Communities That Care in Europe 1998-2015

The implementation of a community based prevention strategy in Europe: overview & experiences

Technical Report on the CTC Implementation Guide

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1 Introduction

In this publication an overview is given of the implementation of Communities That Care in Europe. To present this information we used three sources of information:

1. *Evaluation studies*. In most of the counties the implementation of CTC was accompanied by evaluation studies. With the help of the participants we have collected as much data as possible from the participating countries (see chapter 2).

A quick scan of these studies learned that they mainly focussed on the actual implementation process of CTC in one or more sites, but that it was very hard to get a general overview per country of the number of sites, which characteristics they had, the national policy-context, who took the first initiative etc. It was therefore decided that, although not planned within the EU-project, an extra effort was needed to gather more information. This was done by organising a survey and asking the participants:

2. To fill in an *questionnaire* with 8 questions regarding the introduction and implementation of CTC (see chapter 3)
3. To give an *overview* of the CtC-sites in their country (where, start, type community etc.) (see chapter 4)

The countries involved in CTC- Europe are:

- United Kingdom
- The Netherlands
- Croatia
- Cyprus
- Germany
- Austria
- Sweden
- Switzerland

The above mentioned information sources resulted in the following matrix:

Available information on implementation	General overview	Detailed information	Questionnaire	Abstracts /studies
Cyprus	+	+	+	+
Croatia	+	+	+	+
Germany	+	+	+	+
Austria	+	+	+	-
Sweden	-	-	-	-
UK	+	+	+	+
Netherlands	+	+	+	+
Switzerland	-	-	+	-

This matrix shows that for five countries evaluation studies have been conducted and are available and useable. The information by the questionnaire has been provided by seven of the eight countries. And that general and detailed information on implementation of CTC in that specific country has been delivered by five of the eight countries involved.

2 Evaluation studies

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3 Introduction of CTC

3.1 United Kingdom

by David Utting and Barry Anderson

1. What were the reasons for starting to implement CTC in the UK?
The impetus for CTC in the UK came from growing interest in applying early intervention and prevention methods to reduce youth crime and young people's problematic use of alcohol and illegal drugs. Two reports were influential in drawing the attention of policy makers and analysts to accumulating evidence from prospective longitudinal studies concerning risk factors; and also to indications from programme evaluations that preventive interventions could be effective and cost-effective. *Crime and the Family* (David Utting, Jon Bright & Clem Henricson, 1993) was published by the Family Policy Studies Centre, an independent think-tank, at a time when UK crime statistics (and by presumption youth crime) had risen to what proved to be peak levels (see below). The report called for investment in parenting, early years education and other preventive strategies and was influential with both the, then, Conservative Government and Labour opposition. It was followed in 1996 by *Understanding and Preventing Youth Crime*, a report commissioned from Prof David Farrington of Cambridge University by the Joseph Rowntree Foundation (JRF), an independent funder of social research and development work. This not only outlined the theory of prevention through the reduction of major risk factors in children's lives, but also specifically recommended the implementation of Communities That Care ("one of the most promising strategies to emerge in America") in the UK. CTC was also described in the concluding chapter of *Reducing criminality among young people: a sample of relevant programmes in the United Kingdom,* a research review that the Home Office (Interior Ministry) which was commissioned in the same year from David Utting.

2. Who were the important persons / stakeholders (positions and responsibilities) involved into starting CTC in the UK? And which role did they play?
Prof. J. David Hawkins, co-originator of CTC at the University of Washington's Social Development Research Group, was on sabbatical leave in Cambridge at the Institute of Criminology in 1996 at the time Prof. Farrington's report was published. A meeting arranged with the York-based JRF led to a decision to support a year's development work to examine the suitability of CTC for use in Britain and how the programme materials might be adapted and presented for UK use. The work was led by David Utting, by then a JRF adviser, and supported by a consultation group whose members included Jon Bright (Deputy Chief Executive of the crime prevention charity *Crime Concern*), John Graham, a research manager at the Home Office, and Prof. Farrington. Preparatory work included a visit by David Utting and Jon Bright to observe CTC programmes and training in the United States and to discuss licensing arrangements with Developmental Research and Program Inc (DRP), the non-profit company established by Prof. Hawkins and his colleague Richard F. Catalano to support CTC programmes. University researchers in relevant fields were commissioned to review the evidence concerning "promising" preventive approaches that might

be recommended by a CTC initiative and their availability in the UK. The draft CTC materials that were prepared before the funding decision was taken by JRF included a prototype manual, adapted for the UK context. With active support from the JRF's Director, Richard Best, the Foundation's committee of trustees approved funding in excess of £1 million to allow the introduction of CTC in the UK. The money was provided to fund:

1) Further adaptation for UK use and pilot testing of the CTC schools survey.
2) The creation of CtC UK, a small non-profit company with charitable status, to promote CTC and provide training and technical support for local projects. It was expected that CtC UK would become self-supporting through project work after four years.
3) Support for the provision and evaluation of three "demonstration projects" in contrasting urban areas. It was agreed that interested local authorities in England and Wales should be invited to bid competitively to host the CTC initiatives. Evaluation proposals were sought from a number of universities.

Work adapting and piloting a UK version of the CTC schools survey was carried out by George Smith and Mike Noble at the Department of Social Policy and Social Work at the University of Oxford. The JRF provided additional funding for David Utting to compile *a Guide to Promising Approaches* for CTC programmes in the UK. CtC UK[1] was, meanwhile, established with a board chaired by Dame Margaret Booth, a retired High Court Judge (in the Family Division) who was also the trustee chairing JRF's children, young people and families research committee. Board members included Prof. Hawkins as well as John Graham and David Utting. Applications were sought for a Chief Executive and Barry Anderson, previously Head of Youth Crime at the national charity, NACRO, was appointed. Presentations to the national Local Government Association as well as individual local authorities resulted in 12 expressions of interest and four full proposals from shortlisted councils to host demonstration projects. In early 1998, three were selected:

1) A largely white, working-class former mining community in Barnsley, South Yorkshiire
2) An ethnically mixed area of central Coventry in the West Midlands
3) A large, outlying estate in Swansea, South Wales.

The fourth local authority, Salford in Greater Manchester decided that it would implement CTC in a deprived, largely white, working class neighbourhood, despite not being selected. The contract for evaluating the demonstration projects was awarded to a team initially led by Prof. Paul Wiles[2] at the University of Sheffield. It was intended to be conducted as a quasi-experiment gathering data in the three demonstration areas and comparison neighbourhoods within each local authority area.

When CtC UK established a presence in Scotland from 1998, its work was led by Dennis Daly, previously head of a community safety campaign in Greater Easterhouse, Glasgow. It gained support within the, then, Scottish Executive, from civil servants advising Henry McLeish, the Minister for Home Affairs and

[1] 'CtC' was chosen in preference to 'CTC' to avoid confusion with existing uses of the same acronym in the UK including the Cyclists Touring Club and Child Tax Credits.
[2] Prof Wiles was soon after appointed Director of Research at the Home Office. The task of leading the evaluation passed to his colleague, Alan France.

Local Government, who from 2000 was First Minister in Scotland's devolved government. In 1999, Scottish Executive approved 50 per cent funding for CTC demonstration projects in:

1) Glasgow, in Cranhill and Ruchazie: two disadvantaged outer city neighbourhoods, divided by a motorway.
2) The so-called 'South Edinburgh archipelago' of nine disadvantaged neighbourhoods
3) South Lanarkshire, covering five neighbourhoods in Hamilton and North Blantyre.

3. What did the "champions" responsible for the implementation want to effect by implementing CTC in the UK? (What were their reasons to favour CTC?)

Those who championed CTC in the UK focused principally on youth crime and antisocial behaviour. Crime, as recorded by police and victim surveys, had reached what proved to be a high water mark around 1992, and it was widely noted that the 'peak age' for committing criminal offences was around 14 or 15. There was also a high and sustained level of concern about young people's use of alcohol (especially repeated 'binge' drinking) and illegal drugs, chiefly cannabis. Historically high crime levels were an issue in the 1997 General Election when the Labour Party was elected. Jack Straw, the new Home Secretary under Labour, had previously published a policy paper on links between poor parenting and youth crime. He established a new Youth Justice Board with an explicit crime prevention remit. Both JRF and CTC were both subsequently able to influence the preventive ethos and design of *Sure Start*, Labour's early years support initiative in deprived neighbourhoods. In Wales, CtC was commissioned by the devolved administration to conduct a review of promising approaches for its *Flying Start* early years programme.

