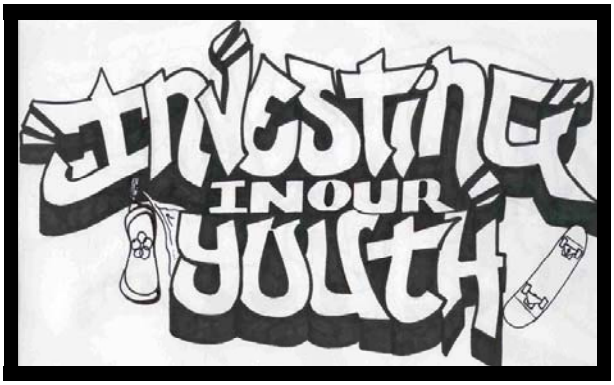

Investing In Our Youth Community Action Plan

Investing In Our Youth Vision

The vision that guides the Investing In Our Youth project is…

A healthy and safe community environment for all young people to develop their full potential by building strong relationships and valued participation within our community.

Objectives of Investing In Our Youth Incorporated

- To develop and implement a community wide prevention plan to support the communities of the Shires of Harvey, Dardanup and Capel and the City of Bunbury to promote the positive development of children and young people.
- To promote support and facilitate community wide collaboration in relation to issues of healthy youth development.
- To ensure the interventions and procedures are collaborative, inclusive, proactive, based on rigorous research and are community-specific.
- Facilitating and accessing the communication of ideas about issues from young people and other client groups of the community.

Participating Organisations

Agencies South West Accommodation, Bunbury City Transit, Bunbury Cathedral Grammar School, Bunbury Catholic Youth Services, Bunbury City Council, Bunbury District Safer WA Committee, Bunbury Primary Health Services, Bunbury Crime Prevention, Catholic Education Office, Centre for Regional Development and Research—Edith Cowan University, Centrelink, Chamber of Commerce, Child and Adolescent Mental Health Services, City of Bunbury, Department of Community Development—Family and Children's Services, Department of Education, Department of Indigenous Affairs, Department of Justice, Department of Sport and Recreation, Eaton Community College, Eaton Fire Rescue and Cadets, ESCAPE – Youth drop-in Centre- Shire of Harvey, Greater Bunbury Division of General Practice, Homeswest, Job Futures, Jobs South West JPET, Newton Moore Senior High School, Non Government School Psychology Service, School Based Police Australind Senior High, Shire of Capel, Shire of Dardanup, Shire of Harvey, South West Aboriginal Medical Service, South West Commission of Elders, South West Community Drug Team, South West Development Commission- 2029 Committee, South West Regional Domestic Violence Committee, South West Mental Health, South West Population Health Unit, South West Times

Friends of Investing In Our Youth
2nd Bunbury Sea Scouts, Bunbury Regional Entertainment Centre, Disability Services Commission, Dynamic Labour Hire, NEEDAC, Office of Youth Affairs, Relationships Australia, South West Area Consultative Committee, South West Family Support Association, South West Regional College, Youth Outreach

Foreword

Investing In Our Youth

The Investing In Our Youth Community Board was founded in the spirit of adventure to promote the healthy development of the young people in our community through actively supporting and facilitating collaboration between and across all sectors, promoting the ideals of prevention and early intervention.

The Community Boards commitment to a consensus decision-making model has defined the direction and pace of the project, resulting in the most advanced working Australian model of the Communities That Care early intervention programme.

The Investing In Our Youth Community Board is committed to an open and accountable structure - regularly welcoming and gaining strength from new community members whilst willingly accepting the refreshing flow of movement in and out of the group.

With a philosophy of openness and accountability we ensure that all meetings and project documents, including research data are open and available to the broader community.

Far too often service providers and community members have worked towards achieving outcomes for our communities in relative isolation, waking one day only to find that the social materials we have carefully mended has resulted in an ill-fitting and uncomfortable social structure which quickly reverts to it's old individual forms with little, if any, social cohesion.

Investing In Our Youth acts as a social adhesive bringing local action and program development together with a rigorous research base, creating opportunities for our communities to create change within themselves leading to strong healthy social structures and communities into the future. This Community Action Plan is that adhesive.

Leon Ridgeway
Community Board Chairperson

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Background

Introduction

Investing in Our Youth is an inter-agency prevention and early intervention initiative aimed at ensuring resources are used strategically and effectively in creating a strong community that supports the healthy development of children and young people. The project is based in the Shires of Harvey, Dardanup and Capel and the City of Bunbury. The Investing In Our Youth project uses the Communities That Care (CTC) approach. www.investinginouryouth.com.au

Conceptual Framework- Communities That Care

Research Framework

Investing In Our Youth is a Communities That Care Project. Communities That Care is a research framework for facilitating a community wide outcomes-based planning process aimed at establishing a long-term commitment to prevention approaches for local youth development. Professors David Hawkins and Richardo Catalano, of the Social Development Research Group, University of Washington, have developed the CTC approach to prevention planning. The Channing Bete Company in Deerfield Massachusetts currently markets the CTC product. CTC is sold in Australia through the non-profit organisation CTC Ltd. CTC Ltd., Australia, is based at the Centre for Adolescent Health in Melbourne.

Social Development Strategy

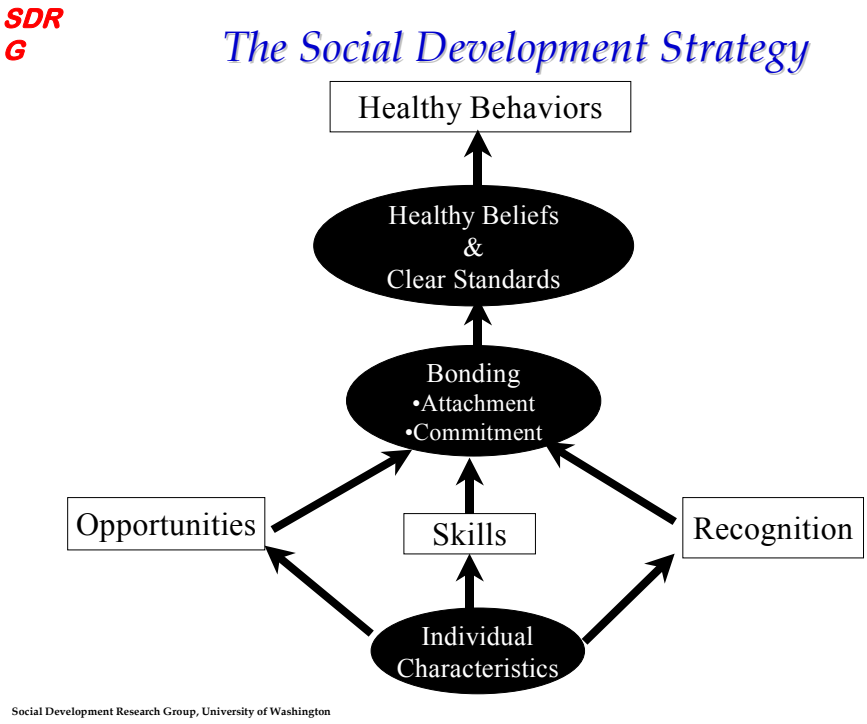

Figure 1. The social development strategy.

