



「健康由家庭開始」計劃

此計劃由  優質教育基金贊助



Healthy Start Home Visit Program

- The Hong Kong Polytechnic University
- The University of Hong Kong
- Tung Wah Group of Hospitals



Rationale and Social Responsiveness



Health



- “Health is a state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity” (WHO, 1948, p. 100)
- Healthy life styles in children should include
 - Physical
 - Cognitive
 - Psychosocial

Community and Social Context and Health Outcomes



Marmot (2007)

Tuen Mun in Hong Kong: The Target Community



- Tuen Mun houses 502,0354 people with 3 % aged under 5
- Fifth lowest in median household income among all districts
 - Population median household income – HK\$20,500
 - Tuen Mun median household income – HK\$18,000
 - There are many low income families (19.9%)
- Fifth highest in terms of new immigrants (6.8%) (2006 Census)
- Largest number of single parents with children aged 0-5 in Hong Kong (2006 census)
- Third in terms of child abuse and spousal abuse cases

Research findings on Social Background and Child Outcomes



- Parent socioeconomic status (e.g. education, income) associated with
 - Parenting stress (Department of Health, 2004)
 - Nutrition knowledge and body mass index (Räsänen et al., 2003; O’Dea & Wilson, 2006)
- New immigrants
 - More bothered by their children’s behaviour problems (Leung, Leung & Chan, 2007)
 - Higher parenting stress (Leung, Leung & Chan, 2007)
 - Difficulties in school work (EDB, 2006)

Research findings on Social Background and Child Outcomes



- **Single parent families - poorer child outcomes in**
 - academic achievement
 - psychological and social adjustment
- (Guttman & Rosenberg, 2003; Shaff, Wolfinger, Kowaleski-Jones & Smith, 2008)**

Healthy Start Home Visit Program



- **20-session home visit program targeting disadvantaged families in Tuen Mun**
 - New immigrant families
 - Single parent families
 - Low income families
- **Home visit delivered by parent assistants**
 - Parents in Tuen Mun area
 - Completed training provided by project team
- **Collaboration with preschools in the local area in program implementation**

Project Objectives



- Children's holistic health will be enhanced and children will be more healthy and capable
- Parents will be more competent and confident in promoting healthy life styles of their children, including physical, cognitive and psychosocial aspects
- Parents will collaborate and communicate more with preschools in promoting children's healthy life styles

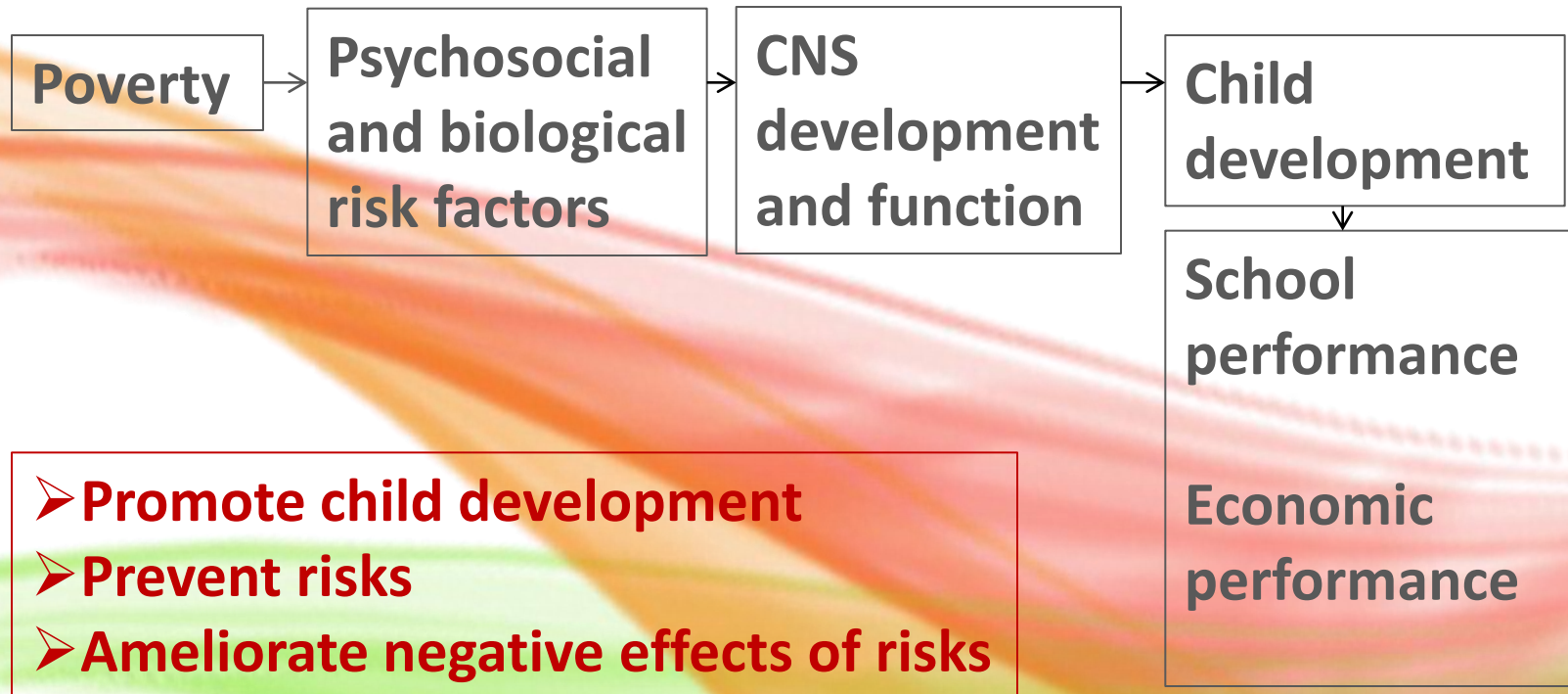
Work Approach and Implementation Framework



