

Implementing Effective Prevention in Australian Communities Using Communities That Care



Communities That Care®

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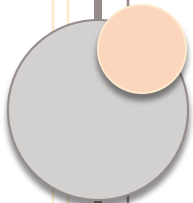
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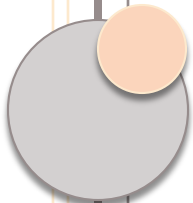
The challenge: implementing effective community-wide prevention services...

- ❖ Systems for planning, funding and monitoring effective prevention services need to improve



Communities That Care

- ❖ Communities That Care (CTC) is an effective method for encouraging community prevention
- ❖ Aimed at reducing the prevalence of child & adolescent health and social problems



Scientific literature recommends Communities That Care

• Reductions in youth substance use, delinquency & school failure

• Increase the use of tested, effective prevention programs

- ME, et al 2005 '... A comparison of Communities That Care with other programs' in T Stockwell, P Gruenewald, et al. (eds) *Communities That Care: A guide to effective substance abuse prevention in schools and communities*, London: Sage Publications.
- EC, et al. 2008 'Early effects of Communities That Care ...', *Journal of Adolescent Health*, 43:1, pp. 15–22.
- Hawkins JD, Oesterle S, et al 2009 'Results of a type 2 translational research trial ...', *Archives of Pediatric and Adolescent Medicine*, 163:9, pp.789–98.
 - Kuklinski MR., Briney JS, et al 2012 'Cost-benefit analysis of Communities That Care: Outcomes at eighth grade', *Prevention Science*.

