FAMILY: A Jockey Club Initiative for a Harmonious Society

Project Brief — Happy Family Kitchen II

Community-based Participatory Project Series

Positive Psychology

Evidence-based Evidence Generating

Best Science Best Practice

Supporting Organisation

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3Hs - HEALTH - HAPPINESS - HARMONY - 家有康和樂 - 健康 - 快樂 - 和諧
Happy Family Kitchen project was one of the main components of the FAMILY Project with aims to promote FAMILY Health, Happiness and Harmony (3Hs) through advocating positive family communication. Organized from September 2010 to November 2011, the first HFK project (HFK I project) was completed successfully by The Hong Kong Council of Social Service (HKCSS) and the School of Public Health of The University of Hong Kong (HKU), with the participation of 18 non-governmental organizations (NGOs) and the Social Welfare Department (SWD) (23 service units in total) in Yuen Long district, with the following achievements:

- Over 1,000 families joined the 23 community programmes under the project themes of positive family communication;
- 50 professional social service workers were equipped with knowledge and skills in integrating positive psychology and programme design through Train-the-trainers Programme and co-learning;
- Built-in vigorous evaluation was conducted to assess the project process and outcomes;
- Practice wisdom was consolidated and shared with the social service sector through a sharing forum and a specially designed practice manual;
- Over 10,000 copies of Happy Family Cookbook were distributed to the public with positive feedback;
- A series of media publicity events (e.g. news features, magazines, RoadShow, YouTube etc.) were conducted to disseminate the key messages of positive family communication to the community.

Substantial impact was observed on individuals, families and community partners:

i. Participating Families – over 1,000 families in Yuen Long district participated in the community programmes and learned the ways to enhance communication with their family members through the means of cooking and dinning together;

ii. Social Service Practice – the prototype of the practice model adopting positive psychology was successfully piloted with empirical evidence of effectiveness. The practice wisdom of applying such model had been documented in a practice manual widely disseminated to guide future programmes. Besides, the evidence-based and evidence-generating practice approach was promoted by supporting NGOs and the social service sector to integrate theoretical framework (i.e. positive psychology) and programme evaluation into practice;

iii. Community Partnership – district-based collaboration network among NGOs and SWD was established for joint effort in promoting 3Hs in the community. The family-centred approach was adopted as the mission and foundation of collaboration among service units of different settings;

iv. Territory-wide Public Education – the key messages on encouraging positive family communication were disseminated to the whole territory through a series of publicity. The impact of the project was beyond Yuen Long district.

This was a large-scale community-based participatory project which aimed to integrate the best social service practice with public health science. Although HFK I project had achieved several successful outcomes, long-term effects of the project could only be evaluated by rigorous research design. However, it was worthwhile to improve and enhance the practice model with evidence support; to scale up the practice model and to strengthen the key messages of positive family communication in society to reach more people and districts. Therefore, the extended version – Happy Family Kitchen II (HFK II) project was developed.

**PROJECT AIMS**

1. To promote FAMILY Health, Happiness and Harmony (3Hs) by building capacity for families on positive communication;
2. To enhance and test the practice model integrating positive psychology and family education;
3. To improve and strengthen the community-based service model and promote sustainable application in the target districts.
Happy Family Kitchen II project was a Community-based Participatory Research (CBPR) project with 2 stages – Model Enhancement and Model Scaling-up stages throughout the duration of 18 months.

**Stage One: Model Enhancement**

*District-based Collaboration Platform*

The participating social service organizations and schools were recruited to form a collaboration platform for the project. The form of collaboration was realized at various levels. A steering committee and several working groups included the representatives of the participating organizations and schools were formed, convened by HKCSS to steer the overall direction, implementation and evaluation of the project.

*Train-the-trainers Programme*

Train-the-trainers Programme was conducted for the participating social service workers and teachers to equip them with knowledge and skills in implementing the community-based family intervention programmes. The content covered the theoretical framework of the project (e.g. positive psychology and family-centred working approach), and the application of suggested strategies of Five-Taste Model of Positive Communication in programme design. In addition, the training participants were introduced the public health approach in developing, delivering, and evaluating a community-based participatory project to promote 3Hs.

*Public Education Event*

To arouse the community stakeholders’ and public awareness towards this project, a public health education event was organized in Tsuen Wan with the theme related to positive family. Celebrities were invited for the promotion of the key messages to the public, with an emphasis of positive communication.

*Community-based Family Intervention Programmes*

After the completion of the Train-the-trainers Programme, participating organizations and schools conducted their own corresponding community intervention programmes, which were designed by themselves following a self-selected theme of the Five-Taste Model of Positive Communication. To ensure programme consistency and quality, participating organizations and schools were required to submit proposals of their own programmes to the steering committee for approval before funding and implementation.

