

COMMUNITIES THAT CARE - KNOX

Strengthening Connections, Positive Futures.

Community Assessment Report 2015

Strengthening Connections, Positive Futures

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The CTC Knox Key Leaders group and Community Board provide the advocacy and leadership for children and young people in Knox to ensure that they grow up in a safe and connected community where they can reach their potential.

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I. Executive Summary

This report describes the results of the risk and protective factor assessment completed as part of Knox *Communities That Care* effort. The *Communities That Care* system is a way for members of a community to work together to prevent youth problem behaviors, including substance use, delinquency, teen pregnancy, dropping out of school and violence. This system was developed by Dr. David Hawkins and Dr. Richard Catalano. It is based on their research, which has identified risk factors that predict youth problem behaviors and protective factors that buffer children from risk and help them succeed in life.

A key goal of the *Communities That Care* effort is to identify which risk factors, protective factors and problem behaviors are prevalent in our community, and implement evidence-based programs that address our community's unique profile.

The Knox Community Assessment was completed using the *Communities That Care Youth Survey* and publically available data. The *Communities That Care Youth Survey* was administered to students in Years 6, 8 and 10 in selected schools in Knox in the October 2014. To get the most complete picture of our community, the Data working group in partnership with the Social Planning unit, Knox City Council collected additional data from public records for risk factors, problem behaviours and additional indicators of community strengths and issues that were not covered by the survey.

The findings from the CTC Youth Survey include:

Behaviour

- 1 in 3 Year 6 students have had alcohol.
- 1 in 2 Year 8 students have had alcohol. This increases to 2 in 3 Year 10 students.
- 1 in 3 Year 8 students reported drinking alcohol in the last 30 days and 1 in 6 Year 8 students reported binge drinking in the last two weeks.
- 1 in 3 Year 8 students in Knox report current alcohol use (in the last 30 days) compared to 1 in 6 Australian students.
- Parents are the main suppliers of alcohol to young people under 18. Of the students that do drink, 1 in 2 Year 6 and 1 in 3 Year 8 students indicated their parents supplied the alcohol. This increases again to nearly 1 in 2 Year 10 students.
- Parental supply of alcohol is the main source of alcohol, however less parents are supplying alcohol in Knox (Knox-34% & Aus-48%);
- Other sources of alcohol for children and young people include older siblings, friends or other (relatives, stole, got someone to buy it for them, events such as weddings)

Risk Factors

- 2 out of 3 Year 10 students believe that the laws and norms in the community support alcohol and drug use.
- 1 in 2 Year 10 students perceive that their parents are tolerant of their alcohol use.
- Just over a third of Year 6 students and half of Year 8 students indicate they are living in family environments with high levels of conflict.
- 4 out five Year 8 & 10 students report low engagement with school.
- 1 in 3 Year 8 students perceive that they are not doing well academically when compared to their peers.
- Almost half of Year 8 students express positive attitudes to alcohol. By Year 10 this increase to nearly three quarters.

Protective factors

- 2 in 3 students in Year 6 & 8 feel strongly bonded to their family. This is similar to their Australian peers.
- 1 in 2 Year six students see opportunities for positive participation in school. This declines by Year 8 & 10 to 1 in 6.
- 2 in 3 students recognise that there many opportunities and rewards for involvement in community life.

Based on the analysis of the Knox Community Assessment the CTC Key Leaders and Community Board, identified the following risk factors as priorities for community attention:

- Community Laws and Norms Favourable to substance use (Community Domain)
- Low Commitment to School and Academic Failure (School Domain)
- Family Conflict and Poor Family Management (Family Domain).

These risk factors were selected as priorities for prevention action because data on some measures relevant to the prevalent risk factors are somewhat elevated in Knox, in particular the Knox North East area. The data also revealed Knox strengths. For example, the *Communities That Care Youth Survey* revealed that students experience positive levels of stability in their community and have low levels of sensation seeking when compared to the Australian average. They reported high levels of the protective factor 'Coping with stress' and Year 6 students reported high levels of 'belief in the moral order' and 'Interaction with pro social peers'. This is an important area of strength on which to build to help promote well-being and protect our youth from the risk of health and behavior problems.

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This report recommends that the community give particular attention to the risk factors noted above when developing the community's action plan to prevent youth health & behavior problems and promote child and youth well-being. Collectively this is understood to support a focus on:

- Reducing early age alcohol use
- Improving School Engagement
- Strengthening effective parent development

The vision for Communities that Care Knox is *A resilient and connected Knox community that values safety, health and wellbeing of young people and their families.*

2. Introduction

2.1 The Knox Communities That Care Effort

In the April 2014, Knox began implementing *Communities That Care* prevention planning system. Developed by Dr. David Hawkins and Dr. Richard Catalano of the Social Development Research Group in Seattle, Washington, the *Communities That Care* system is a way for members of a community to work together to efficiently and effectively promote positive youth development and prevent youth problem behaviors such as substance use, delinquency, teen pregnancy, dropping out of school and violence.

Knox implemented the *Communities That Care* process to achieve the community's vision that all young people in Knox grow up supported and nurtured by their families, schools and community, and become healthy adults who contribute positively to society.

Key accomplishments:

- In 2012 a series of community meetings were conducted to gauge community interest in Communities that Care. This resulted in the establishment of a steering group and the subsequent successful application to Knox City Council Health Together Knox for \$198,434 to initiate the Communities that Care process for Knox from March 2014 to March 2016.
- In July of 2014, community leaders attended a Key Leader Orientation and committed to the *Communities That Care* effort.
- The Key Leaders group and Community Board were established in July 2014. Members attended a combined CTC Orientation meeting. The Communities that Care License agreement was finalised in August 2014.
- In October 2014, the *Communities That Care Youth Survey* was administered to Year 6, 8 and 10 students in a selected geographic area comprising a total of 350 students.
- In March 2015, Key Leaders group and Community Board completed the CTC Community Assessment Workshop and developed a plan for completing the community risk- and protective factor assessment. This report is the result of that assessment. This included forming work groups to achieve the various steps in implementing the *Communities That Care* system.

2.2 The Community Assessment

Dr. Hawkins and Dr. Catalano have identified risk factors that predict problem behaviours in youth, and protective factors that help protect young people from those risks. By addressing risk and protective factors, communities can help prevent adolescent problem behaviors and promote positive youth development. A key goal of the *Communities That Care* system is for communities to develop a profile of the risk factors, protective factors and problem behaviors in their community, and to develop a plan for addressing the risk factors that are most elevated while enhancing protective factors.

This report represents the first step in that process. The Risk and Protective Factor Assessment work group has collected data on risk factors, protective factors and problem behaviors in Knox. With input from the community, the work group has identified our community's strengths and the priority risk factors to address in the prevention plan.

Developing the Knox Profile

As noted above, the *Communities That Care Youth Survey* was administered in October 2014. Students from selected schools in Years 6, 8, 10 were asked to participate. The complete results are provided in the *Knox Communities That Care Youth Survey* report. The *Knox CTC Youth survey* report represents findings from a Knox study area (Knox NE) rather than being representative sample of youth across the Knox community. In addition, Dr. Hawkins and Dr. Catalano have identified public data indicators that have been shown to be valid and reliable measures of certain risk factors and problem behaviors that are not measured by the survey, namely Extreme Economic Deprivation, Availability of Drugs and Alcohol, Teen Pregnancy and School Engagement. To facilitate the collection of this data the CTC Data working group collaborated with Knox City Council social researcher, Darlene Swan. The Data working group considered the public data indicators recommend by Catalano and Hawkins and sought the relevant data available in the Australian context to align with the risk factor framework, then assembled the data to support analysis of greatest risk in Knox.

Youth Survey methodology

This survey instrument measures a broad range of behavioural outcomes and risk and protective factors in four domains: Community, School, Family and Peer/Individual. Within these domains, there are approximately 30 scales with an average of 4 questions per scale.

Risk factors are factors that can predict negative behavioural and adverse outcomes, and protective factors are factors that can moderate and mediate risk factors for a range of adolescent health and behaviour problems. The following section details the risk and protective factors measured.

The CTC youth survey was administered to students in Year 6, 8 and 10 in October 2014 in Knox over a period of two weeks. The participating schools sent a letter of information about the

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survey to parents two weeks prior to the survey. A researcher from Deakin University and the CTC Knox Coordinator administered the survey and student supervision was provided by the school staff during normal class time. The survey took approx 45 minutes to 1 hour to complete and was a paper based survey. The researcher and coordinator were available to help students with understanding the survey questions. The survey results were compiled and analysed by Deakin University.

Validity

To ensure survey accuracy respondents were eliminated if their surveys showed evidence that they had responded inaccurately or dishonestly. The criteria for elimination included reporting the use of a fictitious drug and self-reporting that responses had been dishonest (see Bond et al, 2000 for criteria).

Interpreting the data: a word of caution

As a very high proportion of students in year 6 and a satisfactory proportion in year 8 and year 10 in the schools approached completed the survey, the estimates presented in the following tables can be treated with some confidence. Estimates from student survey data should be interpreted by weighing them against other available information. (CTC youth survey report Deakin University 2014).

Demographic of students

	Percentage of Year level completing survey	Gender Female	Male
Year 6 (11 to 13)	96%	61%	39%
Year 8 (12-14)	77%	53%	47%
Year 10 (14 to 16)	71%	52%	58%

Limitations

Only students who were attending school were surveyed. Students who may have dropped out of schools maybe at higher risk however are not included in the survey data.

On the day of the survey some students chose not to participate in the survey.

Identifying priorities for Knox

The CTC youth report and the Knox Profile (available data for Knox) were presented to a joint meeting of the Key Leaders and Community Board in April 2015 designed to support the prioritization of the risk factors for CTC Knox. The selection criteria for the risk factor priorities was tabled at that meeting and agreed to by the members (see Appendix One). The members worked together in groups to debate the CTC youth survey results and consider the results along with the Knox profile. Each group focused on one of the CTC domains dependent on their experience and level of expertise related to the domain (Community, Family, School).

