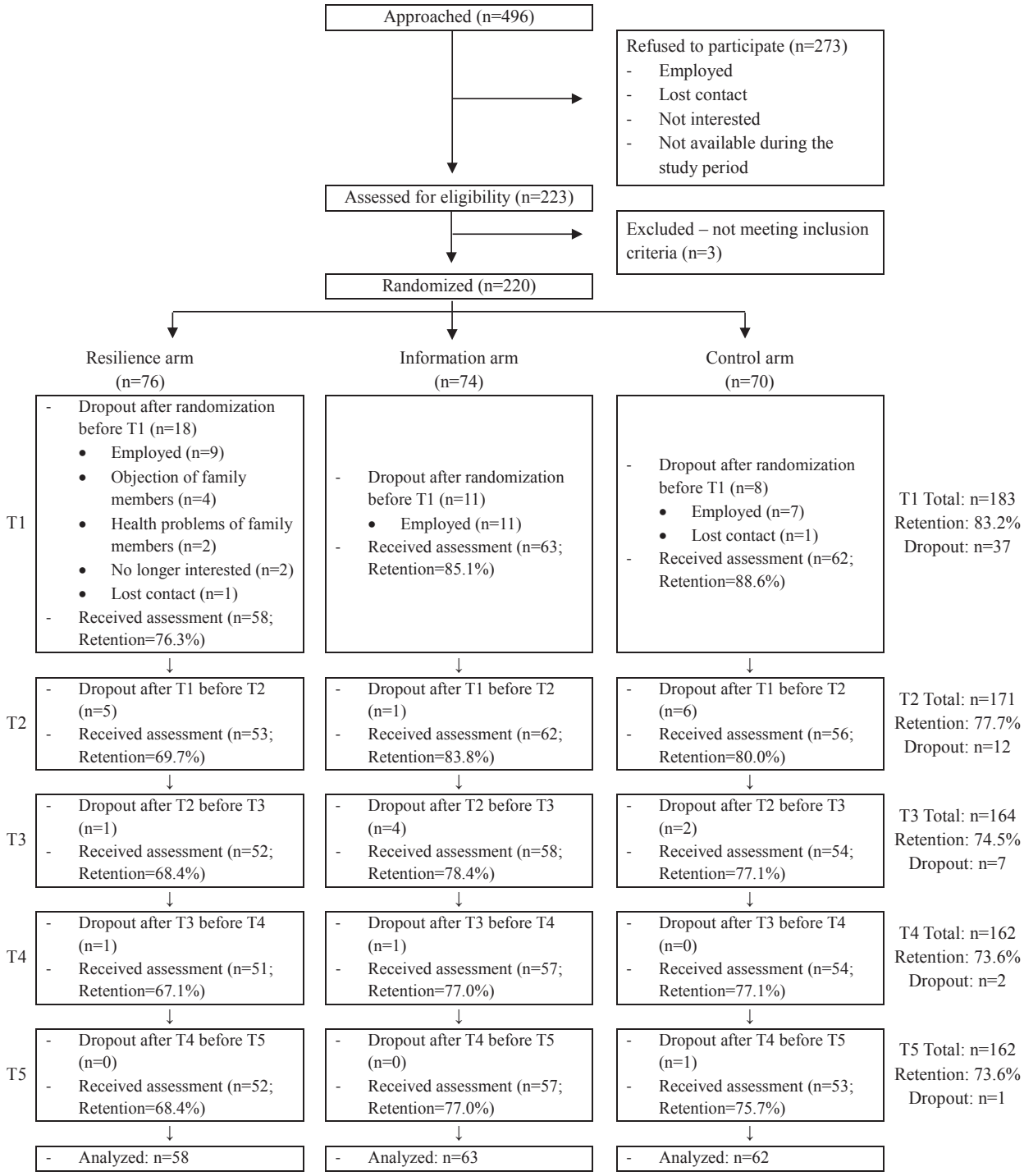
Resilience		Information	
Attended 0 session (0% of all sessions)	n=0	Attended 0 session (0% of all sessions)	n=5
Attended 1 session (25% of all sessions)	n=5	Attended 1 session (50% of all sessions)	n=11
Attended 2 sessions (50% of all sessions)	n=5	Attended all 2 sessions (100% of all sessions)	n=47
Attended 3 sessions (75% of all sessions)	n=23		
Attended all 4 sessions (100% of all sessions)	n=25		
Average attendance rate	79.3%	Average attendance rate	83.3%

Table 4. Retention rates

	Resilience	Information	Control
T1	100%	100%	100%
T2	91.4%	98.4%	90.3%
T3	89.7%	92.1%	87.1%
T4	87.9%	90.5%	87.1%
T5	89.7%	90.5%	85.5%

The CONSORT diagram (Figure 1) shows the flow of the participants from recruitment to completion of the study.

Figure 1. Phase I CONSORT diagram



3.2.2.2 Timeline

Phase I lasted for 11 months and was completed in the proposed timeline, including finalizing intervention and assessment after the pilot study, publicity and recruitment, screening and randomization, implementation of the programme (T1 and T2: Resilience arm: four weeks; Information arm: two weeks; Control arm: two weeks; and make-ups for the last session of each arm were completed one week after the standard activity), follow-up assessments and retention (T3, T4 and T5), data analysis and results reporting.

3.2.2.3 Budget

Phase I was completed within the approved budget, including manpower (with extra manpower contribution from HKU and ISS-HK during promotion, recruitment and meetings, without reimbursement from the project funding), publicity and recruitment, intervention materials, programme evaluation and general expenses.

3.2.3 Programme Evaluation

When asked about how they felt about the programme, in an immediate post-intervention assessment (T2), participants of both arms were positive or strongly positive (100% or nearly 100%) towards the programmes:

Table 5. Phase I participants' rating on Programme Evaluation Questionnaire

		Resilience	Information
Liked the intervention	Liked	37.7%	59.3%
	Liked very much	62.3%	39.0%
Rated the intervention as helpful	Helpful	47.2%	49.2%
	Very helpful	52.8%	50.8%
Would recommend this intervention to other new immigrants	Probably recommend	22.6%	27.1%
	Definitely recommend	75.5%	72.9%
Satisfied with the intervention activities	Satisfied	41.5%	54.2%
	Very satisfied	58.8%	45.8%
Satisfied with time arrangement	Satisfied	35.8%	49.2%
	Very satisfied	64.2%	49.2%
Satisfied with location of centres	Satisfied	32.1%	50.8%
	Very satisfied	67.9%	49.2%
Satisfied with performance of social workers	Satisfied	9.4%	15.3%
	Very satisfied	90.6%	84.7%

3.2.4 Qualitative Feedback

On the evaluation forms completed after the intervention, Resilience arm and Information arm participants gave positive feedback on many aspects of the programme. Written comments of participants in these two arms are as follows:

Resilience arm

- 小組讓我充滿正能量，去面對生活的困難和挑戰，調節面對逆境的心態
- 小組能讓我正面樂觀地面對和適應新的環境
- 我發現除了看電視，有很多方法可讓自己更開心
- 我學到想事情要往正面，莫鑽牛角尖
- 這活動可以幫到很多人，人在世上不可能一帆風順，最重要是自己怎樣看待這件事，通過小組活動，我學到很多
- 探訪讓我看見熱心助人的義工，自己能幫到別人也很開心
- 原來小小的幫助，已能給他人帶來笑容
- 做義工可以幫到很多遇到各種困難的人士，也讓我學會怎樣幫助別人
- 小組活動讓我找回自我，正面面對一切，拋開負面的，對自己擁有的感恩
- 參加活動，認識更多人，把不快事說出來，原來不是很大件事，人就更開心了
- 我喜歡一起互動，大家一起分享，互相交流，放開心懷去暢談心裏話
- 以前生活圈子較小，現在可學多點、知多點
- 通過一些遊戲、或做義工去體驗和小組姑娘的解釋，幫到我們這些新來港人士面對香港生活的多種困難
- 初來港，找不到工作，不習慣香港的生活，交不到朋友；經過這幾次的活動，我找到想要的目標，有了自信，還可以幫到人，幫到自己，學到不同的解決問題的方法

Information arm

- 讓我了解更多關於教育、醫療、社區資源、房屋及就業訊息
- 可以讓我認識香港一些服務的訊息和社區活動
- 學習到香港文化，認識到香港資源，幫助到我適應香港生活
- 可以幫助我們在香港工作，申請及配屋安排
- 更全面了解香港各方面（醫療、教育、房屋等）
- 對就業、勞工法例等方面資訊了解更多
- 活動很好，能認識新朋友及盡快了解熟悉香港環境
- 社工的講解對我適應香港有很大的幫助
- 各工作人員態度熱誠、友善，而且能解答各新來港人士的疑問
- 工作人員都很親切，問題講解清晰，明白了之前的許多疑問
- 氣氛比較輕鬆，工作人員態度親切，解說詳細
- 工作人員的講解非常詳細，以及他們有心地做，會認真提醒我們何時上課，所以非常開心
- 工作人員態度熱誠、和善，對香港資訊十分熟悉，能流利解答新來港人士的問題，感覺很專業，很好

3.2.5 Quantitative Analysis

Table 6 summarizes the data for changes in scores in the three arms measured immediately after the intervention, and one month, three months and six months later, compared with the baseline data.

