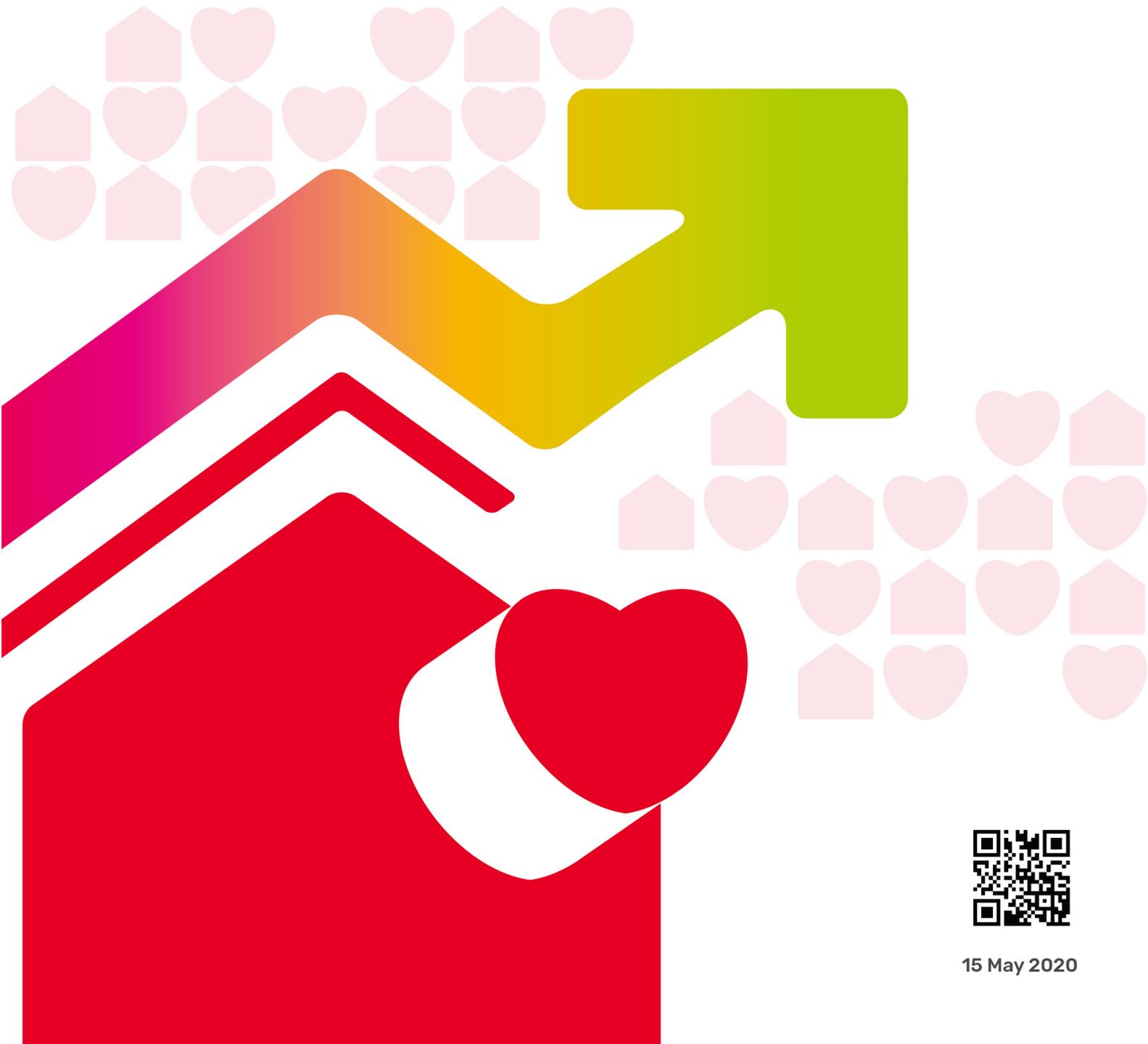




香港中文大學
The Chinese University of Hong Kong

RESEARCH REPORT ON A STUDY ON FAMILY WELLBEING INDEX IN HONG KONG

香港家庭幸福指數調查研究報告



15 May 2020

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Foreword

With many unprecedented changes in the world, such as COVID-19 and economic crisis, families are facing many challenges. In the local context, the “social event” triggered by the Extradition Bill in 2019 has also created many family issues, such as conflict amongst family members with different political views. Obviously, rapid changes in the global, regional and local economic, societal and political conditions have negative consequences for family wellbeing.

There are several reasons why we should assess family wellbeing. First, there are theoretical reasons for assessing family wellbeing because many family wellbeing research questions should be asked, such as prevalence of family “ill-being” and factors protecting family wellbeing. In particular, as most of the research studies on family wellbeing are based on Western theories and Western families, we need conceptual models and findings from non-Western contexts. Second, with growing challenges confronting families (e.g., economic disadvantage and lack of work-life balance), there is a need to understand the wellbeing of families. Instead of relying on isolated family cases which may be biased and non-generalizable, systematic research on family wellbeing (particularly through the use of objective indices) can give us a more objective picture about family wellbeing. Finally, objective understanding of family wellbeing can enable practitioners to develop appropriate family services. Besides, family wellbeing research can help policy makers formulate family-friendly policies that can promote family being.

Despite the importance of objective assessment of family wellbeing, scientific tools are sparse in the scientific literature, especially in different Chinese societies. I have been doing research on Chinese families and family assessment for more than three decades. One unfortunate observation is that although there are some local validated tools on family functioning, there is a lack of objective tools on Chinese family wellbeing. As the Editor in Chief of *Applied Research in Quality of Life* and an editor of the book series on *Quality of Life in Asia* published by Springer, I have been encouraging colleagues to do more work on family wellbeing. However, the scientific literature on Chinese family wellbeing is still thin.

Against the above background, the research done by colleagues of The Chinese University of Hong Kong based on the pioneer initiative of the Hong Kong Family Welfare Society is an innovative and important contribution to the field of Chinese wellbeing. Adopting a mixed-methods approach, the research team developed an objective measure of family wellbeing in

Hong Kong and examined the profiles as well as correlates of family wellbeing in Hong Kong. The findings of the study are very insightful which provide important pointers for the development of relevant family services and family-friendly policies. In particular, as the Chairman of the Family Council of the Hong Kong Special Administrative Region, PRC, I am very concerned about the finding that work-life balance in Hong Kong is in the “poor” range. Obviously, colleagues in different sectors should work together to understand the issues contributing to work-life balance problem in Hong Kong and develop strategies that can make the situation better.

I commend the good work done by colleagues of The Chinese University of Hong Kong and the vision of the Hong Kong Family Welfare Society. Obviously, the developed tool and the related findings can help family researchers, practitioners and policy makers to examine ways to promote family wellbeing in Hong Kong.

Daniel T.L. Shek, PhD, FHKPS, BBS, SBS, JP

Chairman, Family Council

Chair Professor of Applied Social Sciences, Li and Fung Professor in Service Leadership Education, and Associate Vice-President, The Hong Kong Polytechnic University

Changjiang Scholar (Changjiang Chair Professor)

Message from the Executive Director

Hong Kong Family Welfare Society (HKFWS) takes a family-centred perspective and is committed to providing high quality and professional services to help people improve their lives, strengthen and support family wellbeing, and foster a caring community. For decades, we have been promoting family wellbeing through rendering direct services and advocating values conducive to healthy development of families. In the process, we recognize the importance of understanding the level of wellbeing of Hong Kong families in general as well as those we are serving in particular to shed light on the design of our social service programme and relevant policy formulation. In attempts to exploring into this area, we commissioned tertiary institutions to have our maiden measures of Hong Kong family wellbeing undertaken by employing a validated measurement tool Family Quality of Life (FQoL) in 2017 and 2018. From these experiences, we see that an indigenously developed measure with local culture embedded could better reflect the wellbeing of local families. Against this background, since 2018 we have engaged a research team with extensive experience of direct practice and research in family work from the Department of Social Work of The Chinese University of Hong Kong to embark on developing an indigenous family wellbeing index to inform us and stakeholders of families the level of family wellbeing in Hong Kong.

It has been HKFWS's work approach of engaging the community and fostering partnerships to co-create, pass on and advocate family values, so as to build a caring society with family wellbeing as the core. In our belief that family wellbeing is a multidisciplinary concern deserving attention across different sectors and professions, we organised a "Symposium on Family Wellbeing in a Changing Society" in 2019 which is the formative stage of this index development, to provide a platform for sharing and exchange among local and overseas renowned scholars, family work practitioners, policy makers and relevant stakeholders. The knowledge and wisdom learnt have all become invaluable input to, and reference for, the present study.

Through these persistent efforts and the intensive work of the research team over these two years, we finally have made this Hong Kong Family Wellbeing Index (HKFWI) a reality. In the process of tool-development and data collection, we cautioned that family wellbeing might be under exceptional stress due to a series of unprecedented social events since June 2019. Yet we are confident that the HKFWI as well as the findings of this first territory-wide family wellbeing study provide valuable information about Hong Kong families and their challenges.

As a scientific measurement tool, the HKFWI could be applied regularly and continuously for tracing the trend of the wellness of Hong Kong families in the long run to provide implications and insight on services and policy formulation to support this basic unit of society.

We are indebted to Prof. Joyce Ma, Prof. Mooly Wong and their research teams from the Department of Social Work and the Hong Kong Institute of Asia-Pacific Studies, The Chinese University of Hong Kong for their dedicated efforts to develop this first ever home-grown index for Hong Kong families. We are grateful to Prof. Daniel Shek, Chairman of the Family Council of the HKSAR for his commendation on this study and his support to the work of HKFWS. The HKFWI is a “co-creation” by various stakeholders who care for the wellbeing of Hong Kong families. We are thankful for their contributions to make this index a reality and working with us to build a caring society of which family wellbeing is the core.

Amarantha Yip

Executive Director

Hong Kong Family Welfare Society

Executive Summary

Introduction

1. In view of the significance of family wellbeing with regard to the formulation of policies and development of services for Hong Kong families, and also because of the dearth of tailor-made measurements and relevant studies in Hong Kong, the Hong Kong Family Welfare Society (HKFWS) commissioned a research team from The Chinese University of Hong Kong to conduct this study. The aim of this study was to develop a socially relevant and culturally appropriate measurement tool with sound psychometric properties in terms of reliability and validity, and then to use that tool to assess the wellbeing of Hong Kong families.

Literature Review

2. Past studies on the concept of family and family wellbeing were reviewed.
3. The definition of family was adapted from the study of a Family Impact Assessment (2018) that conceptualized the family as *“a socially recognized group (consisting of at least two people in a relationship, usually joined by blood, marriage, or adoption) in which an emotional connection involving care, responsibility, and commitment has been formed among its members. Such a relationship arises from a sense of commitment and obligation, without a pre-determined timeframe”*. This definition was operationalized for the telephone survey as *“a unit consisting of at least two people (usually joined by blood, marriage, or adoption) living in the same household”*.
4. Being multi-dimensionally operationalized and contextually dependent, family wellbeing was defined as *“a state in which a family can perform various functions to satisfy the diverse needs of individual members of the family through interactions with the environment”*. In conceptualizing and operationalizing the concept of family wellbeing, the focus was on the contextualized multiple functions performed by the modern Hong Kong Chinese family.

The Process of Developing the Family Wellbeing Index

5. A mixed-methods approach was adopted to develop the Hong Kong Family Wellbeing Index (HKFWI). The process of development consisted of three stages and five steps.
6. The first stage was to construct the framework of the HKFWI and to draft the questionnaire for the pilot study. After carrying out the comprehensive literature review,

the research team conducted focus group interviews with service users (N = 9) from different family backgrounds, repeated group discussions with frontline social workers (N = 6) with different levels of experience, and in-depth interviews with other stakeholders (N = 7), including government officials, academics, helping professionals, and lawyers, to collect their comments and suggestions for improving the proposed index and questionnaire. After these steps, a tentative index consisting of 7 domains, 26 indicators, and 33 questions was developed for subsequent tests.

7. The second stage was to test the validity and reliability of the questionnaire through a pilot phone survey with a small random sample (N = 205). The criteria for the inclusion of the respondents included: (1) aged 18 or above, (b) Hong Kong resident, (3) living with at least one family member, and (4) capable of speaking Cantonese or Mandarin. Considering factors such as the response rate and feasibility, a cross-sectional random-digit-dialling telephone survey with a dual-frame (i.e., landline and mobile) sampling design was adopted. Repeated reliability tests and several rounds of exploratory factor analysis were conducted to test the reliability and validity of the index and to restructure and revise the index accordingly. In response to the results of the reliability tests and exploratory factor analysis, four questions were removed from the index after the pilot study mainly due to their unclear meanings and unsatisfactory statistical results. The revised index consisting of 7 domains, 26 indicators, and 29 questions was used for the main survey.
8. The same sampling frame and method as the one used in the pilot study was adopted for the main telephone survey, and 2,008 respondents were successfully interviewed in July and August 2019, yielding a response rate of 41.0% for the landline survey and 42.4% for the mobile phone survey. The reliability and validity tests for the HKFWI were based on the analysis of the 1,343 cases for which there were complete data. Six hundred and seventy-six respondents were reached by landline phones and 667 respondents by mobile phones. The survey results were weighted based on the probabilities of being selected for each respondent through the landline and mobile phone and up-to-date figures on the age-sex distribution of the population. The results of an exploratory factor analysis and a confirmatory factor analysis indicated that two questions regarding family and information communication technology, and one regarding family prospects should be removed, so that the final index consisted of 26 questions in total. These 26 questions were reorganized and renamed in accordance with the results of the analysis.
9. The finalized index consisted of six domains, including (1) *family solidarity*, (2) *family resources*, (3) *family health*, (4) *social connection*, (5) *social resources*, and (6) *work-life balance*. The overall reliability of the HKFWI was high, with a Cronbach's alpha = 0.904, and the reliability of each domain was found to be satisfactory.

10. Most of the finalized questions were presented as positive statements and the respondents were asked to rate their reactions on an 11-point Likert scale (e.g., 0 = strongly disagree to 10 = strongly agree).
11. The overall HKFWI score ranges from 0 to 10, and a higher score indicates better family wellbeing. It was calculated by summing up the separate domain scores multiplied by their respective weightings. The weighting of each domain was decided by analysing the data and considering normative adjustments from experts. The domains of family solidarity, family resources, family health, and social resources were each given a weighting of 20%, while the domains of social connection and work-life balance were each weighted at 10%.
12. Four levels of family wellbeing status, namely good (≥ 7.5), average (6 to < 7.5), below average (5 to < 6), and poor (< 5), were set based on the percentiles of the HKFWI scores of the sample.

Wellbeing of Hong Kong Families 2019

13. Based on the analysis of the main survey data (N = 1,343), we reported the family wellbeing status and the predictive factors of the family wellbeing of Hong Kong families during the study period.

Family Wellbeing Index scores

14. The overall HKFWI score (6.23) was within the “average” range, with family solidarity (7.41), family resources (7.29), and family health (6.99) standing at the good end of the “average” range; social resources (5.19) falling in the “below average” range; and social connection (4.10) and work-life balance (4.45) in the “poor” range.
15. About one out of ten (10.9%) respondents scored “good” on the overall HKFWI (7.86), with scores of over 8.5 in the domains of family solidarity (8.96), family resources (8.84), and family health (8.55). However, the score for work-life balance (5.59) fell just within the “below average” level.
16. Just over half (50.7%) of the respondents scored “average” on the overall HKFWI (6.67), “good” on family solidarity (7.87) and family resources (7.79), “average” on family health (7.38), “below average” on social resources (5.79), and “poor” on work-life balance (4.47) and social connection (4.50).
17. Over a quarter (26.4%) of the respondents scored “below average” on the overall HKFWI (5.57), with “average” for three domains (family solidarity: 6.76; family resources: 6.55; family health: 6.64), and “poor” for all three other domains (social resources: 4.30; work-life balance: 3.97; social connection: 3.25).

18. Twelve per cent of the respondents scored “poor” on the overall HKFWI (4.36). This group scored “below average” or “poor” on all domains, and the scores for social resources and social connection even fell below 3.

Socio-demographic characteristics across levels of family wellbeing

19. With respect to the overall HKFWI score and the domain scores of the four family wellbeing groups, there was a decreasing trend from the “good” to the “poor” groups, with the exception of the domain of work-life balance. All of the family wellbeing groups except “good” had scores of below 5 in this domain, with the “poor” group having scores slightly higher than those of the “below average” group.
20. The Pearson’s chi-squared test was performed to examine the socio-demographic attribution across levels of family wellbeing. The results showed that there were no significant differences in distribution of gender, age, and number of family members who needed special care among the four family wellbeing groups. However, significant differences were found in education level, economic activity status, types of family structure, family income, and the occurrence of a family crisis across the four levels of family wellbeing.

Factors influencing Family Wellbeing Index

21. Bivariate and multivariate analyses were conducted to examine the relationships among the various variables and to identify the factors that affect family wellbeing. The dependent variables included the respondents’ HKFWI score and various domain scores; and the independent variables included gender, age, education level, economic activity status, family structure, family income, occurrence of family crisis, and number of family members who needed special care.

Gender

22. There were slight differences between the male and female respondents in their HKFWI scores as well as in their scores in the domains of family solidarity, family resources, and work-life balance. However, the male respondents had significantly higher scores in family health than the female respondents, while the female respondents had significantly higher scores in social connection and social resources than the male respondents.

Age

23. The age of the respondents was found to be positively related to their HKFWI score as well as to their scores in the domains of family health and social connection. Yet in the domain of family solidarity, middle-aged respondents had the highest score, followed by

older and young respondents. No significant age difference was found in the other domains.

Education level

24. Education level had a significant positive effect on the HKFWI and on the domains of family resources and work-life balance, with people with a tertiary education scoring significantly higher than those without a tertiary education. Respondents with or without a tertiary education had similar mean scores in the four domains of family solidarity, family health, social connection, and social resources.

Economic activity status

25. Economically active and inactive respondents differed slightly in their mean scores for the HKFWI and for the domain of social resources. Also, economically active respondents had higher scores for family solidarity, family resources, and family health than economically inactive respondents, while the opposite was true for the results on social connection and work-life balance.

Family structure

26. Types of family structure had an impact on family wellbeing, although the results were complicated. Respondents living under different family structures varied slightly in their mean scores for family solidarity and work-life balance. Other than that, people living in a nuclear family with children had higher scores for the HKFWI, family resources, family health, social connection, and social resources than people living under other family structures. By contrast, people living in single-parent families had the lowest scores for the HKFWI, family resources, and family health, while members of three-generation families and nuclear families without children were ranked at the bottom in the domains of social connection and social resources, respectively.

Family income

27. Family income was positively related to HKFWI score and all the domain scores of family wellbeing, with the exception of family solidarity. In the domain of family solidarity, people with a middle level of family income performed the worst.

Occurrence of family crisis

28. Having a family crisis in the previous year was negatively related to HKFWI score and almost all domain scores of family wellbeing, with the exception of social connection and work-life balance.

Number of family members who needed special care

29. The burden of taking care of a family member with special physical or mental health needs was also demonstrated to be an important factor negatively influencing HKFWI and particularly the two domains of family health and family resources. The difference in other domains was not significant.
30. The results of the regression analysis further confirmed that age, education level, family income, and the occurrence of a family crisis in the previous year had an independent and significant effect on the HKFWI. People who were middle-aged or above, tertiary educated, had a middle or high level of family income, and had not encountered a family crisis in the previous year had a higher HKFWI than those who were young, had a secondary level of education or below, had a low level of family income, and had suffered from a family crisis in the previous year.

Discussion and Recommendation

31. This is the first study conducted in a Chinese context to have developed a family wellbeing index that is socially relevant and culturally specific. It is also the first survey study to have investigated the wellbeing of Hong Kong families using a scientific tool. It contributes to academia by filling in knowledge gaps, and to social work practice by providing a useful reference for different stakeholders in the making of policies and planning and delivery of services. Specifically, government officials and social service practitioners could identify vulnerable groups and learn about their needs in detail, and then set up relevant social policies and services accordingly. Special attention should be paid and appropriate assistance given to people with an HKFWI score falling within the “below average” and “poor” ranges, as well as to single-parent families, those with members in need of special care, or those having experienced a family crisis during the previous year. Policy makers and practitioners should derive a systemic understanding of the target population or of the client whom the policy will affect by referring to the HKFWI scores, so as to devise strategies or services specifically tailor-made for that population or client, taking into consideration both the protective and risky factors of the target.
32. When using the HKFWI and in interpreting the results of the study, readers should bear in mind that the study has several limitations, including: (1) the potentially biased structure of the proposed index resulting from the use of the convenience sampling method for the focus groups and in-depth interviews; (2) the lack of further validation of the index because of the cross-sectional nature of the research design; (3) the possibility that the validity of the measurements had been affected because of the limited number of questions in each domain, due to the length limits of the telephone survey, and (4) the

potential for the results to be negatively tilted because of the socio-political turmoil that was taking place in Hong Kong during the period of the main telephone survey.

