Youth Service Development: Taking a Risk-Focused Prevention Approach

The Brockhoff Churchill Fellowship -

A Summary Report of the Study Visit of the Overseas Introduction of Communities That Care, prepared by Gina Fiske, Churchill Fellow 1999
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Preface

This summary report describes the Communities That Care (CTC) approach, the risk-focused framework that underpins this approach, and its development and adoption in the United States and more recently in the United Kingdom. It reports on the learning from a study visit of CTC in these countries and presents an overview of current Victorian interest in CTC. The purpose of the visit is shown in section 1 of the report.

Broadly, the report outlines:

1. The current Victorian interest in the framework for youth services.
2. The adoption of a risk-focused prevention framework and CTC process into policy and program directions in the United Kingdom and United States.

The report gives the reader an overview of: the context for CTC development, current overseas policy and program implementations of CTC by government and other agencies, and the evaluation of CTC effectiveness by funding and other bodies. An important focus of the study was to further understand the issues to be addressed for translation of the research and CTC process.

The reader can turn to sections of specific interest. Section 1 is a review overview. Sections 2 and 3 outline a rationale for introduction in the US and UK context, current challenges for youth services development and overseas policy directions in response to youth issues.

Section 4 outlines the research components that are the foundation of the risk-focused prevention framework, describes the local CTC process of five stages of community building, and includes the history of the work by Social Development Research Group.

In Section 5 the main federal, state and local policy and program initiatives utilising the CTC evidence base risk-focused framework and ‘operating system’ are summarised and reference is made to current examples in the United States. Local CTC initiatives are identified in the two areas of neighborhood community development, and county prevention policy and program developments.

A preventive focus for translation of the CTC approach in Victoria is outlined in Section 6. It aims to build on the interest, opportunities and progress of youth services in strengthening early intervention services.

A set of questions and answers related to the translation of CTC overseas and its potential application in Victoria are included in the attachments. An important initial review of the CTC process undertaken in the Western Region of Melbourne, in consultation with the regional youth committees, is also summarised in the attachments.
Executive Summary

In Victoria government and youth services providers have shown increasing interest in understanding the underlying causes or societal factors affecting youth development. Changes in trends in youth wellbeing status and patterns of involvement in serious behaviours, such as drug and alcohol abuse and homelessness, have implications for future youth services.

Victorian interest in the CTC approach, co-founded by Hawkins and Catalano, emerged from a government review of youth services, and agencies’ interest in the international research and approaches improving prevention and early intervention services for youth.

Review findings highlighted evidence for co-occurrence of youth behaviours and the need for services to provide responses to young people with multiple needs.

Research showed the greater the ‘risk factors’ prevalent in young people’s lives, the greater the likelihood of involvement in problem behaviours. Further, that ‘protective factors’ can buffer youth from the negative impact of risk factors and promote resilience. These findings also indicated the positive influences of young people’s connectedness to family, school and community. Resilience can be learned by individuals to foster healthy development and coping in situations of adversity.

Review Purpose

This report is a summary of a study visit undertaken in 1999 to review the risk-focused prevention approach of CTC, an outcomes-based planning system for the healthy development of children, youth and families.

The report gives an overview of the development of the approach in the United States and more recently in the United Kingdom. It aims to inform readers of the overseas adoption of the CTC framework and to address the issues of translation of the approach for strengthening communities through early intervention.

The translation of CTC is considered in three broad areas: adoption of the framework for policy and program directions; CTC funding initiatives and state and local implementation; and the review to date of the effectiveness of the community-based approach.

Context

The context for the study was the consensus amongst government, community agencies and bodies for directions which could address the ‘gaps’ in youth services of early intervention and prevention and more comprehensive community service responses to young people’s needs. This created ‘a window of opportunity’ within the Department of Human Services to jointly consider strategies for improved pathways and coordination of youth and mainstream services. The aim was to find ways to address the imbalance between prevention and early intervention services and treatment services, while working to improve the continuum of services.

UK and US Interest

Overseas government bodies have adopted CTC because it mobilises and assists community board’s to redefine the priorities
for future local and statewide service development. The CTC process leads to communities establishing a ‘prevention system’ as a basis for planning and implementing effective prevention and early intervention programs and ongoing review.

The visit found that in the UK and US, government and community leaders share a common set of ‘major drivers’ for taking a risk-focused approach. Most were persuaded by the research knowledge: that comprehensive prevention and early intervention benefits the community; changes in rates and patterns of youth behaviours require different service responses; no single agency can affect a major improvement in youth outcomes; and knowledge that early intervention is a cost-effective investment. This shared view of leaders arose in response to the growing community concern and impact of youth issues facing many communities, particularly disadvantaged communities.

The main themes of UK and US current youth policy directions are towards addressing long term problems by strengthening communities through improving early intervention services and creating opportunities for positive youth development in the areas of education, health, justice, employment, housing and community services.

Policymakers identified the features of an improved youth services system as including an interagency partnership for policy and program coordination and service planning that is informed by current research evidence of risk-focused prevention.

**Victorian Interest**

Although the social contexts of the US and UK are vastly different from Australia, some common themes and trends are known, such as the significance of early school leaving on young people’s development, participation in school as a critical factor in likelihood of involvement in offending and increasing youth involvement in drug and alcohol abuse.

The CTC risk framework has been applied in the UK and can be translated for Victoria if the prevalence of significant factors in the local context are reviewed, such as the rates of teenage pregnancy that are not as high in Victoria as for both the UK and US populations.

In 1999, the Community Care Division (formerly known as Youth and Family Services Division) of the Department of Human Services commenced the statewide survey of the prevalence of risk and protective factors among Victorian secondary students in local communities and across the State, based on the CTC research framework.

It is acknowledged that although an estimated 90 per cent of youth lead healthy lives and make the transition to adulthood relatively well, research has shown that 10–20 per cent of youth are ‘at risk’ or engage in one or more serious behaviours most often in the period of 12–18 years. These young people experience problems such as homelessness, depression and delinquency.

Government youth policies have consistently identified the limitations of the current service system. Service providers, local government and community groups are increasingly aware
of the narrowness of service access and capacity to provide more ‘primary problem’ responses to youth with more than one significant need. Few services have the capability to support youth involved in multiple and complex behaviours. In recent years there has also been an increased demand for high cost treatment and intensive services.

Victorian interest in addressing gaps in the provision of early intervention and support services aims to establish stronger cross-program and interagency linkages for responding to the critical socioeconomic factors affecting youth.

The absence of a comprehensive methodology upon which to plan and reshape the existing youth service arrangements in collaboration with service providers, community leaders, youth and families, has meant a youth services comprehensive framework is yet to be developed.

Many leaders, community groups, youth services workers and wide network of government and non government have expressed strong interest in introducing this approach statewide and with local communities.

CTC Endorsement
The study visit provided a greater knowledge of the benefits and extent of adoption of the risk-focused framework and CTC process by federal, state, and 400 local government bodies and agencies and communities. Since 1994, CTC has become widely endorsed in the US by all levels of government. It is the centrepiece of policy and funding programs for juvenile justice and drug and alcohol services.

Government policy and programs endorsed the CTC approach because it is founded on extensive study of risk and protective factors, a review of over 30 years of program and child and youth development literature of program interventions. The research basis of CTC informs communities of the social development strategy, as a framework of youth development, and provides program tools and a menu of ‘promising approaches;’ of effective prevention-focused programs.

The CTC five-stage process of community mobilisation and capacity building, to create a ‘prevention operating system’ for strengthening community responses to youth through community action, is implemented in diverse communities in the UK and US.

A critical component of the process is the continuous education and training of community leaders to assist them to develop a new set of directions and review existing arrangements for youth services and community strategies.

Policy and Program Adoption
In the US, CTC forms part of the national juvenile justice policy. It provides opportunities for young people and communities to break the cycle of violence and is based on knowledge of the risk and protective factors present in communities, families and schools.

The UK national government has incorporated principles and features of the CTC methodology within the recent social policy directions for ‘Bringing Britain Together’. The
focus is also on improving the health, education, safety and wellbeing of the youth population and the wider community.

US government and community leaders have established a funding commitment for local CTC initiatives following adoption of the risk-focused framework as a policy platform. The examples outlined in this report indicate that CTC can effectively be adopted and integrated within policy and program directions to support service system reforms to improve directions for youth services.

CTC local adoption by communities is characterised in the report as: community building of disadvantaged communities and community institutionalisation of prevention policy and services.

US state governments have also adopted CTC to enhance program management of prevention-focused drug and alcohol services and to improve service planning, funding systems, community education, including data and information systems and program review.

Evaluation

Evaluation of CTC by funding bodies has been undertaken to assess the effectiveness of the five-stage implementation process adopted by local communities. The main findings of both the Federal Office of the Department of Juvenile Delinquency and Iowa’s Juvenile Crime Prevention Community Grant Fund Program concluded that the positive achievements were attributable to the CTC community implementation.

Local communities and young people benefited from increased agency collaboration, greater resources and access to early intervention and prevention services.

The evaluation of the impact of the CTC on youth life outcomes as a result of local strategies arising from the community process has yet to be rigorously evaluated. In the US, funding bodies have not funded ‘outcomes evaluations’ because of the cost associated with a national study and the difficulty in use of the random control methodology, even though the leading researchers and founders agree this is a preferred method.

Victorian Suitability

This report concludes that CTC is suitable for adoption in Victoria. For this to occur, the research framework must be locally applied by taking into account the differences in the nature of youth developmental pathways and risk, and the existing service infrastructure of local communities.

It is proposed that Victorian leaders of government, non government, business and philanthropic trusts forward a partnership to support the development of six pilot CTC programs in local areas, metropolitan and rural communities.
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1. Review Overview

1.1 Study Focus

The study focused on the risk-focused prevention approach of CTC, an outcomes-based, prevention planning system for the healthy development of children, youth and families.

The particular interest by Victorian agencies in risk-focused prevention framework and CTC process was to understand issues relating to adoption and translation of the approach, including:

- Department of Human Services interest in service system planning development.
- CTC Steering Committee interest in international translation and implementation of research and pilot initiatives.
- Local government, non-government and community agency interest in innovative service planning and community service provision.

1.2 CTC Description

What Is Communities That Care?

Communities That Care is a community outcomes-based planning approach and service development strategy that is adopted by local communities to strengthen local policy, program and community strategies for prevention of youth problems. A research foundation of knowledge of predictors of health and behaviour problems, namely, risk and protective factors, underpins the strategy.

Community organisations in diverse local communities have adopted the CTC approach of risk-focused prevention to modify the impact of risk and thereby minimise the involvement of youth in drug and alcohol abuse, teen pregnancy, school dropout, delinquency and violence.

Communities establish the ‘operating system’ over three years as a five-stage process and apply the tools of risk-focused prevention science. The process involves initiating key leader, agency and community involvement in a community-led strategy to improve planning, program development and evaluation of the impact of prevention efforts for youth. The major goal of the community is to establish a ‘prevention services system’ for strengthening the wellbeing of youth and the wider community.

A full description of the CTC process is in Section 4. The key stages and outcomes are identified in Table 1.

1.3 Study Purpose

The proposal for the study visit presented to the Winston Churchill Memorial Trust Committee was to study CTC initiatives in the UK and US for the purpose of further developing the approach for youth services.

The strategic intention was to establish a government and community-wide commitment to innovative youth prevention and early intervention research, policy and services development.

The study visit proposal stated that changes in the environment of Victoria had led to a rethink by policy makers and community agencies of the existing service system. A review of current service systems was important to build a balance of prevention and early intervention services across the continuum of services (see Glossary).
**Objectives**
The main objectives of the visit were to:

- Review the CTC process and the use of the framework research for Victorian application in schools and communities.
- Provide education for community leaders to use the findings to inform State and local services planning.
- Promote youth services and organisations which demonstrate success in prevention and early intervention of youth problem behaviours.
- Learn of improvements in interagency and community partnerships for addressing prevention and early intervention provision as a priority.
- Identify useful tools to assist government, youth services and leaders to further develop community involvement in prevention programs.

**Scope of the Study**
An initial inquiry was conducted into the extent of international adoption of CTC and different strategies of federal, state and local agencies. This inquiry showed the risk-focused prevention approach was currently being implemented by the US Federal Justice Department across 47 states, seven state government departments, and more than 400 inner city, metropolitan, rural and local CTC Boards across all US States.

In the mid 1990s, the Joseph Rowntree Foundation (JRF) Board, a leading UK social research foundation that supports family, child and social research of benefit to strengthening local communities, commissioned a review visit of CTC US research bodies and local sites by John Bright, Social Exclusion Unit, and David Utting, Researcher, and a review of the evaluation of CTC by Professor David Farrington, University of Cambridge.

As a result, JRF sponsored CTCUK to be established as a national initiative comprising three main components:

1. UK research and development of CTC framework.
2. Establishment of three demonstration and three control sites of CTC local community initiatives.
3. Evaluation of the implementation and outcomes of the community initiatives.

The scope of the study visit to the UK and US included:

- Three State Government Departments' Policy and Program Units.
- Eight community CTC local boards undertaking local initiatives.
- Four research academic bodies involved in risk and program research.
- Developmental research program that provides services of research, technical assistance and training programs and training events (see Study Visit Itinerary in Attachments)

**1.4 Key Adoption Issues**
Prior to the visit, the main issues raised by government and community services agencies interested in CTC concerned the adoption of the CTC approach and its translation in the Victorian context. Broadly, their interest was in three areas outlined below.
A detailed response to each of these issues is described in the Attachments.

1. CTC Adoption for Policy and Program Directions
   - Federal and State adoption of the CTC initiatives into policy and program directions of government and human services agencies.
   - Government support for CTC local initiatives.
   - CTC role in service system reform.
   - Evaluation of CTC implementation.
   - Benchmark of CTC technology and systems of prevention planning.
   - CTC integration with existing State and local planning and coordination initiatives.

2. CTC Implementation
   - Use of the risk profile to understand cultural diversity and application of the CTC process for multicultural communities.
   - Research survey design to address young people's responses in school and home.
   - CTC implementation in different socioeconomic and geographic rural and metropolitan local communities.
   - CTC assessment of community readiness and definition of community.
   - Community Boards' rigor and flexibility in using the CTC framework and operating system for program planning.
   - Strategies for establishing key leader endorsement and sustained commitment.
   - Young people's role and contribution to the local CTC initiatives.
   - Infrastructure and agency support needed to build collaborative processes, structures and strategies of reform.
   - Relevance of risk profile findings and data for child and family groups.
   - Barriers to adoption of risk-focused prevention approach.

3. Review of CTC Research
   - Review of the research framework and application.
   - Type of data systems for community and service prevention planning.
   - Range of promising programs for addressing risk and protective factors.

A detailed response to these issues is documented in the Attachments.
2. Introduction

The Victorian Government and wider youth and community services sector have stated that the CTC framework and operating system offers enormous benefits to enhance development of youth services.

2.1 Community Interest in Prevention and Early Intervention

In Victoria, interest in the CTC approach is wide-ranging across the community and includes: the Department of Human Services, other State Government departments, Regional Youth Committees, local government, youth and community services, academic bodies, and community and business leaders. A consensus exists amongst these stakeholders of the importance of strengthening prevention and early intervention services for youth.