Theoretical Framework – Work Approach



Importance of Early Intervention



Theoretical Framework – Work Approach



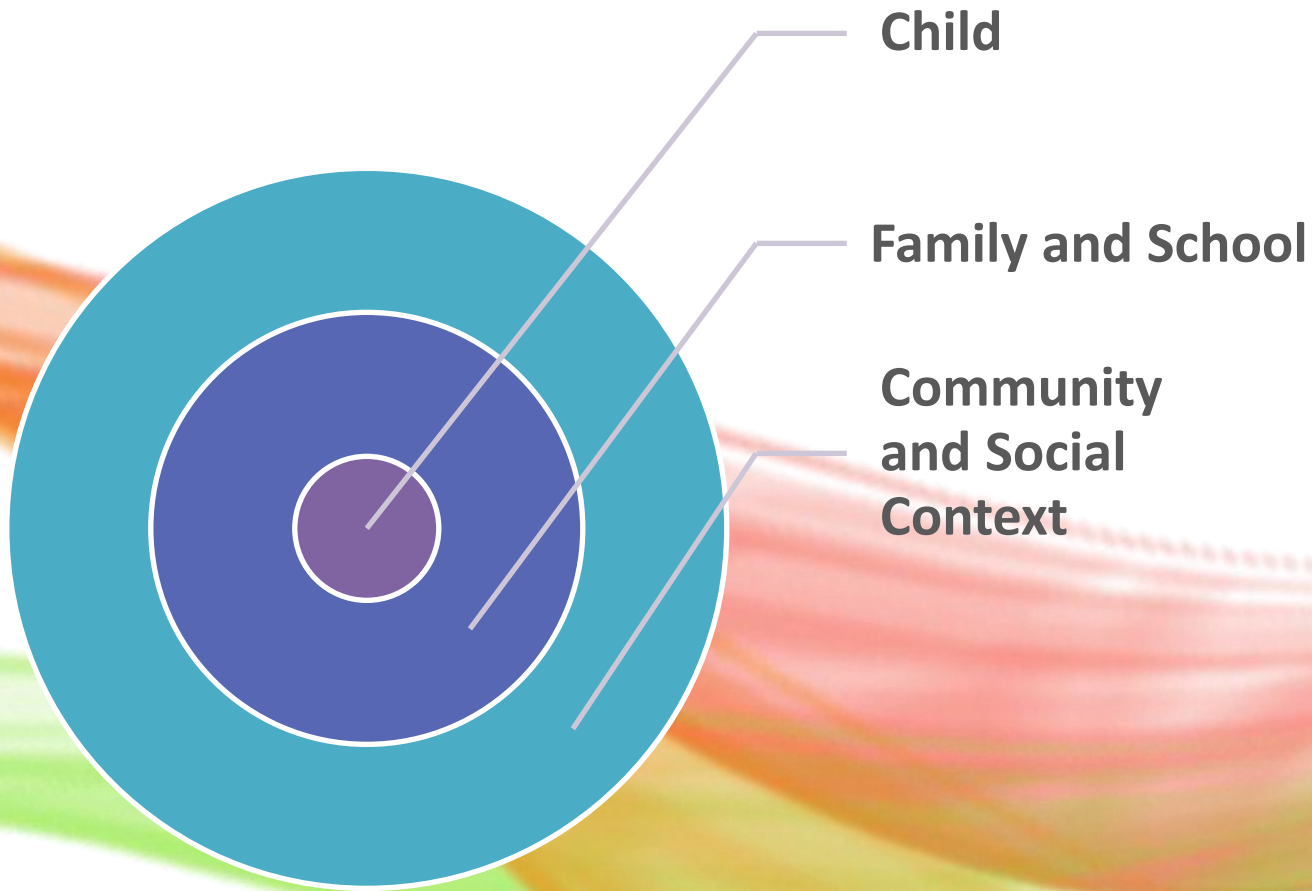
Importance of Early Intervention

- Physical health - childhood obesity associated with adult obesity
- Learning effectiveness - risk of reading difficulties at early years associated with poor reading achievement
- Psychosocial health – childhood behaviour problems associated with adolescent mental health problems
- Examples of effective programs
 - Nurse Family Partnership
 - High/Scope Perry Preschool Program
 - Positive Parenting Program (Triple P)
 - Parent-Child Interaction Therapy (PCIT)

