

Communities that Care

**Review of implementation in three Australian
communities**

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Forward

Communities That Care is a training and technical assistance framework that was developed by Professors Richard Catalano and David Hawkins from the University of Washington in the United States (US) to assist communities to strengthen their capacity to plan and deliver effective health promotion and prevention programs for children and adolescents. The process has been evaluated to be effective in the US context and was initiated in Australia with the vision of promoting the healthy development of children and young people through long term community planning to prevent health and social problems. The Royal Children's Hospital and the Rotary Club of Melbourne have been collaborating since 1999 in the management of a not-for-profit company, Communities That Care Ltd that provides research and technical support for this best-practice initiative.

The report that follows was completed by Mr Peter Kellock from the Asquith Group in June 2007. Peter was commissioned by Communities That Care Ltd to report on the experience of the key-stakeholders from the three "pioneer" communities who have been implementing the Communities That Care process in Australia since 2001. The report reveals significant progress and many achievements associated with the implementation of Communities That Care. All of the three pioneer communities have developed and maintained community partnerships, developed evidence-based plans and delivered substantial services based on these plans. These initial Australian achievements out-pace those documented in comparable countries such as the United Kingdom that have been trialling Communities That Care. However, Peter's report also points out important weaknesses and limitations that will need to be remedied if the future delivery of the Communities That Care process in Australia is to achieve its full potential.

In response to this report, Communities That Care Ltd has determined to modify the future dissemination of the process in Australia. The proposed changes are intended to provide greater initial preparation for communities prior to the initiation of the Communities That Care process. The proposal to increase the emphasis on preparation is expected to stream line the subsequent process and reduce the amount of time communities require to complete the partnership, planning and strategy delivery phases.

The following report is of historical interest in documenting the community experience and impact from the perspective of stakeholders who have been closely involved in the local implementation of Communities That Care in Australia. At the time that Peter completed the interviews some stakeholders were uncertain of the future prospects for their communities. It should be noted that in the months since this report was completed each of the three pioneer communities have advanced active and inspiring programs. Future evaluation reports are planned that will investigate the impact and outcomes for children and young people within each of the pioneer communities. Communities That Care Ltd wish to acknowledge the funding support from the Baker Trust that made this report possible.

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Communities that Care Review

Overview

Introduction

Communities that Care (CTC) is a systematic community approach to developing healthy children and young people based on research-based prevention science. The CTC process brings together a diverse range of people, programs and initiatives and promotes the use of an early intervention and prevention framework. Communities are guided towards understanding their local, identified needs, and then refining and/or developing strategies to address those needs.¹

Initial interest among communities in using this approach resulted from awareness created by the implementation of a statewide survey in Victoria which was adapted from similar work in the United States. The Adolescent Health and Well-Being Survey was conducted in Victoria in 1999 by the Centre for Adolescent Health. Adaptations were made to ensure questions and wording of the USA survey were culturally appropriate for Australian adolescents.

Originating in the United States of America, the Communities that Care process has been adapted for use in Australia by Communities that Care Ltd (Australia), the sole licensed provider of the CTC process in Australia. It is a non-profit company set up under a joint initiative of the Women and Children's Health network, and the Rotary Club of Melbourne. Since 2000 the work of CTC Ltd in Australia has been financially supported by fund raising efforts coordinated by the Rotary Club of Melbourne and through grants from the Victorian Health Promotion Foundation (Vic Health) and a number of philanthropic organizations.²

This review was commissioned by the Board of CTC Australia to investigate the achievements of three pioneer communities that have trialled this early intervention and prevention approach in Australia. Since 2000 three communities have implemented Communities that Care Ltd pilots in Bunbury (Western Australia), Mornington Peninsula and Ballarat (both in Victoria).

The three communities have taken responsibility for the implementation of CTC, with local Boards and groups formed to make the key decisions within a five phase process provided by CTC Australia Ltd. The role of CTC Australia Ltd was intended to provide the following supporting resources:

- strategic consultation
- training
- technical assistance

¹ S. Cahir, L. Davies, P. Deany, C. Tange, J. Toumbourou, J. Williams, R. Rosicka, *Introducing Communities that Care*, 2003.

² *ibid*

- administration, analysis and reporting of the CTC Young People’s Health and Wellbeing Survey and
- a Prevention Strategies Guide.

The five stages of the CTC Framework that each community adopted is outlined in the following table. In some cases, decisions were taken within the communities to vary the titles of groups and Boards to provide a sense of local ownership.

Table: Stages of the CTC Framework

Phase	Focus	Tasks
1	Establish CTC	<ul style="list-style-type: none"> ▪ Create interest ▪ Define scope of planning ▪ Engage communities ▪ Identify Community Readiness
2	Organise CTC	<ul style="list-style-type: none"> ▪ Key Leaders to address community readiness issues ▪ Engage additional community leaders ▪ Raise awareness ▪ Engage the community ▪ Create Community Action Teams
3	Develop a Community Profile	<ul style="list-style-type: none"> ▪ Build Action Team capacity ▪ Collect and prepare community risk and protective factor information ▪ Prioritise risk and protective factors ▪ Conduct a Resource Assessment.
4	Build a Comprehensive Prevention Plan	<ul style="list-style-type: none"> ▪ Build Community Action Team capacity to create a comprehensive health development plan for children and young people ▪ Identify strategies to address priorities ▪ Share the prevention plan with the community.
5	Implement and evaluate the plans	<ul style="list-style-type: none"> ▪ Review the role of the Action Teams ▪ Monitor the implementation process ▪ Conduct evaluation ▪ Refine strategies of the health development plan ▪ Share and celebrate the implementation results ▪ Ensure ongoing review and development

Approach

This review was primarily conducted through structured interviews with individual chairpersons and project officers in each of the three communities, supplemented with a group interview with selected Board members. In addition, the Ballarat community had commissioned an external evaluation of their CTC project (titled Strengthening Generations) conducted by Dr Angela Murphy of the Centre for Health Research and Practice – University of Ballarat in February 2006. This community level evaluation provided valuable additional input to the review.³

³ Dr Angela Murphy “*Strengthening Generations: A Communities that Care Initiative*”

This review, conducted in 2006, occurred five years after the three communities determined to pioneer the CTC approach in Australia. In some cases, there had been some turnover of key personnel in the communities, but the majority of those interviewed had been involved in the management of the CTC approach either since inception or shortly thereafter.

Materials, additional documentation and copies of Community Prevention Plans were also obtained from Executive Officers and through the respective websites established by the three communities. These were found at the following sites:

Bunbury	“Investing in Our Youth”	www.investinginouryouth.com.au
Mornington Peninsula	CTC	www.mornpen.com.au
Ballarat	“Strengthening Generations”	www.ballarat.vic.gov.au

A first draft of the report from this review then received additional comments and information from the CEO and Board of CTC Australia, and their perspectives were also incorporated into the report.

The main focus of the review was to:

- determine the extent to which each community has followed the proposed process or has adapted or diluted the approach
- determine whether each of the stakeholder groups involved is equally committed to the approach
- collect a record of the relevant services and initiatives introduced at each site
- determine what the achievements have been at each community site, particularly in relation to changing levels of risk and protection
- document the perceived effectiveness of the training and technical support provided to the three pilot communities.
- identify key factors leading to successful implementation as well as barriers to further achievement

The review also attempted to investigate the relative impact of implementing the CTC strategy on the key groups within each community that influence the experience of young people: schools; families; peers groups; and the wider community.

It was anticipated that effective implementation of the *Communities that Care* initiative might lead to the formation of strong functioning community coalitions that are committed to the evidence-based approach. CTC Australia was also interested in investigating whether the majority of community partners continued to place an emphasis on the prevention plans that were developed and had initiated action in line with the plan.

Project Evaluation Report by the Centre for Health Research and Practice – University of Ballarat, Feb 2006.

This report provides an overview that documents the main findings from the research, as well as a summary of the situation and achievements of each of the pioneer communities.

Main Findings

- 1. Sustained implementation of the CTC framework requires administrative and coordinating capacity that depends on resource commitments of government, community, local businesses, or a combination of all three. State and local government have shown the most preparedness to underwrite this capacity to date.**

The three pioneer communities were initially able to draw on State Government funding which provided a resource base for several years. In Victoria, the Community Support Fund (CSF) provided the funding mechanism that underpinned both community projects.

The Ballarat Strengthening Generations project established in January 2002 obtained funding both through the Victorian Government Community Support Fund (CSF) and the City of Ballarat to support project coordination and implementation. The CSF component of funding for these projects concluded in December 2005. Since that time, the City of Ballarat has financed the continuation of the project officer position.

The Mornington Peninsula project was also established through CSF funding. The project obtained initial Community Support Fund (CSF) resourcing from 2002-2005. For the period 2005-2008, the project continues to operate on a combination of CSF funding (\$500,000 over 3 years) and (meeting a condition of further funding requiring support from local sources), Mornington Peninsula Shire Council has also committed to a three year financial contribution.

The Bunbury “Investing in Our Youth” project commenced with \$150,000 from the Western Australian Department for Regional Services under the ‘Safer WA’ program. A year later, a national Crime Prevention program injected a further \$100,000 and other small contributions were provided by various sources including Mental Health services, the Department of Education and Training, the Department of Community Development, and Edith Cowan University. This sustained the project between 2000 and 2003.

The three local government Shires involved in the Bunbury project also started to contribute small amounts of funding. An Executive Officer position continued to be funded from residual funds left over from the original three year project (2000-2003), as well as from funding from Lotteries West (that also funded many of the projects developed through the Bunbury project). However, late in 2005, no further funding could be found to meet coordination infrastructure, and the Board wound up the formal coordinator position in the first half of 2006. Since that time a part-time coordinator has been maintained using short-term project funding.

However, while the Bunbury project has wound up administrative arrangements, and the Ballarat project now has more limited project support available with reduced funding, there are demonstrable long term outcomes evident in these communities as a result of the CTC implementation.

A number of respondents including representatives of CTC Australia emphasised the important role the local co-ordinators have played at different stages of implementation. The importance of this role is exemplified in the Bunbury project where the failure to continue funding for the co-ordinator role has been associated with the stalling of a project with initially strong momentum.

2. The CTC process has created strong functioning community coalitions.

This is particularly evident in the Mornington Peninsula community, but is also reported as a significant outcome in Bunbury and in Ballarat.