The social wellbeing and health of young people, children and families is a primary concern of the Victorian community in regard to both the risk to communities of known problems of juvenile crime, drug and alcohol abuse, violence and school attendance, and the harmful effects on individual youth.

Today we recognise that societal factors, underlying causes and youth involvement in serious behaviours do not occur in isolation and are interrelated. For some young people a clustering of risk factors increases their vulnerability.

Communities and agencies involved in responding to these concerns often ask the questions:

- How do young people become involved in such behaviours?
- What can be done to reduce the social and economic costs of these problems for the individual and the wider community?

Community Concerns and Expectations

Victorian leaders acknowledge that:

Communities that have strong networks and supports are less likely to experience social problems, such as isolation, violence, crime and homelessness, which carry heavy social and financial costs.  

The Victorian community has shared concerns, beliefs and expected standards for young people’s living conditions, life opportunities and their role in contributing to the social and economic growth of the community.

Community Concerns

- Greater vulnerability of young people involved in serious problem behaviours.
- Lack of opportunity for young people who are disadvantaged by social, economic, education and other factors.
- Community fear of young people involved in problem behaviours- drug and alcohol, violence, crime and homelessness.

Community Expectations

- Greater opportunity for participation of youth in development and leadership in the community.
• Improved prevention and early intervention services which assist young people to become independent, and their families.

• Community safety and positive regard for youth behaviour and contribution to community.

2.2 Victorian Interest—Department of Human Services

The YAFS Division of the Department of Human Services endorsed support for the introduction of the research of risk-focused prevention following a departmental review of youth services.

In 1998, DHS initiated a major research project to complete a profile of risk and protective factors of Victorian adolescents, based on the CTC risk framework, to gain a better knowledge of the conditions impacting on children, youth and families across the State.

At the Young People in Communities Forum Conference in November 1998, community leaders spoke of the benefit of risk-focused prevention as offering:

Rigorous research which provides the evidence basis for prevention and early intervention programs.

The need for local data which describes community-specific profile of risk and protective factors. This enables local communities to identify and focus on problems of particular relevance to them.

A method of working with communities to develop their capacity to put into practice prevention and early intervention programs which are effective and locally relevant.²

Professor Catalano gave the keynote presentation at the Rotary 2nd conference on Prevention of Youth Homelessness, held on 21 June 1998. The audience were most interested to learn of the risk-focused logic and framework and CTC process. Professor Catalano highlighted both the long term benefits for youth and the community and the impact on prevention of homelessness, drug and alcohol abuse and other youth issues that can occur from communities applying a prevention framework to improve community conditions.

We need to identify the factors that increase the risk of the problem developing and then develop approaches to reduce the risks in ways that enhance protective or resiliency factors³.

A joint project was initiated by YAFS and the Western Metropolitan Region of the Department of Human Services in 1998–99 to educate and facilitate a review of the suitability of the CTC approach with Regional Youth Committee members and youth and family services agencies.

The Western Region and Inner City Regional Youth Committees formally endorsed the CTC approach. In a paper on the redevelopment of Youth and Family Services, A Response by the Western Metropolitan Regional Youth Committee, 1998, stated in conclusion:

It is our view that the planning model of 'Communities That Care has the flexibility
that is required for a service system to be responsive to its community. It has the elements of a good planning model that will work within the Department guidelines.  

A summary of the Western Metropolitan Region project review of CTC is in the Attachments.

2.3 Directions of UK and US Youth Services

In the UK and US, governments have searched for a ‘third way’ or ‘alternative framework’ to ensure equal commitment is granted ‘in times of constraint’ to prevent and minimise the impact of the major known youth problems. Government leaders are concerned about the social and health effects on communities of the ongoing impact of difficulties such as poor housing, drug and alcohol abuse, and high rates of serious problems among youth.

Leaders seek to reduce and moderate the trends in youth and community problems by taking a risk-focused prevention approach to the development of prevention and early intervention youth services. This approach recognises the importance of youth access to both prevention and early intervention services.

2.4 Key Leaders’ Rationale

Visits with key leaders highlighted their shared purposes for taking this approach.

Why support a review and introduction of risk-focused prevention approach?

A consensus exists among leaders of the need for strengthening youth and communities through prevention efforts. This is based on:

- Knowledge that well researched and comprehensive prevention and early intervention strategies benefit the community.
- Acceptance that no single organisation or program direction will affect major change in reduction of the major problem outcomes.
- Knowledge that prevention and early intervention are cost-effective investments for human services.

2.5 Major Drivers of a Risk-Focused Approach

The major drivers for UK and US leaders taking a risk-focused approach are:

Research of Effectiveness of Interventions

US and UK longitudinal research study findings of the effectiveness of program interventions for prevention of youth problem behaviours indicate benefits for the individual and community.

Particular programs are known to prevent the onset, and reduce the likelihood, of youth involvement in the behaviours of delinquency, drug and alcohol abuse, school dropout, teen pregnancy, mental health problems and violence.

Evaluation of community services by Hawkins and Catalano, Sherman, Farrington and others have identified interventions that foster positive child and youth development. These programs are known to address the risk
factors that have a negative impact on children and youth, increase protective factors, intervene at a developmentally appropriate age in the lifespan, and effect the youth behaviour outcomes.  

Effective prevention and early intervention program examples are:

- The School Transition Environment Project (STEP). This program aimed at easing the transition from middle to high school and was shown to reduce youth school dropout rates from 43 to 21 per cent. It was also effective for students with poor school attainment.
- Participate and Learn Skills (PALS). This is an after school recreation program for 5–15 year-olds that improved children's and youth's skill and social development and resulted in a 75 per cent decrease in juvenile arrest rates.

Most importantly, the research shows that if the goal is to prevent and minimise problems that occur in adolescence, it is necessary to both provide interventions in childhood and late childhood/early adolescence.

Similarly, evaluation studies, such as Investing in Our Children: What We Know and Don’t Know About Costs and Benefits of Early Childhood Intervention (1998), have identified that in the long term

Carefully targeted early childhood intervention can yield measurable results in the short run and that some benefits persist long after the program has ended.

The study showed services such as early childhood programs and parenting programs have significant benefits for improved high school graduation, crime and delinquency, teen pregnancy, employment and welfare participation.

Child participants of the programs studied had favorable youth and adult outcomes compared to the control groups.

Changes in Youth Status

Trends in prevalence rates of major youth problems are evident in both countries. In the UK ‘two-thirds of offenders under 21 years, sentenced…between 1987 reoffend within two years.’ Both in the US and UK, young males are not growing out of crime by late adolescence. In the US, rises in drug and alcohol abuse, crime and violence and poor education attainment occurred along with rises in the youth population.

The population of young offenders under sentence has risen in both countries. In the UK ‘the population... between 1980–93 fell by half, and has risen by 30 per cent in the years 1993–96.’ It is estimated that youth who truant and are excluded from school are responsible for 43 per cent of street crime in London.

Juvenile arrests increased by 51 per cent between 1988–94 in the US. Juvenile violent crimes are estimated to double by the year 2010.

In the UK, the number of youth aged 16–19 years who are unemployed increased 5 per cent from 1993–97. In socially disadvantaged communities 'one in four children gained no GSE’s, five times the national rate.' School exclusion has increased three-fold since 1992.
among youth are estimated as 6 per cent of males and 16 per cent of females amongst 16-19 year-olds.16

US youth aged between 12–17 years identify drugs as the greatest problem. Alcohol is the most frequently used drug of this age group and the number one cause of death in US teenagers. Those who use drugs are twice as likely to drop out of school.17

The trends in both nations are that youth engage in more than one serious behaviours. The most common co-occurrence of youth behaviours are delinquency, drug and alcohol use, school dropout, violence and teen pregnancy.18

Limitations of Single Agency Effort

In the UK and US, governments promote multi-agency partnerships as the primary mechanism for planning and implementing prevention and early intervention activity. This is because of the evidence of ‘joined up’ problems—that the majority of youth involved in serious behaviours and or with ‘disorders’, engage in other serious behaviours.

Governments acknowledge that no single agency can address youth crime, drug and alcohol abuse, homelessness and school leaving.19 In the UK, The New Deal for Communities will work through partnerships and promote and sustain community involvement to address these interrelated problems.20

The US Congress Juvenile Justice, Delinquency Prevention Program establishes the principle of community control and decision making to enable local jurisdictions to assess their own prevention needs and resources. The program policy acknowledges that the community requires major incentives for government, agency and community partnerships to jointly devise strategies to address the drug problem.21

Cost-Effectiveness Study of a Range of Prevention Programs

Recent studies of the cost-effectiveness of prevention have encouraged government to review the benefits of existing programs.

Studies of the cost-effectiveness of US crime prevention early intervention programs found that four programs—home visits; parent training and therapy; high school incentives for students; and supervision of high school age youth involved in delinquency—are more cost-effective than the three strikes law of incarceration for crime reduction.22

The findings of the study, Investing in Our Children: What We Know and Don’t Know About the Costs and Benefits of Early Childhood Interventions showed families and children increased their economic sufficiency. Those involved in early childhood programs were later in life less involved in the criminal justice system or on welfare. Hence, reduction in welfare dependency and costs resulted.23

These findings have informed policy makers and program managers about the effectiveness of interventions, standards of existing programs and the need to invest in evaluation research of local interventions.
3. Future Directions of Youth Services

3.1 Challenges for Victoria

Victoria’s leaders, comprising government heads, community and youth services managers and practitioners, local government, peak bodies and researchers, agree on the need to increase investment in prevention and early intervention youth services.

Wellbeing Status of Youth

Most young people, an estimated 90 per cent of the youth population, live healthy lives and make the transition to adulthood relatively well. In the 1990s, the Victorian government and community are concerned about the estimated 10–20 per cent of young people who are at risk and who experience problems associated with mental health, drug abuse, homelessness, crime and other issues. In particular, the rise in youth suicide and illicit drug use has led to calls for leaders and authorities to find solutions to social problems.

The current Department of Human Services study of the Risk Factor Profile of Adolescents’ Wellbeing 1999, by the Centre for Adolescent Health (CAH), indicates the prevalence of behaviours among secondary students. The CAH survey was of a sample of year nine students. Although the majority of adolescents surveyed indicated they had few problems and were healthy, the findings indicated rates of youth behaviours as:

- Youth depression 22%
- Juvenile delinquency 5%
- Alcohol use 51%
- Illicit drug use 7%

The Youth Homelessness Study of Victorian Youth by Chamberlain and Mackenzie, reported that 14 per cent of Victorian secondary students were at risk of homelessness.

The increase in psycho-social distress and depression is considered one of the most significant problems facing the youth population. For example, the high rate of suicide among young males living in rural communities is particularly evident in Victorian research.

A New Zealand longitudinal study of ‘life course path’ of youth delinquency from childhood to adolescence, indicated 5 per cent of the population engage in antisocial behaviours at every stage of life. In contrast, 20–30 per cent of 13–15 year-old males were identified as ‘adolescent limited delinquents’ who participate in ‘single risk taking’ serious delinquency behaviours as part of a ‘maturity gap’ during adolescence.

Co-Occurrence of Serious Problems

Youth involvement in problem behaviours is increasingly more complex and serious for high risk young people involved in illicit drug use, mental health problems, youth crime and violence.

Juvenile justice, drug treatment, child protection and mental health services report an increase in the complexity, continuation and persistence of problem behaviours for a small high risk group of the youth population.

Youth involved in illicit drug use are often also sentenced for related crime offences.
Young people in custodial care also have a high rate of mental health problems and attempted suicide. It is estimated, based on indicative example, that for Department of Human Services’ clients:

- 15 per cent of juvenile justice clients are also clients of mental health services.
- 14 per cent of juvenile justice clients are also clients of housing services.
- 14% of protective services clients are also clients of mental health services.34

This initial analysis of Department of Human Services’ clients with complex needs did not collect data on drug and alcohol services. However, providers report use of drug and alcohol services by youth offenders as high.

Service providers of early intervention are also aware of the co-occurrence of behaviours among ‘medium’ risk groups.

The initial findings of the Risk and Protective Factor Research 1998, conducted by CAH from the survey sample of 600 secondary students, show that for youth involved in multiple problem behaviours the number of risk factors is greater.35 Victorian research by Patton has established the co-occurrence of mental health symptoms with a range of adolescent health compromising behaviours, including smoking, dieting and suicidal behaviours.36

The Australian Temperament Project study of the factors influencing stability between childhood and adolescence behaviours identified risk factors for adolescent substance abuse, antisocial behaviours and depression as including temperament, early school problems, poor parenting behaviours, poor social skills and deviant peer relationships.37

Changes in Pathways for Youth and Demand for Services

Changes in the demand and response required by youth services are reported by service providers. In recent years, Victoria has seen rises in the behaviours problems of youth suicide, and drug and alcohol abuse related to offending by older youth (17-20 years). This led to increases in juvenile justice custodial care places, outreach and drug treatment services and youth mental health services.38 39

The changes have occurred not only as a result of increased youth involvement in problem behaviours, but more significantly as a result of change in the structure and conditions in which children and young people grow up. Earlier biological maturity, delay of social maturity and independent living, family structure changes, availability of drugs and alcohol, unemployment, technology and use of media and information, income and support levels, have all impacted on their development and pathway to independence.40

Youth services report the changes in young people’s knowledge of social issues, experiences of greater competition for education, housing and employment opportunities, exposure to illicit drugs, and living in single and blended families as significant influences affecting the developmental pathway for children and youth.

Organisational Barriers

Department of Human Services divisional program functions are defined either as age- or life stage-focused, such as youth and children services, or issue-focused, such as drug and mental health services.
Program policy and funding streams comprise specific components of the 'continuum of services' for youth. For example, Community Care provide support services, custodial care for young offenders, accommodation and statutory care. Mental health services provide interventions for youth in need of prevention, early intervention and treatment of mental illness.

A ‘whole of system’ review of youth service priorities and shared systems of research, data and service linkages has yet to occur because of competing program priorities and the need for dedicated resources. It is, therefore, difficult to ascertain the level of program commitment across the ‘continuum of intervention’ to review the service priorities for the youth population.

It has been customary, in the absence of an evidence-based methodology of prevention research, to identify community needs based on risk and protective factors and wellbeing outcomes and to set funding and program priorities based on reported use and demand for services and demographic indexes of social demographic status.

For example, rates of youth delinquency, homelessness, family income levels, health status, and household status amongst the population are used as key indicators for allocating service funding to regions and communities. This planning data is limited to the extent that it measures the extent of the problem, not the factors prevalent in the community that affect youth involvement in family, school and the wider community.