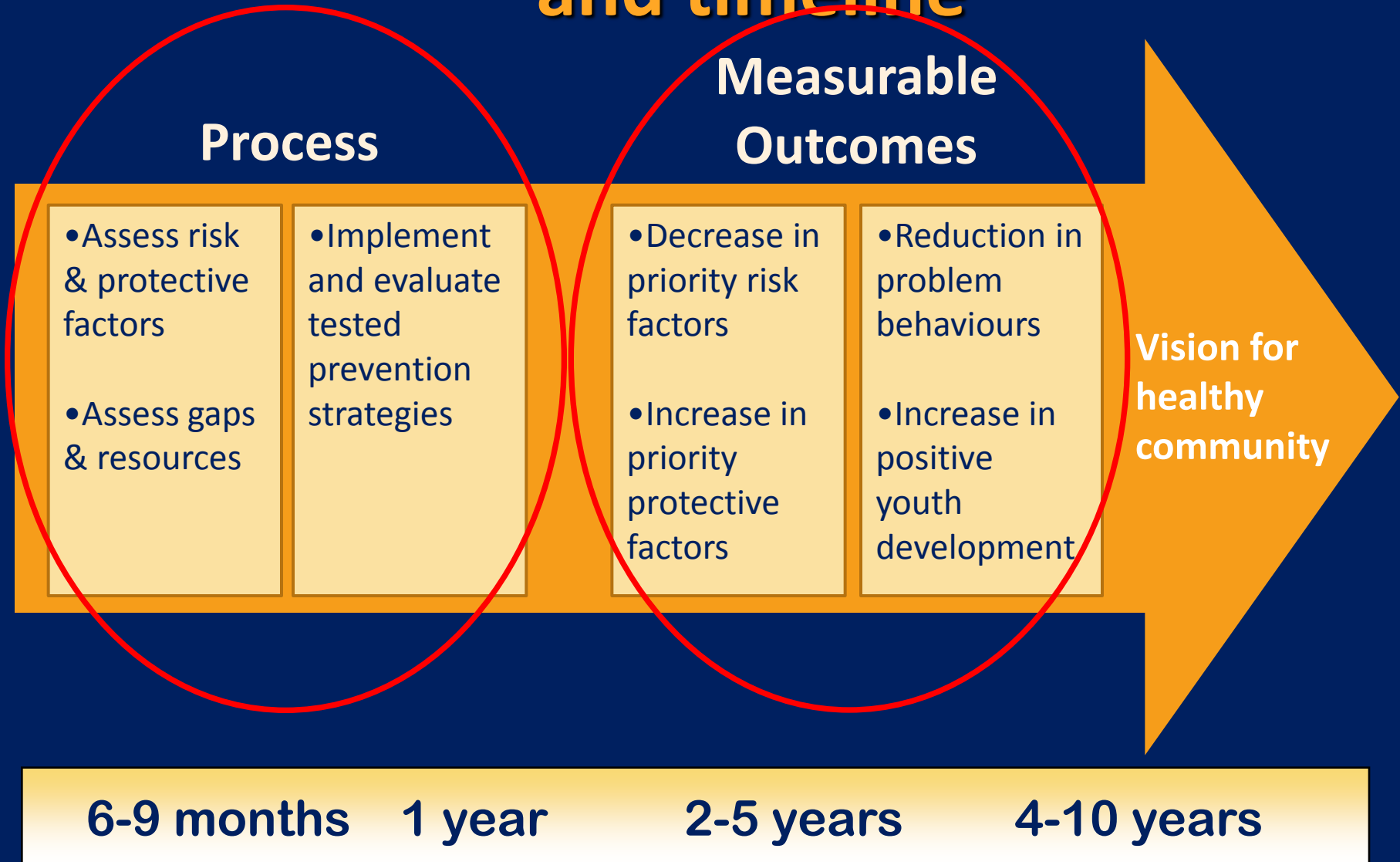
Cost-effective

AUSTRALIAN LITERATURE REVIEWS:

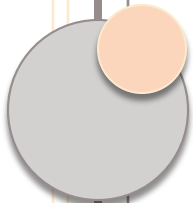
- Mental health promotion (VicHealth review 2006)
- Drug prevention (Commonwealth Prevention Review 2006)
- Crime prevention (Pathways to prevention, Criminology Research Council 1999)

Recommend
CTC

Communities that Care process and timeline



Communities That Care in Australia



Communities that Care, Australia

Communities That Care Ltd

A partnership between the Royal Childrens Hospital (Centre for Adolescent Health, Murdoch Childrens Research Institute), the Rotary Club of Melbourne, Deakin University & the University of Washington



Communities that Care, Australia

Communities That Care

has been effectively pilot tested in
three “pioneer communities” over
the past decade



Communities That Care®

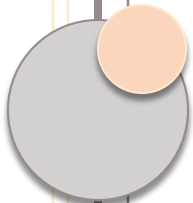
Findings ..

- Bunbury:2000; MP & Ballarat: 2002 – 2007
- All communities completed full CTC process, mostly with fidelity (Kellock, 2007)
- pre-post analyses suggested improvements in two of the communities, while one of the communities implemented limited prevention science strategies and showed fewer improvements (see: Williams & Smith, 2007; Williams, 2007; Williams, Toumbourou & Cini, 2011)

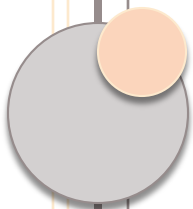
The story so far ...

- ❖ Three pioneer communities have successfully implemented the CTC program and overall pre- post- analyses suggest community improvements
- ❖ A 14 x 14 community randomised trial is now being initiated to guide the next implementation phase

[\[www.anzctr.org.au/ACTRN12612000384853.aspx\]](http://www.anzctr.org.au/ACTRN12612000384853.aspx)

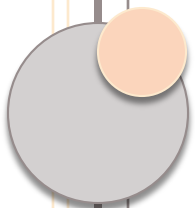


**How does CTC assist
implementation of
evidence-based
prevention strategies?**



Communities that Care

- ❖ provides a communication bridge linking prevention science experts to community coalitions (strategic consultation & training)
- ❖ advocates for communities at the national and state levels
- ❖ offers a clearly structured approach to implementation