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Each group selected a risk factor for prioritization and presented their recommendations to the broader member group for consideration, providing the rationale for the recommendations. By consensus, the Key Leaders and Community Board then selected the final priorities and geographical area of focus for prevention action in Knox.

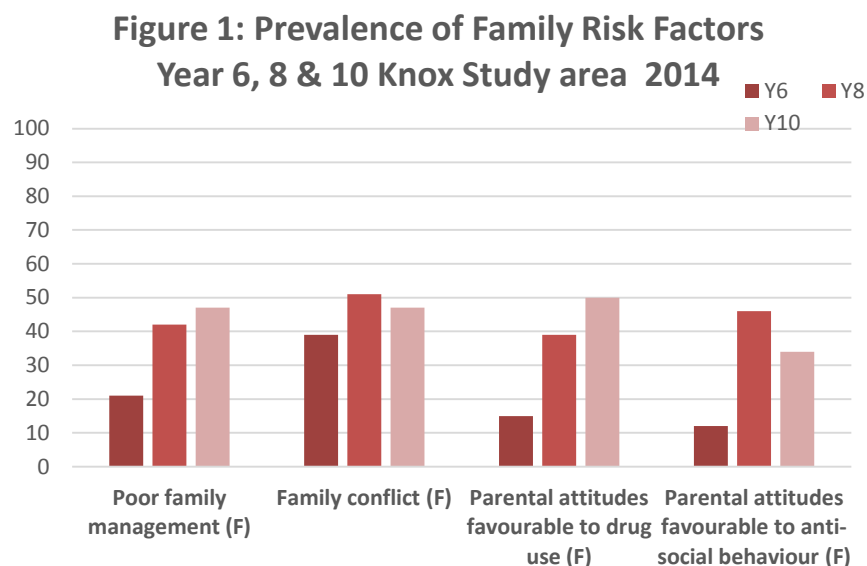
Report Overview

The next sections of the report provide detailed information and analysis of the risk factors that have been prioritised by the Communities that Care Knox partners, the protective factors and problem behaviours in Knox. The public data relating to the risk factors is also included to provide a broader understanding of the risk factors and the Knox community. The conclusion presents the final list of priorities and recommendations for future action.

3. Community Risk Factors

Family Domain - Poor Family Management and Family Conflict

The *Communities That Care Youth Survey* revealed that a majority of students in all grades surveyed are at risk for health & behaviour problems based on their exposure to the risk factors Family Conflict and Poor family Management. As Figure 1 indicates, students reported particularly high scores for Family Conflict and Poor Family Management in comparison with the average for the *Communities That Care* normative population (Figure 2).



Source: 2014 Knox Communities That Care Survey report, Deakin University

Poor Family Management

Poor family management is understood to be the context in which parents' use of inconsistent and/or unusually harsh or severe punishment with their children. This places the children at higher risk for substance use and other problem behaviours. Family management practices that have unclear expectations, poor monitoring of their children's behaviour and few and inconsistent rewards for positive behaviour makes it more likely that they will engage in drug use and other problem behaviours (Arthur et al, 2002). Parental styles and attitudes towards discipline and punishment have significant impacts on children and young people.

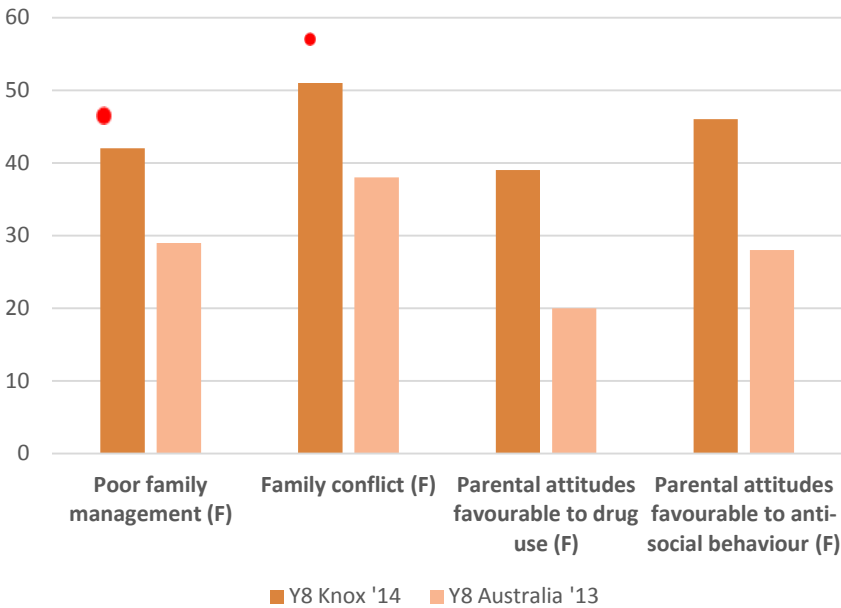
Youth were asked

My family has clear rules about alcohol and drug use?

If you drank some beer or wine or spirits without your parents' permission would you be caught?

When I am not at home, one of my parents knows where I am and who I am with?

**Figure 2: Prevalence of Family Risk Factors
Year 8 - Knox Study area vs. Australia**



● Significantly higher than the Australian comparative

Family Conflict

Children raised in families high in conflict, whether or not the child is directly involved in the conflict are at risk for violence, crime, leaving school early, teenage pregnancy and harmful substance use. (Arthur et al, 2002)

Youth were asked:

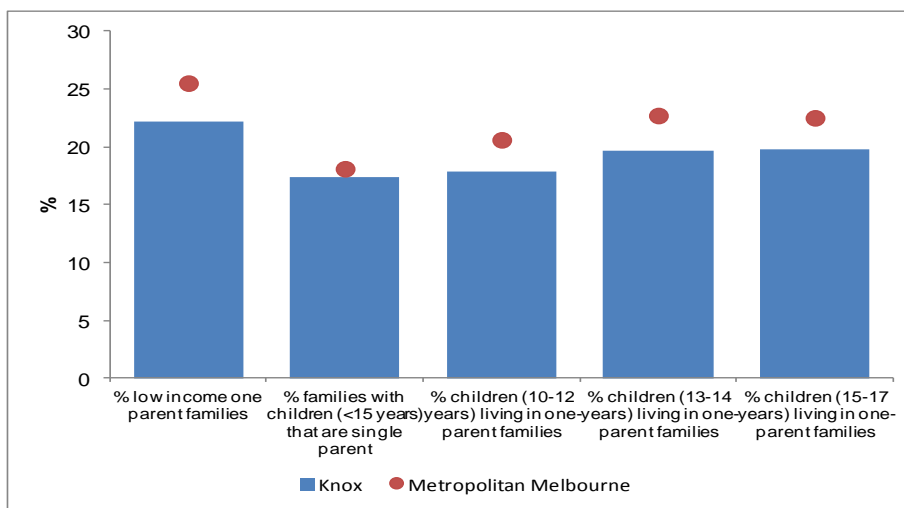
People in my family have serious arguments

We argue about the same things in family over and over?

The social and financial context for Families

Knox is prosperous and vibrant city. There is excellent infrastructure and access to services such as local recreation spaces and sporting clubs, shopping, community facilities and health services. The financial security of residents is considered sound and there are fewer low income and welfare dependent families living in Knox compared to metropolitan Melbourne (Fig 3).

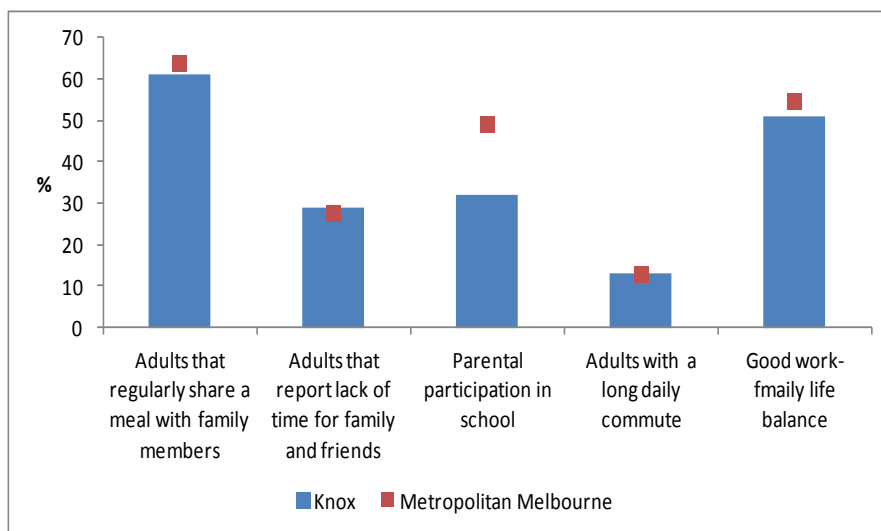
Figure 3



Source: ABS Census, 2011

The Vichealth Indicators Survey (2011) for Knox reveals indicators of reduced family time and family support for young people. This is reflected in measures such as the percentage of families that eat a meal together (61% compared with the metropolitan average of 64%), lowered perceptions of adequate balance between work and family (53% compared with 55%) and significantly lower than average parental participation in school (32% compared with 55%, see Fig 4).