Department of Human Services client data systems of juvenile justice, child protection, drug and alcohol and mental health services do not record the co-occurrence of problems of individual clients. Current Departmental projects, Client Volumes and Multi-Service Clients, aim to improve the management, recording and tracking of client service use. 41

**Limited Evaluation Research**

Program evaluations of the impact of prevention and early intervention services for improving the outcomes for youth have focused on service features, service objectives, implementation and provision of services to the target group. A RMIT study of youth prevention and early intervention for youth found:

> Evaluations rarely focus on the health and welfare outcomes for the adolescent as a consequence of their participation in and use of services. 42

Comprehensive research into the major youth health and wellbeing outcomes to establish baseline measures of risk and protective factors has only very recently been introduced. Most studies, including the Child and Adolescent Health Status Report 1994 and 1996, have measured youth population status to show prevalence of major youth problems. Few program evaluations have assessed participant outcomes using baseline measures of behaviour changes or status. 43

The study The Economic Costs and Benefits of School-Based Early Intervention, 1997 concluded that for a national program:

> Concentrating on the primary costs of youth homelessness, production losses due to low educational attainment, we estimate the
potential net benefit of early intervention would be $342 million.\textsuperscript{44}

A review study by Public Health and Development Division of the Department of Human Services on effective program interventions for addressing specific youth health outcomes is to be completed in late 1999.

3.2 Review of Future Directions

Victorian Directions

For Victoria, government policy for the past decade has established a platform of balancing the debate of responding to the 'needs and deeds' of youth. A policy of harm minimisation for those at risk of drug and alcohol abuse, and early diversion of young people from juvenile offending are examples of government policy that takes a moderate path in the debate on government and community responses to youth issues.

However, the Department of Human Services, Commonwealth Government bodies and non-government agencies acknowledge the investment in youth program resources is far less for prevention and early intervention services than for treatment and intensive services on the intervention continuum.

The Adolescent Services Development Scoping Review 1997 summarised of the Department's prevention and early intervention services targeted to youth and states:

Gains are still to be made in primary care service development through:

- Improved coordination across the continuum of service provisions.
- Consistency in identifying and addressing adolescent needs.
- Greater emphasis on prevention and early intervention approaches.\textsuperscript{45}

An imbalance of resources for prevention was also reported in Drugs and Our Community, Report of the Premier's Drug Advisory Council, March 1996. The budget allocations for expenditure on prevention of illicit drug use versus treatment programs for drug services in Victoria in 1995:

Indicates that of the $103 million spent on addressing illicit drug issues in Victoria in 1995, only $1.6 million was spent on prevention/education and information activities.\textsuperscript{46}

The report on the Redevelopment of Victoria's Youth and Family Services (YAFS)—Strategic Directions 1997 acknowledged the need to redress the imbalance in investment in prevention and early intervention.

The 1999 Australian National Crime Prevention Strategy study, Pathways to Prevention, reports on the importance of government investing in early intervention by addressing risk and protective factors in the school, family and community.\textsuperscript{47}

3.3 Future Directions in the UK and US

The study visit included discussions with government departments and agencies of juvenile justice, and drug and alcohol services
that sponsor CTC initiatives and apply the principles of risk-focused prevention to youth service directions. Policy themes for current and future directions of youth services are highlighted below.

**Long Term Problems**
Addressing the imbalance in prevention services for children, youth and families has become a major goal of the UK and US governments. Both nations face many challenges given the extent of prevalence of extreme poverty and intergenerational cycles of social, educational and economic problems of disadvantaged communities.

The policy debate in both countries has become sharply focused on current priority needs of highly vulnerable, at risk individuals and ‘run down’ communities. Evidence of long term disadvantage informs social problems of children, youth and families that have suffered unemployment, poverty, low educational attainment, child abuse, racism and poor housing. These are the priority of social policy and program resources.

Strengthening Communities
In the UK, the policies for addressing youth problems are clearly aimed at strengthening communities or rebuilding communities based on evidence that the major negative impacts on poor communities are known to be crime and fear of crime, physical conditions, disruptive residents, child abuse and drug problems.

Simply put, the value of reducing crime will be to create safer communities in which people have improved life outcomes of less transition, less neighborhood conflict and physical deterioration, economic opportunity, community sense of attachment, and participation in schooling and community life.

Policy changes in the UK have made major program commitments to strengthen the poorest communities by new initiatives—New Deal, Sure Start, Employment Zones, Education and Health Action Zones—to rebuild housing, child support, school resources, create safer communities and improve the stability of local neighborhoods and communities.

In the US, the National Justice Action Plan key objective is to ‘provide opportunities for children and youth that are comprehensive and neighborhood based, aimed to help them develop positive life skills and minimise risk factors, give them support and direction, and create opportunities for community. Family strengthening programs for addressing the cycle of youth violence are a priority to effect violence in the home’.

**Youth Focus**
Youth are identified as a major target group for prevention and more intensive interventions in both countries. The focus is on making the community a better place for children and youth and to provide opportunities for positive experiences of education, health, employment and social relationships—all important to wellbeing.

Youth policy focuses on the positive development of resilience, protective factors, opportunities and skills for youth making the transition to adulthood. (See graph in Attachments.)
The US youth justice and drug and alcohol policies adopt ‘an integrated approach to dealing with juvenile crime—one that includes both accountability-based sanctions and comprehensive prevention programs’. The US is promoting risk-focused principles that include acknowledgment in program policy that 'common risk factors predict diverse behaviour problems for youth'.

3.4 Consensus of Risk-Focused Prevention

Common Interest of Stakeholders

What prevention knowledge is needed to improve outcomes for youth?

National and state government leaders, policy makers and practitioners in the US and UK juvenile justice and drug and alcohol programs have endorsed new directions for youth services after a review of policy paradigms, program models, planning systems and evaluations of programs to find solutions to the challenges.

- Most agree that the risk-focused framework is a more comprehensive, evidence-based approach to prevention policy and service development. The driving interest of key leaders was to establish strategies and processes to resolve complex persistent social problems by:

- Thinking beyond the short term ‘fix it’ initiative that addresses increased demand and symptoms, and leads to increasing resource capture.
- Understanding the interrelatedness of problem behaviour outcomes, risk and protective factors, program goals and interventions.
- Influencing policy decisions based on evidence-based knowledge of causal risk and protective factors for improvement of youth and community outcomes.
- Vision setting and prevention planning for 1–10 year effects for changing trends in youth outcomes.
- Recognising that major problems cannot be resolved by focusing on the primary problem.
- Recognising that major problems cannot be resolved by efforts of single agencies and programs.
- Mobilising high level support of community key leaders and members is a critical process for influencing change in standards, laws, practices and behaviours of institutions, including government, programs, families and individuals.
- Willingness to invest in research and development of risk-focused systems and evaluation of current programs based on outcome measurement.
- Acknowledgment that the ‘deficit model of service intervention’ is limited to the extent it only deals with the primary and severe symptoms of the problem.
- Development of community partnerships between and across agencies to improve knowledge and action for priority concerns considered to be creating system-wide implications.
- Greater support for program approaches of strengthening protective factors and resiliency of the individual, family, school and community.
- Using data and new mapping technology to gather knowledge of the risk profile and...
service gaps of a community and geographic areas.

- Preparedness to enter into joint multi-agency planning and reviews of service effectiveness to influence area and community-based agreed priorities.

3.5 Features of a Risk-Focused Approach

A risk-focused comprehensive approach is considered exemplary for preventing youth problems and has been introduced into the UK and US government and agency policy and programs. This is because it guides and informs leaders of the current evidence base and program logic of prevention science to inform the establishment of outcome-based planning processes. Governments and human services agencies find the features of this approach assists them to shift resources towards prevention.

The leaders and organisations that have decided to use the CTC risk-focused framework find it most valuable for informing communities about the multiple factors and knowledge of the interrelated conditions of social and family, health, education, and economic conditions and diversity of local communities. Equally the interagency community Boards learn of the protective factors that strengthen individuals resilience and community connectedness to inform collaborative decision-making for future directions of community services.

Features of future and existing arrangements are shown in Table 1 below.
<table>
<thead>
<tr>
<th><strong>Future Service System</strong></th>
<th><strong>Existing System</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Partnership of government and community based on commonly adopted service prevention framework</td>
<td>Single agency policy development resulting in gaps and duplication of effort and resources</td>
</tr>
<tr>
<td>Service planning decisions based on ‘what programs work’</td>
<td>Service planning decisions of client demand and not knowing what works</td>
</tr>
<tr>
<td>Agreements for pooling funds for comprehensive prevention planning, research and programs</td>
<td>Specific program funds for separately defined planning, research and programs</td>
</tr>
<tr>
<td>Service designed to address multiple risk factors and problem behaviours</td>
<td>Services address primary problem behaviours and associated risk assessment indicators</td>
</tr>
<tr>
<td>Research and evaluation data of evidence of diversity of community profiles of risk and protective factors and outcomes</td>
<td>Service usage, demand and status data as indicators of community need</td>
</tr>
<tr>
<td>Resource allocation to strengthen prevention of community priority risk factors through selective use of multiple programs across the age span of child to youth</td>
<td>Allocation of prevention resources for specific programs for a specified primary problem, age group and outcomes</td>
</tr>
<tr>
<td>Comprehensive policy and program frameworks for addressing the interrelated factors and problem behaviours affecting youth</td>
<td>Policy and program frameworks defined according to the program responsibility and funding accountability requirements</td>
</tr>
<tr>
<td>Community collaborative body sets joint interagency program priorities</td>
<td>Priorities for funding of community-based programs set by central agency</td>
</tr>
<tr>
<td>Agreement for use of a streamlined shared prevention system, research and prevention program management database</td>
<td>Duplicated use of resources and incompatible database systems of research, planning and program data across agencies</td>
</tr>
</tbody>
</table>
4. A Risk-Focused Prevention Approach and Communities That Care Program Initiative

4.1 History of Development

Professors Hawking and Catalano of the Social Development Research Group (SDRG), University of Washington, have led international primary research and reviews for more than 20 years into prevention science on the influences which effect the healthy development of children, youth and families.

A central focus of this work is on risk and protective factors as predictors of positive outcomes for children, the health and behaviour problems that get in the way of positive development, and the effectiveness of programs in influencing these factors. This new knowledge inspired Hawkins and Catalano to design CTC as a comprehensive system grounded in six years of field testing to provide communities and human services with a sound evidence-based system for strengthening prevention approaches.

In 1979, the SDRG began to develop the Social Development Strategy as the theoretical framework for risk-focused prevention that underlies much of their research work. The combined knowledge base of risk and protective factors and the Social Development Strategy is the theoretical framework of youth risk-focused prevention science and the CTC approach.

In 1984, Developmental Research and Programs (DRP) was founded as an organisation to achieve the mission to translate current research findings into programs and services. DRP's goal is to develop and distribute materials and training for families, schools and communities that contribute to the healthy development of young people and to reductions of health and behaviour problems, such as substance abuse, violence, crime, teen pregnancy, and school failure and dropout.

DRP is the principle company for support to CTC program initiatives to major government human services, education, welfare, justice and substance abuse agencies. DRP services include training, technical assistance and tools on the CTC model for state and community leaders, prevention boards, and other human services professionals. CTC training has been delivered to communities in 44 states and territories, and in the UK and Netherlands to assist Board's with completing the risk survey, resource assessment and prevention plan.

Services are provided on a contracted basis to produce: CTC Youth Surveys, data mapping systems, prevention plans, education seminars, expert consultancy on risk-focused prevention policy and program development, and training and education materials.

4.2 CTC Operating System

CTC is an outcome-based planning system for preventing health and behaviour problems among children and youth. CTC is a research-based, data driven approach that allows communities to demonstrate effectiveness in preventing youth problem behaviours including violence, substance abuse, delinquency, school dropout and teen pregnancy, while promoting the healthy development of young people.

Aims

The CTC approach is based on communities organising to:
• Mobilise and engage all members of the community with a stake in futures of children and youth, including elected leaders, parents, human services, police, schools, churches, the business community and residents.
• Establish a shared community vision, a common language and understanding of prevention approaches, and collaborative structures to integrate diverse community efforts addressing children, youth and families.
• Establish a strategy plan and priorities for action on a data-based profile of community strengths and challenges.
• Define clear and measurable outcomes that can be tracked over time to show progress and ensure accountability for resource commitments.
• Identify gaps in the current strategies and programs' response to priorities.
• Evaluate progress toward desired outcomes for children, youth and communities.  

Research Basis of CTC
The research foundation for CTC comprises four primary areas, all of which form the basis of the framework:
1. The Social Development Strategy
2. A comprehensive community-wide approach
3. Data-based predictors

1. The Social Development Strategy
This strategy guides communities towards identifying a vision of future wellbeing and youth development. It outlines the logic for achievement of healthy behaviours of youth by organising the main protective factors associated with resilience as a process of behavioural change and development of children and youth.  

The Social Development Strategy begins with the goal of healthy, productive behaviours of young people. In order to develop, young people must be immersed in environments that consistently enhance protective factors by communicating healthy and clear standards of behaviour. CTC helps engage all community members in a dialogue about the shared core beliefs that are important to promote across school, family and community.

Research indicates that young people who have strong bonds to their families, schools and communities are more invested in following the beliefs and standards held by these groups. These bonds are created by providing opportunities for young people to be involved in mindful ways, to attain skills for successful involvement and receive recognition from others for their involvement.  

2. Comprehensive Community-Wide Approach
The CTC approach developed as a result of findings from public health on the effectiveness of a community-wide approach to changing attitudes and behaviours associated with heart disease, breast cancer, and drink drinking. It guides communities to mobilise key stakeholders to address youth issues and needs with multiple strategies. It recognises that no single agency can ensure the positive development of all young people.
3. Risk-Focused Prevention Data-Based Predictors

A set of research survey and database tools for measuring the levels of risk and protective factors and adolescent involvement in key problem behaviours are used by communities to develop a profile of community need. The findings inform priority risk factors on which a strategic plan can be devised and a tracking process for measuring changes in the profile.

Risk and protective factor-focused prevention is based on Hawkins' and Catalano's literature review of 30 years of youth substance abuse and delinquency longitudinal studies. This research identified 19 risk factors that are reliable predictors of adolescent substance abuse, delinquency, school dropout, teen pregnancy and violence.\(^{19}\) (See Attachment.)

Throughout the 1980s and 90s, other researchers, including Joy Dryfoos, Robert Slavin and Richard Jessor, have reviewed the literature on behaviour problems, school dropout and teen pregnancy and identified risk factors for these problems. These findings contribute to the framework along with subsequent research on risk factors for violence.\(^ {61}\)

The findings of the cumulation of this research have led to more comprehensive knowledge of the ‘root causes’ and the interrelatedness between the problem behaviours and risk factors.

The risk-focused prevention approach includes a set of underlying principles to guide communities in applying the framework in planning and program tasks. The prevention principles are:

- Enhance protective factors and processes while reducing risk.
- Intervention early, before the behaviour stabilises.
- Include those at greatest risk.
- Address multiple risk with multiple strategies.
- Address the racial, cultural and economic diversity of the community.

The application of these principles by Boards has implications for reshaping the human services system.\(^ {62}\)

4. Promising Approaches

A guide of ‘promising approaches’ prevention and early intervention programs targeted to 0-18 year-olds and families delivered in family, school and community settings have been identified from research into effective interventions. This research review identified programs that showed positive effects on reducing risk factors and enhancing protective factors for those engaged in the program.\(^ {63}\)

The guide assists Boards to select and target programs to critical developmental ages and transitions from birth through adolescence in all areas of children’s and young people’s lives. It is assumed that implementation of these programs, when well matched to address the community profile of risk and protective factors, will have positive impacts for youth and the community.