Central government in London never explicitly recommended the adoption of CTC by local authorities and others. The closest it came to official endorsement was a commendation from a policy action team contributing to the National Strategy for Neighbourhood Renewal, and also CTC's inclusion among good practice example in guidance to partnerships seeking finding from a newly established Children's Fund. This approach was typical of social policy-making in the UK. While expressing strong interest in the concept of risk and protection factor-focused prevention, it sought to integrate those elements of CTC that most closely matched its political agenda into its own policies and initiatives. In addition to the new *Sure Start* programme for pre-school children, these included reports on strengthening communities published by the Cabinet Office's Social Exclusion Unit and a report that the Youth Justice Board commissioned from CtC UK itself on risk and protection factors and promising approaches (Prof Farrington was a co-author). In most cases, this was done with the active cooperation and participation of those closely associated with CTC in the UK, who were keen to support a culture change in government towards early intervention and prevention.

Perhaps most strikingly of all, the Home Office (and later the Department for Education) funded local authority bids for a community youth crime prevention initiative branded as *On Track*. Launched in 24 neighbourhoods with high-crime and high deprivation, *On Track* embraced the theory of prevention through risk and protection factors and of multi-agency, community engagement. One of the approved local authority bids (from Wirral, Merseyside) proposed to

implement a CTC process. But *On Track* lacked CTC's emphasis on implementing rigorously evaluated prevention programmes. The evaluation of *On Track* was, in its first phase, conducted by the same team from Sheffield University that was evaluating the three CtC UK demonstration projects. By agreement, it used the CTC schools survey as a quantitative evaluation tool.

It may also be noted that CTC's focus on community engagement was in tune with JRF's wider interest in community action and development. A number of incoming Labour Government Ministers, including the Education Secretary David Blunkett, were advocates of stronger community involvement in decision-making and ownership of local policies, as were the devolved administrations in Scotland and Wales. Partnership working between local agencies in areas such as crime prevention and community development had been encouraged under the Conservatives; but Labour extended and formalised the arrangements, promoting collaboration between local departments, the National Health Service, police forces and voluntary (non-profit) groups. The main examples relevant to CTC were local Crime and Disorder Reduction Partnerships and Children and Young People's Partnerships. Both locally and nationally, the emphasis on "joined-up working" helped to create interest in the CTC approach.

Locally, early champions of CTC came from community safety backgrounds in local government; others had a specialist interest in education and were most interested in its potential in preventing school failure. Local authority housing practitioners responsible for managing state-subsidised homes for rent, including disadvantaged estates affected by drug and crime problems, were prominent among key leaders in some areas. In Barnsley and other areas with relatively high levels of teenage parenthood, CTC's relevance to reducing risk factors associated with early pregnancy was also given prominence by local champions.

4. What were the general youth policy problems that were connected to the reasons for starting to implement CTC in your country?

Crime: As indicated above, the most prominent concern among policy makers who became interested in the theory and practice of CTC was historically high level of crime, including youth crime. According to the Crime Survey for England and Wales (CSEW), based on interviews with a representative sample of the population, the number of annual 'crimes with victims' reached 19 million in 1995. The (much smaller) number of crimes recorded by police had peaked in 1992 at more than 5.5 million[3]. It is impossible to ascribe accurately a proportion of these crimes to offences committed by young people. However, the proportion of known offenders cautioned or convicted for more serious ('indictable') offences that were under 21 demonstrably increased during the 1990s to more than one in five by 1998.

Alcohol and substance misuse: There was widespread public and political concern about the availability and use of alcohol and illegal drugs by young people. World Health Organisation (WHO) surveys pointed to an increase in regular alcohol consumption among 15-year olds in the mid to late-1990s to peak in 2001/2 when approaching six out of ten boys and around half of girls in England and Wales said they drank alcohol at least once a week[4]. Illegal drug

[3] Annual crime figures in the past 20 years have fallen to 6.5 million measured by the CSEW in mid 2015 and – less dramatically – 4.3 million offences recorded by police.

[4] The WHO survey in 2005/6 showed a substantial decline to around four out of ten for both boys and girls.

use among young people had, by contrast, been in decline since the 1980s. In 2001, around 13 per cent of 11 to 15-year olds reported using cannabis in the past year, while 7 per cent reported solvent abuse[5].

School failure: Educational issues that supported the introduction of CTC in the late 1990s ranged from a severe shortage of nursery and other early years services to concerns about disparities in examination results between secondary schools serving disadvantaged and more prosperous neighbourhoods – and also between different schools serving equally disadvantaged students. Action to improve skills in reading and mathematics were major issues in primary schools, as was action to improve school effectiveness through leadership, day-to-day management and greater engagement with parents. Bullying was another 'live' issue, including implementation in the mid-1990s of a national prevention initiative by the Conservative government based on research in the UK and internationally.

Teenage pregnancy: The UK experienced relatively high rates of teenage pregnancy. Unlike other countries in the (then smaller) European Union, Britain had experienced an increase in its birth rate among teenagers. In 1998, there were 65.1 conceptions and 30.9 live births per thousand in England and Wales to women under 20[6]. These were the highest levels of teenage conception and birth anywhere in western Europe. Teenage parents tended to be concentrated in particular, disadvantaged areas.

5. What were the expectations of the people involved in CTC regarding the solutions that CTC would bring to your country?

Hopes and expectations concerning CTC varied according to – and within – the organisations involved in bringing it to the UK, and those implementing the CTC process. The Joseph Rowntree Foundation, with a remit to fund research and development work contributing to social improvement, had a long-standing interest in neighbourhood renewal. It was also, at the time, running a children, young people and families research programme that had highlighted the case for prevention and early intervention. Although advised by individuals with a specialist interest in criminality and drugs prevention, crime and justice were never among its funding priorities. Nor was education.

However, both youth crime and low achievement in schools were high on the political agenda both nationally and locally. For example, in Worsbrough, Barnsley chosen for one of the first CTC projects, there was acute concern that fewer than one in five 16-years olds attending the local secondary school were achieving acceptable results in national exams. The Bon-y-Maen estate in East Swansea was not only socially deprived, but also had problems with cars being stolen by teenagers, driven recklessly (so-called "joy-riding") and set on fire. In the Radford and Pridmore neighbourhoods of Coventry, local leaders sought to bring more cohesion to two multi-cultural, but disparate areas where there were particular problems with crime and drug dealing. The Cranhill

[5] Cannabis use for 11 to 15 year olds declined to 9 per cent by 2008 and solvent misuse fell to 5 per cent.
[6] The equivalent figure for 2014 was 15.6 per thousand live births.

and Ruchazie neighbourhoods in Glasgow were chosen for pioneering CTC sites in Scotland partly because of acute drug misuse problems, as was the "archipelago" of communities that made up South Edinburgh.

Key leaders, as might be expected, tended to support CTC because it addressed the priorities set by their own, particular organisation or agency. This was also true of those residents who were already active campaigners within their neighbourhoods. However, it would be fair to say that the residents who took part in CTC's community boards combined a desire to tackle specific problems, such as youth crime or local drug dealing – with a more general desire to do better by children and young people locally and "give young people something to do round here".

Another thread in the adoption of local CTC programmes was a commonly voiced hope that it would lead to a more sustained approach to tackling problems experienced by young people. A contrast was made with short-term development projects and initiatives that many deprived localities had previously experienced. The idea that CTC communities were "in it for the long-haul" was attractive in principle. The idea of investing in preventive programmes that could, in the longer-term, produce savings on expensive "crisis" interventions also motivated some key leaders. Cost-effectiveness calculations from the evaluation of the High/Scope Perry Pre-School Program in the United States were widely quoted (and often misquoted) as evidence of the potential for saving taxpayers' money.

6. Could you tell us about the strategies that were used to implement CTC in your country?

1) National implementation

The first three CTC demonstration programmes received JRF-funding of approximately £150,000 each to part-cover their set-up costs, including the employment of a project coordinator and the costs of training and technical support provided by CtC UK. This, and the opportunity to be seen as innovative and forward-looking among local authorities, provided incentives to participate beyond the perceived merits of CTC as an approach. In a similar way, the first three CTC projects in Scotland, from 1999, received half their estimated costs of £540,000 over three years from the, then, Scottish Executive.

The approach taken to engaging interest in the approach was characterised on the cover of the CtC's UK introductory guidebook as: " A new kind of prevention programme" and "Building safer communities where children and young people are valued". This was expanded in a preface describing Communities that Care (UK) as "a long-term programme for building safer neighbourhoods where children and young people are valued, respected and encouraged to achieve their potential."

