CTC – the story so far
An interim evaluation of Communities That Care

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The **Joseph Rowntree Foundation** has supported this project as part of its programme of research and innovative development projects, which it hopes will be of value to policy makers and practitioners. The facts presented and views expressed in this report are, however, those of the authors and not necessarily those of the Foundation.

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Preface

The Joseph Rowntree Foundation (JRF) has made a substantial investment both in the implementation of the Communities That Care (CTC) programme in the UK and in the independent evaluation of it. The original aims of the evaluation were twofold: first, to look at the process of implementing CTC (and provide constructive feedback); and, second, to look at outcomes. This report focuses on the first of these aims and provides valuable description and analysis of the implementation of the programme in the three demonstration sites. The outcome data will not be available until the final report is produced in 2003.

The three CTC demonstration projects described here were the first to be set up, but there are now 23 projects operating across 15 major towns and cities in England, Scotland and Wales. The interim findings from the evaluation that are described here have already been fed into the development of these projects, but JRF has decided to publish them to allow others working in the field of community-based prevention to learn from the experience of CTC.

Key findings include the importance of site selection: projects are likely to be more effectively implemented if they are based in 'natural communities', where there is some infrastructure already in place. Another key factor is the need to engage the right people from the very start – those joining the project later will not have the same involvement. Lastly, a process which places a premium on reliable local research and information can challenge the assumptions of professionals and allow local people to become involved in decisions about resources and services.

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1 Introduction

This report is about the development of a programme designed to help children and young people to grow up in safer and more caring communities. It describes the origins of the programme and the early stages of its implementation in the United Kingdom. The report was written as part of what will eventually be a more thorough evaluation of that programme. It was written at a time when the areas in which the programme was being developed had analysed the problems they faced and were about to implement initiatives designed to address those problems. It therefore covers only the first stages of a process in which communities seek to reduce the risks facing children, young people and their families, and to enhance those elements that will protect them and promote their well-being. It is nonetheless important to document that process – to look at what has been done, how it has been done and what lessons can be learned from what was done.

The first chapter describes the process by which three Communities That Care (CTC) demonstration projects were established and how they are being evaluated.

The setting up of the Communities That Care programme

In the mid-1990s, through their programme on Strengthening Communities, the Trustees of the Joseph Rowntree Foundation (JRF) became interested in issues related to youth crime and its prevention. As part of this process, JRF commissioned David Farrington from the Cambridge Institute of Criminology to review the literature on juvenile delinquency (Farrington, 1996). In his review, he argued that research showed that a number of risk factors existed which, if present in a child's life, would increase the chances that they would become future offenders. From this conclusion, he suggested that a prevention programme needed to be designed that would aim to reduce risk factors and increase protection amongst children who were most at risk of becoming the next generation of offenders. One example of the approach that he recommended was the USA programme called Communities That Care. He suggested that this integrated programme showed promising signs, and that it may be successful in reducing risk and increasing protection amongst vulnerable families. As a response to this, JRF was interested in seeing if such a programme could work in the UK. It therefore decided to fund a British-based Communities That Care (CTC) programme, which would be fully evaluated.

The American-based CTC programme is run by an organisation called Development Research Programs (DRP). This profit-run company is responsible for the implementation of the CTC programme in the USA. It presently supports over 500 programmes across America. Organisations or agencies buy the services of DRP to implement the programme in local areas. Many of these projects are part-financed by Federal funding, being recognised at State level as the preferred model for tackling juvenile delinquency by the Office for Juvenile Justice and Delinquency Prevention. The setting up of DRP was instigated in response to the work of two Seattle-based academics, David Hawkins and Richard Catalano. They were instrumental in developing, in the early 1990s, the theoretical base that underpins the CTC model (Hawkins *et al.*, 1992).[1]

In 1998, DRP was approached and asked to help JRF set up and fund a British-based CTC. Under licence and for a fee, it provided materials, training and expertise so that a fully developed programme could be run in the UK. JRF is the biggest private funder of social research in the UK. It was recognised that if they were to discover whether the CTC approach could be successful in tackling juvenile crime and other social problems, it would need a substantial investment. JRF therefore had to fund not only an evaluation programme but also the development of the programme itself. This included three key elements:

- the anglicising of USA working tools

- the setting up of an independent company responsible for the running of the CTC programme

- the funding of three demonstration projects in the UK.

Anglicising the USA model and developing UK-relevant material
CTC programmes require specialised tools that help projects identify levels of risk, protection and resources within local areas (see later in this chapter for more detail). CTC also provides training and expert advice so that local people and professionals can be involved in the process. Prior to the setting up of the programme, a JRF adviser was commissioned to develop its main aspects. These included the transference of USA risk factors into UK equivalents and the writing of key documents that outlined the UK programme. JRF also

commissioned researchers at Oxford University to produce specialised tools for collecting data and information on risk. This involved the construction of a self-report school survey and the development of a process for collecting data about the social and economic characteristics of local areas.

The setting up of an independent company responsible for the running of the CTC programme
Early into the programme, decisions had to be made by JRF about how this programme would be managed. It was decided that the most effective approach would be to fund an independent charitable organisation that was to be called CTC UK. This would be responsible for providing technical assistance, training and support for the three demonstration projects while also overseeing programme development and implementation. CTC UK was funded for four years, although the long-term objective was that it should be self-financing by securing its own funding from local consortia that wished to buy the services of CTC UK.

The funding of three demonstration projects located in three different parts of the UK
Once the CTC programme had the introductory tools in place and CTC UK was established, JRF funded three demonstration projects. Each area was allocated approximately £150,000 that was to be used to employ a locally based co-ordinator, and to pay for training and technical support from CTC UK. The following areas were selected (see later in this chapter for more details of the selection process):

- *Northside*: a North of England town that has suffered from high and entrenched levels of unemployment and poverty since the collapse of its coal-mining industries, with a population of approximately 11,000.

- *Westside*: located in the West Midlands in an area known for its small engineering and car manufacturing industry. The CTC area is three communities in one, covering a small geographical part of an inner-city area. The population is small (approximately 7,000) having a large minority ethnic population.

- *Southside*: located on the western coast of the UK. Up until the late 1970s, its workforce relied upon ship-building and coal-mining. Over the last 20 years, it has suffered high levels of unemployment. Its population is approximately 13,000.

All three CTC areas commenced operation between January and March 1998.

The funding of a large-scale evaluation

JRF recognised that it was important to evaluate the whole CTC programme. Its interest in CTC was twofold. First, it saw CTC as a possible method of strengthening disadvantaged communities and building connections between area regeneration, family support, and the early prevention of problems for children and young people. Second, it was interested in seeing how successful the CTC approach would be in reducing risk factors and problem behaviour such as juvenile delinquency, drug abuse, teenage pregnancy and school failure. In an attempt to get a better understanding of these issues, JRF commissioned, in March 1998, the University of Sheffield to undertake a four-year evaluation of the whole CTC UK programme.[2] This aims to measure the overall impact of CTC UK in the demonstration areas and to identify the process of what worked (or did not work) and why. In broader terms, the evaluation also aims to feed into wider policy developments at the national and local level, and provide insights for policy makers, practitioners and local people into how they can improve community life.

The Communities That Care approach to prevention

A theory of prevention

There are two main theoretical strands that underpin the CTC approach. Both are greatly influenced by writers in the discipline of social psychology. First, it is claimed that certain risk factors can be identified which are associated with particular types of problem behaviour (Hawkins *et al.*, 1992). Risk factors are claimed to increase the chance that a child will grow into a young person or adult with one or more of the four problem behaviours: involvement in youth crime, drug abuse, teenage pregnancy, or school failure (Communities That Care, 1998). But risk factors are not seen as causal in that the linkages between the risk factor and problem behaviour remain unclear. Hawkins *et al.* cluster risk factors into four domains – family, community, individual and school – and argue that targeting a range of risk factors rather than a singular risk factor is likely to be more successful. In the USA, a wide range of risk factors has been identified through research within at least two international longitudinal studies. The USA risk

factors include: lack of discipline in families, academic under-achievement in primary school, lack of neighbourhood attachment and friends involved in problem behaviours.

The second theoretical strand suggests that reducing risks requires intervention and leadership by adults. Underpinning the work of Hawkins *et al. is* a theoretical model of behaviour that advocates a certain type of interaction. Their Social Developmental model of behaviour proposes that, for positive behaviours to be achieved, children need to be given clear standards about acceptable behaviour and to have social bonding with those adults who can give clear standards. To aid this process, children and young people should:

- be given the opportunities to be involved and valued in their families, schools and communities

- have opportunities to gain social and learning skills, especially reasoning and practical skills that will help them take full advantage of the opportunities on offer

- be given recognition and praise for their contribution and positive behaviour, which will also give them incentives to continue their involvement.

The CTC model therefore advocates the development of pro-social or protective factors as a means of reducing the risk factors evident in children's lives. These can buffer children and young people against the negative consequences of risk. Again, protective factors can be identified under the four domain headings – family, school, community and

individual – and can include issues such as strengthening parental–child relationships, giving positive responses to good behaviour in school, giving clear messages about what behaviour is acceptable and what is not, and developing reasoning skills that will help children and young people to reject dangerous or delinquent choices.

The importance of evidence-based approaches
Underpinning both the theory and practice of CTC is a belief that prevention should be guided by scientific evidence. Throughout the programme, evidence is seen as the driving force. First, social research has shown, through longitudinal research, that risk and protective factors exist as predictors of social problem behaviour. This underpins the whole programme and gives CTC its scientific base. Second, risk can be identified and measured by using quantitative data collected through self-report surveys, national data and administrative information. Third, once risk levels have been identified, programmes that have been shown, through evaluation and research, to reduce risks are implemented. Finally, the overall programme is then measured for its success by comparing levels of risk and protective factors before and after the interventions have been made.

Involving the community
CTC is grounded in a model that sees the involvement of the local community in the process as essential (Fawcett *et al.*, 1993; Harachi *et al.*, 1992). In the US literature and guidance, this is called 'community mobilisation'. In the CTC model, the community is not just focused on local people who live in the area where the

programme is to be run, it also includes professional workers who have either managerial responsibility for services in the area or are working practitioners who provide front-line services. American research suggests that evidence of community participation in the early stages of the programme aids the implementation and increases the chance of success in reducing risk (Hawkins *et al.*, 1992). Community mobilisation is seen as increasing the impact of interventions by reducing social disorganisation, promoting strong community norms against anti-social behaviour, and creating community ownership and investment in prevention activities (Hawkins *et al.*, 1997). In the UK model, this process is also seen as important (Communities That Care, 1998), with CTC UK claiming that community involvement is important for ensuring effectiveness, long-term stability, the development of partnerships and the reduction of risks (p. 17).

The development and implementation of the Communities That Care programme in the UK

The CTC process design
The CTC process contains a number of critical components that help participants to systematically assess the levels of risk and protection within their community, and to design approaches that will improve the overall management of local resources and target particular risk factors with specialised programmes. The CTC process can be defined in three phases: community readiness, community mobilisation and assessment, and programme implementation.