The social development strategy (see Figure 1 above) builds protection for young people in the local community. The Social Development Strategy begins with the goal of achieving healthy behaviours among young people, in order that they reach adolescence with the skills, attitudes, and behaviours necessary to function as positive, successful members of their community.

Population health approach

The National Action Plan for Promotion, Prevention and Early Intervention for Mental Health 2000 describe a population health approach as…

> 'attending to the health status and health needs of whole populations'. This approach is based on the premise that health and illness at personal, local, national and global levels results from a complex interplay of biological, psychological, social, environmental, economic and political factors. It is an approach that assesses needs at a population level, and develops and implements interventions to promote health and reduce ill health across whole population groups, supported by appropriate monitoring and evaluation (Raphael, 2000). The population health approach recognises the value of activities that secure a benefit for whole population groups, although they may bring relatively little benefit to specific individuals.

Approaches to population health fall within the framework outlined by the Ottawa Charter (WHO, 1986). Key components being:

- build healthy public policy
- create supportive environments
- strengthen community action
- develop personal skills
- re-orient health services

Investing In Our Youth work groups used this framework to guide the planning process.

Prevention Programs and Strategies

Prevention programs and strategies recommended in this plan are either those that have been proven to be effective in other instances or programs and strategies that have been developed and/or are running locally and are recommended for further development through research and evaluation within the context of the ongoing implementation of the Community Action Plan.

Research-based predictors

Research-based predictors are the risk and protective factors. Prevention science holds that these factors are predictive of health compromising behaviours. The programs and strategies recommended in the Community Action Plan are aimed at addressing the priority risk and protective factors for young people within the Investing in Our Youth area.

Risk factors are commonly viewed as something negative in a young person's life that increases the chance of problems arising or exacerbate the existence of current problems (Bond, Thomas, Toumbourou, Patton, & Catalano, 2000). Protective factors are something in a young person's life that may be a support in dealing with problems in a more positive way (Bond et al., 2000).

The risk and protective factors measured by the Communities That Care Youth Survey in an Australian context are represented in Table 1 below.

Table 1. Risk and Protective Factors in an Australian Context.

Risk Factors	**Protective factors**
Community Low neighbourhood attachment Community disorganisation Personal transitions and mobility Community transitions and mobility Laws and norms favourable to drugs Perceived availability of drugs	 Opportunities for pro-social behaviour Rewards for pro-social behaviour
Family Poor family management Poor discipline Family conflict Family history of substance use Parental attitudes favourable towards drug use Parental attitudes favourable towards anti-social behaviour	 Attachment Opportunities for pro-social behaviour Rewards for pro-social involvement
School Academic failure Low commitment to school	 Opportunities for pro-social involvement Rewards for pro-social involvement
Peer/Individual Rebelliousness Early initiation of health compromising behaviour Anti-social behaviour Favourable attitudes toward anti-social behaviour Favourable attitudes toward drug use Perceived risks of drug use Interaction with anti-social peers Friends' use of drugs Sensation seeking Rewards for anti-social involvement Peer gang involvement	 Religiosity Social skills Belief in the moral order

The relationship between the presence of protective factors and the decrease in health compromising behaviours shows that young people with seven or more protective factors in their environment have a much lower incidence of health compromising behaviours. This can be illustrated by the health compromising behaviours related to substance use (see Figure 2 below). Whereby increasing the impact of 2 to 3 protective factors across the community would see a significant drop in the incidence of health compromising behaviours.

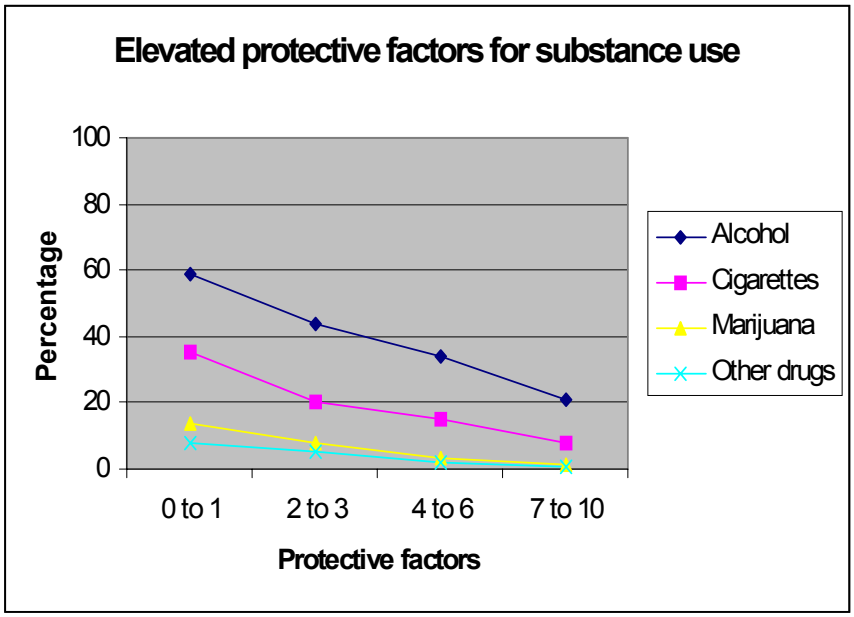

Figure 2. The relationship between the presence of protective factors and the decrease in health compromising behaviours

Outcomes Based Planning

The key outcome for the community in the planning process (see Figure 3 below) is the vision. To support the community in moving toward this vision more tangible community level outcomes are established in the form of youth development outcomes, and risk and protective factor outcomes. These outcomes focus on the health compromising behaviours and risk and protective factors present in the community as reported by young people participating in the Youth Survey. The time frame for addressing these outcomes ranges from 2 to 10 years. Prevention programs and strategies are then selected in accordance with the local research to address specific risk and protective factors. Program and participant outcomes are established through the process of implementation of the Community Action Plan as a framework for evaluation and within the time frame of 6 months to 2 years.