Figure 4

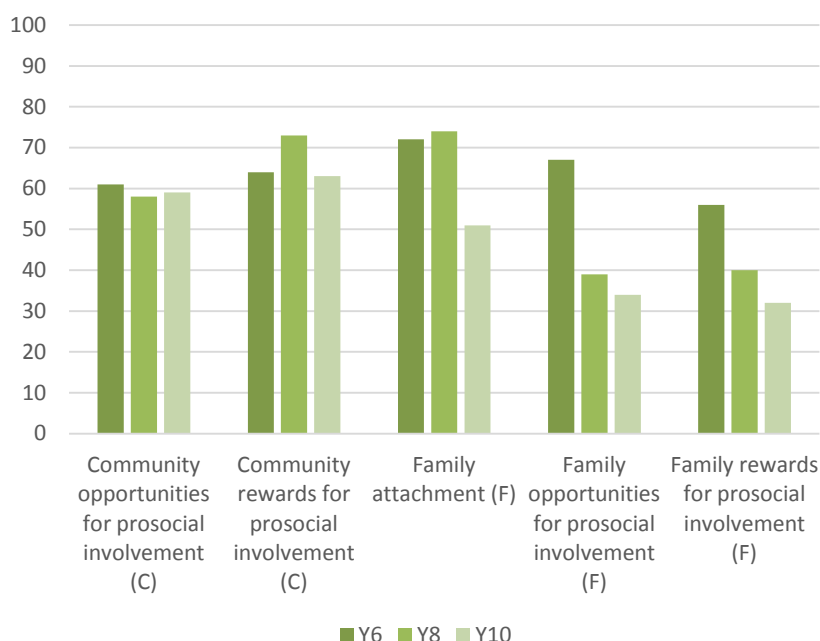


Source; Vichealth Indicators Survey, 2011: Victorian Population Health Survey 2008).

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Protective factors are conditions that buffer children and young people from exposure to risk (Catalano & Hawkins 1996). In expressing their experience of family life young people indicated there were less family opportunities and rewards for family involvement (figure 5) as they got older. However attachment to family was strong for Year 6 & 8 students. Young people in Knox (Year 8) reported slightly lower levels of family protective factors when compared to Australian students (CTC youth report 2014)

Figure 5: Prevalence of Community and Family Protective Factors Year 6, 8 & 10 Knox 2014, CTC Youth survey 2014



Protective Factors

Family Opportunities for Pro social involvement

Young People who have more opportunities to participate meaningfully in the responsibilities and activities of the family are more likely to develop bonds to the family.

Youth were asked:

My parents ask me what I think before most family decisions affecting me are made.

My parents give me lots of chances to do fun things with them.

Family rewards for pro social involvement

When parents siblings and other family members praise, encourage and recognise things done well by their child, children are more likely to develop strong bonds to the family.

Youth were asked:

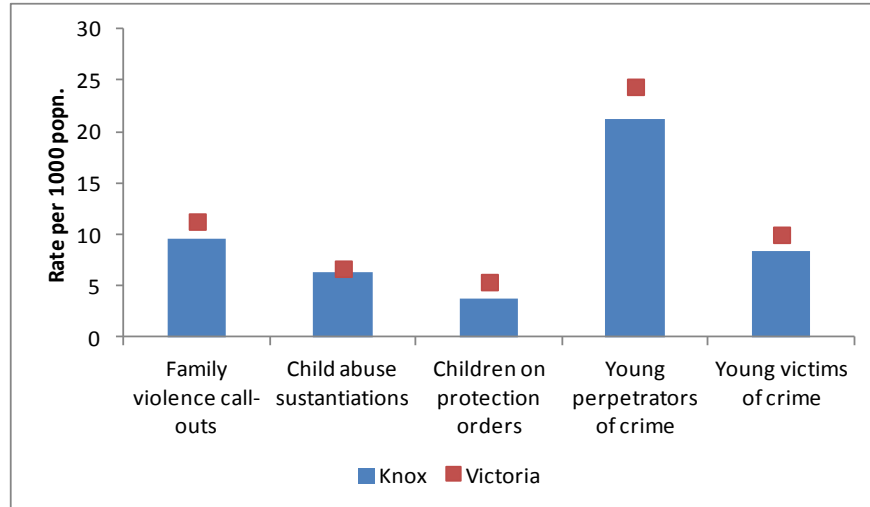
My parents notice when I am doing a good job and let me know about it.

How often do your parents tell you they are proud of you for something you've done?

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When considering Knox overall there are slightly less family violence callouts and Child abuse substantiation when compared with the state (Figure 6).

Figure 6

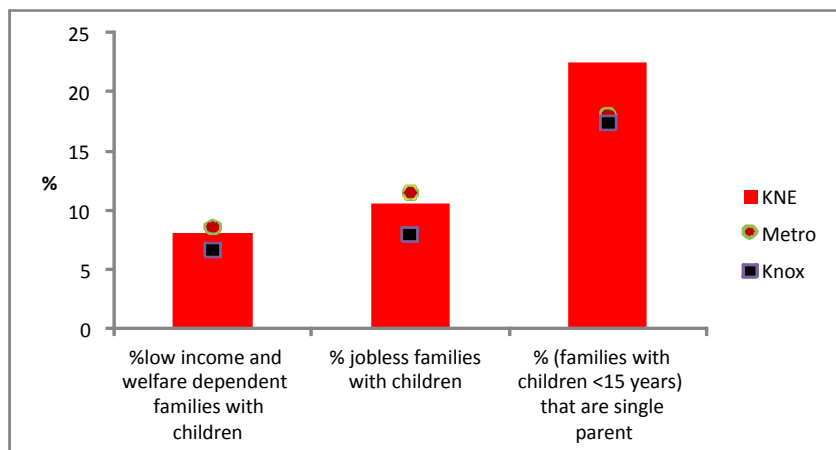


Source: ABS Census, 2011

However, a focus on areas within Knox reveals evidence that some families in our community are not enjoying the same level of prosperity, opportunities and safety.

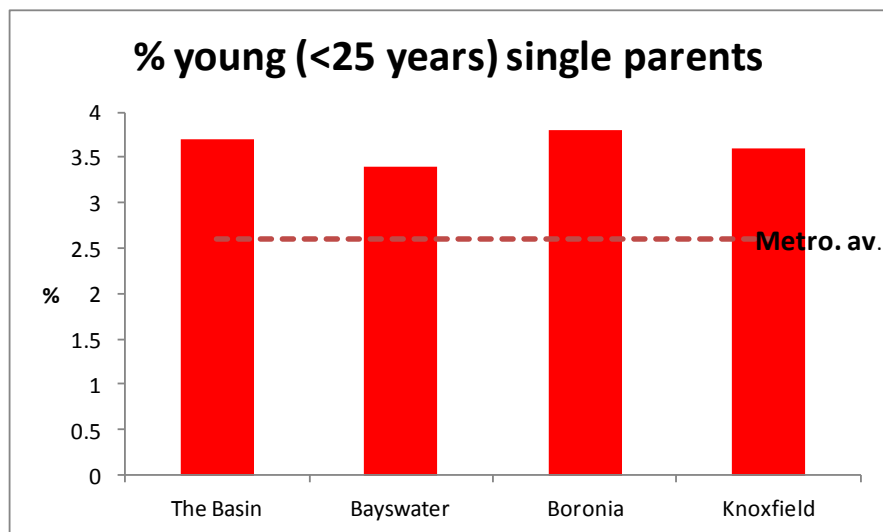
There is a higher risk of social disadvantage in the Knox North East area when a number of indicators are considered. Figure 7 shows that compared to the rest of Knox, the Knox North East area have a higher number low income families compared to the rest of Knox and a higher number of jobless families. There is also a greater number of families under the age of 25 who are single parents and a higher number of children living in families where the mother has low educational attainment (see figure 15 p. 23).

Figure 7



Source: ABS Census, 2011

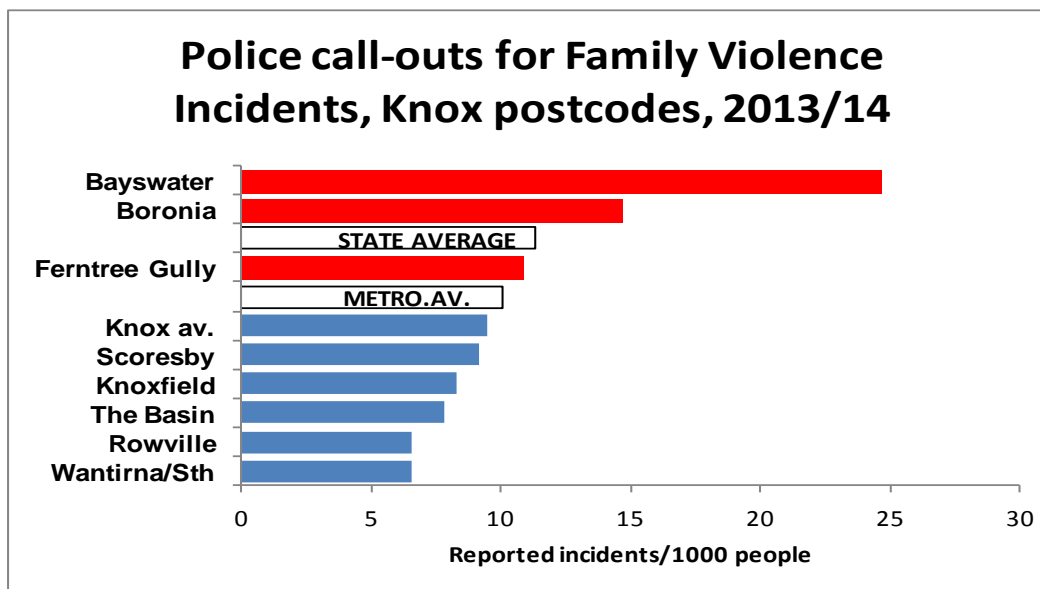
Figure 8



Source: ABS census 2011

The evidence for family violence (Fig.8) shows a higher rate of reported family violence incidents in the Knox North East area. There is also a higher rate of incidents with suspected alcohol involvement and of incidents where children are present.

Figure 9



Source: Victoria Police

Knox service data supports the findings of the CTC youth survey results in relation to these risk factors and the publically available data. Indicators of family conflict for client/family presentations to Eastern Community Legal Services include:

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- matters regarding family breakdown (separation/divorce/parenting arrangements),
- matters relating to interventions orders,
- family violence indicated in matters not relating to family violence or family breakdown.