Phase 1: community readiness
This involves the assessment of how ready a community and its partners are for the CTC process. Readiness can include issues such as: assessment of the levels of community involvement already present in an area, levels of co-ordination, and extent of professional partnerships and the social and economic environment. In terms of the British demonstration projects, the Trustees of CTC UK conducted this selection process after a number of areas had been assessed using defined criteria (see page 9, under the heading 'The selection of CTC demonstration areas').

Phase 2: community mobilisation and action planning (see Figure 1)
Once an area or community has been selected, it is taken through a number of stages. These stages have two main purposes. The first is to mobilise the community to work in partnership. The second is to help communities assess their risks and resources, and produce a plan of action. Two key groups are set up at the beginning of the process to oversee and manage it. These are:

1   A Key Leader Group and its Executive. The very first training session brings together senior representatives from all the key agencies in the local area, known as the *Key Leader Group*. Once formed, they elect a smaller group of representatives, the *Key Leader Executive*, who take responsibility for the monitoring of the day-to-day progress of the project, providing or mobilising the necessary support for the project and informing the larger Key Leader Group of developments.

2   A Community Board and Community Planning Team. Once the Key Leader Group and its Executive is established, representatives of the community and locally based professionals are invited to join the *Community Board*. From this group, a smaller group of representatives are selected to set up the *Community Planning Team*. This group has overall responsibility for day-to-day running of

the project and for many of the tasks that arise from the CTC process.

Once established, the Community Planning Team is given a Risk Audit Report. In the demonstration projects, this was provided by Oxford University and was based on evidence gathered from a school survey and local and national archival data sources. This audit outlined the level of risk and protection evident within the identified CTC area. On receiving

Figure 1 The Communities That Care implementation process
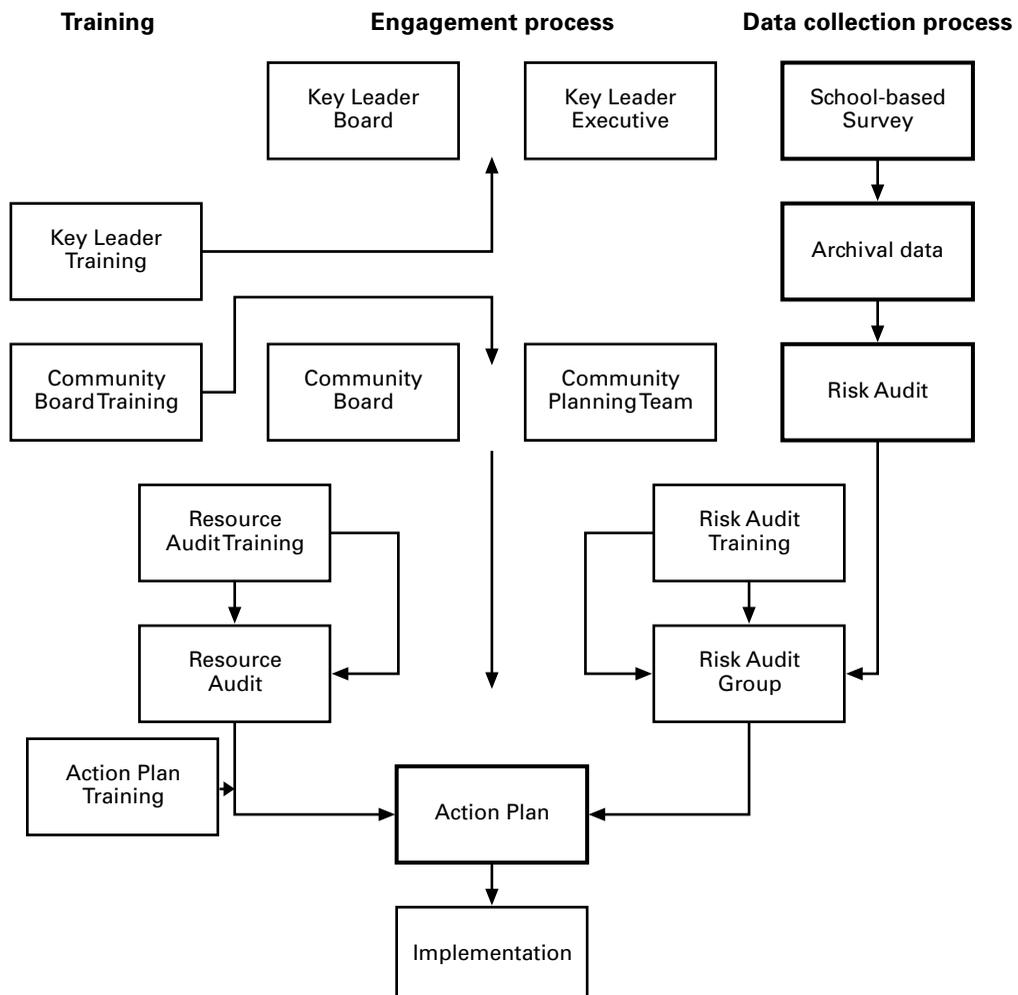
this report, the Community Planning Team set up a subgroup, consisting of local people and professionals, called the *Risk Audit Group*. This group had responsibility for analysing the key findings and making recommendations on which risks to target in the local area.

After the risks had been selected, the CTC projects created a *Resource Audit Group* to undertake a *Resource Audit.* This involved local people and professionals working together over a period of time, to identify what resources were available locally. Participants of this group engaged with local agencies and organisations, and interviewed key personnel to identify what resources impacted on the priority risks identified in the Risk Audit process.

Once this audit had been conducted in the demonstration areas, they hoped to be able to assess what work was being undertaken in the local area and what might be having an impact on the risks selected.

Action Planning is the final stage of Phase 2. Once all the information has been collected on risks and resources, the Community Planning Team construct a local Action Plan. This makes recommendations on the following.

- What *changes* can be made to services provided by local agencies, organisations and projects that will reduce the levels of risk identified in the Risk Audit.

- What provision could be *increased*, within locally based services, to reduce the levels of risk identified in the Risk Audit.

- What *gaps* exist in local resources and what *new initiatives* could reduce risk and increase protection.

Phase 3: implementation
The final phase of the CTC process is the *implementation of the Action Plan*. All areas are required to evaluate the results of the implementation of their Action Plan, and the Action Plan is the point of reference for this self-evaluation.[3] At the time of writing, Action Plans were still in the process of being produced.

As part of the Action Plan implementation, projects not only make recommendations on existing services (as outlined above), but also introduce *new initiatives*. To ensure that only evidence-based initiatives are selected, CTC UK, in conjunction with the Joseph Rowntree Foundation, published *A Guide to Promising Approaches* (Uttings, 2000). This contains a list of approaches that are supported by evidence showing that they can be effective in reducing risk and increasing protection in specific areas. Local areas select from this 'menu' and implement programmes outlined in the *Promising Approaches* booklet. In this report, the programmes chosen in this way are referred to as *new initiatives*.

Throughout this process, all projects are encouraged to monitor and evaluate their own progress. This is supported by CTC UK with specialised training and individual support to co-ordinators.

Anglicising the American model of Communities That Care
It was recognised in the early investigations that the American version of Communities That Care would need examining to see if it was relevant to the UK. As has been frequently pointed out in the past (Downes and Rock, 1999), issues such as language, culture and the way that services

are delivered can have an impact on how transferable programmes are to the UK context.

In an attempt to tackle this issue, two key tasks were undertaken by external consultants. First, JRF commissioned a Task Group consisting of researchers, JRF staff and external policy advisers to explore the model used in the USA, and to make changes accordingly so that it was workable in a UK context. This involved the examination of the US risk and protective model to assess its viability and validity in the UK. Second, researchers from Oxford University were commissioned to design British tools that could be used to measure the UK risk factors. The end result was 17 risk factors that reflected research evidence in both the US and the UK, but had a closer connection to the UK cultural and economic environment. For example, the Task Group advocated dropping the risk factors 'laws and norms favourable to drug use, firearms and crime'; the availability of firearms; and the media portrayal of violence. At the same time, it included risk factors that could be identified through UK research studies; for example, low income, poor housing and school disorganisation.

The role of CTC UK, project co-ordinators and professional training

The CTC approach to tackling risks and increasing protection recognises that the implementation of the model requires the development of a support structure that aids local communities to assess their own environment. This includes providing technical assistance (in the shape of Risk Audit Reports), guidance and leadership, and professional training to local participants. Evidence from the USA (Hawkins *et al.*, 1997) highlights the importance of having this infrastructure if Phase 2 is to be implemented successfully.

In setting up the UK model, JRF decided that the most effective method would be to create an independent charitable company that would have responsibility for overseeing the implementation of the programme and providing the necessary support to local projects. CTC UK was formed and given charitable status and funding in 1998. The Joseph Rowntree Foundation agreed to provide a secure funding base in the early stages to ensure that the infrastructure for implementation could be developed. It was decided that CTC UK would receive four years of funding although it was expected to develop a business plan that would lead to independent status and self-financing of future programmes. In the early stages, CTC UK consisted of two staff members (the Director and an Administrator) although, as the programme progressed, other staff were appointed.[4] CTC UK did not have managerial or employment responsibility for co-ordinators; this was to be undertaken at the local level. Neither did it undertake the construction of the Risk Audits; this was sub-contracted to a department within Oxford University. Its central tasks in the early stages were:

- providing non-line managerial supervision to local co-ordinators

- supporting the implementation of the CTC model within local areas

- providing five training sessions in each area for local participants around different aspects of the CTC model

- developing the assessment tools and technical assistance, i.e. training materials

- developing new programmes and raising additional funding for the establishment of CTC UK as an independent company.

In the CTC model, training of communities is seen as an essential component of the programme (Hawkins *et al.*, 1997), ensuring that local people are skilled in the methods required to implement the programme and are given the relevant skills needed to undertake the tasks required. In the UK, CTC UK employed a small group of professional training consultants who helped develop a full training programme. In the CTC model, five sessions were provided to each area in their localities. These were as follows.

1 *Key Leader Orientation*: introduction of the programme to senior managers and politicians, and the setting up of the Key Leader Executive Group.

2 *Community Board Orientation*: introduction of the programme to community representatives and local professionals, and the setting up of the Community Board Planning Group.

3 *Risk Audit Training*: an introduction to how risks and protection were to be measured in the local area and how the assessment was to be undertaken.

4 *Resource Audit Training*: an introduction to how communities should assess local resources targeted at risks.

5 *Action Plan Training*: an introduction on how to construct and measure an Action Plan that would reduce risks and increase protection in the local area.

Local co-ordinators were funded for three years by JRF but employed by the local authority. Line management of the co-ordinators was undertaken within the local consortiums of Key Leaders. All three areas appointed co-ordinators within the first six months of the programme, although two of the areas changed co-ordinators within 12 months of the projects being started (Northside and Westside).[5]

The selection of CTC demonstration areas
The development of the CTC programme was a major undertaking for JRF and one that demanded considerable resources, a major input of staff time and the engagement of other professionals working in the area of community prevention programmes. Once the programme had developed the working tools and support material, areas for the demonstration projects had to be selected. This was undertaken under the guidance of a task group that included JRF staff, external policy advisers and academics. The final selection of the demonstration areas was made by the CTC UK Trustees.