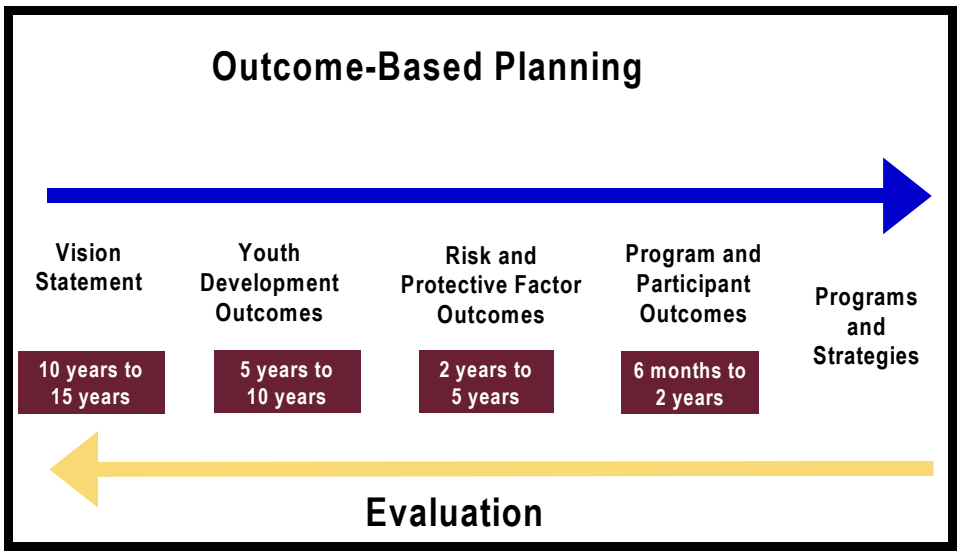

Figure 3. Outcomes based planning.

Collaboration

Collaboration is a process through which parties who see different aspects of a problem can constructively explore their differences and search for solutions that go beyond their own limited vision of what is possible (DVPU 2000).
Implementation of the Community Action Plan relies on healthy partnerships across all sectors of the community including: young people, families, local communities, community groups, education, health, justice, housing, police, local government, business, community based organisations, researchers and many more- all those people groups and services that participate locally.

Prevention and Early Intervention

Prevention … emphasises investment in 'child friendly' institutions and communities, and the manipulation of multiple risk and protective factors at crucial transition points, such as around birth, the preschool years, the transition from primary to high school, and the transition from high school to higher eduction or the workforce (National Crime Prevention, 1999).

The National Action Plan for Promotion, Prevention and Early Intervention for Mental Health 2000 define prevention interventions in this way….

> The national prevention interventions may be classified according to their target group as: **universal**, provided to whole populations; **selective**, targeting those population groups at increased risk of developing a disorder; and **indicated**, targeting people showing minimal signs and symptoms of a disorder. Together, the universal, selective and indicated categories of intervention correspond to the concept of 'primary prevention' in the model of prevention (see Figure 4 below) applied to mental health by Caplan (1964) (Commonwealth Department of Health and Aged Care, 2000 p.6).

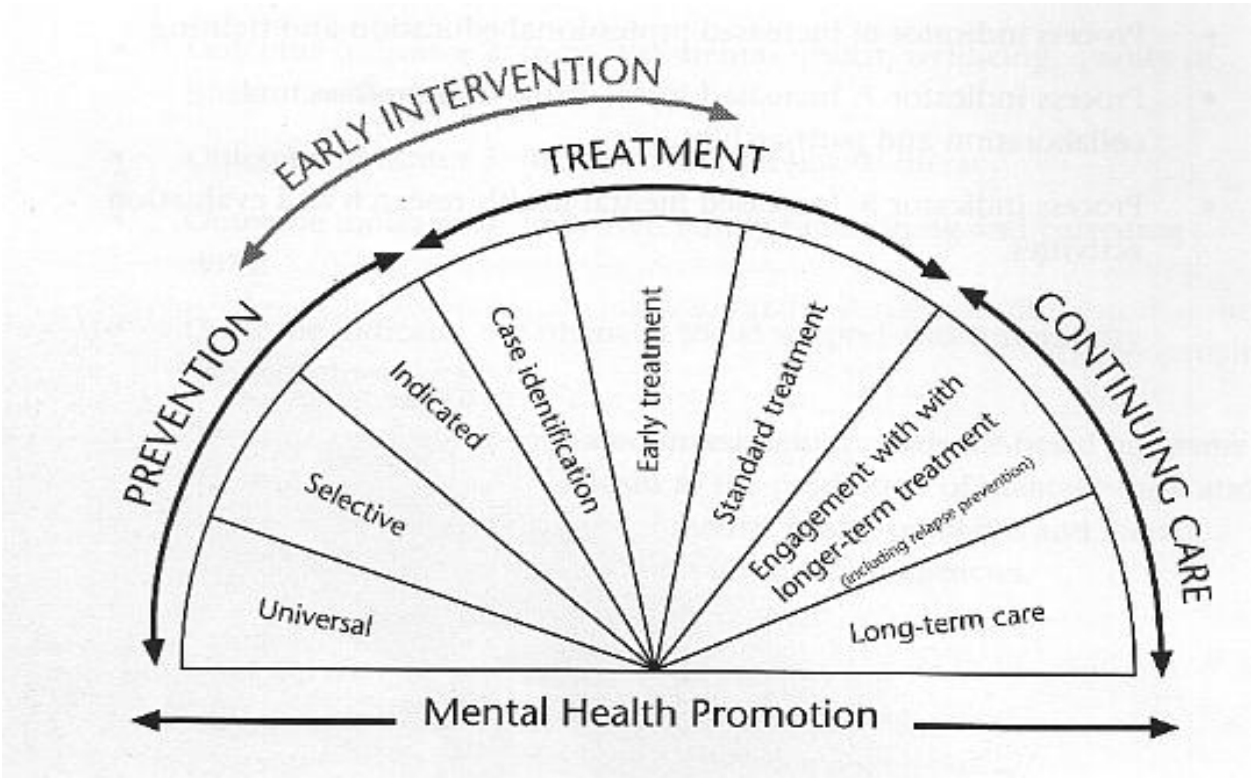

Figure 4. The spectrum of interventions for mental health problems and disorders.