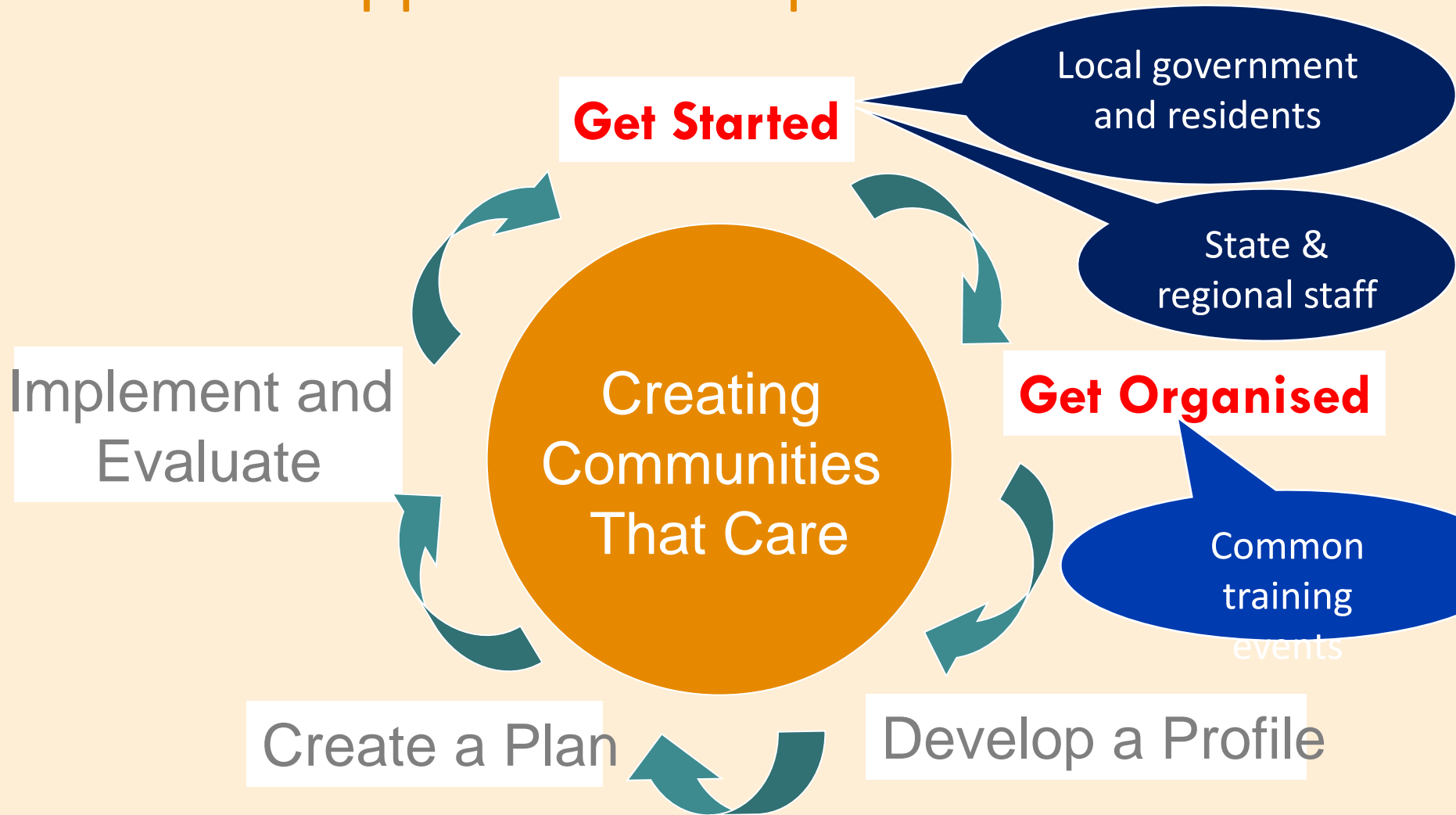


Communities That Care Approach to Implementation



Communities That Care

Approach to Implementation



Communities That Care Approach to Implementation



The CTC youth survey

- ❖ supplements available data by providing valid youth reports on **risk and protective factors** in the key social environments that affect development

- ❖ **behavioural outcomes:**

- ❖ substance use
- ❖ antisocial behaviour
- ❖ school failure
- ❖ mental health
- ❖ physical activity

Characteristics of:

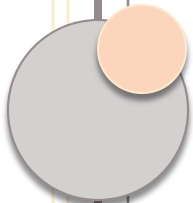
- Community
- Family
- School
- Peer
- Individual