Table 6. Effectiveness analysis for comparisons of the three arms

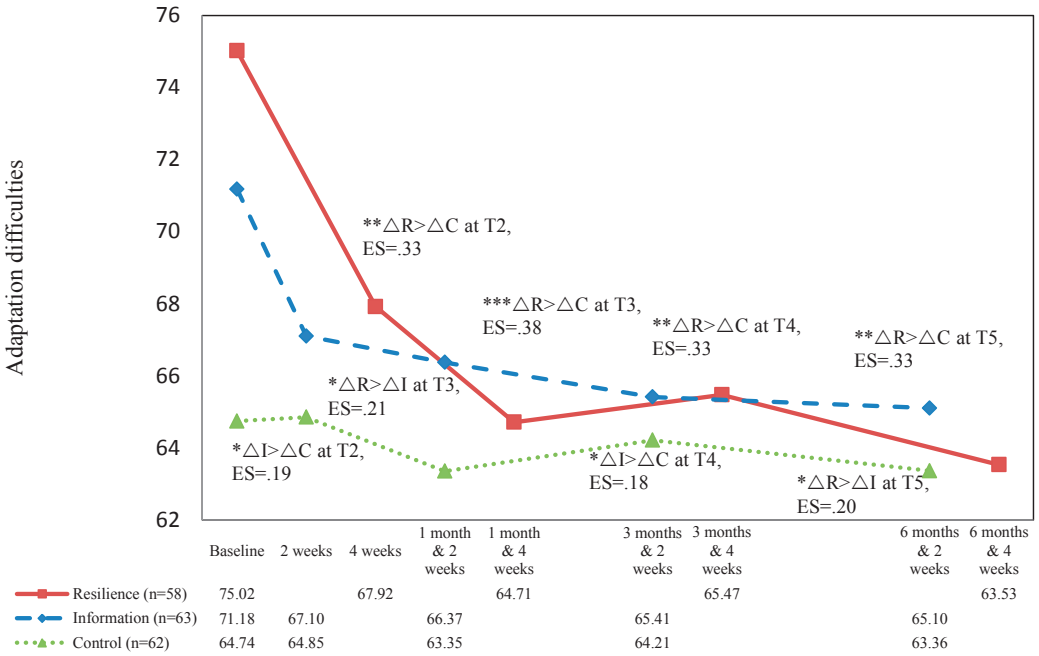
	Resilience vs. Control			Information vs. Control			Resilience vs. Information		
	F	p	Effect size	F	p	Effect size	F	p	Effect size
Adaptation difficulties									
Baseline to post-intervention	12.47	.001	.33	4.44	.04	.19	1.85	.18	.12
Baseline to 1-month follow-up	17.34	<.001	.38	2.41	.12	.14	5.47	.02	.21
Baseline to 3-month follow-up	12.72	.001	.33	4.13	.04	.18	2.03	.16	.13
Baseline to 6-month follow-up	12.74	.001	.33	3.46	.07	.17	4.88	.03	.20
Personal resilience									
Baseline to post-intervention	2.61	.11	.15	1.92	.17	.12	.06	.81	<.03
Baseline to 1-month follow-up	2.11	.15	.14	.25	.62	.04	3.55	.06	.17
Baseline to 3-month follow-up	3.64	.06	.18	.20	.65	.04	4.85	.03	.20
Baseline to 6-month follow-up	.81	.37	.08	.70	.41	.08	3.72	.06	.18
Resilience components									
Baseline to post-intervention	23.29	<.001	.44	.60	.44	.07	12.81	.001	.33
Knowledge									
Baseline to post-intervention	1.04	.31	.10	223.49	<.001	1.35	171.76	<.001	1.20

3.2.5.1 Adaptation difficulties

Figure 2 shows that both Resilience and Information arms were effective in decreasing adaptation difficulties. In comparison with the Control arm, the Resilience arm reported more and significant reduction in the outcome of adaptation difficulties, with medium effect size, at all time intervals (post-intervention: p=.001, ES=.33; 1-month follow-up: p<.001, ES=.38; 3-month follow-up: p=.001, ES=.33; 6-month follow-up: p=.001, ES=.33).

Compared with the Control arm, the Information arm reported more and significant reduction in adaptation difficulties, with small effect size, at post-intervention (p=.04, ES=.19) and at 3-month follow-up (p=.04, ES=.18). The Resilience arm also reported greater and significant decreases in adaptation difficulties compared with the Information arm, with small effect size, at 1-month (p=.02, ES=.21) and 6-month follow-up (p=.03, ES=.20).

Figure 2. Adaptation difficulties

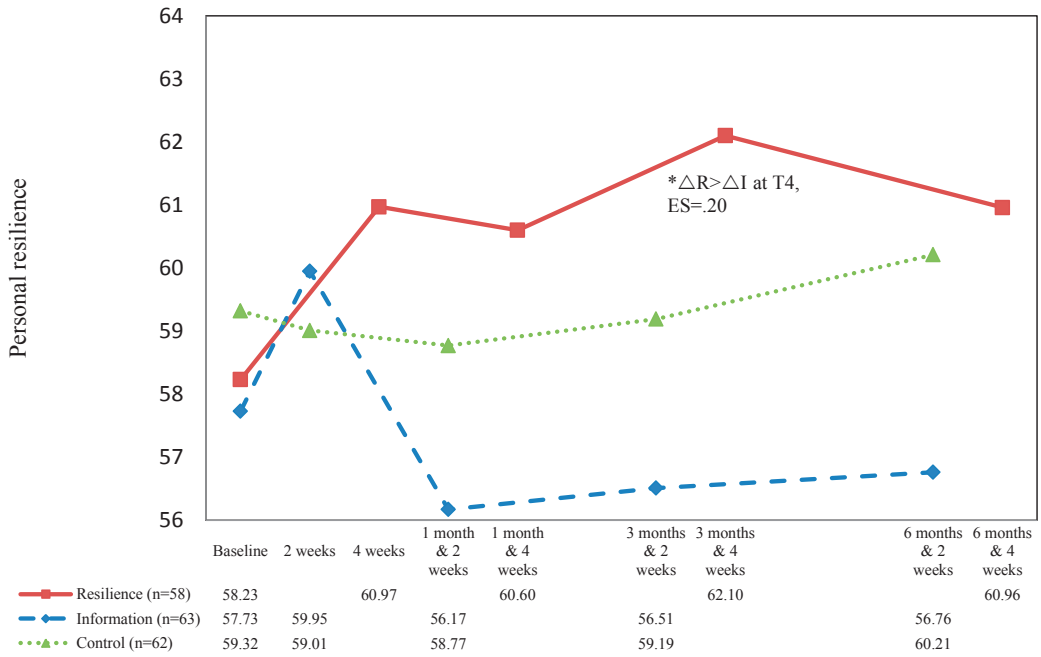


* Statistically significant at p<.05, ** Statistically significant at p<.01, *** Statistically significant at p<.001
Note 1. ES=Effect Size (Cohen's f), small=.10, medium=.25, and large=.40
Note 2. Δ are defined as absolute magnitudes of changes in mean scores from baseline regardless of direction

3.2.5.2 Personal resilience

Figure 3 shows that in comparison with the Control arm, non-significant but small increases in personal resilience in the Resilience arm was observed at post-intervention (p=.11, ES=.15), at 1-month (p=.15, ES=.14) and 3-month follow-up (p=.06, ES=.18). Compared with the Information arm, the Resilience arm reported a greater and significant increases in personal resilience, with small effect size, at 3-month follow-up (p=.03, ES=.20), which was borderline significant, with small effect size, at 1-month (p=.06, ES=.17) and 6-month follow-up (p=.06, ES=.18).