Prior to CTC UK being set up, a small group of areas had become aware of the programme through presentations made at seminars and conferences including the Housing Corporation Annual Conference and the Association of Directors of Social Services (ADSS)/Local Government Association (LGA) Social Services Conference. Since the time and resources available to get the programme going were limited those areas which had expressed interest were invited to put in tenders to become formally involved. Thus, an invitation to put in a bid to be involved in the initiative was not openly advertised. Six areas put forward bids.

All were given guidance about what information they needed to provide. This included:

- level of disadvantage in the area

- academic achievement levels

- population size and geography of the area

- crime levels

- housing tenure types

- evidence of community engagement

- evidence of partnership working and a commitment to develop this in terms of the CTC demonstration area.

Once bids were received, representatives of CTC UK visited each area to discuss their proposals. All of the areas had issues that needed addressing and visits became central to the process of investigating difficulties or perceived problems. This also gave the Task Group an opportunity to understand the different perceptions that areas had of CTC and the type of commitment they would be willing to invest.

The selection criteria were defined prior to the process. In the US literature, this part of the process is explained as 'community readiness' – assessing how prepared areas are for receiving early intervention prevention programmes. In the US, community readiness tends to identify social issues such as major drug dealing problems, prostitution and gang warfare. These can create difficulties for areas in implementing programmes that can be successful in a short time-scale. From a UK perspective, these issues are not helpful as guidance; therefore, the Task

Group constructed its own community readiness criteria. These were as follows – the area must:

- be a medium-sized ward (about 12,000 population)

- have a major secondary school servicing the area

- have a corporate commitment to partnership

- be a disadvantaged neighbourhood

- have evidence of a community identity which was recognised by those living in the area

- be 'virgin terrority' in the sense that no other major initiatives were in progress or planned.

It was expected that bidding agencies would be local authorities because they are best situated to mobilise the required resources and to be the agent of change.

The final selection required the CTC Trustees to accept the limitations of the process. No area was going to match all criteria; therefore, decisions had to be made which moved the Trustees outside their original selection criteria. In one area (Westside), there was limited evidence of community involvement or community identity. It was also the case that this area was smaller than requested and had a local school that few young people from the area attended. The reason for including this area was evidence of its corporate commitment to community development. It was also an urban area with a high representation of minority ethnic groups. Southside also seemed to have

potential problems. First, it was being led by the Community Safety Unit and was seen as being a part of their crime reduction strategy and, second, there already existed a community development programme. But, after reassurances from the local authority on the willingness to locate the CTC project in a wider context, and a very strong commitment from the school, it was selected.

The evaluation of Communities That Care UK and report structure

Research methodology

In March 1998, a research team from the Centre for Criminological and Legal Research Centre (CCLR) at the University of Sheffield was commissioned by JRF to undertake a four-year programme of research to evaluate the CTC programme. The evaluation would look at both the process by which CTC was implemented and the outcomes that resulted. This dual approach to the evaluation was intended to ensure not only that the success of the programme (its outcomes) would be measured, but also that the mechanisms that may have influenced the results would be identified. Other commentators have suggested that understanding community-based programmes such as CTC requires close attention to the process by which the programmes are implemented (Pawson and Tilley, 1997; Weiss, 1998). Without this, it is impossible to understand what the programme was, how it worked and what it was that aided or hindered success.

The evaluation of process is complex and requires various, diverse investigative methods to be used. One of the most effective methods of understanding process involves the use of qualitative research methodologies, such as interviewing and observation (Shaw, 1999). Programme theory and aims are identifiable through reports, but how programmes are implemented and what issues arise in this process require the active engagement and involvement of key stakeholders (Shaw, 1999; Weiss, 1998). During the first two years of the CTC demonstration projects, regular interviewing of key stakeholders was central to the evaluation methodology. Project co-ordinators, representatives from the Key Leader Group and its Executive and Community Board members were interviewed on a regular basis. At certain points, focus groups were used to concentrate on understanding specific aspects of the programme. This included work with young people as well as community leaders. Getting a broader picture of participants' views was achieved through annual surveys of all active members of the CTC projects.

Observation has also been an essential part of the process evaluation, affording an opportunity to identify the main stages of the CTC process as it unfolded. Programmes are defined by those who construct them. But, once implemented, they may take a different shape and reflect stakeholder interpretation as much as any formal definitions (Weiss, 1998). Being on the ground and recording meetings and events as they happened gave important data about the shape and form that the CTC process took once it was put into practice. It also gave opportunities to identify *why* certain decisions about the process were made and who made the key decisions about the direction the programme took.

Finally, all of the CTC projects generated written material. This ranged from minutes of

meetings to strategic planning proposals. Collecting these documents and keeping systematic records of the programme was important. Such material can provide not only a useful insight into the development of the programme, but also information about participation and the process of mobilisation. For example, extensive records have been kept of all formal meetings and training events. Over the first two years, the key players within the three demonstration areas were identified and the extent of their involvement recorded. The use of this material also provided information about who did *not* participate and who dropped out of the process.

Report structure

The research activities outlined above, involving the collection of a large amount of complex material, are the basis for the description and analysis of the CTC process that follows. The aim of the rest of the report is to consider the issues that arose as a result of the implementation of the Communities That Care programme. Its focus is on several themes that are relevant, not only to those working in CTC, but also to those who might be engaging in similar prevention work with communities. There are important lessons about community-based prevention programmes that need to be shared with funders, policy makers and practitioners. While the following discussion outlines the CTC experience, it also explores broader issues that are likely to inform future practice regarding how communities might be active participants in tackling social problems such as juvenile delinquency, drug abuse, teenage pregnancy and school failure.

2   Mobilising and involving the community

The principle of community mobilisation

What is community mobilisation?
Causal explanations of how to prevent anti-social behaviour have historically been shaped by theories that are located in either individual or structural perspectives. Theoretical approaches tend to be dichotomous and polarised in the sense that social problems are seen to arise either because of individual failure to regulate their own behaviour, or through social disorganisation and situational or environmental factors (Hawkins *et al.*, 1997).

Those approaches to prevention that emphasise the importance of community are also diverse. Three methods have dominated. First, programmes aim to implement strategies that 'target harden' the local environment with the objective of removing situational opportunities to engage in anti-social behaviour (Clarke, 1995). Second, intervention may be taken on regulating and legislating within community settings. This might require areas to have localised policies that regulate the sale of alcohol and cigarette sales or the practices of the police. Third, community mobilisation may make significant changes to local areas, at a number of different levels, to ensure that future problems are prevented (Fawcett *et al.*, 1993). While the Communities That Care strategy advocates and includes all of these approaches to prevention, it is community mobilisation that is central to the first phase of implementation.

Understanding mobilisation in the CTC model is not without its difficulties. What constitutes someone being mobilised? In the CTC literature, mobilisation is not defined other than being involved in the programme. This can be claimed at a number of levels. For example,

CTC clearly requires co-ordinators to be active in networking with professionals and local people. This may be achieved through a number of mechanisms such as: attending meetings organised by other agencies and groupings; co-ordinating and collaborating with other professionals on different projects; keeping agencies involved through circulation of minutes and reports; holding public meetings with local people and communities. These methods may well be informative to others of the CTC approach and may well introduce people to the CTC programme, but is this mobilisation? We would argue that mobilisation is more entrenched and requires a sign of commitment. Therefore, from our perspective, those mobilised are those who have had an active role to play in the development of the programme and who are committed to some of its key principles.

Why mobilise the community?
Hawkins *et al.* (1997) argue that there are strong indications that community mobilisation has a major contribution to make to tackling risk and increasing protection. This arises for three reasons. First, in developing co-ordinated prevention services, communities must have a shared understanding of the problems they are trying to tackle:

> *Without a clear and shared understanding of the sources of the problem, it is difficult for communities to develop a co-ordinated array of prevention services that are likely to reduce risk and enhance protection.*
> (Hawkins *et al.*, 1997, p. 366)

Second, the implementation of community mobilisation will have a direct impact on levels

of risk and protection. This notion is attached to the belief that part of the problem, and a cause of increased risk, is social disorganisation. Community mobilisation addresses this problem by promoting strong collective community norms against anti-social behaviour. Disorganisation is tackled by the creation of a normative order agreed by the whole community.

Third, community mobilisation helps develop a sense of collective ownership, not just of the problem to be tackled but also of the solutions to be implemented. Ownership of the whole process will then increase the rates of success, ensuring that programmes and interventions will be fully implemented.

Who does the CTC programme aim to mobilise?

Hawkins and his colleagues (1997) argue that for community mobilisation to be successful it must be diverse and inclusive:

> *The community's role and responsibility for prevention efforts highlights the importance of attending to diversity in communities so that all groups are participating ….* [this] *requires the involvement of individuals, parents, neighbourhood members, educators, community health and social service providers, law enforcement personnel, business and media representatives and others.*
> (Hawkins *et al.*, 1997, p. 371)

The notion of community being advocated is one that brings together both professional and local people (volunteers) to work in partnership. This requires two levels of engagement. First, the CTC approach advocates the active involvement of Key Leaders. These are senior personnel in the organisations that provide locally based services in the targeted areas. Their involvement is seen as critical to the project because they can be a powerful group who can enforce social change (Hawkins *et al.*, 1997) and have a major influence in the success of the programme. As Huberman and Miles (1984) argue, key community leaders can commit their communities to lines of action, achieve legitimate collaboration and provide leadership and direction while also being gatekeepers to important resources. They can also have a role in setting down normative standards and requiring accountability from workers within their own agencies (Lewis and Bjorkquest, 1992).

Second, at a more local level, the CTC programme should engage a range of professionals and others who work or live within the CTC area. As discussed previously, their involvement is required, not only to achieve the broader objectives of mobilisation, but also to undertake the day-to-day tasks of the project.

Of course, the UK is not the USA. Local services and professional organisations are distinctly different; therefore, CTC UK outlined its own guidance on who should be involved in the programme. They suggested that all the main state agencies should be involved and, while different areas will have different organisations, all projects should aim to include as many representatives as possible from the following:

- residents' and tenants' groups
- youth groups
- LEA representatives
- schools

- Social Services
- Chambers of Commerce
- Housing Departments
- housing associations
- NHS trusts
- general practitioners
- police
- Probation Service
- local employers
- TECs
- further education
- faith communities
- race equality groups
- Youth Services
- Councils for Voluntary Service
- voluntary agencies working with young people.

While this list is not intended to be exhaustive, it is a good indicator of the diversity of interests that CTC UK was trying to involve.

Getting diversity also requires that the programme addresses and gives attention to cultural perspectives of ethnic minorities, social classes and genders. Evidence suggests that culture can influence beliefs and views on parenting, teaching and anti-social behaviour; therefore, having representatives from these groups will help the programme construct an approach that is sensitive to the needs and experiences of each group (Catalano *et al.*, 1993).