**Stage Two: Model Scaling-up**

*Professional Tool Kit 2*

Insights on promoting positive family communication were distilled and consolidated from the practice wisdom of participating organizations and schools through the frontline experiences, not only from this project but also from HFK I project. A modified version of the professional tool kit consisted of practice and evaluation guides for different service settings was published. The tool kit served as the key reference and was further disseminated in a territory level towards other Hong Kong districts.

*Professional Workshop*

The Professional Workshop was organized in different regions (including Hong Kong Island and Kowloon). Social service workers of various service settings were invited to attend the workshop. 2 psychologists served as the speakers on how to apply positive psychology in practice, and staff from HKU illustrated the use of evaluation tools in assessing the outcomes of the family programmes. Participating organizations and schools of this project were invited to share their practice experiences in Tsuen Wan and Kwai Tsing districts as well.

*Happy Family Cookbook 2*

With the positive impact of Happy Family Cookbook 1 previously, a new edition of the cookbook – Happy Family Cookbook 2 was published and distributed to the whole territory. The new edition was enhanced with more attractive contents including healthy recipes and tips for positive communication.

*Family Forum*

To consolidate the achievements and impact of the project, Family Forum was organized in which the participating organizations and schools, HKCSS, HKU and other community stakeholders were invited to share their insights on fostering positive family environment.
Happy Family Kitchen I (HFK I) project that promoted family communication, relationships and FAMILY Health, Happiness and Harmony (3Hs), was successfully implemented in Yuen Long district in 2011 by a collaboration between The Hong Kong Council of Social Service (HKCSS) and the School of Public Health of The University of Hong Kong (HKU), with the participation of many community partners. The project was improved and scaled-up into Happy Family Kitchen II (HFK II) project that was organized successfully in Tsuen Wan and Kwai Tsing (consists of Kwai Chung and Tsing Yi) districts from February 2012 to August 2013, and the data collection was conducted until December 2013.

By adopting a Community-based Participatory Research (CBPR) approach, HKCSS and HKU worked closely in project design, implementation and evaluation. In the HFK II project, 23 social service units (from 16 organizations, of which 15 were non-governmental organizations and 1 was government department) and 8 schools, a total of 31 service units and schools organized 31 community-based family intervention programmes for about 1,000 families in Tsuen Wan and Kwai Tsing districts. 2 batches of Train-the-trainers Programme (a total of 28.5 hours) were organized to equip social service workers and teachers with knowledge and skills for designing and implementing the community-based family intervention programmes. The service units and schools with their community participants were randomly allocated into 3 groups (cluster randomization): core intervention, booster session at 4 weeks plus tea gathering at 3 months post-intervention (Group A, n=727); core intervention, tea gathering at 4 weeks plus booster session at 3 months post-intervention (Group B, n=636) and control group (Group C, n=707). Core interventions were designed based on the positive psychology Five-Taste Model of Positive Communication and were delivered by social service workers or teachers in 2-hour single sessions. Also, 1-hour booster sessions to review the core messages were implemented and evaluated within the participants in Group A. Participants’ data were collected at baseline (T1), immediate post-intervention (T2), 4 weeks (T3) and 3 months (T4) after baseline. Intention-to-treat (ITT – assuming those missing had not changed from baseline) analysis was employed and effect size (ES) was calculated among those aged 12 or above. Happy Family Cookbook 2 and Professional Tool Kit 2 were published, while a 2-day Professional Workshop and a 1-day Family Forum were held to disseminate the experiences and evidence to social service workers in Hong Kong.

At T4, intervention Groups A (1.9; ES=0.17, p<0.01) and B (1.65; ES=0.15, p<0.05) had greater changes in perceived family happiness (score range: 0-100, the higher the better) than control Group C (0.17). The corresponding changes for perceived family health (0.09; 0.12, 0.01), family harmony (0.53; 0.52, 0.22) and family communication (1.75; 0.08, 0.62) were similar among the 3 groups. Changes of behavioural indicators and intention (score range: 3-15, the higher the better) to promote 3Hs (e.g. dining with family, expressing gratitude and positive communication) were greater (ES=0.18-0.21, p<0.05) in Group A (score change from T4 to T1 – behaviour: 0.48; intention: 0.39) than the control group (score change from T4 to T1 – behaviour: 0.06; intention: 0.18).

This was one of the large-scale CBPR projects in Asia and the findings demonstrated that the simple interventions were feasible and effective in promoting positive family communication and family well-being with small effect size. Further studies to investigate methods to attract more participants and improve effect size are needed.