



## **Evidence supporting the Communities That Care process.**

A number of systematic literature reviews in Australia have recommended adoption of the Communities That Care process as a community planning system that has the potential to encourage crime prevention (National Crime Prevention, 1999, p. 94, p. 101), alcohol and drug abuse prevention (Loxley et al, 2004, p. 135, p. 247) and mental health promotion (Keleher & Armstrong, 2005, p.55 - 56).

A large **community randomised trial** has been completed in the United States (Hawkins et al, 2008). Across the United States 24 communities were selected and youth characteristics studied for a number of years. Similar communities were then matched and one community in each pair randomised to receive the Communities That Care (CTC) process over 5-years. A cohort of over 4,000 students have been followed-up and resurveyed from age 10 to 13. The population of children exposed to the 12 CTC intervention communities were found to experience reductions in social developmental risk factors and elevations in protective factors. By age 12 their rates of externalising behaviours were reduced relative to children in the 12 control communities (Hawkins et al, 2008) by age 13 rates of early substance use were significantly lower (Hawkins et al, 2009) with an economic analysis estimating above a five dollar return for every dollar invested in the program (Kuklinski et al, 2012).

A **large effectiveness trial** was reported by Greenberg and colleagues (2005) at Pennsylvania State University and evaluated the Pennsylvania experience implementing the CTC process in their state. This evaluation examined the extent of implementation of CTC in Pennsylvania counties and made comparisons with counties that did not participate in CTC. The CTC training and consulting process was found to be effective in encouraging and strengthening community prevention coalitions over time and assisting them to develop evidence-based local prevention plans. The strength of local coalitions and the quality of their planning was found to lead over time to prevention activities being sustained beyond their initial seed-funding period. Through these mechanisms counties that implemented CTC were found to show reductions over time in official rates of youth delinquency. Greenberg (2005) concluded that CTC is currently the only effective system for building community prevention capacity and suggests that commonly used alternative strategies for community coalition building may not be sufficient to achieve community change.

**Australian evidence:** CTC has been adapted and trialled in three Australian communities (Ballarat and Mornington Peninsula Shire in Victoria and Bunbury in Western Australia) since 2002. Kellock (2007) completed a consultation with community stakeholders and concluded that the CTC process had been adapted and implemented successfully in the three Australian “pioneer” communities. Available Australian community resurvey results (Williams & Smith, 2007) are in line with the findings from the overseas evaluations in revealing population-wide improvements in youth reports of community social environments and reductions in problems such as alcohol and drug use and precocious sexual activity. In 2008 the Australian Board responsible for CTC determined to seek support for a three state dissemination of CTC within a randomised trial design that aims to evaluate the economic benefits of effective community prevention.

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