CTC Planning and Programming Process

The term ‘operating system’ was adopted by CTC to describe the platform that communities can develop as a prevention
system on which different programs and strategies can operate to promote the development of young people. Generally the operating system is developed at a local community level as a three-year, five-stage CTC process that incorporates sequential and systematic stages and tasks to establish a community-wide prevention system.

**Five-Stage Process**

The five stage process of development of a community-based prevention system that communities perform identifies the key achievements important for success (see diagram below):

1. **Community Readiness**
   Community readiness is a term used to describe the critical stage of mobilising and introducing key leaders and community agencies to the CTC approach and research. Leaders foster their interest in sponsoring and adopting a community-led process to improve prevention efforts for children, youth and families. An important aspect of this stage is identifying the community definition; gathering knowledge and mapping current conditions, activities and initiatives in the community; and recruiting significant community key leaders to support the full process.

2. **Orientation and Involvement of Leaders**
   Orientation of key leaders and community members to the risk-focused prevention research and strategy enables a range of groups to support prevention efforts. CTC defines three stakeholder groups to be involved in formally supporting the process: community members interested in youth development; a Community Board to undertake the key tasks; and Key Leader Group of individuals able to influence policy, direct resources and influence public opinion. The involvement of all three groups is the key to successful implementation of CTC and the development of a system.

   The training of key leaders and Board members assists those involved to jointly determine the key tasks for organisation of structures, define community, and organise a role commitment to perform. Once formed, the key leader group develops a vision for the wellbeing and future of young people. It is at this stage that members work together to establish how different elements of the community system will work together and communicate across boundaries and disciplines, how to apply new tools for use in the community, and the process of decision making.

3. **Develop a Data-Based Profile**
   This stage involves the Board organisation of the collection of several types of community-specific data, such as the administration of a survey instrument of risk and protective factors among students, and data archive sources for measuring status of youth risk and protective factors and problem behaviours.

   Analysis of the data is undertaken to determine which risk factors are the highest compared to national figures and trends. The knowledge informs the Board of the risk profile and priority factors and geographic areas to focus community efforts and concentrate resources to have the greatest impact on youth.

   A Risk Profile and Resource Assessment of the existing community resources available to address the identified priority risk factors and
protective factors is prepared. This involves mapping the type and level of resources allocated for specific strategies and programs across community settings. An analysis of the extent of duplication and gaps in programs and coordination linkages informs the Board of knowledge of community assets and assists with recognising the strengths of community efforts.

4. Develop a Prevention Plan

The Prevention Plan results from the work completed in the first four stages. It helps the Board reach a consensus on the strategic priorities for focusing community effort towards prevention. The strategic analysis involves the Board in setting desired outcomes to improve the community profile of risk and protective factors, reviewing promising approaches, programs and strategies that will enhance existing services, and implementing new promising approaches to improve provision.

Action Plans are prepared by the Board to achieve new program implementation and may include processes for interagency cooperation in the formation of proposals. An outline for collection of data to review progress is also prepared to assist the Board with evaluation.

The Prevention Plan forms the basis of community-wide discussions and feedback into the framing of the ongoing implementation and assists in setting the perimeters for all agencies to attend to the priorities both through collaborative and internal activity.

5. Implement the Plan

The Board has the carriage for implementation of the Plan and organisation strategies to create the support, resources and broad-based efforts across community organisations. At this stage, it reviews the strategy, membership, community support and policy and funding sources to effect improvements using the newly gained prevention system to influence changes in the community.

The Board performs coordination, promotion and negotiation of key work across agency networks and supports involvement of youth and family groups. This is an essential task to ensure system-wide changes and sustained commitment by many groups. A guiding process for sustaining collaborative relationships, developing information and communication systems and ongoing education of the community is provided by funding bodies and CTC supports.

At this stage, the Board assigns major implementation action plans and tasks for completion by working groups and agencies with an interest in strategy development. The main tasks are policy review, preparing funding proposals, cross agency initiatives and public relations to meet the priority gaps and enhance existing programs.

The Board regularly monitors the progress of the Plan’s key tasks and community relations and recognises the achievements of community-wide efforts through events and awards.
Training Resources To Support CTC Initiatives

At each stage of the process key training and technical assistance is provided to those involved. The main training programs are:

- Key Leader Orientation to CTC and Prevention Science
- Community Board Education of CTC and Process
- Risk Profile Assessment and Analysis
- Resource Inventory Assessment and Analysis
- Prevention Plan Preparation.

The CTC training strategy provided by DRP also offers sponsor agencies, such as state governments with program management responsibility, opportunities to train agency personnel through accreditation of CTC training for professional trainers.65

Table 2: Communities That Care—Stages of Implementation, Performance Measures and Outcome Indicators

<table>
<thead>
<tr>
<th>Stage 1: Community Readiness</th>
<th>Stage 2: Leader Involvement</th>
<th>Stage 3: Data-Based Profile</th>
<th>Stage 4: Prevention Plan</th>
<th>Stage 5 Implement the Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expression of Interest of CTC</td>
<td>Board Formation and Coalition Building</td>
<td>Risk Profile Assessment</td>
<td>Prevention Plan</td>
<td>Initiate Local Prevention Services</td>
</tr>
<tr>
<td>Agreements with Key Agency</td>
<td>Inter-Agency Collaboration</td>
<td>Data Sharing Interagency Collaboration</td>
<td>Policy and Program Systems</td>
<td>Targeted Prevention</td>
</tr>
<tr>
<td>Key Leader Sponsorship and Mobilisation</td>
<td>Community Mobilisation</td>
<td>Resource Assessment</td>
<td>Initiate Program and Policy Development</td>
<td>Identify and Leverage Policies</td>
</tr>
<tr>
<td>Coalition Development</td>
<td>Community Ownership and Capacity Building</td>
<td>Resource Sharing</td>
<td>Synthesis of Interagency Goals and Protocols</td>
<td>Reduced Duplication and Service Gaps</td>
</tr>
<tr>
<td>Cross-Agency Agreements</td>
<td>Formation of Community Board</td>
<td>Resources Leverage Three-Year Prevention Plan</td>
<td>Enhanced Protective Factors</td>
<td>Program Initiatives</td>
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<tr>
<td>Capacity Building</td>
<td>Intergency Commitment</td>
<td>Comprehensive Action Plan</td>
<td>Community Strengthened</td>
<td>Change in Youth Behaviour</td>
</tr>
</tbody>
</table>

Non Shaded: Performance Measure
Shaded: Outcome Indicator
5. Policy and Program Endorsement

5.1 Development of Policy and Programs

The extent of CTC’s high level endorsement by the US Congress, the British Government, prominent universities and research centres, demonstrates the applicability of the technology for building national, state and local prevention systems.

Evidence of the extent of integration of the framework for national, state and local adoption is outlined for:

- Policy and program adoption.
- Program planning for system reform and implementation.

Policy and Program Adoption

National Adoption

US Policy and Programs

Since 1994, the US Federal Department Office of Juvenile Justice and Delinquency Prevention (OJJDP) has incorporated the CTC approach as a centrepiece of the national crime prevention policy framework.66

The 1996 National Juvenile Justice Action Plan states: ‘we can interrupt this escalation of violence based on identified positive and negative characteristics—protective and risk factors—that are present or lacking in communities, families, schools, peer groups and individuals. These factors either equip a child with the capacity to become a healthy, productive individual or expose that child to potential involvement in crime and violence’.67

Key objectives of the Plan include, as well as sanctions and treatment for offenders, a prevention and developmental focus: to provide opportunities for children and youth, to break the cycle of violence, strengthen and mobilise communities, and support the development of innovative approaches to research and evaluation.68

The Plan establishes incentive grants to the 49 states and six territories for the ODDJJDP Title V program implemented on the basis of local communities adoption of “risk-focused prevention” strategies including those identified in the social development prevention model, Communities That Care (CTC) developed by Hawkins and Catalano.”69

Funds are granted on a State 50 per cent matched basis which, in turn, awards subgrants to units of general local government to support programs for local delinquency prevention. Federal Department of Justice dedicated funding for 1994–95 was $36 million for two years and the current allocation is $20 million.70

The aim of the US National Drug Summit’s First Priority Area is to ‘strengthen state and local infrastructure for the funding and implementation of effective prevention services’ (NJCP). The National Drug Prevention Strategy has endorsed the risk-focused prevention approach and applied it to forward policy and program development for state and local interventions.71

The Federal Centre for Substance Abuse Prevention has this year funded a three-year incentive grant to 14 states of over $100 million to participate in a new initiative to
prevent alcohol, tobacco, marijuana and other drug use among America's youth. 72

UK Policy and Programs
The national British policy and program initiatives documented in Bringing Britain Together, a national strategy for poor neighborhoods targeting 44 districts, are being established and are informed by the risk frameworks of US researchers. These programs are: New Deals for Communities; Sure Start; Single Regeneration Budget; Health, Education and Employment Zones; Neighborhood Renewal; and Juvenile Justice Reform. 73

Building a Future for Young People is one of the main themes of the national strategy for reform of youth services. The focus is on development of program initiatives where:

Poor neighborhoods typically have proportions of young people well above the national average and higher rates of infant mortality, child poverty, and educational under achievement, truancy, teen pregnancy, and drug problems are concentrated in the same areas too.74

The strategy establishes core features for effective implementation. No institution is clearly the lead; coordination may be poor, quality and coverage of services varies enormously... and much of what is tried is not based on evidence of what actually works.75

The Director, Social Exclusion Unit, considers the CTCUK Local Pilot Programs are key demonstration programs which apply the core practices of community building and are a significant prevention and early intervention national program initiative.

The Joseph Rowntree Foundation has invested in the establishment of CTCUK. The aim is to demonstrate that risk-focused prevention and CTC research and development expertise can be translated to the UK context and facilitate innovative government policy and services development for children, youth and families.76

This is the largest single sponsored initiative by the Foundation. Funds have been granted for three years—more than £2 million to establish the translation of the CTC research tools of risk and protective factors survey instruments, data indicators, training and development, promising program review and evaluation tools to be applied to human services.

US State Policy and Program
States governments in support of the OJJDP Title V program have provided matched funds to strengthen local prevention program in 49 States. Some states have combined state funds to support initiatives for community mobilisation using the CTC planning process. A 1996 review of the program's progress to the US Congress argued that a risk-focused prevention strategy was needed because:

Half or more of all authorities were unable to spend funds on juvenile justice prevention because of other priorities.77

5.2 State Adoption
Visits to the US state government departments of justice of Pennsylvania and Colorado provided an opportunity to understand the
progressive development and adoption of the justice federal/state/local joint implementations of CTC initiatives.

Pennsylvania State Community Partnership for Safe Children

In 1994, the State of Pennsylvania initiated the Pennsylvania Commission on Crime and Delinquency (PCCD) and established the CTC state-side funded program. The Office initiated a broad strategic alliance led by The Governor’s Community Partnership for Safe Children. The partnership strategy works to align prevention goals and initiatives across state departments to:

- Increase knowledge of root causes and risk factors of youth violence, improve coordination among local agencies dealing with children and family services...make prevent services accessible by local communities, identify existing prevention models that can be replicated by communities.  

The state government partnership comprises state cabinet members, secretaries of education, health, public welfare, commissioner of police and crime and delinquency, local government, business leaders, victim’s service, faith and community services.

The centerpiece of the Partnership is the science-based, risk-focused prevention and community mobilisation process called CTC—for introduction of reforms to strengthen prevention of the states juvenile justice system.  

Service System Reform

The State Public Welfare Department is running concurrently the process of implementing a Family Services System Reform (FSSR). A strategic view of the partnership collaboration has endorsed the integration of the reform objectives and encourages the application of the CTC planning process to achieve the FSSR goals of service integration.  

State CTC Local Program Initiative

In 1994, PCCD established a statewide CTC program of local initiatives for delinquency and violence prevention. It now supports 44 CTC sites for building a statewide community prevention systems.

Funds are allocated annually for implementation over three years for local counties to:

1. Provide training and technical assistance for all CTC key leaders, Board Members and coordinators through a contract with the University of Shippensburg.

2. Establish prevention programs funding: between $30,000–50,000 per year is allocated to eligible counties that have completed the training, risk and resource assessment and prevention plan. The funds comprise annually $529,000 of federal Title V Delinquency Prevention Program grants to the state.  

Colorado State Crime Prevention and Public Safety Policy Initiative

The Colorado State Department of Criminal Justice, has established over four years The Building a Generation (BAG) local program grants funded through the Division of Public
Safety (DPS). Leaders of state agencies initiated the introduction of the program following an orientation to CTC and the risk-focused prevention approach and in response to concern about the rise in juvenile crime. Since 1994, DPS has supported the development of 15 local community BAG projects. These communities are diverse and include isolated rural small towns, larger rural counties and suburban counties. The support for CTC was initiated by leadership.  

The DPS manages the initiative and program funds. In 1998–99, federal and state funding for BAG was $816,000. Localities are expected to match funds with 50 per cent of the grant amount, cash or in kind. Grants must be awarded and administered by local governments.

BAG implements the CTC planning model of the five-stage process of planning and programming. DPS employs training and technical consultants to support the local Boards in undertaking the planning tasks, training, and program implementation. Community Boards that complete stages 1, 2 and 3—community readiness, leaders involvement and risk and resource assessment—become eligible to apply for the BAG Title V Incentive Grants for Local Delinquency Prevention programs. The $400,000 annual state allocation is for implementation of the prevention plan priority ‘promising programs’ in the community.

The program aims to achieve policy and systems changes:

BAG sustaining long term change in a community is complex and requires creating and committing the infrastructure necessary to involve all segments of the community over an extended period of time. BAG requires that community Boards adopt a core prevention policy and members receive training in the CTC risk-focused prevention planning process.

5.3 Local Adoption Overview

State governments fund agencies to implement the CTC generic ‘operating system’ for prevention planning and outcomes based programming. Local communities submit for state funds for CTC three-year implementation process—training, technical assistance, survey assessments and prevention planning tasks.

Local community adoption of CTC varies because of the history of community service development, community infrastructure and conditions, leadership commitment of main organisations, local government commitment and planning process, and level of employed coordinator support.

In both the UK and US, local key leaders, particularly local government and education leaders, have sponsored the adoption of CTC after attending an orientation seminar on risk-focused prevention. Leaders then decided to mobilise wider leader and agency support over a 6–12 month period to learn the key objectives, assess ‘community readiness’ and the requirements and process for applying for funding support. Broad-based membership of representatives across major community agencies, such as the elected councillors, police
chiefs, human services directors and education superintendents, are engaged.

All CTC local communities are established following a formal selection process run by funding agencies that establish criteria for eligibility based on detailed written proposals, negotiated contract agreements to meet performance outcomes, Board member and interagency formal endorsement, provision of training, technical assistance and accountability requirements.

Community leaders recruit others and form community boards of agency and community representatives that are responsible for organisation of the major youth services planning and implementation process (see Table 2). This begins with carrying out a detailed community survey of risk and protective factor and resource assessment of local service provision.

The Board develops the Prevention Plan to align priority strategies to reduce risk factors and enhance protective factors with existing prevention efforts, and to establish new initiatives to address gaps in services for improving local access to early intervention and prevention for youth, families and the community.