33. It is recommended that longitudinal studies be conducted to further refine the measurements and track changing trends in the wellbeing of Hong Kong families. The coverage of the study should also be extended to other ethnic groups (e.g., Indians, Pakistanis, Nepalese, and Western people), and a household survey is highly recommended.

Remarks

Recommendations from the Hong Kong Family Welfare Society: please refer to pp. 76-80.

行政摘要

引言

1. 鑒於家庭幸福對政策制定與服務發展的重要性，以及目前香港在此方面仍然缺乏相關的探討和測量工具，香港家庭福利會委託香港中文大學研究團隊開展本研究項目，期能制定一套適合香港社會文化、信效度俱佳的家庭幸福測量工具，並評估香港家庭的幸福水平。

文獻回顧

2. 此部分的文獻回顧集中梳理與「家庭」和「家庭幸福」兩者有關的概念和研究。
3. 本研究借鑒並適當調整2018年香港家庭影響評估 (Family Impact Assessment) 研究對於「家庭」所作的定義，將其概念化為：家庭由兩人或以上組成 (通常源於血緣、婚姻或領養)，彼此間的關係存在情感支持和照顧的功能，而關係的維持是基於承諾和責任，且沒有預設時限。在電話調查的部分，使用的操作定義納入「同住家人」此項條件。
4. 「家庭幸福」具有多元面向、情境相依的特徵，在本研究中被定義為「家庭在與環境互動中履行各項家庭職能、滿足其成員多元需要的能力的狀態」。

家庭幸福指數建構

5. 本研究採用定性與定量混合的研究方法，整個家庭幸福指數的建構過程由三個階段 (共五個步驟) 組成。
6. 第一階段是建構家庭幸福指標架構，並為第二階段的調查草擬問卷。在完成文獻回顧之後，研究團隊通過焦點小組討論和個別訪談的方式，蒐集不同持份者 (包括家庭背景不同的服務使用者九名、經驗深淺有別的前線社工六名，和公務員、學者、助人專業工作者、律師等七名) 對於指標架構及問卷初稿的意見和建議。以此為基礎，一個包含7個範疇、26個指標和33條問題的家庭幸福指標架構於是初步建設完成。

7. 第二階段是通過一個小型電話預試調查 (N = 205) 來檢驗問卷的信度和效度。這項小型電話調查的受訪者需具備以下條件：(1) 年滿18歲，(2) 香港居民，(3) 與至少一名家人同住，(4) 能操粵語或普通話。考慮到對實際操作有所影響的因素，例如回應率和可行性等，本研究採用了雙重框架抽樣 (固網電話與手提電話) 的隨機撥號電話調查方式進行。數據收集完成後，研究團隊反覆檢驗該問卷的信度和效度，並根據數據分析的結果調整主體調查的問卷內容和指標架構。基於統計結果，共有四條問題因為內容不明確或統計結果不理想而被刪除，新的指標架構由7個範疇、26個指標和29條問題組成。
8. 主體調查採用與預試調查相同的框架和方式進行抽樣，於2019年7月至8月期間進行，共成功訪問2,008位人士，固網電話與手提電話調查的回應率各為41.0%和42.4%。問卷的信度和效度檢測是基於對1,343個有完整數據的樣本所作的分析。這1,343個受訪者中，通過固網電話和手提電話接觸的各有676和667位。進行數據分析時，按個人在雙重框架電話號碼取樣中的受訪機率，以及香港人口的年齡性別結構比例對數據作出權重調整。通過探索性因子分析和驗證性因子分析之後，確認的指標架構由26條題目組成 (移除了兩條關於家庭與信息技術運用和一條關於家庭前景的問題)。指標架構也因應分析結果而進行重組和再命名。
9. 最後得出的香港家庭幸福指數由以下六個範疇組成：(1) 家庭團結，(2) 家庭資源，(3) 家庭健康，(4) 社會連繫，(5) 社會資源，和 (6) 生活平衡。整體指數 (Cronbach's alpha = 0.904) 和各範疇的信度都令人滿意。
10. 在最終版本的問卷，問題大都為肯定的陳述句，要求受訪者根據自身情況對每一條問題進行0至10的打分 (例如 0 = 非常不同意，至 10 = 非常同意)。
11. 家庭幸福指數由0至10，分數愈高代表家庭幸福水平愈高，其計算方式是各範疇得分與其權重相乘的總和，而各範疇的權重是通過數據分析和專家意見而得出，其中家庭團結、家庭資源、家庭健康、社會資源的權重各為20%，社會連繫和生活平衡的權重則各為10%。
12. 根據樣本的指數分數，研究團隊將家庭幸福水平劃分為四個層級：7.5分或以上為「良好」，6至<7.5分為「一般」，5至<6分為「偏低」，5分以下則屬「較差」。

2019 年香港家庭幸福水平

13. 基於主體調查數據 (N = 1,343) 分析，我們初步確定了香港家庭在本調查期間整體的幸福水平及相關預測因子。

家庭幸福指數得分

14. 整體而言，香港家庭幸福水平處於「一般」範圍（6.23分），其中家庭團結（7.41分）、家庭資源（7.29分）和家庭健康（6.99分）達「一般」偏上水平，社會資源（5.19分）則跌入「偏低」範圍，而社會連繫（4.10分）和生活平衡（4.45分）更屬「較差」水平。
15. 家庭幸福指數屬「良好」的個案佔樣本的10.9%，整體指數得7.86分，其中家庭團結（8.96分）、家庭資源（8.84分）和家庭健康（8.55分）得分超過8.5，但是生活平衡（5.59分）的得分則落在「偏低」範圍。
16. 家庭幸福指數屬「一般」的個案佔樣本的50.7%，整體指數得6.67分，其中家庭團結（7.87分）和家庭資源（7.79分）屬「良好」，家庭健康（7.38分）屬「一般」，社會資源（5.79分）屬「偏低」，而生活平衡（4.47分）和社會連繫（4.50分）則屬「較差」。
17. 家庭幸福指數處於「偏低」範圍的個案佔樣本的26.4%，整體指數得5.57分，家庭團結、社會資源和家庭健康（各得6.76、6.55和6.64分）屬「一般」，另外三項則情況較差，包括社會資源、生活平衡和社會連繫（各得4.30、3.97和3.25分）。
18. 家庭幸福指數跌入「較差」範圍的個案佔樣本的12.0%，整體指數得4.36分。該組別所有範疇的得分都屬「偏低」或「較差」，社會資源和社會連繫兩個範疇的得分甚至低於3。

家庭幸福水平與人口社會特徵

19. 整體而言，從「良好」至「較差」的四個組別，其家庭幸福指數的總得分和各範疇得分均呈下降趨勢，只有生活平衡除外，在此範疇，除整體家庭幸福屬「良好」的組別外，其他三個組別的得分都低於5，然而，「較差」組別的得分略高於「偏低」組別。
20. 經由皮爾森卡方檢驗得出各人口社會特徵在四個家庭幸福水平組別的分佈差異，可知各組別在性別、年齡、家中需要特殊照顧的人數等方面並無顯著差異。然而，教育水平、經濟活動身分、家庭結構、家庭收入，以及過去一年家中發生重大變故等因素，在各組別的分佈則差異顯著。

影響家庭幸福指數的因素

21. 研究團隊運用雙變項和多變項分析，以探討下述人口社會特徵與家庭幸福指數的關係。

性別

22. 兩性在整體家庭幸福指數，以及家庭團結、家庭資源、生活平衡等範疇的得分，均沒有顯著的差異。但是，男性在家庭健康範疇的分數高於女性，而女性在社會連繫和社會資源範疇的得分則遠高於男性。

年齡

23. 年齡與家庭幸福指數，以及家庭健康和社會連繫兩個範疇都呈顯著的正向關係。然而，在家庭團結方面，中年組別的得分最高，年長組別次之，青年組別的得分則最低。其他範疇則無顯著的年齡差異。

教育水平

24. 教育水平對整體家庭幸福指數，以及家庭資源和生活平衡等範疇有顯著的正向影響，受過高等教育的人士，其家庭幸福指數顯著偏高。在其他範疇，包括家庭團結、家庭健康、社會連繫和社會資源，是否受過高等教育則無顯著差異。

經濟活動身分

25. 經濟活動身分與整體家庭幸福指數和社會資源範疇，並無顯著的關係。但是，從事經濟活動人士在家庭團結、家庭資源和家庭健康等範疇的得分明顯偏高；而非從事經濟活動人士在社會連繫和生活平衡範疇的得分則相對較高。

家庭結構

26. 家庭結構類型亦對家庭幸福指數有所影響。整體而言，家庭結構類型相異者在家庭團結和生活平衡範疇的得分基本相若。除此之外，居於有子女的核心家庭的人士在家庭幸福指數，以及家庭資源、家庭健康、社會連繫和社會資源等範疇的得分，明顯高於其他家庭結構的人士；與此相反，單親家庭組別在家庭幸福指數，以及家庭資源和家庭健康上得分最低，而三代家庭、無子女的核心家庭，則分別在社會連繫和社會資源兩個範疇上得分最低。

家庭收入

27. 家庭收入與家庭幸福指數，以及家庭團結以外的所有範疇都呈顯著的正向關係。在家庭團結範疇，中等收入的家庭得分最差，而非低收入家庭。

家庭發生重大變故

28. 如在過去一年發生過重大家庭變故，這對整體家庭幸福指數和幾乎所有範疇都有負面作用，但社會連繫和生活平衡這兩個範疇除外。

有特殊照顧需要的家庭成員數

29. 家庭中如有需要特殊照顧的成員，其數量的多少對整體家庭幸福指數，以及家庭健康和家庭資源兩個範疇都產生負面影響，對其他範疇的影響則不顯著。
30. 迴歸分析的結果，進一步確認年齡、教育水平、家庭收入和過去一年家庭有否發生重大變故對家庭幸福指數有顯著的獨立影響。中年、年長、受過高等教育、家庭收入中等或偏高、過去一年家中沒有發生重大變故人士的家庭幸福指數，顯著高於年輕、沒受過高等教育、家庭收入偏低、過去一年家中發生重大變故的人士。

討論與建議

31. 這是首個建構適用於華人社會文化的家庭幸福指數研究，亦是首個以嚴謹的科學測量工具探討香港家庭幸福的研究。本研究填補了此領域的知識缺口，同時為不同持份者提供社會政策與服務時的有益參考資料。具體而言，政府和社會服務人員可以利用家庭幸福指數此一工具和參考本研究的結果，識別社會中較為弱勢的人群並細緻了解他們的需求，從而制定相應的政策和提供所需的服務。依據本研究的結果，社會政策和服務應特別關注那些家庭幸福指數分數跌入「偏低」和「較差」的群組，以及單親、有成員需要特殊照顧，和過去一年曾發生重大變故的家庭。政策制定者和前線社工可根據目標群體的家庭幸福指數，全面且系統地理解他們的狀況，從而提供有針對性的、將保護因子和危險因子都納入考慮的協助。
32. 在使用有關指數以及理解本研究的結果時，讀者需注意本研究的以下幾個限制：
 - (1) 在研究的第一階段(即焦點小組討論和個別訪談)，採用了方便抽樣法招募成員以評述指標架構，這可能造成結果方面的一些偏差；
 - (2) 橫斷性的研究設計，無法進一步驗證該問卷的信度和效度；
 - (3) 因考慮到電話訪問的回應率而縮減問卷長度，每個範疇的題目有限，可能影響該指數的效度；
 - (4) 在進行主體調查數據收集期間，發生了激烈的社會政治事件，這可能導致研究數據偏離一般值。

33. 如果進行追蹤研究，可彌補以上的不足，同時亦可建立起對香港家庭幸福水平的縱貫數據。此外，未來研究需將研究對象擴展至香港的少數族裔（例如印度、巴基斯坦、尼泊爾和西方人士）。若條件允許，入戶調查將是比電話調查更為理想的數據收集方式。

備註

香港家庭福利會的建議 (英文版)：請參閱第76至80頁。

1. Introduction: The Background and Objectives of the Study

- 1.1 The family, as the basic social unit, matters to society in general and to the individuals that make up these families. Its importance is especially significant in Chinese societies like Hong Kong that uphold traditional familial values and that depend heavily on the family to provide various forms of protection, support, and services for its members. It is common sense supported by well-established research evidence that family wellbeing and individual wellbeing are highly interrelated in multiple ways. Family resources, functioning, and relationships could have a salient effect on the development and wellbeing of individuals. The pursuit of family wellbeing has also been an important element in the formulation of public policies (Zimmerman 2013).
- 1.2 The Hong Kong government has also recognized the importance of strengthening family functioning and fostering family wellbeing in society for the future betterment of our society through developing the Family Impact Assessment (FIA) for use in formulating policies (Family Council 2017). It requires the government, when formulating policies related to families, to assess the impact of those policies on family responsibility, family stability, family relationships, and family engagement. The Hong Kong Family Welfare Society (HKFWS), a prominent non-governmental organization (NGO) in Hong Kong, has also launched studies to assess the family interaction, parenting, mental wellbeing, and physical wellbeing of families in Hong Kong (Hong Kong Family Welfare Society 2017; Public Opinion Programme, The University of Hong Kong & Hong Kong Family Welfare Society 2018). The HKFWS is committed to developing and offering high-quality social services for individuals and families in need and has adopted a family perspective in designing, developing, and delivering its services, in accordance with its organizational mission and vision to promote and foster family wellbeing in Hong Kong.
- 1.3 However, despite the significance of family wellbeing in policy formulation and in the design and development of services for Hong Kong families, only a limited number of relevant studies on this subject have been conducted in Hong Kong, and there is no rigorous measurement tool to assess the wellbeing of Hong Kong families. In most local studies an adapted scale has been used to measure family wellbeing (e.g., Hong Kong Family Welfare Society 2017; Public Opinion Programme, The University of Hong Kong & Hong Kong Family Welfare Society 2018). There have also been a few local studies in which a self-constructed tool was used (Policy 21 Limited 2012, 2014, 2016, 2019). These studies were limited in that they measured a single aspect or only a few aspects of family wellbeing (Palamaro-Munsell et al. 2012; Siu & Shek 2005), and also because psychometric properties for the scales were lacking. The need for a suitable

measurement tool calls for a comprehensive view of family wellbeing, so that the concept can be operationalized and assessed accordingly (Jirapongsuwan et al. 2012; Noor et al. 2014).

1.4 In view of this knowledge gap, the HKFWS commissioned an inter-disciplinary research team comprising members from the Department of Social Work and the Hong Kong Institute of Asia-Pacific Studies of The Chinese University of Hong Kong to conduct this study. The aims were as follows:

- (1) To develop a socially relevant and culturally appropriate measurement tool that has sound psychometric properties in terms of reliability and validity for use in assessing the family wellbeing of Hong Kong people; and
- (2) To assess the wellbeing of Hong Kong families.

2. Literature Review: Structuring the Family Wellbeing Index

- 2.1 The concepts of “family” and “family wellbeing” have been defined in different ways in different contexts. A thorough review of these concepts is necessary before they are defined and conceptualized for this study.

2.1 The Concept of Family

- 2.2 There is no single and one-size-fits-all definition of “family” because the circumstances in which families form are so diverse. The definition of family has been extensively debated, especially in this era when family structures and familial relationships are undergoing constant change. The review for the study entitled Family Impact Assessment (Department of Social Work and Social Administration, The University of Hong Kong 2018) revealed that different definitions have arisen in different contexts, each with different emphases, for example: legal relationships, biological connections, emotional bonds, households, self-definition (“families of meaning”), economic units, health insurance units, and units defined by the function of caring for children.
- 2.3 In Hong Kong, the Family Council (2013) adopted a common sense understanding of the concept of family, one that is regulated by law or custom. Regarding government policies concerning the family, the Family Status Discrimination Ordinance (Cap. 527) defines an “immediate family member” as a person who is related to the person by blood, marriage, adoption, or affinity. In this study, we use a definition adapted from one employed in the Family Impact Assessment study (2018) and conceptualize the family as *“a socially recognized group (consisting of at least two people in a relationship, usually joined by blood, marriage, or adoption) in which an emotional connection involving care, responsibility, and commitment has been formed among its members. Such a relationship arises from a sense of commitment and obligation, without a pre-determined timeframe”*. For the purpose of conducting a telephone survey, this definition was operationalized as *“a unit consisting of at least two people (usually joined by blood, marriage, or adoption) living in the same household”*.

2.2 The Concept of Family Wellbeing

- 2.4 Family wellbeing is a broad and a general concept. Terms such as quality of life, life satisfaction, family functioning, and living conditions have frequently been used to conceptualize family wellbeing in empirical studies conducted nationally (Wan et al. 2014) and internationally (Berger-Schmitt & Jankowitsch 1999). Wollny and her colleagues (2010) summarized three guidelines for viewing the construct after

reviewing different studies on family wellbeing conducted in Western countries. First, family wellbeing can be seen as a multi-dimensional concept encompassing different domains and as an amalgamation of different types of wellbeing (i.e., physical, social, economic, and psychological). Second, it can be viewed as the degree to which individual needs (e.g., food and shelter) and family functions (e.g., nurturing the next generation) are fulfilled. Third, there are also implicit criteria by which families are regarded as being “well” or “unwell”; these are subjective and may vary from one society to another due to differences in the underlying cultural, economic, social, and political context. In other words, family wellbeing should be viewed contextually. In summation, family wellbeing is multi-dimensional, consists of both objective and subjective assessments, and is contextually determined (Noor et al. 2014).

- 2.5 Being a multi-dimensional concept, family wellbeing is usually assessed comprehensively according to different domains of family function. In traditional Chinese societies, the ultimate goals of a family were to preserve solidarity and harmony within the family and to expand and continue the family. The major functions of the family were multiple, including reproduction, economic productivity, the socialization of children to eventually take on adult roles, the social control of family members to ensure the maintenance of order within the family and of groups external to it, ancestor worship and religious activities, and the physical maintenance and care of family members (Lee 1991; Wan & Law 2015; Wen et al. 1989). Solidarity and harmony were important for maintaining stable family relationships, while expansion and continuation were achieved through reproduction and longevity.
- 2.6 Due to the influence of industrialization, modernization, and globalization, Hong Kong families have undergone drastic changes. These have included the shrinking size of households and an increase in the number of nuclear families, unmarried people, divorced people, single-parent families, and one-person households (i.e., adults and elderly people); and a decrease in the birth rate (Wan & Law 2015), implying that family functions have changed in contemporary Hong Kong society. For instance, reproduction is no longer a major function of the family, as shown by the declining trend in Hong Kong’s total fertility rate from 1981 to 2017 (Census and Statistics Department 2018).
- 2.7 Currently, the family functions of Hong Kong Chinese families are quite similar to those of developed countries such as the U.S.A. and New Zealand (Social Policy Evaluation and Research Unit 2018; Zimmerman 2013). They include (1) providing care, nurture, and support (e.g., protective care for vulnerable family members); (2) managing resources (e.g., providing material and financial support beyond what family members can access as individuals); (3) providing socialization and guidance (e.g., parenting the next generation); and (4) providing a sense of identity and belonging (e.g., developing

a sense of belonging and security among family members through expressions of love, affection, and happiness and by building social cohesion) (Shae & Wong 2009; Wan & Law 2015). These functions are performed by families with various types of structures at different stages of the family life cycle (Zimmerman 2013).

2.8 A recent study published by the National Population and Family Development Board (2017) of Malaysia was found to be highly relevant and useful in the study of family wellbeing. The theoretical framework of that study was comprehensive, and was developed on the basis of studies related to family wellbeing conducted in Malaysia and other countries such as Australia, Canada, Pakistan, Sweden, the United Kingdom and the U.S.A. (Noor et al. 2014). The researchers have continued to update and refine the indicators of family wellbeing. In their latest report published in 2017, family wellbeing was operationalized into eight interconnected domains. Each domain has its own indicators, as follows:

- (1) family relationship domain (including indicators of parental involvement, quality time with family, work-family balance, close relationships, family functioning, family coping, and family resilience);
- (2) family economy domain (including indicators of financial wellbeing and financial management);
- (3) family health domain (including indicators of family health practices and general health);
- (4) family safety domain (including indicators of family safety and emergency knowledge);
- (5) family and community involvement domain (including indicators of community cooperation and community relationships);
- (6) family, the role of religion, and spiritual practices domain (including indicators of the role of religion and spiritual practices);
- (7) housing and environment domain (including indicators of housing area, pollution level, and recycling and the use of recycled goods); and
- (8) family and communication technology domain (including indicators of the influence of communication applications, the use of SMS and the telephone, and the control of communication technology usage).

2.9 While appreciating the contribution of the Malaysian study to developing knowledge about family wellbeing, we should be aware of its limited cultural adaptability to Hong Kong society. For instance, the population of Malaysia is comprised of mainly three ethnic groups: Malays, Chinese, and Indians, in contrast to Hong Kong, where about

92% of our population is ethnically Chinese. Besides that, Islam is a national religion of Malaysia. Hong Kong people are influenced by Christianity and Chinese folk religion; the latter being a mixture of Buddhism, Confucianism, and Taoism. Because of the differences between Hong Kong and Malaysia, our research team had to adapt and refine the Malaysian study's indicators of family wellbeing for our study in Hong Kong.