The guidebook added that CTC: "…establishes a working partnership between local people, agencies and organisations to promote healthy personal and social development among young people, while reducing the risks of different problem behaviours." Four overall goals identified for local programmes were to:

- Support and strengthen families;

- Promote school commitment and success;
- Encourage responsible sexual behaviour;
- Achieve a safer, more cohesive community.

CTC was also described as aiming to "unlock the hidden strengths and potential that exist within every neighbourhood".

Arguments made to local agencies and communities for implementing CTC were that:

- For the first time, systematic use could be made of knowledge about risk and protective factors to target families, schools and communities with holistic prevention strategies
- Communities had never before been shown how to measure and map the risk factors for youth crime drug abuse, school-age pregnancy and school failure for their neighbourhoods
- No existing programme, unlike CTC, could ensure that genuine local priorities were targeted using interventions based on accredited good practice.

The terminology, while similar in many ways to that used by DRP in the United States, was adapted to use phrases current in UK policy making. It also placed greater emphasis on the "positives" to be achieved through implementation of CTC. This was a deliberate strategy to counter objections raised during the development phase of the UK programme that CTC sounded too much like a "deficit model" laying emphasis on youth problems and risk (see below). Given that CTC and its Social Development Strategy were, in reality, focused on both "protection" as "risks" and on "strengths" as "deficits", the presentational emphasis for UK audiences was considered entirely justified.

Face-to-face presentations to key leaders and residents introduced the idea of risk factors in CTC by asking the question "Why is it that some children as they grow up, turn to crime, but others from similar backgrounds do not?" Others sought to engage an audience by first talking about "changing childhood" and parental concerns (as revealed by contemporary opinion polls) that the world their children inherited would be worse than their own. When explaining the concept of prevention based on risk and protective factors, presenters almost always used an analogy with population-level campaigns to reduce the incidence of heart disease. It was found especially helpful to describe CTC as a "public health" approach to reducing problems affecting young people's health and development.

CTC's developers in the UK needed not only to convince local government, agencies and communities that it was worth applying in principle, but also to ensure that CtC UK was equipped to provide the materials, training and technical support to ensure it could be implemented in practice. (Notes on how these were developed and provided are provided in the answer to question 8 below.)

Alongside government interest in risk and protection focused prevention, the availability of government funding streams ranging across child care, crime prevention, education, health promotion, regeneration, and youth justice helped CtC UK to grow quite rapidly. Paradoxically these varied potential sources of funding for local projects created a tendency to 'bend' local proposals towards the criteria set for particular government initiatives. A fast changing political agenda meant that some initiatives proved shorter-lived than expected or else were suddenly adapted to embrace new aims and objectives. None of this was conducive to implementing CTC with long-term fidelity, or indeed some promising approaches that had been deliberately chosen by local programme to benefit from particular funding streams.

Before turning to local implementation issues in more detail, it is worth noting that the policy areas where CTC appeared most relevant were substantially those where the Labour Government gave devolved powers to newly-created assemblies in Scotland and Wales. This meant that policies and the funding streams that were available varied between the four 'home nations' that make up the UK. In retrospect, CtC Cymru in Wales, led by Ann Fairnington-Bell was particularly successful in gaining political support, and exploiting Welsh funding programmes such as Extending Entitlement and Communities First. Politicians and policies in Wales both appeared more heplful to the CtC approach than some of their counterparts in England and Scotland.

2) Local implementation

A list of more than 60 sites where CtC UK carried out work in England, Northern Ireland, Scotland and Wales between 1998 and 2008 is attached. It will be seen that in some local authority areas the organisation was commissioned to conduct the UK version of the CTC youth survey and provide advice on its implications, but without being ask to support the full CTC process. The most prominent example of this was a commission from London's Metropolitan Police Service in 2004-5 to survey secondary school students in six London boroughs where police were involved in an initiative ("Operation Trident") to prevent crime involving guns and knives. Although we have access to data from this project, and some reports to the CtC UK Board regarding other programmes, the files for individual projects – including survey results and implementation data – became the property of Rainer (formerly the Rainer Foundation) when it merged with CtC in 2006. We do not know what archives were retained by Catch-22 (a re-branding of Rainer following its merger with Crime Concern), after active CTC operations in the UK ceased in 2009.

The best-documented CTC programmes in the UK are those that were independently evaluated, In other words, the three demonstration projects in England and Wales researched by the Sheffield University team of Crow, France, Hacking and Hart (JRF, 2004) and the three Scottish projects evaluated by Bannister and Dillane (Dept. of Urban Studies, University of Glasgow, 2005). Web references for the summaries of these reports can be found under 'Further reading' below.

<u>England and Wales</u>

The evaluators surveyed secondary school students in Barnsley, England and Wales in 1999/2000 and again in 2002 using their own version of the CTC survey. They argued that this produced a more valid and reliable measure of risk and protective factors than the adapted questionnaire JRF had

commissioned from Oxford University; although this had been used to survey school students in the three demonstration areas in 1998. School students in the three comparison areas in each local authority were also surveyed with the intention of conducting a quasi-experimental assessment of change over time. Disappointingly, the areas they selected were eventually judged insufficiently similar for meaningful comparisons to be made[7].

The evaluation found that all the demonstration areas had succeeded in assembling and training CTC key leader groups and community boards, completing risk and protection audits and selecting the priority risk factors to be targeted through an action plan. All three action plans included two or more "promising" approaches, drawn from a menu of evidence-based programmes provided by CtC UK. These included the *Incredible Years* (Webster-Stratton) parenting programme in Barnsley and Coventry, *PATHS* (Greenberg & Kusche) in Barnsley, the *Family Literacy Programme* (Basic Skills Agency) in Coventry, *Family Links* (Davis & Hester) in Barnsley and Coventry, and the *High/Scope Pre-school Curriculum* (Weikart & Schweinhart) in Swansea. However, other programmes and approaches were selected that were not included in the CtC guide and had not been evaluated using any form of comparison design.

Despite having all completed the CTC auditing process, only one of the three demonstration areas, Swansea, was broadly successful in implementing its action plan. In Coventry, partial implementation was achieved, but in Barnsley attempts at implementation foundered after around six months.

- In Swansea, the evaluators found that strong existing infrastructure, including experience of partnership working and a tradition of community involvement helped to sustain the process and its implementation. An active project co-ordinator was instrumental in identifying opportunities to integrate CTC into other long-term developments (such as Welsh *Sure Start* and a new local Family Centre) with funding streams.
- In Barnsley, the community partnership in Worsborough was unable to obtain the support among key leaders needed to fund and implement its plan. The project champion, an assistant chief executive in the local authority who had envisaged a city-wide roll-out of CTC, was promoted and withdrew from the key leader group. The project co-ordinator, who was active in the project's first year, left and was not replaced due to disagreements about the job description and funding. Commitments to pursue CTC implementation through the borough's new Children and Young People Board were not fulfilled. Plans to introduce the PATHS approach in schools were rejected by schools already using a different (un-evidenced) social skills programme. Over time, community involvement in the project diminished and professionals on the CTC community board drifted away.

- In Coventry, implementation was assisted by funding for *Incredible Years* parenting courses obtained through a government programme, the Single Regeneration Budget (SRB). Continuation funding was secured through the Government's Children's Fund. However, efforts to obtain SRB funding for a cognitive skills programme for children and young people, based on the evidenced PALS (Practice and Learn Skills) programme in Canada, was unsuccessful. Despite considerable time invested in devising the programme, it was never implemented. There were delays in implementing *Family*

[7] The researchers substituted an analysis comparing survey replies in each area from students living in the CTC neighbourhood and those attending the same schools who lived elsewhere. The results were inconclusive, although there was evidence from East Swansea that "life in the CTC area was improving" (Crow, France et al. (2005))

Links parenting programme through primary schools, although these did eventually take place. The Sheffield evaluators noted how CTC took place as part of wider-ranging area co-ordination and development work and – of the three projects – achieved the lowest level of resident involvement.

Crow, France and their colleagues concluded that although the first three demonstration projects had failed to yield clear evidence of a positive impact, there were indications that CTC "if implemented well" could make a long term contribution to the development of services and maybe also on levels of risk and protection. "While there is much still to learn about measuring and reducing risk and implementing these types of programmes, the results of this evaluation show that a national policy of increasing resources towards this form of evidence-based prevention, at both national and local level, could well pay long-term dividends."

Scotland

The three CTC projects in Scotland were in the very early stages of implementation when the process evaluation by University of Glasgow researchers came to an end (in April 2003). The evaluators noted generally low levels of participation in the projects with a result that the involvement of particular agencies had strongly influenced on the strategic focus of action plans. The demonstration projects were deliberately linked to the devolved government's Social Inclusion Partnership initiative. But difficulties arose where geographical boundaries and governance structures did not coincide. As in England and Wales, other implementation issues included the crucial role of CTC project co-ordinators (and negative consequences when they left and were not immediately replaced).