Known to predict youth problem behaviours

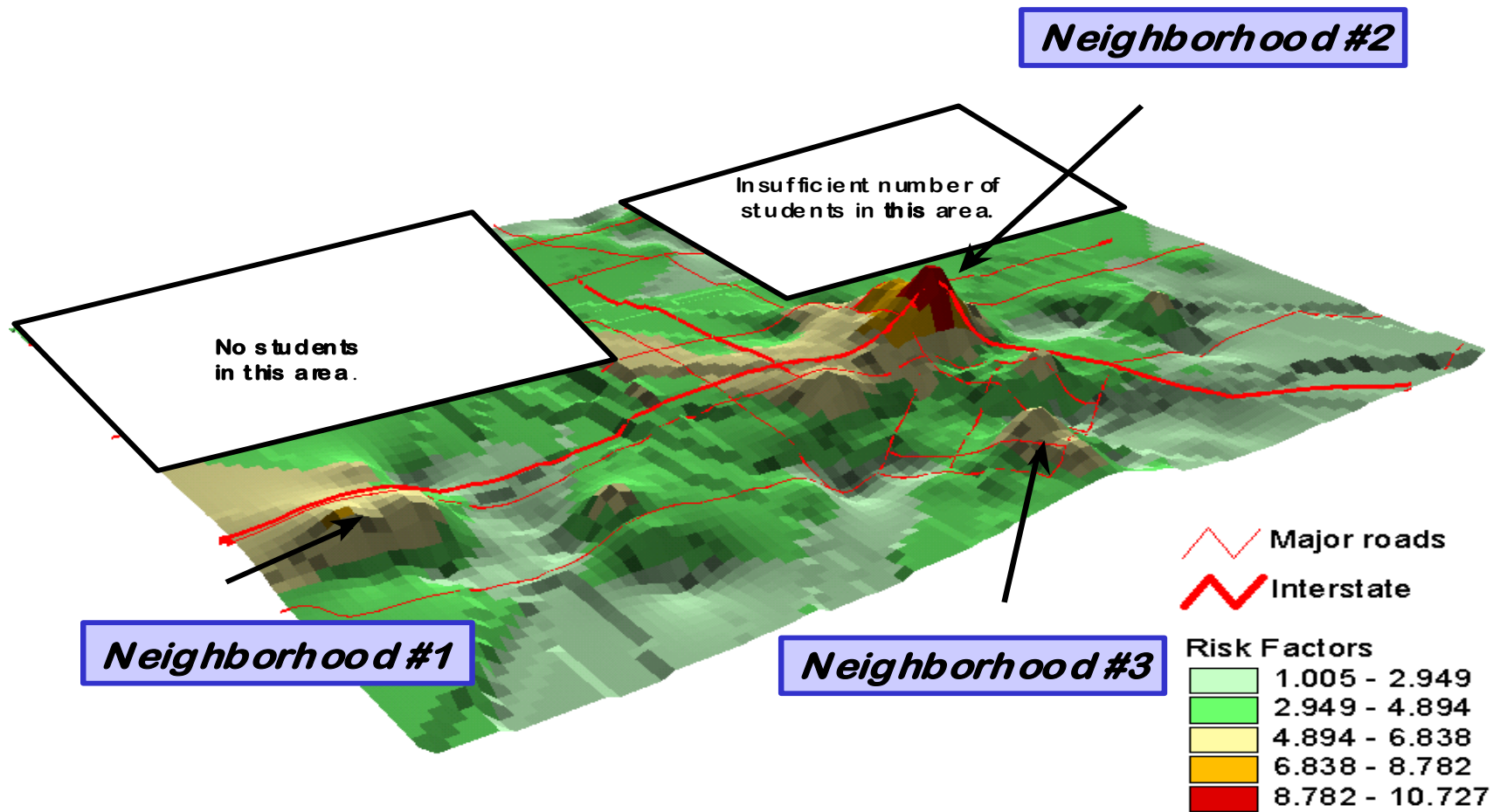
- ❖ students from grade 5 – year 12

The CTC youth survey

- ❖ Adapted for Australia
- ❖ Valid in Aus:
 - ❖ risk factors generally have the same relationship with outcomes as in the U.S. (Hemphill et al, 2011)
 - ❖ International Youth Development Study has demonstrated cross-national validity (www.iyds.org)
- ❖ Community variation : Communities vary in youth-reports of risk exposure – supporting a place based approach (Hawkins, 2004; Williams & Smith, 2007)

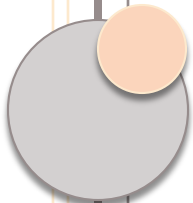


Communities vary in child-reports of risk exposure – supporting a place based approach