The average rate of clients accessing the legal service for these indicators is an average of 320 clients a year access in over the last five years (for the period 2009/10 to Dec 2014.) This compares to Maroondah with an average of 210 clients and Yarra Ranges with an average of 480 clients/families (Eastern Legal Community service, worker report, 2015).

Other services available in Knox include a homeless service that also provides family reconciliation and family conflict support. A case management model is implemented with families as an early intervention for young people. The number of families that have sought services for family reconciliation support or family breakdown and conflict has shown an increasing trend over the last 4 years from 2011 (Harrison Youth Services, 2014).

Table 1

Family Conflict /Family reconciliation	No of Families
2011-2012	85
2012-2013	76
2013-2014	99

The number of people over the age of 15 seeking homelessness support also reflects an increasing trend.

Table 2

Homelessness support	No of clients
2011 - 2012	248
2012 -2013	262
2013 - 2014	338

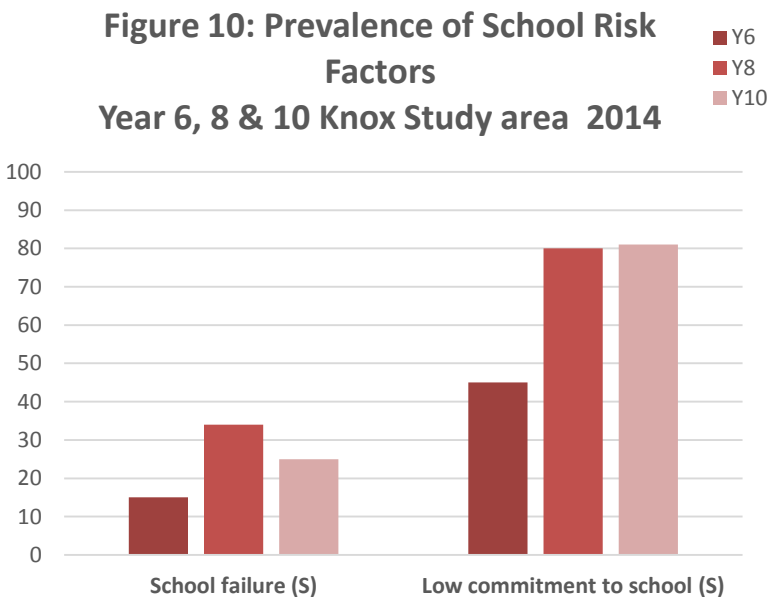
Anglicare, the provider of intake for integrated family services and Child First in the Eastern region, report that more than 50% of the families accessing the service are represented from Knox. A number of families are also accessing family counseling and family violence services. (Anglicare 2015, worker report).

We hypothesise that there is an association between presentations to services and the elevated risk factors family conflict and poor family management in Knox.

School Domain

Risk Factor: Low Commitment to School and Academic Failure

Lack of commitment to school means the child no longer sees the role of student as meaningful and rewarding. Young people who have lost this commitment to school are at higher risk for five of the six health & behaviour problems (Arthur et. al 2002).



pregnancy, violence, and alcohol abuse or dependence (Hawkins et al. Starting to use alcohol in early high school reduces the likelihood of completing school. Longitudinal research has found that early initiation of alcohol use significantly reduces the likelihood of timely completion of high school by between 7% and 22% (Koch & McGeary 2005). Youth who regularly consume alcohol by age 14 and drop out of school are nearly half as likely to complete high school education after age 20, than those who do not regularly consume alcohol by 14 years old.

The present report reveals that one in ten grade 6 students and almost one in five year 8 and 10 students report binge drinking. Binge drinking patterns in adolescence significantly predict an increased chance high school non-completion (Hill et al., 2000).

School commitment (bonding or attachment to school) have been shown to protect students against a range of problems: including school non-completion, antisocial behaviour, drug abuse, teen 2001). Research consistently shows that school non-completion leads to lower participation

Academic Failure

Beginning in late primary (Years 4 – 6), children who fall behind academically for any reason, are at greater risk for harmful drug use, leaving school early, teenage pregnancy, violence and crime. (Arthur et. al 2002)

Youth were asked:

Putting them altogether what were your marks like last year?

Low Commitment to school

Factors such as not liking school, spending little time on homework and perceiving coursework as irrelevant are predictive of harmful substance use, violence, crime, and leaving school early.

Youth were asked

How important do you think the things you are learning in school are going to be for later life?

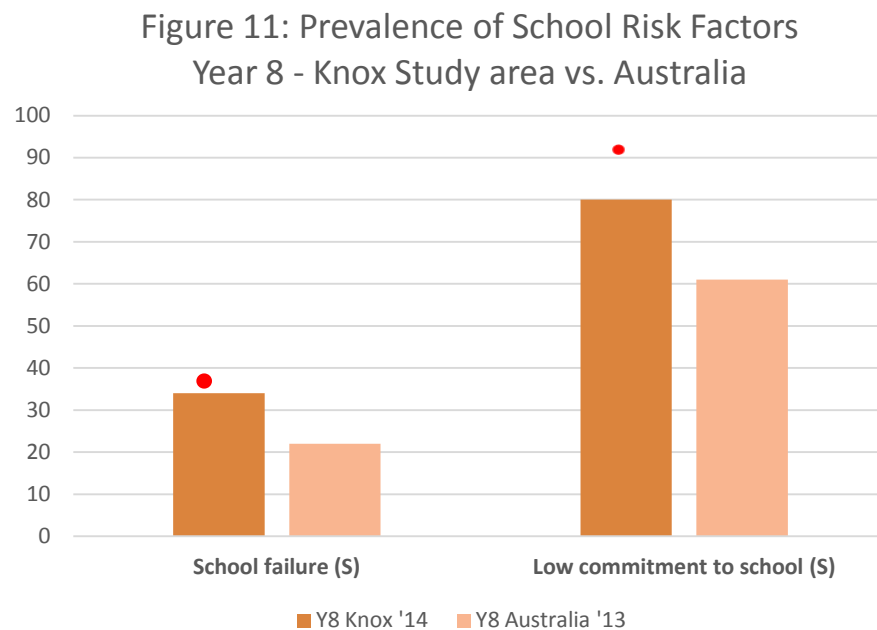
Now thinking back over the past year in school how often did you: try to do your best work in school?

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in paid work, fewer employment opportunities and lower engagement in further education (Lamb et al., 2000; ACARA 2013; OECD 2009).

A neglected factor that can undermine school achievement and engagement is early age alcohol use. Longitudinal research has shown that adolescent alcohol users in recent years in Victorian youth were 54% less likely to complete school than non-users (Kelly et al., 2014).

For both risk factors, Low Commitment to School and Academic Failure, young people in the Knox study area attending Year 8 showed levels of risk exceeding National average levels (Fig. 11).



● Significantly higher than the Australian comparative

The design of the Knox profile for the purpose of supplementing the CTC youth survey results considered the available data that would support further understanding of the School domain risk factors. The data sources included the Australian Early Development Index (AEDI), Naplan results for Knox in relation to numeracy and literacy and school engagement data (DEECD).

Early Childhood development

'The foundations of adult health are laid in early childhood and before birth' (Marmot and Wilkinson, 2003, p.14). Early Childhood is a determinant of health for children and adults.

The Australian Early Development Index is a reliable measure of child development across five domains – physical health and wellbeing, social competence, emotional maturity, language and cognitive skills, communication and general knowledge. The Australian Early Development Census (AEDC) is a population-based measure of how children in Australia have developed by the time they start their first year of full-time school.

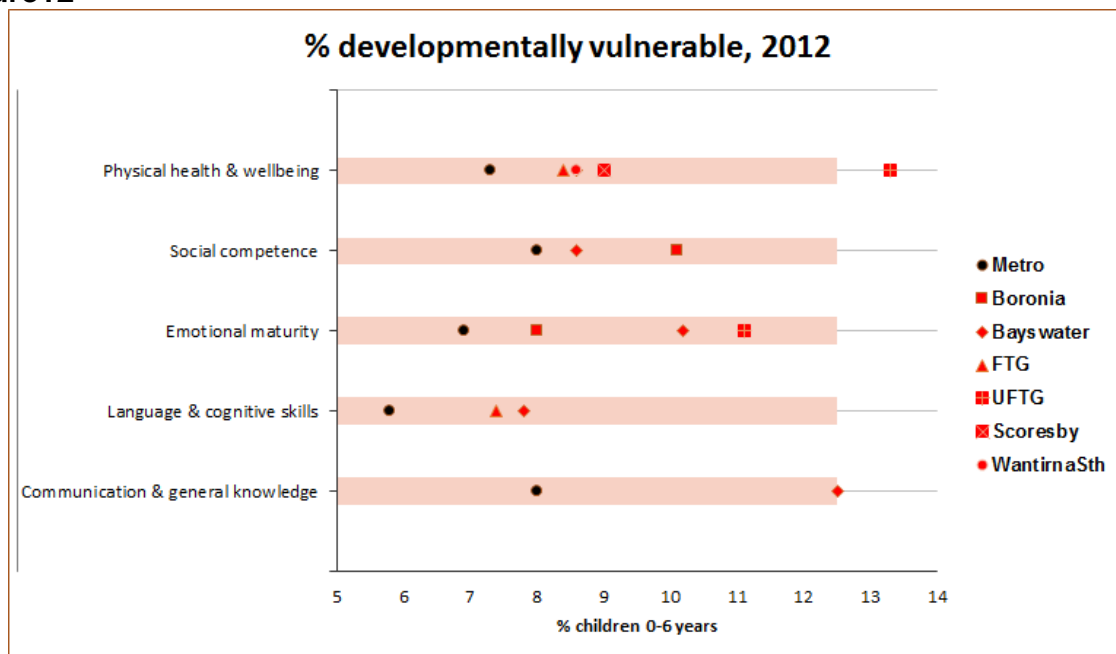
In Knox the indicators for early childhood development are better than average when compared to metropolitan Melbourne and Victoria. There is a high attendance at the key ages and stages visits (at

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three and half years old, Knox Maternal Child Health) and more children are developmentally ‘on track’ when compared to children in Victoria.

