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Some years of communities that care

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2012

document version

Publisher's PDF, also known as Version of record

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citation for published version (APA)

Jonkman, H. B. (2012). *Some years of communities that care: Learning from a social experiment*. [PhD-Thesis – Research external, graduation internal, Vrije Universiteit Amsterdam]. Euro-mail.

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10. DISCUSSION

Winter Syntax

A sentence starts out like a lone traveller
 heading into a blizzard at midnight,
 tilting into the wind, one arm shielding his face,
 the tails of this thin coat flapping behind him.

There are easier ways of making sense,
 the connoisseurship of gesture, for example.
 You hold a girl's face in your hands like a vase.
 You lift a gun from the glove compartment
 and toss it out the window into the desert heat.
 These cool moments are blazing with silence.

The full moon makes sense. When a cloud crosses it
 it becomes as eloquent as a bicycle leaning
 outside a drugstore or a dog who sleeps all afternoon
 in a corner of the couch.

Bare branches in winter are a form of writing.
 The unclothed body is autobiography.
 Every lake is vowel, every island a noun.

But the traveller persists in his misery,
 struggling all night through the deepening snow,
 leaving a faint alphabet of bootprints
 on the white hills and the white floors of valleys,
 a message for field mice and passing crows.

At dawn he will spot the vine of smoke
 rising from your chimney, and when he stands
 before you shivering, draped in sparkling frost,
 a smile will appear in the beard of icicles,
 and the man will express a complete thought.

Billy Collins

Putting things together

Social investment to target the development of problem behaviours like alcohol and drug use, violence and delinquency, and other problem behaviours in youth was the interest of this study ‘*Some years of Communities That Care. Learning from a social experiment*’. We capture the goal of healthy and social development of all the youngsters with a preventive perspective. Intervening on important risk and protective factors may prevent problem behaviors and promote health. Risk and protective factors in the family, schools, friends, and neighbourhoods that predict these behaviours were studied from a developmental perspective. With this knowledge, targeting preventive interventions at the right moment and in the right place becomes possible. The framework of risk and protective factors provide us a scientific basis for prevention science and up-to-date preventive policy. This thesis is focused on the environments in which youngsters grow up rather than on individual psychology and behaviour of youngsters. Often, scientific interest focuses on the individual, and societal answers receive far less scientific interest than individual interventions. But the rate of problems cannot be reduced only by individual preventive programs, and societal answers sometimes have more power, just as Snow (1855), Durkheim (1951), Rose (1992), Elliott (1997), Sen (1999), Marmot (2011, 2010, 2006, 2004), Wilkinson (2009, 2001), Bloom (2004), and Banerjee and Duflo (2011) showed us in their time. New social interventions on societal problems which make use of scientific knowledge and which can be used on a broader scale are necessary. Communities That Care is such a social investment.

Prevention is not a new idea, but the scientific base for effective practice is rather new. Since 1994, theoretical perspectives have evolved, standards for prevention research have been developed, and experimental research has improved. There has been much work focused on detecting early onset of developmental disorders and problem behaviours. Also, important factors associated with these disorders and problems can be identified and detected. Progress has been made concerning practical initiatives and policies, programs, and new practices to eliminate specific risks or increase strengths. Family resources, school quality, and community efficacy can all play a substantial role in this. The field of prevention has evolved partly by the success of local policies and programs which have contributed to the well-being of youngsters and the prevention of negative development outcomes in the last twenty years (Mrazak & Haggerty, 1994; IOM, 2009).

Still some questions remain. One of the big challenges is developing effective preventive interventions that are supported at the community level. Within prevention science and public health there are community-based initiatives, but knowledge about these initiatives is less well known and less used. Community-level interventions are interventions with several components operating at the same time, often combining individual and environmental change strategies across multiple settings to prevent problems and disorders in youth and to promote their well-being (Wandersman & Florin, 2003). Communities That Care is a community-based preventive initiative. In this initiative the development of youngsters is related to the social environments in which they grow up and the way we organise these environments. In this community-based program, recent scientific knowledge and development come together. Researchers, politicians, and practitioners need to take seriously these kind of practical answers to societal problems. But let us recap the results of this study.