Theoretical Framework – Work Approach



Ecological Model (Bronfenbrenner, 1979)



Theoretical Framework – Work Approach



- Role of parents
 - Child eating behaviour (Coleman, Horodynski, Contreras & Hoerr, 2005)
 - Child learning (Marjoribanks, 1984; Brooks-Gunn and Markman, 2005; Erion, 2006)
 - Child behaviour (Webster-Stratton & Taylor, 2001)

Theoretical Framework – Work Approach



Empowerment

- Empowerment refers to a process whereby persons who belong to a stigmatized social category throughout their lives can be assisted to develop and increase skills in the exercise of interpersonal influence and the performance of valued social roles (Solomon, 1976)
 - Parents from disadvantaged families being empowered to be active and effective agents in their children's development of healthy life styles
 - Parent assistants delivering the program to contribute as partners to share with other fellow parents

Theoretical Framework - Content



- Parent training
 - Social learning theory
 - Attachment theory
- Child learning
 - Piaget – experience and activity based
 - Montessori – discovery and activity based, developmentally appropriate
 - Vygotsky
 - Interaction with a competent adult
 - Zone of proximal development

Strategy to Reach the Expected Target Group



- Home Visit
 - A service delivery strategy
 - Convenience and flexibility for families with young children
 - Individualized
 - Increase program retention rates
 - Home visit programs are effective in
 - Improving maternal behaviour in low income or at risk families (Niever et al., 2010)
 - Promoting child learning and behaviour, child development and improving parent-child interaction (Bradley & Gilkey, 2002)
 - The more intensive the home visit program, the greater the effect size (MacLeod & Nelson, 2000)

Strategy to Reach the Expected Target Group



- Collaboration with preschools
 - Attendance to Maternal and Child Health Centres less frequent after completion of immunization schedule at 18 months
 - 89.1% of children aged 3 to 5 are attending preschools (2006 bi census)
 - Similar goals in promoting child development

Skills – Home Visit Program



- Home visit program developed by a multidisciplinary team:
 - Psychologists
 - Social workers
 - Dentist/dental therapists
 - Medical practitioners
 - Nutritionists
 - Physiotherapists
- Emphasis on role play to enable parent participants to master the skills

Skills - Home Visit Program



Psychosocial	Cognitive	Physical
Talking with children (1)	Developing interest in reading	Oral health
Talking with children (2)	Paired reading (1)	Home safety
Praise	Paired reading (2)	Healthy eating
Child behavior	Learning through play	Physical activities
Behavior management – ignoring and setting rules	Preschool concepts: numbers	
Behavior management – effective commands	Preschool concepts: shapes and matching	
Behavior management – time out	Preschool concepts: comparison and sequence	
Behavior management – managing high risk situations		

Skills - Home Visit Program



Celebration – Program Completion



Skills - Parent Assistant Training Program



- Training of parent assistants conducted by a multidisciplinary team:
 - Psychologists
 - Social workers
 - Dental therapists
 - Medical practitioners
 - Nutritionists
 - Physiotherapists
- Monthly supervision meeting during home visits

Skills - Parent Assistant Training Program



L1	Building parent-child relationship: Talking with children (1)	L11	Management: Ignoring and family rule
L2	Building parent-child relationship: Talking with children (2)	L12	Management: Effective commands
	Home visit skills training (Advanced)	L13	Preschool concepts: Quantity and numbers
L3	Praise skills	L14	Preschool concepts: Shapes and matching
L4	Reading: Building up reading habit	L15	Healthy diet and meal time routines
L5	Reading: Paired reading skills		Healthy diet and meal time routines (Advanced)
L6	Oral health	L16	Physical exercises
	Oral health (Advanced)		Physical exercises (Advanced)
L7	Home safety	L17	Preschool concepts: Comparing and categories
	Home safety (Advanced)	L18	Management: Quiet area and time out
L8	Reading: Asking open question and question skills	L19	Management: Dealing with problem situations
L9	Learning through play	L20	Conclusion
L10	Children's behaviors		

Skills - Parent Assistant Training Program



Assessment on the Post-training Competence of Parent Assistants



- Test of knowledge
 - A test on knowledge covered in the training program (mean: 41 out of 45)
- Skills demonstration (100% pass rate)
 - Parent-child communication skills
 - Session on quiet time and time out
- Parenting and child outcomes



Effectiveness in Enhancing Family Functioning and its Achievements



Evaluation Methodology - Design



- Pilot study – pre and post design
 - Outcome evaluation (quantitative) – parent and child measures
 - Process evaluation (qualitative) – focus group with participants
- Efficacy study – randomized controlled trial design
 - 28 preschools (185 families) randomized into
 - Intervention group – Healthy Start Home Visit Program
 - Control group – a series of parent talks
 - Outcome evaluation (quantitative) – parent and child measures
 - Process evaluation (qualitative) – focus group with participants

