Communities That Care. Prevention in Practice.

Professor John W. Toumbourou, PhD

*Director, Communities That Care Ltd, Centre for Social and Early Emotional Development (SEED), School of Psychology, Deakin University*
What could we do to increase healthy development for more people from childhood through adulthood?
What is Communities That Care? How does it prevent substance use problems and promote healthy development?
a five phase community capacity building process that has been shown to be effective at increasing community investment in evidence-based prevention service delivery to encourage the healthy development of children and young people

www.communitiesthatcare.org.au
Since 2002, implementation of the CTC process is improving the health and behaviour outcomes for local young people

> CTC COMMUNITIES
Communities That Care emerges from a “developmental prevention science” perspective
Risk Factors Shaping Child and Adolescent Development

- Community
- Peers
- School
- Parents
Risk and Protective Factors Shaping Child and Adolescent Development

Snowfall: Risk Accumulates through Early Developmental Challenges without Protection

Snowstorm: Extended Exposure to Norms and Models that Support Problem Behavior without Protection

Toumbourou and Catalano, 2005
Children’s report of their exposure to risk factors are strong predictors of future problems such as substance disorders.
Some places are characterised by high levels of child “snowball” risk factors.
A range of interventions have now been subjected to randomised trials and have economic-benefit estimates

www.wsipp.wa.gov/BenefitCost

Lee et al, 2019
Evidence-based solutions to intergenerational disadvantage ($ benefit / $ spent)

Alcohol, tobacco & drug use interventions ($7)
Evidence-based solutions to intergenerational disadvantage
($ benefit / $ spent)

Family home visiting for at risk parents ($3+)
Evidence-based solutions to intergenerational disadvantage ($ benefit / $ spent)

Parent education / family intervention ($3 - $10)
Evidence-based solutions to intergenerational disadvantage ($ benefit / $ spent)

- Tutoring ($4 - $12)
- School reorganisation ($2)
- Good behaviour game ($97)
- Socio-emotional curricula ($13)
- Early childhood education ($3+)
Evidence-based solutions to intergenerational disadvantage ($ benefit / $ spent)

Mentoring ($5+)

Community Employment Training / Job Assistance ($35)

Communities That Care ($5+)

Peers

Community
Very few children and young people in Australia currently receive these cost-effective prevention strategies. We will reduce inter-generational disadvantage by implementing these strategies.
Communities that Care

- Initially developed in the USA has evidence for encouraging community investment in cost-effective prevention

- Effectively reduces population rates of child & adolescent problems and encourages positive development

- Promotes care and trust to achieve bridging social capital that can address the causes of disadvantage
We recently evaluated the effects in the first four Australian communities

$N \sim 40,000$
The top line in green are the adjusted estimates for the four Communities That Care sites from 1999 to 2015. The dotted green lines are the 95% confidence intervals – showing the precision of the estimates. The orange lines are the national trends in the remaining communities. When we started the Communities That Care sites had higher levels.
Antisocial – reporting one or more of the following four behaviours over the past year: Carried a weapon; Sold illegal drugs; Stole or tried to steal a motor vehicle such as a car or motorcycle; Attacked someone with the idea of seriously hurting them
Average 8 Risk Factors: Community Substance Availability; Low Community Attachment; Family Conflict; Parent Attitudes Favourable to Substance Use; Poor Family Management; Individual Attitudes Favourable to Substance Use; Low School Commitment; Academic Failure. Scored 1 to 4.
in cases where it is too late to protect children from risk – it remains feasible to increase protective factors
The goal
Healthy behaviours
…for all children and youth

Start with
Healthy beliefs and clear standards
…in families, schools, communities and peer groups

Build…
Bonding
• Attachment • Commitment
…to families, schools, communities and peer groups

By providing
Opportunities
In families, schools, communities and peer groups

By providing
Skills
In families, schools, communities and peer groups

By providing
Recognition
In families, schools, communities and peer groups

And by nurturing
Individual characteristics

BUILDING PROTECTION:
The Social Development Strategy
Average 7 Protective Factors: Community Opportunities; Family Attachment; Family Opportunities; Family Rewards; School Opportunities; School Rewards; Emotional Control. Scored 1 to 4.
NHMRC National Trial of Communities That Care
We recently evaluated the injury prevention effects across Victoria.
Communities that Care prevents youth injury

- Independent analysis by the Monash Injury Research Institute
- Hospital injury admission rates increased across Victoria for 0 to 19 year olds from 2011 to 2017
- The ten municipalities that implemented Communities that Care had significant reductions in hospital injury rates for 0 to 19 year olds
- This occurred from the point they implemented Phase 5 or Cycle 2 of Communities that Care
How does Communities That Care improve the healthy development of children and young people?