All CTC local boards visited reported that it was critical to implement the initial stages and tasks within the defined program guidelines to effectively assess the community needs. By applying the principles of risk-focused prevention, boards worked to progressively mobilise the wider community of institutions, citizens and governance to support strategies of policy, program and systems change.

CTC is widely adopted by very different communities with different socioeconomic characteristics, culture, geography of rural and urban locations, size of population, and prevalence of problem behaviours.

It is possible, to some extent, to generalise about the CTC development and intended outcomes for communities. During the visit, two kinds of interrelated adoptations became known:

- Community building of disadvantaged neighborhood communities
- Community institutionalisation of prevention policy and services.

Community Neighborhood Building

The adoption of CTC by disadvantaged neighborhood communities occurs after key leaders define the community for involvement. These communities, such as the outlying Cumberland County, Pennsylvania, US, and neighborhoods of a large coastal City of Swansea, Wales, UK, consist of small neighborhoods in poor areas with populations varying from 3,000–12,000 people.

These communities comprise smaller neighborhoods where the trends of youth involvement in serious behaviours is longstanding. Evidence of a lack of human services and programs is widely recognised. The focus is on strengthening communities through prevention planning and improved resource provision.

Cumberland County, US

Leader Interest

Cumberland County leaders adopted the CTC process in 1995 to improve community action for youth through creating a service planning
function and increasing resources in the county. A disadvantaged neighborhood was selected for community building to improve community conditions.

Community Characteristics
Cumberland County, Pennsylvania CTC is located in Carlisle and South Middletown school district neighborhoods. The urban county is in south-central Pennsylvania, 20 miles from Harrisburg, the state capital city, with a population of 44,387 (1990) and 24 percent under the age of 18 years. The Carlisle community is highly disadvantaged with few services for all ages, high levels of violence and evidence of poor parenting, racial tensions and mistrust of local authorities, in contrast to the Middletown district. 

Board Membership
Local county leaders recruited board members to act as a steering group. The members represent the community and agencies of youth, parents, YWCA community services, mental health, drug and alcohol, university, church agency, probation office, police, education, district attorney and adult probation agencies.

Stage of Process
A full-time coordinator has supported the board’s role in community planning for three years in undertaking the five stages of CTC implementation. The board, in carrying out the planning tasks, has hosted structured community-wide discussions on strategies for mobilising grassroots involvement and building long term ownership by families of programs.

Board working groups of neighbourhood residents meet to coordinate local meetings. These forums give input into the prioritisation of risk and resource assessment findings, and address issues of community perception of youth problems.

The Youth At-Risk Survey, conducted in 1995, showed: 48.8 per cent of 12 graders used alcohol on a monthly basis; marijuana is used by 15.75 per cent of 12 graders; and 15 per cent carried a weapon in 30 days prior. The risk profile assessment undertaken at a county level was validated using other data indicator sources, such as youth crime rates, school enrollment, child abuse rates. It identified for the target neighborhood communities:

- Drugs and alcohol are relatively easy to obtain by youth in the target area.
- Norms among youth have become more favorable to crime and substance abuse, at least among a growing minority.
- A strong core of families who are attached to the area care about it, but this has not been converted to a strong sense of citizen participation.
- Extreme economic deprivation is a dramatic concern.
- A growing number of poor parents in the area experience family management problems and expose children to high levels of risk.

The Prevention Plan set major priorities for development in the next three years of program initiatives and strategies. The board hosted highly participatory public forums to encourage youth, agency and citizen participation in the strategies to address the priority risk factors.
The selected programs were agreed to by the board following review of promising approaches and match to the local priority risk factors and protective factors profile.

**Achievements**

Since completion of the Plan two years ago, CTC has resulted in increased program initiatives to address the Plan’s priority areas and gaps in services in high need neighborhoods. Interagency cooperation of CTC board members, including establishment of a community collaborative consisting of the hospital, CTC, YMCA, YWCA, and escape centre has resulted in establishment of a neighborhood PATCH worker in Carlisle; a youth run afterschool program for children; secondary student advocacy of priorities for youth programs; public forums on violence; collaborative processes for improving police practices and procedures; media coverage of CTC healthy beliefs and standards; redevelopment of poor housing lost though joint housing; recreation and day care services; inventory of parenting training programs; and community service projects, such as local youth activities.

Family and youth sub-committee groups meet to coordinate and run new initiatives and events such as recognition events and student forums on priorities for youth services and youth issues.

These strategies are a result of coordination of interagency goals to support joint prevention and funding. The prevention system is established as the planning framework of the county and community agencies. The board is working with agencies to track client outcomes for evaluation of the impact of these new initiatives.

**Lessons**

The board concluded in a review that the lessons were:

- The community risk profile assessment can effectively be used by the board for building community and interagency support for the issues.
- Agencies can utilise the Prevention Plan as the foundation for implementing new programs and collaborative efforts.
- Neighborhood development in disadvantaged communities can result in strengthening community connectedness when the process creates opportunities for youth and families to establish initiatives and advocate for improved programs.
- Effective community assessment can increase resources and improve interagency collaboration and systems to better target, implement and provide access for residents to programs.

**Community Institutionalisation of Prevention Policy and Services**

CTC aims to assist communities to establish prevention policy, data systems and programs that lead to the institutionalisation of prevention goals in policy and operational settings.

The funding of CTC has created an opportunity for funding agencies and local communities to take a comprehensive approach to youth through addressing the multiple and interrelated causes that increase youth involvement in different behaviours. Community leaders have adopted the CTC process to establish an infrastructure and increased resource base in response to the
trends in increasing youth participation and high costs of intensive services.

**Fremont County—Building a Generation**

**Leader Interest**

The Fremont County, Colorado, initiated the BAG/CTC process through the support of the School District Office and established an interagency committee that merged with the Chemical Abuse Steering Team. The process was initially supported through volunteer effort until 1995 when BAG provided funding for CTC process implementation, training and program incentives.

**Community Characteristics**

Fremont is a large rural county of approximately 75,000 people comprising communities with diverse social and economic characteristics. The major issues of the county are community perception of decline in employment opportunity, drug and alcohol use among youth, juvenile crime, family stress and poverty. Constraints of county capping of expenditure for human services of 6 per cent limits the availability of new funds to services.

**Board Membership**

Key leaders including the education superintendent and county directors initiated BAG by mobilising local agency managers across the continuum of human services to form a community board. The board’s role is to develop and implement prevention policy and program initiatives to increase prevention strategies.

The board has more than 30 members and includes representatives of business, church, health, corrections, recreation, schools, family centre, sheriff, parents, police, drug and alcohol services, district attorney, city, youth programs, students, and community projects.

The board’s executive recruited more than 40 new community members to assist with implementation of the Prevention Plan actions plans. Members of the board’s planning sub-committee meet as ‘action teams’ to develop six specific strategies for addressing service gaps and enhancing existing prevention strategies.

**Stage of Process**

The board has completed the five-stage process and in doing so has taken an assertive role in recruitment and training of all key agencies to educate human services managers, practitioners and residents about BAG’s risk-focused prevention strategy. The risk and resource assessment planning tasks included a full assessment of 19 risk factors. The board’s findings showed the priority risk factors for prevention were to address poor family management, extreme economic deprivation, and community norms and laws.

In 1996, a resource assessment was completed to show the availability of resources to address the priority risk factors by questionnaires to all agencies. The assessment showed that more than 100 programs were addressing the priority factors. A resource manual was produced for local agency reference.

The board developed a comprehensive Prevention Plan by defining the desired outcomes to be achieved as a result of implementation of programs. Outcome statements and indicators were used to identify measures tied to programs and
participant behavioural outcomes for risk and protective factors. For example, the plan specifies:

**Gap:** Parent education for parents of high school students

**Promising Approach:** Parents Who Care program

**Domain:** Family and school

**Outcomes:** To reduce family management problems, as indicated on assessment, by incident of runaways by 50 per cent by the year 2002.

**Participant Outcomes:** To increase participant interaction skills in the use of guidance, monitoring and consequences as measure by pre and post tests.

To increase the amount of time parent/ caretaker spends in positive interaction with adolescent as measured by the number of participants attending training.

**Program Outcome:** To provide Parents Who Care program for a minimum of 15–20 parents of high school adolescents through universal access to parents from all three school districts.91

**Achievements**

The Board’s interagency and community-wide planning system and strategies have created a prevention policy platform and major improvement in resource provision. The BAG’s core features are recognised as: community-based interagency prevention structure, local research evidence basis of youth and community profiles, collaborative processes for strategic planning and decision making, and capacity for program enhancement and service development of new initiatives

A highly collaborative action planning process has led to interagency agreements to work to implement the county-wide Prevention Plan. Agency members attended a strategic planning workshop to coordinate existing prevention efforts and agreed to adopt a core mission and process of joint implementation to avoid duplication and integrate priorities in line with agreed common agency goals and aligned priority risk factors.

The Plan is endorsed by member agencies and the board bylaws agree to offer formal endorsement of specific agency new initiatives that address the priority risk factors. The board adopts an effective strategy of seeking interagency agreements for the delegation of agency roles in preparing funding proposals and managing new initiatives.

The impact of BAG in the county is well recognised:

- Cross-agency agreement on human service prevention priorities.
- Collaborative planning using BAG data has resulted in leverage of $2,483,000 of new funds to reduce gaps in community services.
- Major program initiatives, for example: community awareness training of 250 community members on the impact of drugs and alcohol; establishment of an alternative high school for 49 students ‘at risk’ of school dropout completing diplomas; mentoring program supported by community volunteers for youth; community behaviour standards campaign,
including youth mural and community service projects; Fremont Family Center for family support services; parent education programs for parents of primary and high school age groups. 92

Fremont board’s initiative has created the capacity to demonstrate to policy and funding bodies evidence-based assessment of community needs and alignment of resources and programs to improve the local conditions. The prevention system establishes a comprehensive outcomes-based system that has resulted in additional prevention programs for 0-18 age groups and families. Over the next year the board will reassess the risk profile and outcomes of new initiatives based on the Plan’s set measurements.

Lessons
Significant lessons from the Board’s experience are:

- A community-led process requires key leaders to set a clear vision statement for youth outcomes that addresses the major community concerns to be translated into standards for agencies.
- Board membership requires high level support to create an effective strategy of interagency prevention planning, implementation and delegation to lead agency groups.
- Board, key leader and agency training in risk-focused prevention logic needs to occur if they are to direct the prevention planning process, apply research tools for assessing community conditions, and manage interagency collaboration.
- Implementation of the Plan requires agency leaders to adopt prevention principles to reach agreement on common data systems, resource commitments to address gaps, and realign existing programs across agencies.
- Board promotion of community involvement of youth and families in action teams to implement strategies ensures citizen feedback and ownership at a neighborhood level.
- County-wide prevention policy implementation can encompass targeting of specific neighborhoods to strengthen prevention resources and integration of existing coordination mechanisms.

5.4 Program Planning for System Reform

Overview
A seven US state governments partnership with the SDRG has been established for four years to develop indicators of risk and protective factors for statewide program research and service planning. The project strategic directions undertaken by the State’s of Washington, Kansas, Maine, Oregon, Utah, Colorado and Illinois aim to achieve:

- Adoption of the risk-focused prevention and method
- A prevention and early intervention policy
- Improved prevention data systems of statewide profiles.
- New program initiatives and service planning systems for management of program funding arrangements. 93

Washington State Alcohol and Drug Substance Abuse Services
Washington State, Division of Alcohol and Substance Abuse, (DASA), Department of
Social Services and Health Services, for the past five years has invested in risk-focused prevention to establish a statewide prevention system. The system includes development of new policy directions, a database, sector training, and strategy for systems reform.

From 1995–97, support has been provided to county prevention specialists to develop county prevention action plans for service development based on the risk and protective framework which includes outcome and process evaluations. This represented a shift away from traditional planning based on setting of program priorities. 94

DASA, in 1998, developed a prevention program management system comprising a risk and protective factor profile database and reporting system. The system was established jointly with the state Local Government Division and Office of Public Instruction. A state, regional and county survey of 14,601 students was funded to create the database measures of the adolescent health profile of behaviours and risk/protective factor. 95

It provides area-based profiles of 17 risk factors and five protective factors. The survey was introduced to support the service system changes at state, regional and county levels to be administered every two years to track trends in factor analysis and rates.

In 1999, Washington State was awarded a federal incentive grant as an opportunity to consolidate the prevention system. A major initiative has commenced, led by the Governor’s Substance Abuse Advisory Committee, with 30 members across the state working together to reverse the upward trend of youth alcohol and drug abuse. A set of strategies will be implemented in the next three years including:

- Agency collaboration of state level prevention systems changes.
- Substance abuse risk-focused prevention research.
- Encouraging the use of effective actions and program services.
- Applying for state incentive grants.
- Establishing and monitoring program evaluation outcomes. 96

In the first year the collaborative planning strategy has worked to deliver a Substance Abuse Prevention Plan for building interagency policy and reform and fund incentive initiatives for agencies demonstrating risk-focused planning methodology and plans to support promising program implementation. 97

A new funding system to be introduced will significantly alter the criteria for funding prevention services. Agencies seeking to initiate new programs are required to have set prevention priorities based on selected status indicator and demand data five years onwards.

Agencies will receive funds if they can demonstrate assessment of community need and service interventions based on adoption of the risk-focused assessment and planning process and effective interventions across the 0-18 age group for meeting specified outcomes in a set timeframe. The proposal must have been endorsed by a community interagency organisation in support of the intervention.
A major shift in prevention policy and program management systems has led to addressing the imbalance in prevention services. Flexible funding arrangements have been created for community agencies to determine the priority risk factors prior to selecting program initiatives and seeking funds.
Evaluation of US CTC initiatives has been commissioned by funding bodies to report on the effectiveness of the CTC methodology and implementation of the five-stage process as a community-led strategy. The studies have been in the second and third years of implementation. The major studies are designed as 'process evaluations' using qualitative data and techniques to assess the effectiveness of adoption, task completion and process outcomes as benefits for communities.

The evaluation of CTC using an 'outcomes evaluation' design to assess the impact of the CTC process and associated program initiatives has not yet been undertaken. The US funders have considered it too costly to commission.

An evaluation of the CTC UK demonstration programs is underway and incorporates an assessment of risk factors in experimental and control communities to measure changes in outcomes for communities.

Evaluation of the CTC process has been reviewed by researchers and a random experimental control methodology is considered by some to be the most rigorous for findings of outcomes. To date, evaluations studies have been conducted in the early stages of implementation and the later impact over time of prevention of youth problem behaviours has yet to be assessed.

In Victoria, a proposed funding of CTC local community initiatives may be evaluated using a combination of control measures and process evaluation to indicate the overall effectiveness. This would require selection of control communities to participate in the evaluation. An initial assessment of the 'suitability' of the CTC approach for introduction in the western region of Melbourne is summarised in the Attachments of this report.

6.1 Process Evaluation

Evaluation of the effectiveness of adoption of the CTC process CTC has been conducted by the US federal and state funding programs.

Evaluation of CTC Delinquency Prevention Programs.