Local Research

Data Collection efforts

This phase involves collecting several types of community specific data and using the information to construct a profile that allows the community to analyse its unique strengths and challenges. All the research was carried out across the Shires of Harvey, Dardanup and Capel and City of Bunbury during 2001.

Youth Survey

The Youth Survey was implemented in the Investing In Our Youth area in collaboration with all local high schools, the TAFE and some youth agencies. With the support of these schools and organisations, Investing In Our Youth surveyed over 1000 young people in March 2001. The results of the Youth Survey have provided information about the incidence and prevalence of risk and protective factors in the community.

Focus Groups

The Community Board Data Management Work Group in collaboration with the local university developed a methodology for running a series of focus groups across the region. Focus group research was run across the Investing In Our Youth area between July and October 2001. This qualitative research provided an in depth understanding of risk and protection for young people in the local community and supported the adaptation of the Communities That Care model to an Australian context.

Archival Data

Archival data has been analysed and presented in one report showing local statistics and service information and another report outlining issues raised by young people in previous community consultations. Other data is also held at the Investing In Our Youth office and may be utilised in the resource assessment process.

Prioritisation process

The priority risk and protective factors were agreed to by those in attendance at the CTC Community Planning Training in Bunbury in May 2002. Previous meetings had considered the data as compared to Victorian norms and also in the light of the information from archival data and focus group research. However it was the process of lifting the Investing In Our Youth area Youth Survey results out of the comparative analysis with Victoria that provided the priorities that held the most resonance for the community members in attendance.

The data was arrayed in a format that does not rely on comparison, but is based entirely on the data from the Investing in Our Youth survey to gain the best possible view for local planning purposes. In looking at the data without comparing to Victorian and/or USA norms a clearer picture of the local area appeared and has been used to move forward with the prevention plan. The priorities to emerge through this process are listed below.

Priority risk factors

The following risk and protective factors were accepted as priorities:
Risk factors (see Figure 5 below) present for young people responding to the survey:

- Family history of substance use 21% of survey respondents.
- Perceived risks of drug use (not seeing drug use as risky) 14% of survey respondents.
- Perceived availability of drugs in the community 13% of survey respondents.

Protective factors (see Figure 6 below) absent for young people responding to the survey:

- Community rewards for pro-social involvement 25% of survey respondents.
- Social skills 17% of survey respondents.

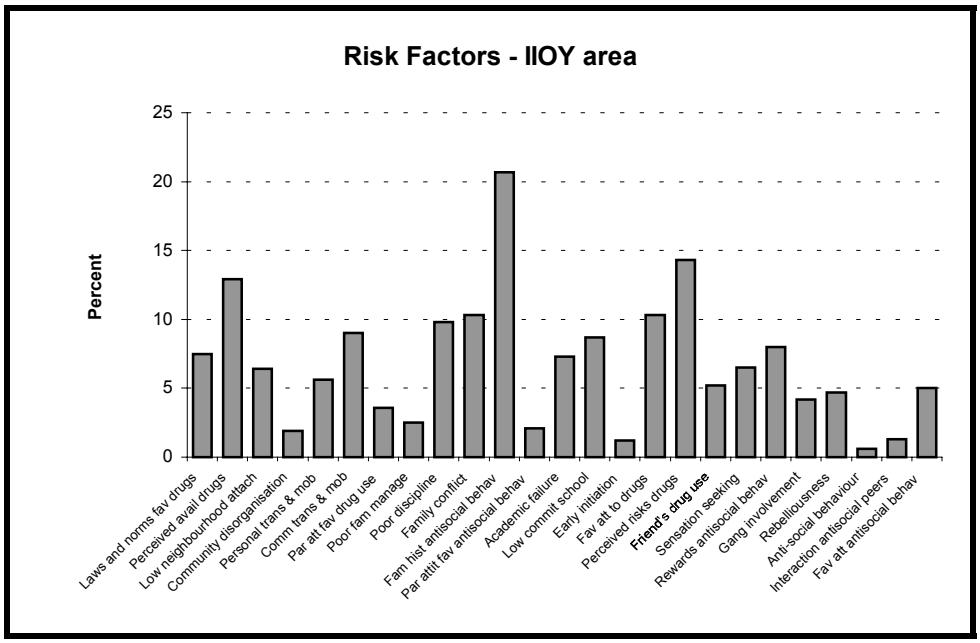

Figure 5. The percentage of young people surveyed reporting each risk factor in the Investing In Our Youth area.

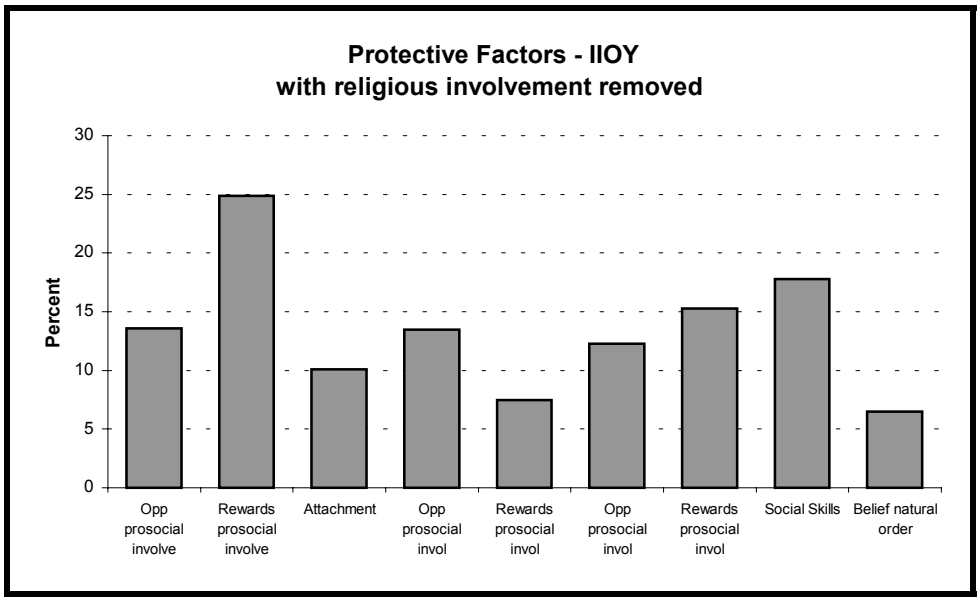

Figure 6. The percentage of young people surveyed reporting each protective factor absent in the Investing In Our Youth area.