Action plans included a mixture of approaches taken from the CTC menu, others that were (optimistically) characterised as "CTC-equivalent" and other programmes where no supporting research evidence was identified. There was a view among participants that the CtC UK *Guide to Promising Approaches* (by now a formal publication) had not provided enough detail about the precise nature of interventions or their associated costs. The agreed plans, nevertheless, included a range of approaches identified through the CTC guide. Among them were: Screening for early detection and treatment of post-natal depression (Cooper and Murray) in South Edinburgh and Hamilton/North Blantyre, the *Incredible Years* parenting programme in South Edinburgh and Cranhill/Ruchazie, *Reading Recovery* (Sylva & Hurry) in Cranhill/Ruchazie, the *Big Brothers & Sisters* Mentoring Programme (Tierney and others) in Cranhill/Ruchazie the *Wilstaar* screening programme for delayed language development (Ward) in Cranhill/Ruchazie and Hamilton/North Blantyre, *Bookstart* (Wade & Moore)) in South Edinburgh and *Cognitive Acceleration Through Science* (Adey) in South Edinburgh.

Despite doubts about the availability of resources to sustain programmes, the concept of CTC and its overall approach were widely supported. According to Bannister & Dillane: "For many programme contributors, information generated by the CTC process challenged preconceptions and uncovered hidden problems encountered by children and young people."

Subsequent changes

The demonstration programmes were among the very earliest CTC projects in the UK. Although better documented than later projects, their evaluations identify implementation problems that were subsequently addressed by CtC UK. Improvements were made to the school student survey instrument and to way results were reported, so that communities received their data in a standard and more accessible format. In addition, the JRF funded a national survey using the revised CTC questionnaire with a representative sample of more than 14,000 secondary school students in England, Scotland and Wales. The results provided national comparators against which communities could assess local risk priorities. CtC UK also produced a second edition of its *Guide to Promising Approaches* in 2005 with describing an updated choice of evidence-based programmes. It may also be noted that individuals associated with CTC were prominent in pressing for existing UK programmes to be evaluated to higher standards and for the introduction and UK evaluation of well-evidenced interventions from other countries, including the *Nurse Family Partnership* (Olds), the *Triple P* parenting programme (Sanders), *Functional Family Therapy* (Alexander & Parsons), *Multisystemic Therapy* (Henggeler) and *Multisystemic Treatment Foster Care* (Chamberlain)

Repeat surveys

Locally, a number of CTC programmes completed repeat surveys after three or more years of implementation:

- **In Swansea**, where repeat surveys had already been completed in Bon-y-Maen for the evaluation, the local authority used the revised questionnaire to survey all of its schools in 2001 and the survey was repeated in schools serving Bon-y-Maen in 2005. The data showed significant reductions over time in use of alcohol (including 'binge' drinking), tobacco use, and use of MDMA ('ecstasy'), amphetamines and barbiturates. There were decreases in six types of crime and antisocial behaviour, incuding theft and weapon carrying. Improvements in nine risk factors (including four prioritised by the East Swansea CTC action plan) were also recorded, with no increases in other risk factors.

- **In Bridgend** (also South Wales) four neighbourhoods taking part in CTC were surveyed in 2000 and 2004. These also showed reductions in use of alcohol, tobacco, illegal drugs and in criminal behaviour. A significant correlation was also found between communities with the biggest improvements in targeted problem behaviours and improvements in the levels of risk (down) and protective (up) factors recorded by the survey.

- **In Wirral** (Merseyside) where one area followed a CTC process to construct its action plan under the Government's *On Track* initiative (see above), student surveys in 2001 and 2004 showed reductions in three out of five measurements of alcohol consumption, one of three measurement of tobacco use (first use before age 13) and five measurements of illegal drug use, including early initiation and cannabis consumption. Involvement in ten types of crime and antisocial behaviour declined significantly, including assault as well as theft and vandalism. Scores for six risk factors improved, while others showed no increase.

- **In Coventry**, students across the local authority area were surveyed using the CTC questionnaire in 2004 and again in 2008/9. However, the report published in 2010 by the local authority did not include any comparisons with earlier survey results. The reasons for this are not clear.

In the absence of comparison neighbourhoods, the significant improvements in survey results in Swansea, Bridgend and Wirral cannot necessarily be ascribed to the preventative strategies being applied in those areas. However, CtC UK's Board, in 2005, found the data encouraging – not least because the largest improvements were recorded in East Swansea where the CTC programme had been running longest.

7. Could you describe the resistance against the implementation of CTC in your country or city? And how do you have dealt with that?

Among the main objections raised to adopting CTC and its methods were that:

- *The programme was "too American", based on a tradition of participative, local democracy that does not exist in the UK and targeting issues like gun crime and alcohol consumption that are (or were) not perceived in such problematic terms*. *The British tradition of publicly-funded health and social care services created the possibility that children's needs were already being met better in the UK, limiting any need for CTC.* JRF's investment in adaptation (see above) was a direct response to this. However, there was also some resistance internally to DRP's expectation that a licensing fee would be paid for use of the programme.
- *"Community" is a vague concept that could mean anything from a small rural village to the whole of a city.* CtC UK provided a guideline population size of 12,000 for the demonstration projects, but acknowledged (as a potential strength) that it could be applied in neighbourhoods or across whole local authority areas.
- *CTC applied a "deficit model" based on risk assessment that characterised young people as problematic.* The UK programme was adapted and presented in ways that highlighted the CTC emphasis on "strengths" and protective factors as the basis for reducing risk and problematic behaviour.
- *The academic paradigm for "risk and protective factor-focused prevention" was insufficiently robust to support decision-making, and would unfairly stigmatise communities and individuals.* In addition to its presentational emphasis on building from existing strengths, CtC UK stressed the approach's credentials as a public health, population-level programme, not a screening tool that should be applied to individuals. It may be noted that the UK Government and the newly established Youth Justice Board developed and introducing a risk assessment tool (called ASSET) for individual young people involved in crime or in potential danger of becoming offenders. Largely academic controversy concerning the use of risk and protection factor assessment to target individual young people 'at risk' created some negative perceptions of CTC, despite its distinctively different ethos and theory of change
- *The CTC process would be too complicated and time-consuming for communities, especially non-professionals, to understand and complete.* CtC UK stressed the importance of assessing community readiness to engage with CTC as well as its training programme and range of accessible materials. The criticism was partly rebutted by an interim report from the demonstration programme evaluators concluding that community partnerships could

successfully pursue the process through to creating an action plan. However, the evaluators concluded that more steps should have been taken to ensure 'community readiness' before CTC projects were launched.

- *The CTC approach was too 'directive', requiring local agencies and communities to adopt a narrow menu of promising approaches, rather than letting local people and experts decide for themselves what would work best in their neighbourhood.* Resistance was at two levels – an objection to the culture change and upheaval to existing working methods, but also an ideological objection (often from traditional 'community development' workers) to 'top down' menus of interventions and other external guidance rather than a 'bottom up' determination by local people of what was needed. CtC UK presented responded by emphasising that local people needed good evidence in order to make good decisions and that – by bringing key leaders together with residents – the approach combined the best of 'top down' and 'bottom up' to enable effective planning.
- *"You cannot rely on young people telling the truth in surveys."* CtC UK rebutted these claims based on academic assessments of self-report data, but also stressed the statistical safeguards included in the school's questionnaire
- *Too few "promising approaches" were available in the UK to make CTC viable.* There were many fewer programmes available in Britain than in the USA. However, the review that JRF completed before CTC was introduced, suggested there were enough (including some UK-only interventions) to justify the emphasis on "evidence-based programming". The UK *Guide to Promising Approaches* included "practice notes" in areas where no prpomising programmes had been identified. These included truancy prevention, further education, mentoring, community policing and housing management.
- *Replacing popular interventions – and retraining staff – could not be justified just because existing programmes had not been rigorously evaluated.* CtC trainers underlined the risk that it was impossible to be sure that programmes were effective or cost-effective in the absence of evidence. As a fallback position, they argued the value of ensuring that any unevaluated interventions would be evaluated in future as part of the action plan.
- *Government (or other) funding will not pay for a different intervention / we do not have the money for new interventions.* This was a particular problem as the range of government initiatives for children, young people and families (each with its own targets, terms and conditions) expanded under the Labour Government. It proved difficult to prevent CTC plans being 'bent' towards particular funding streams (see above).
- *People living in local authority B, arguing that although CTC might have proved popular in local authority A, there was no reason to think it would work in the same way for them (known as "Not invented here" syndrome)*. CtC UK staff emphasised the 'bespoke' nature of each project, tailoring a plan of action to local priorities identified through the risk and protection audit.