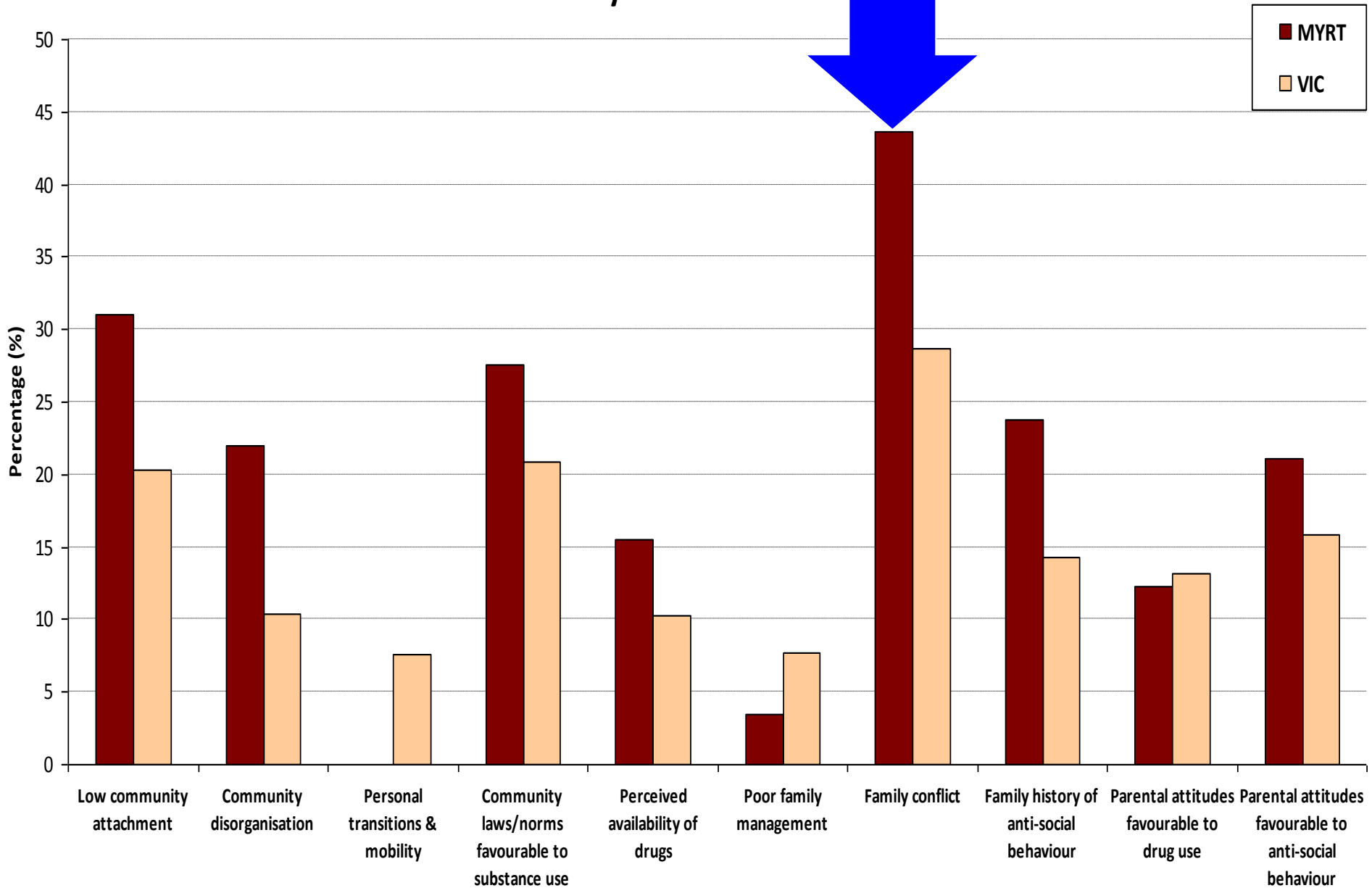


Community profile

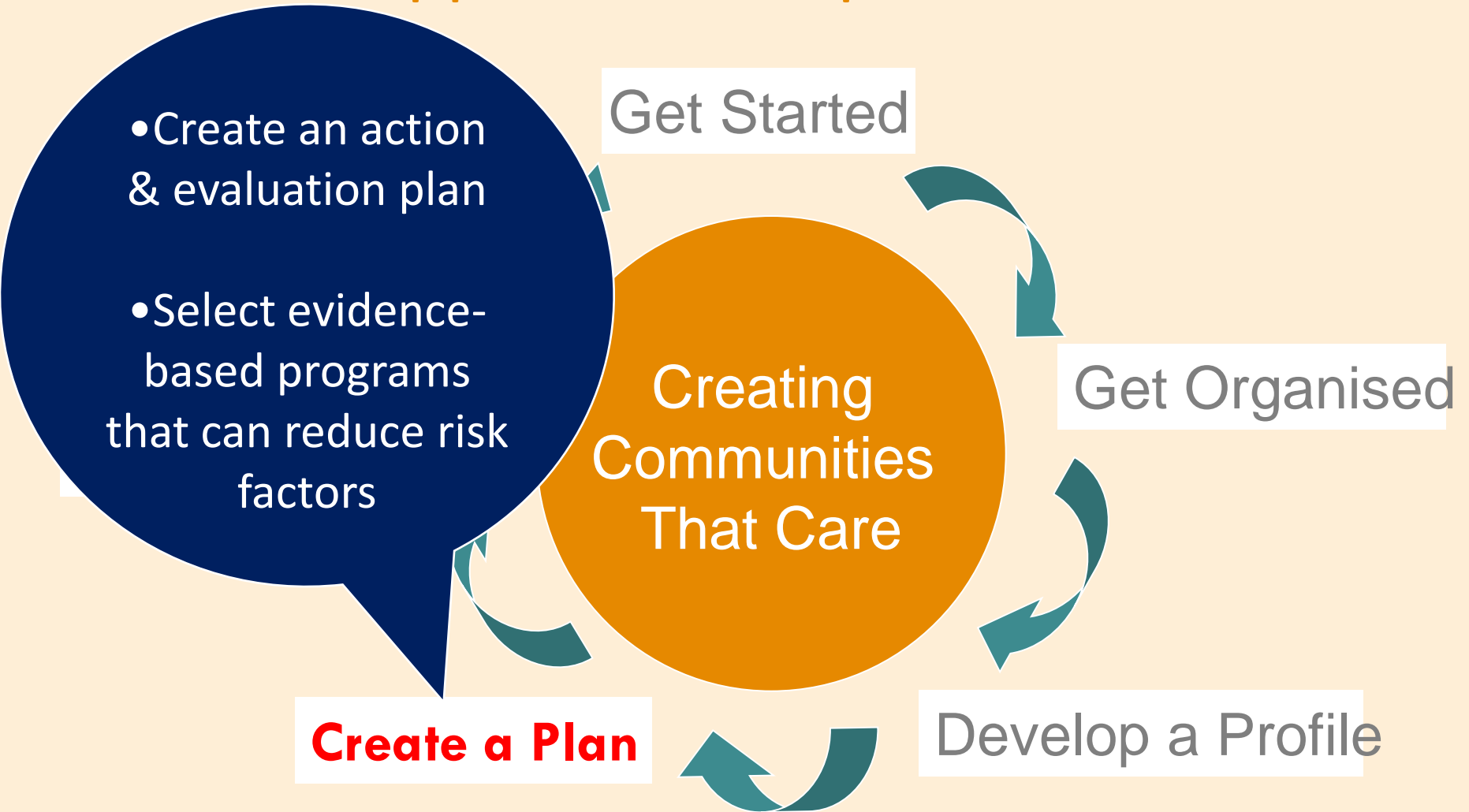
- ❖ Communities use the youth survey profiles and other data to reach consensus as to the 3-5 elevated risk factors that will form the priority in their prevention plans



**Figure 11: Prevalence of Community and Family Risk Factors Year 5 -
Myrtleford vs. Victoria**

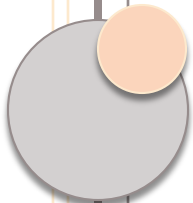


Communities That Care Approach to Implementation



Creating a plan

- ❖ Communities are guided to select prevention science programs that have evidence that they can reduce the priority elevated risk factors
- ❖ The CTC **Prevention Strategies Guide** links risk factors to prevention strategies



Communities That Care®

Guide to Australian Prevention Strategies

Prevention strategies in the Guidebook have been selected based on the following three criteria:

1. Evidence from good quality evaluation studies that they have been effective in preventing adolescent and/or youth health and social problems by reducing developmental risk factors, while also enhancing protective factors;
2. Feasibility for implementation and monitoring by Communities That Care coalitions in Australia; and
3. Availability of support and advice to assist Australian implementations.



5.1 Index of programs by risk & protective factors

	Developmental Stage											
	Family Support using Home Visitors	Communities for Children	Triple P - Positive Parenting Program	Reading Recovery	Promoting Alternate Thinking Strategies (PATHS)	The Good Behaviour Game	Classwide Peer Tutoring	Families and Schools Together (FAST)	Friendly Schools and Families	Big Brothers/ Big Sisters	FRIENDS for Life	The Strengthening Families Program