The Broader Policy Context

Commonwealth

National Mental Health Strategy: National Action Plan for Promotion, Prevention and Early Intervention for Mental Health 2000.

National Crime Prevention Strategy: Pathways to Prevention, Developmental and early intervention approaches to crime in Australia.

Stronger Families and Communities Strategies: Department of Family and Community Services.

State

Curriculum Framework.

Pathways to Health & Well-being in Schools.

Putting People First: The Western Australian Drug and Alcohol Strategy 2002-2005.

Creating Connections 2000-2005: A Five-Year Plan for Families and Children in Western Australia.

New Structures for Crime Prevention in Western Australia.

Mental Health Promotion and Illness Prevention Policy: Investing In Our Youth is cited as an example of a community capacity building project page16.

The Community Action Plan

Purpose of the plan

The Investing In Our Youth Community Action Plan outlines the prevention and early intervention programs and strategies recommended for implementation in the local community to decrease the priority risk factors and increase the priority protective factors indicated in the Youth Survey 2001.

The scope of the plan

The Community Action Plan outlines opportunities for community wide collaboration around healthy youth development. The emphasis is on programs and strategies that are or can be supported by evidence with a focus on prevention. The basis for action is guided by the link to adequate research and evaluation. The Community Action Plan is grounded by the local research. The key outcomes of the Community Action Plan are outlined in the context of the research framework and are quantifiable through the research and evaluation process.

The Investing In Our Youth Community Action Plan is a working document that will require ongoing review and development. Supporting documents for the Community Action Plan include the initial proposals of the Investing In Our Youth work groups and the many resource documents outlining the evidence base of recommended programs and strategies along with state and federal policy documents that provide a context for the plan. It is anticipated that the Community Action Plan, and supporting documents, will be further developed through the implementation process both in outlining how the proposals are being fulfilled on the ground and reporting on community level and program level outcomes through the appropriate evaluation strategies.

Responsibility for the plan

The Investing In Our Youth Community Board and Key Leaders are responsible for progressing the involvement of local entities in the overall implementation, monitoring and evaluation of programs and strategies recommended in the plan. The Community Board and Key Leaders will endeavour to provide a forum for regular reporting on progress and developments of implementation and on facilitating resources and action pertaining to the evaluation and assessment of outcomes at all levels of the implementation process.

The Investing In Our Youth Community Board acknowledges that the implementation of the plan will require significant commitment from participating entities and will endeavour to provide and/or access the research and practice development support required for effective implementation.

A full formal evaluation strategy for the Community Action Plan and each of the recommendations will require resources and negotiation throughout the implementation process.

Structure of the plan

The layout of the plan has been modelled on the layout of the National Action Plan for Promotion, Prevention and Early Intervention for Mental Health 2000.
The Community Action Plan sets out community level outcomes in the following framework:

Community Level Outcomes

- Vision.
- Youth Development Outcomes.
- Risk and Protective Factor Outcomes.

Programs and Strategies

The recommended programs and strategies to address the identified risk and protective factors for the local area are set out under the following priority groups:

- Whole of Community.
- Perinatal and infants 0-2 years.
- Toddlers and Preschoolers 2-4 years.
- Children 5-11 years.
- Young people 12-17 years.
- Health, Education and Social Service Professionals.

These priority areas are not completely separate areas and there will be overlap.
For each of the priority areas the plan sets out:

- Recommended evidence based programs.
- Existing or proposed programs recommended for development through research and evaluation.
- Local action recommended for development through research and evaluation.
- Who will be involved?
- Where will it happen?
- Process indicators.

Recommended evidence based programs
A list of the programs recommended for local implementation that are currently supported by research. The current research shows these programs to be effective and sets out a structure for evaluation in the local settings.

Existing or proposed programs recommended for development through research
A list of current and/or proposed programs and strategies recommended for further development through research and evaluation. Research will be aimed at gathering evidence of the impact of these programs within the context of the Community Action Plan framework.

Local action recommended for development through research
A list of local action strategies recommended for further development through research. Research will be aimed at gathering evidence of the impact of these programs within the context of the Community Action Plan framework.

Who will be involved and where will it happen?
The National Action Plan for Promotion, Prevention and Early Intervention for Mental Health states…

> a consultative, community-driven process is crucial in implementing promotion, prevention and early intervention programs. Partnerships need to extend across all sectors of the community…(Commonwealth Department of Health and Aged Care, 2000 p.17).

There is scope in the recommended programs and strategies and local action for all sectors of the communities of the Shires of Harvey, Dardanup and Capel and the City of Bunbury to participate in the Investing In Our Youth Community Action Plan. Sectors encouraged to participate are: young people, families, local communities, community groups, education, health, justice, housing, police, local government, business, community based organisations, media, researchers and many more - all people, groups and services that are active locally.

Process indicators
The outcomes based approach to planning underpinning the Community Action Plan is grounded by a strong evidence base. Progress towards achieving community level outcomes will be monitored through community wide research to assess impact at a population level. Considering the time lapse between expected achievement of the community level outcomes and implementation of the plan it is also important to evaluate and monitor the effectiveness and impact of the recommended programs as they occur. Program and participant outcomes and an evaluation structure will be developed through negotiation in each instance of implementation.
To monitor the take up on the plan and the overall impact of the Investing In Our Youth structure, process indicators have been developed to show that the processes that are expected to deliver the anticipated outcomes have been put in place.

Program and Participant Outcomes

Program and participant outcomes for each of the programs and strategies implemented under the Community Action Plan will be established and monitored by participating organisations within the context of the Community Action Plan and the development through research of local practice.

Formal Evaluation Strategy

Please refer to Community Action Plan Evaluation Research Strategy (CAPERS).

Community-level outcomes

Vision 10 to 15 Years

This is the vision that guides the Investing In Our Youth project…

A healthy and safe community environment for all young people to develop their full potential by building strong relationships and valued participation within our community.

Youth Development Outcomes 5 to 10 years

To decrease binge drinking as measured by Year 11 students reported alcohol usage by 10% over a three-year period from the program inception.
Baseline: 34% binge drinking measured in March 2001 Youth Survey
Goal: 30% after three years (from program inception)
Refer Survey Report Table 3: Never drinking regularly, age began regular drinking and never binge drink by Year Level.

To increase the percentage of Year Nine students who have NEVER sold drugs from 96.1% (March 2001) to 96.5% (March 2011)
Baseline: 2001 96.1%
Goal: 2011 96.5%
Refer Survey Report Table 14: Non-occurrence of antisocial behaviours in past 12 months by year (suspensions, drunk at school, selling illegal drugs, stealing car or motorbike).