8. How did you support the quality of the CTC-process in your country?

JRF funded an evaluation of process and (less successfully) of outcomes in the first three CTC demonstration projects. CtC UK was created, with funding for its first four years, to provide technical support for CTC programmes. This included key leader orientations, community board trainings, schools survey administration and analysis, guidance on promising approaches and support with action planning. CtC UK initially recruited freelance specialists to deliver training in the three demonstration areas. 'Training of trainers' was provided by two of DRP's lead trainers from the United States. As CTC operations

expanded to more areas, CtC UK was able to use its own area organisers as trainers. CtC UK also provided its own, adapted materials, including the UK *Guide to Promising Approaches*.

Survey administration and analysis was overseen by the Oxford University researchers responsible for the first adapted version used for the demonstration projects. Student surveys for the independent evaluation were, as seen above, administered by the Sheffield University evaluators themselves. CtC UK subsequently employed a freelance research advisor to work on the revised survey and its administration, including the nationally-representative survey of students conducted in 2001. Thereafter, CtC UK employed its own, qualified research manager.

By the time of the merger with Rainer, CtC UK employed a Chief Executive, a research manager and national organisers for England, Scotland and Wales, as well as support staff in offices in London and Swansea.

3.2 The Netherlands

by Rob van den Hazel, Ido de Vries and Harrie Jonkman

1. What were the reasons for starting to implement CTC in your country?

- Wide concern of growing anti social behavior of youth (especially delinquency and violence increase during the nineties)
- Severe incidents with children/youth which showed the incapability of the professional organizations
- Questions about the professionalism of youth work and prevention
- Growing awareness that youth problems should be addressed by a joint effort from the Justice department and the welfare department
- A need of evidence based ways of dealing with youth problems and the growing interest in effective programs in the nineties.

2. Who were the important persons / stakeholders (positions and responsibilities) involved into starting CTC in your country? And which role did they play

- The Justice department (Hans Boutelier) took the initiative for international study by Junger-Tas looking for effective approaches. She came up with CtC initiative that she found in the USA
- A pilot started funded by both the Justice department and the Welfare department (two community programs started at the same time, CtC came from Justice Department, the other program came from Welfare. Both programs started under joined responsibility)
- Two national commissions (scientists: researchers, implementers and civil servants) & government were responsible for the pilot introduction of CtC
- 4 local city municipalities (Amsterdam, Rotterdam, Arnhem, Zwolle) applied and succeeded for a pilot status
- The NIZW was responsible for the 'translation' of CtC and the pilot implementation, DSP was responsible for the CtC-survey and the evaluation.

3. What did the "champions" responsible for the implementation want to effect by implementing CTC in your country? (What were their reasons to favor CTC?)

- Better prevention policy (cooperation of organizations)
- More use of evidenced based programs
- A more science driven way of prevention
- Less youth problems
- Organized cooperation between family, school, youth and neighborhood domain

4. What were the general youth policy problems that were connected to the reasons for starting to implement CTC in your country?

- Youth delinquency: in particular violence
- Prevention was mostly based on intuition (Junger- Tas 2001)
- No evaluations of effectiveness of preventive programs (Hermans 2002)
- Alcohol use by youth under 16
- Soft drug use by youth under 16

5. What are the expectations of the people involved in CTC regarding the solutions that CTC would bring to your country?

- Rational prevention policy and outcome based policy
- More prevention, less curation/repression
- Cost effectiveness
- Better cooperation at a local level between the domains of family, school, youth and neighborhood
- That municipalities could force organizations to implement "better" preventive actions

6. Could you tell us about the strategies that were used to implement CTC in your country?

- Local support by trainers and technical assistances of NIZW
- Money for coordination of implementation in pilot phase
- Money for doing the youth survey twice in the pilot phase
- Trainers to support the second phase of implementation of CtC in the Netherlands without local costs
- Money to implement evidence based programs in the second phase
- Trainers to support the Zuid Holland phase of implementation of CtC in the Netherlands without local costs
- The Handbook: with evidence based prevention programs
- The evaluations studies comity

7. Could you describe the resistance against the implementation of CTC in your country or city? And how do you have dealt with that?

- CtC is an American program, that doesn't work here
- Will this lead to budget cuts?
- It takes a long time to see results
- It is too difficult and too expensive to implement new evidence based programs
- What we do has a positive preventive impact, but the only problem is that is has had no RCT to prove the effectiveness. But we do not have to change our doings. Others are responsible for showing the effectiveness, not we as a prevention team.

8. How do you support the quality of the CTC-process in our country?

- Certification of trainers/coaches (originaly bij Nizw)
- Local training sessions
- Use of the 5 phases and the use of milestones and benchmarks as quality instrument
- National survey benchmark
- Research (different process and effect studies, by DSP (2004) and Verwey-Jonker (2007; 2009; 2012a; 2012b)

3.3 Croatia

by Josipa Basic and Sonja Grozic-Zivolic

1. What were the reasons for starting to implement CTC in your country?

The beginning of the CTC implementation CTC in Croatia – Istria County occurred during specific political environment and conditions - decentralization of some competences in the field of education, health and social care from the state to the regional level (from the year 2000.). The regional government and administration accepted these responsibilities as a new challenge and launched the first cycle of strategic planning for health. Based on needs assessment and available resources; professionals, politicians and citizens decided about priorities by consensus. Drug abuse and behavioral disorders in children and young were recognized as one of five regional priority problems and CTC was recognized as appropriate frame for solution.

2. Who were the important persons / stakeholders (positions and responsibilities) involved into starting CTC in Croatia? And which role did they play

Key stakeholders in the implementation of CTC in Croatia/Istria County were people from academia – Professor at the Department of Behavioral Disorders (Josipa Basic) from the Faculty of Education and Rehabilitation Sciences University of Zagreb and people from the regional government - Head of the Department of Health and Social Welfare in the Istria County (Romanita Rojnic, later Sonja Grozic-Zivolic) with their closest associates. From the beginning, as well as during further implementation, the role of the University was primarily research and educational; while the county administration spent coordinating the implementation on the ground and provided funding for the implementation.

Acting together (on the basis of formal Agreement) University and County, in the first phase of the project gathered a larger number of associates from the local government (cities), institutions (kindergartens, schools, children's homes, family center, police, justice, etc.) and non-governmental organizations. Their function was sensitization and mobilization of the local community and the operational implementation of research and action part of the project. In addition to the territorial principle, were gathered and of organized various expert groups whose task was associated with solving specific issues (e.g. the collection and /or improve the quality of epidemiological data, developing prevention programs, improving and evaluated existing prevention programs…). All these participants were considered an integral part of the same wholeness - Coalition for the Prevention.

3. What did the "champions" responsible for the implementation want to effect by implementing CTC in your country? (What were their reasons to favor CTC?)

Our main goal was to develop a unique (regional) model of prevention of behavioral disorders in children and young people and create conditions for their healthy growth and development. We wanted to sensitize and mobilize local communities (decision makers, experts but also the residents of all ages) and create a coalition for preventive action.

In CTC we recognized framework that in addition to achieving this objective allows even: professional training and permanent transfer of knowledge from science to practice and vice versa; strengthening the capacity of local communities to work on prevention; rational use of resources and the choice of proven effective interventions. The quantity, quality and availability of different written material (description of local models of good practice and manuals for implementation to professional and academic articles) also contributed to our selection.

4. What were the general youth policy problems that were connected to the reasons for starting to implement CTC in your country?

Different kind of epidemiological data about children and youth problem behaviors was important to Croatia Government to organize society (institutions or NGO's) to work much more in prevention. At the national level from the beginning of 1998 year established Governmental Commission for Prevention of Behavior Disorders in Children and Youth (first president was Josipa Basic) as guidance body for Government to improve strategy for promotion of mental and behavioral health and prevention of mental and behavioral disorders in children and youth. We worked with important people from different sectors who involved in prevention in a few Croatia Counties and decided to start to work with some Counties to improve prevention to evidence-base practice. At the end of that process we decided that Istria County is on the best way to start CTC in their local communities. At the same time or some later on the nation level were prepared some important strategies as: Youth policy; Family policy; National action for children (children rights); Strategy for prevention of drug abuse.

Istria County in Croatia is known as County in which there is a biggest problem of youth drug abuse. Because of that problem and other problems with children and youth in Istria County head (Romaita Rojnic) of Department of Health and Social Welfare was motivated to start CTC system in their County.

