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Project Brief

Happy Family Kitchen Movement

正向心理學
POSITIVE PSYCHOLOGY

提証為人
EVIDENCE GENERATING

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EVIDENCE BASED

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

Happy Family Kitchen Movement
Introduction

Background

Families residing in Hong Kong are often faced with long working hours and stressful urban lifestyles which can interfere with family communication and gatherings that are essential to the well-being of family members. Happy Family Kitchen I and II Projects were therefore conducted by The Hong Kong Council of Social Service (HKCSS) and the School of Public Health of The University of Hong Kong (HKU) to promote FAMILY Health, Happiness and Harmony (3Hs) through advocating positive family communication. Happy Family Kitchen I (HFK I) was launched in Yuen Long district with participation from 23 social service units during September 2010 to November 2011; Happy Family Kitchen II (HFK II), an improved version, was extended to 31 social service units and schools in Tsuen Wan and Kwai Tsing districts during February 2012 to August 2013. Nearly 5,000 individuals from more than 2,000 families participated in the two projects. Over 120 professional social service workers were trained to design and implement the community-based family intervention programmes. The results from both HFK I and II showed that the community programmes were well-received by families, with significant improvements found in their family well-being and intervention-related behaviour.

Happy Family Kitchen Movement (HFKM) was developed based on the strong foundation of HFK I and II. In addition to inadequate family communication, many people in Hong Kong also have inadequate physical exercise and unhealthy eating habits. According to the FAMILY Project Cohort Study (2014), 88.6% of Hong Kong people had inadequate vegetable and fruit intake, 70.6% had inadequate physical exercise, 26.4% were overweight and 5.4% were obese. In view of these health concerns, HFKM was developed and implemented at a territory-wide level, with a focus on FAMILY Holistic Health, in order to increase the awareness of the Hong Kong community on the importance of FAMILY 3Hs. HFKM had four major highlights: (1) enriched practice model; (2) wider stakeholder engagement; (3) enhanced train-the-trainer programme; and (4) larger coverage and scope.

Project Aims

1. To promote FAMILY Health, Happiness and Harmony (3Hs) by building the capacity of families for positive communication;
2. To enhance the practice model by adding elements of FAMILY Holistic Health, including physical exercise and healthy diet;
3. To scale up the project impact by promoting the practice model from a community level to the whole territory; and
4. To mobilise community participation by training more service workers and volunteers and engaging more stakeholders in promoting FAMILY Holistic Health.

Happy Family Kitchen Movement
Project Design And Methods

Overall Project Design and Methods

To achieve the objective of promoting FAMILY Holistic Health, Happy Family Kitchen Movement consisted of five major components: (1) family holistic health district events; (2) train-the-trainer programmes for service practitioners and health ambassadors; (3) community-based programmes; (4) a project finale event; and (5) public education on a territory-wide level. Evaluations were vigorous and evidence generating, using both quantitative and qualitative methods to assess changes in participants' family well-being and behaviour.

Project components

Family Holistic Health District Events

To arouse the awareness of community stakeholders and the public towards the project, a launching event was organised in Tseung Kwan O under a theme related to FAMILY 3Hs. Game booths were set up to deliver educational messages of positive psychology, physical exercise and healthy diet. The "Happy Family Month" campaign was launched in May 2016 comprising a series of district events organised in 11 Social Welfare Department administrative districts, thus covering all 18 Hong Kong districts to create a larger impact for promoting FAMILY Holistic Health.

Train-the-trainers Workshops

A series of train-the-trainers workshops were conducted for 351 service workers and ambassadors or volunteers (n=351) in different districts to equip them with the knowledge and skills for designing and/or implementing the community-based programmes. The training content covered the FAMILY Holistic Health intervention model including positive psychology, physical exercise and healthy diet, and the application of the Logic Model in programme design.

Community-based Family Intervention Programmes

After the completion of the train-the-trainers workshop, participating social service units and schools across different districts designed and implemented their own community programmes by focusing on a positive psychology theme and a physical health theme. To ensure programme consistency and quality, programme proposals were submitted to the project steering committee for approval before funding and implementation.

Project Finale

To consolidate the achievements of HFKM, a project finale event was organised in December 2016 to enable the participating families, social service units and schools to share their practice wisdom on FAMILY Holistic Health.

Public Education at Territory Level

Social media were used as a platform to engage the public in the promotion of FAMILY Holistic Health. A new edition of the "Happy Family Cookbook" was published, including both recipes for Zero-time Exercise (ZTEx) and for healthy diet. 15,000 cookbooks were distributed across the territory through the networks of social service organisations, Social Welfare Department, schools, district councils and other community stakeholders, as well as via programme participants.