Reduced fighting as measured by Year Nine students reporting never having taken part in a fight within the last 12 months on Investing In Our Youth Survey by 25% (2005)
Baseline: 16.2% of year 9 students surveyed report taking part in fights (March 2001 Survey)
Goal: 14.05% (Investing In Our Youth 2005 Survey)
Refer to Survey Report Table 17: Non-occurrence of antisocial behaviours by year (pick pocketing, handling stolen goods, threatened someone with weapon, taking part in fight).

To increase the age of having the first drink to minimum of 12 years in those who will be in Year 8 in 5 years time. Concentrate on the age of the first drink
Year 8 – 11 years is age of first drink
Year 9 – 11.6 years is age of first drink
Year 11 – 12.9 years is age of first drink
Target 2007
Refer Survey Report Table 2: Non-usage of alcohol by year

Risk and Protective Factor Outcomes 2 to 5 Years

Perceived availability of drugs.

To reduce the perception that drugs are readily available in the community. Given a 2-5 year time factor a decrease in the perceived availability of drugs currently at 13%. To maintain this level in 5 years would be realistic.
Baseline: 13% in 2001
Goal: 13% in 2003-2006
Questions from the Survey that provide the information for this risk factor:
6-2a How easy would it be for you to get beer, wine, alcoholic soda or spirits
6-2b How easy would it be for you to get cigarettes
6-2c How easy would it be for you to get marijuana
6-2d How easy would it be for you to get a drug like ecstasy, LSD or speed
6-2e How easy would it be for you to get heroin

Family history of substance use

To suspend/hold the reported percentage (baseline 21% in 2001) by students of a family history of anti-social behaviour at 2001 baseline levels.
Goal – 21 %
Questions from the Survey that provide the information for this risk factor:
4-11a Have your brothers or sisters ever drunk beer, wine, alcoholic soda or spirits
4-11b Have your brothers or sisters ever used marijuana
4-11c Have your brothers or sisters ever smoked cigarettes
4-12 Has anyone in your family ever had a severe alcohol or drug problem?

Perceived low risk of drug use

To reduce perceived low risk of drug use from 14% in 2001 to 13% in 2008.
Baseline: 14% in 2001.
Goal: 13% in 2008
Questions from the Survey that provide the information for this risk factor:
7-5b How much do you think people risk harming themselves if they try marijuana once or twice?
7-5c How much do you think people risk harming themselves if they smoke marijuana regularly?
7-5d How much do you think people risk harming themselves if they have one or two alcoholic drinks every day?

Rewards for pro-social involvement in community

Baseline is the current 25% reporting no perceived reward for pro-social involvement in community.
By 2005, decrease the percentage to 15%
By 2007, decrease the percentage to 10% across years 8, 9 and 10
2-2b There are people in my neighbourhood who are proud of me when I do something well
2-2d there are people in my neighbourhood who encourage me to do my best
2-2f My neighbour's notice when I am doing something well and let me know

Social Skills

Decrease in the number of children reporting inadequate social skills as measured by the CTC Youth Survey in 2007
Baseline: 17%
Goal: 14%
Questions from the Survey that provide the information for this risk factor:
3-8 What would you do if you saw a friend slip a CD under her coat
3-9 What would you do if your mother told you to stay at home, even though you are about to go over to a friends home
3-10 A person deliberately bumps into you – what would you say or do
3-11 You are at a party, and a friend offers you an alcoholic drink – what would you say or do

Whole of Community

Local action recommended for development through research

1. Youth involvement in planning and implementing youth activities and other community alternatives.
2. YVoiceOut Diverse membership promoted.
3. YAC diverse membership promoted.
4. Target group to be involved in development and implementation of program.
5. Information Sessions.
6. Highlight the issue availability of drugs in the community.
7. Local Drug Action Groups.
8. Local Drug Action Groups information dissemination.
9. Local Drug Action Groups training.
10. Parents Groups.
11. Advocate community attitudes to promote resiliency.
12. Positive promotion of young people in the community.
13. Development of a toolkit targeted at new programs detailing how to enhance protective factors through the social development strategy.
14. Provide opportunities to report pro-social behaviour e.g. School Newsletters, Youth Express.
15. Accessing local government websites (and other websites used by young people) to report on pro social behaviour.
16. Link Investing In Our Youth website to local government websites.
17. Explore the possibility of linking in to Generationstogether.com
18. Education campaign to promote value of early childhood education for social and academic development - Recruiting by home visit.
19. Media Strategy for Safer WA.
20. Education program regarding knowledge of the law on availability of drugs Parents Grand Parents.
21. Train the Trainer re mentoring, First Aid, peer education, drugs in sport.
22. Media Forum.
23. Media Strategy for Investing In Our Youth.
24. Liquor act enforced.
25. Family-Friendly companies as exemplified in Family One Creating Connections 2000-2005: A Five Year Plan for Families and Children in Western Australia (pages 17-18).

Each of these recommended strategies link to the work groups proposals and need to be considered in the context of the risk/protective factors being addressed.

Who will be involved?

All sectors are encouraged to participate in the Community Action Plan, primarily; all community leaders and members, community groups, local services and agencies in the government and non government sectors, local government, media, local business associations

Where will it happen?

In all settings where participants operate, primarily; community venues, youth venues, local government, schools, health care settings, community communications networks, local media

Process indicators

Increased awareness of the prevention interventions.
Increased communication and coordination at a community level.
Increased participation in strategies recommended in the Community Action Plan.

Perinatal and infants 0-2 years

Recommended evidence based programs

1. Best Beginnings – Based on Family CARE model, Qld.
2. Parent Adviser Model – Hilton Davis, UK.
3. Building Blocks Program (DOH/ DCD joint early intervention to support families with 0-2-year-olds, includes Preparing for Womanhood program for young Aboriginal women).
4. Parent Link Home Visiting Service (already funded by DCD in 11 areas of WA).
5. Early intervention language development programs for Aboriginal families:
6. The Carolina Abecedarian Project.
7. Early Intervention for Preterm Infants Project.
8. Education campaign to promote value of early childhood education for social and academic development - Recruiting by home visit.