5. What are the expectations of the people involved in CTC regarding the solutions that CTC would bring to your country or city?

As a regional government, we anticipated that CTC will be:

- functional and structured framework for the promotion and implementation of prevention of behavioral disorders of children and youth
- a platform for cooperation with local governments, educational and medical institutions, social welfare system, the judiciary and the police; as well as with civil society organizations
- contribution to the rational use of the regional budget (only for projects that can prove their value and effectiveness)
- ongoing professional empowerment of professionals who deal with prevention
- a motive for new political solutions and conditions for healthy growth and develop of children and young people
- "bridge" that connect the contemporary science and local (good) practice

- quality response to the real needs and problems (which are investigated all the time)
- less problem behaviors in children and youth, better organize kindergartens and schools, supported and straitened families, better prevention's organization in local communities than before implementation CTC system
- path to the realization of our vision: *"Istria as a community with a system of multi-disciplinary support and help for children / young people that meets their needs and empowers them to actively participate in their own development and development of the environment in which they live."*

6. Could you tell us about the strategies that were used to implement CTC in your country or city?

Some of strategies and selling points were:

- good agreement between science and practice/ University of Zagreb and Istria County, Department of Health and Social Welfare, believe in each other's
- agreement and continues good communication between Department of Health and Social Welfare with all local governments (12 cities or villages) involved in implementation of CTC
- scientists and practitioners worked together for a long time (from sensitization, mobilization, education, implementation and evaluation)
- work with people who are motivated for this kind of work and who believe in science and in progress
- established Coalition for prevention in Istria County (people from CTC project wanted to have that kind of organization to continue and share their knowledge and practice to other local communities in Istria County)
- published different materials, share it, published 3 scientific books, one calendar for 2008 year as a book in which we wrote many information about CTC system and sent it to all local communities/authorities in Istria County to have it on their working tables…

7. Could you describe the resistance against the implementation of CTC in your country or city? And how do you have dealt with that?

Croatia is a highly centralized country. Existing institutions covering specific areas of prevention (within education, social welfare, justice, health ...) are strictly related to the vertical hierarchy, while horizontal connection is almost completely absent. That is why during the implementation of CTC one of the main challenges was to acquire cooperation among the sectors that are not institutionally linked. Although their resistance was not "openly" expressed; that fact was a constant cause of slowing down the process (e.g. for obtaining the consent to work) and sometimes it disabled the implementation of individual projects (e.g. due to the impossibility of changing the school curriculum).

Even the involved professionals generally considered the prevention as their secondary task, (while e.g. social work or education was primary); and that meant that they (regardless of the personal wish to participate) did not always have at their disposal enough time to actually deal with the CTC.

During the project implementation we realized that "the same package" of offered forms of support (by the regional government and the academic community) does not lead to the same results in all the participating local communities.

We notice the importance of community readiness for prevention; so we assume that the resistance (at least in part) was associated with insufficiently recognized degree of community readiness (its capacity related to knowledge, resources, political will ...).

We had more obstacles in the communities which change the key-leaders (or political option in power) as well in those (smaller) in which we were unable to find competent professional local coordinators or they could not influence on decision makers.
Despite our effort to implement and support merely effective programs, we succeeded only partially. That happened for several reasons, of which the most important are: (1) the fact that in Croatia there is no systematic evaluation of projects / programs implemented, and there are no data on their performance; (2) at the local level, project implementers are usually their creators too and therefore they are very sensitive to any attempt of their evaluation or changes.

8. How do you support the quality of the CTC-process in our country / city?
Implementation of CTC was carried out in a constant and very pronounced cooperation between Regional government and University. This means that the Regional government used the available legal mechanisms for ensuring the structure: (1) the formal signing of cooperation agreements with providers, which defines the mutual rights and obligations; (2) appoint personnel - coordinators for certain geographical areas; (3) selection and appointment of members of the working groups for specific expert areas; (4) the provision of funds for the implementation of CTC and individual projects; (5) control of available epidemiological and other statistical indicators from reliable sources; (6) technical assistance - comfortable conditions for meetings, trainings and conferences. The University of Zagreb, through the Faculty of Educational and Rehabilitation Sciences, organized and carried out: (1) research; (2) a series of educational training (general and specific - for the expert groups); (3) a large number of expert presentations to decision-makers at regional and local level; (4) lectures of the world's experts for professional and general public; (5) evaluation of the work and individual projects; (6) encourage local professionals for writing scientific books and articles and made presentations on our local or international conferences.

3.4 Cyprus

by Prof. Andreas Kapardis

1. What were the reasons for starting to implement CTC in your country?
Both wide concerns about antisocial behavior in schools was a main reason for implementing CTC in Cyprus as well as the knowledge that no effective intervention programmes were in place in schools to curtail the phenomenon.

2. Who were the important persons / stakeholders (positions and responsibilities) involved into starting CTC in Cyprus? And which role did they play
The initiative was taken by criminologists Prof. Andreas Kapardis of the University of Cyprus in collaboration with the local authority in the Nicosia suburb of Latsia and the authorities of the local secondary school. It started out as a CTC school survey that provided the basis for structuring an intervention programme.

3. What did the "champions" responsible for the implementation want to effect by implementing CTC in your country? (What were their reasons to favor CTC?)
By implementing CTC in Nicosia, the protagonists were hoping to: (a) identify risk and protective factors; (b) gain funding for a school-based delinquency intervention programme; (c) work with the local school and the local municipality, the private sector and the local police station to implement the intervention programme; and (d) evaluate the programme .

4. What were the general youth policy problems that were connected to the reasons for starting to implement CTC in your country?
They were aggression and violence in schools, alcohol and illicit drugs, truancy, malicious damage to school property and group fights in and out of school

5. What are the expectations of the people involved in CTC regarding the solutions that CTC would bring to your country?
That it will help students to be significantly less anti-social, that it will help families to resolve conflict and violence within them that drives students to delinquent behavior, and that the students scholastic achievement will improve.

6. Could you tell us about the strategies that were used to implement CTC in your country?
First, the interest and co-operation of the local municipality, the school, the police, the church, and the private sector was ensured by getting them to participate in a conference of youth antisocial behavior.
Secondly, funding was applied for to the UN to implement CTc.
Thirdly, a committee of 'wise' community leaders from the local community was formed to mentor the project.

Fourthly, a school CTC survey was carried out as soon as funding was gained and the findings were shared with all the stakeholders. The findings on risk and protective factors were shared with the population of the local secondary school.
Fifthly, structured and supervised and popular CTC after-school activities (including sport activities) were made available to all the kids form the local school and a psychologist was also employed to work close with the school psychologist and families with special needs of support.

7. Could you describe the resistance against the implementation of CTC in your country or city? And how do you have dealt with that?
The only 'resistance' to implementing CTC came in the early stages in the forms of a couple of local youth gangs that felt they were losing control their 'territory' at the local school after hours by being displaced . However, soon they joined in the CTC activities and became part of the programme's committed clients.

8. How do you support the quality of the CTC-process in our country?
Funding was initially provided by the United Nations Development Programme (UNDP) by making the CTC project in Nicosia bi-communal (i.e. both Greek-Cypriot and Turkish-Cypriot participating) and then funding was applied for and was provided by a USA international funding agency and then by the Cyprus Sport Organization.

3.5 Germany

by Frederick Groeger-Roth

1. What were the reasons for starting to implement CTC in your country?

The reasons for starting with CTC were mainly due to prevention policy issues: lack of coordination of services and decision-making mainly inside the "silos" of the respective prevention and youth care sectors. Already established prevention network structures on local level were partly beginning to regress, because of perceived ineffectiveness by the participants. The establishment of new prevention coalitions on local level was rare in the previous years and the community (crime) prevention "movement" seems to slowly weaken.

Additionally we figured out that in Germany in the last years several prevention programmes with a stronger empirical base of effectiveness were available. But these programmes were not used wide-spread. This is particular the case in that areas where the available data is showing an increasing of behavioral youth problems: underage drinking (binge-drinking), bullying in schools, mental health problems and the proportion of youth served by the youth care system.

2. Who were the important persons / stakeholders (positions and responsibilities) involved into starting CTC in your country? And which role did they play

CTC starts as an initiative of the state government. The leading organization was the State Crime Prevention Council of Lower Saxony (CPC, located in the Ministry of Justice). The executive director of the CPC was giving strong support also in the pre-planning phases (e.g. looking for additional funding). Other ministries were involved in a steering committee for the CTC pilot 2009 – 2012 (Ministries of Interior, Education and Social Affairs). Some Ministries were quite reluctant at the beginning. Stronger support was coming from the Ministry of Education, looking for opportunities to implement better prevention measures in schools. The Ministry of Social Affairs provided additional funding for the pilot project at least. The persons from state government supporting CTC were mainly in middle management positions.