Risk and Protective Factors	Pre-natal - 2 years	Pre-natal - 2 years	0 - 10 years	5 - 7 years	5 - 7 years	5 - 7 years	5 - 11 years	6 - 14 years	6 - 14 years	7 - 17 years	10 - 14 years	10 - 14 years
Community												
Low neighbourhood attachment	✓	✓						✓		✓		✓
Community disorganisation	✓	✓						✓		✓		✓
Personal transitions & mobility	✓	✓						✓		✓		✓
Community transitions & mobility	✓	✓						✓		✓		✓
Laws & norms favourable to drug use		✓										
Perceived availability of drugs												
*Opportunities for prosocial involvement	✓	✓						✓		✓		
*Rewards for prosocial involvement	✓	✓						✓		✓		
Family												
Poor family management	✓		✓					✓		✓		✓
Poor family discipline	✓		✓					✓		✓		✓
Family conflict	✓	✓	✓					✓		✓		✓
Family history of antisocial behaviour	✓	✓						✓		✓		
Parental attitudes favourable to drug use	✓	✓						✓		✓		
Parental attitudes favourable to antisocial behaviour	✓	✓						✓				
*Attachment			✓						✓			✓
*Opportunities for prosocial involvement	✓		✓					✓	✓			✓
*Rewards for prosocial involvement	✓		✓					✓	✓			✓

Program: The Strengthening Families Program 10 – 14

Program details

Description

The Strengthening Families Program for 10 – 14 year olds (SFP 10-14) is a universal prevention program that aims to assist families within late primary school/early high school. The program is designed to increase resilience, and reduce risk factors for substance abuse, depression, violence and aggression, delinquency, and school failure.