However, when we consider the data for children in the Knox North East area (Bayswater, Boronia, The Basin and Ferntree Gully), children are more vulnerable in one or more of the Early Childhood indicators compared to their peers across Melbourne (figure 12) and in some areas are vulnerable in two or more indicators.

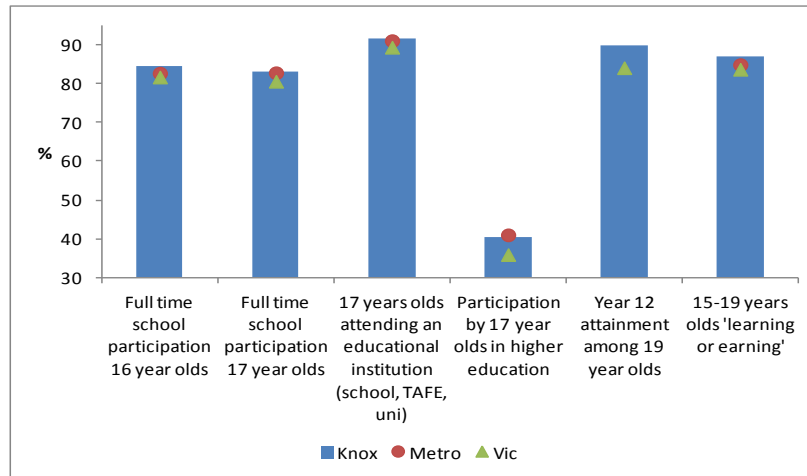
Figure12



School engagement

Young people in Knox demonstrate good commitment to school in terms of participation among 16 and 17 year olds (ABS Census 2001). Compared to Victorian average, a greater share of Knox students are achieving minimum numeracy and literacy rates from Year 3 to Year 9 indicative of academic success. (NAPLAN) Overall the rates of Year 12 attainment and of young people in Knox that are 'learning or earning' are better than average (ABS 2011 census, figure 13).

Figure 13



Source ABS 2011 census

However there are threats to maintaining school engagement among young people in secondary school. Compared to the state average for youth engagement, school connectedness is lower and notably lower in Year 8 and 9 compared to the Victoria average. 42.9% of young people in Knox in Years 7-9 report that they don't feel connected to school compared to Maroondah (37.3%) and Yarra Ranges (37%) (Attitude to School survey, Department of Education and Early Childhood Development, 2013). While this is slightly higher than the state average, when we consider this data in relation to the results of the CTC youth survey (Fig.9 & 10), the CTC study area reveals a much higher incidence of low commitment and connection to school. In addition, 22.4% children in years 7-9 report that they have been bullied, slightly higher than the state average (Victorian Child and Adolescent Monitoring system, DEECD 2013). 15.6% of children in Years 5/6 report that they have been bullied, also slightly higher than the Victorian average account.

When considering areas within Knox, young people residing in the Knox North east area exhibit

- reduced educational participation (in either school, TAFE or university) (Fig. 13).
- higher youth unemployment (4.2% compared to the metro average of 3.4%).
- higher percentage of young people living in families with lower parental educational attainment (defined as Year ten or below) (see fig.14).

Figure 14

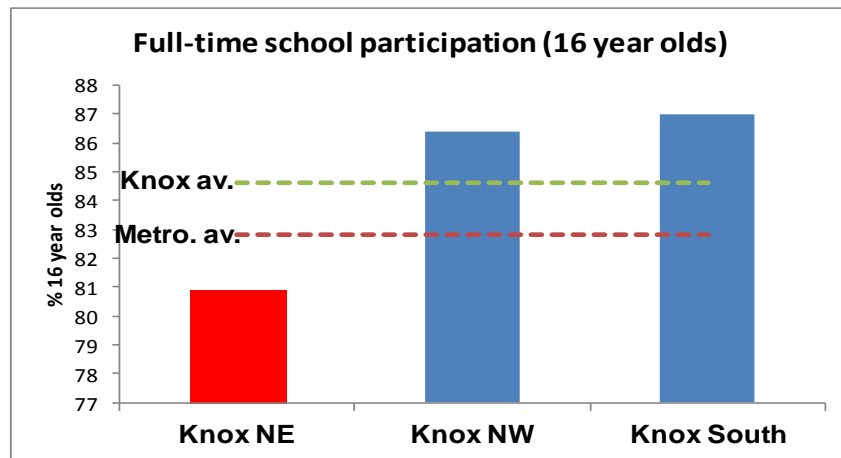
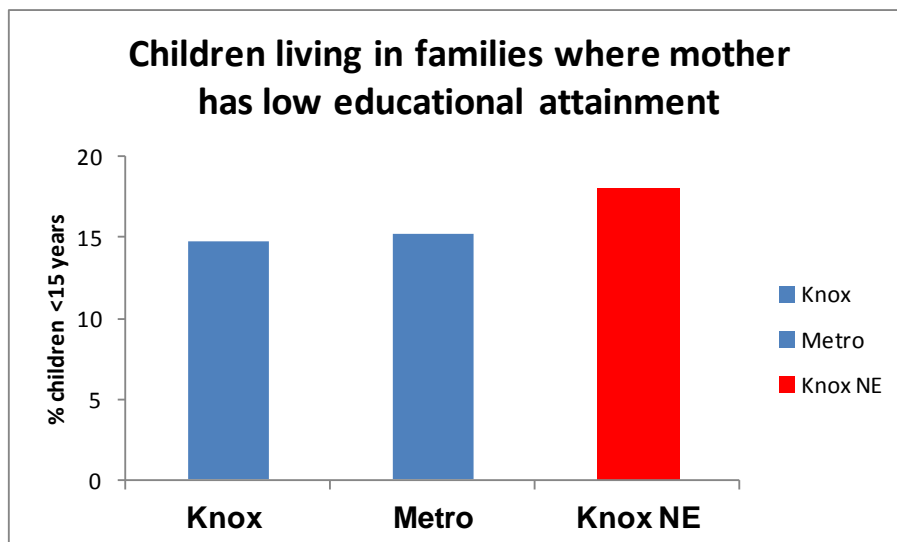


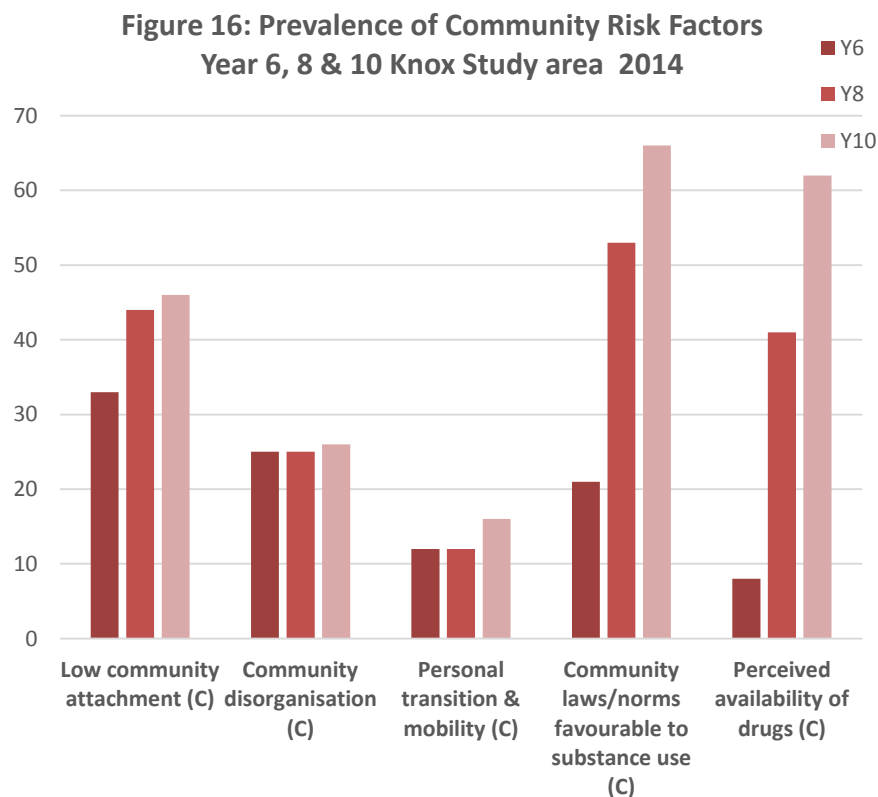
Figure 15



Community Domain

Risk Factor: Community Laws and norms favourable to Substance use/Alcohol

Community Laws and Norms favourable to substance use/alcohol use is one of the more elevated community risk factors in comparison with other community risk factors in the surveyed region of Knox. It is resonant with the risk factors in other domains (family and individual) reflecting favourable attitudes towards drug use (parental attitudes 50% and individual attitudes 73%).



There is a strong association *between Community Laws and Norms* and young people's perception regarding availability of alcohol and drugs. The CTC youth survey is a method for capturing young peoples' experience and observations of their community. In this instance young people are indicating '*adults in their neighbourhood think it is OK for kids your age to drink alcohol*' (sample question, CTC Youth survey 2014).

Community Laws and Norms favourable to substance use

Communities where laws regulating alcohol and other drugs use are poorly enforced have higher rates of youth alcohol and drug use, violence and delinquency. Further, rates of youth alcohol and drug use and violence are higher in communities where adults believe it is normative or acceptable for minors to use alcohol and other drugs.