How does the CTC programme aim to mobilise the community?

Mobilisation is a technical task that is connected to the implementation of Phases 1 and 2. As discussed previously, the CTC approach has clear guidelines to follow (see Figure 1 in Chapter 1). From the start, mobilisation is built

into the programme. In the early stages, the CTC programme holds two crucial training events: Key Leader (KLO) and Community Board (CBO) Orientation meetings.

The KLO is the first of these meetings for four reasons. First, having Key Leaders involved in the early stage can smooth the implementation of the process that is to follow. Second, Key Leaders can provide information about who should be involved (invited) to the Community Board Orientation (CBO) meeting. Third, CTC UK needs to have a legal agreement with senior representatives from the locality (local authority) and having a formally recognised group early into the process makes this possible. Finally, the symbolic signing up of Key Leaders to the CTC process acts to re-enforce senior worker commitment and accountability to the process.

Invitations to the KLO meeting are sent out by the principal agency.[1] Key representatives are asked to attend for the full session and to sign up their support to the CTC process. The KLO is run by CTC UK and includes:

- training in the CTC theory and process

- outlines of the Key Leaders' roles and responsibilities

- the symbolic signing up of lead agencies

- the appointment of a Key Leaders Executive Board

- the identification of possible Community Board members.

Involving the local community starts with the CBO. This is an open-access meeting that aims to have a broad representative structure

that involves both local professionals and local people. Representatives of these groups are identified differently. Professionals tended to get involved in CTC in one of two ways. First, professionals were instructed by their manager that their involvement was required and, second, some heard about it from other sources and felt that they should attend because it might link to their own work. Local people were identified through three different techniques. First, local professionals invited community activists they knew who lived in the local area. Second, advertisements and information were circulated through the local press and community notice boards. Third, certain organisations were targeted and asked to send a representative. The key objectives of the CBO were as follows – to:

- transfer information to the local community about the theory and empirical evidence underpinning the CTC approach and also the CTC UK process

- identify and construct a 'shared vision' of the future.

- identify other local community people and professionals who should be members of the Community Board

- encourage participants to become members of a Community Planning Team that would have 'day-to-day' responsibility for the implementation of the CTC process.

Once the Key Leader Executive group and the Community Planning team are formed, the first phase of mobilisation is conducted.

Mobilisation continues through three other processes.

Task-focused work
CTC is task focused. As discussed previously, it has a structure or process that projects need to go through. This includes Risk and Resource Auditing, and Action Planning. To achieve this, volunteers need to be actively involved. Many of those who get involved will already be engaged (at the CBO) but opportunities exist for Community Planning teams to identify new people who might be able to make a contribution.

Information sharing on CTC
As CTC projects evolve and co-ordinators become more knowledgeable about their area and services, new people are identified and opportunities exist for them to be brought into the programme. It is also the case that, as the CTC project profile expands, other agencies and workers get to hear about the work being undertaken. Professionals in relevant organisations can then contact the CTC co-ordinator for further information about joining.

Training Community Board members
CTC UK provided six training sessions in this phase. Training is required because participants need information about the tasks ahead and about their roles and responsibilities. But it also has a key role to play in mobilisation. Opportunities exist for co-ordinators to identify new members and professionals, and to re-mobilise some of those who have lost interest or who have not been able to keep up with events. Training is an opportunity to re-introduce the CTC model and theory, so that new participants can be informed about the whole programme.

How successful was community mobilisation?

Measuring the success of the community mobilisation process is not without its problems. Part of the difficulty arises from the lack of a benchmark by which to judge the results of the CTC process. That said, the CTC model does offer some criteria by which to assess the type and level of mobilisation that the CTC demonstration projects were trying to achieve. These criteria include a consideration of who was mobilised by CTC and how many stayed with the projects after their conception.

Across the three demonstration projects, 111 participants were mobilised into the programme. From these, 66 were still with the different projects (20 in Northside, 14 in Westside and 32 in Southside). Forty-five people left the projects, with the majority leaving Westside (25). Southside had the most stable group of participants, with only 4 leaving over the life of the project. Leavers tended to be professionals who were changing jobs, although a small group of local people did not stay with the programme. Only 19 new members were recruited into the programme after the original groups were formed. The majority of these joined Northside (10) and Southside (8) with only 1 new person joining Westside. In the beginning and throughout the programme, there was a large contingency of participants who were professional workers who did not live in the CTC areas although, in certain areas (Northside and Southside), some of the professionals lived within CTC project boundaries. Twenty-two participants on the programme are, or were, representatives of the community, although the distribution of these has always been unbalanced, with the majority being divided between Northside (8) and Southside (12), with only 2 involved in Westside.

Who was mobilised from the local community?

Findings from the research about local involvement in the demonstration projects showed the following.

1   Two of the CTC demonstration projects managed to engage a small group of community activists, who stayed with the programme throughout its early stages. For example, in Northside there were 8, and in Southside 12, community participants involved from the beginning who have stayed throughout the programme. In the other demonstration site, there was no significant community involvement.

2   The level of involvement of the core group of community activists was substantial, making a vital contribution to the CTC programme. For example, most were active on the Community Planning Teams. As members of the Risk and Resource Audit Groups, they were also involved in designing the Action Plans.

3   Unsurprisingly, getting diverse representation of the community was difficult. Most representatives were aged between 35 and 60 and were either local tenants or residents. Populations in Northside and Southside were predominantly white; therefore, Community Planning Teams had no

representation of different ethnic groups. Westside had a more diverse ethnic population but this area also had limited success in getting involvement from representations of ethnic minorities.

4   Involving young people in the decision-making process of the Communities That Care demonstration projects was difficult. None of the three projects had any substantial success. All three attempted to talk to or engage young people but none of the projects managed to involve them as core members. This is unsurprising as such work is demanding and many agencies that wish to consult with the young are experiencing similar problems.

5   It has also been the case that young parents or parents with young children were not substantially mobilised into the programme. Groups that might have been seen as disaffected or having no history of community involvement were not targeted and were, therefore, missing from the programme. Again, projects attempted to work with parents but very few became active members of the Community Planning teams.

6   As the programme progressed, few new local people became involved in any of the projects. In fact, a small number of early participants disappeared and only 2 new people were engaged into the projects. Although the projects undertook substantial media campaigns, and used leaflets and newsletters to inform others of their activities, very few new members from the community were recruited.

What worked and why?

Getting and maintaining a core group of local people was achieved as a result of involving these people from the very beginning, either prior to the programme being funded, or at the Community Orientation meetings. Part of the success arose because the majority of people targeted in the early stages were already motivated and active in working in their local community. Key Leaders and other professionals used their existing networks as a method of identifying individuals and inviting them to the first meetings. Where this differed was in Southside, where the co-ordinator was involved before the project started. They were able to broaden the approach and spend more time identifying other more marginal groups. The result of this for Southside was that it managed to engage slightly more local people and to have a small representation from previous non-activists. Spending more time in the early stages to search out and identify groups and individuals therefore had positive benefits.

Motivation for involvement varied, although five main themes dominated.

• The CTC programme offered local people an opportunity to be active in their community and to bring about positive change.

• Local people felt that the CTC process offered them the opportunity to be partners in the decision-making process about their community.

• Working in partnership with professionals created the opportunity to challenge the practice of professionals or their organisations.

- The process looked interesting and different, and offered a new way of working.

- The values that underpinned the CTC approach appealed to certain individuals, especially those with a connection to the church.

How did the CTC projects manage to keep these people involved? First, it is clear that the group of community activists were already highly motivated and held similar desires to those identified in the programme. Many participants had a background of trying to bring about change in their community and held negative views about professional practice. Second, people were engaged by the process. The different stages of the process and how it worked kept local people interested. Participants had not worked in a similarly structured way before. In previous projects, community engagement or involvement had been through community development programmes. These approaches had tended to have complex or diverse objectives, and no real structures or methods that directed the work (being projects that were claimed to be 'bottom up'). Third, Southside tended to have a more varied group who remained engaged. Keeping these people involved was achieved by creating an infrastructure where participation was valued and supported. It was recognised by the co-ordinator that local people gave their time voluntarily, yet methods of supporting their activism could be built into the programme. Three methods were used.

1. An account was set up with a local taxi firm. If local people needed taxis to get to or from meetings they could order one and the local CTC project would pay.

2. Child-care opportunities were made available to those community participants who needed them.

3. Meetings were arranged in easily accessible local sites that local people had positive feelings about, such as the local family centre.

These developments had an influence, and helped certain groups to stay involved.

The fourth and most important factor that was influential in maintaining people's involvement was the way in which the CTC process creates 'experts' of previous non-experts. Prior to involvement, local community activists had little understanding of either the CTC process or the theory and model that underpinned the approach. In the beginning, concepts such as risk and protective factors, archival data, Risk and Resource Audits, Community Boards, Key Leaders and Action Planning had little or no meaning. As the process progressed, these local people started to speak the language of CTC and to gain a fuller and more extensive understanding of how the model might work in practice. In some cases, participants were expected to be active partners in designing the processes they were to use. This reinforced the messages and increased people's levels of understanding. As the projects progressed, participants took more and more responsibilities in delivering the messages to

others. These responsibilities included presentations to Key Leaders, other communities and even at national conferences. Local people found themselves being viewed as experts who were able to talk to others about the complexity of ideas underpinning the CTC model. What might be called the construction of a CTC expert was further developed through the CTC use of training. At each session (5 in total), CTC theory and process were explained to those present. New information would be added and tasks assigned as appropriate. Participants explained at the training sessions about how productive they found them and how useful they were in increasing their knowledge of the CTC process. This continual reinforcement of the CTC message was effective in making people feel part of the programme and was vital to its success (however, as discussed below, this creation of CTC 'experts' can also have its drawbacks).

Difficulties and mechanisms that limited success
Identifying local participants
The process of engaging the local community at the outset of CTC was problematic. By focusing on community activists, it targeted a motivated group of individuals who were looking for a method of improving the quality of life of their community. By not getting wider involvement at the beginning of the programme, the question of representatives was never tackled, being seen as an issue that could be addressed once the programme became established. This never happened and the legacy of this process has lived with the projects ever since.

This issue was even more problematic to Westside. The boundaries of its CTC project

covered three geographical areas. The selection group had, in the early stages, seen community involvement as a fundamental problem. None of these areas had any major community-based organisations to represent community interests. Neither did the area have any distinct buildings where groups could meet or where some form of community activity could take place. Any community organisation that might be seen to represent tenants' or residents' interests had to have its boundaries either outside the CTC area or to include other areas of the city. The result of this was that in Westside there were few community activists who could be included in the early stages. The Westside CTC did involve a small number of local residents from one area at the beginning but they did not stay with the project, leaving after the first three months.