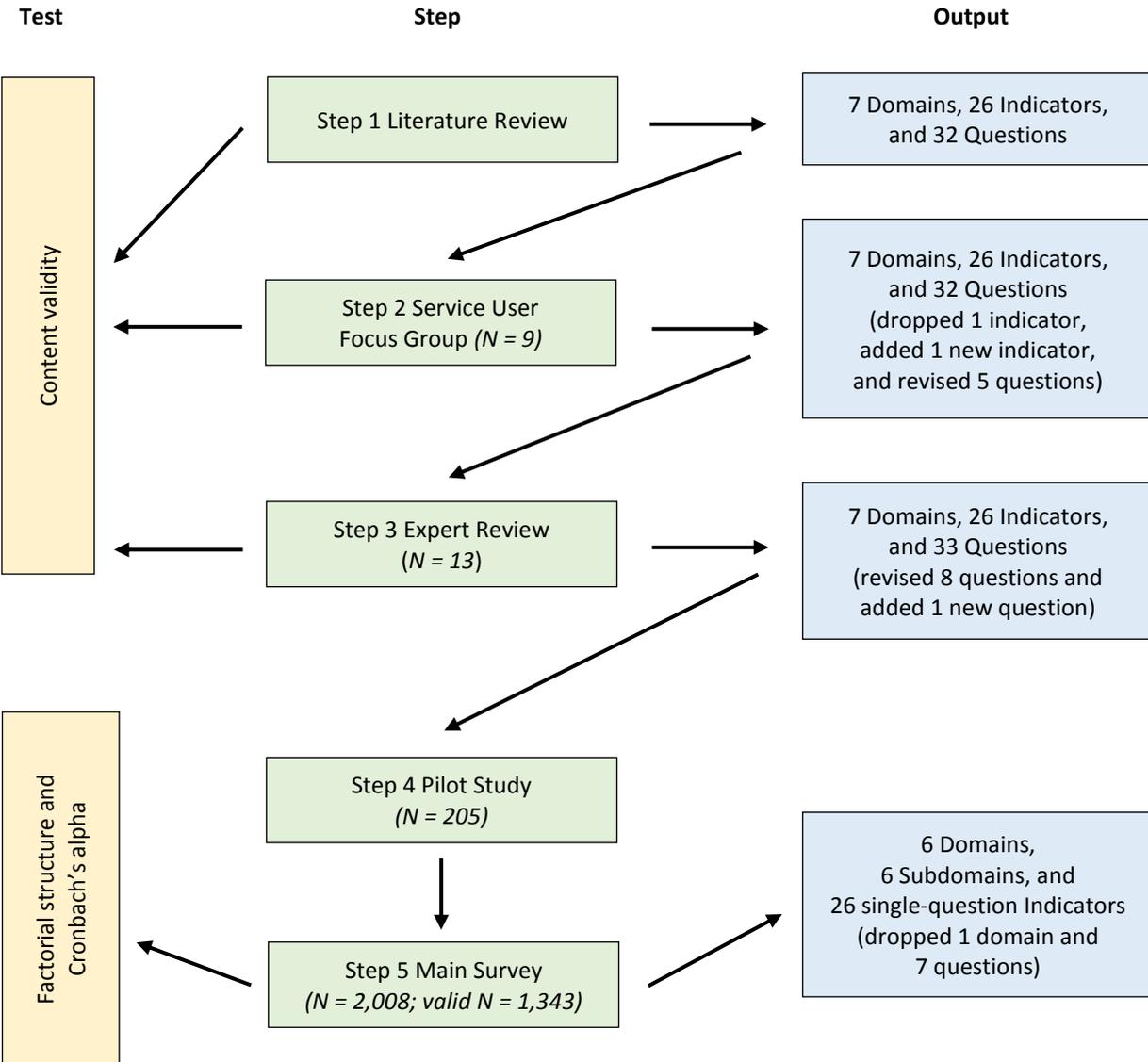
2.3 The Theoretical Structure of Family Wellbeing in this Study

- 2.10 On the basis of the literature review, family wellbeing in this study was defined as *“a state in which a family can perform various functions to satisfy the diverse needs of individual members of the family through interactions with the environment”*.
- 2.11 Both objective and subjective indicators were included. In addition to contextual characteristics such as the natural, social, economic, and political environments, technological developments and the cultural beliefs of Hong Kong people were also taken into account when constructing the HKFWI and when examining the results of the study.

3. The Process of Developing the Family Wellbeing Index

3.1 The procedure for developing the HKFWI was divided into three stages (comprising five steps), using both qualitative and quantitative methods. The main task of the first stage (steps 1, 2, and 3) was to construct the framework of the HKFWI and draft the questionnaire for the pilot study. The second stage (step 4) was to test the validity and reliability of the questionnaire, to adjust the index and questionnaire according to the results of the pilot study, and to finalize the questionnaire for the main survey. The third stage — the main survey (step 5) — was designed to validate the HKFWI. The following figure demonstrates the whole procedure (Figure 3.1).

Figure 3.1: Process of developing the Family Wellbeing Index



3.1 Constructing a Family Wellbeing Index for Hong Kong Families

Step 1: Literature review

3.2 In the beginning, the research team conducted a comprehensive literature review of the definition and construct of family wellbeing and derived an initial theoretical framework with an inclusive list of indicators of family wellbeing. A preliminary index with 7 domains, 26 indicators, and 32 questions was developed for subsequent refinement. These 7 domains covered the areas of family health and safety, family resources, care and support, family atmosphere, family responsibility, work-life balance, and family and community relationships.

Step 2: Service user focus groups (N = 9)

3.3 After the above step, a focus group discussion was conducted with service users to collect their feedback on the concept of family wellbeing, and to construct a structure for the index and the questionnaire. A convenience sampling method was used to recruit the informants. Nine informants who were service users and who had a diverse range of characteristics in terms of family roles, responsibilities, and experiences, were identified and recruited by the HKFWS to ensure a diversity of views on the study topic (Table 3.1).

Table 3.1: Profile of the service user informants (N = 9)

Informant	Gender	Age	Family structure	Family condition	N
1	Female	Elderly	Intergenerational family	In-law relationship problem	1
2	Female	Elderly	Elderly couple	Spouse with chronic illness	1
3	Male	Middle-aged	Intact family	New arrival from Mainland China, with a child with special educational needs	1
4	Female	Middle-aged	Single-parent family	Living in poverty	1
5	Male	Adolescent	Blended family	Student with special educational needs	1
6	Female	Middle-aged	Intact family	Child has special educational needs	1
7	Female	Elderly	Intergenerational family	Caregiver of spouse with chronic illness	1
8	Female	Middle-aged	Intact family	One parent with mental health issues	1
9	Female	Elderly	Intergenerational family	No special issues	1

- 3.4 The informants confirmed the general structure of the index, highlighted the importance of family wellbeing for each individual, increased our concern about the importance of mutual appreciation between family members and religious and other beliefs to family wellbeing, and suggested revising the statements of some items to make them easier to understand. The following are some of the major opinions expressed by the informants: (1) showing and expressing gratitude or appreciation for each other's contributions is quite important to family wellbeing, and thus this dimension should be added to "family atmosphere"; (2) the index should have one item to reflect the beliefs (i.e., religion or folk beliefs) of family members and the influence of those beliefs; (3) the statement regarding "family prospects after three years" should be adjusted to "confidence in future family life", as it is difficult to estimate what condition the family will be in after three years; and (4) social justice or the prospects of the whole society was raised as an important factor influencing individual and family wellbeing.
- 3.5 The research team thus modified the original index by dropping one indicator, adding one new indicator, and revising five items in the questionnaire. This version of the index was then used for the expert review.

Step 3: Expert review (N = 13)

- 3.6 The purpose of the expert review was to seek the views of family and family-related professionals on the meaning of family wellbeing, the domains and indicators of the index, the domain weighting strategy, and the wording and sequence of the questions for the index. A convenience sampling method was used to select the informants. They were identified through the network of the research team. A total of 13 informants were recruited to refine the index further, following the comments from the service users (Table 3.2). We conducted a total of eight in-depth interviews with experts in various disciplines, including scholars from the fields of social work and public health), professionals of diverse backgrounds (i.e., clinical psychology, law, psychiatry, and social work), and government officials (Informants 1 to 8). In addition to the above, the research team worked closely with the HKFWS and held focus group meetings with its members (informants 9 to 13) to collect their feedback.

Table 3.2: Profile of the expert informants (N = 13)

Informant	Gender	Profession	N
1	Female	Social worker (government)	1
2	Female	Government official	1
3	Male	Family lawyer	1
4	Male	Psychiatrist	1
5	Male	Clinical psychologist	1
6	Female	Academic	1
7	Male	Academic	1
8 to 13	5 Female & 1 Male	Social workers (NGO, ranged from frontline to managerial level)	6

3.7 With the consent of the informants, all of the interviews were audiotaped for analysis. The expert informants confirmed the general structure of the index and provided useful suggestions for revising several items. One new question regarding the influence of using information and communication technology (ICT) was added to the index, in accordance with a suggestion derived from the focus group discussion with the practitioners. The index was therefore revised to produce a finalized version containing 7 domains, 26 indicators, and 33 questions for subsequent test.

3.2 Testing and Modifying the Family Wellbeing Index

Step 4: Pilot study (N = 205)

3.8 Using the questionnaire developed during the previous three steps, a pilot study with a sample size of 205 respondents was carried out independently by the Telephone Survey Research Laboratory of the Hong Kong Institute of Asia-Pacific Studies (HKIAPS) from March to April 2019. The purpose was to test the questionnaire to see if it required any further modification before being used in a subsequent survey.

3.9 This pilot survey targeted respondents who were (1) aged 18 or above, (2) Hong Kong residents, (3) living with at least one family member, and (4) capable of speaking Cantonese or Mandarin — the two most common dialects in Hong Kong. Taking such factors as the response rate and feasibility into consideration, a cross-sectional random-digit-dialling telephone survey with a dual-frame (i.e., landline and mobile) sampling design was adopted to collect data. It was considered that the results of a telephone survey would be more representative of the views of the general population than those of an online survey, particularly with regard to the views of the elderly, since

statistics show that only slightly more than 50% of people aged 65 or above use a smartphone, while only 56.3% of people in that demographic use the Internet (Census and Statistics Department 2019b). Among the 205 respondents who were successfully interviewed, 155 were reached through a landline and 50 through a mobile phone. The basic socio-demographic characteristics of the respondents are shown in Table 3.3.

Table 3.3: Profile of the respondents in the pilot study (N = 205)

Socio-demographic characteristic		Frequency	Percentage (%)
Gender	Male	92	44.9
	Female	113	55.1
Age	18–29	40	19.5
	30–49	61	29.8
	50 or above	104	50.7
Education level	Secondary or below	109	53.2
	Tertiary	96	46.8
Economic activity status	Economically active	116	56.6
	Economically inactive	88	42.9
	Refused to answer	1	0.5
Family structure	Nuclear family without children	23	11.2
	Nuclear family with children	130	63.4
	Three-generation family	35	17.1
	Single-parent family	2	1.0
	Others	13	6.3
	Refused to answer	2	1.0
Family monthly income	Low (below HKD 20,000)	13	6.3
	Middle (HKD 20,000–39,999)	60	29.3
	High (HKD 40,000 or above)	81	39.5
	Don't know/Refused to answer	51	24.9

3.10 Further reliability tests were conducted to examine each item in the domains of family health and safety and work-life balance. Based on the results of the tests, the research team decided to remove one item from the family health and safety domain and two items from the work-life balance domain because the removal of these items led to a large increase in the Cronbach's alpha value. Another reliability test was performed after the items were removed, and it showed that the results for all domains were satisfactory (Table 3.4). The reliability of the whole index also increased slightly after the revision.

Table 3.4: Results of reliability test of the pilot study (N = 205)

Domain	No. of items	Cronbach's alpha
Family health and safety	5	0.571
Family resources	8	0.759
Care and support	4	0.737
Family atmosphere	4	0.797
Family responsibility	4	0.635
Work-life balance	2	0.567
Family and community relationships	3	0.518
Overall	30	0.890

Note: After the removal of three items.

3.11 After the reliability tests, the research team also performed several rounds of exploratory factor analysis to test the validity of the index, so that the team could restructure and revise the index accordingly. Based on the results of the exploratory factor analysis and the feedback of interviewers from the telephone laboratory, two questions were removed from the index and one question was separated into two questions, mainly because of unclear meanings and unsatisfactory statistical results. The resulting amended index, which now had 7 domains, 26 indicators, and 29 questions, was used for the analysis in the next step. The original 5-point Likert scale was revised to an 11-point Likert scale (e.g., 0 = strongly disagree to 10 = strongly agree) according to the suggestion from the Telephone Survey Research Laboratory of the HKIAPS, for the purpose of increasing the sensitivity of the scale. The major changes that were made after the pilot study are indicated in Table 3.5.

Table 3.5: Major changes to the questionnaire made after the pilot study

Original version	Revised version	Justification
5-point Likert scale	11-point Likert scale	To increase the sensitivity of the scale
Overall, I have a happy family life.	Revised as an independent variable	Based on expert advice
How many family members are in need of intensive care due to old age, chronic illness, or disability?	Revised as a background variable	Removed from the domain due to unsatisfactory results in the reliability test and in the exploratory factor analysis
In the past one year, have there been any crises in your family, such as the death of a family member, a severe illness in the family, unemployment, financial difficulties, or relationship conflicts?	Revised as a background variable	Removed from the domain due to unsatisfactory results in the reliability test and in the exploratory factor analysis
The family has rules for using social media.	Revised as “The family has rules for using social media for entertainment such as playing computer games and watching movies”	The wording was revised because some interviewers and interviewees felt that the question was not clear
Overall, family members had good health in the past one year.	Revised as “Overall, family members had good physical health in the past one year”; and “Overall, family members had good mental health in the past one year”	Separated the question to highlight the two aspects of health condition

3.3 Validation and Confirmation of the Index: The Main Survey

Step 5: Main survey (N = 2,008; valid N = 1,343)

- 3.12 The main survey, in which the same methodology was used as that in the pilot survey, was conducted in July and August 2019 by the HKIAPS (The questionnaire is presented in Appendix 1). A total of 2,008 respondents were successfully interviewed, yielding a response rate of 41.0% for the landline survey and 42.4% for the mobile phone survey (please refer to the Technical Report for details).
- 3.13 The survey results were weighted based on the probabilities of being selected for each respondent through the landline and mobile phone and up-to-date figures on the age-sex distribution of the population provided by the Census and Statistics Department of Hong Kong (please refer to the Technical Report for details).

- 3.14 The aim of the main survey was to examine the factorial structure of the index and test its psychometric properties. An exploratory factor analysis was used to examine the factorial structure of the index, and the following steps were adapted from those suggested by Williams and his colleagues (2010).
- 3.15 The first step was checking for factorability. Twenty-nine questions derived from the pilot study were examined. A correlation matrix showed that all of the items were correlated with at least one item by a value of at least 0.3, suggesting that the index had reasonable factorability. The result of the Kaiser-Meyer-Olkin (KMO) Test was 0.924. The Bartlett's Test of Sphericity gave a significant result (chi-square (406) = 18603.609, $p < 0.001$), indicating that the data from the valid responses was suitable for conducting a factor analysis. The communalities were all above 0.4, further confirming that each item shared some common variance with the other items. Therefore, it was deemed to be suitable to conduct a factor analysis using all of the items.
- 3.16 The second step was the extraction and rotation of factors. For this study, we adopted a principle component analysis and the varimax rotation, the most commonly used methods in factor analysis. To determine the number of factors in our analysis, we chose the Cumulative Percentage of Variance > 60% and the Eigenvalue > 1 Rule (Hair et al. 1995). Two questions pertaining to the domain of family and information and communication technology were dropped because one question had a negative factor loading and another became a standalone item after the removal of the first question. The third question "Family life will be better than now in three years" was dropped because the factor loading failed to reach 0.5 and because this item was theoretically not coherent with the other items in the domain of family health and safety. As a result, 26 questions were left. One thousand three hundred and forty-three respondents ($N = 1,343$) (of which 676 were reached by landline and 667 by mobile phone) provided valid responses, and these were used to rerun the exploratory factor analysis. The data showed that all items with the exception of "The family's current standard of living is commensurate with the family's efforts" had a factor loading of over 0.5. This item was retained in the domain of family resources because it was theoretically supported. The results showed a six-factor solution with a cumulative percentage of variance of 64.936% explained by the items and having an eigenvalue of > 1 (Table 3.6).

Table 3.6: Exploratory factor analysis of the Family Wellbeing Index (N = 1,343)

Domain (subdomain)	Indicator (question)	1	2	3	4	5	6
Family solidarity							
(Family time)	Quantity (Family members have sufficient time together, Q7)	0.564					
	Quality (Family members enjoy their time together, Q8)	0.631					
(Family atmosphere)	Trust (Family members can trust each other, Q9)	0.798					
	Give and take (Family members can give and take, Q10)	0.797					
	Appreciation (Family members can appreciate each other’s contribution to the family, Q11)	0.827					
	Harmony (Family members usually get along well, Q12)	0.833					
(Family responsibilities)	Role fulfillment (Family members can bring their own strengths and abilities into full play, Q13)	0.774					
	Warmth (Family members show love and care to children, Q14)	0.777					
	Discipline (Family members explain what is right and wrong to children, Q15)	0.720					
(Care and support)	Financial support (Family members are willing to offer financial support to each other when required, Q16)	0.760					
	Manual labour support (Family members are willing to offer help in managing household chores when required, Q17)	0.761					
	Information sharing (Family members are willing to share information when required, Q18)	0.759					
	Emotional support (Family members are willing to listen to each other when required, Q19)	0.709					
Family resources							
(Family income)	Economic situation (The family had sufficient money to manage household expenses in the past one year, Q3)		0.830				
	Living standard (The family’s current standard of living is commensurate with the family’s efforts, Q23)		0.437				
(Psychological capital)	Living environment (The family has a comfortable home, Q4)		0.769				
	Life skill (Family members have the ability to cope with daily life issues, Q5)		0.720				
	Family safety (Family members feel safe while at home, Q2)		0.566				

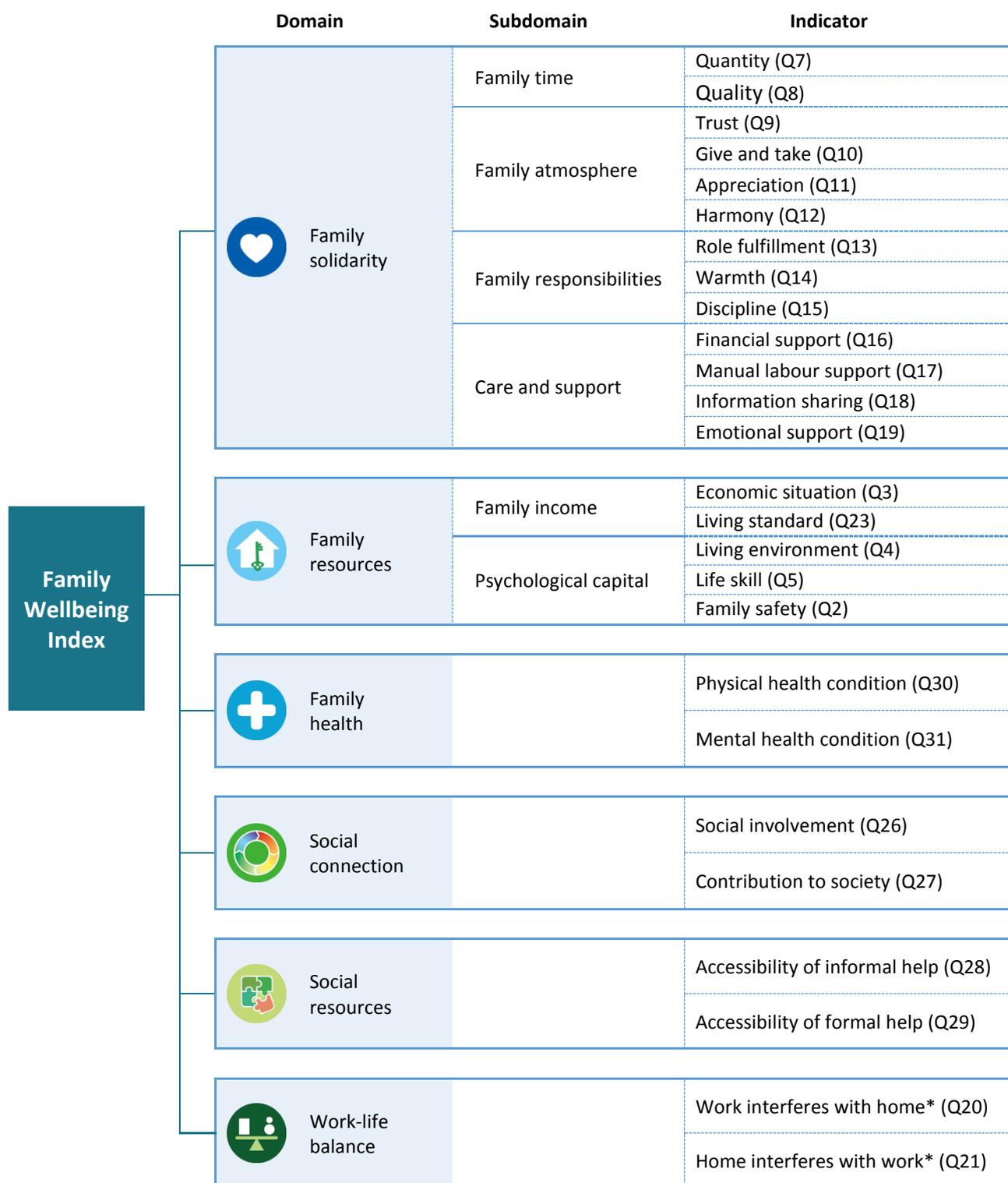
Table 3.6: Exploratory factor analysis of the Family Wellbeing Index (N = 1,343) (continued)

Domain (subdomain)	Indicator (question)	1	2	3	4	5	6
Family health	Physical health condition (Overall, family members had good physical health in the past one year, Q30)			0.857			
	Mental health condition (Overall, family members had good mental health in the past one year, Q31)			0.842			
Social connection	Social involvement (Family members frequently participate in social or religious activities, Q26)				0.866		
	Contribution to society (Family members frequently participate in volunteer work or give donations, Q27)				0.817		
Social resources	Accessibility of informal help (Family members can seek help from relatives, friends, or neighbours when encountering unmanageable difficulties, Q28)					0.635	
	Accessibility of formal help (Family members can access services from government departments or community units when encountering unmanageable difficulties, Q29)					0.851	
Work-life balance	Work interferes with home (Family members have come home from work too tired to do the chores that need to be done, Q20)*						0.828
	Home interferes with work (Because family members are often stressed from responsibilities at home, we have a hard time concentrating on our work, Q21)*						0.781

Note: * denotes reversed item.