Evaluation Methodology - Measures



- Validated measures for use with Chinese population
 - Parent outcomes (parent self-report)
 - Parenting Stress Index (Lam, 1999)
 - Social support (Broadhead, Gehlbach, de Gruy & Kaplan, 1988)
 - Self-efficacy (Zhang & Schwarzer, 1995)
 - Child outcomes (parent report)
 - Eyberg Child Behaviour Inventory (Eyberg & Ross, 1978)
 - School readiness (Ho, 2011)
 - Behaviour academic competence (Leung, Lo & Leung, 2012)
 - Motivation (Leung & Lo, 2013)
 - Health status – weight-for-height, home injuries, hospital admission, sedentary activities
 - Oral health (Department of Health, Hong Kong SAR)

Evaluation Methodology - Measures



- **Child outcomes (teacher report)**
 - School readiness (Ho, 2011)
 - Behaviour academic competence (Leung, Lo & Leung, 2012)
 - Motivation (Leung & Lo, 2013)
- **Child outcomes (direct assessment of children)**
 - Preschool Developmental Assessment Scale (Leung, Mak, Lau, Cheung & Lam, 2010)

Efficacy RCT Study – Preliminary Results



- 26 parent-child dyads
 - Intervention – 13 dyads (mother-child)
 - Control – 13 dyads (mother-child)
- No significant differences in demographic background
 - 14 (54%) new immigrants mothers
 - Intervention – 6 mothers
 - Control – 8 mothers
 - 21 (81%) families with income below median household income
 - Intervention – 10 families
 - Control – 11 families
 - 3 (12%) single parent families
 - Intervention – 2 families
 - Control – 1 family

Efficacy RCT Study – Preliminary Results



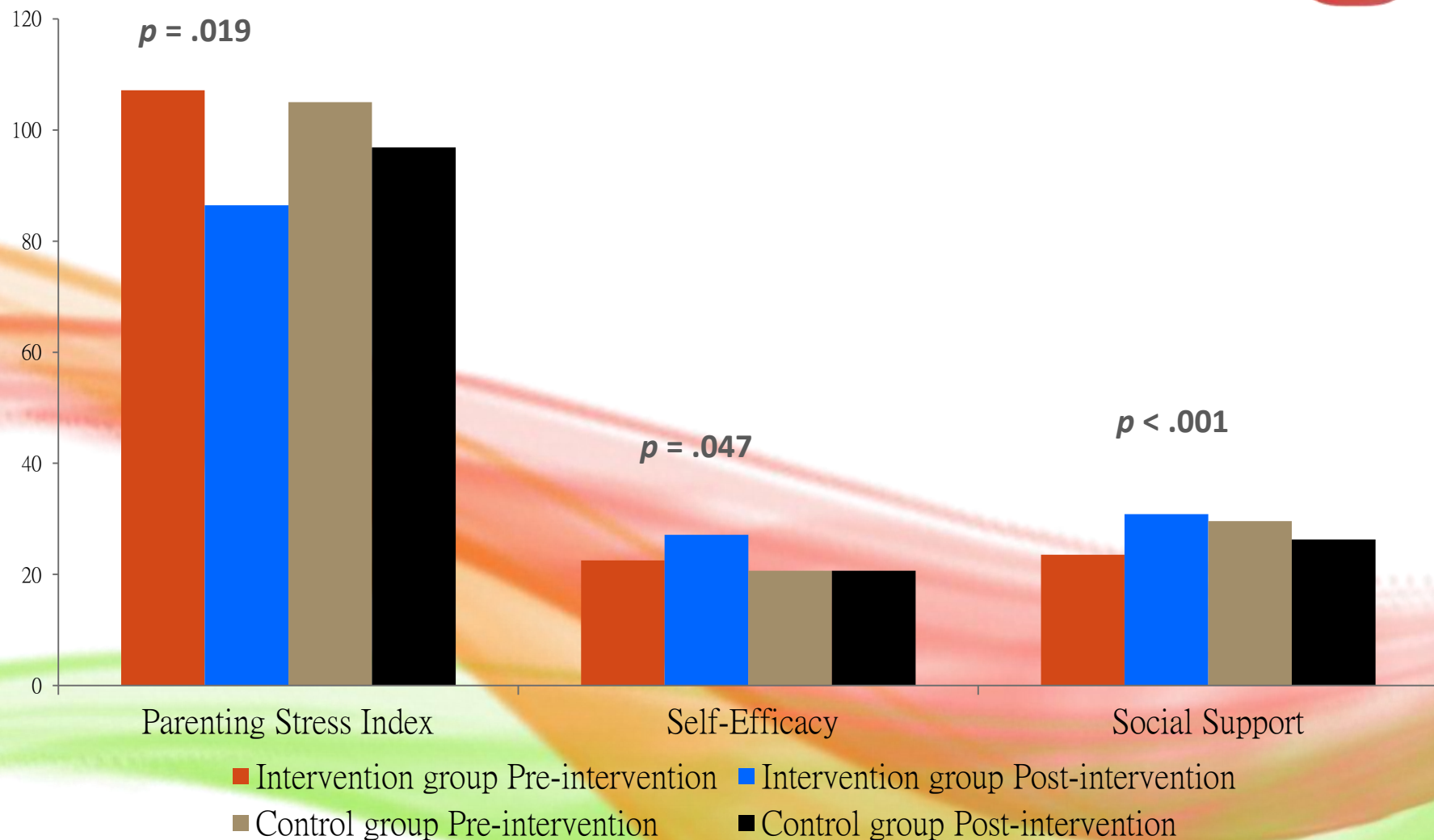
- Mean age of target children: 4.02 years (range: 3.0 to 5.0)
- Mean length of residence in Hong Kong: 3.54 years (range: 0.5 to 5.0)
 - Born in Hong Kong: 22 children
 - Intervention: 11 children
 - Control: 11 children
 - Born outside Hong Kong: 4 children
 - Intervention: 2 children
 - Control: 2 children