Current and former members of the Bunbury Community Board advise that the approach successfully created a platform for collaboration.

“The community partnership that was formed was the main success. It has brought large numbers of government organizations together to participate in projects. It has helped to bring financial resources together from various parts of government, and so was a catalyst for ‘joined up government.’” (Bunbury Respondent)

The former chair of the Bunbury CTC project also notes that the process was particularly successful in bringing local government authorities into joint planning processes with both the non-government sector and the community developing common and agreed goals. The strong involvement of local government in collaborative planning processes with state government departments and community agencies was a noticeable feature of the coalitions across the three pilot projects.

While the emphasis on the coalition in Bunbury was focused on state and local government involvement, key personnel involved in managing the CTC project on the Mornington Peninsula report a strong sense of ‘community ownership’ of the strategies for young people and their families. *“Even if we never get to the point of demonstrating improvements in risk/protection factors, it has still been of huge benefit, because we have made it possible for different organizations and sectors to get together to talk about the issues; develop strategies to attract funds; coming together to develop responses and strategies.” (Mornington Peninsula Respondent)*. In Mornington Peninsula, the Board of the Communities that Care project has become a very strong community partnership.

The Strengthening Generations Project in Ballarat also actively used networking and partnership building to develop community resilience and enterprise. The external evaluation of the Ballarat project documented the achievement of considerable success in

building networks⁴. However, the very success in bringing various sectors and levels of government together has led to problems in engaging with some non-government organizations.

Ballarat project personnel reported that key agencies in both mental health and drug and alcohol sectors have not been engaged in the coalition. Bunbury respondents also suggest that some community groups and services maintained a distance from the process because of suspicions arising from the key role of government agencies in the management and planning processes. Some significant community based organizations in their region were reluctant to provide information or resources. This resistance began to be overcome when the Bunbury project gradually adopted the role of a clearinghouse promoting other sources of “evidence based” research in addition to CTC.

3. The extent to which local government supports and actively facilitates the CTC process appears to influence the development of the coalition and the sustainability of the process.

The involvement (and in some cases, the strong involvement) of local government in the CTC approach has been pivotal to long term success, and a positive attitude by local government has been important in establishing the projects in the first instance. CTC has also provided local governments with a valuable local strategy for improved coordination of youth support services, and has to some extent changed the attitude of some local government personnel as to their role in relation to youth.

The two Victorian pioneer projects continue to be strongly sustained by the support provided by the respective local governments which provide accommodation for project officers, infrastructure support, and other forms of assistance. The Investing in Our Youth CTC project, while having achieved some substantial outcomes, was not able to obtain the same level of commitment from the main local government authority in Bunbury. This may be partly related to the larger size of local government units in Victoria resulting from amalgamations in the 1990s.

The Bunbury project covered four local government areas (Bunbury, Capel, Dardanup and Harvey), while the Mornington Peninsula and the Ballarat Strengthening Generations projects were both within a single local government authority. The span of the Bunbury project across multiple local government units may have been one factor associated with the difficulties this project has experienced in securing long-term funding for the coordinator position.

Effective project implementation is highly reliant on a resourced project coordinator position, relatively low turnover of Board members and staff, and a readiness in the community to overcome competitive tendencies engendered by government tendering of projects and resources. Projects have found that it is difficult to source government

⁴ Dr Angela Murphy “*Strengthening Generations: A Communities that Care Initiative*”
Project Evaluation Report by the Centre for Health Research and Practice – University of Ballarat, Feb 2006.

funding to provide the necessary infrastructure to coordinate CTC. Commonwealth and State governments prefer to fund service delivery rather than coordination, and it has fallen back on local government to support this infrastructure.

The lack of a dedicated coordinator who provides the structures through which the services and agencies can collaborate is soon apparent. A Bunbury respondent associated with the Investing in Our Youth project noted that the collaboration that had been achieved was already starting to disintegrate in the six months that the project had been without an executive officer.

4. The pattern of stakeholder involvement across the pioneer communities is consistent, and shows strong engagement with a few sectors and weak engagement in others.

Despite the variations in the scale, location and viability of the three CTC pioneer sites, the pattern of stakeholder engagement is reasonably consistent.

As already noted, local government participation in and support for CTC is generally strong. Their support is important to long term viability, as is demonstrated in Bunbury where, despite the support of three small Shire councils, failure to elicit strong support from the well-resourced City of Bunbury has resulted in the project coming to a halt. Local government support has been evident through promotion and endorsement of the CTC model as well as helping to resource the coordination and implementation of the project.

The education sector, and particularly schools, have also generally been strongly engaged as the benefits of the preventative approach can be easily communicated and local Departmental representatives often strong champions of the implementation. School representatives and students have participated in the management and local area groups, and have seen new and relevant initiatives result from their participation.

However, other sections of government have been much less involved despite the participation of representatives on Key Leaders Groups and Community Boards. Agencies that tend to be continually required to respond to short term crises such as Mental Health services and Police have proved more difficult to engage with.

Projects have generally found it difficult to engage more senior officers in key government departments, with the result that the plans that have been developed at local level are not well recognised, utilized or resourced by major agencies such as Education or Human Services. Though the plans appear to be “owned” by those departmental representatives directly involved in the CTC process, there appears to be a gap in the capacity to advocate for those plans either in the wider community or at senior levels of government. It may be that the role of the Key Leaders Group requires further development and elaboration in order to secure support at these levels.

Community organizations and service agencies have developed ambivalent relationships with CTC in the local communities, with potential participants often disconcerted by the active role of senior government representatives on Key leaders Group and Boards. As a result, the experience within several of the pioneer communities is that many community organizations that could have made an important contribution have kept their distance from the CTC process. The Mornington Peninsula project appears to have made progress in gaining the support of local service and community organisations, but this reservation of community organizations is reported at the other two communities.

While school students have often participated through Local Area Groups and particular initiatives, those young people who are out of school have tended to remain uninvolved.

Parents are also not particularly engaged in any of the pilot communities, and local businesses are also not involved.

5. There is continuing support for the evidence based approach and the general methodology of the Communities that Care initiative, which is seen as a positive catalyst for bringing the communities together.

However, the length of time that the process requires, particularly for pioneer communities that are trialling the approach, demands patience and faith that the approach will produce results. The concept of an evidence based prevention approach appears to be still widely supported on the Mornington Peninsula where it has been strongly promoted over a long period of time. Even so, some organizations have wanted to see more immediate action result from the process.

The data collection undertaken in the communities through the initial survey has proved useful for a range of purposes within the communities including assisting with program and funding submissions and promotional campaigns. Local opinion is uncertain as to whether there has been any change to risk and protective factors since the inception of CTC in the local communities, but community representatives have been active in the Mornington Peninsula and Ballarat in preparing to collect evidence that can verify risk and protective factor trends.

While support for the preventative evidence based approach remains in all three communities, some sectors and communities within the local coalitions are less than fully committed to the approach. As a Ballarat representative acknowledged: *“The Prevention Science approach is unique and is worth persevering with, but there are difficulties in ‘cultural translation’ [from the United States program origins] and the new practice has been hard to sell even in our own agencies.”*

Of the two smaller community groups under the umbrella of the Ballarat Strengthening Generations Project, the Wendouree community was more strongly influenced by a Neighbourhood Renewal strategy established and funded by the State Government in Wendouree at the same time as CTC was introduced. Neighbourhood Renewal offers a community development model with a strong focus on implementing strategies that

respond to priorities set by community members at the grass roots level. Many Wendouree Action team members were also involved in Neighbourhood Renewal at the same time and wanted to move quickly to action, frustrated at the long process involved in developing the Strengthening Generations CTC plan.

In Bunbury, CTC implementation initially faced some significant resistance to the prevention and evidence-based approach. A strong emphasis placed on community development was used to overcome opposition to the process, and over time the main stakeholders did start to take on the ideas of risk and protection. The view of one Bunbury informant is that “...people don’t get the prevention approach. It requires some strong attention to change direction to focus on prevention rather than continuing to just deal with the ‘acute end’. That shift in attitude occurred over time in some sectors, but not in all of them.”

Assessing the effectiveness of the implementation of CTC in the pioneer communities depends to the extent to which the stages and processes required were adhered to by those implementing the projects within the communities

6. The general stages of the CTC process were followed, but modifications were made in how they were implemented.

Each of the communities has progressed through the first four stages of the CTC framework. The fifth stage (implementing and evaluating the plan) has been only partially achieved in the period. One pioneer community (Mornington Peninsula) is continuing to develop and evaluate an ambitious series of localized plans, a second pioneer community (Strengthening Generations, Ballarat) is persevering with implementation but has faced challenges, and the third (Investing in Our Youth - Greater Bunbury region) has completed considerable work but no longer has the resources to continue implementation or to participate in evaluation.

Representatives of the Mornington Peninsula community indicate that while all the basic steps in the process have been implemented, they decided to modify aspects within particular stages to meet the needs of their community, arguing that such modification was a requirement if implementation was to succeed. “While we do respect the CTC process and the research that lies behind it we have determined not to rigidly follow the process.”

Some of these changes included adapting the training to make it less ‘rigid’, amending the language used to increase understanding of the approach, placing a stronger emphasis on and resourcing of the Key Leaders Group, and deciding to work with six communities on a staged basis, with the result that two communities now have completed plans while other communities are at earlier stages in the model.

Possibly the main deviation from the CTC model has been the tendency in several communities to introduce new campaigns and initiatives prior to completion of the community plan, clouding the intended focus on coordinating preventative strategies that

are evidence-based. While the Wendouree community within the Ballarat Strengthening Generations project appears to have been particularly drawn to implementing activities and projects at an early stage before completion of the community plan, driven by a desire to engage community and demonstrate some achievements, the other communities also displayed a disposition to 'get runs on the board' by getting some initiatives established. In the interim, some people left the project dissatisfied that little apparent progress was being made.

The agencies responsible for funding the infrastructure of the three community pilots were also a significant factor driving the requirement to take action prior to formally completing the program planning. Representatives of CTC Australia also reported the long time-lines taken to complete the planning processes (3-4 years) to have been less than optimal and a source of strain for community commitments. In the future CTC Australia plans to advise communities to wait until at least moderate local understanding has developed prior to launching the coalition building and planning phases.