3.17 The last step was interpretation. In response to the results of the factor analysis, the research team reorganized the items into six domains and then renamed the domains. This was an inductive process that has a theoretical foundation (Pett et al. 2003). The confirmed HKFWI consisted of six domains (family solidarity, family resources, family health, social connection, social resources, and work-life balance), six subdomains (i.e., four subdomains of family solidarity and two subdomains of family resources), and 26 single-question indicators in total. The original framework was then revised, as shown in Figure 3.2.

Figure 3.2: The confirmed structure of the Family Wellbeing Index



Note: * denotes reversed item.

3.18 The internal consistency of the overall index and of each domain were examined, with the Cronbach's alpha of each reported in Table 3.7. The alpha value was high for the overall index (0.904 for the 26 items) as well as for the domains of family solidarity (0.943 for 13 items), family health (0.814 for 2 items), and family resources (0.785 for 5 items). The other three domains had moderate alpha values. Overall, the reliability results were over 0.5, showing that it was a reliable tool. The above statistical analyses were conducted using SPSS (version 24).

Table 3.7: Results of reliability test of the main survey (N = 1,343)

Domain	No. of items	Cronbach's alpha
Family solidarity	13	0.943
Family resources	5	0.785
Family health	2	0.814
Social connection	2	0.655
Social resources	2	0.523
Work-life balance	2	0.571
Overall	26	0.904

3.19 A confirmatory factor analysis was conducted to examine the model. The fit indices included a chi-square divided by the degree of freedom (chi-square/df), the standardized root-mean-square residual (SRMR), the root-mean-square error of approximation (RMSEA), the comparative fit index (CFI), the Tucker–Lewis index (TLI), and the goodness-of-fit index (GFI). They were all used to evaluate the goodness of fit of the model (Table 3.8). The results of the SRMR, RMSEA, CFI, TLI, and GFI met the recommended values suggested by different authors. Although the model chi-square was significant, the chi-square value is easily influenced by a large sample size (Latif 2018) and is usually ignored if other measures indicate a good fit (Garson 2015). Therefore, it was concluded that the six-factor index fits the data well. All of these fit indices were conducted using AMOS.

Table 3.8: Model fit indices of the proposed second-order model

Fit index	Value	Recommended values
Chi-square/df	1573.701/278 = 5.661	≤5
P	0.000	Insignificant
SRMR	0.047	≤0.05 ^a
RMSEA	0.059	≤0.06 ^b
CFI	0.929	≥0.90 ^c
TLI	0.917	0.90 to 0.95 ^a
GFI	0.918	0.90 to 0.95 ^a

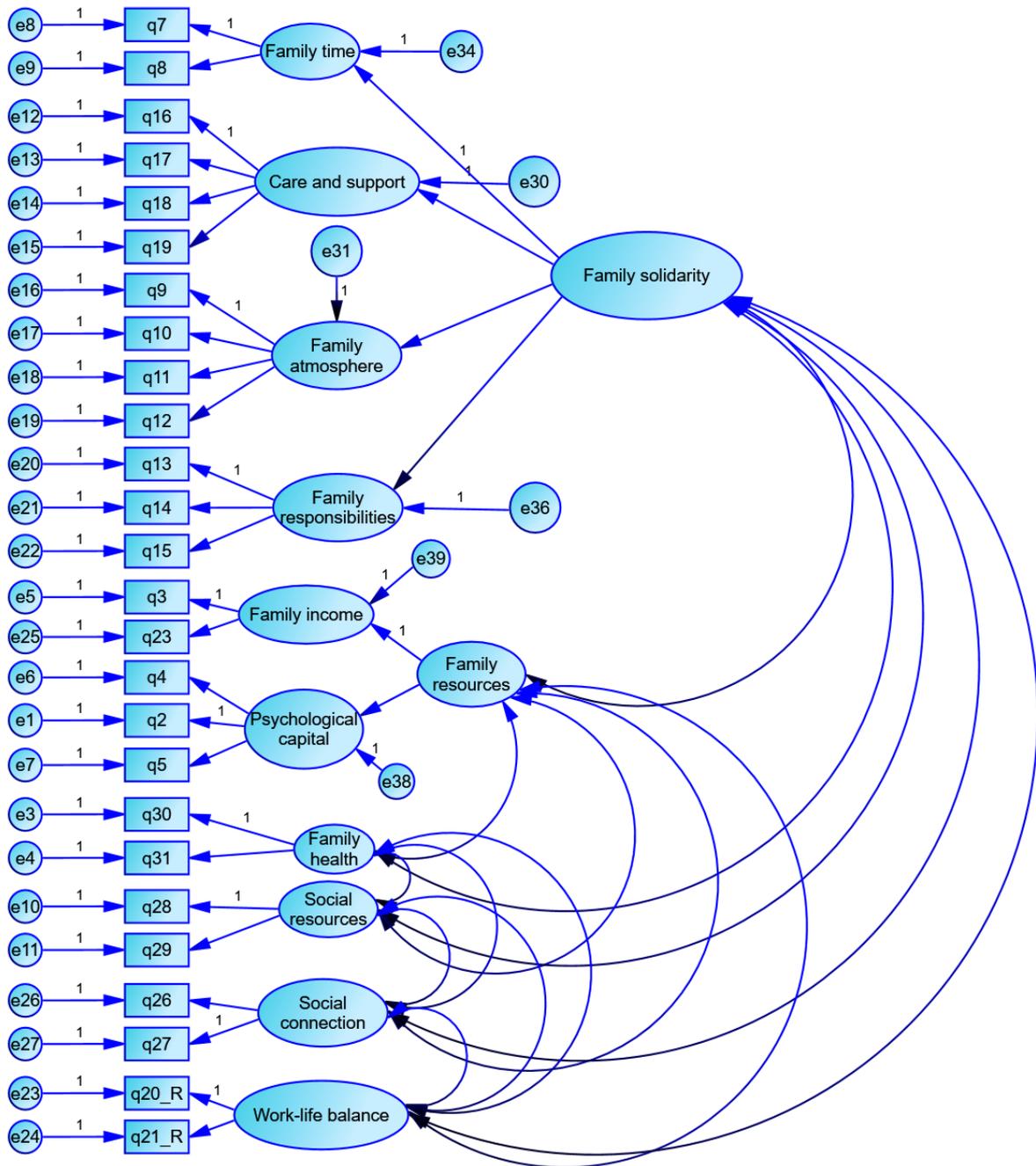
Sources: ^a Schumacker and Lomax (2016).

^b Hu and Bentler (1998).

^c Hair et al. (2010).

3.20 The Average Variance Extracted (AVE) statistic was calculated to assess the convergent validity of the model. The value of each domain was over 0.5, with the exception of social resources (0.402). Hence, convergent validity was established for most domains (Fornell & Larcker 1981). For discriminant validity, the results showed that the AVE of all domains was greater than the squared correlation between each pair of constructs. Therefore, discriminant validity was established (Fornell & Larcker 1981) (Figure 3.3).

Figure 3.3: Structure and results of the confirmatory factor analysis for the proposed model



3.21 A null model was also tested and compared with the multi-dimensional model. The null model failed to pass the test for goodness of fit: chi-square/df = 17.495, SRMR = 0.080, RMSEA = 0.111, CFI = 0.731, TLI = 0.708, and GFI = 0.743 (Table 3.9). Hence, the multi-dimensional model outperformed the null model, implying that the current index is a multi-dimensional construct.

Table 3.9: Comparison of the proposed model with the null model

Fit index	Second-order model	Null model
Chi-square/df	5.661	17.495
P	0.000	0.000
SRMR	0.047	0.080
RMSEA	0.059	0.111
CFI	0.929	0.731
TLI	0.917	0.708
GFI	0.918	0.743

3.4 The Finalized Family Wellbeing Index

3.22 The finalized HKFWI has six domains, six subdomains (i.e., four subdomains of family solidarity and two subdomains of family resources), and 26 single-question indicators in total. It uses an 11-point Likert scale for the answers of its questions (e.g., 0 = strongly disagree to 10 = strongly agree).

3.23 The six domains are: (1) family solidarity, (2) family resources, (3) family health, (4) social connection, (5) social resources, and (6) work-life balance. While the first three domains refer to the situation within a family, the last three refer to the family's interaction with larger systems, i.e., the community, society, and work place.

Definition of domains and subdomains

Family solidarity (家庭團結)

3.24 Family solidarity refers to the degree of cohesiveness within a family. It has been operationalized as: (1) family time; (2) family atmosphere; (3) family responsibilities; and (4) care and support (Bengtson & Roberts 1991).

3.25 **Family time:** This refers to the frequency and patterns of interaction in the different types of activities in which family members engage (Bengtson & Roberts 1991).

- 3.26 **Family atmosphere:** This refers to the types and degree of positive sentiments held by family members (Bengtson & Roberts 1991; Ma & Wan 2015).
- 3.27 **Family responsibilities:** This refers to the strength of the commitment by family members to perform their roles within the family, and the family's obligation to raise the next generation (Bengtson & Roberts 1991; Noor et al. 2014).
- 3.28 **Care and support:** This is defined as the degree to which resources are shared and exchanged among family members in times of need (Bengtson & Roberts 1991; Ma & Wan 2015).

Family resources (家庭資源)

- 3.29 Family resources refer to the availability and optimal utilization of family income and the psychological capital of a family (Zubrick et al. 2000).
- 3.30 **Family income:** This refers to the economic basis of a family including income and living standard (Ma et al. 2009).
- 3.31 **Psychological capital:** This includes a comfortable and safe living environment, and a sense of self-efficacy in family members about their ability to manage the demands and difficulties of daily life (Zubrick et al. 2000).

Family health (家庭健康)

- 3.32 Health refers to a state of complete physical, mental, and social wellbeing and not merely to the absence of disease or infirmity, as defined by the World Health Organization (n.d.a). In this study, family health was operationalized as the physical health and the mental health state of family members in the past one year.

Social connection (社會連繫)

- 3.33 Social connection refers to the positive connection of a family with the wider environment (Social Policy Evaluation and Research Unit 2018). It was operationalized as the community involvement of individuals, and their contributions to the community.

Social resources (社會資源)

- 3.34 Social resources refer to the availability and accessibility of formal services for families as offered by the government and/or social services units, and informal support from relatives, friends, colleagues, and neighbours offered through the family's social networks.

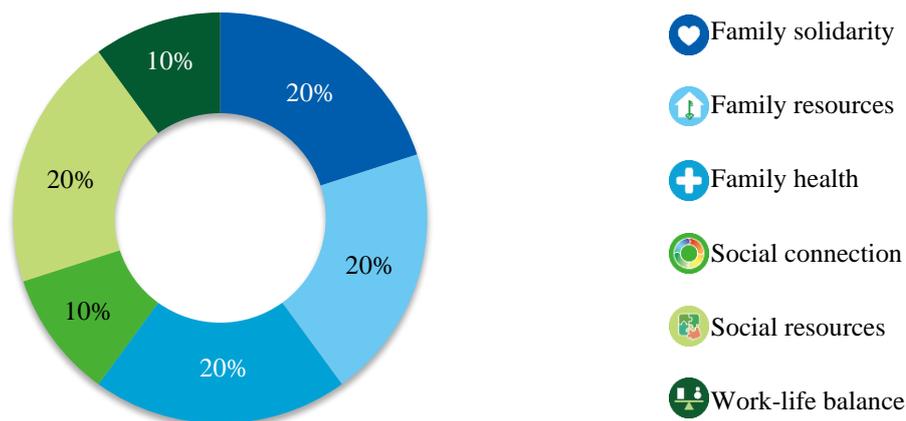
Work-life balance (生活平衡)

3.35 Work-life balance means the extent to which an individual is equally engaged in and equally satisfied with his or her work role and family role (Greenhaus et al. 2003, p. 513).

The weighting of each domain

3.36 Based on the data analysis and the normative adjustments from experts, the weighting of each domain, which contributed to the overall HKFWI, was fixed at 20% per domain for family solidarity, family resources, family health, and social resources, and 10% per domain for social connection and work-life balance. These weights add up to 100% (Figure 3.4).

Figure 3.4: The weighting of each domain (%)



Calculation and categorization

3.37 The score for the HKFWI was calculated by the summation of the separate domain scores after each one had been multiplied by its respective weighting. The domain scores were calculated by taking the average of their subdomain scores or the average of their question scores if they did not contain any subdomains. The calculation is represented in the following equations:

$$FWI = \sum_i \{w_i D_i\}$$
 , where HKFWI refers to the HKFWI score, D_i refers to domain score of the i th domain, and w_i refers to i th domain's weight.

3.38 For the domains with subdomains,

$D_i = \sum_j \left\{ \frac{S_{ij}}{n_i} \right\}$, where D_i refers to domain score of the i th domain, S_{ij} refers to j th subdomain score under the i th domain, and n_i refers to the number of subdomains under the i th domain.

3.39 For the domains without subdomains,

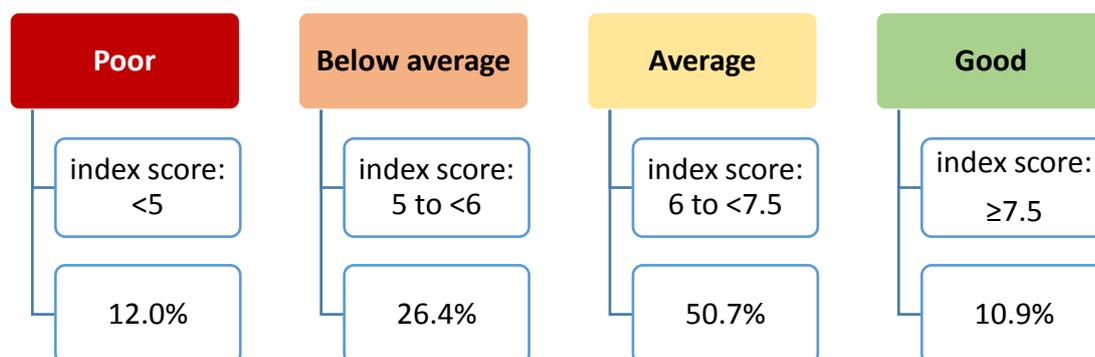
$D_i = \sum_k \left\{ \frac{q_{ik}}{n_i} \right\}$, where q_{ik} refers to the k th question score under the i th domain and n_i refers to the number of questions under the i th domain.

3.40 For the subdomains,

$S_{ij} = \sum_k \left\{ \frac{q_{ijk}}{n_{ij}} \right\}$, where q_{ijk} refers to the k th question score under the j th subdomain of the i th domain, and n_{ij} refers to the number of questions under the j th subdomain of the i th domain.

3.41 Four levels of family wellbeing status, namely good, average, below average, and poor were set based on the percentiles of the HKFWI scores of the sample in this study. The categorization was set to help propose suggestions directed towards services and policies by comparing the demographics of different groups and tracking the changes in those families overall and in different domains across time and groups. The cut-off points of the previous studies on family wellbeing and personal wellbeing were reviewed and adapted for our study (National Population and Family Development Board 2017; Topp et al. 2015; World Health Organization n.d.b, 1998). Based on these studies, the normative cut-off points for each category were good ≥ 8 , moderate = 5 to 7, and poor < 5 . For our study, at least 10% of the sample was set for each category to ensure a valid result for subsequent analysis. The cut-off points were good ≥ 7.5 , average = 6 to < 7.5 , below average = 5 to < 6 , and poor < 5 . The range was not fixed and can be further refined through a longitudinal analysis in the future. The distributions of the percentages for the sample in this study are shown in Figure 3.5.

Figure 3.5: Cut-off points of the Family Wellbeing Index



4. Wellbeing of Hong Kong Families 2019: Results of the Main Survey

4.1 Using the data collected from the main survey, this chapter reports the results of the study on family wellbeing status and the factors predicting the wellbeing of Hong Kong families. The overall family wellbeing status was measured using a sample of 1,343 respondents. The socio-demographic characteristics of the sample are displayed in Table 4.1.

Table 4.1: Socio-demographic characteristics of valid respondents (N = 1,343)

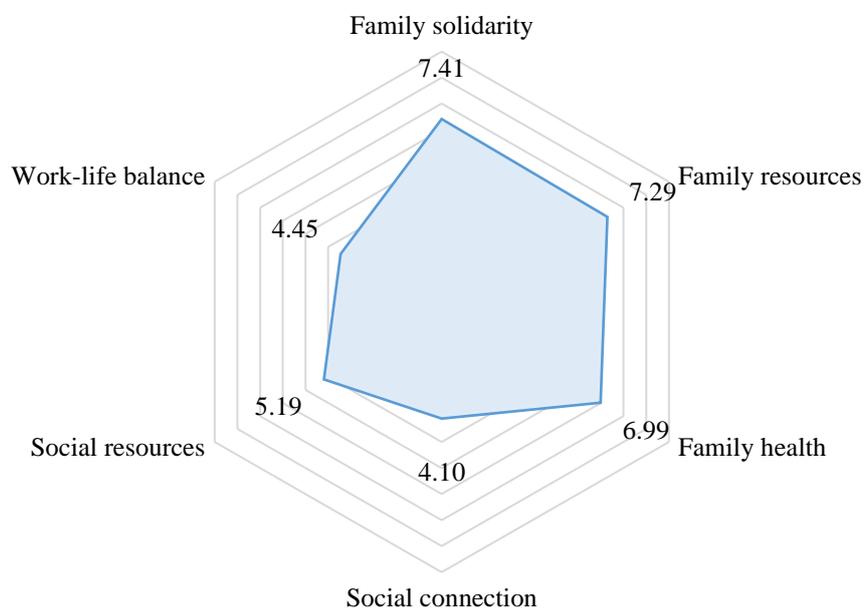
Socio-demographic characteristic		Frequency	Percentage (%)
Gender	Male	661	49.2
	Female	682	50.8
Age	18–29	319	23.8
	30–49	513	38.2
	50 or above	511	38.0
Education level*	Secondary or below	715	53.3
	Tertiary	623	46.4
	Refused to answer	5	0.4
Economic activity status	Economically active	912	67.9
	Economically inactive	424	31.6
	Refused to answer	7	0.5
Family structure*	Nuclear family without children	95	7.1
	Nuclear family with children	881	65.6
	Three-generation family	129	9.6
	Single-parent family	71	5.3
	Others	136	10.1
	Refused to answer	32	2.4
Family monthly income	Low (below HKD 20,000)	131	9.8
	Middle (HKD 20,000–39,999)	446	33.2
	High (HKD 40,000 or above)	583	43.4
	Refused to answer	183	13.6

* The sum of individual items may not add up to the total because of rounding.

4.1 Family Wellbeing Index Scores of All Respondents and by Level

- 4.2 The overall HKFWI score of all respondents was 6.23.
- 4.3 Among all the domains, the one that received the highest score was family solidarity, at 7.41. The second highest was family resources, at 7.29. The domain that received the lowest score was social connection, at only 4.10. The domain of work-life balance received the second-lowest score, at only 4.45. The domain scores are shown in Figure 4.1 (The mean scores of each indicator are presented in Appendix 2).

Figure 4.1: Domain scores of all respondents (mean score)



- 4.4 The following section reports on the socio-demographic characteristics of people who belonged to one of the following four groups of family wellbeing: good, average, below average, and poor.