The 1996 Report to Congress, Title V Incentive Grants or Local Delinquency Prevention Programs, of the OJJDP, is the most comprehensive evaluation undertaken in 1996, the second year of the federal grants implementation evaluated local community CTC programs. The findings of the evaluation study showed the benefits for each of the five stages of the CTC planning process, and are outlined below.

Community Readiness
- Mobilise and organise communities to establish a commitment to risk-focused prevention to effect change in youth outcomes.

Orientation and Involvement of Leaders
- Develop coalitions that result in a key leader group sponsoring the Plan and the formation of a multidisciplinary policy Board for building a prevention system.
- Improve the community’s capacity building for implementing the program through leader participation in training and technical assistance, creating an increased knowledge and understanding of youth issues.
Risk and Resource Assessment

- Develop a data-based profile. Perform research-based planning assessments of community profile of risk and protective factors and an inventory of existing services that led to a focus on priority risk factors for implementation of prevention programs.

- Create interagency collaboration and resource sharing among agencies for undertaking the community-wide assessment tasks involving gathering and analysis of data findings.

Develop a Prevention Plan

- Prepare comprehensive Prevention Plans that outline the logic and analysis of the match of risk/protective factor profile to strengths and gaps in existing resources.

- Priority setting for selection of both direct client services for individuals and systems change strategies intended to influence broader community-level changes.

- Sustain interagency collaboration and coordination to combine funding and resources to fully implement the Plans at the local level.

Implement the Plan

- Initiate prevention-focused programs and strategies as a result of success in gaining funding for new programs to address gaps in provision of programs.

- Improve targeting of prevention programs at a community level to groups most in need.

- Increase efficiency of program provision by reduction in duplication of programs and maximising coverage of programs as a result of interagency planning.

- Provide services to youth and families to benefit from prevention and early intervention.

- Institutionalise the risk-focused prevention model as a standard way of developing community services.

Conclusion

The evaluation also concluded that in the first two years of the program’s implementation some early improvements in enhanced protective factors, to reduce the impact of risk factors and participant involvement in problem behaviours, had occurred as a consequence of implementation of prevention programs. It recommended continued program funding and training of boards.99

OJJDP is scheduled to undertake a national evaluation to examine whether the CTC model is more effective in preventing juvenile delinquency than the traditional, single agency approach. It will study program implantation of prevent model and program outcomes and impacts in six selected sets.

Evaluation of Iowa’s Juvenile Crime Prevention Program

An Evaluation of Iowa’s Crime Prevention Community Grant Fund Program 1997, funded by the State Criminal and Juvenile Justice Department studied using process and outcome measures at 20 local CTC funded programs to review the stages of CTC implementation.100 The evaluation results were described in three areas:
1. Planning Processes Used by Local Communities

The extent to which communities undertook the full CTC approach varied. While several conducted systematic assessments of risk and protective factors, the majority used an abbreviated assessment method that combined use of available data and community meetings to establish knowledge of the profile. The planning stages resulted in interagency Board’s identifying priority risk and protective factors and completing a community needs profile.

2. Implementation of Prevention Programs

Improved youth and parent participation in programs resulted from the implementation of plans. Community support for prevention and programs was evident. The types of programs established were:

- Early intervention programs targeting high risk youth: in-home visits, health care services to children and parents.
- School-based prevention programs targeting high risk youth: academic support and tutoring programs for youth, youth leadership programs, and family and parent education and resource centres.
- Youth and adolescent prevention programs: generalist programs for recreational, social skills, neighborhood and community service projects, after school, and mentoring programs.
- Community level programs: generalist crime prevention program for community involvement, neighborhood watch, community services, neighborhood enhancement, community educator and enhancement to develop activities for youth.

Programs implemented were found to be age-appropriate and targeted and reaching the desired high risk populations in their local communities. Coordination and communications and referrals between agencies increased and most communities added local funds to enhance program capabilities.

3. Evaluation of Prevention Programs

The evaluation of community initiated programs by local teams was made difficult because of the short funding cycles in the initial two years. As a consequence, many programs undertook process evaluation, but few sites developed indicators to demonstrate long term impact of prevention efforts.

Overall Conclusion

Overall, the evaluation of the CTC process found the benefits were:

- Greater commitment to prevention and involvement of agencies and citizens in prevention initiatives.
- Effective use of the risk and protective factor framework for education of community leaders and agencies.
- Community-wide support of youth and parents’ satisfaction with the programs implemented.
- Program evaluations showed positive youth outcomes for participants of specific programs. For example, improved school behaviours and performance and decreases in antisocial behaviour were found among youth in the school-based programs, improvements in drug and alcohol refusal enhancement to develop activities for youth.
skills of elementary student participation in school-based training, number of juvenile court adjudication's reduced following the development of an afterschool program, and decrease in juvenile arrests after introduction of a safe streets programs.101

The evaluators also concluded that:

• Communities that used a comprehensive framework of risk-focused prevention in their planning efforts appeared to have clearer and more specific goals, objectives and program models than communities that did not use the framework.

• Strong interagency collaborative agreements developed as a result of prevention funding for the process and programs that helped communities avoid duplication of services, strengthened existing collaborations, and enabled communities to involve youth, parents and citizens in a variety of programs.

6.2 Outcome and Control Evaluations

To date, CTC has not been evaluated using an experimentally designed research study to demonstrate results in reduction of adolescent problem behaviours. This has been due to the difficulty and expense of collecting data over the longitudinal timeframe to assess the impact, and the issue of attempting to control for and measure all the variables which can impact on the research outcomes.

A paper by Professor David Farrington recommended that the Joseph Rowntree Foundation fund a CTC program for implementation because 'it used the most promising prevention strategies to track the important risk factors in particular communities'.102

He prepared a further paper on Evaluating a Community Crime Prevention Programme (1996) that recommended a method of evaluating CTCUK using experimental and control communities and taking measures of key outcome variables (crime delinquency, substance abuse and adolescent problem behaviour) before and after the intervention package. It was noted that:

Unfortunately the US/Government considered a randomised control experiment of 24 communities, but the cost was prohibitive. Hence, the effectiveness of these programmes in reducing crime in the United States has not yet been demonstrated.103

Evaluations in Progress

Outcome evaluations of the CTC process currently being undertaken include:

• The Diffusion Project study of seven state alcohol and drug abuse agencies. It commenced in 1997 to focus on the implementation of the CTC process over five years to determine the effectiveness of state and local prevention systems using epidemiological data on risk and protective factors as the basis for planning and program monitoring. It is conducted by the SDRG. 104

• An outcome evaluation of Pennsylvania’s CTC initiative is currently being undertaken by Dr Greenberg of Pennsylvania State University. It will study the impact on community risk and protective factors. The evaluation will also review the implementation of the planning
process of local programs funded by the state government as part of the crime prevention strategy.

- The three CTC UK community programs will be evaluated over the three-year funding period funded by JRF and conducted by the University of Sheffield. The evaluation will provide regular review material on the effectiveness of CTC local implementation. Feedback will occur annually for improvement of CTC implementation at critical stages. Overall risk and protective factor changes in community profile across the three demonstration programs and three control sites will be measured.\textsuperscript{105}
7. Youth Services—Lessons from the Study Visit for Community Building

The translation of the risk-focused framework and CTC process can benefit the Victorian community by informing government and agencies of the evidence base and providing a guiding methodology for setting new directions for prevention and early intervention services development.

This section outlines the suitability of CTC as a preventive approach, features of youth services planning, importance of partnerships, and the existing progress of government and agencies with an interest in achieving common outcomes for youth.

7.1 A Preventive Approach for Youth Services

The CTC risk-focused approach clearly is most suitable for improving prevention strategies and early intervention youth services. It is a well-developed methodology for supporting capacity building of local communities. The objectives and benefits of implementing the process are found to underpin strategies for:

- Strengthening communities in which youth are vulnerable because of the compounding effects of decline in infrastructure and increases in youth issues.
- Investing in community-based prevention and early intervention strategies that are targeted to addressing the community concerns based on evidence of need.
- Establishing partnerships for government, non-government, local government and community planning of future directions in youth services.

The CTC framework is equally of value to Federal, State, non-government and local government and community based agencies working to achieve better opportunities for young people.

A major barrier to achieving a consensus on the way to increase resources for prevention and early intervention services -to addresses delinquency, drug and alcohol, and other areas -has been the lack of leader commitment and comprehensive research framework to inform joint planning and use of resources.

In April 2000, the Minister for Community Services will release the major research of Victoria’s Youth Profile of Risk and Protective Factors across regions and local communities. This will provide the first comprehensive knowledge of the correlation of risk factors to current problem behaviours. The benefit of these research findings is to provide an opportunity for interagency discussions of the implication for existing services.

In Victoria, the challenges are to build partnerships across agency boundaries to assist in working to support young people in the transition and pathways of child to adolescence and adulthood by improving the arrangements of human services.

An interagency and community partnership facilitated through a CTC process can be a process by which a ‘systems approach’ to collaboration of youth services could assist to:

- Establish a system based on outcome-focused planning and programs.
- Strengthen prevention and early intervention strategies of the service system continuum.
- Improve the systems services responses to youth and communities with multiple and interrelated needs.
• Align mainstream human services directions and strategies to achieve common outcomes.
• Create effective and effect infrastructure systems to support streamlining of program systems.

7.2 Features of a Risk-Focused Approach and Planning System

Leadership of all government and sectors is necessary to support the adoption of risk-focused approach in Victoria. In the process of further building on the youth services for early support to youth, overseas communities are asking questions:

• What is the evidence of the prevalence of social problems and issues for youth in the community?
• What programs are most effective in reducing risk and enhancing resiliency?
• Which communities and young people are most likely to be exposed to risks?
• How can existing and new resources be delivered to provide an integrated response to youth?
• What systems are needed to track progress and impact of services?

The major features of a service risk-focused prevention planning system can be summarised as:

• Key leadership endorsement of government, human services, business and community.
• Partnership endorsement of a risk-focused prevention framework and planning and programming approach.
• Establishment of comprehensive youth policy incorporating multi-agency directions.
• Development of an evidence-based research data planning system for assessment of need.
• Review of service provision gaps to inform future priorities.
• Implementation of innovative service system initiatives.
• Evaluation and tracking of impact.

Objectives

The adoption of the CTC process is of benefit to forward the objectives to:

• Establish an integrated framework for developing prevention and early intervention initiatives.
• Build a core research and development evidence-based data system for prevention and early intervention youth services.
• Promote and align core prevention policy and programs priorities for improved targeting of youth outcomes and communities.
• Establish a local prevention system for increasing existing and incentive funding for prevention incentive grants for community-based prevention plans and resources.

Current Progress

Leader and agency endorsement of the risk-focused framework and CTC approach has been given by Youth and Community Services, regional youth committees, Melbourne Rotary Club, local governments and the child and youth sector peak bodies.
In Victoria, this framework has, in part, been applied in the following ways:

- The Department of Human Services, Community Care research project 1999 on the Victorian youth profile of wellbeing will provide findings about the prevalence and correlation of youth problem behaviours, risk and protective factors as indicators of community need. This work is being undertaken based on the risk-focused prevention framework of CTC.  

- The State and Commonwealth Coordination Committee has conducted research into early intervention in youth homelessness to inform government of the pathways of youth homelessness, factors influencing youth, and strategies for early intervention for youth at risk of homelessness.

- Government-funded youth services have begun to introduce in policy and program directions the risk and protective factor framework. Adoption of the framework is evident in the directions for youth homelessness, youth services, juvenile justice, community safety, child and family services, health promotion and mental health.

- The Community Safety and Crime Prevention Strategy of Safer City, Safer Shires adopted a community-based planning process for addressing key areas for promoting safe communities including youth, schools and public places. This program direction encompasses elements of effective community mobilisation and planning.

- The joint partnership between the Department of Education and Department of Human Services for development and implementation of the School-Focused Youth Services has been designed based on knowledge of early intervention programs and adopts a risk factor framework for youth services development.  

- The Public Health and Development Division of the Department of Human Services has commissioned a review of research into effective prevention strategies to address youth health outcomes. This study uses the theoretical framework of risk-focused prevention, social development strategy and promising programs to examine program effectiveness. It will identify international and local programs found to be effective in improving outcomes.

- A Victorian CTC Steering Group, convened jointly by Rotary Melbourne and the Center for Adolescent Health, has developed a proposal for funding of the establishment of six CTC local community pilot initiatives. A proposal for evaluation of the effectiveness of the pilots, has been submitted to the Victorian Health Promotion Foundation.

- Local governments, local youth coordination committees, and regional youth committees of metropolitan and rural communities have hosted forums and conferences on CTC to educate and develop the approach.
The translation of the CTC ‘operating system’ for use as a prevention planning and program development system requires:

- Review of the local research evidence base to ensure the framework includes particular factors related to Victorian youth.
- Review of the Australian ‘promising program approaches’ for producing a planning guide.
- Translation of language and cultural references in the training programs and materials.
- Review of the local youth services infrastructure to establish an implementation strategy for suitable development of local pilot initiatives.

The issues for translation of the framework are addressed below in response to the questions posed by Victorian stakeholders prior to the visit.

Policy and Program Integration

How has the CTC Approach been integrated into policy and program directions?

The framework has generally been fully adopted as the centrepiece of public policy directions in key US federal and state policy and related programs of juvenile delinquency prevention and drug and alcohol prevention. Local government bodies and agencies, as members of community boards, have endorsed the risk-focused framework and Social Development Strategy as a joint basis for improving prevention efforts.

How has federal and state policy developed the CTC initiatives of government and with agencies?

The process of adoption of the CTC approach has happened in different ways, but usually governments first endorse the framework as a policy platform for setting program directions for funded federal/state funding allocations. Governments have undertaken strategic planning in partnership with state agencies to determine the preferred strategy for establishment of the prevention initiatives.

Generally, the local initiatives are developed in a lead in period of 6-12 months to establish a proposal and assess community readiness. A system of annual grants for concurrent implementation of training linked to the stages of the CTC process occurs, using incentive grants to encourage completion of each stage to reward achievements. The progress is dependent on sequential completion of the main assessment and planning tasks before agencies are eligible for program funding.

Has the CTC process been used to support local service system reform?

The aims of the CTC process are to improve policy and program directions for supporting better interventions to impact on the risk profile of local youth and communities. Most local CTC boards consider the role of managing the CTC process as a change process to facilitate improved conditions, provision of services and better targeting to groups on an area basis for achieving long term prevention goals.
The CTC process has been widely used by US communities to undertake a Family Services System Reform because it has common goals to strengthen prevention and early intervention services for children and families through local county area based planning by greater community involvement in planning decision making.

**What evaluation of CTC program implementation and outcomes have been undertaken?**

The major evaluations of CTC have focused on the adoption of the process at the local community level to show the extent of community implementation of the five stages of the process. Reports of US local CTC implementations highlight the significant benefits to communities and youth of implementation of the program initiatives, effective implementation of the stages in a three-year period and improved prevention programs for youth.

To date, random control outcome evaluations of the impact of CTC local initiatives on target groups and risk and protective factors profiles have not been completed due to the high cost associated with these studies. An evaluation of seven US state initiatives of risk-focused prevention applications in the drug and alcohol fields, and evaluation of the UK and Pennsylvania local program effectiveness have commenced.

