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## Some years of communities that care

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# 12. Summary

The purpose of this study is to examine the prevention of youth problem behaviours, research of problem behaviours and their relationships with social determinants, and the effect of a community-based prevention strategy. Research questions addressed in this study come from activities that have been carried out during the last ten years in different socio-cultural contexts, especially in the Netherlands. Communities That Care (a community-wide prevention strategy for neighbourhoods and cities) played a central role in these activities.

Chapter 1 (*Introduction*) introduces this study. It describes the extent to which youth in the Netherlands deal with problem behaviours. This chapter describes the theoretical model presented in this thesis, with emphasis on development of problem behaviours, the importance of the contexts in which young people grow up, risk and protective factors, and structural indicators. Also, the social experiment, Communities That Care, is presented, and it demonstrates the importance of investigating the results of such social experiments. The introduction presents the purpose and structure of this study.

Then, the three parts of the study are presented: Practice, Research, and Impact. Prevention science is an eminently practical science that gives answers to developing, implementing, and monitoring daily prevention activities. Three chapters (Chapters 2, 3, and 4) form the first part of this study (PRACTICE) and answer the research question: What can we practically do to deal with problem behaviours in youth?

Chapter 2 (*Behind dikes and dunes: Communities That Care in the Netherlands*) describes the Communities That Care (CTC) program. It also gives an overview of the first period of CTC in the Netherlands. The introduction of this strategy in the Netherlands can be seen as a social response to the increase in violence and delinquency among young people during the second half of the nineties. Communities That Care builds on theoretical and practical insights that arose in the nineties. During the first year, the instruments were developed and used simultaneously in four cities in the Netherlands. The first study results show that the deployment of the strategy 1) increases the quality of planning and decisions, 2) strengthens cooperation between local stakeholders, 3) improves the programming and coordination of interventions, 4) puts more emphasis on risk and protective factors, and 5) increases the use of effective and promising interventions. These results are the foundation for what follows in subsequent years and in this study.

Prior to 2000, scientific thinking about prevention and effective programs was developing in the Netherlands. Within Communities That Care, having a menu of tested and effective programs is a critical element. The introduction of Communities That Care in the Netherlands was not only a catalyst for thinking in new ways about community prevention efforts, but also motivated the development of a data bank of prevention programs in the Netherlands. Further, the need for expanding the evidence on prevention program has stimulated research on prevention programs in the Netherlands. Chapter 3 (*'Prevention'*) examines the first steps towards improving prevention in the Netherlands and builds a theoretical model for prevention. Important to this model are risk factors that young people are facing, the timing of the intervention, and the goals of the intervention. A number of effective programs in the Netherlands nowadays are also described.

In Chapter 4 (*'Communities That Care, core elements and context. Examination of implementation in two countries'*), the implementation of Communities That Care in twenty-two communities in two countries are studied: twelve in the United States and ten in the Netherlands. It identifies four core elements of the program: 1) mobilization of community stakeholders in the process, 2) use of epidemiological data, 3) use of effective programs, 4) ongoing evaluation of results and adjustment of community planning. With the use of two instruments (Milestones and Benchmarks and Board Interview), the implementation processes of the strategy in U.S. and Dutch communities are compared. This study shows that the introduction of CTC in both countries leads to more cooperation, more understanding of the problems, and greater use of risk and protective factors. Despite the differences in cultural contexts, we see that all but one community succeeded in mobilizing stakeholders, using epidemiological data, and making more use of effective programs. Continuous review and updating of the plans presented more challenges for the Dutch communities than the U.S. communities.

The second part (RESEARCH) contains three chapters (Chapters 5, 6, and 7), is methodological and analytical in nature, and explores options to investigate specific problem behaviours (anti-social behaviour, violence/delinquency and alcohol use) among young people in communities and countries. This part of the study answers the question: Where should we start our preventive work? These articles defend the proposition that prevention activities should focus on 1) the prevalence of environments (problem), and 2) insights into the social determinants (risk and protective factors and structural indicators) of problem behaviours (causes). Three social epidemiological studies demonstrate how it can be examined.