The “good” family wellbeing group

- 4.5 The “good” family wellbeing group comprised only 10.9% of the sample.
- 4.6 The overall HKFWI score of the “good” family wellbeing group was 7.86, with family solidarity (8.96), family resources (8.84), and family health (8.55) scoring over 8.5; however, the score for work-life balance (5.59) fell in the “below average” category (Figure 4.2).
- 4.7 Among these respondents, 51.9% were male and 48.1% were female. Most of the respondents were 50 years old or above (49.2%), had a tertiary education (57.1%), and were economically active (78.1%). Most of the families in this group were nuclear families with children (70.0%), had a monthly income of HKD 40,000 or above (76.9%), had not encountered a family crisis during the previous year (87.7%), and had no family members who needed special care (83.7%) (Table 4.2).

Figure 4.2: Domain scores of the “good” family wellbeing group (mean score)

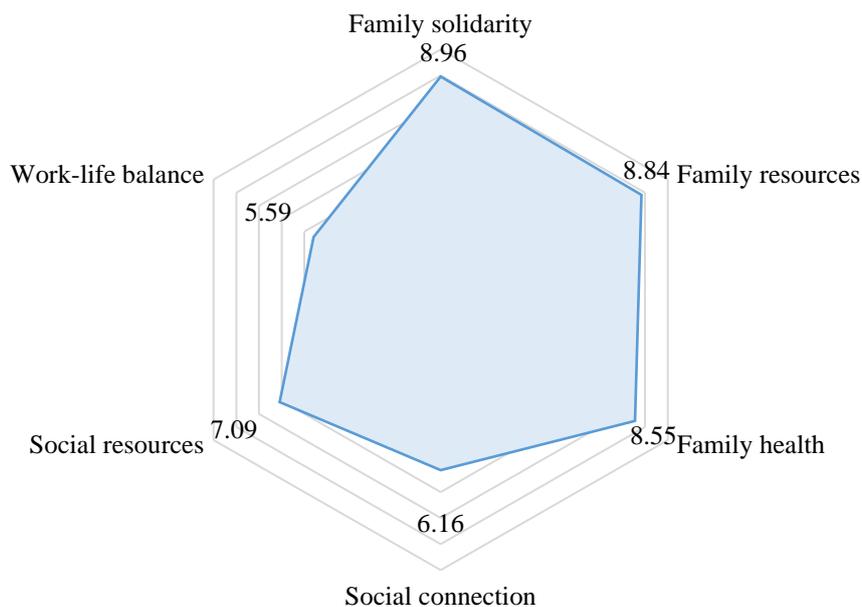


Table 4.2: Socio-demographic characteristics of the “good” family wellbeing group (%)

Socio-demographic characteristic		Percentage (%)
Gender	Male	51.9
	Female	48.1
Age	18–29	20.4
	30–49	30.4
	50 or above	49.2
Education level	Secondary or below	42.9
	Tertiary	57.1
Economic activity status	Economically active	78.1
	Economically inactive	21.9
Family structure	Nuclear family without children	6.5
	Nuclear family with children	70.0
	Three-generation family	6.9
	Single-parent family	1.6
	Others	15.0
Family monthly income	Low (below HKD 20,000)	4.8
	Middle (HKD 20,000–39,999)	18.3
	High (HKD 40,000 or above)	76.9
Occurrence of family crisis in the previous year	No	87.7
	Yes	12.3
No. of family members who needed special care	0	83.7
	1	13.6
	2	2.4
	3	0.3

The “average” family wellbeing group

- 4.8 The “average” family wellbeing group comprised 50.7% of the sample.
- 4.9 The overall HKFWI score of the “average” family wellbeing group was 6.67, with family solidarity (7.87) and family resources (7.79) scoring “good”, but with family health (7.38) scoring “average”, social resources (5.79) scoring “below average”, and work-life balance (4.47) and social connection (4.50) falling in the “poor” category (Figure 4.3).
- 4.10 Among these respondents, 46.7% were male and 53.3% were female. Most of the respondents were 30 to 49 years old (39.3%), did not have a tertiary education (50.9%) and were economically active (65.3%). Most families in this group were nuclear families with children (72.5%), had a monthly income of HKD 40,000 or above (53.7%), had not encountered a family crisis in the previous year (84.4%), and had no family members who needed special care (86.0%) (Table 4.3).

Figure 4.3: Domain scores of the “average” family wellbeing group (mean score)

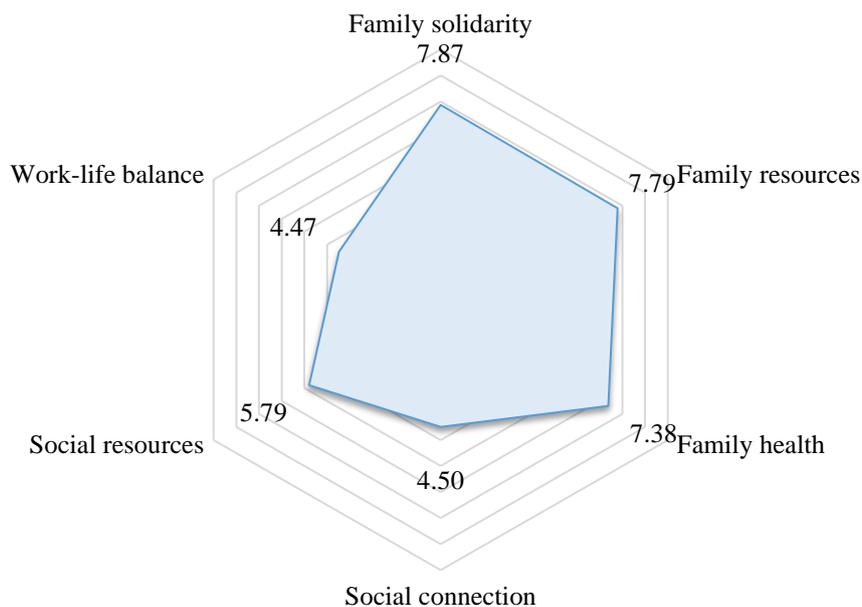


Table 4.3: Socio-demographic characteristics of the “average” family wellbeing group (%)

Socio-demographic characteristic		Percentage (%)
Gender	Male	46.7
	Female	53.3
Age	18–29	23.3
	30–49	39.3
	50 or above	37.4
Education level	Secondary or below	50.9
	Tertiary	49.1
Economic activity status	Economically active	65.3
	Economically inactive	34.7
Family structure	Nuclear family without children	7.1
	Nuclear family with children	72.5
	Three-generation family	8.0
	Single-parent family	3.8
	Others	8.6
Family monthly income	Low (below HKD 20,000)	9.5
	Middle (HKD 20,000–39,999)	36.8
	High (HKD 40,000 or above)	53.7
Occurrence of family crisis in the previous year	No	84.4
	Yes	15.6
No. of family members who needed special care	0	86.0
	1	10.8
	2	2.8
	3	0.4

The “below average” family wellbeing group

- 4.11 The “below average” family wellbeing group comprised 26.4% of the sample.
- 4.12 The overall HKFWI score of the “below average” family wellbeing group was 5.57, with three domains scoring “average” (family solidarity: 6.76; family health: 6.64; family resources: 6.55) and the other three domains all scoring “poor” (social resources: 4.30; work-life balance: 3.97; social connection: 3.25) (Figure 4.4).
- 4.13 Among these respondents, 52.1% were male and 47.9% were female. Most of the respondents were 30 to 49 years old (39.9%), did not have a tertiary education (57.4%), and were economically active (74.2%). Most families in this group were nuclear families with children (61.3%), had a monthly income of HKD 20,000 to 39,999 (46.7%), had not encountered a family crisis in the previous year (78.0%), and had no family members who needed special care (82.2%) (Table 4.4).

Figure 4.4: Domain scores of the “below average” family wellbeing group (mean score)

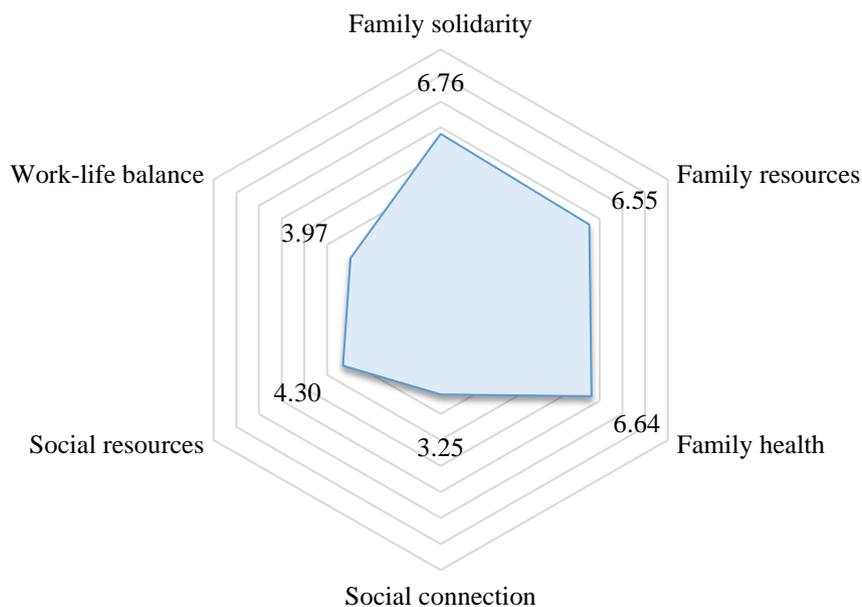


Table 4.4: Socio-demographic characteristics of the “below average” family wellbeing group (%)

Socio-demographic characteristic		Percentage (%)
Gender	Male	52.1
	Female	47.9
Age	18–29	24.6
	30–49	39.9
	50 or above	35.5
Education level	Secondary or below	57.4
	Tertiary	42.6
Economic activity status	Economically active	74.2
	Economically inactive	25.8
Family structure	Nuclear family without children	4.4
	Nuclear family with children	61.3
	Three-generation family	12.9
	Single-parent family	10.2
	Others	11.2
Family monthly income	Low (below HKD 20,000)	11.7
	Middle (HKD 20,000–39,999)	46.7
	High (HKD 40,000 or above)	41.6
Occurrence of family crisis in the previous year	No	78.0
	Yes	22.0
No. of family members who needed special care	0	82.2
	1	14.5
	2	2.2
	3	1.1

The “poor” family wellbeing group

- 4.14 The “poor” family wellbeing group comprised 12.0% of the sample.
- 4.15 The overall HKFWI score of the “poor” family wellbeing group was 4.36. This group scored “below average” or “poor” on all domains and the scores were significantly lower than those of the other three groups. The scores for social resources (2.82) and social connection (2.41) even fell below 3. However, the work-life balance situation of this group, although in the “poor” category, was slightly better than that of the “below average” group, at 4.35 compared to 3.97 (Figure 4.5).
- 4.16 Among these respondents, 51.0% were male and 49.0% were female. Most of the respondents were 30 to 49 years old (36.9%), did not have a tertiary education (65.4%) and were economically active (58.6%). Most of the families in this group were nuclear families with children (54.9%), had a monthly income of HKD 20,000 to 39,999 (46.0%), had not encounter a family crisis in the previous year (68.0%), and had no family members who needed special care (76.3%) (Table 4.5).

Figure 4.5: Domain scores of the “poor” family wellbeing group (mean score)

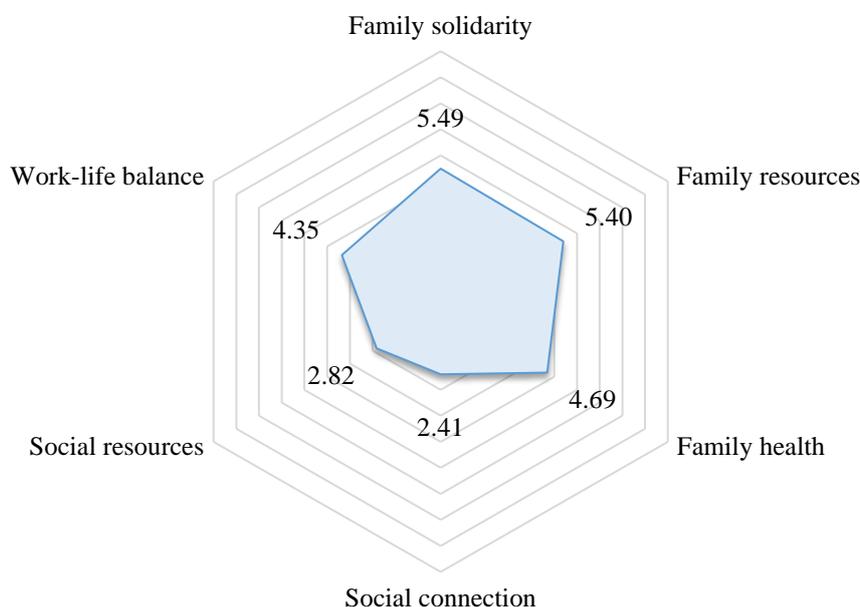


Table 4.5: Socio-demographic characteristics of the “poor” family wellbeing group (%)

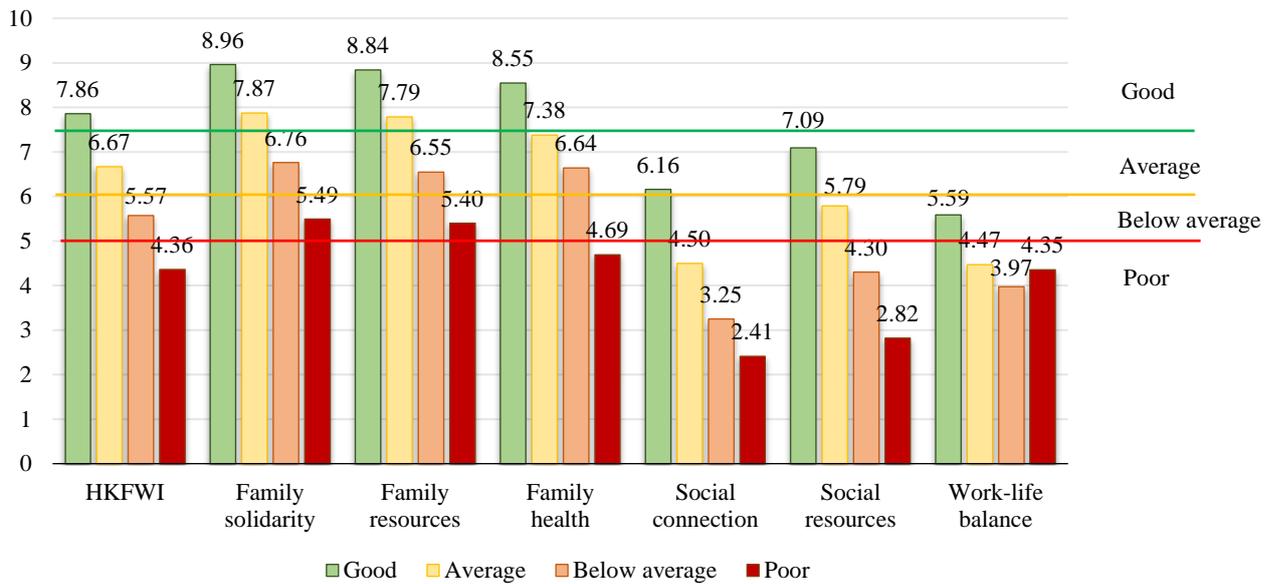
Socio-demographic characteristic		Percentage (%)
Gender	Male	51.0
	Female	49.0
Age	18–29	26.7
	30–49	36.9
	50 or above	36.4
Education level	Secondary or below	65.4
	Tertiary	34.6
Economic activity status	Economically active	58.6
	Economically inactive	41.4
Family structure	Nuclear family without children	14.7
	Nuclear family with children	54.9
	Three-generation family	13.6
	Single-parent family	4.9
	Others	11.9
Family monthly income	Low (below HKD 20,000)	23.5
	Middle (HKD 20,000–39,999)	46.0
	High (HKD 40,000 or above)	30.5
Occurrence of family crisis in the previous year	No	68.0
	Yes	32.0
No. of family members who needed special care*	0	76.3
	1	17.2
	2	5.9
	3	0.7

* The sum of individual items may not add up to the total because of rounding.

4.2 Socio-demographic Characteristics Across Levels of Family Wellbeing

4.17 With respect to the overall HKFWI score and the domain scores of the four family wellbeing groups, there was a decreasing trend from the “good” to the “poor” groups, with the exception of the domain of work-life balance. All of the family wellbeing groups except “good” had scores of below 5 in this domain, with the “poor” group having scores slightly higher than those of the “below average” group (Figure 4.6).

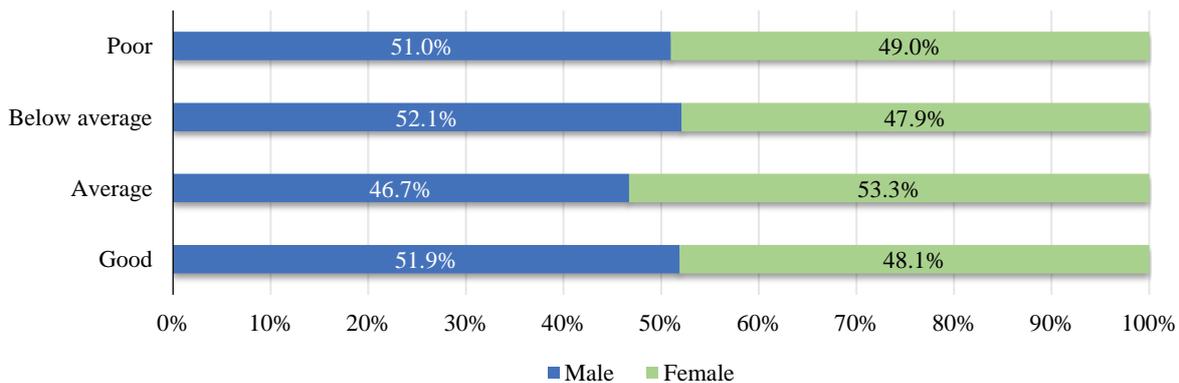
Figure 4.6: Family Wellbeing Index and domain scores of the four family wellbeing groups (mean score)



Gender

4.18 Gender failed to pass the significance level of $p < 0.05$ in the Pearson’s chi-squared test ($p = 0.326$), suggesting that there was no significant difference in gender distribution among the four groups of family wellbeing (Figure 4.7).

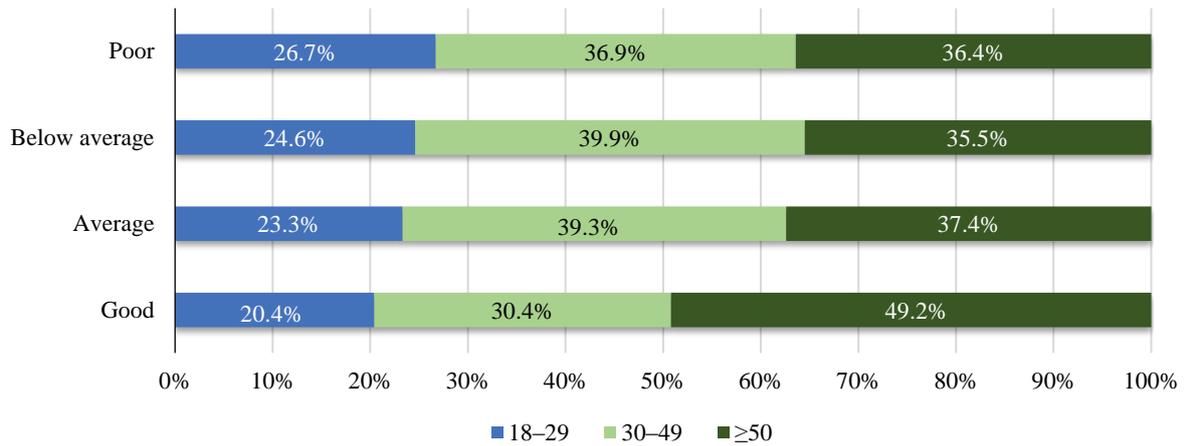
Figure 4.7: Gender distribution of the four family wellbeing groups (%)



Age

4.19 Age failed to pass the significance level of $p < 0.05$ in the Pearson’s chi-squared test ($p = 0.127$), suggesting that there was no significant difference in age distribution among the four family wellbeing groups (Figure 4.8).