SFP 10 – 14 involves seven, 2 hour sessions. Parents and adolescents are in separate groups for the first hour, and combine to one group to practice skills for the second hour. Young people's sessions focus on strengthening positive goals, dealing with stress, and building social skills. Parent sessions focus on communication, monitoring and conflict resolution.

Evaluation Evidence

Randomised trial evaluations in the US support the benefits of this program for young people and their parents. Outcomes for young people include reductions in substance use, reductions in hostile and aggressive behaviour, and fewer problems in school (Sloth & Redmond, 2000). Outcomes for parents include gains in specific parenting skills such as setting appropriate limits and building a positive relationship with their youth, gains on general child management such as setting rules and following through with consequences, and an increase in positive feelings towards their child (Foxcroft, Ireland, Lowe, & Breen, 2002 ; Sloth & Redmond, 2000). The program is currently being implemented and evaluated in the UK and in New Zealand.

Monitoring Recommendations

- Boards should negotiate agreements to receive regular progress reports and request to monitor examples of session delivery.
- Monitoring information should include: information on training quality; number and characteristics of participating families; parent and professionals reports of changes in child behaviour problems.
- Given no prior Australian implementation, it is recommended to evaluate pre- post changes in targeted risk and protective factors and compare to a control group.

Implementation Tip

To adapt this program for implementation in Australia, a minimum of two facilitators would need to complete the Train the Trainer accreditation steps, and then evaluate its implementation in an Australian trial. For more information on associated costs, visit the website link. CTC Ltd. would be interested in supporting costs if there was interest in running an Australian training.

Target Audience

Ages 10 – 14 years

Target Risk Factors

- ✓ Low neighbourhood attachment
- ✓ Community transitions & mobility
- ✓ Personal transitions & mobility
- ✓ Community disorganisation
- ✓ Poor family management and discipline
- ✓ Family conflict
- ✓ Favourable attitudes to problem behaviour
- ✓ Low social skills
- ✓ Antisocial behaviour

Target Protective Factors

- ✓ Family attachment
- ✓ Family opportunities for prosocial involvement
- ✓ Family rewards for prosocial involvement
- ✓ Social skills

Community Indicators

- ✓ Low parental education
- ✓ Sole parents
- ✓ Low income and poor housing
- ✓ Unemployment
- ✓ High aggregation of risk factors from primary school

Contacts

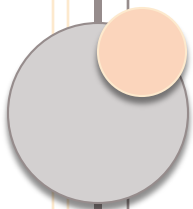
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W: www.strengtheningfamiliesprogram.org