The problem of developing CTC experts
As discussed above, the CTC process succeeded in creating local experts amongst the early participants. While this can be seen as a positive development, it also created problems for recruitment. First, while many local people involved were committed to bringing other people into the project, some clearly saw this process as threatening their newly acquired power base. CTC gave them opportunities to be at the centre of the decision-making process and having others involved may have reduced individuals' influence. Similarly, once areas had undertaken the early tasks, some of the local participants felt a very strong attachment to their results. At one level, this was seen as a positive development but an unintended consequence was that some people in the groups indicated that others should not be involved in CTC until the group had finished its work. While no one objected in principle to new

people being involved, little real attempt to recruit others, outside informing people they could be involved, took place. Second, once the local people who were active in CTC discovered the language of the programme and started to become knowledgeable, meetings became shaped by discussions that outsiders struggled to understand unless they had an understanding of CTC and its process. This made it very difficult for the few new members to feel they could contribute.

The dominance of professional practice
As the projects progressed, two developments took place in how engagement was to be undertaken. First, because of the limited involvement of local people, professionals became the dominant force in how meetings were to be conducted and how decisions were to be made. Professional practice became ingrained within the process. Meetings had minutes, chair and an agenda. The group was serviced by the co-ordinator who prepared for the meetings by preparing papers and information as requested. Decisions were made by assumed consent unless differences were seen to be impossible to resolve without a vote. For many of the local community activists, the approach to engagement was not a major problem. Many of them worked with professionals in other contexts and had a practice not dissimilar from the paid professional. Using this structure therefore seemed normal. But such an approach is not the most inviting of environments, especially to those who find such structures problematic. Even if the projects had managed to recruit others, it is questionable how inexperienced activists would feel about being involved in

such environments. Second, professionals dominated not only the practice of meetings but also the timetable. Meetings were consistently held at times convenient to professionals. Although projects considered having meetings at other times, professional diaries continually influenced when meetings could be held. For example, in Westside, where there was no community involvement, professionals would arrange meetings at times convenient to the majority. Most of the meetings were held during the day (between 10.00 a.m. and 3.00 p.m.) although, in Southside, meetings tended to take place after school time. No real attempt was made to explore alternative meeting times outside of professional timetables.

Professional involvement

Professionals are involved in the CTC model at two levels: Key Leader and Community Planning Team.

Key Leaders
As mentioned previously, Key Leaders are also perceived as part of the community model of mobilisation. They are identified as the key players who are involved in making social change happen (Hawkins *et al.*, 1997) and in creating an environment that encourages others to participate (Huberman and Miles, 1984; Lewis and Bjorkquest, 1992). In the CTC model, they have the following roles and responsibilities – to:

- establish and maintain a stable base for the local CTC project

- give credibility to the project and encourage professional participation

- monitor implementation of, and ensure accountability for, the local project

- provide a strategic framework for the local project and opportunities for it to be linked to wider developments

- aid and support institutional working and information sharing between core agencies

- help unblock local institutional obstacles and resistance to the project

- help secure funding for the Action Plans

- encourage and support institutional change amongst professionals identified by the CTC Action Plan.

In each of the three demonstration areas, Key Leaders were identified and approached prior to the programme being set up and were asked to attend an orientation meeting. In the CTC model, Key Leaders are invited at this meeting to nominate an executive with responsibility to undertake all the above tasks. Key Leader Executive Groups were formed in all 3 of the demonstration areas. These have remained stable and in place throughout the programme.

Who are Key Leader Executives?
As Table 1 shows, all 3 areas managed to recruit significant powerful figures to the Key Leader Executive Group. In all three areas, education was well represented. Not only did 3 of the areas have Directors of Education involved, but also 2 of the areas included the local head teacher of the senior school that served the CTC area. The police also had a significant presence, with all 3 areas having senior officers involved. Other senior officers included Directors of Housing (2 areas), representatives of Chief

Table 1 Key Leader Executive membership

	Northside	Westside	Southside
Director of Education			
Head teacher from local school			
Director of NHS Trust			
Health Promotion Senior Manager			
Senior Police Officer			
Crime Prevention Officer			
Director of Housing			
Director of Community Services			
Representative of Chief Executive Office			
Representative of Church			
Representative of voluntary sector			
Representative of local community groups			
Local councillor			
Area Co-ordination			
Director of Social Services			
Head of Probation			
Youth Offending Team (YOT) Manager			

Executives' Offices (2 areas), representatives of the Church (2 areas), voluntary sector representatives (2 areas), Crime Prevention Officers (2 areas) and local councillors (2 areas). Many of the appointments to the Key Leader Executive reflected local circumstances and political/agency organisations. For example, in Westside, the Area Co-ordination Officer was instrumental in securing the programme; therefore, it was felt his presence on the Key Leader Executive was essential. Similarly, at Southside, it was the Crime Prevention Officer who had this role, and he was therefore nominated and accepted as a member of this group.

Although a significant number of senior personnel were mobilised into the CTC programme, gaps existed. Health, Social Services and Children and Youth Services did not have a major presence across the programme. Only one area included the Director of Social Services (Southside) and a director of the local NHS trust (Northside), while none included representatives of the Children and Youth Service. This may raise issues further into the programme because many of the initiatives or solutions proposed by CTC require the active involvement of professionals located within these organisations or changes within them.

Throughout the time-span of this report, the Key Leader Executive remained stable. Very few changes happened, although a number of representatives moved posts. For example, in Northside, the senior police officer changed three times while, in Westside, the representative of the voluntary sector changed once. While personnel changed, the organisation continued to send representatives to fulfil their responsibility.

How successful were Key Leaders in supporting the programme?
Across the programme, Key Leaders undertook the following essential tasks.

- Monitoring the progress of the programme by holding bi-monthly meetings and receiving regular reports on the development of the project.

- Providing credibility for co-ordinators when trying either to involve agency representatives or to gain access to agencies. Being able to 'name drop' helped to open doors and ensure they were taken seriously.

- Providing both verbal and practical support to co-ordinators. Being able to identify the right people who would be able to respond to their requests.

- Clearing financial pathways in the early stages, which allowed the programme to be set up and run even though the details of the contract and first payments from JRF had not been received.

- Providing regular information to co-ordinators on strategic developments that had an impact on the CTC programme.

- Giving community representatives positive messages of strength of commitment to the programme.

All of the areas have found these activities useful but the real test of success comes with implementation of the Action Plan. It is at this stage that Key Leaders are expected to make or encourage change within their organisation. They are required not only to shift existing

resources, but also to provide or support new funding for new programmes.

Professional involvement in the Community Planning Team

In Table 2, it can be seen that a number of agencies were represented in all three areas. Schools, police, housing, crime prevention, health, youth services and social services all had representation. Other professions and agencies had representation, but this varied by area. For example, in Westside, libraries had a strong presence and, in Southside, children and family services were active.

Points of note were:

- The CTC programme managed to recruit a small group of professionals who stayed involved throughout the programme.

- Projects had difficulty involving teachers, health professionals and workers from other local initiatives.

- Very few management personnel with operational responsibilities were recruited into the programme.

- Professional involvement tended to wane at times, and regular attendance was unusual.

- Getting workers who had a city-wide role or other geographical responsibilities was problematic.

Why did professionals get involved?

Keeping such a diverse group of professionals involved was a difficult task. Most had become involved for one of two reasons. Either it was

Table 2 Core professional representation within projects[2]

Northside	Westside	Southside
Senior school department head	Primary school head teacher (2)	Senior school head of year
Local police constable	Local police constable	Local police constable
Local Housing Officer	Housing; Community Participation Officer	Housing Officers (2)
Crime Prevention Worker (LA)	Crime Prevention Officer (LA)	Crime Prevention Officer (LA)
Social Services (Senior Manager)	Social Services (Senior Manager and local worker)	YOT Manager
Health Visitor	Health Promotion Worker	Health Promotion Worker
Youth Worker	Community Education Worker (Youth Worker and Children Services	Youth Worker
Community Service Worker (LA) (2)	Area Co-ordinator (LA)	Community Service Worker (LA)
Education Welfare Officer	Library worker	Family Centre Manager
		Project worker (3)

clear that the CTC project had a direct linkage to their work (especially in terms of geography and children and young people), or workers had been instructed by their senior manager to get involved. Once workers saw how the work might be relevant to their own service needs, they would prioritise it and ensure that they attended meetings when possible (35 per cent).[3] Others became involved because they liked the approach (25 per cent) or thought that it would have a positive effect on the quality of life of local people (21 per cent). Only a few seemed sceptical or negative about the programme (6 per cent).

Difficulties with the participation of professionals

A number of factors influenced the participation of certain groups of professionals.

First, although all areas had representatives from the different schools on their Community Boards, their level of involvement was inconsistent. Many of the local primary schools failed to get involved and, although senior schools were represented at the Community Board level, few were able to commit the time and resources for a full active role. Part of the reason for this was how the school year was structured. Holidays and exam pressures limited the amount of time teachers or schools could commit. But it was also the case that schools' participation was influenced by the limited time that staff had available to be involved in out-of-school activities. Most teachers, even head teachers, have classroom teaching responsibilities. If they wish to attend meetings, cover has to be found, usually within the school staff, which puts pressure on other teachers.

Similar difficulties existed over getting health professionals involved. Again, all areas managed to have someone on the Community Board from a health-related agency but the diversity of professions was not represented. For example, no GP practices were represented, and NHS trusts had little representation. Areas tended to have either a health visitor or health promotion worker, but none had representatives from GP practices, NHS trusts, district nurses, midwife services, or school nursing. The reason for this remains unclear, although, in the recruitment stages, little attention was given to trying to get these groups involved.

All projects had limited success in recruiting professionals involved in other projects and programmes. Areas found themselves working across geographical boundaries of other initiatives – for example Health Action Zones, Educational Action Zones, Single Regeneration Budget (SRB), etc. – yet, representation from these initiatives was missing. Again, it is unclear why this should be the case although it may be that other programmes either see the CTC model as competition and not as partners, or that CTC areas are only a small component of a larger geographical boundary of these other initiatives.

CTC projects did not attempt to recruit non-operational managers such as LEA advisers, area managers within community education and SRB managers into the programme. The majority of workers involved tended to be 'face-to-face' workers who had either geographical responsibility for the area or specialised responsibilities that related to the aims of CTC. It is unclear what impact this may have had, but early indications are that this level of management needs to be included because they

are holders of resources and have influence over staff time. Engaging them early on may well help to ensure the greater participation of others.

Professional involvement tended to wane at times. This depended on professional workload priorities and what was happening in the project. One issue that was crucial was delay in the process. In the early stages of the programme, it was believed that the movement through Phase 1 of the CTC process would be achieved within 12 months. But an early delay in the delivery of risk audits led to a number of key workers dropping out or withdrawing their time. This caused them to lose touch with the programme and limited the number of people who were available for some of the task-based work. Rebuilding this involvement was then problematic. Even though workers kept in touch through minutes, active involvement became limited.