Efficacy RCT Study – Preliminary Results

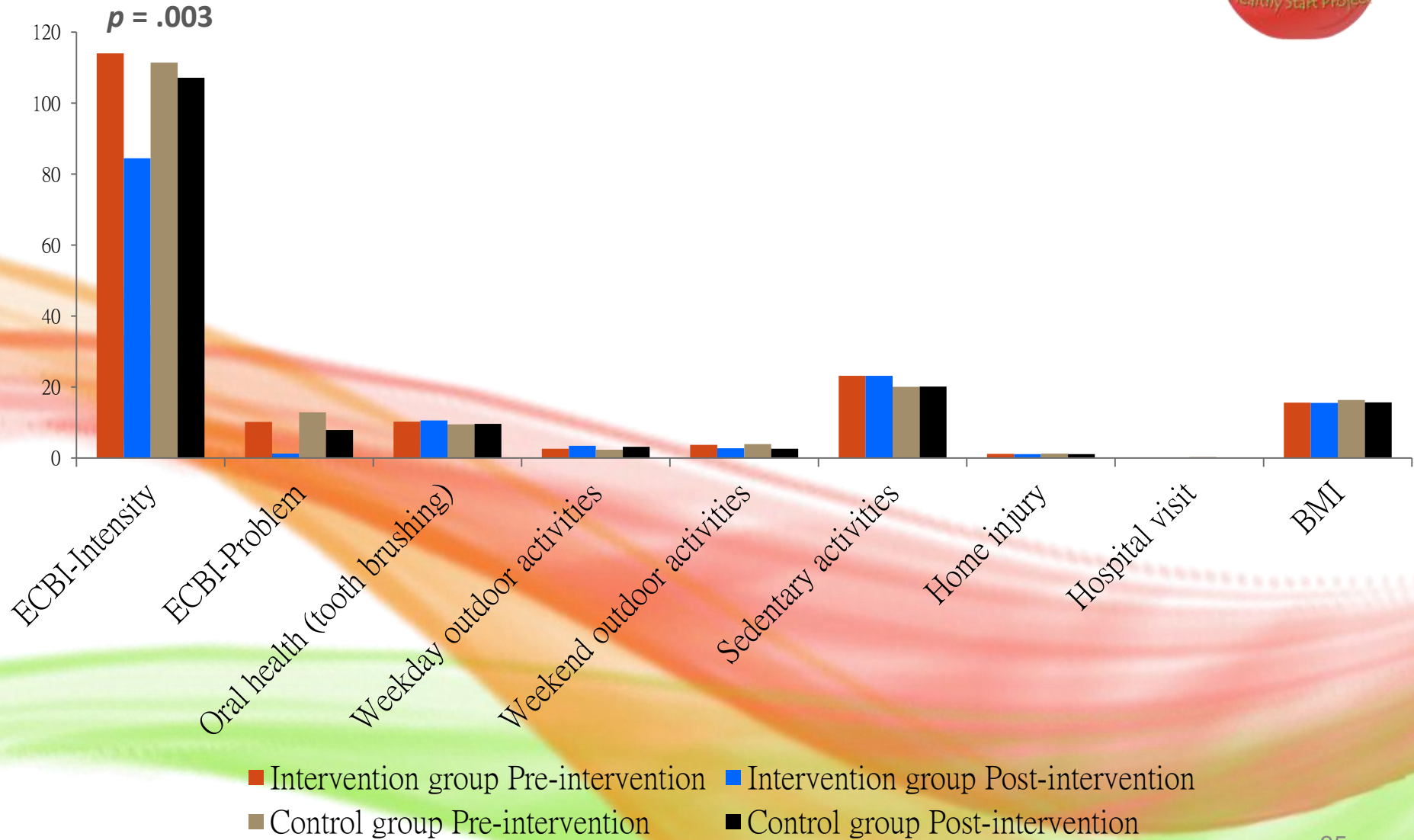


- No significant difference in pre-intervention measures except social support and child cognitive scores
- Reliabilities above .70 except
 - Pre-intervention teacher task motivation
 - Pre-intervention parent school readiness
 - Post-intervention parent school readiness
- Data analysis – Repeated measures analysis of variance
 - Between subject variable – group status
 - Within subject variables – pre-intervention and post-intervention scores