Youth were asked:

How wrong would most adults (over 21) in your neighbourhood think it was for kids your age to:

- Drink alcohol
- Smoke cigarettes
- Use marijuana

Perceived availability of Alcohol/drugs

The availability of cigarettes, alcohol, marijuana, and other illegal drugs is related to a higher risk for harmful substance use and violence among adolescents. Example: *How easy would it be for you to get any of the following: cigarettes, marijuana, alcohol?*

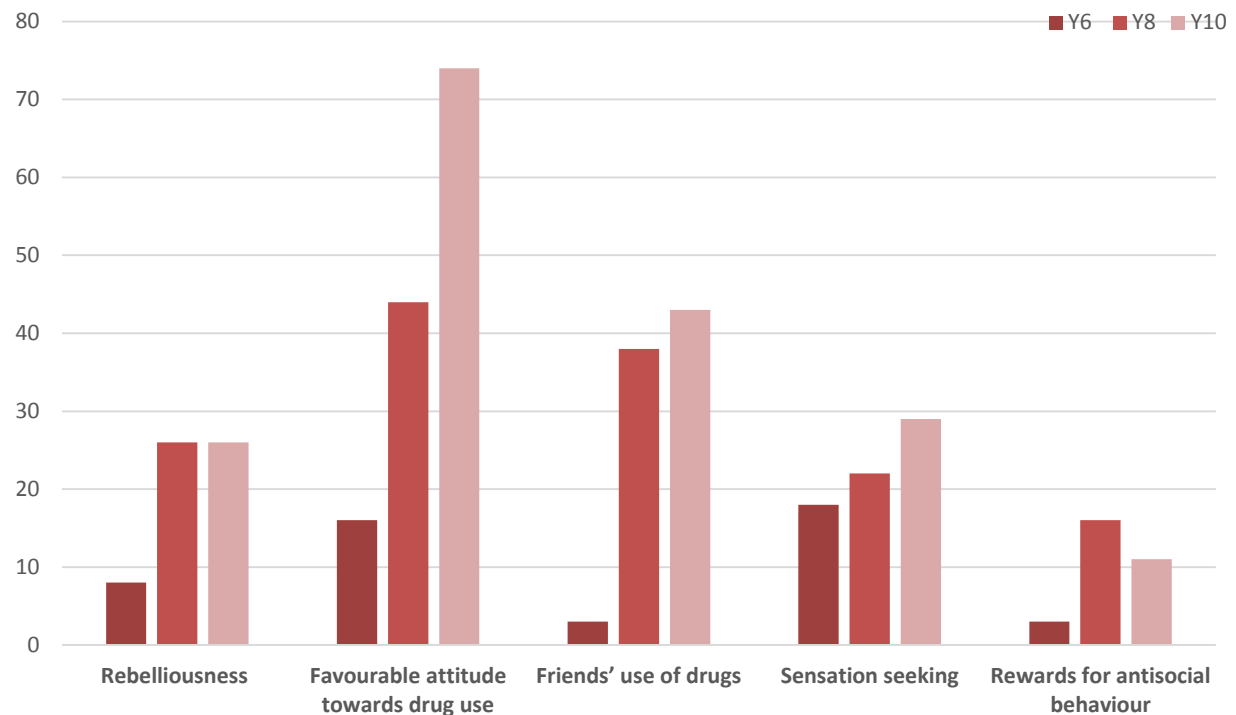
Youth were asked:

If you wanted to get some

- beer, wine or spirits
- Cigarettes
- Marijuana
- Other drugs (LSD, Amphetamines)

How easy would it be for you to get some?

Figure 17: Prevalence of Peer/Individual Risk Factors
Year 6, 8 & 10 Knox Study area 2014

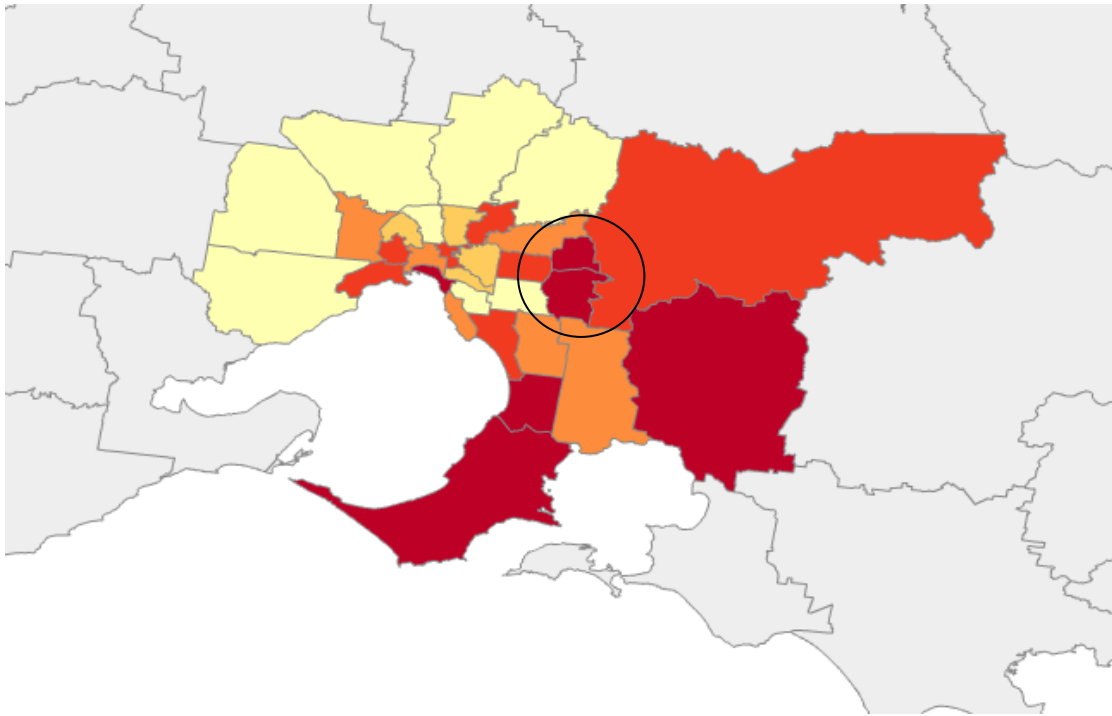


When considering the sources of alcohol for young people, the students reported that they access alcohol from multiple sources, including parents. When we consider student exposure to 'community norms' about alcohol that enable young people to source alcohol from parents (33% Year 8's and 45% Year 10's: *Knox CTC youth survey 2014*) a relative or someone other than a relative (15% of Year 8's *Knox CTC youth survey 2014*) we start to understand students perceptions regarding the normative attitudes towards alcohol that are present in their community. Furthermore these 'norms' have significant influence on young peoples' attitudes towards alcohol as demonstrated by the sharp increase in these 'favourable attitudes' in Years 8 and 10 (Fig. 17).

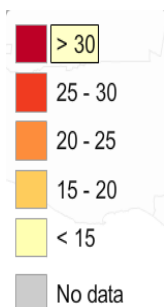
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To further consider the cultural and social norms regarding alcohol in Knox, the data for Alcohol related emergency department presentations highlights a broader issue for the Knox community (Fig 17). The map shows emergency presentations when alcohol is indicated are higher in Knox for 15-24 year olds when compared to the surrounding areas. However this represents 31% of total presentations for Knox, indicating that adults (over 25yo) make up 69% of total presentations to emergency for alcohol related harm.

Figure 17



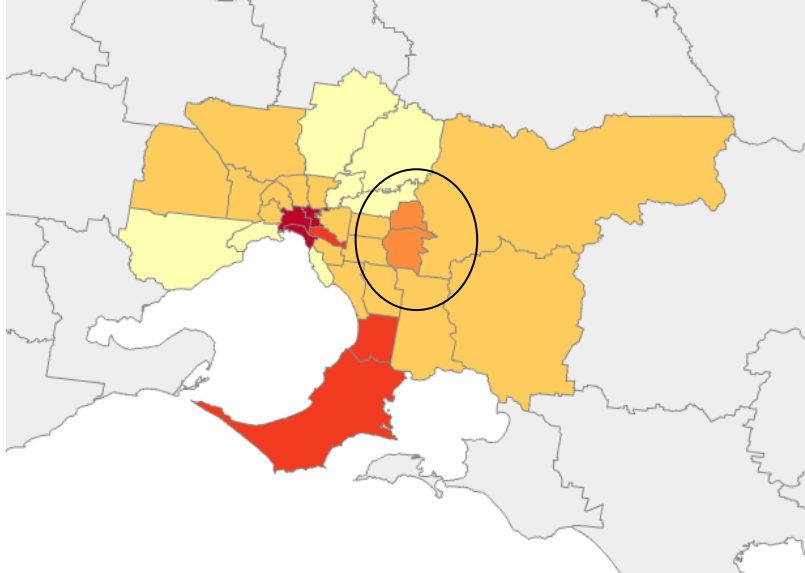
Alcohol related emergency department presentations 15-24 year olds, 2012 – 2013 (metropolitan Melbourne, <http://www.aodstats.org.au/>)



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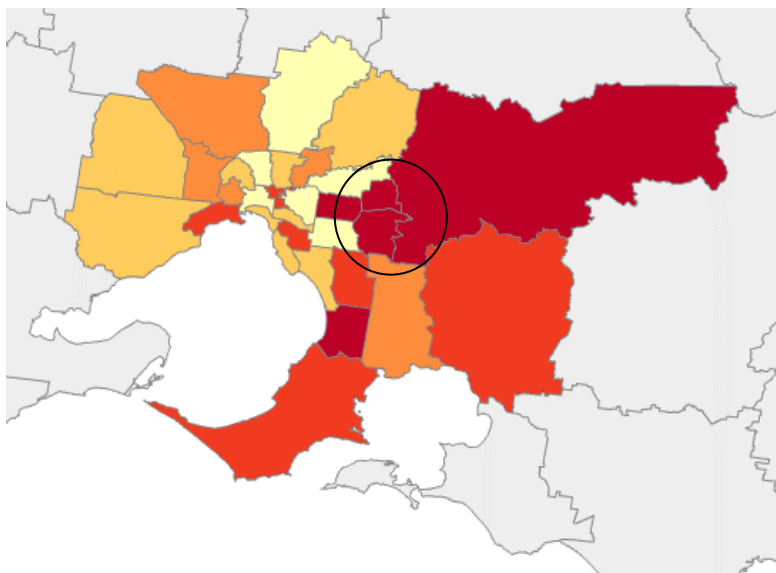
Furthermore, ambulance call outs for 15-24 year olds was higher in Knox than neighbouring municipalities and metropolitan Melbourne (Fig 18) representing 24% of total ambulance callouts. Ambulance callouts for adults (25-64) makes up 69% of total ambulance call outs.