Figure 3. Personal resilience

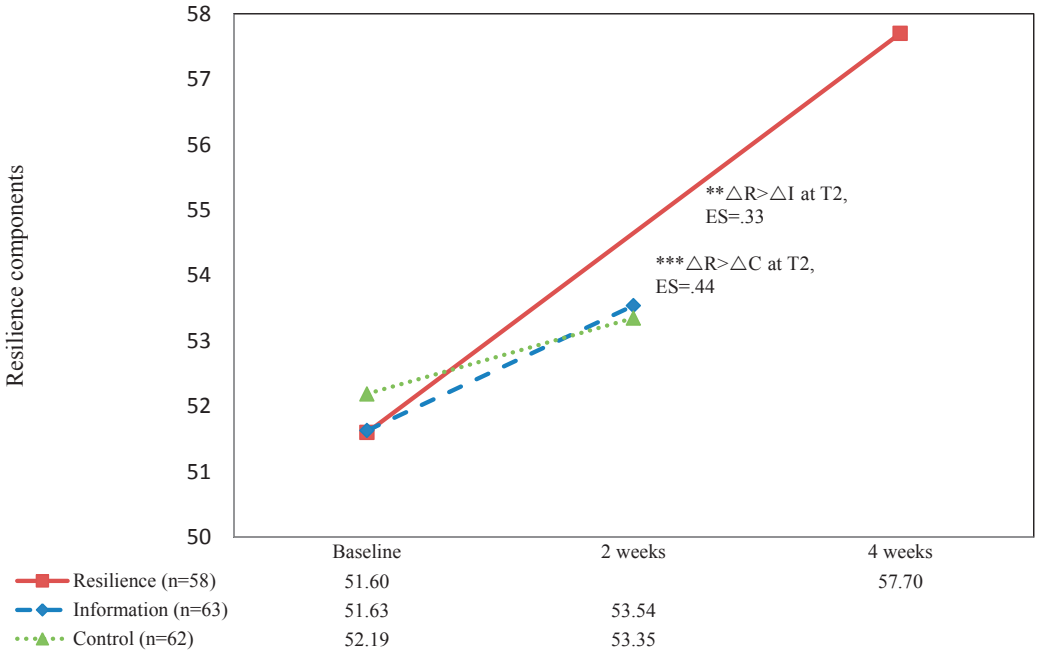


* Statistically significant at p<.05, ** Statistically significant at p<.01, *** Statistically significant at p<.001
Note 1. ES=Effect Size (Cohen's f), small=.10, medium=.25, and large=.40
Note 2. Δ are defined as absolute magnitudes of changes in mean scores from baseline regardless of direction

3.2.5.3 Resilience components

The Resilience arm reported greater and significant increases, with medium to large effect size, in resilience components at post-intervention compared with the Control (p=<.001, ES=.44) and Information (p=.001, ES=.33) arms (Figure 4).

Figure 4. Resilience components

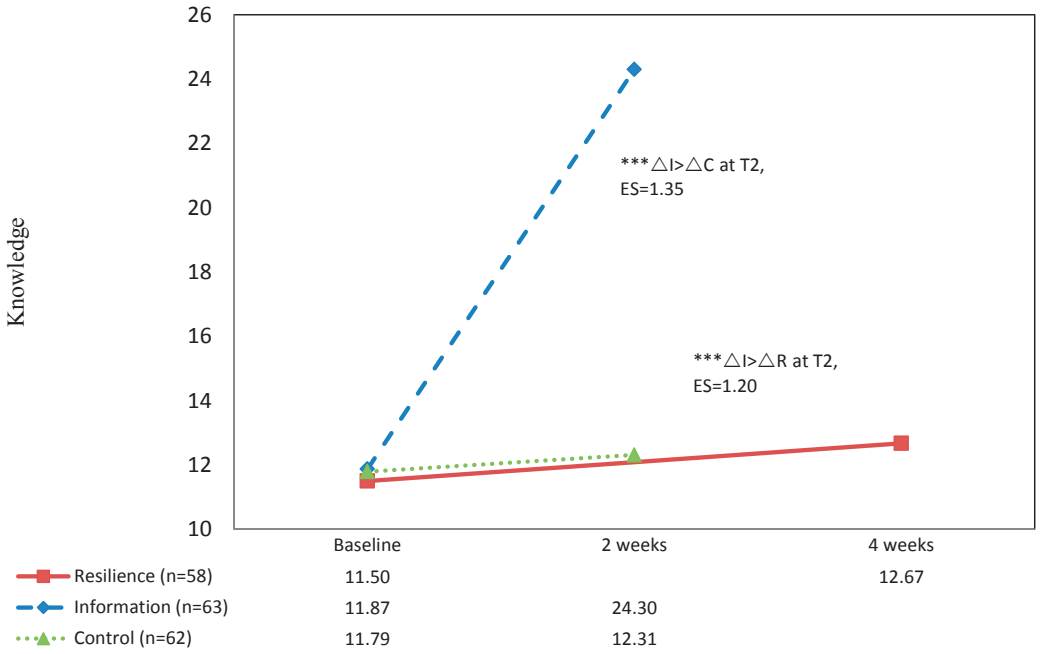


* Statistically significant at p<.05, ** Statistically significant at p<.01, *** Statistically significant at p<.001
Note 1. ES=Effect Size (Cohen's f), small=.10, medium=.25, and large=.40
Note 2. Δ are defined as absolute magnitudes of changes in mean scores from baseline regardless of direction

3.2.5.4 Knowledge

The Information arm reported greater and significant increases, with very large effect size, in knowledge at post-intervention compared with the Control (p<.001, ES=1.35) and Resilience (p<.001, ES=1.20) arms (Figure 5).

Figure 5. Knowledge



* Statistically significant at p<.05, ** Statistically significant at p<.01, *** Statistically significant at p<.001
Note 1. ES=Effect Size (Cohen's f), small=.10, medium=.25, and large=.40
Note 2. Δ are defined as absolute magnitudes of changes in mean scores from baseline regardless of direction

CHAPTER 4

PHASE II

The results and experiences in Phase I informed the research team to plan and proceed with Phase II with improvements. Modifications were made in Phase II in terms of districts, inclusion criteria, screening and randomization procedures, and intervention.

4.1 METHODS

4.1.1 Study Design

Groups of participants were randomly assigned to one of the three arms using serially numbered, opaque-sealed envelope (SNOSE method).

Considering the demand of new arrivals living in districts apart from Sham Shui Po and Kwun Tong, and their eagerness to join our project, we extended the project to Northern District, Yuen Long and Hong Kong East, so that more new arrivals would benefit from our interventions. The study was conducted from April 2012 to January 2013, with 6-month follow-up until July 2013. Interventions for nine sub-groups of Resilience arm, eight sub-groups of Information arm and nine sub-groups of Resilience + Information arm were conducted. The intervention was done in groups of seven to 15 people.

4.1.2 Target Population

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

- Inclusion criteria
  New immigrants who:
  - Came to Hong Kong from Mainland China with permits to join family members
  - Had resided in Hong Kong for one year or less
  - Had at least a primary school education
  - Had children studying in schools in Hong Kong

- Exclusion criteria (same as Phase I)
  - Self-report of current psychiatric consultation, suicidal ideations, emotional problems (as defined by the participants and unspecified by the investigators) or mental retardation
  - Self-report of his/her child who had current developmental problems (e.g., autism, attention deficit hyperactivity disorder, or mental retardation) that required more intensive and individualized help

4.1.3 Recruitment

Several strategies were used to retain 200 participants by the end of Phase II.