7. The developed Prevention Plans have varied status and influence within the local communities.

All three communities have developed prevention plans, with Ballarat and Mornington Peninsula having decided to develop multiple local area plans for sub-communities within one local government area. Consequently, at the time of preparing this review there were five plans completed across the three communities, with a further series of four plans projected to be completed in Mornington Peninsula.

Each community took some time to advance to the point of developing and endorsing plans. Bunbury developed a revised version of their prevention plan in 2004 after an earlier version (released in 2002) was deemed to be too resource intensive and not sustainable; the two current Mornington Peninsula plans were developed between 2002 and 2004; and both the Ballarat plans were released in 2005.

Given that these pioneer projects were established in 2000 or 2001, establishing the ground work for the development of the prevention plans is a long term process, a process with potential for tension to develop between community members seeking to move to action, and the research base that requires development of the community plan as a precursor to action. The time taken for process in the pioneer communities is perceived to have been longer than may have been necessary due to initial periods of confusion and uncertainty in the earlier phases of establishment.

The influence of the prevention plans is varied across the pioneer communities.

Those involved in managing the Mornington Peninsula project consider that their plans will be potentially a document of influence rather than requiring that others must follow the approach, as other agencies are unlikely to surrender their independence. The role of the Board and key leaders is seen as needing to promote the prevention plan to key agencies and services, particularly state and local government. The Board's role now is to

legitimize the plan. The strong support provided by the local government to the CTC process in Mornington Peninsula in terms of both funding and endorsement of the principles has elevated the status of the two local area plans developed to date.

The approach in Mornington Peninsula is also to treat the plans as a flexible framework, permitting local area groups to develop additional ideas that relate to the risk factors. These additional strategies can be incorporated into the general plan as long as they are evidence based and the expected outcomes are documented.

At the other pioneer sites, the completed plans appear to have a more limited status. The Chair of the Ballarat Strengthening Generations project acknowledges that their plans tend to be seen as separate from the activity of most key partners in the community. Locally, the prevention plan is seen as being the property of the project and is not seen to apply to the majority of the main services and agencies in the area. Both of the Strengthening Generations community plans were written by a consulting organization on behalf of the local community groups.

The external evaluation of the Ballarat project similarly concluded that ...*“while the Community Prevention Plans and associated evidence bases have the capacity to facilitate service planning, barriers to integration of project outcomes at the agency level include: a view that knowledge gained by the Strengthening Generations Project can only be applied within that project; the implementation gaps relating to the uptake of evidence in the practice setting; the impact of organisational resource and time constraints on worker involvement; and the need for a stronger incorporation of the Strengthening Generations findings into organisational agendas”*⁵.

A positive aspect has been the alignment of the City of Ballarat’s planning priorities with the Strengthening Generations Plan. The council’s priorities outlined in the ‘Blueprint Ballarat’ document fit with the priorities developed through the CTC process.

In Bunbury a revised version of the Community Plan was completed in 2004. The plan is reported to have been used as a reference point by various local agencies, and the content used to support various funding applications. Former Board members from the Bunbury project suggest that development of the plan led to the establishment of new youth development officer positions and the introduction of additional youth services as a result. The plan appeared to exert less influence in the City of Bunbury than in the three adjacent small local government areas where it appears to have had an ongoing significant impact.

CTC plans generally require funding from external sources in order to implement key initiatives. The Community Plans will only be effective to the extent to which funding can be sourced to implement the initiatives identified in the plan. Failure to secure such

⁵ Dr Angela Murphy *“Strengthening Generations: A Communities that Care Initiative”*
Project Evaluation Report by the Centre for Health Research and Practice – University of Ballarat, Feb 2006.

funding inhibits implementation; a potentially frustrating outcome for people involved in developing the community prevention plans.

8. Implementation of the prevention plans continues in several communities and there are plans to measure impacts on risk and protective factors.

Each of the pioneer sites report that a considerable amount of their completed plans have been implemented.

Bunbury Board members express satisfaction that key aspects of the developed plan were able to be implemented and consistently focus on the strategies relating to changing the way that the media portray youth leading to a much more positive perception of young people. *“We established a relationship with both the free and paid media and developed a very successful project leading to a much more positive image of young people portrayed in the press. It got a lot more profile for young people.”* (Bunbury Board member)

The introduction of the Australian Early Years Development Index (AEDI) in the Bunbury region was also commonly cited as an outcome of the Plan, creating a framework for establishing the project. The AEDI, delivered through the Department of Family and Community Services seeks to develop social skills at pre-primary school level. Bunbury CTC brought together all the pre-primary school providers, pooled their funding and engaged trained teachers to do an assessment of all pre-primary children.

While the Bunbury plan contained other initiatives, formal implementation has now stalled due to the lack of further infrastructure funding for the project officer position.

To date in Mornington Peninsula, two of the proposed six potential plans have been developed and were released in October 2004. (Two further plans are currently in draft form.) Again, local confidence is reasonably high that both the released plans will be fully implemented over time. Progress bulletins are issued in the form of a ‘report card’ to the local community providing updates on the extent to which the plan has been implemented.

The project coordinator reports that the Hastings plan has already been largely implemented and that attention there has turned to development of a monitoring strategy. The majority of the Somerville Tyabb Baxter plan has also been implemented and confidence is high that the remainder of the plan will be fully implemented in the future.

The Ballarat project evaluation found that some progress has been made toward implementation of the priorities identified in the Community Prevention Plans, specifically in regard to substance abuse, family harmony and youth participation. Initial feedback on the impact of these activities has been positive⁶.

⁶ Dr Angela Murphy *“Strengthening Generations: A Communities that Care Initiative”*
Project Evaluation Report by the Centre for Health Research and Practice – University of Ballarat, Feb 2006

The evaluation also noted that strategies developed within each of the Ballarat Community Prevention Plans have contained a mixture of elements that require funding and those that are able to be implemented without funding. Work is being undertaken to implement unfunded strategies while additional funding options are being pursued. Future funding is needed to achieve long term planning targets, continue to meet community need and achieve an appropriate mix between planning and implementation.

The slow process of establishment has meant that plans have only been completed relatively recently (2004 and 2005), leaving insufficient time for the evaluation to determine the extent of any impact on risk and protective factors. The actual impact on risk and protection factors will be difficult to measure without follow up surveys. At least one respondent from the Bunbury IOY project believed that the implementation of the community plan had no impact on risk and protective factors in that community, citing available local government data that indicated that problematic levels of drug and alcohol abuse in Bunbury remain largely unchanged. Within the communities the opinions of those involved vary, but appear prepared to wait for follow up data to be collected.

In several of the pioneer communities it was apparent that some elements of the CTC Plans required successful bids to government for funding in order to implement the strategies, with the inherent risk that unsuccessful funding applications would result in no implementation; a potentially frustrating outcome for people involved in the communities.

9. There are achievements to report at each community site.

The CTC process in the three Australian pioneer communities has produced substantial levels of activity intended to improve outcomes for young people. The activity consists of combinations of:

- “one off” events
- projects developed as a result of the CTC process (having been informed by data collection and collaborative frameworks) but not linked to the agreed community plan, and
- strategies included in the community plans and explicitly linked to the CTC implementation framework of minimizing risk and elevating protective factors.

In addition, the process of developing community plans and resources has required team members to gain new skills and establish new alliances across the service system. This has increased knowledge of how to access services, share information, understand risk and protection and the role of prevention work in addressing individual and community issues.

While there were many events organized in the three communities, these were not generally explicitly linked to the core aims of improving the risk and protection profile of young people in the community.

The “spin off” projects developed through implementing the CTC process are at this stage some of the most tangible benefits apparent to the local communities. The three projects report in common that one of the main outcomes achieved to date is an improved perception of young people reported through local media and the community leading to a much more positive view of their role and standing in the community.

(a) Ballarat

- The establishment of Delacombe Community House is an example of a significant consequence from the CTC process. Young people aged under 16 comprised approximately 40% of the population of housing estates in Delacombe. The community engagement and community development activity under CTC identified the need for a community centre in Delacombe. The Delacombe Community House (auspiced by Child and Family Services) subsequently gained funding and is recognized as an outcome resulting from the Strengthening Generations Project. The Community House will provide a hub for community based recreational, skill development and support activities. The Community House Committee has indicated a strong commitment to working proactively to address issues specific to young people in the community.
- The introduction of SWOOP (Sebastopol/Delacombe and Wendouree Out of Order Program). The Sebastopol/Delacombe CTC Action Team was instrumental in establishing a School Holiday Program in July 2003; an initiative that involved 240 young people in a school holiday program that was researched and developed by young people from the Sebastopol/Delacombe area. This program was so successful that it was expanded to also include students from the Wendouree community. It is now an annual program that provides planned activities for young people from Year 6 through to Year 10. The scope of activities is determined by students surveying young people within the target age group and developing a program based on this research. The program has been expanded to enable participation by the general community. Ongoing funding for the program is now provided by the City of Ballarat.
- The development of the ‘Connecting Wendouree’ Community Arts Project. Funded by VicHealth this project involved working with young people from the Wendouree community to design and paint artwork on bus shelters in the Wendouree area. The intention was to break down barriers within the Wendouree community. This is a community in which there is a clear divide between the community of Wendouree West (characterised by high levels of socio-economic disadvantage) and greater Wendouree (characterised by pockets of wealth and significant employment, housing and educational advantage). The project targeted children and bus shelters across Wendouree and sought to promote the notion of young people working together for the enhancement of the whole community.

(b) Mornington Peninsula

In Mornington Peninsula the initiatives have generally been explicitly linked to risk and protective factors. The major projects to date have been:

- ‘You Can Do It’ which involves all schools in the Somerville, Tyabb, Baxter area introducing a school-based program that teaches and rewards positive social behaviour in an ‘age appropriate’ manner. A teacher’s network has been formed to support the program and an information night held for interested parties. The program strengthens student’s ability to make wise choices, and is intended to encourage community participation.
- Developing a Youth Rewards Bank. The Somerville, Tyabb, Baxter Local Area Groups are in the process of setting up a registry of people and organizations who can offer rewards and/or training for young people, with local government submitting to fund the project.
- Improving the profile of young people in local papers through press writing workshops for local sports clubs has been implemented in the Somerville, Tyabb, Baxter community and has reportedly achieved positive results. A newsletter titled ”The Somerville Sports Roundup” has been developed and distributed.
- Parenting skills programs at playgroups are being introduced via a service provider within the Hastings, Crib Point, Bittern and Cerberus community.
- Introduction of a range of new youth programs at Westernport Secondary College (including the Gatehouse anti bullying program, REACH, cooperative learning, cross age tutoring, and recognition school assemblies weekly).