Communities That Care Approach to Implementation

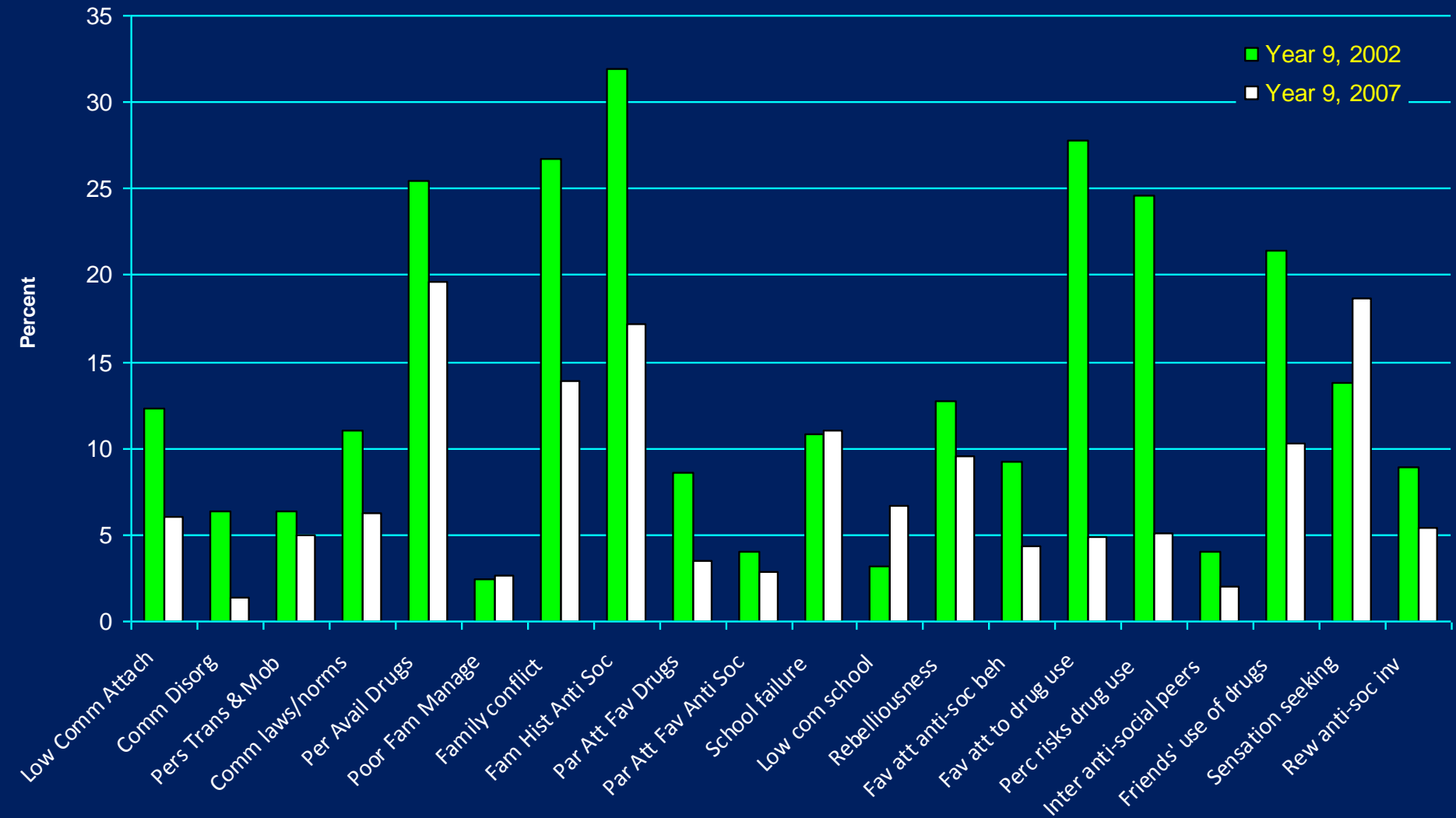


Implement & Evaluate

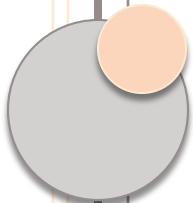
- ❖ Repeating youth surveys enables communities to evaluate their progress and revise their action plans as needed
- ❖ Post-tests indicate that communities have achieved a reduction in risk in-line with objectives of plan



Comparison of Risk Factors for Year 9: Communities That Care 2002-2007

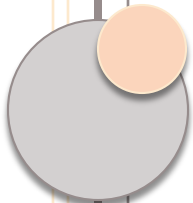


The potential for further implementation of CTC in Australia...



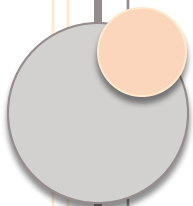
Australian National Preventive Health Agency: preventive targets

- ❖ Alcohol misuse
- ❖ Tobacco
- ❖ Obesity



Potential for CTC to address ANPHA priorities in Australian communities

- ❖ The USA trial (Hawkins et al, 2009, Table 4) demonstrated that Communities That Care can reduce population rates of adolescent :
 - ❖ alcohol use by 25%
 - ❖ tobacco use by 21%
- ❖ As the Australian Communities That Care survey collects data on physical activity and nutrition behaviours - we are also investigating the potential for the program to disseminate effective programs relevant to these behaviours



CTC research team

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Contact & further info

[**www.rch.org.au/ctc/**](http://www.rch.org.au/ctc/)

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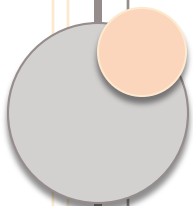
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Australian reviews & findings

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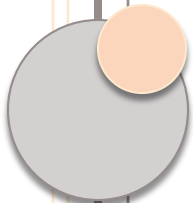
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Hawkins JD, Oesterle S, Brown EC, Arthur MW, Abbott RD, Fagan AA & Catalano RF 2009 'Results of a type 2 translational research trial to prevent adolescent drug use and delinquency: A test of Communities That Care'. *Archives of Pediatric and Adolescent Medicine*, 163:9, pp.789–98.

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