In this thesis we examined three issues. Newly developed theoretical and empirical knowledge regarding pathways to problem behaviour was employed in the prevention program Communities That Care. But also, practical knowledge of effective programs and successful local implementation directed the development of this preventive initiative. The CTC program was developed in the eighties and nineties in the U.S., conducted on a broader scale, and has been researched since then. Also, it has been conducted in other countries around the world, among them since 2000 the Netherlands (Chapter 2). In the Netherlands it was imported as a population-targeting method to reduce delinquency among youngsters, adapted with fidelity to the Dutch context, and tested in different neighbourhoods. The result of this first phase was that this program improved the quality of planning and decision making, collaboration and coordination, to focus on intervening on risk and protective factors and the use of effective programs. It was seen as a promising strategy for planning prevention policies and interventions in neighbourhoods. The first phase was the basis of a lot of work which has been conducted since then in many cities and neighbourhoods across the Netherlands and beyond. Prevention science must provide answers to practical questions, the first objective of this thesis. The non-transparent field of preventive interventions has changed a lot the last ten years. We have seen this development in other countries as well as in the Netherlands. Effective and promising approaches could be identified to support families, schools, and communities as we made clear in Chapter 3. Translating prevention science into practice (translational research), findings of which were presented in Chapter 4, is another example of the practical objective of the first part of this study (Practice).

Research on specific problem behaviours of youngsters in communities as well as their association with social determinants is studied in Chapter 5 (a metropolitan study), Chapter 6 (a non-Western study), and Chapter 7 (a bi-national study). Problem behaviours like violence and delinquency and alcohol use are identified in different contexts such as cities, communities, and countries, and are connected to social determinants (risk and protective

factors). Comparative studies must produce reliable information for prevention policy and potential interventions. These three articles present commonly defined targets for the future which can be used for evaluation of prevention policy later on. These topics are the objective of the second part of this thesis (Research).

There is worldwide interest in impact of social investment. People want to know the details of interventions that matter, and the core elements and results of these investments. They want to define the conditions under which the investments are carried out and the results produced. New research methods were developed over the years, new designs were created, and specific data were collected. The third and final objective of this study (Impact) was to model the impact of Communities That Care and to assess long-term effects on adolescent problem behaviours and risk and protective factors, and on community prevention service systems. Interest in community-based interventions is strong. Research on these kinds of interventions is difficult but possible, as Chapter 8 (impact research) and Chapter 9 (the importance of this kind of translational research) show. The results were disappointing, as well as understandable, in the Dutch study. Design problems (quasi-experimental, small sample size), as well as problems with internal validity (among them contamination and lack of tested and effective programs in the Netherlands) are presented. Still, these studies are promising and provide answers to a question which many people have, but which is rarely researched: do preventive programs and policies have impact?

Although the three parts of the thesis deal with different questions, they have two characteristics in common: up-to-date research on adolescent (12-18 years) problem behaviours, and preventive possibilities for the daily contexts in which they grow up.

Strengths and limitations

This study has different strengths, and we mention some here. The first strength is that the different parts of this study are based on practical and real-world social intervention work conducted over the last few years. These activities (including data collection) are carried out in different cultural contexts in the Netherlands, mainly, but also abroad. All parts of the study are conducted with general population samples and target development of all youngsters. The key goal of these articles is to identify problems and social determinants in populations, to determine the best programs, and to implement them within a similar framework across diverse contexts. Community-based prevention is of interest for science and policy, as well as for practitioners in the field of public health and prevention to address common public concerns and questions. This study shows that it is possible to use general knowledge and to adapt it to different situations.

Second, in this study, different parts of social investments (research, innovation, effective programs, and evaluation) are connected to each other in one study. We need real-world studies which take seriously the problems people face, are carried out under daily conditions, and study the broader spectrum of social investments.

Third, in this study, a quasi-experimental design is used with experimental and control communities as units of intervention. Social interventions in the Netherlands are seldom researched in this way. This study can be seen as an innovative study. Quasi-experimental designs and observational studies are good alternatives when they follow scientific methods. Randomized research is not always possible, is financially costly, and not always ethical (Diaz & Handa, 2005). But quasi-experimental and observational methods need scientific attention, including in the field of prevention. Propensity Score Matching (PSM) is a new method and is used in this study, which makes it possible to study causality without the use of a RCT. PSM is not often used in Dutch social scientific research.

The application of a community perspective on prevention may raise many questions and, of course, such a study has its limitations. We will mention three. First, in this study, problem behaviours are the centre of interest. They play an important role in the life of many adolescents. But healthy behaviours of adolescents (e.g. societal participation and level of education) and relations with social determinants are understudied in this study. More

and more research should be done on this topic. Communities and cities, politicians and practitioners see the perspective of problem behaviours and social determinants as negative and too restricted. They want to underline the importance of changes and possibilities for children and youngsters in their youth policy, and researchers should support them in this.