- Contacting immigrants who were found from the border checkpoint or the Registration of Persons Office (Kowloon) where new immigrants apply for the identity card
- Referral by participants of other immigrants in their social network

4.1.4 Screening and Randomization

In Phase I, prior to the commencement of the first session, participants waited for a long time until enough numbers of participants were randomized into each arm. 16.8% of the randomized participants dropped out before the first intervention session due to long waiting time. Group randomization was used in Phase II in order to reduce the dropout rate. Five to 16 participants were randomized in a district into one arm based on their date of attending the first session. This way shortened the waiting time between the orientation gathering and the first intervention session.

4.1.5 Intervention

4.1.5.1 Resilience arm

The Phase I 4-session resilience intervention was effective to increase resilience and other psychological outcomes. The robust effects made the research team wonder whether a smaller dose would also work. Therefore in Phase II, we condensed the 4-session intervention into three sessions with the same key components to reduce the burden of cost and manpower.

4.1.5.2 Information arm

In Phase I, participants liked the 2-session information intervention very much and rated it as very helpful. Participants suggested having more sessions so that they would have enough time to digest the comprehensive and useful information, and acquire information on job seeking. Therefore in Phase II, we extended the 2-session information intervention to three sessions, by adding one session on job seeking.

4.1.5.3 Resilience + Information arm

In Phase I, Resilience participants only reported increases in resilience and other psychological outcomes rather than knowledge. On the other hand, Information participants did not show any improvement in resilience or other psychological indicators. Therefore, in Phase II, these two interventions were combined into a 4-session intervention.

4.1.6 Assessment

The feasibility of the intervention was evaluated by computing the number of people who were approached, enrolled, attended the intervention, and dropped out during the study period.

Participants were assessed before the intervention (T1), immediately after the intervention, i.e. at the end of the last session (T2), one month after the intervention, i.e. after T2 (T3), three months after the intervention (T4) and six months after the intervention (T5). In the assessments, participants were asked to complete a set of self-reported scales in order to obtain information about the effectiveness of the interventions. In addition, after the programmes were completed (T2), participants in each arm were invited to complete an additional evaluation form on acceptability.

Table 7. Phase II assessments

Variable	Scale	T1	T2	T3	T4	T5
Demographics	Gender, age, marital status, education level, employment status, monthly family income, duration of settlement after immigration	✓				
Adaptation difficulties	Sociocultural Adaptation Scale (24 items, in which 4 items developed by our research team, range from 24 to 120)	✓	✓	✓	✓	✓
Personal resilience	Connor-Davidson Resilience Scale (25 items, range from 0 to 100)	✓	✓	✓	✓	✓
Resilience components	14 items developed by our research team (range from 14 to 70)	✓	✓	✓	✓	✓
Knowledge	19 items developed by our research team (range from 0 to 19)	✓	✓	✓	✓	✓
Service utilization	9 items developed by our research team (range from 0 to 9)	✓	✓	✓	✓	✓
Acceptability	Programme Evaluation Questionnaire developed by our research team		✓			

4.1.7 Statistical Analyses

Group differences of baseline demographic and other characteristics were examined by using ANOVA for continuous variables or chi-square for categorical variables.

To test the relative effectiveness of the interventions in changing outcomes, the intention-to-treat approach was used. Missing data due to dropout after randomization or missed assessments were imputed from the baseline values (i.e. assuming no changes). To test the relative effectiveness of the interventions in changing outcomes, Repeated Measures Analysis was used to compare the measures over time in the three intervention arms. Data from T2, T3, T4 and T5 assessments were compared with baseline to examine any differences. The differential effectiveness of the interventions in changing adaptation difficulties, personal resilience, resilience components, knowledge, and service utilization would be indicated by a significant arm by time interaction.

Differences between the groups on feasibility items were tested by using chi-square. Differences on acceptability questions were tested by using t-test. For a descriptive purpose, responses in percentage on acceptability questions were also reported. All analyses were performed with SPSS 20.0. A p-value of less than .05 was considered statistically significant and effect size (Cohen's f) was computed to measure the size of difference. An effect size of .1 to .24 was considered as a small effect, .25 to .39 as a medium effect, and .4 or above as a large effect.

4.1.8 Fidelity

Session-specific fidelity checks were developed for each session. In addition to the Facilitator's self-assessment of fidelity, Research Assistants were trained to do the fidelity check.

4.1.9 Retention

In order to reduce dropout during the project, several strategies were adopted, such as reminder calls, make-up sessions, encouragement cards and incentives. Telephone reminder calls were made a few days before each session. Within one week of a missed session, face-to-face make-ups or make-up calls were scheduled, which briefly shared the content and homework of that session.

To boost retention during the 3- and 6-month follow-ups, encouragement cards were sent out to participants. Participants received incentives of HK$50 at each evaluation time point to compensate for time spent in completing each assessment.

4.2 STUDY RESULTS

4.2.1 Socio-demographic and Baseline Characteristics of Participants

Table 8 shows that the participants were mainly housewives, with secondary education and with monthly family income of less than HK$10,000, not receiving government financial assistance, and were living in Hong Kong for one month or less. Their mean score on the PHQ was 4.67 (SD=4.02), suggesting a mild degree of depressive symptoms as might be expected given their new immigrant status.

No significant differences were found in demographic variables among arms at baseline. The three arms also did not show significant differences at baseline in adaptation difficulties, personal resilience, resilience components, and knowledge or service utilization (Table 8). The better comparability could be due to the smaller numbers of dropouts after randomization compared to the results in Phase I.

Table 8. Baseline demographic and other variables for Phase II participants in the three arms

	Resilience (n=80) n (%) or Mean ± SD (range)		Information (n=84) n (%) or Mean ± SD (range)		Resilience + Information (n=87) n (%) or Mean ± SD (range)		p
Female	78	(97.5)	84	(100)	87	(100)	.12
Age (years)	34.93± 5.49 (25-48)		33.82 ± 5.03 (24-47)		33.43± 5.31 (22-46)		.17
Marital status							.55
Divorced/widowed	2	(2.5)	3	(3.6)	5	(5.7)	
Married	78	(97.5)	81	(96.4)	82	(94.3)	
Education level							.16
Primary education	8	(10.0)	9	(10.7)	14	(16.1)	
Secondary education	57	(71.2)	60	(71.4)	48	(55.2)	
Technical/high school/tertiary education	15	(18.8)	15	(17.9)	25	(28.7)	
Employment status							.80
Housewife/unemployed	74	(92.5)	76	(90.5)	81	(93.1)	
Employed	6	(7.5)	8	(9.5)	6	(6.9)	
Monthly family income (HK$)							.36
≤9,999	46	(57.5)	38	(45.2)	37	(42.5)	
10,000-14,999	18	(22.5)	26	(31.0)	29	(33.3)	
≥15,000	16	(20.0)	20	(23.8)	21	(24.1)	
Duration of settlement after immigration							.23
≤1 month	46	(57.5)	38	(45.2)	51	(58.6)	
2-6 months	20	(25.0)	31	(36.9)	19	(21.8)	
≥7 months	14	(17.5)	15	(17.9)	17	(19.5)	
Adaptation difficulties	66.84± 17.97 (30-102)		67.49± 18.61 (29-114)		65.82± 16.80 (33-101)		.83
Personal resilience	58.78 ± 14.27 (17-87)		60.54 ± 17.20 (19.65-97)		61.18 ± 14.84 (22.73-93)		.59
Resilience components	50.20±8.28 (30-68)		50.89±10.78 (14-70)		52.68±8.15 (17-67)		.19
Knowledge	6.20± 3.87 (0-16)		5.18± 3.52 (0-14)		5.72± 3.33 (0-15)		.19
Service utilization	2.73 ± 1.45 (0-6)		2.35 ± 1.40 (0-5)		2.70 ± 1.28 (0-5)		.14
Depressive symptoms	4.86 ± 4.07 (0-21)		4.38 ± 4.37 (0-27)		4.78 ± 3.62 (0-17)		.71

4.2.2 Process Evaluation

4.2.2.1 Recruitment, attendance and retention

A total of 251 participants were randomized. A few participants dropped out prior to the commencement of the interventions. The average attendance rates of the Resilience, Information and Resilience + Information arms were: 82.1%, 81.7% and 76.4% of the sessions, respectively (Table 9). Dropout rates were low in general (Table 10).