(c) Bunbury

- As a result of their participation in the CTC process and their access to the data provided on risk and protection, the Shires of Capel, Dardanup and Harvey each appointed a Youth Development Officer as well as introduced programs increasing the opportunities for young people to participate in their community. For example, Capel and Dardanup established one-of events and festivals as well as the creation of drop-in centres, and Dardanup formed a Youth Council.
- The implementation of the AEDI (Australian Early Years Development Index) through the department of Family and Community Services assists social skills development at pre-primary school level. To facilitate and extend the implementation, the Bunbury CTC project brought all pre-primary school providers together, pooled the funding and brought in trained teachers to carry out an assessment of all pre-primary children.

- Investing in Our Youth was involved in the implementation of the following programs:
 - Stop Think Do (with the Department of Education and Training)
 - Bounce Back (with the Department of Education and Training)
 - Friends (with the Department of Education and Training)
 - Triple P & Teen Triple P (with DET and Primary Health)
 - Strengthening Families (with DCD Strong Families Program)
 - Aussie Optimism (with the Department of Education and Training)
 - Promoting Alternative Thinking Strategies (with the Department of Education and Training)

- The formation of partnerships in Dardanup between DET and South West Area Health Service that supported the implementation of a variety of projects.

10. Successful Implementation Factors have been identified

Factors required for successful implementation have been identified across all three communities. Some of these factors were present in all three, while in some cases the importance of others was evident through their absence.

The first requirement is that communities need to be ready to work with the CTC model. Not all communities are in a position to commit to the CTC approach. As an example, some communities are already engaged in implementing alternative community development models (such as Neighbourhood Renewal) that develop approaches and expectations that are inconsistent with the demands of the CTC model. One aspect of community readiness is whether community development models already in place can be assessed as compatible with the long term evidence based approach of CTC.

A second feature of community readiness appears to be the pivotal role of local government as a champion and supporter of the CTC approach. This is not only as a potential provider of project infrastructure, but also as an avenue of promotion and communication to local service providers and the wider community. The stronger the support from local government, the more viable the CTC implementation has appeared.

All three projects highlight the importance of attracting Board members and project managers who are prepared to commit to the process for the long term. This commitment not only provides continuity and stability, but also helps to minimise the continuing need for training and induction as project personnel and Board members come and go.

A project coordinator dedicated to the implementation of the CTC project is also a key requirement. Momentum within the community is quickly dissipated if there is no-one paying attention to the co-ordination, planning and delivery requirements of the model. One of the three Australian projects has already experienced how quickly the benefits of the program can dissolve if there is no active project management occurring.

Finally, the capacity of project managers to maintain levels of motivation and enthusiasm is crucial. This has been necessary in all projects as the length of time required to establish the project, collect data and develop the community plan has the potential to sap the commitment and support of many community members. Strategies have included the development of one off activities and events parallel to the CTC process, presentations to the Boards and local action groups, and maintaining communication through newsletters and newspaper articles.

11. Training and Support provided to these projects was considered less than optimal.

Representatives of CTC reported that the United States registration of CTC required the securing of a license prior to adapting the program for Australian conditions. To achieve this CTC Australia in collaboration with major partners completed a number of tasks including the redevelopment and testing of research tools, selection and training of staff and the development of company operations under guidance from the US parent body. In line with the CTC registration requirements each community was provided with valid research data and interpretation and received the full sequence of training events facilitated by a licensed trainer. As described above this support enabled each of the communities to implement the major components of the process in line with it's design. The close adherence to the US model ensured that the pioneer communities received an essentially equivalent process to that envisaged by the designers, but as noted below this also resulted in perceptions of inflexibility in the capacity to tailor the training to Australian expectations.

Although CTC Australia completed all the United States licensing and registration requirements and successfully advocated for funding to be provided to the communities, the company was unsuccessful in efforts to obtain government funding for its own central operations. CTC Australia reported that this resulted in a number of problems including: a limited ability to subsidise community training; difficulties maintaining staff capacity; and a less than optimal level of communication with the communities.

In all three communities, the infrastructure provided by CTC Australia was considered inadequate for the task of supporting the roll out of Communities that Care. The main benefit of the 'technical support' provided was in the administration and analysis of the initial survey, but the initial training, management of communications between pioneer communities and resolution of problems and uncertainty were considered less than satisfactory.

In addition to the inconsistent approaches of trainers at earlier stages of implementation, the cost of training was considered to be excessive, particularly from the perspective of community based organizations.

CTC representatives reported that a forum was conducted each year to facilitate networking and communication. However, the pioneer communities considered this support would have been strengthened had CTC Australia brought representatives of the three communities together more regularly for communication, support and to share experiences. The general view conveyed was that CTC Australia was not sufficiently well-resourced to assist the communities to a standard that would be optimal in the Australian context.

Ballarat CTC Project

“Strengthening Generations”

Background

The Ballarat CTC project, called “Strengthening Generations” was established in January 2002 through funding provided by the Victorian Government Community Support Fund (CSF) and the City of Ballarat. Two community CTC projects were established; one in Sebastopol/Delacombe and another based in Wendouree.

This summary of the project was partly informed by an external evaluation of the first three years of the Strengthening Generations project commissioned by the Strengthening Generations CORE (Key Leaders) Group and carried out by the University of Ballarat. The review methodology included interviews and focus groups with 53 stakeholders, supplemented by a written survey and analysis of project documentation.

The decision to select three communities was based on the findings of the earlier Vinson Report by Jesuit Social Services that identified particular areas of social disadvantage within the wider Ballarat region. The two projects, incorporating three diverse communities, have differing characteristics, demographics, and needs.⁷

The CSF component of funding for the Wendouree and Sebastopol/Delacombe projects concluded in December 2005. Since December 2005, continuation of the project has been dependant on the City of Ballarat.

The project is managed by a CORE group of Key Leaders with representatives from the City of Ballarat, Child and Family Services, Department of Human Services, Department of Education and Training, Centacare, Department of Victorian Communities, Catholic Education Office, Ballarat Community Health Centre and Ballarat Police.

There have been two project coordinators over the life of the project, with the current coordinator employed since early 2003. Project development at the local level is managed by the Sebastopol/Delacombe and Wendouree Community Action Teams with representatives from individuals, schools and key agencies located in each community.

The Wendouree project was implemented in a community that was already becoming involved in a State government Neighbourhood Renewal program, a process which significantly influenced the community response to CTC. Neighbourhood Renewal is

⁷ Dr Angela Murphy “*Strengthening Generations: A Communities that Care Initiative*” Project Evaluation Report by the Centre for Health Research and Practice, University of Ballarat, Feb 2006.

based on a community development model with a strong focus on implementing strategies in response to priorities primarily set by community members.⁸

This resulted in tensions with some Wendouree community and agency members (particularly those actively involved in Neighbourhood Renewal) expecting the CTC program to respond to community needs in the same way, struggling to grasp that CTC is more focused on research and planning than on providing immediate responses to perceived need.

The second project, based in Sebastopol and Delacombe also faced challenges of limited infrastructure and a number of critical community specific support and development needs. Clustering these two distinct communities into a single CTC project proved problematic and required significant work to overcome potential barriers to successful project development.⁹

Developing the Community Plans

Separate Community Prevention Plans were developed for the Wendouree and the Sebastopol/Delacombe communities. Both were released in 2005.

The Plans were both developed by a consulting organization, Clark Phillips Pty Ltd, in conjunction with the respective Local Action Teams, the CORE Group and the Strengthening Generations Project Officer. The Plans proposed both a re-direction of existing services to tackle the priority risks identified, as well as the introduction of new interventions.

The strategies developed within each of the Community Prevention Plans contained a mixture of externally evaluated programs and local initiatives. The decision to use both types of programs was influenced by participant commitment to community development principles, the desire for a stronger level of community ownership of strategy choices, an ongoing resistance to elements of Communities that Care and the lack of understanding of the evidence-based practice framework.

The Community Prevention Plans included elements that require funding and those that are able to be implemented without funding. Unfunded strategies were the focus of initial implementation while additional funding options were pursued. Future funding is needed to achieve long term planning targets, continue to meet community need and achieve an appropriate mix between planning and implementation.

⁸ ibid

⁹ ibid

Main Achievements Reported

Sustainable support for the project has been provided by the commitment of the City of Ballarat to fund the project coordination of the Strengthening Generations Project on an ongoing basis.

The main achievement reported has been an increased focus on connecting young people with their community. As an example, Sebastopol College has adopted the prevention approach and placed an increased emphasis on the delivery of the health curriculum within the school.

By early 2006 some progress has also been made implementing the priorities identified in the Community Prevention Plans relating to substance abuse, family harmony and youth participation. Initial feedback on the impact of these activities has been positive. In addition there are a number of specific initiatives that are reported to have provided on-going benefit to young people and the wider communities.

These include the adoption of SWOOP (Sebasatopol/Delacombe and Wendouree Out of Order Program) as an annual activity of holiday programs available to young people throughout the Ballarat area. The content of SWOOP is based on the results of a survey of young people which determines each program. Ongoing funding for the program is now provided by the City of Ballarat.

The “Connecting Wendouree” project is a Community Arts initiative which has been effective in breaking down barriers across Wendouree. Funded by VicHealth this project involved working with young people from the Wendouree community to design and paint artwork on bus shelters in the Wendouree area. The project is reported to be likely to have a long term impact, providing a visual reminder of cooperation and input from young people and be the catalyst for further arts projects in the Wendouree area.

The establishment, funding and auspicing of the Delacombe Community House as a service for the residents of the Delacombe area and an indicator of community capacity to successfully push for and achieve change. Early discussions indicated the need for a community centre in Delacombe. The need for support for community based on housing estates with 40% of the population aged under 16 – part of the community engagement and community development activity under CTC. The Delacombe Community House (auspiced by Child and Family Services) is illustrative of how the “Strengthening Generations” project used the CTC process to identify other local things that needed to be done and could be linked to the prevention process.