Happy Family Kitchen Movement
Project Summary

Happy Family Kitchen I in Yuen Long in 2011 and II in Tsuen Wan and Kwai Tsing in 2013 were conducted by The Hong Kong Council of Social Service (HKCSS) and the School of Public Health of The University of Hong Kong (HKU) to promote FAMILY Health, Happiness and Harmony (3Hs) through advocating positive family communication. Participating families reported significant improvements in their family well-being and intervention-related behaviour.

HFKM was implemented on a territory-wide level with a focus on FAMILY Holistic Health, which emphasises the integration of physical health and psychosocial health. Brief, simple and cost-effective community-based programmes were designed and implemented with deep collaboration from experienced NGO partners and community stakeholders. A new concept, "Zero-time Exercise" (ZTEx), was introduced to the public via training workshops and community programmes. It advocates exercise which requires no extra time, money and equipment (3 Zeros) and is easy, enjoyable and effective (3Es), so that individuals could do it anytime, anywhere and with anybody (3As). Combining this exercise concept with a positive psychology framework, the programmes helped families develop positive attitudes with a strong motivation to improve their holistic health by encouraging their family members to do more physical exercise and to eat more healthily together.

During July 2015 and October 2016, 54 social service units and schools from 28 non-governmental organisations, one government department and 7 schools organised 58 community-based family intervention programmes for 3,419 individuals from 1,420 families in Hong Kong. Two batches of train-the-trainer programmes were organised for 377 social workers and ambassadors (volunteers) to equip them with the knowledge and skills for designing and/or implementing the community-based family intervention programmes. The training programme included a 4-day workshop (15 training hours) for social workers and a 3-day workshop (9 training hours) for ambassadors (volunteers). Adopting a cluster randomised controlled trial (cRCT) design, the social service units and schools and their community participants were randomly allocated into 3 groups: Physical Exercise (PE) Group, with a core session of at least 2 hours, followed by a booster session of at least 1 hour after 1 month, and a follow-up session at 3 months (n = 918); Healthy Diet Group (HD) joined a core session of at least 2 hours, followed by a booster session of at least 1 hour at 1 month, and a follow-up session at 3 months (n = 1,226); and waitlist control group (Group C) with a tea gathering session, followed by another tea gathering session at 1 month, and a follow-up session at 3 months (n = 1,275). The follow-up session was conducted as a 3-month post-intervention assessment. Group C received healthy diet and physical exercise interventions; HD Group received a physical exercise intervention; and PE Group received a healthy diet intervention. These interventions were not part of the cRCT. The intervention programmes emphasised one of three positive psychology themes (joy, gratitude, and savouring) to promote physical exercise (ZTEx) or healthy diet (low sugar consumption). Quantitative assessments included pre-intervention (T1), immediate post-intervention (T2), 1-month post-intervention (T3), and 3-months pre- (T4) and post- follow-up sessions (T5, which was not part of the cRCT). Qualitative evaluations were conducted by focus groups and in-depth interviews. A total of 15,000 copies of Happy Family Cookbook 3 were distributed mainly to the public, and 500 copies of Professional Tool Kit 3 were disseminated to social service workers, teachers and related professionals in Hong Kong.

Results from the quantitative assessments showed a significant improvement in the mental quality of life in the two intervention groups (PE and HD) over time when compared to the control group. PE Group significantly increased its practice of ZTEx at follow-up, while no significant improvement was found in the control group. HD Group reported greater improvement in family harmony, subjective happiness and lower sugar consumption at follow-up compared with the control group. Furthermore, PE Group showed a higher level of subjective change in their family health and happiness, while HD Group showed a higher level of subjective change in their FAMILY 3Hs. Fitness test results showed that compared to the control group, PE and HD Groups performed better on single leg stance, and PE Group performed better on seated cycling in the air (pedalling of the legs), suggesting that the intervention was effective in improving their balance and endurance.

Qualitative study results provided further support for the programme's effectiveness and generated insights into the underlying motivations, thoughts and feelings of promoting lifestyle changes among family members. The majority of participants stated that the programme was a good platform for building family relationships, expanding their social network and promoting a healthy lifestyle. Several positive behavioural changes were also identified, such as an increase in family communication, Zero-time Exercise and healthy diet practices, which were associated with improved FAMILY 3Hs.

This community-based family intervention derived from a positive psychology approach, with emphasis on physical exercise and healthy diet, could be adopted as a simple and low-cost approach for promoting physical and psychosocial health among the general public and their family members.