In urban contexts, there is an enormous variety of preventive interventions for reducing antisocial behaviour. It is often not clear in which areas they should be used, what they should be focusing on, and how they will profit. Chapter 5 (*'Targeted prevention of anti-social behaviour in an urban context'*) is a study of antisocial behaviour among 5,657 adolescents (12-15 years) in fifty-five neighbourhoods in eleven districts of the metropolitan city of

Rotterdam. In this chapter a new form of social crime prevention is presented. Problem areas are identified, as well as certain health risk factors for young people which can benefit from intervention (expressed in Attributional Fraction). Based on these insights, preventive measures can be determined.

By far, most of the research on prevalence, determinants, and variation in violence and delinquency among young people is conducted in the Western world. Chapter 6 (*'Different worlds, common roots. A multilevel analysis of violence and delinquency of youth in the Netherlands Antilles as a basis for crime'*) describes a study of 7,842 young people (85%) of the Netherlands Antilles in 109 neighbourhoods across five islands. Violence and delinquency, demographic factors, and risk and protective factors are investigated in a hierarchical study. Risk and protective factors among adolescents in this part of the non-Western world are strongly associated with violence and delinquency. To be more successful in crime prevention, it is important that prevalence and social determinants of violence and juvenile delinquency are researched in their variety and complexity. Such studies should also be conducted in non-Western societies. This study is just a start.

Problem drinking among young people is a global problem. Comparative studies between countries on prevalence and aetiology of alcohol use and determinants can contribute significantly to prevention science. But to be compared properly, these studies should be constructed similarly. In Chapter 7 (*'Community variation in adolescent alcohol use in Australia and the Netherlands'*), alcohol consumption by young people from Australia ( $n = 7,812$ ,  $N = 36$ ) and the Netherlands ( $n = 15,082$ ,  $N = 124$ ) was compared. In this chapter, the problem of youth drinking (binge drinking), the associations with risk and protective factors in adolescents (12-17 years), and structural indicators that characterize the area (urban and poor) were examined. Alcohol prevalence among young people is similar in both countries. In Australia, binge drinking at a young age is higher. In the Netherlands, binge drinking is more common in later life, is higher among men, and is more common in rural areas. The variation between areas in the Netherlands is also greater than in Australia. Despite similar effects on risk and protective factors in both countries, this bi-national study shows that there are differences between the environments in which young people grow up and these environments influence binge drinking. Targeted preventive interventions must take these environmental differences into account.

The third and final part of this study (IMPACT) answers the question: Is Communities That Care effective to prevent adolescent behavioural health problems? and focuses on examining the results of Communities That Care in the Netherlands.

Chapter 8 (*'Prevention of problem behaviour among youngsters: the impact of the Communities That Care-strategy in the Netherlands (2008-2011)'*) examines whether the Communities That Care (CTC) prevention strategy has effects

on the development of problem behaviours and on targeted risk and protective factors among youngsters (age 12 to 18 years). Propensity score methodology is used, as well as a three-level, mixed-model panel design to test the effects. No influence of the Communities That Care intervention could be detected on the development of a broader range of problem behaviours, risk factors, or protective factors in the Dutch data, nor on the initiation of drinking and smoking by youngsters. Disappointing results are placed in the context of the threats to internal validity (among them, the short duration of study, contamination, and lack of tested and effective programs) and the limitations of the study design (quasi-experimental and small sample sizes).

Chapter 9 (*International translational research: Promise and caution*) is a discussion paper on this kind of trials, program adaption and, above all, the importance to invest in this type of translational research internationally.

In Chapter 10 (*Discussion*), the main findings of this study are summarized. The first part shows that Communities That Care may be among a new generation of prevention programs which integrate research, innovation, and evaluation of effective programs. The strategy is a rational approach to youth problem behaviours which brings more coherence to this policy area, allows local governments get a better grip on their own problems, and enhances the effectiveness of local youth policies. It also answers practical questions as to which effective programs can currently be carried out in the Netherlands and what the introduction of the program means in two different socio-cultural contexts (the Netherlands and the United States). The second part of this study shows that targeted youth policy is possible when it focuses on specific problems and the social determinants (risk and protective factors) of these environments. It also shows how this ecological research can be conducted. The third part of the study shows how effects of a community intervention program can be researched, and presents disappointing results which are understandable in the light of the study design and the conditions under which the program was carried out.