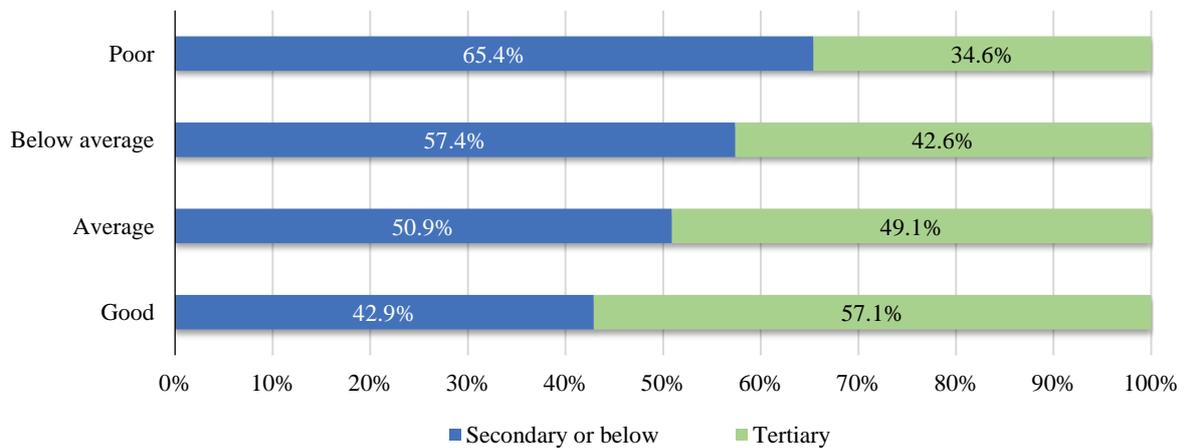
Figure 4.8: Age distribution of the four family wellbeing groups (%)



Education level

4.20 Education level passed the significance level of $p < 0.05$ in the Pearson’s chi-squared test ($p = 0.000$). This showed that there was a significant difference in the distribution of levels of education among the four family wellbeing groups. For example, family members with a “good” level of family wellbeing were more likely to be tertiary educated (57.1%) than those with a “below average” or “poor” level (42.6% and 34.6%, respectively) (Figure 4.9).

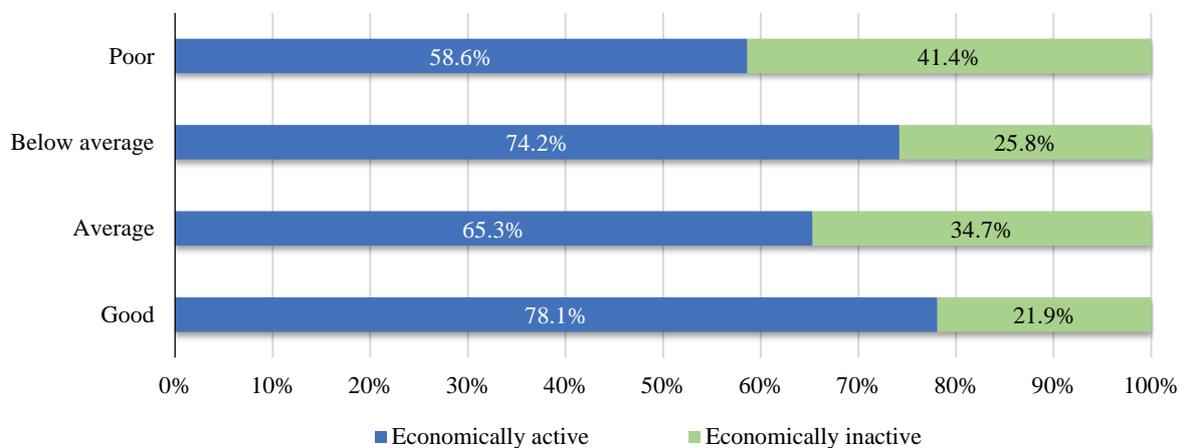
Figure 4.9: Distribution of levels of education of the four family wellbeing groups (%)



Economic activity status

4.21 Economic activity status passed the significance level of $p < 0.05$ in the Pearson’s chi-squared test ($p = 0.000$). This showed that there was a significant difference in the distribution of economic activity status among the four family wellbeing groups. Specifically, family members with a “good” or “below average” level of family wellbeing were more likely to be economically active (78.1% and 74.2%, respectively) than those with an “average” or “poor” level (65.3% and 58.6%, respectively) (Figure 4.10).

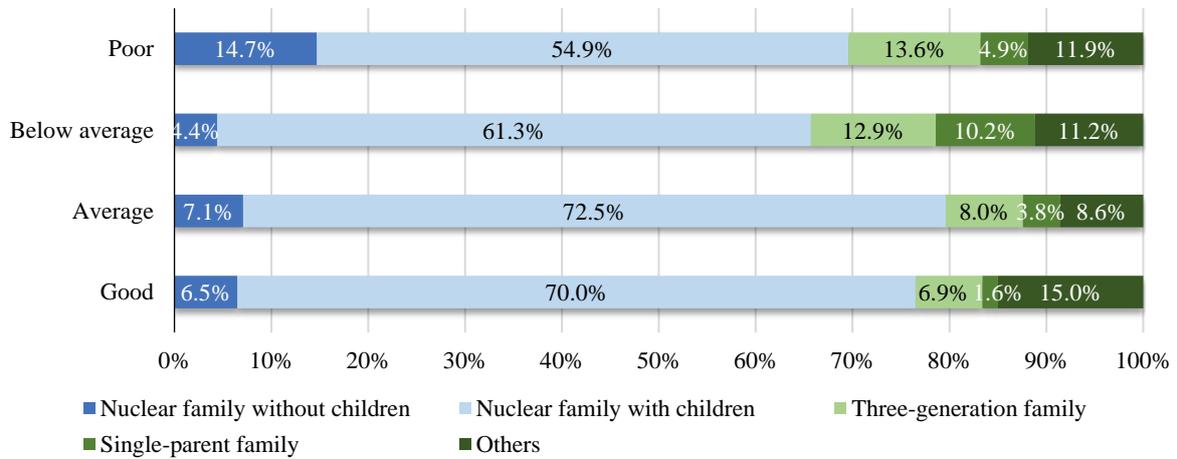
Figure 4.10: Distribution of economic activity status of the four family wellbeing groups (%)



Family structure

4.22 Family structure passed the significance level of $p < 0.05$ in the Pearson’s chi-squared test ($p = 0.000$). This showed that there was a significant difference in family structure distribution among the four family wellbeing groups. For example, family members with a “good” or “average” level of family wellbeing were more likely to be living in a nuclear family with children (70.0% and 72.5%, respectively) than those with a “below average” or “poor” level (61.3% and 54.9%, respectively). Meanwhile, a significantly higher percentage of people with a “poor” level of family wellbeing lived with their spouse only (14.7%), while a significantly higher percentage of those with a “below average” level were members of single-parent families (10.2%) compared to other family wellbeing groups (Figure 4.11).

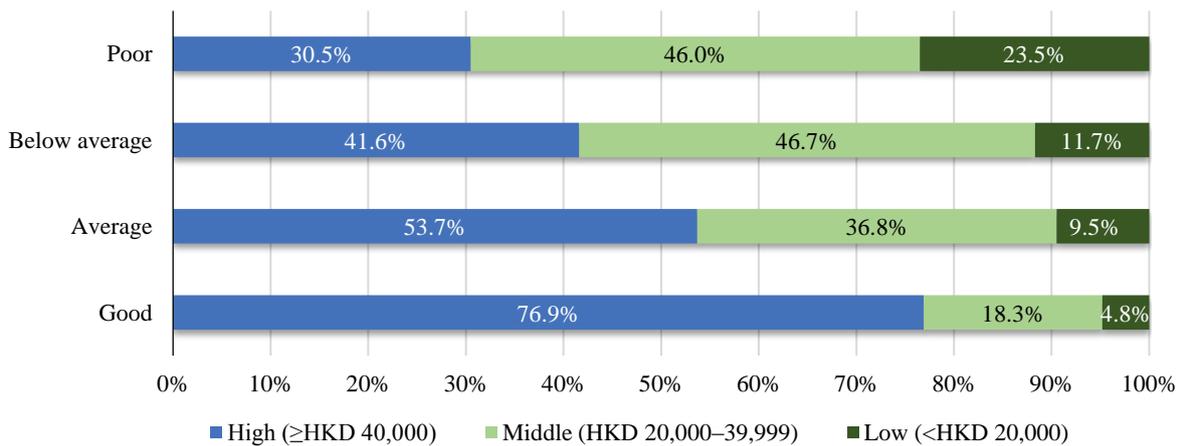
Figure 4.11: Distribution of the family structures of the four family wellbeing groups (%)



Family income

4.23 Family income passed the significance level of $p < 0.05$ in the Pearson’s chi-squared test ($p = 0.000$). This showed that there was a significant difference in family income distribution among the four family wellbeing groups. For example, family members with a “good” level of family wellbeing were more likely to have a high income (76.9%) than those with an “average”, “below average”, or “poor” level (53.7%, 41.6%, and 30.5%, respectively) (Figure 4.12).

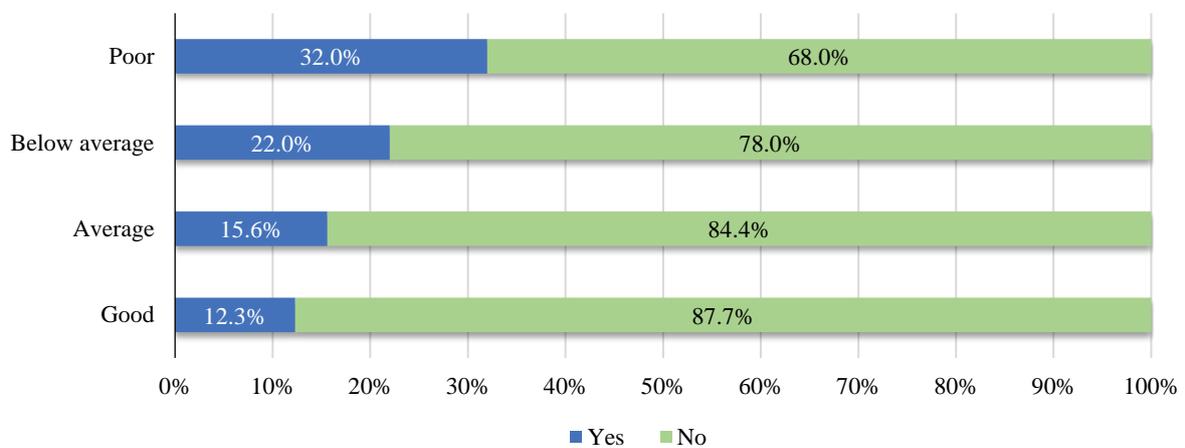
Figure 4.12: Distribution of the family incomes of the four family wellbeing groups (%)



Occurrence of family crisis

4.24 Occurrence of family crisis passed the significance level of $p < 0.05$ in the Pearson’s chi-squared test ($p = 0.000$). This showed that there was a significant difference in the distribution of the occurrence of family crisis among the four family wellbeing groups. Specifically, family members with a “poor” level of family wellbeing were more likely to have encountered a family crisis in the previous year (32.0%) than those with a “good”, “average”, or “below average” level (12.3%, 15.6%, and 22.0%, respectively) (Figure 4.13).

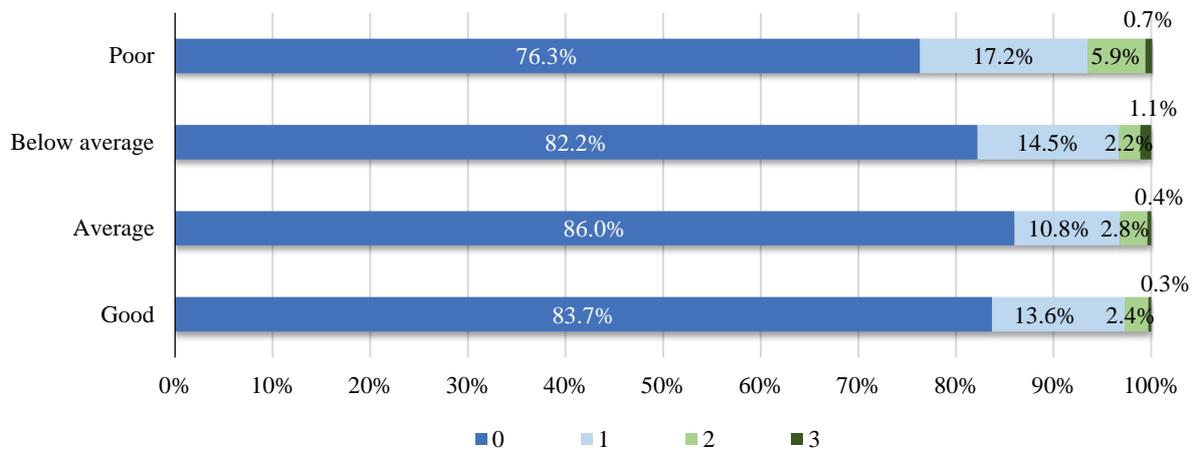
Figure 4.13: Distribution of the occurrence of family crisis of the four family wellbeing groups (%)



Number of family members who needed special care

4.25 The number of family members who needed special care failed to pass the significance level of $p < 0.05$ in the Pearson’s chi-squared test ($p = 0.107$), suggesting that there was no significant difference in the number of family members who were in need of special support among the four family wellbeing groups (Figure 4.14).

Figure 4.14: Distribution of number of family members needing special care of the four family wellbeing groups (%)*



* The sum of individual items may not add up to the total because of rounding.

4.3 Factors that Influence Family Wellbeing

- 4.26 A bivariate analysis was conducted to examine the relationships among the various variables and to identify the factors that affect family wellbeing. The dependent variables included the respondents’ HKFWI score and various domain scores; and the independent variables included gender, age, education level, economic activity status, family structure, family income, occurrence of family crisis, and number of family members who needed special care.
- 4.27 Table 4.6 presents the mean scores of the HKFWI and the six domains for each socio-demographic group, as well as the corresponding results of the T-test or the Analysis of Variance (ANOVA). For details of pair differences in the categories of age, family structure, family income, and number of family members who needed special care, please refer to the results of the Games-Howell post-hoc test presented in Appendix 3.

Table 4.6: T-test/ANOVA of the Family Wellbeing Index and domain scores with various socio-demographic characteristics (mean score)

	HKFWI	Family solidarity	Family resources	Family health	Social connection	Social resources	Work-life balance
Gender							
Male	6.20	7.45	7.32	7.09	3.70	5.04	4.46
Female	6.26	7.38	7.26	6.89	4.48	5.33	4.43
	n.s.	n.s.	n.s.	*	***	**	n.s.
Age							
18–29	6.12	7.23	7.24	6.79	3.78	5.15	4.60
30–49	6.20	7.50	7.20	7.03	4.03	5.10	4.36
50 or above	6.32	7.44	7.41	7.07	4.38	5.30	4.44
	*	*	n.s.	*	**	n.s.	n.s.
Education level							
Secondary or below	6.11	7.35	7.01	6.94	4.04	5.11	4.24
Tertiary	6.37	7.49	7.62	7.05	4.17	5.27	4.69
	***	n.s.	***	n.s.	n.s.	n.s.	***
Economic activity status							
Economically active	6.26	7.47	7.36	7.14	3.97	5.19	4.34
Economically inactive	6.17	7.29	7.16	6.68	4.36	5.19	4.68
	n.s.	*	*	***	**	n.s.	**
Family structure							
Nuclear family without children	6.13	7.58	7.37	7.09	3.90	4.62	4.09
Nuclear family with children	6.31	7.49	7.42	7.08	4.13	5.30	4.39
Three-generation family	6.05	7.37	7.06	6.88	3.49	4.88	4.61
Single-parent family	5.81	7.08	6.67	6.40	3.71	4.80	4.49
	***	n.s.	***	**	*	***	n.s.
Family monthly income							
Below HKD 20,000	5.75	7.33	6.39	6.55	3.79	4.50	4.16
HKD 20,000–39,999	6.00	7.27	6.90	6.79	3.80	5.01	4.24
HKD 40,000 or above	6.50	7.57	7.76	7.22	4.31	5.49	4.62
	***	**	***	***	**	***	**
Occurrence of family crisis in the previous year							
No	6.31	7.46	7.37	7.20	4.04	5.28	4.47
Yes	5.89	7.23	6.97	6.08	4.36	4.80	4.33
	***	*	***	***	n.s.	***	n.s.
Number of family members who needed special care							
0	6.27	7.44	7.34	7.09	4.06	5.25	4.43
1	6.06	7.31	7.10	6.60	4.18	4.96	4.48
2	5.94	7.28	6.92	5.91	4.82	4.80	4.75
3	5.85	7.62	6.51	6.27	4.75	4.17	4.55
	*	n.s.	*	***	n.s.	n.s.	n.s.

 * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$; n.s. = not significant.

4.28 The results are summarized as follows:

Gender

4.29 There were slight differences between the male and female respondents in their HKFWI mean scores as well as in their mean scores in the domains of family solidarity, family resources, and work-life balance. However, it was revealed that the male respondents had significantly higher scores in family health (7.09) than the female respondents (6.89), while the female respondents had significantly higher scores in social connection (4.48) and social resources (5.33) than the male respondents (3.70 and 5.04, respectively).

Age

4.30 Young, middle-aged, and older respondents differed slightly in their mean scores in three domains, namely family resources, social resources, and work-life balance. The age of the respondents was found to be positively related to their HKFWI score (young: 6.12, middle-aged: 6.20, older: 6.32) as well as to their scores in the domains of family health (young: 6.79, middle-aged: 7.03, older: 7.07) and social connection (young: 3.78, middle-aged: 4.03, older: 4.38). Yet in the domain of family solidarity, middle-aged respondents had the highest score (7.50), followed by older (7.44) and young (7.23) respondents.

Education level

4.31 Respondents with or without a tertiary education had similar mean scores in the four domains of family solidarity, family health, social connection, and social resources. Apart from these, people with a tertiary education had higher HKFWI scores (6.37) and higher scores in the domains of family resources (7.62) and work-life balance (4.69) than those with a secondary level of education or below (6.11, 7.01, and 4.24, respectively).

Economic activity status

4.32 The relationship between economic activity status and family wellbeing is a complex one. First, economically active and inactive respondents differed slightly in their mean scores for the HKFWI and for the domain of social resources. Second, economically active respondents had higher scores for family solidarity (7.47), family resources (7.36), and family health (7.14) than economically inactive respondents (7.29, 7.16, and 6.68, respectively). Third, by contrast, economically active respondents had lower

scores for social connection (3.97) and work-life balance (4.34) than economically inactive respondents (4.36 and 4.68, respectively).

Family structure

4.33 Four types of family structure were included in the ANOVA, namely, nuclear family without children, nuclear family with children, three-generation family, and single-parent family. Respondents living under different family structures varied slightly in their mean scores for family solidarity and work-life balance. Other than that, people living in a nuclear family with children had higher scores for the HKFWI (6.31), family resources (7.42), family health (7.08), social connection (4.13), and social resources (5.30) than people living under other family structures. By contrast, people living in single-parent families had the lowest scores for the HKFWI (5.81), family resources (6.67), and family health (6.40), while members of three-generation families (3.49) and nuclear families without children (4.62) were ranked at the bottom in the domains of social connection and social resources, respectively.

Family income

4.34 The three family income groups differed significantly in all of their family wellbeing mean scores. Respondents with a high family income had the highest scores for the HKFWI (6.50), family solidarity (7.57), family resources (7.76), family health (7.22), social connection (4.31), social resources (5.49), and work-life balance (4.62). Except for family solidarity, people with a low family income had the lowest scores in all of these measures (5.75, 6.39, 6.55, 3.79, 4.50, and 4.16, respectively). In the domain of family solidarity, people with a middle level of family income performed the worst (7.27).

Occurrence of family crisis

4.35 Respondents who had encountered a family crisis in the previous year differed slightly from those who had not in only two domain mean scores, i.e., social connection and work-life balance. Apart from that, people who had suffered from a family crisis in the previous year had significantly lower scores in the HKFWI (5.89), family solidarity (7.23), family resources (6.97), family health (6.08), and social resources (4.80) than those who had not (6.31, 7.46, 7.37, 7.20, and 5.28, respectively).

Number of family members who needed special care

4.36 The number of family members who needed special care was not significantly related to the mean scores for family solidarity, social connection, social resources, and work-

life balance. Yet it was negatively related to the HKFWI as well as the domains of family resources and family health. For example, for the HKFWI, while people who had no family members needing special care had a mean score of 6.27, those who had three family members needing special care had only a mean score of 5.85. The corresponding mean scores for family resources and family health were 7.34 versus 6.51 and 7.09 versus 6.27.

4.4 Effects of Socio-demographic Variables on the Family Wellbeing Index

- 4.37 OLS linear regressions were used to examine the effect of socio-demographic variables on the HKFWI and the six domain scores. The independent variables included gender (1 = male, 0 = female), age, education level (1 = tertiary, 0 = secondary or below), economic activity status (1 = economically active, 0 = economically inactive), family structure, family income, occurrence of family crisis in the previous year, and number of family members who needed special care. Regressions were conducted separately for seven dependent variables, namely the HKFWI and the six domain scores (Table 4.7).