The geography of the area also influenced who participated in the programme. CTC areas did not have boundaries that always matched professional boundaries. Westside was the most problematic in that it covered three unconnected geographical areas in one section of the city. Agencies from different organisations tend to have different boundaries. Although many try to organise themselves on wards, others have other methods (for example, schools and catchments, police and beats) that do not always correlate. Add to this the complexity of the CTC boundary and very few organisations felt they had a single worker who could be seen to cover all three areas. Getting workers (and their managers) to then prioritise the work or send more than one worker created a number of tensions about who would participate and the

extent of the time they would give. This in part explains some of the difficulties Westside had in keeping professionals actively involved.

The importance of local co-ordinators

Locally based co-ordinators were crucial for mobilisation. Much of the success of mobilisation relied upon co-ordinators. They had four central tasks which all contributed to maintaining engagement and helping mobilisation.

1 Keeping all parties informed of developments. Ensuring that all interested in the programme were kept up to date on all developments.

2 Building up knowledge of local developments and establishing new relationships with relevant evolving partnerships and programmes.

3 Understanding and maintaining strategic connections at policy level, and identifying opportunities for funding and implementing CTC findings.

4 Maintaining momentum for the programme, ensuring that tasks were undertaken and that participants were involved.

Having co-ordinators active in the process early on was very important. It was at this stage they could establish monitoring systems and help identify the key partners that needed to be involved. In Northside and Westside, co-ordinators were not brought into the project until the initial recruitment of participants had taken place, while, in Southside, the co-

ordinator was appointed prior to recruitment. This resulted in differences in the breadth of engagement across the different agencies and from the local community. Having a co-ordinator in place early on helped to establish key partners and to ensure that all local agencies were informed of the programme.

While having co-ordinators increased the success rate of mobilisation, two fundamental difficulties existed that created problems. First, co-ordinators were expected to perform at all levels. They had to be multi-tasked and multi-talented. The mobilisation of community members requires different skills and experiences from those required for the mobilisation of Key Leaders and local professionals. One task has a closer relationship to community development, the other to professional networking. But not only did co-ordinators need to possess varied skills for the mobilisation of different communities within their areas, they were also under pressure to perform at other levels. For example, co-ordinators had to be research consultants (understanding and explaining the Risk Audit), evaluators (assessing resources and the impact) and strategic leaders (identifying policy developments and opportunities for CTC). All of these tasks were very demanding and co-ordinators found they were better at certain tasks than at others; for example, at working with local communities rather than developing

research tools. It was also the case that having so many tasks to deliver restricted the amount of time they could spend on mobilisation issues. This problem was increased by the limited administrative support that co-ordinators had in the early stages. Having no support systems in place and few resources further reduced not only the time they could spend on mobilisation, but also their ability to monitor levels of participation.

Second, two of the local co-ordinators left the programme within the first 18 months. Neither left as a result of dissatisfaction with CTC but for personal reasons and promotion. But the impact of this change created problems for mobilisation. In the first place, it clearly slowed down the whole process. For example, in Northside, the re-advertising, interviewing and appointment of a co-ordinator took five months. While a senior person was seconded to the programme, a delay in the process arose. This was then compounded by the fact that the new co-ordinator had to 'get up to speed' not only with the CTC methodology but also with the history of the programme in Northside and the future demands. This delay not only slowed down the whole project in Northside but also led to internal conflicts and a loss of motivation amongst existing participants. Changing co-ordinators mid-stream, for whatever reason, is not conducive to maintaining the required momentum for successful mobilisation.
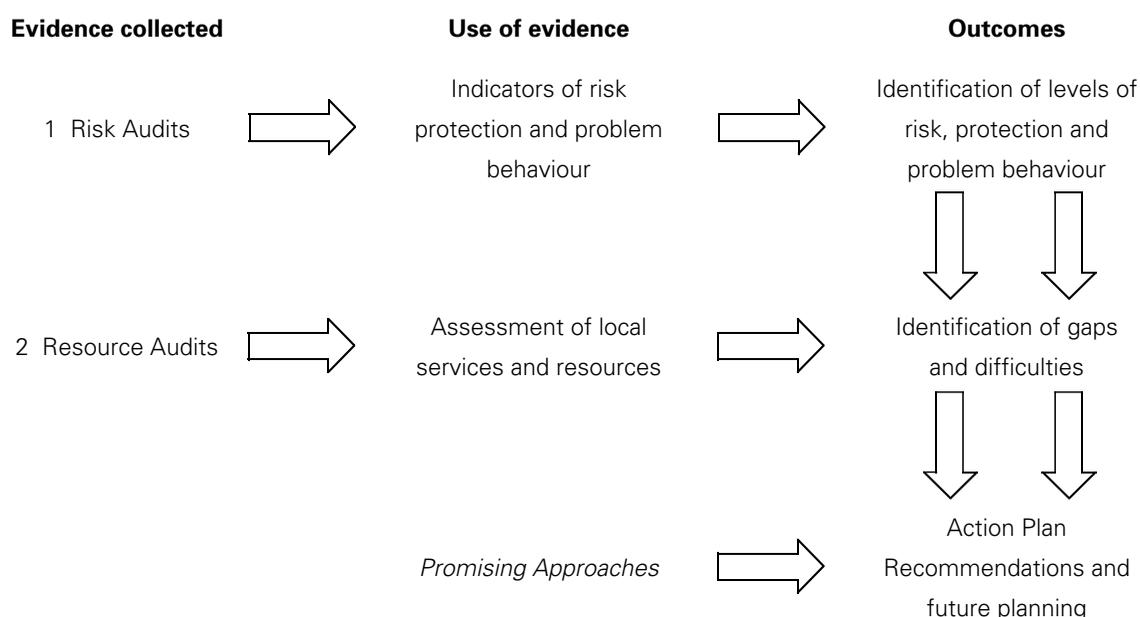
3 The use of evidence in tackling local social problems

Introduction

The CTC model of intervention is underpinned by a commitment to research as a guiding principle for practice. Using research evidence to understand local circumstances and to make decisions on resources is seen as a fundamental strength. Not only is its theoretical base shaped by evidence from longitudinal studies (see previous discussion) but at different stages in the process it collects different types of data to help communities understand the extent of the problems in their area and the strategies they need to construct to tackle them (see Figure 2). Research evidence is used at four points in the process. First, CTC UK assesses communities by using existing research information (archival data) and data collected through surveying local children and young people. This information is then collated and analysed and produced as a Risk Audit, which is given to communities as a tool for understanding the aggregate levels of risk and protection in their area. Second, it is a method of assessing the existing levels and quality of children's services in an area. Local people are trained to interview local service providers and collect data on programmes that might impact on the levels of risk and protection identified in the Risk Audit. Third, JRF with CTC UK produced a document entitled *A Guide to Promising Approaches* (Uttings, 2000), which reviewed all the literature on social programmes within the UK and US that were aimed at reducing risk and increasing protection. Projects that were included had to meet evaluation criteria that showed they worked, although a number were included that were defined as 'promising' in that evidence of

Figure 2 The use of evidence in the Communities That Care approach to tackling social problems

Evidence collected	Use of evidence	Outcomes
1 Risk Audits	Indicators of risk protection and problem behaviour	Identification of levels of risk, protection and problem behaviour
2 Resource Audits	Assessment of local services and resources	Identification of gaps and difficulties
Promising Approaches		Action Plan Recommendations and future planning

success was limited. Fourth, programmes need to evaluate the success of local initiatives, if not directly then by commissioning others.

Risk Audits

Each of the three demonstration areas received a Risk Audit of their area. The Audits contained information collected and analysed from the school-based survey, self-report survey and archival data.

School-based self-report survey

- This was developed and constructed by Oxford University based upon research conducted in the USA. Changes were made to the survey based upon the differences between the UK and USA.

- All young people between the ages of 11 and 16 who lived in the demonstration areas were targeted. In some cases, this required more than one school to be involved in the process.

- The survey was implemented in the school classroom under guidance from Oxford University and teachers.

- The survey was constructed to allow young people to feel confident that their responses were confidential and anonymous.

- Identifying whether a young person lived in the CTC area was achieved by the use of a question asking about postcode address.

- All surveys were undertaken between March and July 1998.

Archival data

Archival data is a name CTC uses for data that is collected from secondary sources. It is usually held either by local agencies or on national databases. In the CTC programme, this included Census data, health data, crime data, local authority data and school data. Other national sources, such as Income Support, Family Allowance and Social Security benefits data, were also used to help map out the levels of risk and protection.

- Oxford University requested data from local agencies and organisations over a five-month period.

- Data came in a number of forms; for example, raw data, hard copy (in printed form) or on card index.

- Local data was provided at a number of levels; for example, electoral district, postcode, ward, city, regional.

- Oxford University also collected national data on the local areas from public data sets; for example, Census data and public health data.

Once all of this material had been collected, it was analysed by Oxford University and constructed as a Risk Audit. This was then given to the Community Planning Teams who had the task of assessing which risks were the most problematic for their area. All were advised that they should select between three and five risk factors.

Involving the community in assessing risk and protection

Each area constructed a subgroup (called the Risk Audit Group) who were given the task of reading the Risk Audits and making recommendations to the wider group on what risks to prioritise. These groups contained a mix of professionals and local people (see Table 3). Overall, the assessment process took between 7 and 10 months.

The construction of the assessment process and identifying risk

Each of the three Risk Audit Groups undertook the following tasks:

* constructing a process of working together and agreeing ground rules about practice

Table 3 Risk Audit involvement

	Professionals	Local people	Total
Northside	6	8[a]	14
Westside	6	2	8
Southside	4	4	8

[a]This includes three young people who got involved through the local school.

* reading all the reports and getting an understanding of the data and its significance

* deciding what was important within the data for assessing risk factors

* developing a process that allowed them to select the highest risks (and reject those that seemed less of a problem).

All areas selected a number of risks. These are shown in Table 4.

Strength and value of the assessment process

The process of assessment was difficult and not without its problems (see following discussion). However, community representatives and local professionals valued the opportunity of working together to gain an understanding of the CTC area. All of the parties involved appreciated the in-depth information provided by the Risk Audit, which helped them to understand more about the quality of life and social problems of those living in the CTC areas. Having data that challenged either professional assumptions or common-sense perspectives of the community created real possibilities for professionals and local people to come to

Table 4 Selected risk factors

Northside	Westside	Southside
Disadvantaged neighbourhoods	Disadvantaged neighbourhoods	Disadvantaged neighbourhoods
Poor parental supervision	Poor parental supervision	Poor parental supervision
Low achievement in schools	Low achievement in schools	Low achievement in schools
Friends involved in problem behaviours	Lack of commitment to school including truancy	Availability of drugs
Parental attitudes condoning problem behaviour		Alienation and lack of social commitment

common understandings of the problems that existed within the local project areas. Bringing the two groupings together was critical to this process.