**Have the CTC process and tools provided a benchmark of technologies for prevention planning and program development?**

SDRG is currently planning to establish a quality assessment framework for review of the CTC systems application. The major agency sponsors of CTC report that it provides the ‘state of the art’ technology for prevention services planning and program decision making, but his has not been formally assessed.

**How has the CTC process been integrated with existing state and local planning and coordination initiatives?**

In stage one of the CTC process - community readiness, community leaders identify existing collaborative groups and identify the process for integration. In communities where existing coordination structures and processes are in place, the CTC Board facilities in partnership with other groups a agreement for formation of a single planning group and structure to strengthen collaboration and minimise duplication of efforts.

Interagency groups meet to facilitate a process for setting a common mission, objectives and goals. The outcome is a restructure to form a single interagency entity that acts as a prevention board using the risk-focused framework.

**CTC Implementation**

**To what extent is the risk and protective factor research used to understand cultural diversity of the population, and is the CTC process used by multicultural communities?**

The primary research into evidence of risk and protective factors and problem behaviours among youth was examined across culturally diverse groups and the analysis was
controlled for ethnicity, class and income. The research criteria for the identification of risk and protective factors includes a requirement that the research studies must have been conducted with diverse populations. This is to ensure the findings are valid for different cultural environments.

The CTC approach has been successfully applied across many culturally diverse communities in the US including, African American, Spanish, Portuguese, Hispanic, Asian and other groups. The different communities adapt the process to make it culturally relevant through making changes to language, leader communications, cultural practices for program implementation, sensitivity to specific religious and cultural issues, and consideration of different norms to promote prevention.

Community boards have taken into account issues such as attitudes to use of services and authorities, role of family and norms of parenting, community preferences for participation in survey, advocacy, and service planning.

In the UK, the language used in the risk factor framework has been changed to be more representative of the social justice and rights policy views of human services. In Australia, the pilot survey measures were tested and include local measures of the prevalence of youth homelessness and mental health for Victoria's youth population.

To what extent does the research survey design address differences in young people's responses in school and home settings?

The use of the survey in schools is generally to measure the prevalence of risk factors according to where the young people live as their place of residence. In some communities the data is also analysed on a school district level but generally because the sample is of secondary schools in the community it is used as the community profile by school board members. The survey questions ask young people both their residential location and register of school student attendance.

The research survey instrument has predominantly been administered to secondary students across the US. The issue of representativeness of the sample is that the sample does not cover students who have dropped out or are not attending school. It is generally accepted that results among high school seniors in surveys such as this are underestimates of young people of that age group. Therefore, interpretation of results needs to be treated with knowledge of the lack of findings for high risk groups.

Is CTC implemented in local communities of different socioeconomic, geographic and cultural characteristics?

The CTC approach has been widely adopted and implemented by diverse communities. A community is generally defined by a geographic boundary and identity of residents. The many communities in which CTC is adopted are characterised by: differences of urban/ rural settings; neighborhood/ county levels; low/ middle/ high income; small/ large population sizes (3,000-100,000 pop.); and homogenous/ culturally diverse characteristics. CTC has not been implemented in communities defined as communities of interest or workplace.
Many communities have diverse cultural groups, including traditional African American and more recently arrived cultural groups living in the community.

How are communities defined in assessing community readiness for engagement in prevention efforts?

In the US and UK the CTC approach draws on health promotion and social research to identify the important features of communities to promote and assess the community’s readiness to become involved and sustain efforts around prevention planning. This research and field testing has led to selection criteria to guide the adoption of CTC and likelihood of success by local communities.

The important features associated with CTC adoption and ‘community readiness’ are community identity, geographic bounded areas, leadership and interest of stakeholders, interagency cooperation, resources availability, data availability, community concern and views of youth issues, problems and prevention - to support the community system to forward prevention efforts? A current research study assessing state and community readiness for prevention is being undertaken by SDRG.

How do community boards apply the CTC framework and research to ensure both rigor and flexibility in planning and program decision making?

The evaluations of local CTC implementations show that boards consistently apply the logic of the risk-focused framework throughout the planning stages by using research data as evidence for driving decision making. The CTC methodology contains principles, strategic planning and assessment tools to ensure rigorous manner and guide the board’s analysis, findings and planning decisions to result in adoption of 3-4 priority risk factors and forward planning.

Boards report that members requires training to adopt a ‘shift in the way of thinking’ to consistently make decisions based on the risk framework and integrate knowledge of existing resources to produce a Prevention Plan. The board adopts a flexible approach to best match existing resources to meet gaps in service provision and usually undertakes to support introduction of promising programs and endorse existing strategies that address the risk profile.

What strategies are developed for establishing key leader endorsement and sustained commitment?

In the initial stage of community involvement, key leaders of government, schools, justice and agencies take up the challenge of promoting the prevention approach for youth. These leaders agree to sponsor the recruitment of other ‘champions of prevention’ and identify individuals and agency representatives and host forums for orienting other leaders to the process. It is generally recruited leaders who have knowledge and are influential in the policy and program areas of local authorities who seek out wide support and attendance for community discussions.

A high level of collaboration by key leaders is sustained both because Boards can seek incentive funding for implementation of the prevention plan, and the planning data and knowledge base is useful for specific agencies.
to use for strategic planning and program decision making. In the US, community leaders also adopt the process without program funds and rely on volunteer participation of board members.

Strategies to sustain and recruit new members include: creating ‘recognition events for rewarding prevention efforts’ both at a local, state and national leadership level; offering refresher and further education of the key tasks of the CTC approach; convening regular community-wide forums for raising and hearing concerns and interests of community members in the research findings and decision making of the process; and active involvement of the local media professionals in the board to promote the role of leadership and benefits to the community.

How have young people participated in and contributed to the local community planning and program initiatives?

Young people are involved in many different ways in the CTC process. The board seeks membership of young people who often are secondary school students in the local school following participation of students in completion of the survey and/ or focus groups to discuss youth knowledge and experiences of living in the community. In some local initiatives, youth attend board meetings. Others have a separate but linked process of youth sub-committee meetings and involvement in implementation of strategies occurs with groups of interested young people.

An effective strategy of some boards was to support young people in organising to host meetings with local authority decision makers to communicate their knowledge and views on program effectiveness and priorities for youth. Youth participation also happens through direct participation in programs established through the CTC process.

What is the infrastructure and agency support necessary to build collaborative processes, structures and strategies of reform?

The infrastructure important to support a local CTC process includes an existing agency to act as auspice for financial and employment administration, office location and equipment, access to local/ state/ data sources; management executive group for the Board to manage the workplace process; an employed coordinator (preferably a full-time dedicated staff person); use of agency meeting space, and provision of resources for leader training, technical assistance and planning tasks. The timeframe is three years onwards for completion of the process.

The commitment by agency leaders and community members is active involvement of board members at monthly to fortnightly meetings, organising of community events, collection of data, and planning workshops. Executive members can be involved seven to eight hours a week to a fortnight depending on the stage of the process.

How relevant are the risk profile findings and data indicators to child and family population groups of the community?

The findings are considered by the researchers to measure risk/ protective factors for the youth sample population of youth outcomes. By measuring youth exposure to risk factors
across grade levels and family, school and community settings, the findings also provide substantial knowledge of the factors which can be assumed to also influence children and adults. It would be necessary to gain a full profile of these age groups to undertake additional research into risk factors. Certainly, the broader measures, such as community transience, drug availability and laws and norms, could be applied to understanding the wider community.

**What are the main cultural and organisation barriers to adoption of the risk-focused prevention approach?**

CTC board members and program managers reported that the barriers to effective CTC implementation were important to address in the initial CTC stages of establishing community readiness and involvement of leaders. The level of leader commitment for youth issues was critical to the establishment of all local initiatives. Unless key leaders and authorities after orientation to the framework recognised the benefits of investing in a process for achievement of longer term outcomes, sustained effort was not forthcoming.

Similarly, members recruited to the board who indicated they were primarily interested in direct service provision were replaced because their interest was not in accord with a planning focus. The board would ask them to act as community supporters at the later stage of program implementation.

A significant barrier in some communities was the response of school councils to using the survey and the limitations of the availability of indicator data and use of different measures of youth status by research bodies. The board membership of the school principal and superintendent role is critical to communicate with school governing councils.

The continual change of key leader agency representatives due to the restructuring of agencies meant in some communities it was difficult to rely on continuing communication with agencies for implementation of prevention strategies. Local managers became the main partners in adopting policy and program changes.

An objective of many CTC boards was to establish a pooling of funds by agencies to resource the provision of prevention programs. The reconfiguration of the local service system is an incremental process that required certain agreements and strategies to be in place before a level of funding commitment was reached. Incentive grants are needed to achieve the implementation of the board’s plan and deliver improved programs.

**Is there ongoing review of the research framework and application in US and UK?**

The review of the framework occurred in the UK and Netherlands to ensure the risk/protective and problem behaviour definitions were both relevant and measurable in the local context. The behaviours of youth violence and delinquency were combined following a review of the rates of both behaviours among youth in the UK.

SDRG is undertaking research into evaluation of CTC and community readiness as part of the ongoing research program.
DRP undertakes a continuous internal review process of the main areas of CTC state/local site development implementation and research, such as development of a 'user friendly survey instrument', introduction of specific community board orientation training and process facilitation training for coordinators, and guidance on the planning process in the resource material is regularly updated to include new strategies.

Feedback of evaluation findings is used to inform further practices such as the reporting of the UK evaluation findings of best practices and recommendations.

**What type of data systems are used for community and service prevention planning?**

The CTC use of research data is primarily used for the assessment of the community risk profile and resources assessment and mapping. Communities have more recently begun to use the more sophisticated and easy to administer risk survey instrument of DRP. This requires having access to use a computer database for development of an index of service inventory and social indicator data.

In a few communities with available electronic facilities, the Geographic Information System has been used to produce visual area maps of risk profiles and asset distribution overlays by areas and neighbourhoods. The risk profile data is validated by collection of specific other data sources, such as juvenile arrest and sentencing data and alcohol outlets for each risk factor, and this is made possible through local agency agreements and support to test the compare the survey findings. These data sources vary enormously by agency and often use very different measures or rates. The data archive resource book is provided to local boards to guide them in this task.  

**Does the CTC approach aim to achieve systems level, group and individual change?**

The CTC process, framework and research basis of the 'promising program approaches' used by boards to guide their decision making for implementation of prevention programs and strategies does suggest effective strategies are multilevel, address multiple risk factors and protective factors, and range in type.

The types of programs proposed in the guide used by local community boards include policy review and introduction of new policies of local authorities; promotion of community standards, laws and norms; strategies aimed to change institutional cultures of school and community services; educator strategies for specific age groups; and targeted programs for youth at risk or likelihood of risk including high risk groups.

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52 Youth Service Development: Taking a Risk-Focused Prevention Approach
In 1998–99, the YAFS Division and Western Metropolitan Region jointly supported a six-month project to assess the suitability of the CTC model to undertake and improve youth services planning. The strategy initiated specific objectives and related tasks to:

1. Assess the Region’s capability to support services planning approach based on the CTC model.
2. Prepare a proposal for the development and translation of the CTC model.
3. Undertake a study tour to assess the reliability for the model for local adoption.
4. Report on a direction for development of a statewide strategy to establish community prevention initiatives.

The project engaged key partners in the review tasks and education of the CTC model to promote wide discussion. Formal endorsement was given for partnering by the regional youth committees (RYC) and a WMR youth services working group of committee representatives met to examine the suitability and regional capabilities to undertake a risk-focused planning approach.

The project facilitated community forums to orientate youth services stakeholders to the CTC model. Meetings were held with the RYCs, regional planning tools were examined, and workshops held to review regional barriers and advantages for youth services planning, including comparison to the feature of the CTC approach.

A summary of the project findings and achievements is outlined.

Task 1. WMR and RYC Assessment of CTC Model for Suitable Translation to Regional Youth Services Planning

Core Components of Services Planning

A set of review sessions with RYC and Department of Human Services representatives completed an assessment of the existing and desired core components of effective service essential components. The recommendation was that these include:

- Community-wide formal regional planning structure and mechanism comprising interagency membership.
- Major focus on a continuum of service prevention and improved early intervention services.
- Consensus of a shared youth services planning framework that establishes a basis for community-based and comprehensive assessment of risk factors affecting youth.
- Research of youth culture, social context and cultural diversity.
- Utilisation of databases that indicate youth population status, major prevalence of risk behaviours, service demand and usage, and risk and protective factors.
- Area-based services planning at a regional, sub regional and local level.
- Region’s capacity to support services planning approach based on the CTC model.

Regional Capability

The review concluded the WMR has significant capabilities to support a prevention approach based on assessment of the existing resources. It is well positioned to:
• Establish Community Readiness and Mobilisation of Key Leader Involvement

Strong interagency structures and processes exist to support a CTC prevention-focused planning process and leaders agree that interest and these functions operate collaboratively.

RYCs and local government youth services networks perform an active role in addressing youth issues, planning and advising authorities and are well prepared to sponsor regional planning efforts.

A WMR orientation forum to CTC was hosted by the Region and the consensus of this meeting of representatives of more than 50 agencies was for government to proceed with the development of the CTC model.

• Risk and Resource Assessment

The WMR has a dedicated services planning infrastructure and unit to perform service planning. A ‘life stage’ approach to services planning based on a population framework is used to examine the risk factors affecting a population’s health and wellbeing.

An investigation of the availability of data showed greater use of aggregate data on client demand for specific services, census on youth status, and academic research survey data. The WMR planning function is producing, with Monash University, a set of indicator data related to risk factor and youth status on a regional/area basis.

A regional services mapping project has been completed. It showed the current database of services and program specific client data could be used for creating a profile of youth need and demand, and service provision.

• Prevention Plan

A main goal shared by agency stakeholders was the need to improve prevention and early support community-based services for youth. Stakeholders identified the benefits of using a common framework for planning across catchment areas through development of a cross-agency and regional services plan for purchasing and provision of services.

A review of the existing planning products showed that the most comprehensive and research-based services planning is performed through contract arrangement to Victorian University. Well-developed technologies exist in research and government agencies to perform planning tasks.

Existing youth services planning efforts vary across the Region and primarily are a function of local governments' role. Youth services planning reports have been produced that incorporate set directions for development of a continuum of service provision in response to diverse needs of youth and differences in local and neighborhood social context.

• Implement the Plan

The youth services system of WMR has a history of development of innovative models of youth services and existing initiatives are in progress to implement future directions of youth services. A strong culture of cross-agency consultation and collaboration are embedded in the Region's youth service system.

Recent WMR initiatives highlight the capability of the network of agencies to
convene the Mental Health Youth Interagency Group; create new consortiums to support implementation of the School-Focused Youth Services; and reach a Spirit of Cooperation Agreement of WMR and local government to establish joint youth services projects.

Evaluation of programs and review of service arrangements are generally undertaken as part of the reporting of program management. Most evaluation work is of program reviews and effectiveness of the services for meeting intended targeting, services provision and outputs for client use of services.

Significant regional youth review projects of community health services, case management coordination, mental health services linkages, and drug and alcohol services provision examined strategies for improvement of youth access and level of service provision for specific and cross-service usage.