How can you use LDAT funding to implement this model?
Creating Communities That Care

Get Started

Get Organised

Develop a Profile

Create a Plan

Implement and Evaluate

Local government and residents

Local stakeholders

Form a Community Board

Form a Key Leader Board
Communities That Care provides networking and training opportunities for community co-ordinators.
Communities That Care Ltd offers effective training and consultation that increases community stakeholder “readiness” to fund and implement evidence-based developmental prevention
Communities That Care helps establish local prevention coalition

- Mornington Peninsula Shire Communities That Care Board
- Youth, Local government, Schools, Community health, Police, Rotary, Churches, Citizens etc.
Creating Communities That Care

Get Started

Get Organised

Develop a Profile

Create a Plan

Implement and Evaluate

Assessment of local services and resources

CTC Youth Survey in schools
Creating Communities That Care

Get Started

Get Organised

Develop a Profile

Create a Plan

Implement and Evaluate

Implement evidence based programs to address priorities/resurvey

Identify priorities and plan for action
Communities that Care
Phases 3 and 4

Communities That Care helps coalitions prepare a plan to increase prevention

Mornington Peninsula Shire Communities That Care Plan (2002 -2007) targeted:

• Reduction in alcohol and drugs and risky sex

• By reducing family, school risk factors and by increasing community protective factors
Mornington Peninsula Shire Comparison of Risk Factors for Year 9: Communities That Care
2002-2007

Year 9, 2002
Year 9, 2007
Phase 4: Prevention Strategies Guide

- Systematic review > Menu of prevention programs
- Evidence based
- Indexed to risk and protective factors
- Focus of programs divided into 3 sections
## 5.1 Index of programs by risk & protective factors

<table>
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<tr>
<th>Risk and Protective Factors</th>
<th>Pre-natal - 2 years</th>
<th>Pre-natal - 2 years</th>
<th>0 - 10 years</th>
<th>5 - 7 years</th>
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* Indicates additional resources and interventions tailored to specific developmental stages.
Communities That Care Ltd offers effective training and consultation that increases community implementation of evidence-based developmental prevention
Reducing underage alcohol sales
Reducing alcohol supply to underage youth in your community

Deakin University
Communities That Care
Phase 5

Communities That Care surveys help to monitor changes across time.
Working with the Prevention Science Network within the Australian Research Alliance for Children and Young People we have been able to develop the online “What Works for Kids” portal that lists effective prevention programs coded by the risk and protective factors that they address.
Driving evidence, building collaboration, inspiring practice.

Welcome to What works for kids a growing resource of evidenced based practice, to improve the health and wellbeing of children and youth. A database of programs, practices and tools that define best practice, designed for practitioners, researchers and decision makers.

Phase 1 of What works for kids has been completed. We look forward to welcoming new submissions when Phase 2 commences later this year.

JOIN US TODAY
### NEST Priority Directions

**Protective Factors**

**Risk Factors**

- School failure (low academic achievement)
- Preterm / low birth weight / birth injury
- Disability / delayed development
- Chronic illness
- Behaviour problems
- Poor social skills
- Poor attachment
- Anxiety / depression
- Poor early school achievement
- Low commitment to school
- Interference of peers
- Rebelliousness
- Use of drugs / alcohol

- Parents and their parenting style
  - Sole parent
  - Young maternal age
  - Social isolation
  - Drug and alcohol abuse (including in pregnancy)
  - Parental attitudes favourable to substance use
  - Harsh or inconsistent discipline
  - Lack of stimulation of child
  - Lack of warmth and affection
  - Rejection of child
  - Abuse or neglect
  - Favourable attitudes toward antisocial behaviour
  - Rewards for antisocial involvement
  - Low commitment to school

11 programs matched your query

[Show Programs]
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