Table 9. Attendance of sessions

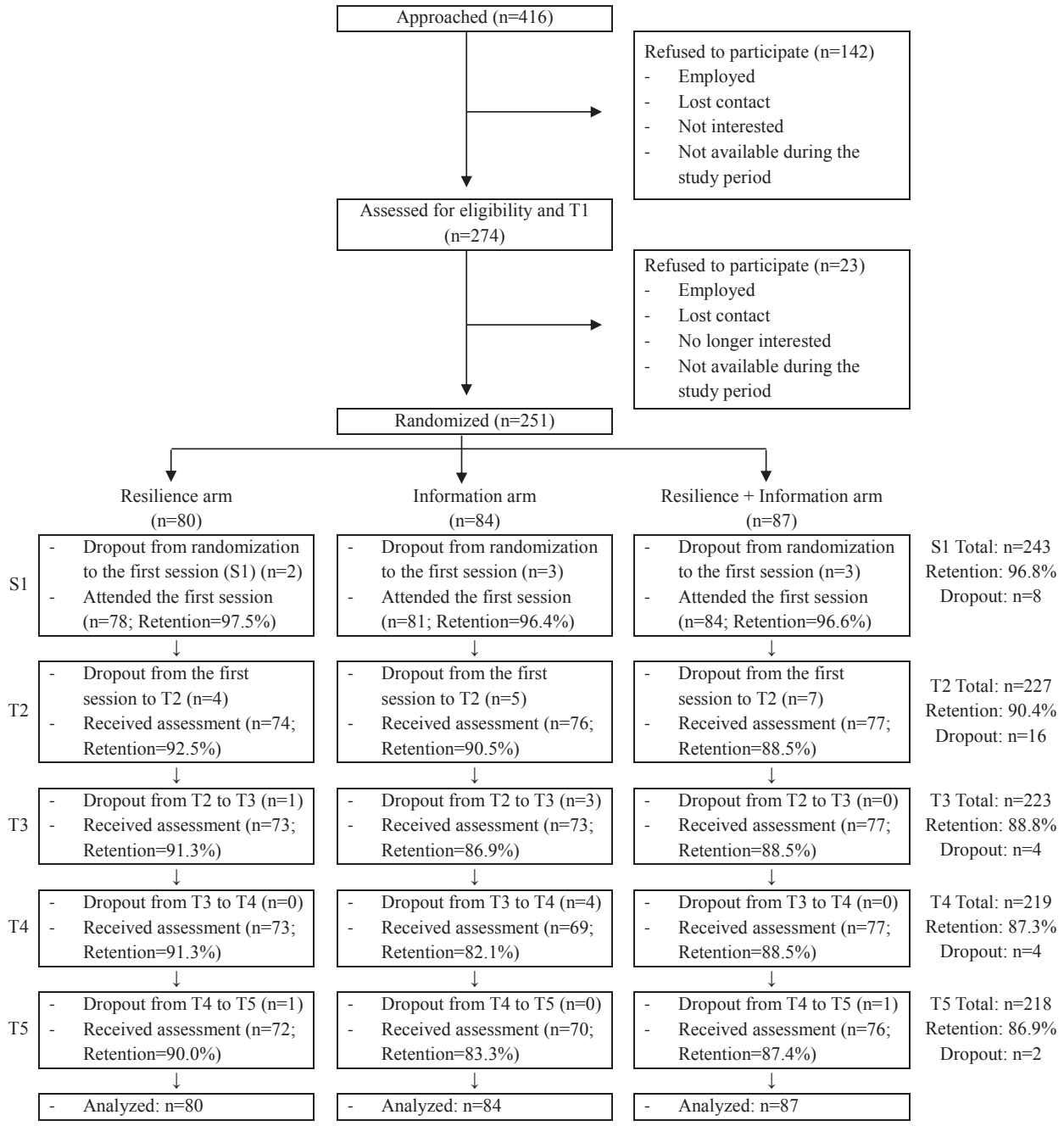
	Resilience	Information		Resilience + Information
Attended 0 session (0% of all sessions)	n=3	n=3	Attended 0 session (0% of all sessions)	n=5
Attended 1 session (33.3% of all sessions)	n=11	n=5	Attended 1 session (25% of all sessions)	n=3
Attended 2 sessions (66.7% of all sessions)	n=12	n=27	Attended 2 sessions (50% of all sessions)	n=14
Attended all 3 sessions (100% of all sessions)	n=54	n=49	Attended 3 sessions (75% of all sessions)	n=25
			Attended all 4 sessions (100% of all sessions)	n=40
Average attendance rate	82.1%	81.7%	Average attendance rate	76.4%

Table 10. Retention rates

	Resilience	Information	Resilience + Information
T1	100%	100%	100%
T2	97.5%	96.4%	96.6%
T3	92.5%	87.4%	88.5%
T4	91.3%	82.1%	88.5%
T5	90.0%	83.3%	87.4%

The CONSORT diagram (Figure 6) shows the flow of the participants from recruitment to completion of the study.

Figure 6. Phase II CONSORT diagram



4.2.2.2 Timeline

Phase II lasted for 14 months and was completed in the proposed timeline, including refining intervention and assessment after the Phase I study, publicity and recruitment, screening and T1, randomization and implementation of programme (T2: Resilience arm: three weeks; Information arm: three weeks; Resilience + Information arm: four weeks; and make-ups for the last session of each arm were completed within one week after the standard activity), follow-up assessments and retention (T3, T4 and T5), data analysis, results reporting, and Knowledge Transfer and Sharing Workshop.

4.2.2.3 Budget

Phase II was completed within the approved budget, including manpower (with extra manpower contribution from HKU, ISS-HK and City University of Hong Kong (CityU) during promotion, recruitment and meetings, without reimbursement from the project funding), publicity and recruitment, intervention materials, programme evaluation, dissemination and general expenses.

4.2.3 Programme Evaluation

When asked about how they felt about the programme, in an immediate post-intervention assessment (T2), participants of all arms were very positive or strongly positive (100% or nearly 100%) towards the programmes:

Table 11. Phase II participants' rating on Programme Evaluation Questionnaire

		Resilience	Information	Resilience + Information
Liked the intervention	Liked	23.1%	41.9%	22.1%
	Liked very much	76.9%	58.1%	77.9%
Rated the intervention as helpful	Helpful	29.2%	32.3%	20.6%
	Very helpful	70.8%	67.7%	79.4%
Would recommend this intervention to other new immigrants	Probably recommend	20.0%	19.4%	13.2%
	Definitely recommend	80.0%	79.0%	86.8%
Satisfied with the intervention activities	Satisfied	26.2%	33.9%	19.1%
	Very satisfied	73.8%	66.1%	80.9%
Satisfied with time arrangement	Satisfied	67.7%	62.9%	55.9%
	Very satisfied	32.3%	32.3%	42.6%
Satisfied with location of centres	Satisfied	53.8%	54.8%	42.6%
	Very satisfied	46.2%	45.2%	57.4%
Satisfied with performance of social workers	Satisfied	21.5%	27.4%	7.4%
	Very satisfied	78.5%	72.6%	92.6%

4.2.4 Qualitative Feedback

On the evaluation forms completed after the intervention, participants gave positive feedback on many aspects of the programme. Written comments of participants in the Resilience arm, Information arm, and Resilience + Information arm are as follows:

Resilience arm

- 小組教曉我做人和做事要積極；面對生活困難，要用方法去解決；面對失敗，要採用正面思想
- 通過這節小組活動，我的心情平靜了許多，因為看見片段，原來還有更多比我更需要幫助的人，我覺得自己要堅強一點
- 小組提高了我的自我欣賞及自我價值的認同，令我感受到做義工的樂趣，更樂於去參與各類社會活動
- 小組能幫助我們新來港人士適應環境，鼓勵我們勇敢面對困難，不要灰心，要積極地生活下去
- 工作員的講解清晰、有條理；遊戲有趣，能增進對隊友的認識；小組幫助我們欣賞自己，建立信心和明確目標，增強實現目標的動力
- 我很滿意小組，因為姑娘們很熱情，很細心地問我們問題，一起分享自己平時生活的細節，給我的感覺就像一個大家庭一樣