At a more general level, Board members report that Ballarat CTC made some progress developing local understanding of ‘prevention’ and evidence-based practice. However, the tensions between the CTC approach, and the pressures from both local community groups and the Community Support Fund to demonstrate that ‘things were being delivered’ were difficult to resolve. While believing that they were able to implement the CTC model and meet CSF requirements reasonably successfully, community groups

continued to contrast the long term planning model of CTC with the local Neighbourhood Renewal project which was continually implementing new initiatives.

Factors for Successful Implementation

The continuity provided by a stable group of project personnel in Ballarat has been important to the implementation process. The Chair of the Strengthening Generations Project has been involved for over five years and the current Project Officer since 2003. While the agencies represented on the CORE Group have also been relatively stable, turn over among the actual representatives has provided more of a challenge. *“No-one remaining on the CORE group undertook any of the initial training. Among the action teams, there would be a few people who might have done the training who are still involved; perhaps as few as five or six people” (Ballarat Respondent).*

The role of the Project Coordinator has been pivotal in project development and remains integral to ongoing implementation. It is difficult to maintain community and agency engagement without the continued resourcing provided by the coordinator. Maintaining ongoing worker support for the project is a requirement for long term success. The City of Ballarat has committed to fund a coordination position into the future, enhancing the long term prospects for the Strengthening Generations Project.

The Project also recognized the need to deal with the two communities within the Sebastopol/Delacombe Community Prevention Plan¹⁰ as distinct and separate communities, and to resourcing them as separate groups, enabling the work of groups such as the Delacombe Community House Committee to progress work on area specific issues.

Adherence to the CTC Process

Strengthening Generations progressed through the CTC implementation framework with data collection on risk and protective factors and development of community plans undertaken for both the Wendouree and the Sebastopol/Delacombe communities.

While the Strengthening Generations project has adopted the CTC framework, there has been some variation in their implementation process. Some specific programs to respond to community need have been delivered prior to the finalisation of Community Prevention Plans. These activities were not developed in response to issues identified as a result of a structured evidence-based data collection process.

The decision to run activities and projects parallel to the CTC implementation framework was in response to community and Action Team assessments that it was important to achieve some immediate impact to maintain community engagement and increase the likelihood of achieving strong connections within the community. This view was

¹⁰ Clark Phillips, 2005a, p. 46

consistently reinforced across both the Wendouree and the Sebastopol/Delacombe Action Teams.

Level of Stakeholder involvement

Local government involvement has been particularly strong, and is evident both through the funding provided to the project by the City of Ballarat, and the strong alignment of the councils' planning priorities outlined in 'Blueprint Ballarat' with the strategies and content of the Strengthening Generations Plan.

In the education sector, local secondary colleges have been strongly engaged with impacts evident in curriculum changes and participation in CTC processes. Schools such as Sebastopol Secondary College have drawn on the data collected through the project to inform internal decision making. Primary schools were involved to a lesser extent.

The structure of the CTC process tends to result in stronger government representation on management Boards than the community agencies which are linked in at the local area level. The Strengthening Generations Project attempted to ensure broad based inter-agency and inter-sectoral involvement to increase community knowledge and understanding of the service system, and help agencies to gain first hand insights into community need.

The Community Prevention Plans targeted a wide number of agencies to support the implementation of strategies to address priority needs.

However, respondents reported that Strengthening Generations has failed to secure the commitment of major services in Mental Health or Drug and Alcohol to the process. While Mental Health services are generally difficult to involve due to their limited capacity and involvement in crisis management, their lack of engagement has had a substantial impact on the project. Mental Health and Drug and Alcohol strategies were identified as a major plank of the CTC Plans. Their expertise and resources were required to feed in to the Plan, but the key agencies remained uninvolved and unable to respond.

A further disappointment expressed by some respondents was that the Strengthening Generations Plans have not been accepted by agencies and departments as a key planning tool. The plans are considered to be 'owned' by the Strengthening Generations project rather than by the broader community. Lack of seniority in the representatives from the Department of Human Services and the Department of Education and Training has limited the capacity of the project to influence decisions and resource allocation at more senior levels.

Local business also remained largely outside the CTC process.

On reflection, respondents considered that the small geographic areas within Ballarat selected for the CTC process might have made it harder to engage some groups due to the

very narrow geographic focus. Stronger involvement from some sectors might have been obtained if implementation had been across the whole of Ballarat.

Issues

While the Community Prevention Plans and the evidence base of the survey data have the capacity to integrate service planning, a common view developed in key organizations in Ballarat that the knowledge gained by the Strengthening Generations Project was only relevant to that project. Similarly, the Community Plans were seen as only being relevant to those who had been directly involved in their preparation.

Local organizations, with limited resources for staff to participate in CTC processes, did not integrate the findings of Strengthening Generations into their own plans and processes.

In part, this may also be due to the difficulty those involved in service delivery may have had in understanding the CTC approach. The 2006 University of Ballarat evaluation included a survey of those involved in the Strengthening Generations project. This survey data reported that only 59% of respondents overall felt they had a good or very good understanding of CTC despite having received information about the model and how it works. Responses from representatives in the Wendouree area in particular expressed low levels of confidence in having a good understanding of CTC.¹¹

The challenges involved in trying to implement CTC in three different areas with varying histories, politics and orientations were, in retrospect, quite significant.

Delacombe is a very small community primarily built around public housing, so this community was included with Sebastopol both for survey and planning purposes. The result of focusing on very small communities had an impact on the capacity to engage with key big agencies like DE&T and DHS.

The Wendouree West CTC in particular struggled for local acceptance of the method. Neighbourhood Renewal Community Participation officers were on the Action Teams (as well as some local residents) and were already committed to a range of initiatives being developed through the Neighbourhood Renewal process.

The different methodologies of the two projects in Wendouree West had a significant impact on the viability of CTC implementation. Those involved in Neighbourhood Renewal wanted to move to activity quickly, while the Strengthening Generations plan was the outcome of a long process. As a result, many key people in Wendouree West did not take the Health and Wellbeing Plan of the CTC Strengthening Generations Project on board.

¹¹ Dr Angela Murphy “*Strengthening Generations: A Communities that Care Initiative*” Project Evaluation Report by the Centre for Health Research and Practice, University of Ballarat, Feb 2006

The initial training provided by Communities that Care Australia was assessed by the overwhelming majority of those responding to the University of Ballarat evaluation as having undermined the confidence and competency building to successfully implement the model.¹² Project managers report that the training appeared to make the implementation of CTC much more complex than was necessary.

“It was hard to ‘sell’ in the general community. If we were doing it again we would try to target training much more, changing the language and the style of delivery. It was too ‘American’ for the general community.”

Comments on the CTC Model

There is continuing support for the CTC model among those still directly involved in the Strengthening Generations project at Board level. The Prevention Science approach is considered to be valuable and worth persevering with, despite the perceived need to ‘culturally translate’ the approach for Australian implementation.

The strength of the CTC program is that it has the potential to make a difference in the long term. The involvement of a whole community through the implementation process increases the likelihood of developing a sustainable approach. The benefit of working within the local community to develop increased skills and enhance community connection is clearly acknowledged.

One concern regarding the implementation of the model relates to the time required to develop and complete the plans. The detailed preliminary establishment, organization and community profile stages, combined with some uncertainty about the requirements of adequate data collection, resulted in a long lead up to the development of the community plans. While the project was established early in 2002, the plan was not released until 2005. In the interim, some people who were dissatisfied with the sense that no progress was being made left the project.

Confusion surrounding the data requirements of the CTC project contributed to the slow progress in Ballarat. This confusion related to the adequacy of the initial data collected by the Health and Wellbeing statewide Survey in 1999 by the Centre for Adolescent Health. The Strengthening Generations project staff thought that this would be a sufficient set of data and could be used as the starting point. A long period of time elapsed before it was clarified that this data was based on a very small sample, and that CTC Australia expected new data collection to occur locally.

By mid 2003 the data requirements became clear, in late 2003 data collection occurred, and by 2004 Action Teams were in a position to begin analyzing the data and commence forming a plan. While the data issues were sorted out, those managing the Strengthening Generations project developed other community engagement processes to keep local people involved.

6. ibid

There is also some reported resistance, particularly among Action Team members, to some aspects of the Communities that Care model¹³. The model has been criticized at the community and agency level as being too academic, making excessive use of jargon, being inherently American and failing to accommodate variable levels of literacy and skills in conceptualisation.

Board members agree that the preventive and evidence based approach has been hard to sell even in their own agencies.

The resourcing of CTC is also a concern to those implementing the model locally. The model provides no clear means for influencing or engaging senior managers in government agencies who control the allocation of resources. Additionally, CTC Australia also appeared to be under-resourced, leaving little capacity to provide technical assistance and help with clarifying the CTC process.

Uncertainty about the capacity to secure long term resources has created a number of challenges. While an annual survey on levels of risk and protection is not advised it may have been desirable to have completed at least one additional survey mid-way through the process. Currently only one repeat survey has been funded and is planned for either late 2007 or early 2008. This survey will cost in excess of \$20,000 so there are questions as to the feasibility of more frequent resurvey work. Without resurveying there will be no firm evidence to establish outcomes for the project.

Recommending CTC to other communities

There is only a very qualified endorsement of CTC to other communities from those who have implemented the approach in Ballarat.

The key recommendation is that any interested communities would need to do a very careful analysis of their own situation. Community readiness is very important consideration, including the experience and preparedness of agencies to work together.

“I would be reluctant to recommend it to any community that did not have high level ‘joined up’ support for this kind of initiative.”

Suggestions

1. Implementing CTC in communities that are already engaged in other community development processes should be given careful consideration before proceeding. The inherent differences between CTC and approaches such as Neighbourhood Renewal projects can have a negative impact on community and agency expectations of CTC when alternative approaches provide action and initiatives in the short term.

Based on Dr Murphy’s report and two interviews completed with people associated with the Strengthening Generations project.

¹³ Dr Angela Murphy “*Strengthening Generations: A Communities that Care Initiative*” Project Evaluation Report by the Centre for Health Research and Practice, University of Ballarat, Feb 2006.