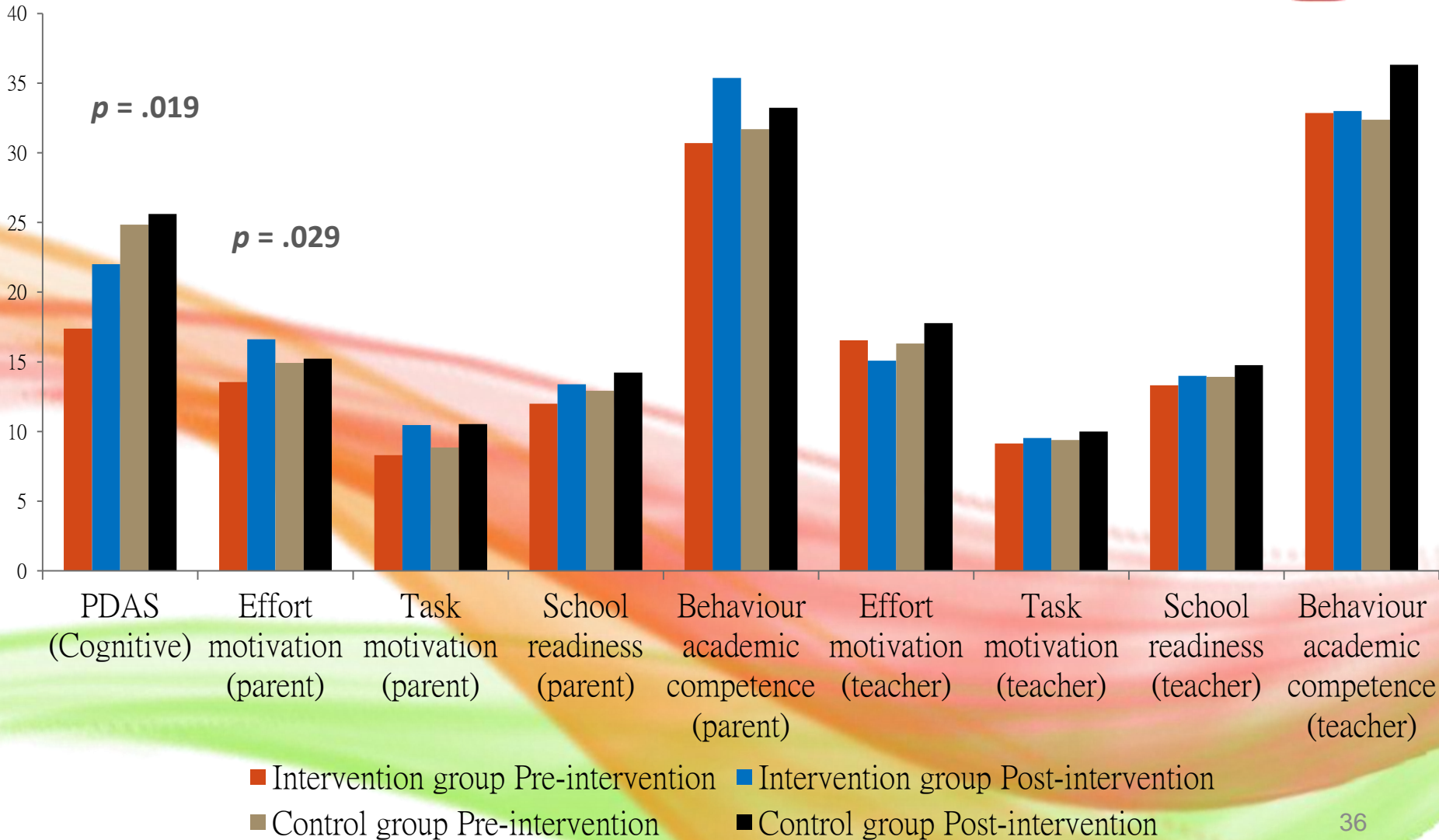
Efficacy RCT Study – Preliminary Results