Table 4.7: Regressions on the Family Wellbeing Index and domain scores with socio-demographic variables (β)

	HKFWI	Family solidarity	Family resources	Family health	Social connection	Social resources	Work-life balance
Male	-0.028	0.006	0.018	0.069*	-0.177***	-0.030	-0.023
Age (18–29)							
30–49	0.123**	0.123**	0.048	0.083*	0.115**	0.063	-0.001
50 or above	0.225***	0.139**	0.179***	0.143***	0.169***	0.121**	0.043
Tertiary educated	0.083*	0.052	0.135***	0.006	0.013	0.001	0.137***
Economically active	-0.014	0.031	0.007	0.053	-0.030	-0.032	-0.125***
Family structure (Nuclear family without children)							
Nuclear family with children	0.077	0.017	0.012	0.046	0.048	0.116*	0.008
Single-parent family	-0.027	-0.038	-0.089*	-0.037	0.026	0.034	0.010
Three-generation family	-0.012	-0.026	-0.049	0.012	-0.067	0.033	0.054
Family income (Low)							
Middle	0.200***	0.046	0.243***	0.089	0.070	0.191***	0.028
High	0.378***	0.101	0.477***	0.171**	0.142*	0.300***	0.108
Occurrence of family crisis	-0.144***	-0.057	-0.062*	-0.229***	0.019	-0.109***	-0.022
Number of family members who needed special care	-0.039	0.007	-0.011	-0.112***	0.053	-0.055	0.024
Adjusted R ²	0.135	0.019	0.173	0.120	0.055	0.061	0.031
(N)	(1033)	(1033)	(1033)	(1033)	(1033)	(1033)	(1033)

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$.

Notes: Reference groups are shown in parentheses. Cases in the “others” category of family structure were excluded from the analysis.

- 4.38 With regard to the HKFWI, age, education level, family income, and the occurrence of a family crisis in the previous year were found to have significant effect on the HKFWI. People who were middle-aged or above, tertiary educated, had a middle or high level of family income, and had not encountered a family crisis in the previous year had a higher HKFWI than those who were young, had a secondary level of education or below, had a low level of family income, and had suffered from a family crisis in the previous year.
- 4.39 The effects of socio-demographic variables on the six domain scores are summarized as follows:

Effects of age

- 4.40 Age was found to have a significant effect on the scores for five domains, namely, family solidarity, family resources, family health, social connection, and social resources. Old people had higher scores in these five domains than young people. Middle-aged people had higher scores for family solidarity, family health, and social connection than young people.

Effects of family income

- 4.41 Family income was found to have a significant effect on the scores for four domains, namely, family resources, family health, social connection, and social resources. People with a high level of family income had higher scores in these four domains than those with a low level. People with a middle level of family income also had higher scores for family resources and social resources than those with a low level.

Effects of the occurrence of family crisis

- 4.42 The occurrence of a family crisis in the previous year was found to have a significant effect on the scores for three domains, namely, family resources, family health, and social resources. People who suffered from a family crisis had lower scores in these three domains than those who did not.

Effects of gender

- 4.43 Gender was found to have a significant effect on the scores for the two domains of family health and social connection. Males had a higher score for family health than females, but a lower score for social connection.

Effects of education level

- 4.44 Education level was found to have a significant effect on the scores for the two domains of family resources and work-life balance. Tertiary-educated people had a higher score in these two domains than those who had a secondary level of education or below.

Effects of family structure

- 4.45 Family structure was found to have a significant effect on the scores for the two domains of family resources and social resources. People in single-parent families had a lower score for family resources than those in nuclear families without children. People who were living in nuclear families with children had a higher score for social resources than those in nuclear families without children.

Effects of economic activity status

- 4.46 The other two socio-demographic variables were found to have a significant effect on only one domain. Economic activity status was correlated with work-life balance. Economically active people had a lower score for work-life balance than those not in work.

Effects of the number of family members who needed special care

- 4.47 The number of family members who needed special care was correlated with family health. People with more family members who needed special care had a lower score for family health.

5. Discussion and Recommendations

- 5.1 This is the first study to have been conducted in a Chinese context to develop a family wellbeing index that is socially relevant and culturally specific, and it is also the first survey study to have investigated the wellbeing of Hong Kong families with the use of a scientific tool. It contributes not only to academia by filling in knowledge gaps, but also to social policy and social service planning because the results provide a useful reference for related stakeholders.

5.1 Theoretical Contributions

- 5.2 This study adopted a step-by-step procedure to conceptualize, test, and validate a multi-dimensional index of family wellbeing. The procedures included a review of international and local literature on family wellbeing, focus group interviews with service users, in-depth interviews with experts in family studies, a pilot test with 205 randomized respondents, and a main survey with 1,343 valid respondents. An index consisting of six domains (family solidarity, family resources, family health, social connection, social resources, and work-life balance), six subdomains (i.e., four subdomains of family solidarity and two subdomains of family resources), and 26 single-question indicators was constructed and then verified as reliable and valid. It enriches the literature on family wellbeing and provides a useful instrument for local and international scholars of family studies to use in their future research. Tracking and comparing the HKFWI scores of families in Hong Kong over time will require future researchers to adopt the longitudinal study as a research design; in the process, a multi-purpose database can be built up.
- 5.3 As the second self-constructed family wellbeing index in the Asian region, following the one created in Malaysia, and with major reference to the index developed in Malaysia, some universal features of family wellbeing were confirmed in this index, such as the importance of family solidarity, family resources and family health to Asian people. Nevertheless, some unique characteristics of this particular family wellbeing index may reflect the specific social and cultural context of Hong Kong society. For instance, first, the domain of family and religion/spirituality measured by the index in Malaysia was not shown to be a determinant of family wellbeing in this study. The influence of religion/spirituality was far less important for Hong Kong people than it was for those in Malaysia. This could be because Hong Kong society is relatively secular. Only 43% of Hong Kong people have some religious practices and around 80% of the residents claimed that they have no religion (World Population Review 2020). While some

people, particularly the older generation, are still affiliated with Chinese folk organizations or practise the rituals, most young people do not carry out any rituals on traditional/religious festivals such as the Lunar New Year and the Ching Ming Festival.

- 5.4 Furthermore, family and communication technology, which was an additional domain developed in Malaysia in 2016 and was a significant predictor of satisfaction with family relationships in the Malaysian study, did not fit into our proposed model either. The popularity of ICTs is evident worldwide and in Hong Kong as well. Nine out of ten households (92.3%) have access to the Internet at home and 89.8% of persons aged 10 or above had a smartphone in 2018 in Hong Kong (Census and Statistics Department 2019b). Empirical studies have shown that the utilization of ICTs is associated with family harmony, family happiness, family health, and family wellbeing (Wang et al. 2015), and have also supported the view that the overuse of ICTs by youngsters can have a negative impact on family relationships and parenting (Wu et al. 2016). No clear explanation for the results of those empirical studies was found in this study. Given that this topic has been widely discussed and studied in recent decades, this dimension in our model should be tested further, and should be an important area of future study.

5.2 Practical Contributions and Recommendations

- 5.5 Besides its theoretical contributions, this study has also contributed to providing a comprehensive understanding of Hong Kong families and valuable reference material that will be of use to relevant parties such as policy makers, government officials, Family Council members, scholars, and service providers in the formulation of policies and development of services, as well as in the evaluation and monitoring of those services.
- 5.6 First, we were able to develop a general idea of family wellbeing and of the domain-specific characteristics of Hong Kong families through this study:
- The overall score for family wellbeing was 6.23 points out of 10, which puts it at the lower end of the “average” range.
 - Among the six domains, *family solidarity* (including four subdomains: family time, family atmosphere, family responsibilities, and care and support) scored highest (7.41 points out of 10), indicating the continuous importance of family values and the multiple aspects of Hong Kong family support. The second highest score (7.29 points out of 10) was for *family resources* (including two subdomains: family income and psychological capital). This suggests that the respondents have an “average” level (approximating the level of “good”) of the sense of economic and psychological efficacy in their daily lives, which is consistent with Hong Kong

society's financial affluence in general. *Family health* status was also “average” in general.

- However, the condition of the other three domains, which are related to the relationships of the family with larger systems, was not good. *Social resources* were perceived to be limited in general, with a domain score of only 5.19 points out of 10, putting it at the lower end of the “below average” level. What was worse, the score for *work-life balance* (4.45 points out of 10) and *social connection* (4.10 points out of 10) fell within the “poor” level.
- The first three domains are more family-bounded, while the alarming levels of the latter three domains mainly reflect the interactions between family and society. Three possible explanations for this result can be identified.
 - First, the family is the core unit for supporting people in Chinese societies, particularly in times of crisis. This is consistent with the findings of previous studies indicating that traditional familial values such as filial piety, family self-sufficiency, and mutual support within the extended family, have been upheld in contemporary Hong Kong Chinese families (Wong et al. 2019).
 - Second, Hong Kong employees work an average of 50.1 hours per week, with about 22.6% of full-time employees working over 52 hours per week—the longest working hours among employees in 71 cities (Census and Statistics Department 2019a; China Daily Asia 2016). In principle, work can bring multiple benefits for the family and either enrich or hinder family life. When there is adequate organizational support and a good balance between work and family, work involvement can be growth-enhancing and have a positive effect on family functioning; however, when work obligations and schedules drain the energy and time left to devote to the family, work involvement would exert an adverse impact on family life (Friedman and Greenhaus 2000; Greenhaus et al. 2003; Zubrick et al. 2000). No legislation on minimum working hours has been put in place in Hong Kong; working long hours or overtime without compensation is common. The long working hours may intensify the conflict between work and family, diminish the leisure time available to individuals, and affect the quantity and quality of family time. For instance, a local empirical study revealed that a higher level of work-family conflict was associated with a lower level of involvement in family leisure activities, less satisfactory mental health, and a lower level of family functioning (Lau et al. 2012).
 - Third, this study was conducted during the social movement that began in June 2019, a period when society was described as being polarized and when

many Hong Kong people had negative feelings towards the government (please refer to the section on “Limitations”). Given that these three domains are determinants of the wellbeing of families, social policies and social services should play a role in alleviating the problems encountered by families, thereby promoting family wellbeing.

- These research findings provide important directions for policy makers and those in the social services sector with respect to making policies and planning family friendly services.

5.7 Second, the bivariate analysis and regression analysis of the relationship between the socio-demographic characteristics and family wellbeing reflects the fact that these are influential socio-demographic factors that have important impacts on family wellbeing.

- In general, people who were middle-aged or above, tertiary educated, had a middle or high level of family income, and had not encountered a family crisis in the previous year had a higher HKFWI than those who were young, secondary educated or below, had a low level of family income, and had suffered from a family crisis in the previous year.
- In addition, while being economically active may be an indication of higher family income, members of the economically active group performed significantly worse in the area of work-life balance than those who were not economically active. Empirical studies have found that the phenomenon of work-life conflict is prevalent in Hong Kong (Policy 21 Limited 2012, 2014, 2016, 2019), and that such conflict is particularly serious for those at a lower level in the occupational hierarchy (e.g., service industry, manufacturing industry) (Chiu & Wan 2015; Lau et al. 2012). These findings could help to identify details of the characteristics of both the protective factors and risk factors involved in family wellbeing.
- The results revealed that people with a low family income scored the lowest in all aspects of the HKFWI, with the exception of family solidarity, indicating the vulnerable situation of poor families in Hong Kong and their lack of social support. In addition, having experienced a family crisis in the previous year was significantly and negatively correlated with the overall HKFWI and the resource-related aspects of family wellbeing (including both family resources and social resources), suggesting the importance of providing not only financial but also service support to these families. It was also revealed that members of nuclear families with children had a higher score in social resources than other types of families, while members of single-parent families are more likely to have a lower level of family wellbeing and have fewer family resources than members of other types of families. Overall, these findings suggest that formal support (i.e., resources from

government or social service agencies) and informal support (i.e., social networks with friends and neighbours) play a critical role in bolstering the wellbeing of individuals and families. Although the number of nuclear families with children decreased from 41.3% in 2006 to 36.7% in 2016 in Hong Kong (Census and Statistics Department n.d.), the nuclear family is still the major type of family in our society. These families were resourceful and the supports available were a protective factor in their parenting stress and family functioning (Ma et al. 2012). Conversely, those with relatively weak family ties (e.g., single-parent families, migrant families) or those who have encountered immediate or long-term difficulties (e.g., families with special needs children, families with hospitalized children) were in a less favourable position, and insufficient social resources could have adverse effect on individual mental health and family functioning (Ma et al. 2017; Wu & Chow 2013). Given the importance of social support, both formal and informal, to families, enhancing the availability and accessibility of services and strengthening the connection between the family and the society should be the overarching direction of future social policies and services.

- The finding that young people had lower scores on family solidarity, family health, and social connection than middle-aged and elderly people indicates that the government should devise or adjust their strategies related to the cultivation of the young generation. Studying the needs of the young generation and developing programmes that could engage them in constructive social activities could be one of the many possible directions.

5.8 Third, the study drew out the general profile of people with different levels of family wellbeing, which is useful for helping the government and the social services sector to identify the target population of social policies and services. For example,

- Special attention should be paid to those families with “below average” or “poor” levels of family wellbeing, and to those factors that led to significant differences in HKFWI and domain scores among families. Families with a “below average” or “poor” level of family wellbeing tended to be led by those who lacked a tertiary education or employment, or who were employed but had a low family income, and who had a heavier caring burden.
- The group portrait of each level of family wellbeing also provides useful information for designing detailed policies and services that could strengthen the resilience of families and make up for the aspects in which they are vulnerable, so that more efficient use of social resources can be made. As the strength perspective and family system theory indicated, each family has its own level of resilience and capacity to discover solutions and resources to deal with the

challenges of life, while the absence of needed community resources to support families in fulfilling their core functions may undermine family resilience (Patterson 2002). Policy makers and social service practitioners should identify both the resources available to families and the processes by which families maintain their resilience, as well as the barriers that hinder family functioning. Therefore, different strategies and services should be developed according to the characteristics of a family, with the aim of building and strengthening a repertoire of protective factors for that family. For example, detailed strategies for promoting the welfare of families in the “below average” family wellbeing group should be different from those for the “poor” family wellbeing group, although the general characteristics of these two groups are similar. For the “below average” group, the family-bounded aspects such as family solidarity, family resources, and family health were within “average” range, with the worst performance being in social connection and work-life balance. However, for the “poor” group, all of the aspects of family wellbeing were alarming, with the lowest scores being in social connection and social resources.

- Policy makers and practitioners should have a systemic understanding of a family’s situation and a clear focus when planning and delivering support to the family.

5.9 Finally, the tool could be used not only by scholars and the government to evaluate and track changes in the wellbeing of Hong Kong families, but also by social service agencies to investigate the needs of the target clientele and to design tailor-made services. Furthermore, it could also be used by frontline helping professionals such as social workers, clinical psychologists, and psychiatrists in conducting intake interviews and client needs assessments, to derive a systemic understanding of the service user.

5.3 Limitations and Directions for Future Studies

5.10 When studying and interpreting the results of this study, the reader should pay attention to several limitations, as follows.

5.11 First, we used a convenience sampling method to select informants to provide comments and suggestions on the theoretically constructed index at the initial stage of developing our measurements. For example, we interviewed users of the HKFWS’s services instead of families in general for reasons of convenience and feasibility, which may have led to bias in the feedback. It is possible that the service users reported more problematic aspects of their family and highlighted their areas of concern more than families in general would have.

5.12 Second, taking into consideration the issues of cost and feasibility, a telephone survey instead of a household survey was used to collect the data, which means that the family

wellbeing reported in this study was entirely the perception of the individual interviewees. The views of some important family members such as a non-resident parent of a divorced family, grandparents living apart from their adult children, and other family members (e.g., teenagers, elderly people and disabled family members living in residential care homes) may not have been included in the survey data due to the research design. In addition, some people might not have been reachable either by landline or mobile phone, and that might have affected the representativeness of the respondents.

- 5.13 Third, the validity of the measurements may have been affected because of the limited number of questions in each domain, since we needed to keep the length of the questionnaire short to ensure an adequate response rate for the telephone survey.
- 5.14 Finally, the reader should be reminded that this is a cross-sectional study, with the main survey having been conducted during a time of political turmoil that broke out in June 2019 and has lasted for over six months. During the survey period (in July and August 2019), continuous protests and violent conflicts between young people and the police occurred almost every day. The consequences of the social movement have rippled through and affected the daily life of every individual, and the disruption has heightened the stress levels of different stakeholders, from protestors to businessmen (Chen 2019) and patients to healthcare professionals (The Lancet Oncology 2020). They have also caused tension between various parties, such as medics and the police (Yuan 2019). Intergenerational conflicts and conflicts between family members because of different political stances were common and severe. The results of this study were very likely affected and negatively tilted by this social context. Readers should read the results with caution and should take into consideration the effects of this special social context on the study when we interpret and make reference to the HKWFI scores.
- 5.15 This study of the wellbeing of Hong Kong families should be continued and developed further in the following ways:
 - (1) This study should be replicated at different points in time to further refine and update the measurement tool, as well as to develop an aggregated norm of family wellbeing for reference.
 - (2) This study should be conducted periodically to track changes in the wellbeing of Hong Kong families. Periodically conducting cross-sectional random sample tests of the wellbeing of Hong Kong families would help us to understand trends in the wellbeing of Hong Kong families. The results could serve as a useful database for understanding family wellbeing over time, assessing the possible effects of social policies on families, and projecting future social developments. Furthermore, a repeated assessment of the family wellbeing of a cohort over time could be

conducted to track changes experienced by individuals and to outline factors contributing to changes in family wellbeing, as longitudinal studies have the advantage of making it possible to identify causal relationships between variables (Farrington 1991). For example, by tracking changes in the family wellbeing of a cohort, we may discern factors that negatively or positively affect family wellbeing. Both a trend and cohort study could be combined as an accelerated longitudinal design. This would help to compensate for the disadvantages of either design and lead to greater efficiency and feasibility (Farrington 1991).

- (3) The target group of the study should be extended from just Chinese families to families of ethnic minorities (e.g., Indians, Pakistanis, and Nepalese) and Westerners in Hong Kong; and
- (4) The research methodology could be modified and a household survey used in place of the telephone survey, to draw a more comprehensive picture of the wellbeing of Hong Kong families.

5.4 Conclusion

- 5.16 This newly developed HKFWI is a socially relevant and culturally appropriate measurement tool in Hong Kong that will be of great value not only to academics but also to government officials and helping professionals, including social workers in family and family-related services. It will provide government officials, scholars, and service operators with a comprehensive, culturally appropriate tool to use for measuring the wellbeing of families in general or specific types of families in Hong Kong. The results will provide a useful reference for related parties, such as policy makers, government officials, Family Council members, and scholars, and can be used by service providers for formulating policies and developing services, as well as for evaluating and monitoring such services.

Recommendations from the Hong Kong Family Welfare Society

Based on the detailed report of the Study and findings by the research team, the Hong Kong Family Welfare Society would like to respond to the maiden result in both the individual and family level, and the government and society level.

1 Individual and Family level

1.1 Entrench on the strength and resilience of families

Among the six domains families score well in Family Solidarity (7.41), Family Resources (7.29) and Family Health (6.99). Family Safety, an indicator under the Family Resources domain, stands at a high score of 8.57, reflecting a commonly held belief that members treat families as heaven in good times and sanctuary in bad ones. Such strength is an invaluable asset for family members to learn how to cope with every facet of family matter as a family unit ranging from financial planning, dispute resolution, home repairs to simple dietary differences.

1.2 Establish and sustain good family culture

Family culture is an indispensable element in which good family relationships are developed. In cultivating this culture, families are encouraged to set aside time to be together, like family dinner every week, “no mobile device during dinners” and regular family functions. In daily interaction, showing respect and appreciation to each other are also essential, like saying Good Morning, Thank You, Sorry, etc.

1.3 Promote positive family interaction with the society

Families do not exist in isolation, but within a social context that influences their growth and development. Through positive interactions with the society, families acquire outside resources to meet the needs of their members and learn to cope with difficulties and adversities they encounter at times. Social resources are in the forms of formal support from government departments, community organisations, and informal support from relatives, neighbours, workmates and friends. For those who are able and could spare the time, they could work as volunteers to help the needy or actively take part in community functions and activities which will certainly boost the growth of family core values.

1.4 Work-life balance

Work is an indispensable part of adult lives which takes up a large portion of one’s time, and it is important to maintain a healthy work-life balance which could affect every member in the family if not managed properly. Achieving a good balance involves firstly

prioritising life goals, including expectation from relationships that one treasures most, realistic career goals with due consideration of other commitments in every aspect of life. Secondly, setting boundary between work and family and plan for space to allow enrichment of family relationships like taking vacation without interruption from work and other commitments.

1.5 Brace for adversities

During recent months when our city has been crippled by the COVID-19 epidemic, many experience unprecedented challenges and adversities like unemployment, economic hardship, severe disruption to studies, emotional disturbance, sense of isolation and deterioration of family relationships. Family solidarity will be an important asset by which members could obtain support and sense of safety to face the predicament. Outside the family, access to social resources like assistance from government departments, relatives and neighbours are important in alleviating strain and tension. During this hard hit period, non-government organisation are providing tangible support and social services of various nature to mitigate the plight of those individuals and families who are suffering from the various negative impact brought about by the epidemic. Families are encouraged to seek assistance to survive this hard time.

2 Government and Society level

2.1 Promote family-friendly policy, connecting families with society

Through provision of family and community programmes and facilities, families are provided with ample opportunities and support to enhance family relationships. These programmes should be designed flexibly in a wide variety of formats to meet the needs of families of various structures and at different stages of family life cycle. Employers should provide measures to help them fulfil their family roles and responsibilities by instituting appropriate measures like offering flexible hours, provision of child care support service and family activities. On the government level, appropriate legislations and policies should be introduced such as limiting the amount of working hours, especially those in the grass root levels and those with less family resources so as to safeguard their family wellbeing.