Scientific institutions were involved as contractors, and were important partners to carry out the CTC Survey (Arpos Institute) and for conducting an external evaluation of the pilot project (University for Applied Science in Cologne).

Several key persons from the community level (local authorities) were also involved in the pre-planning phase to discuss the need for CTC and possible frameworks where CTC could be used. In particular the chief officers of the youth departments of the cities of Hannover and Göttingen played an important role by facilitating CTC in their respective municipalities. The police chief in the County of Emsland was one of the stakeholders on the local level who "opens the door" to the mayor level.

3. What did the "champions" responsible for the implementation want to effect by implementing CTC in your country? (What were their reasons to favor CTC?)

See 1. The advantage of CTC by most "champions" was seen in the strong scientific base, in particular because of the use of epidemiologic data. Often the prevention promoters on the different levels are faced with the problem that decision makers like to "see the numbers". Prevention work usually cannot provide decision makers with reliable data about needs and results. CTC promised them a smarter spending of the scarce resources.

Champions from the local authorities are facing challenges because of an increasing number of small local-based charities in the youth care sector, resulting in a huge diversity of small projects with unlikely impact on youth at a whole. CTC was seen as a planning tool to set local priorities against the uncontrolled growth of this small projects.

4. What were the general youth policy problems that were connected to the reasons for starting to implement CTC in your country?

Underage drinking, in particular the increasing rate of binge-drinking was an issue of growing concern. Several data indicates enduring problems with school failure amongst migrant groups. Youth violence in general starts to decline at this time in some data sources. On the local level the growing number of youth getting services because of family management problems was (and still is) a major concern. In the German youth care system the local authorities have to pay by law for a family intervention ("Hilfen zur Erziehung"), if a youngster is facing family problems above a certain threshold. The rapid increasing numbers of family intervention cases in the last years are a serious problem for the municipality budgets.

5. What are the expectations of the people involved in CTC regarding the solutions that CTC would bring to your country?

Expectations in CTC were quite high in the beginning: it was expected that CTC could contribute to solutions regarding all of the named problems: CTC should lead to improved cross-sectional decision making, strengthening of local coalitions, better data for need assessments, better coordination of services, more sustainable measures in opposition to small and short-lived projects, more use of proven-effective programmes, better outcomes for youth. After a while the expectations tends to become more realistic: we do not need to make everything better, a focus to improve some aspects that are relevant to the local situation is more feasible.

6. Could you tell us about the strategies that were used to implement CTC in your country?

Crucial were in the beginning one-to-one-talks to important stakeholders in the respective ministries and potential pilot cities. In 2007 we organized a 1/2-day feasibility – workshop with stakeholders from state, local and NGO-level. We needed two years (2007 – 2008) to get enough backing to implement CTC, so patience is recommended.

Good selling points were in general the strong scientific base, the use of epidemiologic data and the promised databank of effective programmes. The good experiences with CTC in The Netherlands should not be underestimated. For practitioners it is important to see that something works in practice and we could made the Dutch experiences accessible to our target group.

7. Could you describe the resistance against the implementation of CTC in your country or city? And how do you have dealt with that?

CTC was seen in the beginning by some stakeholders as “to theoretic”, “to complicated”, respectively “to hard to understand”. Some stakeholders had difficulties to explain CTC to other colleagues in their offices, so they do not feel very comfortable about it and tend to resist against the implementation of CTC. Sometimes CTC was seen a rivalry to already existing planning efforts by some state agencies. Some stakeholders thought CTC was not feasible because of the assumed small number of proven effective programmes in Germany.

Therefore we worked intensely on our skills to explain CTC better (in a plain language, with practical examples). Not every competition to other state agencies could be solved. The establishment of the German list of proven prevention programmes (“Grüne Liste Prävention”) makes it much easier now to explain what CTC is about.

Comparable was the situation on the city level. We use more and more the local CTC coordinators as additional speakers if CTC is presented locally. Practitioners like to hear from other practitioners whether CTC is a good thing or not.

Resistance on the local level is also due to time restrictions of practitioners for planning issues. Their workload makes it hard for some practitioners to attend meetings regularly. Their superior authority has to give them a clear mandate for participating at CTC meetings. Sometimes this mandates is difficult to obtain.

8. How do you support the quality of the CTC-process in our country?

We are only working with certified CTC - trainers. The initial training for the pilot sites were conducted by certified CTC-trainers from The Netherlands. They also trained a group of German prevention workers to be certified CTC trainers after the pilot. To become certified, a trainer has to have practical experience by carrying out the respective training tutorials or by implementing CTC locally as a coordinator.

CTC – coordinators from new sites are getting coaching from already experienced CTC-coordinators.

We have defined 10 quality standards for CTC as a basis for every CTC implementation in a community. New CTC sites have to contract with the CPC regarding the quality standards to receive the CTC materials.

The CPC provides ongoing technical assistance to the CTC sites in a pro-active way. Meetings of CTC-coordinators are organized by CPC on a regular basis. Milestones and Benchmarks are used to analyze the degree of the CTC implementation.

3.6 Austria

by Dietmar Krenmayr

1. What were the reasons for starting to implement CTC in your country?
Interest in CTC as an evidence based prevention system
We supervised the conduction of a community-based addiction drug prevention project and needed a (new) instrument for a baseline situation analysis. Therefore the Youth Survey was conducted. Further CTC implementation was not done.
The organizational guidelines ("How to implement CTC in your community") were beneficial because of their systematic approach.

2. Who were the important persons / stakeholders (positions and responsibilities) involved into starting CTC in your country? And which role did they
- Christoph Lagemann and Rainer Schmidbauer, heads of the Institute for the Prevention of addictions and substance abuse: strategic decision to implement CTC in Upper-Austria
- Dietmar Krenmayr, project coaching of the prevention project in the city of Sierning
- Manfred Kalchmair, mayor of the city of Sierning: decision to implement the CTC-Youth survey in Sierning, allocation of community resources to conduct the survey
- Andrea Möslinger, local community politician, local project leader of the prevention project in Sierning

3. What did the "champions" responsible for the implementation want to effect by implementing CTC in your country? (What were their reasons to favor CTC?)
We had no "champion". The mayor of Sierning could be seen as such a person, as he gave his consent to conduct the survey and was associated with the initiative of the prevention project - as well the local project leader, because of her initiative on a local communal political level.

4. What were the general youth policy problems that were connected to the reasons for starting to implement CTC in your country?
Alcohol and tobacco use rates as preventional issues of our organization.

5. What are the expectations of the people involved in CTC regarding the solutions that CTC would bring to your country or city?
Institute of Prevention: evidence based instruments
Community: Implementation of Youth Survey: to get a realistic picture of the situation.

6. Could you tell us about the strategies that were used to implement CTC in your country or city?
CTC-Youth Survey as a new, scientific and comprehensive approach to measure problem-behaviours and related risk- and protection factors.

7. Could you describe the resistance against the implementation of CTC in your country or city? And how do you have dealt with that?
Country and Institute of Prevention… :

- Youth –Survey was perceived as “very American” (i.e. not suitable in Austrian context) and problematic in some items.
- Doubt in standardized methods vs. methods which are “tailored” for specific situations/organizations.
- Lack of tested and effective prevention programs

8. How do you support the quality of the CTC-process in our country / city?
Currently not.

3.7 Sweden

No information available

3.8 Switzerland

by Christian Jordi

(Switzerland was in a preapring stage at the time of the questionnaire)

1. What were the reasons for starting to implement CTC in your country?
CTC hat sich bereits in unterschiedlichen Ländern als empirisch wirksame settingorientierte Strategie für die Prävention im Kinder- und Jugendbereich erwiesen. RADIX arbeitet bereits seit längerer Zeit in der gemeindeorientierten Prävention und sieht im Einsatz von CTC in der Schweiz ein grosses Potenzial. Dies insbesondere aufgrund der wissenschaftlichen Grundlage, auf der CTC entwickelt wurde, der Wirksamkeit der Methode sowie dem Ansatz, mehreren Problemverhalten bei Kindern und Jugendlichen gleichzeitig entgegenwirken zu können.