Figure 18 Ambulance call outs, 15-24 year olds Melbourne 2012-13 (Turning Point www.aodstats.org.au)



Adults (25-65 y.o.) represent the higher proportion of presentations to emergency departments (69%) and ambulance call outs (69%) where alcohol is indicated.

Figure 19 Alcohol and drug treatment, 15-24 year olds (Turning Point, www.aodstats.org.au/)

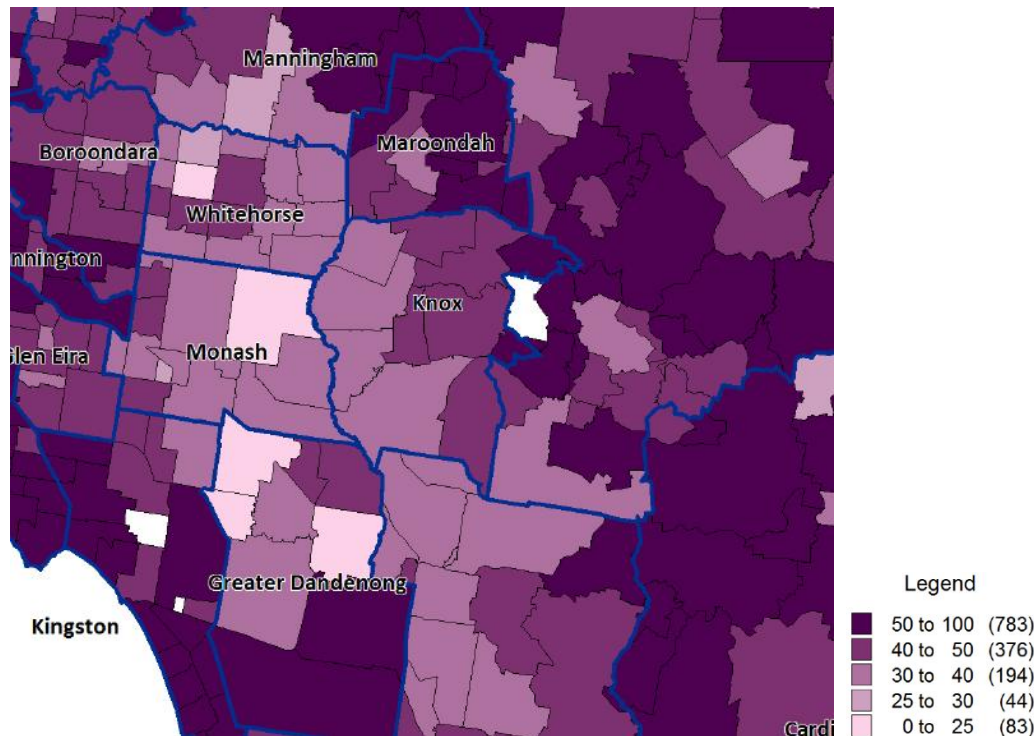


There is a high incidence of presentation to alcohol and other drug counseling services (EACH, Knox) for alcohol misuse. In 2014 adult presentations for alcohol counseling services outweighed counseling for

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other drugs by at least 6 to 1 and there are indicators of high exposure to risky alcohol use among adults, concentrated in Knox North East (Fig. 20, Victorian Population Health Survey 2011)

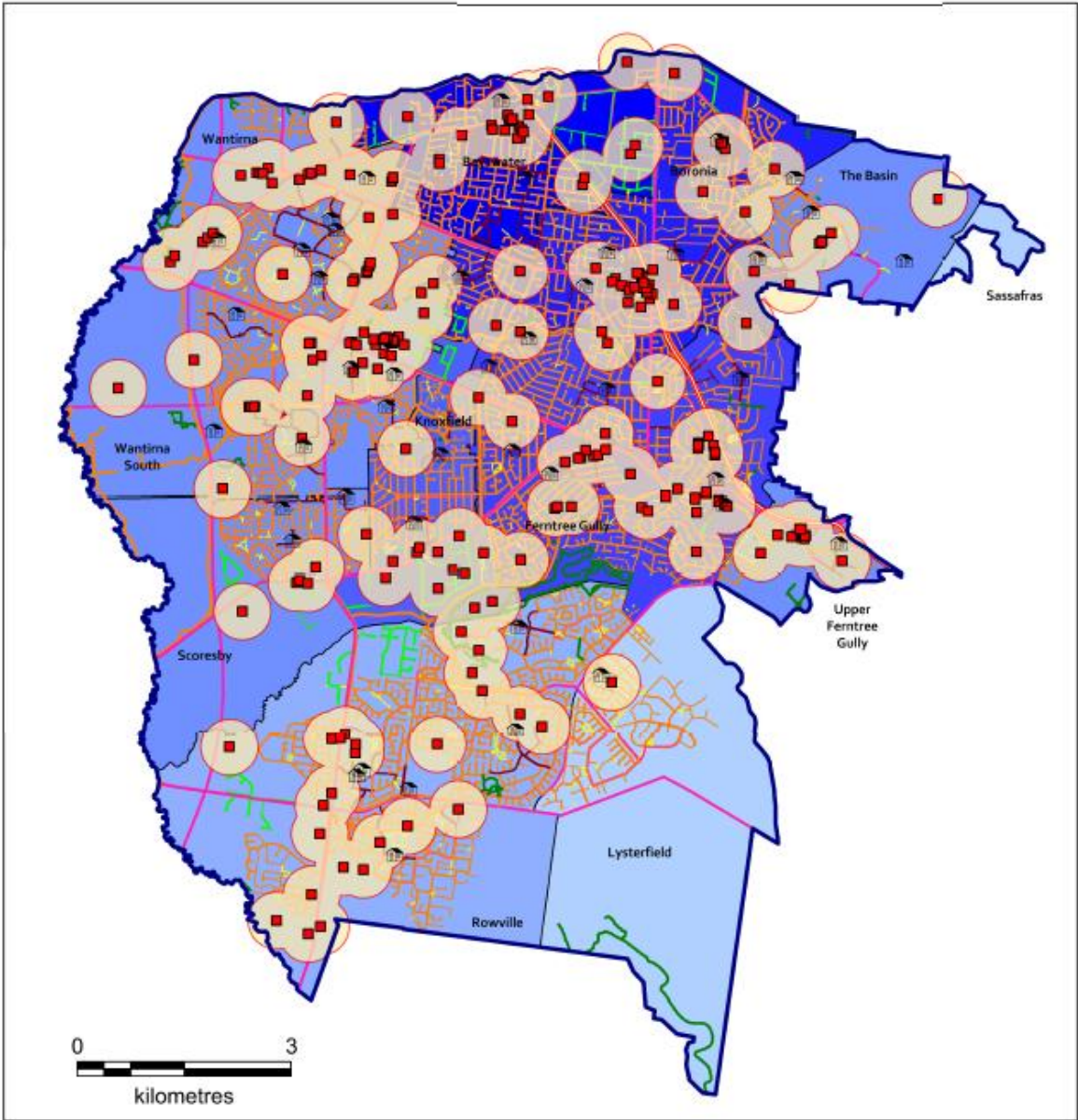
Figure 20



Environmental context

It is important to acknowledge the physical environment and liquor outlet density in the context of 'Community laws and norms favourable to substance use'. While Knox has a lower than average level of access to venues with packaged alcohol license, represented by the number of outlets per 10,000 residents, there are clusters of licensed venues around business districts and shopping centres as represented in the map (Fig.21). Livingston et al (2007) suggest that clusters or bunching of venues "are more likely to have an effect on rates of binge drinking, on alcohol related injuries and violence and other short term consequences related to concentrated drinking." He also states that "increased outlet density leads to an increasingly competitive alcohol market place, possibly resulting in lower prices." The type of venue is a consideration in correlations between alcohol outlet density and assaults. Livingston (2008) highlights positive association with assaults and hotels in inner city areas and strong associations with assaults and packaged liquor outlets in suburban areas. When considering community level factors influencing drinking behavior, packaged liquor outlet density was associated with rates of very high risk drinking amongst young people (Livingston et al 2008).

Figure 21 Locations of Liquor Licenses in Knox, 2013 Source – Health Food Connect, Healthy Together Knox , liquor outlet density, 2013



Legend

- | | |
|---------------------|-------------------------------------|
| Locality Boundaries | Outlets |
| Bus | Liquor licence locations |
| Rail | 400m Radius Around Outlets |
| Bicycle Path | Liquor licence locations |
| Walking Track | |
| Footpaths | SEIFA decile (disadvantaged) |
| Commercial | 4 (most) |
| Industrial | 5 |
| Key | 6 |
| Local | 7 |
| Reserve | 8 |
| Schools | 9 |
| | 10 (least) |

4. Problem Behaviours

Adolescent alcohol use is highly prevalent in Australia, despite the considerable evidence that adolescent alcohol use contributes significantly to societal suffering and burden. Patterns of alcohol use adopted in secondary school tend to strongly influence the likelihood of alcohol problems in adulthood (Loxley, Toumbourou, & Stockwell, 2004). Findings from a range of longitudinal studies have shown that the frequency of alcohol use in adolescence is strongly predicted by the age at which alcohol use is first initiated (Loxley, et al., 2004; Shortt, Hutchinson, Chapman, & Toumbourou, 2007).