2.2 Formulate policies addressing the needs unique to different groups to improve their family wellbeing

- **Young people**

The relative low score of 3.78 in social connection in the young people group is a waking up call for us to help them to connect to society. The relentless social incidents in recent years would have fuelled young people's alienation and led to their withdrawal from society. It is envisaged that their common concerns and

goals with society at large can be identified in a bid to connecting them. Effective communication platform should also be constructed to engage them in genuine dialogue in areas of their major concern, like education policy, career development, social and political development.

- **Families with members with special needs**

Frail elderly family members, and members with chronic illnesses and disabilities could impact much on the health of other members in the family. The carers, in particular, are the ones suffering from most of the physical and psychological stresses, which if unattended in the long-term could lead to fatigue and even nervous breakdown. Social resources, in the form of long term care support including residential and community care support services, should be made available to these families to relieve their stress and uplift their wellbeing. Apart from these core services to meeting the care needs of these members, a string of well-coordinated services and facilities should also be provided to support these special-need members as well as the carers. These include sufficient public space for leisure, flexible respite service, practical information technology applications to make the caring tasks easier, and connecting these members and carers to their communities.

- **Single-parent and divorced/separated families**

Likewise, single-parent and divorced/separated families should also be provided with adequate social resources to support their family functions and improve their wellbeing. Services addressing their needs are child care support service, including child respite service and mutual help service, networking these families to the wider community and establishing network among them to enhance their mutual support, and assisting the young family members to acquire the necessary life skills.

- **Families undergoing or having undergone crisis**

The suffering from significant traumatic events like death of a family member, serious illness, unemployment, etc. could lead to poor family health condition. Relevant measures should be in place to identify these families early and enable them to access relevant information and social resources for assistance. Early intervention is the best recipe to help these families to survive them. Financial and emotional support, and family counselling should all be readily made accessible to these needy families.

2.3 Family policy

Family policy is a reflection of family values held by government and society. However, Hong Kong has not yet had a set of family policy to guide the development of and support to family. The Hong Kong Family Wellbeing Index (HKFWI) provides objective indicators for government's reference in formulation of family policy to enhance the wellbeing of Hong Kong families in various dimensions and in the form of "protection", "provision" and facilitating their "participation". In the absence of family policy for the time being, government should at the very least have policy in specialised areas related to family wellbeing and examine the impacts of existing policies on the wellbeing of families. Typical examples for improvement are:

- Formulating Carer Policy to provide every possible benefit under different policy areas, e.g. housing policy, social welfare policy, etc. taking into consideration the wellbeing of carers. With the establishment of a policy guiding towards the goals of supporting carers in families, the wellbeing of these families as a whole can be safeguarded.
- Under the Guidelines on Homework and Tests in Schools – No Drilling, Effective Learning issued by the Education Bureau, further enhancement can be achieved by limiting the amount of homework time to relieve the pressure of students and parents, allowing families to have more quality time for nurturing family relationships and facilitating the healthy development of young people, as well as enriching a balanced family life and the whole family.

2.4 Hong Kong Family Wellbeing Index as an objective measure of family wellbeing

HKFWI provides an objective measure of the overall family wellbeing, as well as the wellbeing in six important domains of family life. A similar Family Wellbeing Index in Malaysia has already been constructed and used to measure the targets of achievement, among other indicators, in their government policy in the various areas. For instance, they set the goal to improve the Family Wellbeing Index score from 7.33 in 2016 to 8.0 in 2020 with various policy strategies. In our local situation, HKFWI is a good counterpart to provide a measure of the level of policy achievement of family wellbeing.

2.5 Strengthen the roles of Family Council in enhancing family wellbeing

At present, the Family Council is mainly tasked with the promotion of family values and providing expert advice on the execution of family impact assessment, which is an assessment of impacts of government policy and subsidiary legislations on families. Being a unique entity in taking care of family wellbeing, the Council's roles in these aspects should be strengthened, especially in its decision making and execution functions.

3 Continuation of the work of the Hong Kong Family Wellbeing Index

Comparison of the HKFWI scores over the years is a good indication of the changing trend of family wellbeing. The forthcoming goal of our HKFWI endeavour is to obtain the trend of family wellbeing in Hong Kong, which calls for our survey of family wellbeing to be conducted on a regular basis. The results will serve as a good reference for social service planning and evaluation. In fact, both the results at any single measurement like in the present study and the trend of wellbeing to be obtained from a series of measurements serve as good references for the formulation of government policies. The use of the HKFWI may also be extended in some focussed areas in future like studying the wellbeing of different groups, e.g. ethnic minorities, or longitudinal studies of some target groups, e.g. family wellbeing of the young population.

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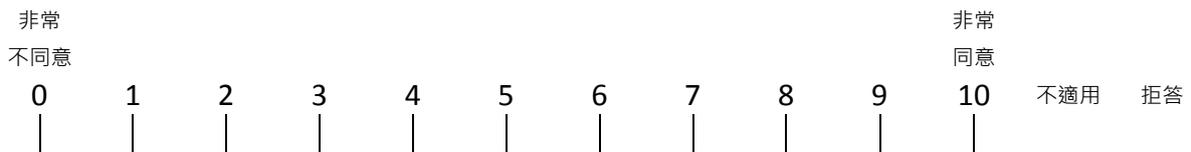
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Appendix 1: Family Wellbeing Index Questionnaire (Chinese Version)

香港家庭幸福指數問卷

Q1 請問你屬於以下邊個年齡組別呢？

由 0 至 10 分，0 分代表非常不同意，至 10 分代表非常同意，以下嘅講法有幾符合你屋企嘅整體情況呢？



Q2 喺家庭感到安全

Q3 喺過去一年，家庭收入足夠應付日常嘅開支【收入包括工資、花紅、房屋津貼、綜援金、老人生果金、租金或投資收入等】

Q4 有舒適嘅居住環境

Q5 有能力解決生活難題【例如爆水喉時，識自己整，或搵人維修】

Q6 經常用社交媒體，例如 WhatsApp、微信、facebook，與家人聯絡同溝通

Q7 有足夠嘅相處時間

Q8 享受一齊相處嘅時間

Q9 可以互相信賴

Q10 可以彼此遷就

Q11 感激各人為家庭嘅付出

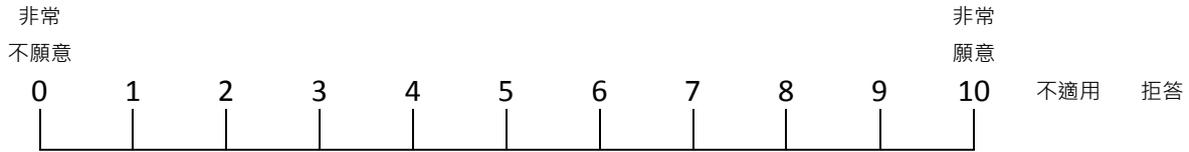
Q12 經常相處融洽

Q13 可以發揮各自嘅長處同能力

Q14 對子女有足夠嘅關懷同照顧

Q15 對子女有獎罰分明嘅管教

由 0 至 10 分，0 分代表非常不願意，至 10 分代表非常願意，整體嚟講，喺有需要時，你同你屋企人有幾願意互相幫忙做以下嘅事情呢？



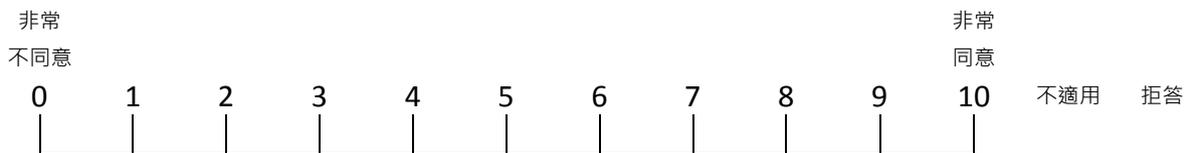
Q16 解決財政困難

Q17 處理家庭事務，例如打掃、煮飯、照顧細路同長者

Q18 就重要事情，例如工作、升學、睇醫生，提供意見

Q19 聆聽心事

由 0 至 10 分，0 分代表非常不同意，至 10 分代表非常同意，以下嘅講法有幾符合你屋企嘅整體情況呢？



Q20 工作令你哋【疲累】到做唔到應做嘅家庭事務

Q21 家庭煩惱或問題，令你哋難以專心工作

Q22 屋企人因為花過多時間上網或玩電子遊戲而引致爭執

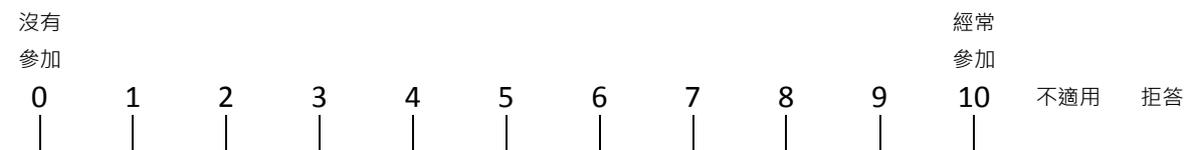
Q23 目前嘅生活水平同家人嘅努力比較，係相當公平

Q24 整體嚟講，你嘅家庭係幸福嘅

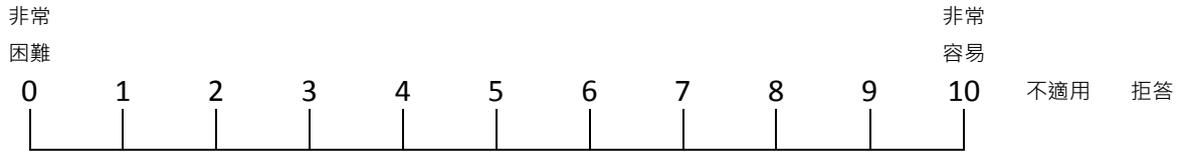
Q25 三年後嘅家庭生活狀況會比現在好

Q26 「參加社會或宗教團體嘅聚會或者活動」，0 分代表無參加，至 10 分代表經常參加【社會團體例如街坊會、青少年中心、老人活動中心；宗教團體例如教會、佛堂】

Q27 「參與義工服務或慈善捐款」，0 分代表無參與，至 10 分代表經常參與



由 0 至 10 分，0 分代表非常困難，至 10 分代表非常容易，喺你屋企遇到自己無法解決嘅困難時，例如身體不適、照顧老人、託管兒童，容唔容易搵到以下嘅人或機構幫忙呢？

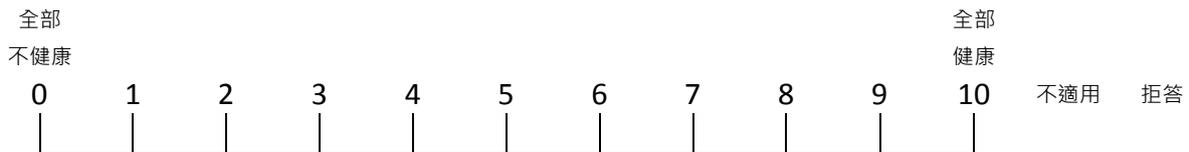


Q28 親戚、朋友或鄰居

Q29 政府部門或社福機構【例如福利署、明愛、保良局、東華三院、家庭福利會、香港保護兒童會等】

Q30 由 0 至 10 分，0 分代表全部不健康，至 10 分代表全部健康，整體嚟講，喺過去一年，你同你屋企人嘅身體健康狀況係點呢？

Q31 由 0 至 10 分，0 分代表全部不健康，至 10 分代表全部健康，整體嚟講，喺過去一年，你同你屋企人嘅精神健康狀況係點呢？



Q32 你屋企有幾多位家人因年紀大、疾病或者殘障，而需要人特別照顧佢嘅生活起居呢？

Q33 喺過去一年，你屋企有無發生重大嘅事故，例如家人去世、重病、意外住院、失業、嚴重嘅經濟困難或者感情衝突呢？

Q34 請問你全家平均一個月所有嘅收入加起嚟大概有幾多呢？包括工資、花紅、房屋津貼、綜援金、老人生果金、租金或投資收入等【單位：港元】

Q35 你屋企有無聘請家庭傭工或家務助理呢？

Q36 請問你嘅婚姻狀況係點呢？係未婚、已婚，定係其他呢？

Q37 請問你同你嘅伴侶 / 前夫 / 前妻多數係一齊住，定係分開住呢？」【如已婚，問：「伴侶」；如離婚，問：「前夫 / 前妻」】

Q38 請問你嘅教育程度去到邊呢？

Q39 請問你係唔係在職人士呢？

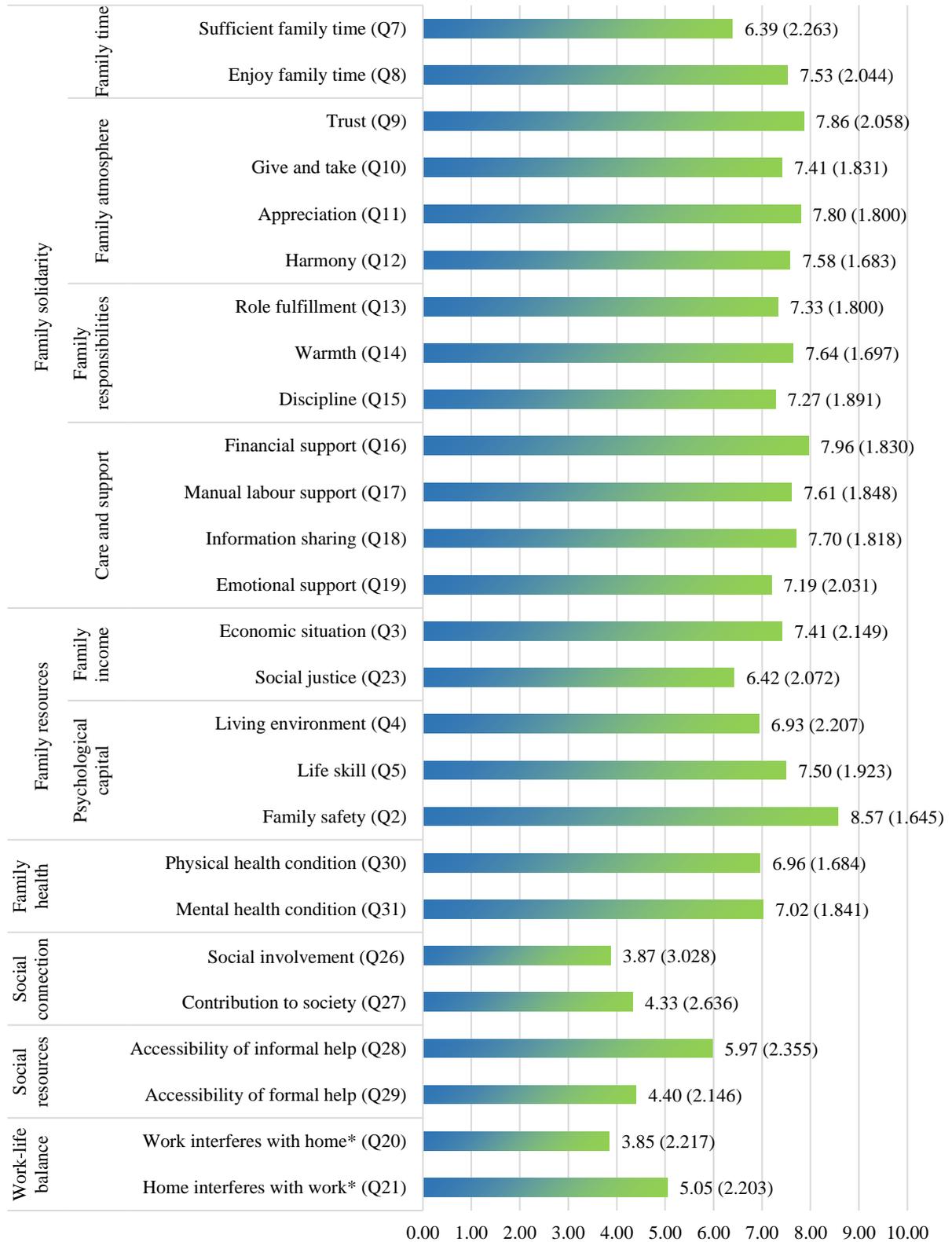
Q40 唔計家庭傭工，連埋你自己，請問你屋企總共有幾多位同住嘅家庭成員呢？

Q41 其中幾多位係 13 歲或以下呢？

Q42 又有幾多位由內地移居香港未滿七年呢？

Q43 請問你屋企屬於以下邊一種類型呢？

Appendix 2: Mean Scores of the 26 Indicators



Note: * denotes reversed item. Standard deviations are shown in parentheses.

Appendix 3: Results of the Games-Howell Post-hoc Test

	Socio-demographic (I)	Socio-demographic (J)	Mean difference (I-J)
HKFWI	Family monthly income		
	Below HKD 20,000	HKD 20,000–39,999	-0.24825
		HKD 40,000 or above	-0.75526***
	HKD 20,000–39,999	HKD 40,000 or above	-0.50700***
	Age		
	18–29	30–49	-0.08311
		50 or above	-0.20328*
	30–49	50 or above	-0.12017
	Number of family members who needed special care		
	0	1	0.21119
		2	0.33013
		3	0.42523
	1	2	0.11895
		3	0.21405
	2	3	0.09510
Family structure			
Nuclear family without children	Nuclear family with children	-0.17802	
	Single-parent family	0.32038	
	Three-generation family	0.08468	
Nuclear family with children	Single-parent family	0.49841***	
	Three-generation family	0.26270*	
Single-parent family	Three-generation family	-0.23570	
Family solidarity	Family monthly income		
	Below HKD 20,000	HKD 20,000–39,999	0.06117
		HKD 40,000 or above	-0.24067
	HKD 20,000–39,999	HKD 40,000 or above	-0.30184**
	Age		
	18–29	30–49	-0.26651*
		50 or above	-0.20395
	30–49	50 or above	0.06256

	Socio-demographic (I)	Socio-demographic (J)	Mean difference (I-J)		
Family resources	Family monthly income	Below HKD 20,000	HKD 20,000–39,999	-0.50629**	
			HKD 40,000 or above	-1.37508***	
		HKD 20,000–39,999	HKD 40,000 or above	-0.86879***	
	Number of family members who needed special care	0	1	0.23922	
			2	0.42619	
			3	0.83370	
		1	2	0.18697	
			3	0.59448	
		2	3	0.40751	
		Family structure	Nuclear family without children	Nuclear family with children	-0.04409
				Single-parent family	0.69778*
				Three-generation family	0.31601
	Nuclear family with children		Single-parent family	0.74188***	
			Three-generation family	0.36010	
	Single-parent family		Three-generation family	-0.38178	
Family health	Family monthly income	Below HKD 20,000	HKD 20,000–39,999	-0.24030	
			HKD 40,000 or above	-0.67755***	
		HKD 20,000–39,999	HKD 40,000 or above	-0.43725***	
	Age	18–29	30–49	-0.23510	
			50 or above	-0.27651*	
		30–49	50 or above	-0.04141	
	Number of family members who needed special care	0	1	0.48801**	
			2	1.17942**	
			3	0.81668	
		1	2	0.69141	
			3	0.32867	
		2	3	-0.36274	
		Family structure	Nuclear family without children	Nuclear family with children	0.00837
				Single-parent family	0.68058
				Three-generation family	0.20220
Nuclear family with children	Single-parent family		0.67221**		
	Three-generation family		0.19383		
Single-parent family	Three-generation family		-0.47838		

	Socio-demographic (I)	Socio-demographic (J)	Mean difference (I-J)	
Social connection	Family monthly income	Below HKD 20,000	HKD 20,000–39,999	-0.00537
			40,000 or above	-0.52278
		HKD 20,000–39,999	HKD 40,000 or above	-0.51741**
	Age	18–29	30–49	-0.24846
			50 or above	-0.59719**
		30–49	50 or above	-0.34873
	Family structure	Nuclear family without children	Nuclear family with children	-0.22410
			Single-parent family	0.19773
			Three-generation family	0.41104
		Nuclear family with children	Single-parent family	0.42183
Three-generation family			0.63515*	
Single-parent family		Three-generation family	0.21331	
Social resources	Family monthly income	Below HKD 20,000	HKD 20,000–39,999	-0.51516*
			HKD 40,000 or above	-0.99475***
		HKD 20,000–39,999	HKD 40,000 or above	-0.47958***
	Family structure	Nuclear family without children	Nuclear family with children	-0.68129*
			Single-parent family	-0.18158
			Three-generation family	-0.25553
		Nuclear family with children	Single-parent family	0.49971
			Three-generation family	0.42577
		Single-parent family	Three-generation family	-0.07394
	Work-life balance	Family monthly income	Below HKD 20,000	HKD 20,000–39,999
			HKD 40,000 or above	-0.45372*
HKD 20,000–39,999			HKD 40,000 or above	-0.37771**

* p < 0.05, ** p < 0.01, *** p < 0.001.

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