Bunbury CTC

“Investing in Our Youth”

Background

Interest in a CTC project in Western Australia developed in the Shires of Harvey, Dardanup and Capel and the City of Bunbury throughout 1999 and 2000. A Steering Committee was established and the project developed through a series of public meetings and seminars.¹⁴ By July 2000 the Steering Committee secured sufficient funding to appoint an Executive Officer and commence training and orientation sessions with the Key Leaders and Community Board later that year. The CTC project adopted the title “Investing in Our Youth” and was established across four local government areas.

- The City of Bunbury
- The Shire of Dardanup
- The Shire of Capel
- The Shire of Harvey

Investing in Our Youth commenced with \$150,000 of funding from the ‘Safer WA’ program through the Minister for Regional Services. A year later, a further \$100,000 was received from the national Office of Crime Prevention as well as other small contributions from various sources (such as Mental Health services, the Department of Education and Training, the Department of Community Development, and Edith Cowan University).

Representatives of government departments were initially ‘mandated’ onto the committees. These representatives had a reasonable degree of regional autonomy, the ability to secure funds for IOY and were generally effective in obtaining necessary approval. However, a change of government in Western Australia subsequently curtailed the degree of autonomy that these regional representatives were able to provide (although funding continued under the ‘Safer Communities’ program).

The Key Leaders Group commenced the CTC process and then handed over to a Community Board that ran with the implementation.

The Investing in Our Youth CTC project was initially established within the local university. After the initial three years the project moved outside the university and became an incorporated body in 2003, located in the Department of Education. At this stage there was sufficient unexpended funding remaining to continue operations for approximately six months.

¹⁴ Colleen Carlon “Implementation of Youth Survey” Investing in Our Youth document, 2001

The three smaller Shires involved started to contribute small amounts of funding. The Executive Officer position was funded from residual funds left over from the original three year project (2000-2003), and subsequently from Lotteries West (which also resourced many of the projects that were subsequently initiated by Investing in Our Youth).

Developing the Community Plan

The first draft of a Community Plan was completed in December 2002. The community plan covered the four local government areas. Subsequently, it was realized that the original plan contained too many initiatives to be able to implement effectively. The Board decided not to pursue this plan due to the resource implications and questions of sustainability.

The original plan was then re-drafted in 2003 and the final version of the Community Plan was endorsed in August 2004. Key elements of the plan included:

- A media strategy
- A clearinghouse function to develop the local knowledge base
- Parenting programs for the peri-natal years
- Parenting programs for those with toddlers
- Programs in local schools for 5-11 year olds
- Youth voice and positive image strategies for 12-17 year olds
- Cross agency collaboration fostered through forums such as the Key Leaders Group

Much, though not all, of the plan has subsequently been implemented, particularly the positive image strategies for youth changing the way that the media portray young people. The plan continues to be used as a reference point, and is used to help make the case for their funding applications. The additional youth services that have been introduced to the region in the past few years are directly attributed to the implementation of the community plan.

Main Achievements Reported

One of the main achievements that resulted from the implementation of CTC in Bunbury was the success in bringing local government authorities to the table to collaboratively plan with the non-government sector; an unprecedented occurrence in this region. The strong level of involvement by the three small rural Shires was of benefit both to the overall project and to the individual Shires. The research framework and networks were very useful for the three smaller local government areas, while this was less the case for the City of Bunbury.

Investing in Our Youth enabled local government to take a coordinated approach, providing tangible benefits for the three outlying Shires. These included providing funding to initiate activity and changing attitudes on the services that councils should be

providing. Investing in Our Youth provided key councillors with an evidence base linked to research and helped to make their case.

The three Shires of Harvey, Dardanup and Capel have now each established Youth Development Officer positions, and have also introduced strong youth focused Community Development projects.

A second major achievement consistently reported was an improved media perception and reporting on young people. The CTC project plan set out to communicate and reflect to the public the environment that young people operate within.

The “perception project” addressed how young people are portrayed in the media, establishing a relationship with both the free and paid media and developing a very successful project achieving a much more positive image of young people portrayed in the press. The positive profile for young people in the community lifted perceptibly. The media campaign was positively regarded and considered to be very successful in changing the public’s perception of young people, leading to more youth activities being initiated.

A third achievement was the extent to which the CTC process eventually brought the community and organizations together to work on common agreed goals. The community agencies had hard data at their disposal and many local people reportedly still use the data to benefit their organizations. Bringing agencies together to share and work collaboratively was seen as an important step forward to achieving improved service integration. Other impacts on community agencies were the development of stronger networks and knowledge, and reduced competitiveness within the sector.

The 2004 Community Plan contained a variety of initiatives, some of which were progressed over the past few years. In one example, Investing in Our Youth created a framework to implement AEDI (the Australian Early Years Development Index) in the region. The AEDI, delivered through Family and Community Services, is focused on social skills development at pre-primary school level. The CTC project brought together all pre-primary school providers in the region, pooled the funding and organised trained teachers to do an assessment of all pre-primary children.

A skill development tool kit was also produced and distributed to 180 community groups. This resource for use by community groups was developed as a capacity building strategy. Those directly involved in the CTC project considered the Toolkit to be really useful, helping to identify appropriate programs, and providing a lot of information on the services that were available. While it was well received in some quarters, other groups saw it as replicating what they were already doing. Some smaller community organizations also reportedly found it very hard to implement some of the suggestions.

“Positive things happened through the process, regardless of whether risk and protective factors improved or not.”

Factors for Successful Implementation

Opinions vary as to the extent of success in the Bunbury project. Those involved who believe it has been successful identify one contributing factor has been the constancy with which many of the individuals and organizations have been involved, and that levels of energy have been maintained over a long period.

The capacity of the community partnership to involve large numbers of government organizations and contribute financial resources from various agencies (at least for a period of time) helped to provide a catalyst for ‘joined up government.’

The support of CTC Australia at key steps along the process is also acknowledged. For example, forwarding sample process manuals, fliers, parent and student information letters, consent forms and thank you letters used in the Victorian implementation of the survey.

However, the Executive Officer of the Investing In Our Youth project resigned in January 2006 leaving the project attempting to functioned without an Executive Officer. Failure to secure recurrent funding at that point to re-employ an Executive Officer and carry out core business threatened the continuing viability of the project.

The Community Board opted to seek ongoing State Government funding and/or investigate alternative modes of operation for the organization. However, this was unsuccessful and in March 2006 the Community Board Executive Group recommended winding up Investing In Our Youth Inc.¹⁵

Adherence to the CTC Process

At the outset, the Steering Committee of the Investing In Our Youth debated whether to adopt the full CTC approach or to develop their own process.¹⁶ Current Board members confirm that the Western Australian project was considering not proceeding with CTC at earlier stages due to concerns in dealing with CTC Australia, and a belief that the CTC preventative focus required modification to take account of the Australian harm minimization approach.

However, by the time State Crime Prevention granted funds to implement the survey in August 1999, the Steering Committee had decided to adopt the broad framework of the CTC approach and applied to Safer WA to fund the project.

Changes to Board membership over the three years also led to some varying interpretations of the CTC process. The CTC process, while implemented, had an individual style developed by the Investing in Our Youth project.

¹⁵ Colleen Carlon, email of 18 April 2006

¹⁶ Colleen Carlon, “Implementation of Youth Survey”, Investing in Our Youth, 2001

As one current Board member noted, *“I would say that we stuck to their process pretty closely.”* However, it was a process that was not necessarily fully embraced by local Board members.

The Community Board appointed a Data Management Group to implement the survey to collect base data on levels of risk and protective factors. In line with recommendations provided within the CTC process, this Group decided to broaden the base for research in the project beyond the survey data to also include consideration of focus group research and archival data¹⁷. This decision of the Community Board was significant as it meant that the survey, while important, was not the only data informing the project. This decision was seen as consistent with adapting CTC to the broader context of implementation in Australia.¹⁸ The questionnaire was also expanded to include questions relating to local culture, place and politics (for example, obtaining responses from indigenous students on racism).

The Community Action Plan was re-drafted after its initial development, and the extent to which the eventual plan provided a comprehensive analysis of the community needs was questioned by some Board members. In their view, a more limited Plan was developed that was within the capacity of existing organizations and resources to deliver, rather than a comprehensive analysis of community requirements being undertaken.

Level of Stakeholder involvement

Three of the four local government areas involved were reported to be highly supportive and involved in the project, but the largest (and most critical) LGA, the City of Bunbury, had the most ambivalent relationship with the Investing in Our Youth project.

The existing infrastructure available to the City of Bunbury meant that this council was not as dependant on the infrastructure generated by the IOY project as the smaller satellite communities. In the opinion of some key personnel involved, the processes of the project never became embedded with the local government in Bunbury as it did in the Victorian projects. As a result, key people who could have contributed to the project remained uninvolved.

On the other hand, officers of some of the smaller local governments involved express extremely positive opinions regarding CTC and used the information collected to develop valuable youth projects.

While representatives from State Government departments were involved, their impact on the programs, policies and resource decisions of their departments was reportedly fairly limited, with the possible exception of the Department of Education.

¹⁷ Data Management Group Minutes 24/10/01

¹⁸ Colleen Carlon, “Implementation of Youth Survey”, Investing in Our Youth, 2001

Community based organizations were very reticent to become involved in the project, suspicious about the involvement of senior people from government departments. CTC appeared to be built around the participation of powerbrokers within government agencies and, as a result, some community sector representatives distanced themselves from Investing in Our Youth. Significant organizations in the South West region continued to be willing to contribute either information or resources to the project.

In the opinion of those Board member interviewed, the project had little impact on community agencies. Eventually a few community based organizations became involved as the Investing in Our Youth project gradually developed a clearinghouse function, promoting other sources of “evidence based’ research in addition to the CTC approach. Project staff employed at Investing in Our Youth were also assisting some of these organizations to evaluate their own programs through an action research model.

There is agreement that the project had a significant impact on the schools across the region (through facilitating the implementation of the AEDI and other initiatives). While schools were initially hard to engage, the Student Services Coordinator within the Department was very committed and worked hard to involve the schools and encourage the use of early intervention as a model for working with people.

While the perception of students across the community has improved as a result of the project, families are reportedly only marginally involved (mainly through school links) and there has been no apparent impact on either families or peers.

Issues

At the time of launching community work in Western Australia representatives of CTC Australia reported that they had supported the redevelopment of the CTC Youth Survey and its administration across Victoria and had appointed the most senior community development officer available within Victoria. Once appointed this officer received accreditation training in the US.