Existing or proposed programs recommended for development through research

Primary Health

1. Lets Get Talking
2. Power Play
3. Fun and Development Group
4. First Time Parents Group
5. Parenting Your Toddler

Relationships Australia

6. Partners to Parents

Local action recommended for development through research

1. Promote workplace support for parents through policies that support family relationships and reduce parent stress.
2. Promote parenting skills as an important social value.
3. Provide quality childcare and preschool programs accessible to all families, especially those disadvantaged.
4. Implement successful parenting programs as widely as possible – eg Triple P – targeting at risk families.
5. Coping with post-natal depression & multiple births – Red Cross support program.
6. Coordinate delivery of programs appropriate follow-up and access to assistance.
7. Identify and provide parenting support for families at risk and with special needs.
8. Identify early, children with signs of speech, language, social and behaviour problems.

Each of these recommended strategies link to the work groups proposals and need to be considered in the context of the risk/protective factors being addressed.

Who will be involved?

All sectors are encouraged to participate in the Community Action Plan, primarily; infants, parents and families, parent support groups, childcare providers, maternal and child health services, child and family welfare agencies.

Where will it happen?

In all settings where participants operate, primarily; homes, childcare settings, perinatal health care settings, primary health care settings, child health clinics, child and family welfare agencies, community venues, local government.

Process indicators

Increased education, screening and management programs to support families in the perinatal period
Increased participation in prevention focused programs and strategies targeting 0-2.
Increased communication and awareness of best practice and research evidence for prevention strategies targeting 0-2.

Toddlers and preschoolers 2-4 years

Recommended evidence based programs

1. Parent Link Home Visiting Service.
2. Triple P Program.
3. Stepping Stones program (modification of Triple P for parents of children with a disability).

Existing or proposed programs recommended for development through research

1. The OKAY Program (Opportunities for Kids and Youth).
2. Screening of all Aboriginal children for Otitis Media Health/Education joint responsibility on entry to school.
3. Education program for Aboriginal families re Otitis Media.
4. Screening of all children on entry to preschool for speech and/language difficulties-Health/Education joint responsibility on entry to school.

Local action recommended for development through research

As recommended for perinatal and infants 0 – 2 years.
Each of these recommended strategies link to the work groups proposals and need to be considered in the context of the risk/protective factors been addressed.

Who will be involved?

All sectors are encouraged to participate in the Community Action Plan, primarily; children, parents and families and caregivers, parent support groups, childcare providers, family, child and maternal and child health services, general practitioner and other primary health care services, child and adolescent and adult health services, drug and alcohol services, health professionals and clinicians, community groups and agencies, women's refuge, child protection agencies, local government.

Where will it happen?

In all settings where participants operate, primarily; homes, childcare settings, preschools, perinatal health care settings, primary health care settings, child health clinics, child and family welfare agencies, community venues, local government.

Process indicators

Increased education, screening and management programs to support families in the toddler and preschool years.
Increased participation in prevention focused programs and strategies targeting 2-4 years.
Increased communication and awareness of best practice and research evidence for prevention strategies targeting 2-4 years.

Children 5-11 years

Recommended evidence based programs

1. Stop Think Do Social Skills in the First Three Years of Schooling.
2. BOUNCE BACK Resiliency Program.
3. FRIENDS Program.
4. Triple P.
5. Strengthening Families.
6. Aussie Optimism Program.
7. Families and Schools Together (FAST).
8. Friendly Schools Anti Bullying Project – Curtin University.

Existing or proposed programs recommended for development through research

1. GURD.
2. School Drug Education Program.
3. The OKAY Program (Opportunities for Kids and Youth).
4. The Virtues Project.

Local action recommended for development through research

As recommended for perinatal and infants 0 – 2 years.
Possible directions:
Select 2 schools for research. Use FAST program in one in 2003, and use other as control for 2003, then introduce program in 2004. Evaluate the 2003 contingent post-program/ at 1 year/ 2 years. Plan comprehensive social skills developmental program for these year contingents throughout primary school.
Each of these recommended strategies link to the work groups proposals and need to be considered in the context of the risk/protective factors being addressed.

Who will be involved?

All sectors are encouraged to participate in the Community Action Plan, primarily; primary school aged children and their parents, primary school teachers and support and management staff, parent support groups, parent associations, family child and maternal and child health services, general practitioner and other primary health care services, child and adolescent and adult health services, community groups and agencies, local government.

Where will it happen?

In all settings where participants operate, primarily; homes, primary schools, community sport and recreation settings, primary health care settings, child health clinics, child and family welfare agencies, community venues, local government.

Process indicators

Increased participation in prevention focused programs and strategies targeting 5-11 years.
Increased communication and awareness of best practice and research evidence for prevention strategies targeting 5 –11 years.

Young People 12-17 years

Recommended evidence based programs

1. Mind Matters Mental Health Promotion Program.
2. Families and Schools Together (FAST).
3. Resourceful Adolescent Program (RAP).
4. FRIENDS Program.
5. Triple P Teenage program.
6. PACE.
7. Big Brothers Big Sisters of Perth Program.
8. Aggression Replacement Training – Goldstein.

Existing or proposed programs recommended for development through research

1. Steering Clear.
2. Homework Centres.
3. Teen K.I.T. – Relationships Australia.
4. Healing House.

Local action recommended for development through research

Youth Venue- YVoiceOut PCYC Project.

Who will be involved?

All sectors are encouraged to participate in the Community Action Plan, primarily; young people and their parents and caregivers, high school teachers and support and management staff, parent support groups, parent associations, adolescent and child health services, general practitioners and other primary health care services, child and adolescent and adult health services, community groups and agencies, local government, police, juvenile justice services, youth agencies, drug and alcohol services.

Where will it happen?

In all settings where participants operate, primarily; homes, high schools, community sport and recreation settings, clubs and social settings, primary health care settings, adolescent and child health settings, youth centres, family welfare agencies, juvenile justice settings, community venues, local government.

Process indicators

Increased participation in prevention focused programs and strategies targeting 12 – 17 years.
Increased communication and awareness of best practice and research evidence for prevention strategies.

Health, Education and Social Service Professionals

Local action recommended for development through research

1. Working in Partnership:
    a. Creating links between Departments of Health, Education and Mental Health to provide joint program training and presentation eg. Albany model.
    b. Special Focus Collaboration on programs aimed at 0 to 4 years.
    c. Positive interagency support for young people as exemplified in Family One Creating Connections 2000-2005: A Five Year Plan for Families and Children in Western Australia:
        i. Juvenile Justice teams – restorative justice.
        ii. Strong Families interagency program.
    d. Proposed Noongar Cultural Centre to incorporate facilities for workers from government agencies to be based there for regular set periods.
    e. Close liaison between SWAMS and other agencies.
2. Noongar cultural awareness training for this community for all DCD, Centrelink, Primary Health, DCS etc workers.
3. Media Plan -Work with local media to develop partnerships (opportunities for sponsorship, positive stories and so on).
4. Information Sessions.
5. Information Dissemination.
6. Better promotion of community programs.
7. Train service providers to deliver education sessions in the community.
8. Service providers to be involved in development and implementation of programs.
9. Health Promoting Schools.
10. Coordinated approach to School Drug Education Program.
11. Coordinated approach to implementation:
    a. Investing In Our Youth to act as a local clearinghouse.
    b. Research to build on evidence based for local practice- Evaluation of all program strategies and overall planning approaches.
    c. Best Practice forums.