Information arm

- 小組令我了解更多香港的資訊，增加自己對香港社會資源的認識，幫助就業
- 小組讓我更清楚、更明白有關求職的資訊，更容易找到工作
- 我學習到如何面對僱主的提問、怎樣婉轉表達自己弱項；能提高警惕，不會墮入求職陷阱
- 小組讓我有多點自信，懂得準備工作，多了解香港，能更好地教導孩子
- 小組讓我掌握很多知識，我會介紹這個活動給其他新來港人士，讓他們了解更多東西
- 我覺得活動很好，能提高我們的自信心，學習有關香港的資訊，提升我們的求職能力
- 由到香港一無所知，來到中心，了解到香港各方面資訊，例如教育、房屋，令我有目標。我從無助，到現在生活充滿希望

Resilience + Information arm

- 小組內容豐富，設計得當，考慮周到，全面考慮到新來港人士面對的困難，及建立對抗困難的心態
- 我在小組結交了新朋友，多了解自己的權益，認識到 418 條例、生日去海洋公園可以免費等
- 姑娘很詳細和耐心講解有關勞工的資訊，各組員又可互相分享，我明白勞工法例的各種保障
- 透過聆聽資訊，我了解到更多有關就業和進修的訊息；希望三寶的講解幫助我釐清自己的生活目標
- 這小組提供社交聚會的機會，讓我認識朋友，融入這個社會，欣賞自己的優點，訂立明確的生活目標
- 我很高興能認識新朋友的同時，可以加深認識社區活動和香港資訊，對我幫助很大

4.2.5 Quantitative Analysis

Table 12 summarizes the data for scores in the three arms measured immediately after the intervention, and one month, three months and six months later, compared with the baseline data.

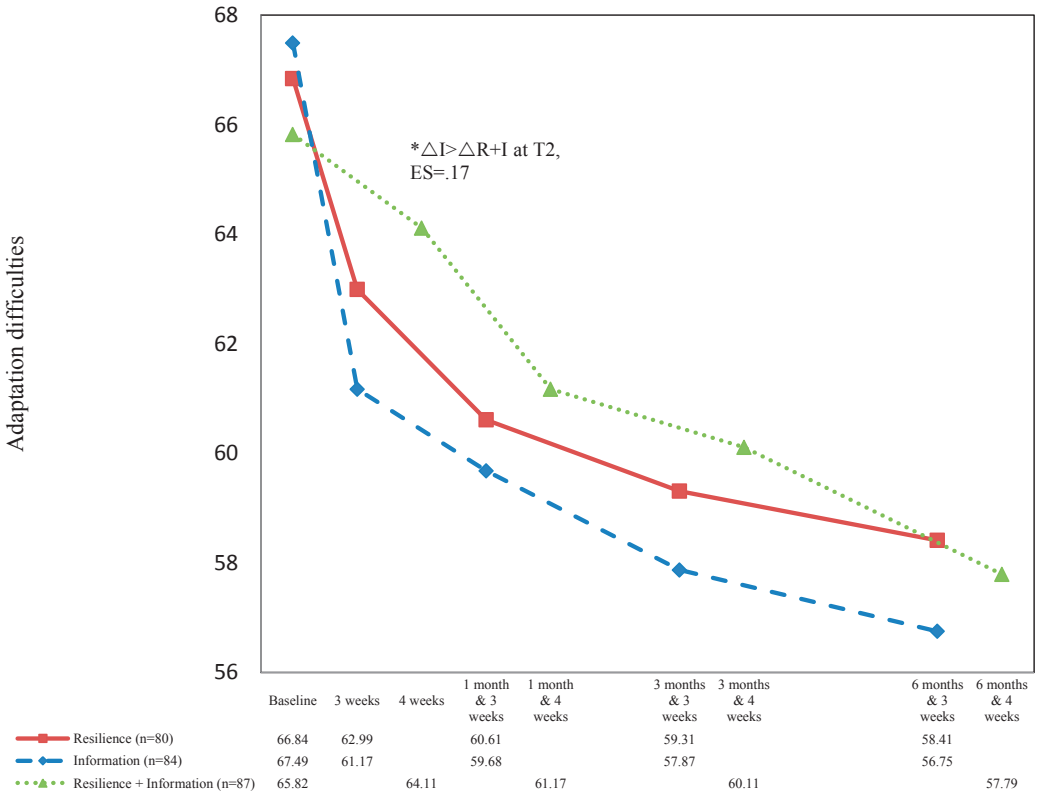
Table 12. Effectiveness analysis for comparisons of the three arms

	Resilience vs. Resilience + Information			Information vs. Resilience + Information			Resilience vs. Information		
	F	p	Effect size	F	p	Effect size	F	p	Effect size
Adaptation difficulties									
Baseline to post-intervention	.98	.32	.08	5.03	.03	.17	1.21	.27	.08
Baseline to 1-month follow-up	.47	.50	.05	2.39	.12	.12	.42	.52	.05
Baseline to 3-month follow-up	.51	.48	.05	2.49	.12	.12	.71	.40	.06
Baseline to 6-month follow-up	.02	.88	<.03	1.16	.28	.08	.82	.37	.07
Personal resilience									
Baseline to post-intervention	.002	.96	<.03	3.37	.07	.14	4.19	.04	.16
Baseline to 1-month follow-up	1.50	.22	.10	.02	.88	<.03	1.07	.30	.08
Baseline to 3-month follow-up	1.04	.31	.08	.99	.32	.08	4.34	.04	.16
Baseline to 6-month follow-up	.33	.57	.04	.45	.51	.05	1.89	.17	.11
Resilience components									
Baseline to post-intervention	3.17	.08	.14	1.73	.19	.10	8.88	.003	.23
Baseline to 1-month follow-up	4.71	.03	.17	.17	.68	.03	5.80	.02	.19
Baseline to 3-month follow-up	1.83	.18	.11	1.68	.20	.10	7.55	.01	.22
Baseline to 6-month follow-up	.42	.52	.05	.37	.55	.04	1.78	.18	.11
Knowledge									
Baseline to post-intervention	112.69	<.001	.83	39.06	<.001	.48	252.97	<.001	1.25
Baseline to 1-month follow-up	89.51	<.001	.78	15.69	<.001	.30	158.00	<.001	.99
Baseline to 3-month follow-up	41.76	<.001	.50	10.53	.001	.25	75.96	<.001	.68
Baseline to 6-month follow-up	34.30	<.001	.46	12.13	.001	.27	77.24	<.001	.69
Service utilization									
Baseline to post-intervention	4.69	.03	.17	.07	.80	<.03	2.77	.10	.13
Baseline to 1-month follow-up	1.36	.25	.09	1.63	.20	.10	.03	.87	<.03
Baseline to 3-month follow-up	.56	.46	.05	1.49	.22	.10	.24	.63	.03
Baseline to 6-month follow-up	2.51	.12	.12	.02	.88	<.03	1.72	.19	.11

4.2.5.1 Adaptation difficulties

Figure 7 shows that Resilience, Information, and Resilience + Information arms were effective in decreasing adaptation difficulties. All three arms presented decreases in adaptation difficulties. In comparison with the Resilience + Information arm, the Information arm reported more and significant reduction in the outcome of adaptation difficulties, with small effect size, at post-intervention (p=.03, ES=.17).