It was in the discussions between the two of them, within regular meetings, that different perspectives became public and where each group could enter into a dialogue that helped clarify understandings. For example, in one discussion over survey figures on young people being supervised in the community, a local professional suggested that the fact that 85 per cent of young people claimed that their parents knew where they were was unproblematic. An alternative response, by a local resident, was that the 15 per cent equated to over 100 young people whose parents did not know where they were. She claimed that this was a real problem for her and her community. Other opportunities existed for professionals to explain how decisions are normally made or how (and what) evidence is usually used in this process. This led to discussions about the result of these decisions on community life and how they affected the everyday lives of ordinary people. Such a dialogue allowed professional practice to be challenged and reassessed in the light of what local people had to say.

This process was also powerful in informing local people about the use of data, some of the uncertainties about facts and figures, and how they might be socially constructed. For example, in Northside discussions about social services data on children at risk, the local social worker was able to explain to others how the data was collected and what some of the problems were in measuring risk. This introduced others to the notion that policy decisions as well as practice interpretations could shape the data in certain

ways. Results, therefore, were less about levels of risk and more about policy and practice decisions. As the process progressed, it became clear that, in areas where this interaction took place, participants became knowledgeable not only about their community but also about data and information, and the processes that helped to shape it.

Participants who became active in the analysis process also started to have a more substantial understanding of the concepts that underpinned the CTC model. In trying to clarify the levels of risk and protection, participants had to engage with the model in a more practical way. For example, in trying to prioritise risks, Risk Audit Group members had to contemplate the differences between risks and how they were being measured. Participants found this kind of process helped them to understand the whole CTC model.

Difficulties with communities assessing risk and protection

While the process had many positive outcomes, it was not without its problems.

Delay in producing Risk Audits

Local partners and participants felt that the Risk Audits produced by Oxford University were too long. The impact of this created problems for the production of Risk Audits. Initially, it was planned that Risk Audits would be constructed and returned to areas within three months, thus allowing the whole Action Planning to be fitted into a 12-month cycle. This was seen as important because areas would need to be ready in November and December to put in bids to localised budgets to gain funding for their plans. The delays on the Risk Audit varied

between areas (getting better as the process got more refined). In Northside, it took 12 months from start to finish, in Westside 9 months and in Southside 7 months. Part of the problem with constructing Risk Audits arose through the difficulties of getting archival data from local agencies. This happened because of one or more of the following factors.

1   Local agencies were concerned about issues of data protection and confidentiality of information.

2   Certain departments found it difficult to provide the data in set time-scales. For example, the police were under pressure to provide information for local crime audits at this time and this was a priority.

3   The quality and availability of data within different agencies varied. Some agencies had to go through large card index files to get the requested information.

4   It was not always clear who should provide the data within agencies. Not all agencies had specialist IT workers who could extract the required information.

This delay in Risk Audits also had other knock-on effects. Not only did it delay the rest of the programme and reduce opportunities for gaining access to local funding sources, but it also affected the participation levels of professionals. This was the case in Westside, where the delay caused concern amongst the Community Planning team (who were mainly professionals) and limited their involvement. Professionals 'voted with their feet' because they felt that nothing was happening in the

project and they prioritised other work that was having more impact.

Length and quality of Risk Audit Reports
Each Risk Audit contained 16 reports covering over 200 pages of text, graphs and tables. Local partners and Community Planning Team members felt this was too long. Trying to make sense of the results was a major challenge for all concerned. For example, in Northside, the analysis of the Risk Audit took over five months to get an understanding of the data and to prioritise the risks. The workload of this was substantial. Some professionals found this difficult and struggled to attend all of the required meetings. While local people found it less problematic, it was still difficult for them to make all of the meetings.

Not only was the Risk Audit too long, it was also difficult to understand by the participants. They therefore found it difficult to identify the level of risk and to prioritise risk factors. This happened because of the following reasons.

• Local participants felt the Risk Audits were of a poor quality. Data provided was both inconsistent and presented in such a form that it was difficult to understand.

• The Risk Audit Reports lacked evidence for some risks. Areas therefore felt unable to make choices between risks.

• Being able to identify which risks were highest was important for future planning but participants had difficulty in knowing how to make this judgement.

• The reports failed to identify the levels of protective factors in the three areas.

- Projects found it difficult to assess what was normal or 'average' because there was nothing to compare the findings with.

These difficulties raised concerns about the reliability of the recommendations made by Risk Audit Groups.

Control by 'experts'

One final difficulty arose as a result of the intensity of the work involved for the Risk Audit groups. While the process of analysing Risk Audits increased participants' knowledge of their community, the process of data collection and analysis also created a group of 'experts' who could find it difficult to accept criticism. For example, in Northside, the Risk Audit Group was challenged by Key Leaders about its interpretation of the reports. This they found difficult. Concerns were raised by the Director of Education about the identification of the risk factor, 'low achievement beginning in primary school', claiming that other evidence suggested that the problem was not in primary schools but in the disorganisation of the local secondary school. Similar concerns were raised by a senior officer about the lack of attention to drugs as a problem in the area. He suggested that the risk factor 'availability of drugs' should have been prioritised. The Risk Audit Group saw dialogue over these issues as a criticism and a failure of senior professionals to listen to local people. While CTC UK saw the construction of experts as a positive outcome, Northside saw adverse affects leading to increased tension between local people and professionals.

Resource Audits and the construction of Action Plans

Once areas had identified the risk factors to be targeted, they then undertook an assessment of local resources. This is called a Resource Audit and is the final stage before areas construct their individual Action Plans. Resource Audits have three clear objectives – to identify:

- existing resources that should be targeting risk and protection

- any adjustments that may need to be made to improve their success in tackling risk and increasing protection

- any gaps in provision that may need new initiatives/developments within the area resource base.

The Resource Audit process is also linked to the process of mobilisation in that it creates the opportunity to bring new people into the programme to help undertake the Audit. It also has a role to play in 'spreading the word', in that the method requires a large number of agency representatives to be contacted and interviewed. This creates dialogue between CTC representatives and others who may not be aware of the programme.

Implementing Resource Audits

The CTC model requires that a mixed group of local people and professionals is formed into a Resource Audit Group. Their central task is to undertake the overall assessment of resources in the areas. This has three components.

- Setting up a Resource Audit Group and agreeing a process for undertaking the task.

- Identifying resources and key personnel within the CTC project areas and designing assessment criteria.

- The Community Planning Team interviewing key representatives of service providers and making recommendations.

Setting up a Resource Audit Group and constructing a process

All three areas introduced Resource Audit training into the programme as risk assessment came to its conclusion. As part of this process, members of the Community Boards were invited to be active members who could help undertake the Resource Audit. Each area had a range of participants who became involved although, as the process progressed, membership changed. Once the process evolved, the movement from Resource Auditing to the construction of the Action Plan became merged. In most cases, the same people who helped to collect resource information became the main participants in the Action Planning process. All three areas took different approaches. This had an impact on how long each area spent on the process.

Northside

This area involved 16 participants in the Resource Audit process. Six of these were local representatives and the other 10 were local professionals.[1] Nine members of the Resource Audit Group had also been involved in the Risk Auditing process. Northside tried to involve all

members in the decision-making process and in the interviewing of service providers. From the training that CTC provided to completion of the Action Plans, Northside took approximately 12 months.

Westside

The Resource Audit Group for Westside had only 6 people. No local residents were included. All participants were from the professional groups already involved in CTC. This created major difficulties for the implementation of this part of the process. Professionals had limited time available for getting involved in the interviewing and assessment process, although a small number did undertake some interviews. Westside also had other pressures. These problems, and the fact that the local co-ordinator was under pressure from politicians and funding bodies to produce an Action Plan early, led to the Resource Audit being completed by the CTC Co-ordinator. From training in Resource Audit to the construction of the Action Plan, Westside took five months.

Southside

The Resource Audit Group contained 11 members, all whom were already involved in the CTC programme. Seven were local professionals and 4 were community representatives. This group worked differently from those set up in Northside and Westside. The co-ordinator took central responsibility for undertaking the interviews but the Resource Audit Group, through a consultation process, took on the responsibility for drawing out the main themes and issues that were to shape the Action Plan. From the start to the completion of the Action Plan, Southside took eight months.

Identifying community resources and developing assessment criteria

All areas began by having a 'brainstorming' session about existing services amongst the three key groupings: Key Leaders, community representatives and local professionals. This process enabled them to identify key services and other relevant initiatives that might be aimed at tackling risk and protection. Once areas had a 'long list', they had to make judgements about which services and resources they should focus on in the assessment process. This was undertaken by one of two methods:

1   targeting those agencies and organisations that provided local services that seemed to have clear responsibilities or linkages to the risk factors that areas had identified

2   using the *Promising Approaches* document (Uttings, 2000) to identify relevant services and practices that should exist if the risks they had recognised were to be reduced.

This then produced a shorter list that made the assessment process more manageable.

Interviewing key representatives of service providers and making recommendations
In Southside and Northside, over 60 interviews were conducted by members of the Resource Audit Group or by co-ordinators. This was a massive task in co-ordination and required substantial commitment from all parties involved. Professionals allocated large proportions of their work time to the process, while community people volunteered a substantial amount of their own time. Its success was that a thorough review was

undertaken broadening the local knowledge of services and resources. While difficulties did exist, such a task should not be underestimated.

All areas had difficulties, including the following three main issues.

1   Getting access to key personnel could be difficult. Interviewing those who were already active within the CTC programme or were aware of its central ethos was not too problematic. Difficulties existed in getting access to those managers of agencies that had little knowledge about the CTC programme.

2   Interviewing other more senior professionals required skills that many CTC participants did not have. Being able to probe and identify weaknesses or gaps in service delivery was difficult for untrained interviewers.

3   The task of interviewing was very labour intensive and demanding for all participants. Professionals had difficulties because they were trying to do this work while maintaining other work. Local community representatives had to give up substantial personal time and had to fit the task around child-care and work responsibilities.

Key learning from the resource audit process

Each of the three demonstration areas managed to complete a Resource Audit and to make recommendations that were included in an Action Plan, even though they found the process complex and difficult. From their

experience, key learning points can be drawn about how to undertake a Resource Audit process.

Consultation rather than involvement

While all areas tried to involve a mix of people in the activity of collecting data about services and resources, it is unclear how important this was to the finished product. For example, in Northside, massive investment of time and effort was put into the process, yet the end result seemed the same. Alternatively, it is important that a mix of professionals and local people have a role to play in the process. The Westside experience suggests that leaving it to professionals or the co-ordinator will not guarantee that a comprehensive review can be undertaken. Southside found a compromise that involved participants as consultants rather than as workers. Consultation opened up the opportunities to involve a broader base (those outside of the Resource Audit Group) of participants. This had three benefits.

- Workers and volunteers were not burdened by the process because their role was to meet to discuss the key themes and findings emerging out of the work.

- Using the Resource Audit Group as a consultation group allowed co-ordinators the opportunity to construct an approach that was consistent. Because the information was collected and managed by them, they were able to keep it focused on the areas identified in the Risk Audit. It also created opportunities for co-ordinators to get an overview of the findings and to be able to identify themes that emerged across resources.

- Creating a consultation culture allowed evolving themes to be discussed with agencies outside the main Resource Audit Group. This ensured that a comprehensive understanding had been achieved. Any confusion could therefore be removed, creating opportunities for a consensus to emerge.