Despite this investment the expertise of CTC Australia in risk and protection was not perceived by the pioneer community respondents in Bunbury to have been matched by their capacity to facilitate community processes when this project commenced. This development of survey expertise in Victoria together with the lack of expertise in community development processes became an issue in the data reporting phase.

The CTC project was initially based at Edith Cowan University, which included responsibility for implementing the survey. While technical issues with the survey were able to be resolved through assistance from CTC Australia, the data collected through the survey subsequently became the subject of disagreement between the university and the Investing in Our Youth Board and CTC Australia.

In response to an initial draft report developed by Edith Cowan University the Investing in Our Youth Board asked for a different method of reporting to be developed that did not involve comparison against Victoria. An alternative method of data presentation was subsequently developed by CTC Australia and this was favoured by the Investing in Our Youth Board as an approach that made the data accessible to and easily understood by the public. However, this change in format was at odds with the approach taken by staff at Edith Cowan University. The disagreement between the university, the Investing in Our Youth Board and CTC Australia regarding the format and content of the data took several years to resolve. Those interviewed recalled that CTC Australia lacked the capacity to facilitate sorting out these issues and it was not until 2002 when well-regarded USA trainers came in to assist that the data was cleaned up, presented to the community, and able to be used as the basis of the community plan. Recall of the issue differed and representatives of CTC Australia had understood it was their research team that had been critical in working through the problem identified by the Investing in Our Youth Board.

From 2002 the process became a lot stronger as the research data and the local knowledge were brought together.

Training in the CTC methodology received mixed reports. The initial orientation training in 2000 using USA trainers was well received, but from that point on, frequent changes in training personnel resulted in little consistency in the training and a growing sense that some of the training delivered was superfluous to the needs of the local community.

The local view that CTC was a 'pragmatic opportunity' was at odds with the scientific CTC evidence-based approach. CTC implementation in Bunbury was based on using a community development approach to overcome opposition to the process and after a time the main stakeholders did start to take on the ideas of risk and protection. The training materials were therefore seen by some participants as too narrow and not leaving room for alternative views.

The prices charged for training and support by CTC Australia were considered to be unreasonably high by many community level workers and local government representatives, so that even when high quality trainers were later appointed, the financial implications of training meant that these services were not utilized as well as they might have been.

The lack of funding and the competitive tendering environment presented a continuing challenge to the CTC project in Bunbury. Reliant on government funding, projects tended to be only able to secure support on a one off basis. While resources could be found to provide services, there was no funding available for either the research component or to fund the collaborative processes involved.

Those implementing the CTC process in Bunbury found it difficult to secure government funding to support the data collection, planning and coordination processes, and the lack of service provision until late in the CTC process meant that continued funding for the project was always fragile. Sustained through a cocktail of funding, those responsible for

the Bunbury CTC project report that they spent a large percentage of their time writing small funding applications.

Although project managers were continually re-developing government projects linked to risk and protection factors in order to try to secure more government funding, the only way to build long term capacity was to move towards a model of service provision.

Without a strong funding base, retaining personnel became more difficult. Funding for the Executive Officer position eventually expired, and as a result the possibility that the project would wind up. While IOY had been instrumental in bringing together the community services providers to work collaboratively, without an executive officer holding things together, these benefits soon began to disintegrate in the face of the competitive funding environment.

“As a result we have no project officer at present, and so the essential elements will soon collapse”.

Comments on CTC Model

The CTC process and research tools continue to be well supported and endorsed by those involved in the Bunbury project. *“CTC is a good concept. There is nothing wrong with the vision and the evidence based approach.”*

The capacity of the model to bring agencies and individuals together through a common analytic and planning framework is acknowledged. The survey, and resulting statistical data were seen as very useful and positive tools that led to the development of a lot of positive initiatives. *“It was a great open process that caused good things to happen.”*

While support for the elements of the model remains strong, so does the belief that CTC needs to be adapted to the Australian context. Previous project officers also found the prevention approach a difficult model to promote to some stakeholders. It requires strong attention to change direction and to focus on prevention rather than continuing to just deal with the ‘acute end’. While this shift in attitude occurred in some sectors, it was not achieved in all.

One area of concern is the need for ongoing project co-ordination to keep the CTC approach viable, and the associated resource implications. While those involved consider the project to have been successful over a number of years, the lack of funding for project officer coordination over six months has caused the benefits of CTC to be re-assessed.

Funding to implement initiatives and to provide co-ordination ran out late in 2005. While the structures that were established to progress CTC implementation (the Key Leaders, Community Board and local groups) were regarded as very valuable, and the original strategy was seen as sound, one year later some Board members find it difficult to identify enduring outcomes.

The CTC project in Bunbury has concluded with the Bunbury representatives not aware of the subsequent measurement CTC Australia has undertaken to investigate changes to risk and protection factors as a result of the process. The follow up survey was implemented by researchers involved with CTC Australia in 2006. But with IOY without a project officer and lacking funds, the survey was not adequately publicised and supported within Bunbury. The survey will, however, provide some basis for assessing changes in levels of risk and protection across the past five years. Whether the model will produce any impact is the subject of some debate within IOY.

One respondent suggested that there has been little or no impact, with council data in Bunbury indicating that problematic drug and alcohol abuse levels have not changed over the period. *“Meta-analysis and stories in newspapers will not have sufficient effects. At the end of the day, you need to deliver a service that has an effect.”*

Recommending CTC to other communities

“Would I recommend it to other communities? Absolutely. I have promoted it to other communities. I was really happy with it.”

While there is generally strong continuing support for the CTC model, there is ambivalence regarding the experience of implementation in Western Australia.

Some of those involved remain strong supporters of CTC, and are grateful that their community had the opportunity to develop such a systematic research project locally. The capacity of the approach to engage and involve young people, and provide a focus for their point of view is particularly valued.

However, while generally happy to recommend the process to other communities (if the training is implemented effectively), some note that the CTC process is difficult to sustain if communities lack the resources to keep going. In addition, the CTC methodology is considered to be quite a complicated approach with which many people in the local community struggle to come to grips.

Some Board members are even more cautious, due to the resources that must be directed to the implementation over a considerable period before there are any real results, and the perceived under-resourcing of national support for the local community.

Suggestions

1. It should be required that you have facilitated the CTC process ‘on the ground’ to be able to train others in the approach.

Based on five interviews completed with people associated with the IOY Board.

Mornington Peninsula CTC

“I believe in the process of CTC. Its been so hard, I would have left long ago if I did not believe in the process. I’d like to see it spread. It needs some refinement and we have tried to do this as well. It’s got fantastic potential, but the pilot communities have had it hard.” (Mornington Peninsula Respondent)

Background

The Shire of Mornington Peninsula was the main agency responsible for introducing Communities that Care to the Mornington Peninsula Victoria. The 1999 Adolescent Health and Wellbeing Survey had shown Mornington Peninsula performing quite badly on risk and protection factors. The Shire decided that a response was required, and over the next two years secured funding and employed a project coordinator to implement CTC.

In this two year period before the Board and project coordinator were in place, preparatory work was undertaken by the Mornington Peninsula Shire Youth Services coordinator promoting and publicising the CTC concept. Local Government has been a strong proponent of this project. In addition to auspicing the CTC project, the Mornington Peninsula Shire has assumed responsibility for both developing the long term strategic plan, and the creation and implementation of the community action plans with the Local Area Groups.

There are twelve members on Mornington Peninsula Shire CTC Board. Two Board members are involved in each local area group.

The Mornington Peninsula CTC project operates across the Mornington Peninsula Shire local government area. In order to be able to work with smaller community groups, the local CTC Board implemented the process in six local areas from late in 2002. The six communities are:

- Somerville, Tyabb and Baxter
- Hastings, Cribb Point, Bittern and Cerberus
- Mount Eliza
- Mornington, Moorooduc, and Mt Martha
- Rosebud, Cape Schank, Boneo, Rye, Sorrento, Tootgarook, Blairgowrie and Portsea
- Dromana, Safety Beach, Merricks, Shoreham, Balnarring, Somers, Flinders, Red Hill and Main Ridge

The project was financed by the Community Support Fund (CSF) from 2002-2005. Between 2005-2008, the project has been operating on a combination of CSF (\$500,000 over 3 years) and local government funding from Mornington Peninsula Shire Council as a condition of further funding was support from local sources.

Developing the Community Plans

Two of the six potential community plans have been developed and were released in October 2004. Each of these plans took two years to develop.

A further four plans are proposed, two of which are currently in draft form.

The Hastings plan has been largely implemented and a monitoring strategy for the plan is now being developed. It is also estimated that approximately three quarters of the Somerville, Tyabb and Baxter plan has been implemented and there is general confidence that the plan will be fully implemented in future.

The approach in the Mornington Peninsula CTC project is to treat the plans as “living documents”, capable of modification if the local area group develops a new idea that relates to the risk factors. However, strategies must be evidence-based and the group must list what the expected outcomes will be.

“It is having an effect now in the two original Local Area Groups, and also touching lives in other areas, but its still too early to say in Dromana or the southern part of the Peninsula” (Mornington Peninsula Respondent)

Main Achievements Reported

Greater community cohesion is the main achievement of CTC to date that is reported by project coordinators and Board members. A sense of ‘community ownership’ of the strategies for young people and their families has been particularly notable, and has helped to maintain stakeholder involvement.

The CTC process is reported to have helped to create an environment in which older and younger people collaborate in meetings and workshops, leading to increased understanding across age groups. Young people regularly provide comments to the effect that the regular school meetings and forums have made them feel more valued in the wider community.

Changing the community perception of young people has been a feature of the program; with young people who are strongly involved within the Local Area Groups making a valuable and insightful contribution. Board members report that older participants have been impressed by the capacity of young people involved. Interest has been maintained in the Local Area Groups, with between 15 and 18 people “regularly involved” in meetings.

Both the council and the local community appear to be strongly committed to the approach. As a result, the situation for young people has changed significantly. CTC was first introduced in the Hastings area, because it was seen as a region that needed a “boost”, and the Shire has now established several new initiatives in Hastings that are linked to the CTC initiative (eg. The Pelican Pantry restaurant; and a new Youth Services

Centre). New initiatives (such as the Beacon Program) are also now being introduced into local schools as a result of the development of the community plan.

