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
Executive Summary

Introduction
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.

The Process of Developing the Family Wellbeing Index
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.

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. Research Report on a Study on Family Wellbeing Index in Hong Kong.

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).

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%.

**Wellbeing of Hong Kong Families 2019**
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.

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).

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; worklife balance: 3.97; social connection: 3.25).

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.

**Socio-demographic characteristics across levels of family wellbeing**
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.

**Factors influencing Family Wellbeing Index.**
**Gender**
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
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
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.

Economically active
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
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.

Family income
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
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
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.

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
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.
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