The Australian alcohol guidelines recommend that for people under the age of 18 years, not drinking alcohol is the safest option (National Health Medical Research Council, 2009). When students were asked what they thought the guidelines were, 40-55% reported that they think the correct Australian guidelines for safe alcohol use for under 18 is that “you should avoid drinking alcohol before the age of 18. (Knox CTC Youth Survey 2014, Deakin University 2015). However this is contrasted with the number of young people actually drinking - more than 50% of Year 8 students have ever tried alcohol and just over 33% of Year 6 students have ever tried alcohol.

Figure 22: Prevalence of Substance Use
Year 6, 8 & 10 Knox

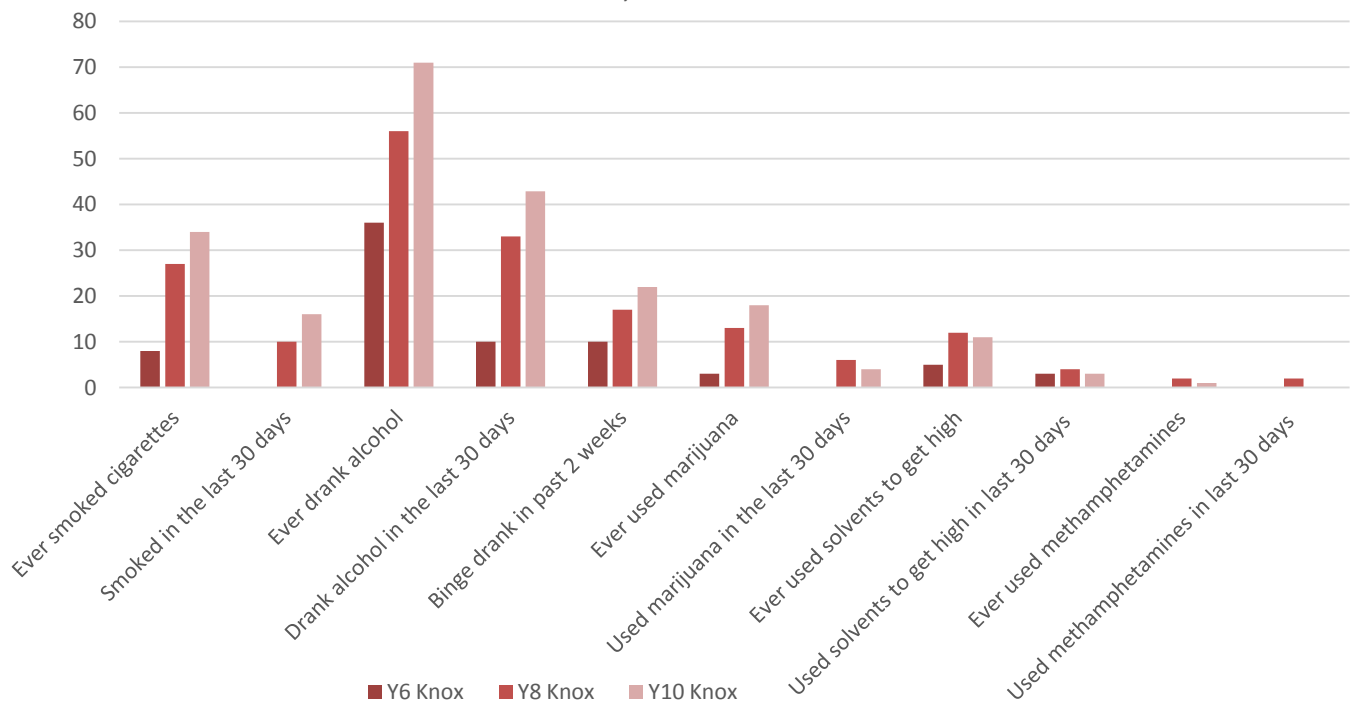
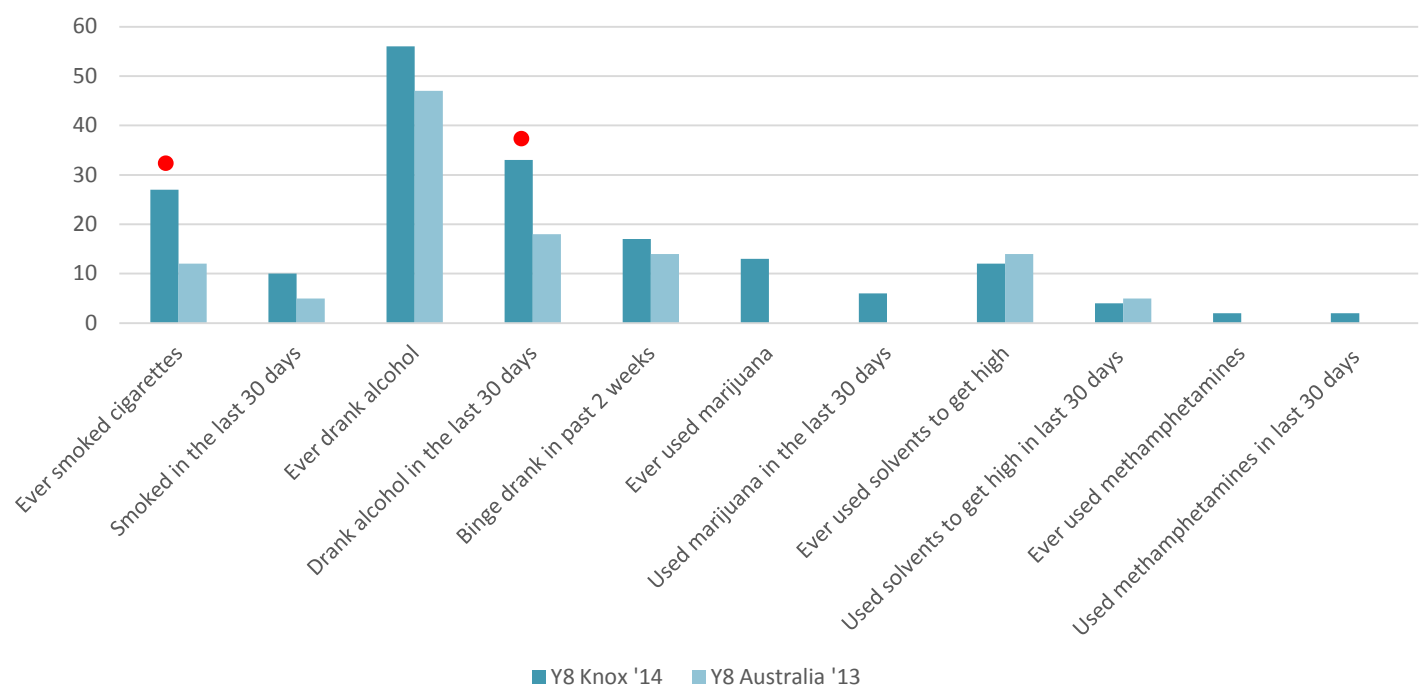


Figure 23: Prevalence of Substance Use
Year 8 - Knox vs Australia



5. Conclusion and Recommendations

5a. Community priorities

Based on the analysis of the data and input from the community, the following priority risk factors were identified for the community to focus on over the next several years:

Family Conflict and Poor Family Management (Family Domain, *Knox North East*)

Low Commitment to School and Academic Failure (School Domain, *Knox North East*)

Community Laws and Norms Favourable to Substance Use (Community Domain, Knox)

These risk factors were selected as priorities because the data indicated that they are among the most elevated in Knox. We recommend that Knox give particular attention to implementing strategies or programs to address these risk factors when developing a prevention plan.

5b. Knox Strengths

The data revealed that young people in Knox have strong bonds with their family and value family attachment. In Year 6, children hold strong '*belief in the moral order*' and they feel that they have elevated levels of positive interactions with other young people who display pro social behaviour. They also perceive that they have high levels of positive coping strategies in stressful situations. Young people in Knox perceive that there are good opportunities for positive participation in their community (Hall and Toumbourou, 2015).

5c. Next Steps

The next step in the *Communities That Care* process is to find out what resources are already in place in Knox that address the priorities outlined above. The Resources Assessment working group will attend the Assessing Community Resources Workshop in June. Their assessment combined with this report, will make up the profile of Knox that will be used to develop the Community Action Plan for identify programs and strategies to promote child and youth well-being and prevent health and behavior problems in Knox.

6. Appendix One

Selection Criteria for Risk Factor prioritisation

Population/Geographic

Area showing higher incidence of risk factors and other indicators of social determinants
Areas having higher incidences of problem behaviour (*substance use, anti social behaviour*)
Population group/year level showing the most significant difference in risk factors compared to other age groups

Risk and Protective Factors

Risk factors that are high compared the national data
Which risk factors are similar and consistent with the public data
Are there Identifiable clusters of elevated risk factors
The common risk factors across the study area (CTC Youth report)

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Janet Claringbold	Deputy Chair	Manager, Mountain District Learning Centre
Graeme Arthur		Superintendent, Victoria Police, Eastern Metro
Therese Fitzgerald		Inspector, Victoria Police, Knox PSA
Kathy Parton		Manager, Community Wellbeing, Knox City Council
Jenny Tomlin		General Manager, Disability, Harrison Youth Service
Anne Elkins		General Manager, Clinical and Primary Health, EACH
Phil Murton		CEO, Eastern Football League
Fiona Purcell		EO, Outer East Local Learning and Employ't Network
Moiria Beaurain		Principal, Fairhills Primary School
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Lorraine Seeger		Corporate Manager, Eastern Regional Libraries
Russel Nainie		Community Representative
Ilias Varas		Facility Manager, Caribbean Park

Community Board

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John Hess		Victoria Police, Station Commander, Knox
Tracey Ashton		Head of Counseling, St Josephs College
Denise Budge		Manager, Eastern Community Legal Service
Maggie Palmer		Health Promotion Manager, EACH
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Andrew Gardiner		Community development Worker, headspace
Martina Eaton		Care Worker, Temple Society
Sue Wootton		Librarian and Knox Outreach, Eastern Regional Libraries
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