The Mornington Peninsula CTC Board members also see themselves becoming a very strong community partnership in their own right. Board members believe that the local area CTC plans will affect the activities and plans of other agencies, but mainly as ‘influencing’ documents, rather than providing a planning template or dictating what other agencies should do. The CTC Board’s role is perceived now to be to promote the robust nature of the research and legitimize the plans with both council and the state government.

However, there is no sense that as yet there has been an impact on levels of risk and protection. Project coordinators and Board members are waiting on a subsequent survey of the community to determine what formal outcomes will have been achieved.

“It will be interesting to see in two or three years time. I don’t know if there will be; we are relying on what the researchers tell us. I expect a change, and looking at the two plans already developed, I would expect them to generate the change that is expected.”
(Mornington Peninsula Respondent)

However, there is a sense among those involved that even if the project never gets to the point of demonstrating improvements in risk/protection factors, it will still have been of huge benefit by bringing people together to talk about the issues, develop strategies to attract funds, and develop common responses and strategies.

“It is a fantastic catalyst for bringing neighbourhoods together.” (Mornington Peninsula Respondent)

Factors for Successful Implementation

The members of the Mornington Peninsula Board and project staff attribute the relative success of the project to the skills of the coordinating staff employed, the stability of the Board, the Chair and key staff, and the confidence of the Mornington Peninsula Shire in the CTC process. Committing to such a long term process is a very different role for local government to play.

Currently, seven out of twelve members have been involved on the Board for four years, and the project officer has also been employed since the project was established. Board members interviewed reported that they were attracted to CTC by the research basis and the intention to work at a ‘grass roots’ level with tried and proven programs.

The availability of CSF funding to support the project has facilitated the implementation and government officers responsible for the CSF appear to have understood the intention of the approach.

There have also been some key people in the local area groups who have maintained their involvement with the process.

Adherence to the CTC Process

While the staged CTC process was respected along with the research that underpins the approach, the Board and project staff made minor modifications to meet the perceived needs of the local community, believing that their role as “pioneer communities” was to adapt the program to Australian conditions as to not make essential modifications would have resulted in the project failing. The sequential steps in the CTC process were adhered to, but how they were implemented was modified with the approval and cooperation of CTC Australia. The main changes made were to:

- decide to work with six communities on a staged basis (with two of the six plans now completed).
- making the training less ‘rigid’ by adapting it over time based on participant feedback.
- modifying the terminology based on participant feedback so that each community could better understand it
- directing additional energy into the Key Leaders Group as it became apparent that the initial CTC protocol had underestimated the extent to which membership kept changing

Level of Stakeholder involvement

As noted earlier, local government is strongly involved in the project and the Shire of Mornington Shire is estimated to have invested between \$400,000 and \$500,000 into CTC; a significant amount for local government. The council has a track record of running community forums across the peninsula and trying to be involved in building community capacity. As a result, CTC is locally recognized as a community development model introduced by the Council. CTC is now well known across the service agencies, schools, and other organizations having been promoted in the media and at various forums.

While the Shire has been a champion of the project, it has stepped back to allow the Board to make the key decisions.

Schools involvement has been reasonably strong, albeit on an intermittent basis. It is estimated that approximately 90% of the schools are connected to the project in some form. There are three education representatives on the Board, and schools are also reasonably involved in the respective Local Area Groups (LAGs).

Students have been involved through the LAGs, but non-students have not been involved in any significant way to date and respondents considered this was a group that could be further mobilised. One of the challenges involved in engaging young people in the

process is the lack of 'instant results', but after experimentation, project staff consider that they are now better at getting kids 'on side'.

Non Government Organisations are not represented on the Board (though they are on the Key Leaders Group and involved at the local level on the Local Area Groups). Service agency involvement varies between Local Area Groups. There is a general awareness of CTC, but some agencies, while allowing individual staff to participate, have not recognized their activities as part of their workload. Turnover of personnel within agencies has also sometimes negatively impacted on their involvement.

Police and other emergency services have been difficult to keep involved, because of the pressures of their work, their preference for action, and the fact that the personnel involved has continued to change. However, police involvement is now more regular and meaningful with the participation of two police Youth Resource officers.

The most difficult stakeholder group to engage has been the 'ordinary mums and dads' in the community who have not been engaged in any meaningful way. While CTC might be recognized as a name and form of prevention program, the process is not necessarily well understood.

Issues

The long term nature of CTC provides a challenge for all involved given that it takes about five years for clear evidence of outcomes to be collected. Maintaining motivation is also an issue for the Board and their staff. Those people who wanted to get involved more quickly in developing initiatives have tended to leave the process due to the length of time implementation requires. A lot of faith and belief is involved, because it is such a long term process. *We have to believe in the value of the journey as much as in the quantifiable data at the end of the day.*"

The strong research focus of CTC Australia has not been easy to align to the community development requirements of local implementation. In the view of some involved in the Mornington Shire project, there has been tension between the research approach and the community development requirements of implementing CTC. The community development requirements and the extent of networking required to get people involved are not seen to have been valued or understood.

The lack of consistency in the trainers and training infrastructure provided by CTC has had a significant impact on the implementation of the CTC process. The training base is still considered to be inadequate (despite the good job that the current trainer is currently doing). The training and technical support provided has been perceived as inconsistent and frustrating. The relationship with CTC Australia lacked consistency and detailing of expectations.

The impact is evident in the variable understanding of the CTC approach even at Board level, since almost half the members did not receive the initial training. While it was

assumed that these later appointments would subsequently receive training through the LAGs, it is estimated that only half of these people were eventually trained. The Local Area Groups also need on-going support through training and workshops. With six LAGs now active, there is still a strong need for training and technical support.

Comments on the CTC Model

Those interviewed consistently comment on the level of community ownership that has developed through the CTC process, particularly for the way that local communities have been empowered to consider and shape the future. Involving the community in developing the local plans provides a platform to bring both agencies and individuals together.

The idea of a prevention approach is strongly supported, as are the steps involved in the implementation process and the associated training. The model is considered to have the potential to develop a good blend of community development and evidence based research, particularly if more attention was paid to the community development aspect.

There is continuing optimism that, in another three years, the scientific evidence base of improved outcomes will be able to be demonstrated.

On the other hand, those involved consistently comment that the CTC process takes a long time and is time consuming. For some it is just too slow, and people have become impatient to move into action. A lot of time and energy has had to be devoted to maintaining levels of stakeholder motivation. In the Mornington Peninsula approach, spreading the available staff resources across multiple sub-regions has slowed the process down when the motivational requirements have been spread across six local groups.

While Board members support and understand the process, they still report frustration with the length of time it has taken to reach the current position. In part, this is attributed to initial confusion and uncertainty regarding both their role and the requirements of implementing CTC. Those involved are now reported to understand much more about the long-term approach, but there is still some dissatisfaction about how long it has taken to reach a point where action can be initiated.

The CTC process is considered to be strong from the first information session up to the community planning workshop, but is seen to provide comparatively little guidance for the period between implementation and the second survey. In particular, the model as provided from the United States in early 2000 provided little information on the implementation of the community plan. Representatives of CTC Australia reported that they are now reviewing this short-coming.

The role of the Key Leaders group needs further elaboration to ensure that they really can provide higher level engagement. The experience in Mornington Peninsula has been that it is difficult to get key leaders of government departments involved or engaged in any meaningful way. (The theory that the Key Leaders group will have the capacity to

influence the resource decisions of government and departments has not been realized to date). The Department for Victorian Communities is hopeful that this can be achieved and has provided a second round of funding on this basis, but otherwise there is no evidence yet of strong support across State government.

CTC Plans will usually require project funding to implement key aspects of the plan. If funding cannot be obtained, then implementation cannot proceed; a potentially frustrating outcome for people involved in the communities who have worked on the plans.

Recommending CTC to other communities

“It’s a fantastic process so long as you are prepared to accept the research behind it and the processes involved, and are very clear about what CTC Australia can and cannot offer. You need to be absolutely clear about what you have got and what you have not got. You would be mad to take it on unless that was clear.”

There are reservations about recommending CTC to other communities, and certainly recommending it to any community. Community readiness and the capacity to access support are important considerations.

The CTC process is complex, requires the involvement of various agencies and groups, and would be best learnt on the basis of observation and staff exchanges (rather than from a manual). Any new community would need to be aware that the lack of quick results is likely to eventually pose problems for bureaucrats and local councilors involved.

Success depends on recruiting good staff able to cope with the pressures of multiple stakeholders, and balancing the dual demands of the evidence based research approach and the community building required.

While CTC is endorsed as a great concept, on the experience of the Mornington Peninsula project new communities are unlikely to receive much external assistance and would need to be very clear about the level of support they would actually receive from CTC Australia.

Suggestions

1. Ongoing induction training required to keep up with Board and staff turnover is required. No training has been provided to newly appointed Board members since the original induction training. Turnover within Local Area Groups generates a similar demand for training to keep everyone up to speed. Board members require ongoing professional development (but may not necessarily be convinced that they need it). Board members do not all necessarily really understand the principles and the approach. CTC Australia have not been able to provide such training, the Mornington Peninsula project staff consider that are under resourced to do it, and there are no other sources for it.

2. Adequate and sustainable training infrastructure is required to maintain community CTC projects. Training infrastructure needs to include clear quality assurance protocols based on implementation experience and provision for back up trainers and succession planning. Turnover of Board members and staff in exiting projects alone will require such infrastructure, let alone development of new projects.
3. A key priority has been maintaining the engagement with the 'Key Leaders' Group (representatives from all the key government departments) which has been hard work, but has ensured that their involvement has been maintained during the long process of implementation. Strategies have included convening a forum with the Key Leaders every time a local area plan is completed. The involvement of more senior people from government departments would strengthen the relationship between Mornington Peninsula CTC and the State Government, and the projects would seek assistance from CTC Australia to help achieve this.
4. Structured contact between the three pilot communities between project officers, Chairs and Board members on an annual basis at minimum would have assisted the projects to share information and promote the key concepts. While the three communities took different directions, there is a belief that projects would have been strengthened, developed more quickly through learning from each other, and had a stronger sense of support and direction as a result. Convening meetings between communities should be a key function of the national CTC body.

Based on 5 Interviews with people experienced with the Mornington Peninsula Shire Board.