Second, when we set up our impact study it was designed as a randomized multiple-site study. All the cities that started with Communities That Care in 2008 wanted to participate in the study for the coming years. For them it was important that their practical work could be included in this study. But confronted with the consequences of such a study design, not all of the cities could or wanted to be randomized. Because of practical (one city) and political (one city) reasons in two of the five cities, randomization of experimental and control communities was not possible. We had to change the original RCT design we had in mind into a quasi-experimental design. Outcomes and social determinants were controlled on the basis of many social demographic background variables. Although this statistical procedure has potential, especially in cases of practical difficulties confronting us our study, in the end, propensity score matching does not account for unobserved characteristics ('hidden bias').

Third, the development of effective interventions and the use of them in real social settings is a difficult combination. Discussion about fidelity of the intervention as it is developed and the adaptation of it in specific cultural contexts is important. One of the biggest practical limitations may be the limited time to conduct the community intervention and funds available to carry it out in cities and communities. It was not easy to find participating cities and communities. In the end, we did not succeed in getting the high number of participants we had in our mind at the start of the study. This kind of research, we found, after four years of work, can only be fulfilled when another party (government, fund) is responsible for or is strongly involved in the finance and organisation of the implementation. Here researchers on the one hand, and policymakers and practitioners on the other, have to work closely together, and plans for doing this kind of work should be made at the highest level. In this study, researchers had to negotiate with local parties and had to discuss planning and activities. The researchers tried to handle this as flexibly as possible without endangering the research design. But, in the end they had to change things more than they had wanted.

Implications for social policy

This study provides several implications for social policy. Promotion of well-being of youth, prevention of problem behaviours, and detecting social determinants should be at the heart of youth policy on international, national, and local levels. The framework of Communities That Care, with its developmental and contextual perspective, risk and protective factor focus, and its scientific orientation, can be applied in different communities with different social and cultural backgrounds. It is a sustainable framework to carry out policies, programs, and projects in the different environments in which youngsters grow up, learn, play, age, and live their lives. This framework can put social policy into action, create goals for the future, and make healthy social and physical development of all youngsters an endeavour for every community. It can be put into action in three ways.

First, communities need population-based surveillance systems to monitor the incidence and prevalence of youth problem behaviours and benchmark the daily environments in which they grow up. Risk and protective factors of their family, school, peer, and neighbourhood which contributed to the prevalence rates are the best determinants we have at the moment in prevention science. Surveillance systems can be worked out on different levels such as communities, cities, or countries. Research on how well youngsters are functioning in communities is important to agree upon and target prevention policy on, guide prevention programming, evaluate what is done, and in the end, learn from. Again, this framework can be used in international, national, and local initiatives.

Second, the development of physically and socially healthy youngsters benefits when families, schools, different organisations, and parties within communities carry out well-coordinated and research-based work. Local prevention efforts work better when they are coordinated, and professionals, as well as community members, learn from each other where individual competences are strengthened, where connections between systems are made, and which contributions to the community are made by whom. Working together is already an established social policy target. Well-coordinated community systems with clear goals, as presented in this study, can make a difference.

Various international studies have shown that the population-wide reduction of problem behaviours among adolescents is possible by using evidence-based prevention programs and policies. They affect whole populations by targeting relevant risk and protective factors and reduce the public health burden. International, national, and local governments have to take this knowledge seriously. But changes take time, and policymakers have to be more patient than they often have been in the past. Researchers, politicians, and practitioners have to find ways to use these programs on a broader scale. Societal improvement needs political will and research capacity to expand scientific evidence of what works. Communities That Care tries to bring different parties together, to cooperate on evidence base, and to make this evidence-based knowledge accessible for people. Also, this work should be done on different levels (international, national, and local).

Social policy, programs, and interventions should, more than is the case is now, emerge from social experimentation in order to improve social conditions. Science allows us to look at societal problems in a ‘new’ way. In line with Bacon (1958), Dewey (1916), and Campbell (2002, 1966), science used in this study is seen as an experimental, hypothetical form of inquiry on which to model social and political life. Solutions should come from continuing experiments in which we learn from things that work, as well as (or even more so) from the mistakes we make. Or, as Donald Campbell wrote more than 40 years ago: “The United States and other modern nations should be ready for an experimental approach to social reform, an approach in which we try out new programs designed to cure specific social problems, in which we learn whether or not these programs are effective, and in which we retain, imitate, modify or discard them on the basis of apparent effectiveness on the multiple imperfect criteria available”(Campbell, 1969)¹.