This study has several strengths. 1) The results are based on long-term practical work over the years, conducted in very different environments. Important innovative social interventions such as the one in this study don't get the scientific attention they deserve. 2) In this study we used a (quasi-)experimental design. Social investments in the Netherlands are rarely experimentally researched (even though there is much debate about them). 3) Finally, very different areas of social investment (such as research, innovation, and evaluation of effective programs) are associated with each other in this study.

But of course, this study has its limitations. 1) The emphasis is on problem behaviours in adolescence. The healthy development of adolescents (for example participation in education, sports, and society) and its relation to social determinants have not been addressed. In this area, more and more scientific research is appearing. Cities and communities increasingly look for insights in this area because of the negative and limited perspective on problem behaviours and risk factors. 2) Concerning the quasi-experimental research which is part

of this study, it can be said that all five cities which started with CTC in 2008 wanted to participate in this research. But not all cities were able to meet the requirements for randomization. The study was designed as a Randomized Controlled Trial, but has a quasi-experimental nature. The empirical outcomes of the study are checked for a large number of background variables and the results are verified with the modern technique of propensity score matching. 3) Finally, we failed to study the large numbers we had in mind at the start of the study. In the end, we have to conclude that such research can be performed only if another party (a government, a fund) is accountable for implementation and is financially and organisationally responsible for it. The researchers had to deal too often with many different parties and had to negotiate and try to schedule appointments with varying agencies. The researchers have been as flexible as possible without putting the original research plan in jeopardy. But in the end we had to make some concessions.

Based on this study, we can offer some suggestions to politicians with regard to future preventive interventions and programs. Promotion of the well-being of youngsters, prevention of problem behaviours of youngsters, and detecting their social determinants should be the core of youth policy, international, national, and local. The framework of Communities That Care is a good basis for this. 1) Communities need surveillance systems to research well-being, problem behaviours, and social determinants. The monitoring system of CTC shows how communities function, makes targeted youth policy possible, and is the basis for programming and evaluation. 2) Effective coordination of activities of organizations and parties, as presented in this study, improves local prevention work. 3) Effective and tested prevention programs support the positive development of youngsters. Knowledge about and use of the programs assume political will and scientific capacity. The prevention strategy brings different parties together and improves cooperation in evidence-based work. 4) Social policy, programs, and interventions to reform social conditions should, more than is the case now, be derived from social experiments. Solutions for social problems must be found by continuing experimentation, through which we learn from our errors what works.

Scientifically, this young science still has a long way to go. Certainly in terms of preventive investments in communities, cities, and countries, this science is in its infancy. Some subjects call for, at least, scientific attention in the coming years. 1) The first issue that needs attention in the coming years is the healthy development of youth. How can this be addressed and how is it related to risk and protective factors? 2) A second issue is the relationship between development of problem behaviours (healthy behaviours) in children and adolescents, the contexts in which young people grow up (family, school, friends, and communities), and the risk and protective factors to which they are exposed. The focus throughout will move from associations between behaviours and risk and protective factors towards patterns of behaviour. 3) There is a lot of knowledge about the influence of risk and protective factors on the behaviour of youth. The influence of structural indicators (for example, poverty or socioeconomic status of the environment in which young people live) is less researched and hence

the influence of the broader social context on risk and protective factors is given too little attention. Surveys of communities within countries and between countries, as presented in this study, may contribute to this knowledge.

4) Longitudinal and experimental prevention studies need to be expanded to other parts of the world where 86% of the youth population lives. The question of how youth development and well-being are related to social determinants and tested and effective programs begs attention. 5) In the Netherlands we need to improve the quality and use of tested and effective prevention programs. In doing so, we will support families, schools, and communities in their contribution to the healthy development of youngsters, also outside clinical settings.

Taking social interventions seriously is important for the development of social policy. Social policy must be at least partially based on scientific research. This study focuses on some topics that play a role and would particularly contribute to informed debate and effective policy.