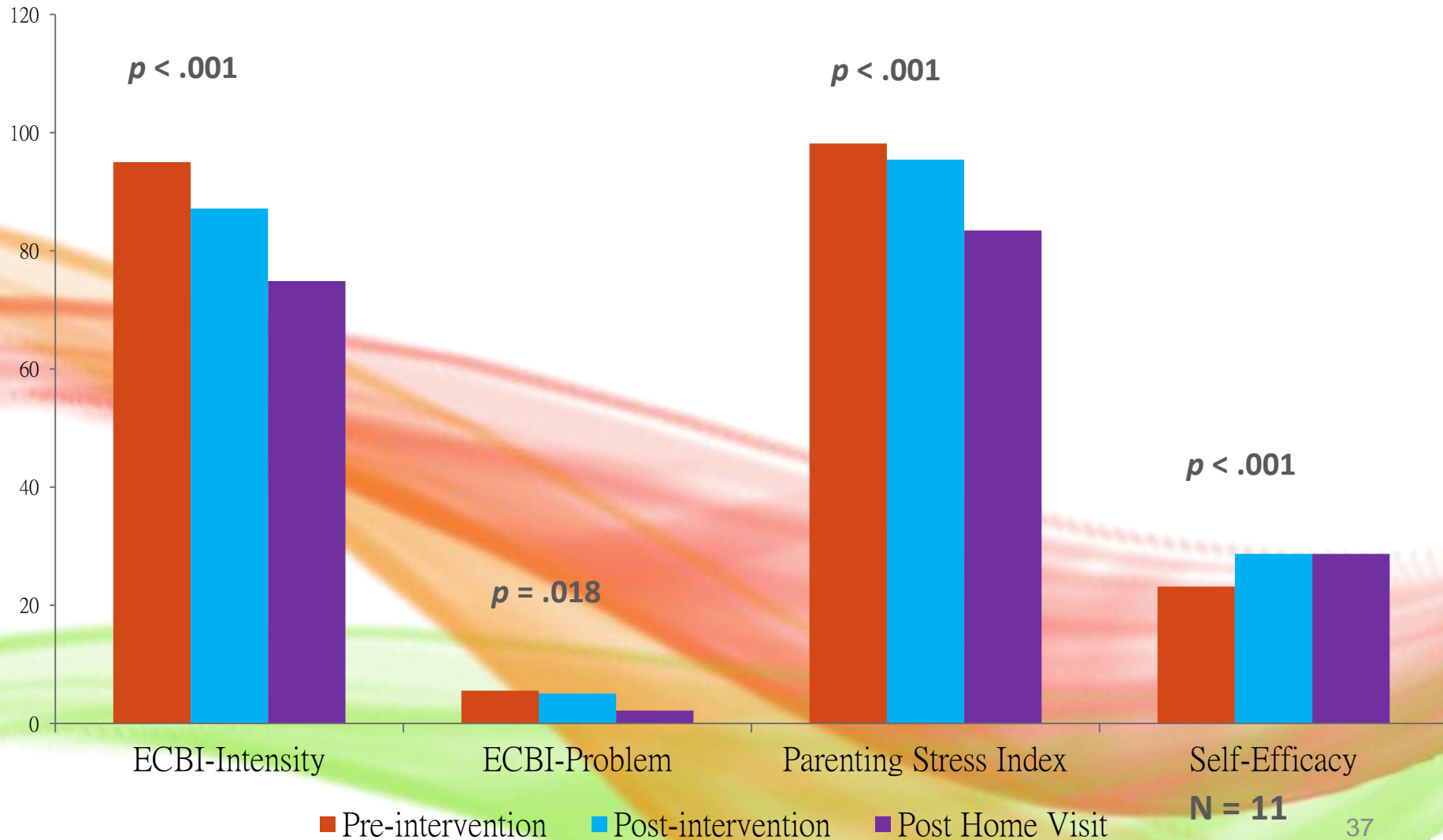
Efficacy RCT Study – Preliminary Results



Efficacy RCT Study – Preliminary Results



Efficacy RCT Study – Preliminary Results



Innovation: New & Creative



Innovation: New & Creative



- Home visit program
 - Few home visit programs for families with preschool children
 - Very structured program content featuring physical, cognitive and psychosocial health aspects
 - Very structured input for parent assistants
 - Very user-friendly while strong in theoretical and research support
 - Focus on Learning through practice (Demonstration ->Role Play ->weekly home work practice with child)

Innovation: New & Creative



- Home- school-NGO collaboration
 - Schools to help identify needy families to receive service
 - Parent participation in school activities as one of the outcome indicators
 - Teachers to provide assessment of child learning
 - Collaboration between NGOs and preschools
 - Linking families, preschools and NGOs

Teachers' training by project coordinator



School teacher posted up our project information at school board

Innovation: Creativity Throughout the Entire Project



- Project Promotion: make use of symbols & publication to enhance belongingness and identity (e.g. Apple Logo, home visit bags designed by parent assistants, publication of each participant's growth story)



- Project Monitoring & Communication: Monthly home visit experience sharing to enhance service delivery quality, setting up Facebook, Whatapps throughout the project

Innovation: Creativity Throughout the Entire Project



- Project Implementation: Empower parent's strength and group cohesiveness through social gatherings (e.g. encourage those parents expert in cooking as tutors to others)



Innovation: Creativity Throughout the Entire Project



- **Project Celebration & Recognition:** Organize graduation ceremony for Parent Assistants and Home visit participants with involvement of their family members and teachers, as a recognition to them, and participating schools