**Task 2. Prepare a Proposal for the Development and Translation of the CTC Model**

In preparing a proposal for CTC development it was decided an effective strategy was to establish liaison and support functions for the WMR RYC to prepare a response to YAFS Service Redevelopment that commented on the CTC planning approach for youth services, contribute to the discussions for establishing a CTC steering group, and participate as a member of the YAFS research project group.

**RYC Response to CTC**

A WMR RYC working group was established to prepare a written response to the YAFS Redevelopment. The RYC commented on CTC and the role of the RYC in service planning to describe an interest in examining the CTC model as a approach to services planning.

The paper, A Response by the WMR Regional Youth Committee, November 1998, outlined the need for improved services planning in redeveloping the system and concluded that the planning model of CTC has the flexibility that is required for a service system to be responsive to its community.\(^{1}\)

This report was given as advice to the Minister who then decided to host a statewide forum presentation to hear Dr. Catalano, and for RYC members to gain an understanding of the benefits of the risk-focused prevention approach and CTC operating system. More than 100 youth and community services representatives attended, debated the model and gave a positive response to the introduction of the approach.

**CTC Steering Group**

Following this successful forum, key leaders organised to form a steering group to sponsor the establishment of a Victorian CTC research base and pilot local initiatives for Victoria. A major objective of this partnership was the preparation of a funding proposal for application to the Victorian government for establishment of CTC.

**YAFS Research Project**

WMR also participates in the YAFS Research Project committee to overview the youth research project utilising the risk-focused survey framework of CTC for measuring Victorian youth profile of risk and protective factors. This profile delivers a major component of the CTC model for assessment of risk and protective factors and is a major step in development of a planning system.
WMR Youth Services Planning Group

The project in assessing the CTC process and relevance of the framework facilitated the formation of a WMR Youth Services Planning Group of Department of Human Services to establish a process to collect data and prepare a set of planning tools. The process led the planning group to apply the principles of risk-focused planning and prevention. It produced a set of tools to guide the service planning analysis, assessment of youth statues, types of services provision, continuum of youth risk, principles of planning, and roles and partnerships of stakeholders.

The WMR Planning Unit concluded that the risk-focused prevention framework can be applied to planning for prevention and early intervention services across the continuum. Broader analysis of existing resources, priority setting and outcome measures for service evaluation are required for planning of intensive services. This work has continued as a regional planning strategy.

Summary of Benefits of Introduction of Risk-Focused Approach

The project, through review and testing of the suitability of the CTC model, concluded that:

- Key leaders at all levels of government and youth services identified the benefits of adoption of the model for enhancing existing youth services.

- The evidence-based risk factor technology of CTC offers a major step forward in planning analysis to measure causal factors for a given community and population group to inform decisions for allocations of prevention and early intervention and intensive services.

- The model provides a more comprehensive knowledge base of youth needs, planning logic and community-wide collaboration for managers and practitioners to jointly consider strategies to improve service responses to youth.

- A CTC risk-focused framework and planning process can be effectively utilised by state, regional and local government planners and in partnership with interagency networks to establish an integrated framework for improving service arrangements and strengthening prevention and early intervention service provision.

- An initiative for CTC translation and establishment of the research expertise and local CTC pilot projects would enhance existing technology and tools for effective planning.

The other main tasks include:

- Undertake a study tour to assess the model for local adoption

- Report on a direction for development of a statewide strategy to establish community prevention initiatives.
Attachment 3: Itinerary Study Visit

Gina Fiske, UK and US Communities That Care—Study Visit Itinerary
17 March to 22 May 1999

United Kingdom
CTC London Program
18 March - 1 April 1999

Thurs 18 March, Friday 19 March
Location: London
Agency: CTC UK London
Key Contact: Barry Anderson, CEO
Anita Argwal, Office Manager

Tuesday 23 March
Location: Hackney, London
Agency: Dalston Youth Project
Key Contact: Paul Levy, Director

Wed 24 March, Thurs 25 March
Location: Coventry, UK
Agency: Coventry CTC Program
Key Contact: Jonathan Langmen, Coordinator
Location: Oxford
Agency: Oxford University, Barnet House.
Key Contact: Professor George Smith

Friday 26 March
Location: London
Agency: London CTC Board Members
Key Contact: David Utting, Joseph Rowntree Foundation Adviser
Pat Keen, CTC Secretary

Location: London
Agency: Social Exclusion Unit,
Cabinet Office,
Government Home Office
Key Contact: Jon Bright, Deputy Head

Mon 29 March, Tues 30 March
Location: Swansea, Wales
Agency: Swansea CTC Program
Key Contact: Anne Farrington, Coordinator
Wednesday 31 March

Location: Sheffield
Agency: Sheffield University (CTC Evaluation)
Key Contact: Professor Paul Wiles, Dr Alan France

Thursday 1 April

Location: London
Agency: Audit Commission
Key Contact: Judith Renshaw, Researcher

United States
CTC Programs
2nd of April - 21st May

Monday 12 April

Location: Pennsylvania
Agency: Pennsylvania Council of Crime Prevention and Delinquency (PCCD)
Key Contact: Paul Ward, Director of Training
Mike Kovecevik, Training Supervisor

Tuesday 13 April, Wednesday 14 April

Location: Pennsylvania
Agency: Carlisle, Cumberland County
Key Contact: Site Coordinator, Barbara Carl
Location: Pennsylvania, Dauphin County CTC site
Agency: Evening meeting: Mobilisation against Violence
Key Contact: Site Coordinator, Vladimir Beufils

Thursday 15 April, Friday 16 April

Location: Liberty New York
Event: CTC Board Training

*Colorado Visit was hosted by Build A Generation (BAG), Colorado Division of Criminal Justice
Contacts: Project Manager, Cheryl Wise & Bethany Thomas, Program Consultant

Monday 19 April

Location: Rocky Ford, Colorado
Agency: Build a Generation (BAG) Board
Contacts: Debbie Peters, Site Coordinator

Tuesday 20 April

Location: Fremont County, Colorado
Agency: Canon City BAG Board
Contacts: Nancy Myers-Bosse, Site Coordinator
Wednesday 21 April

Location: Breckenridge, Colorado
Event: State conference: Youth Violence Prevention-Risk Focused Prevention
Build A Generation- Colorado Division of Criminal Justice
Speakers: Sherry Wong, DRP, Development Director
Chief Jim Bueermann, Redlands Project, California
Contacts: Bob Pence, Chair, State Committee
Cheryl Wise, Project Manager, BAG
Bethany Thomas, Program Consultant, BAG

Monday 26 April–Wednesday 28 April

Location: San Francisco
Agency: Wellness Project, University of California (UC)
Contact: Director, Wellness Project
Annette Kaisen, Program Coordinator

Thursday 9 May

Location: San Francisco, Sacramento
Agency: U.C. Davis
Contact: Beth Hart, Program Manager
Healthy Start Field Office

Monday 3–7 May Agenda set at the: University of Washington, & Development Research Program

Monday 3 May

Agenda: Introductions
Discussion of CTC UK & US visits
Review of statewide CTC projects

Tuesday 4 May

Agenda: Discussion on training content, materials, tools, certification process
New developments

Wednesday 5 May

Agenda: Discussion of data systems, archival data, student survey, observations
Risk profile tools and application, Community readiness process

Thursday 6 May

Agenda: Discussion on overseas CTC translation and implementation strategies
Attendees over the week:
Dr Richard Catalano, Co-Founder of DRP
Dr David Hawkins, Co-Founder of DRP
Steve Cranfill, President
Jon Fritzberg, Director of Marketing and Sales
Rick Cady, Director of Site Management
Sherry Wong, Director of Development
Dr Jack Pollard, Director of Research
David Shavel, Site Manager
Holly Demaranville, CTC Program Supervisor
Steve Magallan, Technical Assistance Specialist
Lois Buhman, Contract Lead Trainer for DRP

Wednesday 26 and Thursday 27 May

Agenda: Pennsylvania PCCD- CTC State Conference
Attendees: All CTC Boards Chairs and Coordinators of local programs
Convenor: Shippensburg University and PCCD
Contacts: Paul Ward, Mike Kovecevik & Karen Stodgell
Attachment 4: Glossary: Definitions of Prevention and Early Intervention

A range of definitions of prevention is presented in this section to highlight the valuable perspectives and current thinking across countries and disciplines.

**Prevention**

Prevention is commonly used to convey an understanding that it is possible to prevent a problem from ever occurring. Professors Hawkins and Catalano refer to prevention as:

Based on a simple premise: in order to prevent a problem, we must find out what factors increase the chance of that problem’s occurrence and then find ways to reduce these risk factors." \(^{117}\)

A Review of American, Canadian and British Literature since 1984 by Australian researchers of Programs for At-Risk Youth, states that:

Proponents of prevention do not deny the need for treatment, but their attention is firmly focused — more inclusively — on preventing risk taking behaviours by materially altering the social conditions and changing social attitudes. \(^{118}\)

**A Prevention Continuum of Interventions**

Professionals concerned with addressing the difficulties facing youth ‘risk’ and their engagement in problem behaviours refer to a continuum of interventions of support to young people operating in the environments of community, family and peer settings.

Intervention in each of these settings is conceptualised as following a continuum from: a). Early broad-based prevention to b).

Early intervention efforts, and ultimately to c.) Treatment approaches. \(^{119}\)

This approach also suggests that prevention strategies need to be provided across the continuum of intervention, including treatment—to aim to prevent any further impact and a recurrence of the problem.

**Crime Prevention**

Crime prevention seeks to reduce the risks of criminal activity and events related to misbehaviour by intervening in their causes. It acts at many levels in society, from institutions to the individual, to influence both offenders and immediate crime situations. It may focus on the general population of offenders or targets of crime (primary prevention) those at risk of offending or victimisation (secondary) and those convicted or attacked (tertiary). \(^{120}\)

**Prevention of Drug and Alcohol Misuse**

A hierarchy of approaches exist for responding to young people’s drug use. These include broad-based prevention strategies, closely linked to personal and mental health promotion, that aim to prevent the use of drugs when most young people are considering experimentation. \(^{121}\)

**Early Intervention of Youth Homelessness**

Early intervention refers to measures to help young people as soon as possible after they become homeless. The key underpinning the argument for early intervention and prevention is that homelessness is best understood as a career process, or a series of
transitions from one stage to another. Early intervention and prevention are points for intervention along this continuum of experience.\textsuperscript{122}

**Prevention of Mental Health Problems**

Prevention is defined by mental health services as:

Preventative and early intervention treatment programs are targeted to selected groups of children and young people especially those individuals identified as having multiple risk factors for psychiatric disorders (selective prevention and early signs, indicative of prevention) and are likely to ensure better access earlier intervention and better outcomes in terms of reduced morbidity.\textsuperscript{123}

**Developmental Prevention**

Prevention has also come to be understood in respect of a ‘pathway’ by which a problem occurs, to early signs of the problem arising, and to the recurring involvement or worsening of the problem. It acknowledges problems develop during an individual’s life course and the age span from child to adulthood comprises a series of transitions.

In the course of becoming an adult, for example we move from home to school, from primary to secondary school, from school to entry into the paid workforce, acquiring a drivers license, being able to legally buy alcohol…. At each of these transition points there is the possibility of more than one outcome. For some children, the transition from home to school is unproblematic. Others soon learn that school is a place to stay away from as much as possible…some people negotiate the transition from school to paid workforce with a minimum effort, while others never make the transition.\textsuperscript{124}

**Risk-Focused Prevention**

Risk-focused prevention is:

A method to determine what factors increase the chance of a particular problem occurring and then find ways to reduce these risk factors. These risk factors may be present within two general areas: in the broad social context or environment—the community or neighborhood, and within the individual and the individual’s relationship with the family, the school and peers.\textsuperscript{125}

This comprehensive approach to prevention differs from past studies of single problem behaviours and associated risk and protective factors.

Risk-focused prevention identifies the common risk factors that are known to increase the likelihood of involvement in all five major behaviours including violence, teen pregnancy, drug and alcohol abuse, school drop-out, and juvenile delinquency. Risk factors have been found to occur before the onset of problem behaviours and are associated statistically with an increased probability of drug abuse.\textsuperscript{126}

**Resilience and Protective Factors**

Resilience refers to those factors that protect young people from harm.

Protective factors that promote resiliency of youth modify the effect of risk factors and...
promote even in situations of adversity youth wellbeing.

Some children who are at high risk of health compromising behaviours negotiate adolescence, avoiding the behaviours that predisposes them to negative health outcomes, while others relatively advantaged socially and economically, sustain significant morbidity as a consequence of their behaviour.127

Protective factors include: individual characteristics, including gender, resilient temperament, outgoing temperament, and intelligence; healthy beliefs and clear standards; bonding; and protective processes that build on strong bonds between young people and the significant adults in their lives.

Recent research has created more sophisticated understandings of the interrelatedness of youth behaviours, environmental settings, predictive factors and development pathways of youth that add valuable knowledge as a basis to frame policy and program directions.
References

2 D Naphine, Minister for Youth and Community Services, Speech on the 17th November 1998, Young People in Communities Forum. St Vincent’s Hospital, Melbourne.
4 Western Metropolitan Regional Youth Committee (1998) Communities That Care—A Response by the Western Metropolitan Regional Youth Committee, Department of Human Services, Melbourne,.
9 See note 8
10 Bright, J. see note 5
12 Bright, J., see note 5
14 see note 11
15 see note 13
16 see note 13
19 Developmental Research and Programs, Seattle, WA.
35 see note 26.
38 see note 25.
40 see note 28.
41 see note 30.
48 see note 19
49 see note 19
50 see note 11.
51 see note 11.
52 see note 21.
53 Developmental Research and Programs (1999) DRP History and Management Personnel, Seattle, WA.
54 see note 53
55 see note 53
56 see note 18.
57 Developmental Research and Programs, (1998) Communities That Care Information Packet, Seattle, WA.
58 see note 57
60 see note 59.
61 See note 57
62 see note 18.
63 Developmental Research and Programs (1999) Communities That Care Promising Approaches, Seattle, WA.
64 see note 57.
65 see note 57
66 see note 21.
67 See note 11.
68 see note 11.
69 see note 21.
70 see note 21.
72 See note 71
73 see note 19.
74 See note 19.
75 See note 19.
77 see note 21.
79 see note 78
83 See note 82
84 see note 82
85 Community Services Department, (1998) Cumberland County Communities That Care, Pennsylvania.
86 see note 35
87 see note 35
88 see note 35
90 see note 89
91 see note 89
92 see note 89
93 Social Development Research Group, Information Sheet, University of Washington
94 Governor’s Substance Abuse Prevention Advisory Committee, Washington State Incentive Grant, Substance Abuse Prevention Plan, Department of Social And Health Services, Washington
96 see note 94
97 see note 94
98 see note 21
99 see note 21
101 see note 100
103 See note 101
104 See note 57
105 University of Sheffield. (1998) Evaluation of the Communities That Care Demonstration Projects for the Joseph Rowntree Foundation, unpublished, Faculty of Law US, Sheffield.
108 See note 107
111 see note 95
116 Western Regional Youth Committee (1999) A Response by the WMR Regional Youth Committee November 1998. Melbourne
117 see note 59
120 see note 5
see note 44


see note 124