Figure 7. Adaptation difficulties

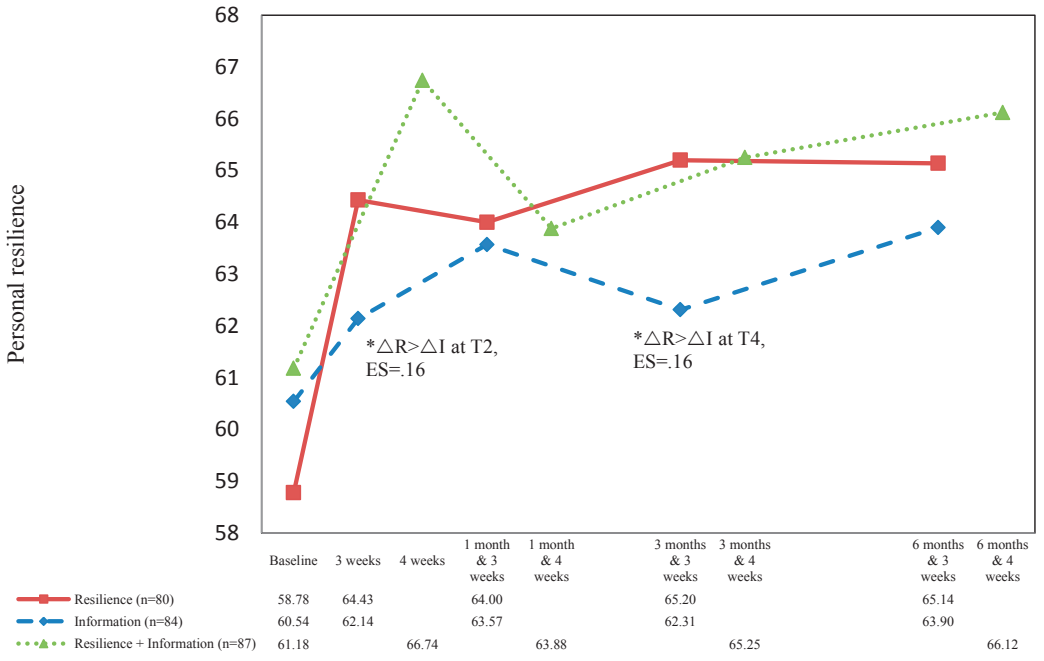


* Statistically significant at p<.05, ** Statistically significant at p<.01, *** Statistically significant at p<.001
Note 1. ES=Effect Size (Cohen's f), small=.10, medium=.25, and large=.40
Note 2. Δ are defined as absolute magnitudes of changes in mean scores from baseline regardless of direction

4.2.5.2 Personal resilience

Figure 8 shows that compared with the Information arm, the Resilience arm reported greater and significant increases in personal resilience, with small effect size, at post-intervention (p=.04, ES=.16) and at 3-month follow-up (p=.04, ES=.16). In comparison with the Information arm, borderline significant but small increases in personal resilience in the Resilience + Information arm was observed at post-intervention (p=.07, ES=.14).

Figure 8. Personal resilience

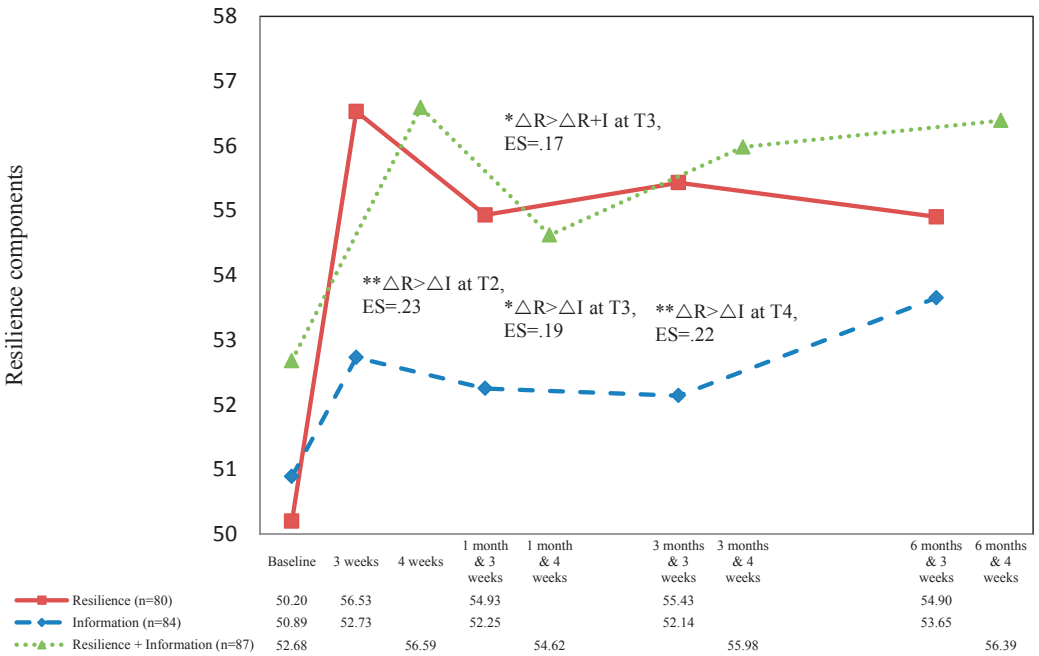


* Statistically significant at p<.05, ** Statistically significant at p<.01, *** Statistically significant at p<.001
Note 1. ES=Effect Size (Cohen's f), small=.10, medium=.25, and large=.40
Note 2. Δ are defined as absolute magnitudes of changes in mean scores from baseline regardless of direction

4.2.5.3 Resilience components

The Resilience arm reported greater and significant increases in resilience components than the Information arm, with small effect size, at post-intervention (p=.003, ES=.23), at 1-month (p=.02, ES=.19) and 3-month follow-up (p=.01, ES=.22), and than the Resilience + Information arm at 1-month follow-up (p=.03, ES=.17) (Figure 9).

Figure 9. Resilience components



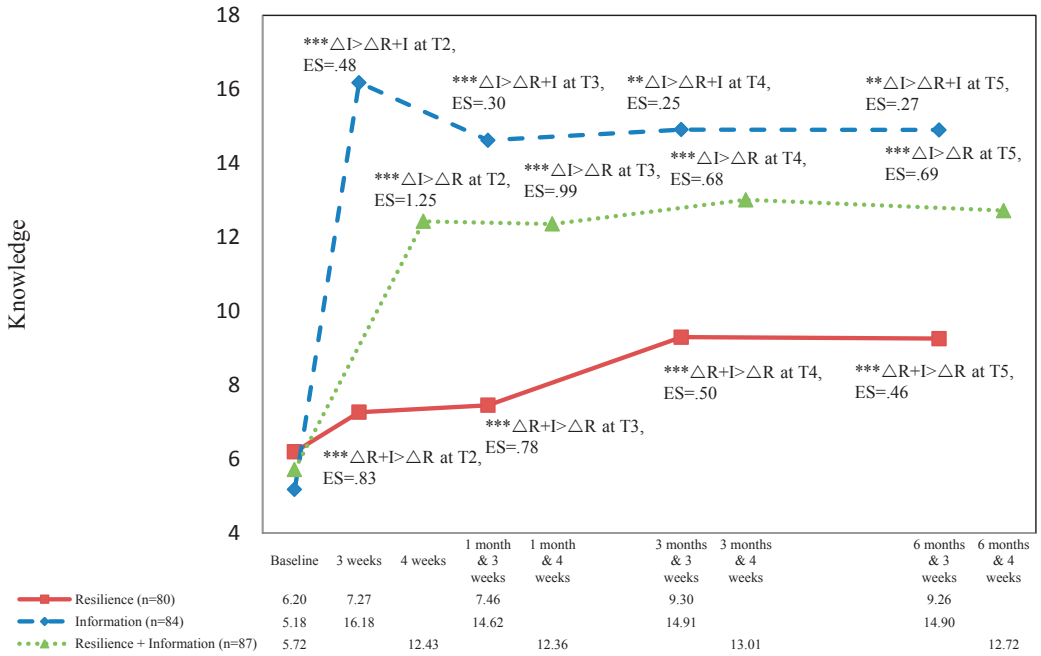
* Statistically significant at p<.05, ** Statistically significant at p<.01, *** Statistically significant at p<.001
Note 1. ES=Effect Size (Cohen's f), small=.10, medium=.25, and large=.40
Note 2. Δ are defined as absolute magnitudes of changes in mean scores from baseline regardless of direction

4.2.5.4 Knowledge

The Information arm reported greater and significant increases in knowledge than the Resilience arm, with very large effect size (post-intervention: p<.001, ES=1.25; 1-month follow-up: p<.001, ES=.99; 3-month follow-up: p<.001, ES=.68; 6-month follow-up: p<.001, ES=.69) and than the Resilience + Information arm, with very large effect size (post-intervention: p<.001, ES=.48; 1-month follow-up: p<.001, ES=.30; 3-month follow-up: p=.001, ES=.25; 6-month follow-up: p=.001, ES=.27) at all time intervals (Figure 10).