Who will be involved?

All sectors are encouraged to participate in the Community Action Plan, primarily; health, education and social service professionals from all relevant community based organisations and government departments, local government,

Where will it happen?

In all settings where participants operate; school, community, health and welfare settings.

Process indicators

Increased participation in prevention focused programs and strategies.
Increased communication and awareness of best practice and research evidence for prevention strategies.

Formal Evaluation Strategy

The Evaluation work group has begun the process of developing a formal evaluation strategy (see Table 2 below) within the context of the Community Action Plan. Please refer to Community Action Plan Evaluation Research Strategy (CAPERS).

Table 2. Outline of formal evaluation strategy.

Levels of Evaluation	Current Resources	To be developed
Community Level Outcomes Youth Development Outcomes Risk and Protective factor Outcomes	Youth Survey	
Community Level Processes Investing In Our Youth- CTC Project Systems Change Strategies As listed in each priority area as- Local action recommended for development through research	Evaluating Collaboratives Research Stephanie Jones- community readiness Process Indicators- To monitor the take up on the plan and the overall impact of the Investing In Our Youth	Best Practice Discussion Paper Six monthly standardised reporting format. Six monthly sharing the story of implementation. Proposed research – Colleen Carlon
Program and Participant Outcomes Recommended evidence based programs- evaluation built into program delivery. Existing or proposed programs recommended for development through research.	Professional Development for evaluation – South West Population Health Unit. Investing In Our Youth Evaluation work group Program and participant outcomes for each of the programs and strategies implemented under the Community Prevention Plan will be established and monitored by participating organisations.	Best Practice Discussion Paper Six monthly standardised reporting format. Six monthly sharing the story of implementation.

Next Steps

The next steps in moving the Community Action Plan forward are:

- Review and refine current document.
- Gather all supporting documents and pull together in a CD format.
    - work group proposals.
    - research base.
    - broader policy documents.
- Further develop formal evaluation strategy.
- Further discussion by Community Board and Key Leaders 2003.

Acknowledgements

Investing In Our Youth Community Action Planning Work Group Members

Family History of Substance Use Work Group
Coordinator Colleen Carlon (Investing In Our Youth EO), Carolyn Ngan (South West Mental Health), Ric Davies (Department of Community Development), Sue Leonard (South West Regional Domestic Violence Committee), Inge Priem (South West Youth and Family Support Services), Lynelle Watts (Community member; Social Researcher),

Perceived Low Risk of Drugs
Coordinator Raquel Willis (South West Population Health),

Perceived Availability of Drugs
Coordinator Raquel Willis (South West Population Health), Bill Turner (Community Drug Service Team/SJOG), Rob Tuckey (Community Drug Service Team), David Corbett (South West Aboriginal Medical Services), Gary Odine (South West Aboriginal Medical Services), Darren Thorne (South West Aboriginal Medical Services), Michelle Lewis (South West Police Service)

Social Skills Work Group
Coordinator Helen Thomson (NonGovernment School Psychology Service), Justine Bruce (Department of Education); Catherine Cates (Bunbury Cathedral Grammar School), Leigh Saar (NonGovernment School Psychology Service), Geoff Chadwick (Anglican Minister), Noaleen Crosbie (Relationships Australia), John Ferguson (Department of Education), Elaine Green (Medical Centre), Naomi Anderson (Primary Health), Leon Ridgeway (Catholic Education Office), John Walker (St Mary's Primary School)

Rewards for Prosocial Involvement Work Group
Coordinator Dom Marzano (City of Bunbury), Zoe Beerling (ESCAPE Youth group Shire of Harvey), Kym Harrington (Shire of Dardanup), Mark Jennings (Bunbury Catholic Youth Office), Michelle Lewis (South West Police), Emma Watson (Department of Education), Maureen Wright (Department of Sport and Recreation)

Community Planning Training Participants
Alan Plumb (Department of Education), Anthea Hill (Centre for Regional Development and Research ECU), Beth Jackson (Community Member), Carolyn Ngan (Child and Adolescent Mental Health), Dana McGrath (Shire of Capel), David Naughton (South West Mental Health), Debra Logue (Department of Community Development FCS), Diny Monaghan (Department of Community Development OYA), Dom Marzano (City of Bunbury), Emma Watson (Department of Education), Helen Thomson (Non Government School Psychology Service), Jamie Morley (Newton Moore Senior High School), Jillian Brown (Bunbury Regional Art Gallery), John Ferguson (Newton Moore Senior High School), Kate Miller (WA Ministerial Council for Suicide Prevention), Ken Robinson (Centre for Regional Development and Research ECU), Kym Harrington (Shire of Dardanup), Leon Ridgeway (Catholic Education Office), Lynelle Watts (Greater Bunbury Division of General Practice and Community Member), Lorenzo Procopio (Bunbury Catholic Youth Service), Malvina

Nordstrom (Department of Community Development OYA), Mark Jennings (Community Member), Matt Harris (YVoiceOut), Maureen Wright (Department of Sport and Recreation), Michelle Lewis (Australind Police), Mike Bennett (President Shire of Dardanup), Nicole Mitchell (South West Mental Health), Raquel Willis (South West Population Health Unit), Ric Davies (Department of Community Development FCS), Rob Tuckey (South West Community Drug Team, APEX), Robbie Potter (JPET Jobs South West, 2029 South West Development Commission), Ruth Brighton (ESCAPE Youth Group Shire of Harvey), Sue Leonard (South West Domestic Violence Action Group), Susan Carlyle (Department of Community Development OYA), Viti Simmons (Community Member - Researcher), Margaret McDonald (CTC Ltd., Australia), Jo Williams (CTC Ltd., Australia), Cecily Thange (CTC Ltd., Australia), Rick Cady (Channing Beet – CTC USA), Colleen Carlon (Executive Officer, Investing In Our Youth).