Sustainability and Replicability



Well Recorded Documentation



– Complete manual with teaching aids – ready for adoption by other communities





親子家課- 健康家庭大使的話


第四星期

父母們：請跟孩子進行活動前，仔細閱讀「健康家庭大使的話」的內容，內容告訴你親子家課的內容及目標。


TPS 培養閱讀的興趣

本星期，你要實施「智慧閱讀四常法」


請健康家庭大使於家訪時先預備一本故事書作「家課角色扮演」之用

 常借閱	<ul style="list-style-type: none"> 跟孩子去圖書館借閱圖書 與孩子借閱有關動物的圖書，如狗、貓、兔仔、象、猴子和長頸鹿的書本。
 常閱讀	<ul style="list-style-type: none"> 在家實施閱讀時間； 跟孩子說從圖書館回來的故事書，這些故事可以讓孩子加深對動物的認識，例如動物的特性等，藉此擴闊孩子的知識領域。
 常伴讀	<ul style="list-style-type: none"> 跟孩子進行伴讀 並運用伴讀技巧，包括事前準備、與孩子觀賞封面、在伴讀時多運用動作表情
 常留意	<ul style="list-style-type: none"> 跟孩子一起留意四周的文字

☺ 姓名：_____



健康家庭大使-
家訪手冊




第十課重點


1. 重溫第十課學習內容

中文進行內容

家庭以外	<ul style="list-style-type: none"> 選擇四字 家庭環境 2.1 強化不良行爲 2.2 惡化/忽略良好行爲 2.3 聽懂孩子暗示 2.4 樹立不良信條 2.5 給予不當指示 2.6 冷落照顧孩子 2.7 強以不恰當的處理方法 2.8 錯誤期望及懲處 2.9 強以不一致的管教
家庭以外	<ul style="list-style-type: none"> 期望 學校 傳播媒體



家長筆記



第四課：培養閱讀的興趣

1. 智慧閱讀四「常」法

1) 常借閱

- 目的：
 - 讓孩子培養閱讀興趣
- 注意事項
 - 父母經常陪伴孩子到下列地方
 - 圖書館 - 借閱圖書
 - 即時必須保
 - 書店 - 購買圖書
 - 選擇圖書
 - 父母選擇圖書時，可以從下列幾方面考慮：
 - 外形設計
 - 圖片設計
 - 內容編排
 - 題材選取
 - 孩子選擇




Systematic



- Systematic coverage of generic core skills
 - Physical health
 - Cognitive development
 - Psychosocial behaviour



Evidence-based Effectiveness




- Validated Chinese versions of internationally used measures
- Randomized controlled trial design

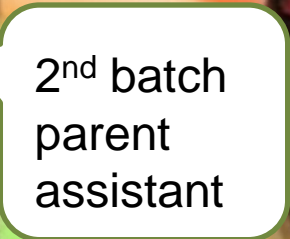
Knowledge Skills Transformation




- Changes in parenting and child behaviour in parent assistants
- Home visit participants becoming parent assistants




1st batch
parent
assistant



2nd batch
parent
assistant



1st batch
parent
assistant



Pilot home visit
participant to
be a parent
assistant

Influential Effects on Others



- From parent empowerment to building family capacity

Three-generation
family participation



Build up
a family
network
in center



- From building parent capacity to building community

2nd batch
parent
assistant to
be a
cooking
class tutor



Self-help
group
among
Parent
Assistants
and home
visit
participants



Influential Effects on Others



- From early child intervention to building child capacity

Parent-child nutritious food making class



Child helps mother washing vegetables



- From building up preschool educators to building up parents

Home visit participant as a volunteer at preschool



·各家長齊齊包糰，互相分享了不少包糰心得

Home visit participants are Parent-Teacher Association (家教會) committee members



Applicability in Different Cultural Contexts



- Based on Nurse Family Partnership, Triple P and PCIT which have been found to be effective in many different cultural groups
 - Generic core skills
 - Outcome measures are measures widely used in the international literature

Applicability in Different Cultural Contexts



- Home visit strategy flexible for different contexts
 - Parents with young children
 - Parents in remote areas
 - Parents with health problems (pregnancy, physical health etc.)
- Home visit strategy for some ethnic minority group where the difficulties of a family should not be made known to outsiders or family problems could be solved by own cultural group – home visit delivered by members from the same culture group



Institutional Synergy: Promoting Multi-disciplinary Collaboration

Institutional Synergy: Promoting Multi-disciplinary Collaboration



Academic: 2 Professors

- Curriculum development
- Research support
- Lecture

Community: 3 social workers

- Implementation and monitoring of project
- Link up parents to community

Healthy Start Project

28 Nurseries/kindergartens

- Select suitable parents
- Assist project implementation

5 Health Professionals:

- Doctor, dentist, dental therapist, physiotherapist, nutritionist
- Review curriculum
 - Lecture on related health knowledge

Specific Program Strengths



- **Innovative: new and creative**
- **Sustainable: cross context applications**
- **Replicable: systematic and well-documented**
- **Evidence-based: positive effectiveness and efficacy study results**
- **Facilitates knowledge transformation: parents turned training assistants**
- **Extended impact on other systems**
- **Promotes institutional synergy**

Acknowledgement



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- Physiotherapist at Tung Wah Group of Hospitals
- 28 preschools