Compared with the Resilience arm, the Resilience + Information arm reported greater and significant increases in knowledge, with large effect size, at all time intervals (post-intervention: p<.001, ES=.83; 1-month follow-up: p<.001, ES=.78; 3-month follow-up: p<.001, ES=.50; 6-month follow-up: p<.001, ES=.46).

Figure 10. Knowledge

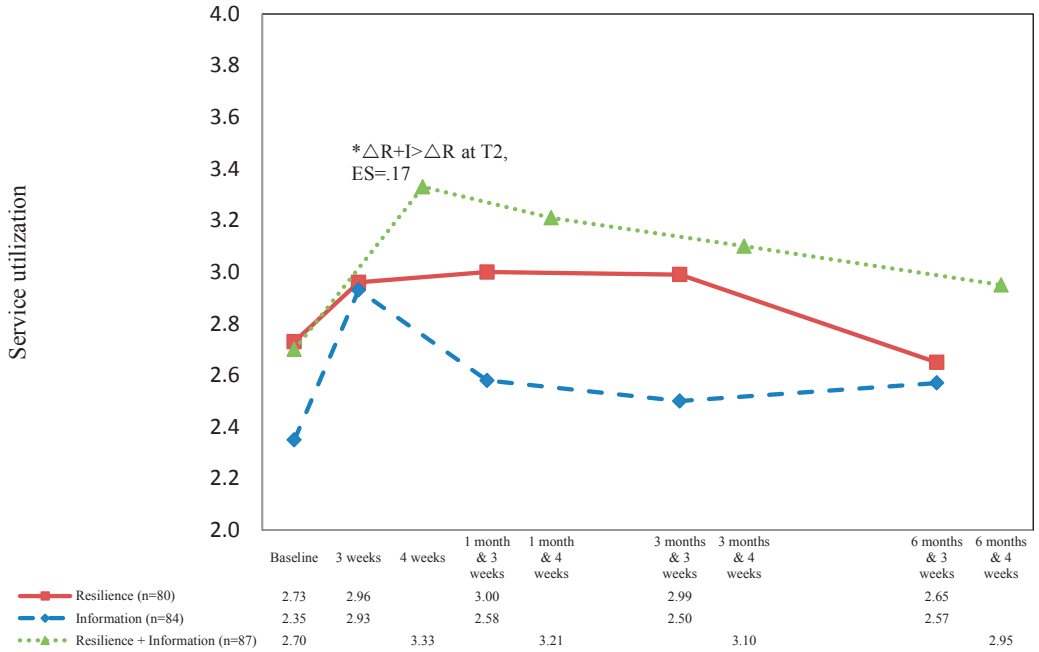


* Statistically significant at p<.05, ** Statistically significant at p<.01, *** Statistically significant at p<.001
Note 1. ES=Effect Size (Cohen's f), small=.10, medium=.25, and large=.40
Note 2. Δ are defined as absolute magnitudes of changes in mean scores from baseline regardless of direction

4.2.5.5 Service utilization

Figure 11 shows that in comparison with the Resilience arm, the Resilience + Information arm reported greater and significant increases in service utilization, with small effect size, at post-intervention (p=.03, ES=.17). Compared with the Resilience arm, non-significant but small increases in service utilization was observed at post-intervention of the Information arm (p=.10, ES=.13).

Figure 11. Service utilization



* Statistically significant at p<.05, ** Statistically significant at p<.01, *** Statistically significant at p<.001
Note 1. ES=Effect Size (Cohen's f), small=.10, medium=.25, and large=.40
Note 2. Δ are defined as absolute magnitudes of changes in mean scores from baseline regardless of direction

CHAPTER 5

CONCLUSION

5.1 SUMMARY

Overall, the results of the study showed that the interventions were feasible, acceptable and effective. Process measures indicated that the study was successful in its execution. Retention rates were high and the project was completed on time and within budget. Participant feedback was strongly positive, with participants from all arms reporting positive reactions to the programmes. The programmes were effective in reducing adaptation difficulties, and enhancing personal resilience, resilience components, knowledge about Hong Kong and service utilization.

The resilience intervention increased personal resilience, resilience components and other psychological outcomes, but not knowledge which is useful for new immigrants. The information intervention increased knowledge about services in education, medical care, housing and employment, and utilization of these services, but not resilience nor other psychological indicators. If time and resources allow, the resilience + information intervention is more suitable for Mainland new immigrants so that both personal resilience and knowledge could be enhanced.

5.2 OTHER BENEFITS

Collaboration within and among study personnel led to shared learning and capacity-building for the NGO. Frontline experience and detailed content of the project were documented through publicity materials and activities, and souvenirs. A Knowledge Transfer and Sharing Workshop was held and an intervention manual with CD-ROM was compiled to benefit social workers, counselors, teachers, students, participants of the project and the general public.

These studies also contributed to the science of intervention as the team has presented papers and posters for symposiums and conferences. Apart from the paper on Phase I results entitled “A pilot randomized controlled trial to decrease adaptation difficulties in Chinese new immigrants to Hong Kong” in Behavior Therapy (impact factor=2.911), another paper entitled “Resilience and depressive symptoms in Mainland Chinese immigrants to Hong Kong” has been published in Social Psychiatry and Psychiatric Epidemiology (impact factor=2.861).

5.3 FUTURE DIRECTIONS

The team continues to promote evidence-based practice and randomized controlled trial, and to work on additional papers on public health and psychology.

The study involved minimal screening. Nearly all new immigrants (resided in Hong Kong for one year or less, had at least a primary school education, and had children in schools in Hong Kong) who showed interest were included in the study. Future studies could consider narrowing the inclusion criteria to specific new immigrants, such as those with lower income level or those with a strong desire for social networking, in order to identify appropriate participants who could mostly benefit from intervention.

From participants' feedback, social workers' comments and additional data analysis, we could identify active components in the resilience + information intervention, which could help explore the possibility to reduce the number of sessions in future studies. To reduce questionnaire burden, the redundant items measuring the inactive components could be removed.

The study lasted for a long period. Participants came to the venue five to seven times to attend the sessions and complete the assessments, while social workers delivered the same content many times to each group of participants, and had to arrange make-up of each missed session of each participant. To reduce traveling burden of participants and reduce social workers' burden, the format of conventional intervention could be changed. An online resilience intervention, which allows for more flexibility in venue and time, could be designed and tested in future studies.

In order to generalize the effectiveness of resilience intervention and benefit more people, further studies could also consider the application of resilience framework on other populations or vulnerable groups apart from Mainland new immigrants.

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NOTE

NOTE

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"EVALUATION ON BOOSTING POSITIVE ENERGY PROGRAMME" ASSESSMENT QUESTIONNAIRE

You are cordially invited to sparse around 5-8 minutes to complete the "Evaluation on Boosting Positive Energy Programme" 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.

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

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"EVALUATION ON BOOSTING POSITIVE ENERGY PROGRAMME" 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 Boosting Positive Energy Programme"?
   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 Boosting Positive Energy Programme"? (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 Boosting Positive Energy Programme" 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 Boosting Positive Energy Programme" 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 Boosting Positive Energy Programme" practical?
   ① Very practical ② Practical ③ Neutral
   ④ Not very practical ⑤ Not practical at all

6. Do you think this "Evaluation on Boosting Positive Energy Programme" 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 Boosting Positive Energy Programme" 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 Boosting Positive Energy Programme" 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 Boosting Positive Energy Programme", what is your biggest acquisition? Do you have any other opinions?

   _____

   _____

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

11. Gender:
    ① Male ② Female

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

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

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

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

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

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

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

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

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

Name: _____

Phone: _____

Email: _____

Address: _____

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