Building and implementing an evolving process

As the process developed, it became clear that it could not be a static process. First, resource identification cannot be complete at the first stage. Once key resources have been identified and investigated, other resources will evolve. For example, including all the local schools in the process is essential but it is not until the school is interviewed that the extent and diversity of resources and activities are identified. Second, this means that Resource Auditing is not a static process. It needs continually updating and reviewing. As new knowledge becomes available, it has to be assessed for its relevance and, if seen as important, needs to be included in the process. This can slow the process down and bring more pressure on the Resource Audit Group because timetables get lengthened and workload increases; however, it is necessary if a thorough review of all resources is to be conducted. Third, by recognising the process as evolving, the notion of consultation can be bedded into it to allow opportunities for this to be seen as normal. Resource Auditing is about constructing a picture of the area that everyone can understand and agree with. If participants or agencies can see that perspectives and meanings can be negotiated to ensure they

represent their views, then it is more likely that the process will lead to a consensus. Fourth, and finally, this notion of evolving also needs to take into consideration the development of the Action Plan. It became clear in all areas that Resource Auditing cannot be separated out from Action Planning. They are not two separate activities; they are interconnected and should be developed as such. The advantage of this is that the final Action Plan document will reflect the work done on the Resource Audit, and will provide evidence and recommendations that reflect the needs of the area.

Interviewing and assessing community resources
Although CTC builds in two training sessions for local areas on Resource Auditing and Action

Planning, it is clear that these processes need specific skills in interviewing, research and evaluation. Community representatives and local professionals do not, in normal circumstances, have these skills and knowledge. It is also the case that local co-ordinators lack such skills, as they are trained more in community development. The experience from all the areas is that, if this type of work is to be undertaken by local people and community professionals, then more focused and individualised training needs to be developed that gives people skills that are more research orientated. A difficulty for all areas was not having basic skills in research and evaluation, such as how to conduct an interview, and how to assess services and agencies.

4 Conclusion and discussion

After two years of hard work by the demonstration projects, the CTC programme has produced some valuable findings. These aid understanding about how communities and their service providers can be mobilised and brought together in partnership to create evidence-based local preventative approaches to tackling social problems.

In this final chapter, we turn our attention to broader learning that has arisen out of the programme and highlight issues that other similar projects might want to address in constructing early intervention and preventative approaches to social problems.

Delivering community programmes with community support

It is clear from the previous discussion that the CTC process can be successful in engaging and maintaining levels of active involvement. Over the two-year period that the demonstration projects have been running, a core group of local people and professionals stayed with the programme and became active partners. While the numbers were low, the durability of this group cannot be underestimated. It does indicate that the CTC model creates opportunities to actively involve local communities and their service providers in partnership working. It is the case that the CTC process can also bring professionals into a new way of working, one that requires them to actively engage and forge partnerships, not only with other professionals but also with community members. Again, the extent of this may vary – depending on the balance of the different groupings – but the experience of the CTC demonstration areas suggests that

possibilities exist for solid, cohesive and productive partnerships to be formed. The CTC approach also has opportunities for local people to become more informed about their community (and the agencies that serve it) and to be more active partners in making recommendations for the future use of resources. The possibility exists for the CTC programme, if implemented fully, to create a more informed community that will have support for the type of programmes to be used to tackle local social problems.

Part of the effectiveness of the CTC programme is having a structured process in place that guides and informs but is also task orientated, requiring active involvement by members of the Community Boards. For example, having to work together on analysing data or designing questionnaires for interviewing other professionals and service providers brought professionals and local people into a different set of relationships. This not only created a need for working relationships to be agreed by all parties, but also gave individuals the opportunity to gain a fuller understanding of the needs and pressures that came from either working in a professional environment or living in a disadvantaged community.

But it is also clear that, if these outcomes are to be achieved, attention to mobilisation has to be central. It is important that, in making this work, consideration has to be given to how people can be brought into the programme at each stage of the process. It is also clear that the role of the co-ordinator is fundamental to the process. Having someone in place who can help oversee mobilisation at all stages of the project is critical. Without effective co-ordinators,

participants are likely to drift and become disengaged from the programme.

Implementation timing

Throughout the programme, time and timing were critical to its success. It took between 18 and 30 months for the three demonstration projects to reach the point of having a designed Action Plan. At one level, this was not a problem. CTC claims to be a long-term intervention programme that does not aim to produce short-term fixes to long-term, well-established social problems. Many participants agree with this model, suggesting that the process has to be undertaken systematically and with care, ensuring that mistakes are not made on the way. It is also the case that involving communities in such programmes cannot be rushed. Building trust, confidence and skills amongst disadvantaged communities needs to be developed at the pace of those getting involved.

An alternative position that can be argued by critics or senior managers responsible for the delivery of services is that such an approach is unrealistic in a political world. While many would agree that short-term solutions are not the answer, the real world of politics requires programmes that can be set up and progressed as quickly as possible. Delays or long run-in periods before implementation will only threaten or undermine the overall programme; therefore, it is essential that a balance is struck between the need for thorough and systematic methods of work and the ability to show results to ensure continued local support.

However, delays occurred to the CTC demonstration projects that could have been avoided. For example, taking 12 months to collect, construct and analyse the CTC Risk Audit created many problems. If the material had been in place prior to the first phase of implementation, and the development work had been achieved on time, then it is reasonable to assume that this part of the process would have taken only between six and nine months.

Timing is also important for the implementation process. Local authorities and other agencies working in local communities focus on two specific cycles: the funding cycles and, within education, the school term cycle. Both are different but can have major implications for the success of projects such as these. First, the main source of funding for programmes like this will be local authority or central government grants. Much of the financial resources from these agencies relate to the financial year (March to March). Bids for grants tend to be formulated in November or December; therefore, planning the work so that maximum information is available at this time is critical. This means that projects such as these need not only to keep to timetables but also to build the funding cycle into their timetable. Second, school timetables are important. It is essential that any data to be collected from schools does not happen in the summer term. This will be problematic in that the quality of data collected will be undermined and schools will feel resistant to making time available for their pupils to make a full contribution. This is mainly because of the exam schedule, and many children will not be available at certain times.

Project and community readiness

From the earlier discussion, it is clear that the start-up phase of these types of projects is crucial. While the CTC programme did give some attention to 'readiness', clarity about what was important and why remained limited. From the experience of CTC demonstration projects, there are indications about what issues need to be addressed prior to projects being set up or the types of areas that community-based programmes such as these can be successful within. There are five main points that community-based programmes need to take into consideration, either before areas are selected or once areas have been selected.

Identification of areas for intervention

1   Mobilisation of local people is more likely to be successful where there is a well-developed community structure for participation already in place. Selecting areas so that programmes such as CTC can tackle a current lack of community involvement will not work. Mobilisation is different from community development and cannot be a substitute.

2   Selecting an area that is recognised as a distinct community, with its own sense of identity and clear boundaries, will increase the success of mobilisation. Using the process to bring together different communities who do not identify with each other will not help the process of mobilisation.

First phase after selection

3   Identifying and targeting key professional people at the introductory stage will help the process as it moves towards implementation. People from organisations such as education, health and the local authority are essential because they will have a major role to play in the final stages of implementation. These professionals should include:
    - primary school staff
    - nursery staff or early years representatives
    - secondary school staff
    - district nurses
    - health visitors
    - general practitioners
    - children service workers
    - family centre workers
    - regeneration workers
    - youth workers.
    It is also necessary to get operational managers involved early to ensure their continued support.

4   Identifying and targeting a broad group of local people who represent the diverse make-up of local communities is important if projects such as CTC are seen to be representative and as acting on behalf of all. Targeting this prior to the set-up stage will help this process. Once involved, participants tend to stay; therefore, getting this right at a very early stage is important if different groups are to be represented throughout.

5 Having a balance between professional and local involvement is critical at a later stage. Therefore, it is important that, in the setting-up stage, a good balance exists between professionals and local people. If this is achieved, a more challenging environment is created that will lead to higher levels of accountability and understanding of the diverse needs of communities and professionals.

Using evidence-based approaches with communities

From the previous discussion, it is clear that involving communities and professionals in 'evidence-based approaches' to tackling social problems has a number of added benefits. The Communities That Care approach to evidence-based initiatives creates dialogue and debate between professionals and local people over what is really happening in the area being examined. Professional and local knowledge about the community is challenged, leading to discussions about how things are, and how they might need to change. In the past, professionals would base their decisions upon 'professional knowledge' of the problem. Some of this would be informed by evidence but usually it would be fragmented and greatly influenced by their own values and professional judgements. In the CTC approach, professionals become better informed because they are introduced to a broader and fuller knowledge base about the community. Evidence becomes the focal point for decision making, encouraging recommendations to be made that are underpinned only by more reliable sources of data. This also creates the opportunity for an environment of shared responsibility and accountability for professionals in that they do not make decisions alone or without consultation. Accountability is built into the model because they take collective responsibility for the final outcomes with other professionals and with local people.

Previously, local people would not be party to the process of decision making about resources or services. The CTC approach clearly created opportunities for local people to be more central to this process. Community representatives not only had an influence on the outcomes, they also became more knowledgeable about how decisions in their communities were made and how professionals worked with each other. Having local people involved also increased the levels of accountability for professionals in that they continually had to justify how and why certain decisions were made.

How far the final proposals from the demonstration areas were 'evidence based' remains unclear. This arose because of the problems associated with data collection and the production of Risk Audits. A number of lessons can be learned in developing evidence-based approaches.

- Data collected and used as 'evidence' must be robust and of a high quality.

- Data must be presented in such a form that it is understandable to a wide audience of both professionals and local people.

- Data should have a normative benchmark that can be used to compare findings.

- Intensive training and capacity building on how to read, understand and make recommendations from such data are needed for both local people and professionals.

- In many cases, local people and professionals are better deployed as 'consultants' rather than as data collectors.

- Gaining an understanding of communities is an evolving process that will require constant evaluation, assessment and consultation to ensure a full picture is constructed.

The experience of the Communities That Care programme has been invaluable in providing opportunities for the assessment of how communities can be engaged in the process of evidence-based approaches towards the introduction of preventative solutions to locally based social problems. While the programme's success has varied on a number of fronts, it is clear that real opportunities exist within this model to create new ways of working that challenge traditional professional practices and encourage greater community involvement.

Notes

Chapter 1

1 For a more recent update on the CTC approach, see Hawkins and Catalano (2000).

2 This has since been expanded to five-and-a-half years.

3 This self-evaluation is separate from the national evaluation of the CTC projects being undertaken at the University of Sheffield.

4 CTC UK now employs three regional co-ordinators on a full-time basis.

5 Southside has since changed its co-ordinator.

Chapter 2

1 This is the agency that takes the lead role in putting the initial bid together and managing the early stages of the CTC process.

2 Core group means those groups that have been present throughout the programme.

3 Taken from participants' survey No. 1, in response to question: 'Why did you become involved?'

Chapter 3

1 Four of these were new members.

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