¹ Campbell, D.T. *Reforms as experiments. American Psychologist, April 1969, 24: 409*

Implications for research

There is still a long way to go for this young field of prevention science. Certainly in terms of preventive investments in communities, cities, and countries, this science in its infancy. Some subjects call for at least scientific attention in the coming years.

The first issue that needs scientific attention in the coming years is the how to promote healthy development of youth. Politicians and practitioners want to have and to use this knowledge, and researchers should take this seriously. What is healthy social development, how do we define it, and how can we research it? Risk and protective factors are defined, but how they relate to these positive indicators needs to be worked out more in depth.

A second important issue is the relationship between development of problem behaviours (and 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 they are dealing with. We know a lot about the importance of the factors and about their correlation and associations. But in the near future, the focus throughout will move from associations between behaviours and risk and protective factors for a whole group of youngsters in a community to patterns of behaviours for groups of youngsters within and between communities.

There is a lot of knowledge about the influence of risk and protective factors on the behaviour of youth (proximal factors). The influence of structural indicators (distal factors like poverty, socioeconomic status of the environment of young people, or social capital) and the relation and interaction with social determinants (proximal factors within the family, school, peers, and communities) is less researched. The influence of the broader social context on risk and protective factors has been given too little attention in prevention science up until now. The public health burden among adolescents worldwide also underlines the need to act on a structural level also. Surveys of communities within countries and between countries, as presented in this study, may contribute to this knowledge.

Research to detect and understand causal pathways to problem behaviours as well as to positive behaviour and well-being and the influence of social determinants is conducted mainly in the Western world. We also need knowledge about youngsters who grow up in poor and non-Western countries. Improving the health and well-being of youngsters is not restricted to the Western world of high-income countries. Because of that, longitudinal and experimental studies should be expanded to other parts of the world (low- and middle-income countries) where 86% of the world's young people live. Our knowledge about their health and well-being is restricted, effective and tested programs are out of reach, and we should support prevention work there.

Going back to the Netherlands, we can say that so far there has been relatively little research on the impact of social actions (policy, program, intervention) on the development of youth. Although these studies are being conducted more and more, experimental studies to determine effects are primarily clinical in nature. Social studies of the effects of interventions that are plotted at the level of countries, cities, and communities are, unfortunately, scarce. Communities That Care stimulated thinking about tested and effective programs. During our experimental work in communities it became clear for us that the work on effective prevention programs is not finished, and doesn't reach communities. There is still a lack of controlled trials that assess long-term effects on developmental outcomes, as well as replication studies for preventive programs. We need to raise the quality level from promising to tested and effective programs, and also do this for prevention programs which can be used on a larger scale to support families, schools, and communities outside clinical settings.

Conclusion

Problem behaviours of youngsters (underage drinking, smoking, and drug use, as well as delinquency and violence, sexuality related problem behaviour, and depression) remain public health problems for every community. Understanding these problems and improving the effectiveness of prevention remains important. Well-designed, implemented, and researched prevention programs can positively influence health and social outcomes of youngsters. There is no doubt that the development of problem behaviours among youngsters is connected to the environments in which they grow up. Risk and protective factors are important for prevention science at the moment. But, to advance our understanding, more is necessary than simply pointing to associations between specific problem behaviours and risk and protective factors. We have to research them in interaction with each other and also over a longer time period. For example, long-term panel studies (in Western as well as in non-Western countries) need to be conducted in the future. But, also, the role of structural variables cannot be ignored. They influence the resources and exposure to risks that youngsters and their communities experience. Also, this higher level of policy needs to be taken seriously in prevention science. And, of course, the work on tested and effective preventive programs (development, research, implementation, and bringing it to scale) should be continued and broadened. But that is for the future. I have tried to ‘upstream’ the perspective of youth development. This is just a beginning. Taking social interventions seriously in science is important for the development of effective social and preventive policy. Good policy should be based, at least partly, on scientific evidence and understanding of how health outcomes and determinants operate, as well as what can be done about them. I hope I may raise awareness of some important preventive issues and contribute to informed debate and to more effective policies and programs for youngsters in the developing world.