2. Who were the important persons / stakeholders (positions and responsibilities) involved into starting CTC in your country? And which role did they play
Die Initiative, einen Modellversuch von CTC in der Schweiz durchzuführen, kam von RADIX Schweizerische Gesundheitsstiftung. RADIX ist eine national tätige Stiftung mit Leistungsaufträgen von Bund,Kantonen und privaten Akteuren. In den Settings Gemeinden und Schulen bilden die Themen Sucht, Gewalt, psychische Gesundheit sowie Bewegung und Ernährung die Schwerpunkte .
Der Modellversuch wird finanziell durch das Bundesamt für Sozialversicherungen (Bereich Kinder- und Jugendförderung) sowie der Jacobs Foundation unterstützt. Inhaltlich begleitet wird der Modellversuch von den Kantonen Luzern und voraussichtlich Bern sowie vom Bundesamt für Sozialversicherungen, dem Bundesamt für Gesundheit, dem Schweizerischen Gemeindeverband sowie voraussichtlich der Vereinigung der kantonalen Beauftragten für Gesundheitsförderung in der Schweiz und dem Schweizerischen Städteverband.

3. What did the "champions" responsible for the implementation want to effect by implementing CTC in your country? (What were their reasons to favor CTC?)
Durch einen ersten Modellversuch in der Schweiz wird getestet, ob die Methode CTC in den föderalistischen Strukturen der Schweiz erfolgreich implementierbar ist. Grundsätzlich wird insbesondere eine Reduktion von Problemverhalten bei Jugendlichen in den Bereichen Jugendgewalt (auch Cybermobbing), Sucht, psychische Störungen sowie Schulabrüchen in den entsprechenden Gebieten erwartet.

4. What were the general youth policy problems that were connected to the reasons for starting to implement CTC in your country?

Insbesondere auf Ebene der Gemeinden besteht in der Schweiz oft Handlungsbedarf bez. politischer Strategien und Strukturen, die eine gesunde Entwicklung von Kinder und Jugendlichen an ihrem Wohnort ganzheitlich fördern. Durch CTC wird die Möglichkeit geschaffen, Jugendpolitik und –förderung auf die politische Agenda zu setzen und entsprechende langfristige Strukturen zu schaffen.
Es besteht kein expliziter Handlungsbedarf bez. einer spezifischen Thematik, der Auslöser für den Start von CTC in der Schweiz war. Suchtmittelkonsum und Gewalt bei Jugendlichen sind in der Tendenz rückläufig. Hingegen besteht ein fachlicher und politischer Handlungsdruck, die verbleibenden Ressourcen für die Prävention effizient und zielgenau einzusetzen.

5. What are the expectations of the people involved in CTC regarding the solutions that CTC would bring to your country?
Folgende Erwartungen werden an CTC gestellt:

Nationale und kantonale Ebene:

- Adaption der CTC-Methodik an den deutschschweizerischen Konbtext
- Zur Verfügung stellen einer multiplizierbaren, effektiven Methodik und des entsprechenden Umsetzungs-Knowhows
- Übersicht über verfügbare, wirksame Programme und Massnahmen in den Settings Familie, Schule, Nachbarschaft und Peers in der Schweiz oder auf kantonaler Ebene

Kommunale Ebene

- Wissenschaftliche fundierte Situationsanalyse durch Schülerbefragung
- Optimierung der Präventionsaktivitäten in den teilnehmenden Gemeinden
- Optimierung der kinder- und jugendförderlichen Strukturen in den teilnehmenden Gemeinden

6. Could you tell us about the strategies that were used to implement CTC in your country?
Kann erst zu späterem Zeitpunkt beantwortet werden.

7. Could you describe the resistance against the implementation of CTC in your country or city?And how do you have dealt with that?
Kann erst zu späterem Zeitpunkt beantwortet werden.

8. How do you support the quality of the CTC-process in our country?
Kann erst zu späterem Zeitpunkt beantwortet werden.

4 Overview of CtC

4.1 United Kingdom

COUNTRY	LOCAL AUTHORITY	COMMUNITY	WORK UNDERTAKEN
England	**Barnsley**	Worsbrough	England & Wales Demonstration area; full CTC process
N Ireland	**Belfast**	Belfast and Down?	Survey work intended to lead to full CTC process – closed by Rainer
England	**Birmingham**	Castle Vale	CTC process
Wales	**Blaenau Gwent**	Blaenau Gwent	Authority-wide risk & protection audit; area-based reports
Wales	Blaenau Gwent	Ebbw Vale	Area-based report & action plan
Wales	Blaenau Gwent	Nantyglo	Area-based report & action plan
Wales	Blaenau Gwent	Tredegar	Area-based report & action plan
England	**Brent**	Brent	Authority-wide risk & protection audit, Safer London Youth Survey
Wales	**Bridgend**	Bridgend	Authority-wide risk & protection audit; area-based reports
Wales	Bridgend	Aberkenfig	CTC process
Wales	Bridgend	Ogmore	CTC process
Wales	Bridgend	Llynfi Valley	CTC process
Wales	Bridgend	Pyle	CTC process

Wales	**Caerphilly**	Caerphilly	Authority-wide risk & protection audit; area-based reports
Wales	Caerphilly	Aber Valley	Area-based report and action plan
Wales	Caerphilly	New Tredegar	Area-based report and action plan
Wales	**Conwy**	Conwy	Authority-wide risk & protection audit; area-based reports
England	**Coventry**	Radford & Pridmore	England & Wales Demonstration area; full CTC process
England	Coventry	Coventry	Repeat risk & protection audits, authority-wide; area-based reports
England	**Croydon**	Croydon	Authority-wide risk & protection audit; area-based reports
England	**Derby**	?	Assistance with YMCA risk audit
Scotland	**Edinburgh**	Leith	Scotland demonstration area; full CTC process
Scotland	**Edinburgh**	South Edinburgh	Scotland demonstration area; full CTC process
England	**Fenland**	North Fenland	CTC process
England	**Fenland**	North Wisbech	CTC process
England	**Fenland**	South Fenland	CTC process
Wales	**Flintshire**	Flint	Authority-wide risk & protection audit; area-based reports
Scotland	**Glasgow**	Cranhill & Ruchazie	Scotland demonstration area; full CTC process
England	**Hackney**	Hackney	Authority-wide risk & protection audit, Safer London Youth Survey
England	**Halton**	Halton	Authority-wide risk & protection audit,; area-based reports
England	**Haringey**	Haringey	Authority-wide risk & protection audit, Safer London Youth Survey

England	**Islington**	Islington	Authority-wide risk & protection audit, Safer London Youth Survey
England	**Kingston**	Kingston	Authority-wide risk & protection audit, Safer London Youth Survey
England	**Knowsley**	Northwood (Kirby)	CTC process
England	**Lambeth**	Lambeth	Authority-wide risk & protection audit, Safer London Youth Survey
England	**Lewisham**	Lewisham	Authority-wide risk & protection audit, Safer London Youth Survey
England	**Manchester**	Openshaw,	CTC process
England	**Manchester**	Beswick & Clayton	CTC process
England	**Medway**	Medway	Authority-wide risk & protection audit; area-based reports
Wales	**Merthyr Tydfil**	Merthyr Tydfil	Authority-wide risk & protection audit; area-based reports
Wales	**Merthyr Tydfil**	Dowlais	Area-based report & action plan
Scotland	**Midlothian**	Newbattle	CTC process
Wales	**Monmouthshire**	Monmouthshire	Authority-wide risk & protection audit; area-based reports
England	**Newham**	Newham	Authority-wide risk & protection audit, Safer London Youth Survey
England	**Nottinghamshire**	Mansfield Woodhouse	CTC risk & protection audit (YISP consultancy)
England	**Nottinghamshire**	Sutton-in-Ashfield	CTC risk & protection audit (YISP consultancy)
England	**Peterborough**	The Ortons	CTC process
England	**Reading**	Reading	Support for risk audit work
Wales	**Rhondda Cynon Taf**	Rhondda Cynon Taf	Authority-wide risk & protection audit; area-based reports

Wales	**Rhondda Cynon Taf**	Gilfach Goch	Area-based report & action plan
England	**Salford**	Langworthy	CTC process
England	**Salford**	Salford	Authority-wide risk & protection audit; area-based reports
England	**Sandwell**	Sandwell	Authority-wide risk & protection audit; area-based reports
Scotland	**South Lanarkshire**	North Hamilton & Blantyre	Scotland demonstration area; full CTC process
England	**Southwark**	Southwark	Authority-wide risk & protection audit, Safer London Youth Survey
England	**Surrey**	Preston (Reigate)	CTC process
Wales	**Swansea**	Bonymaen	England & Wales demonstration area; full CTC process
Wales	**Swansea**	Swansea	Authority-wide risk & protection audits (x3); area-based reports
England	**Tendring**	Jaywick	CTC process
England	**Thurrock**	South Ockenden	CTC process
Wales	**Torfaen**	Thornhill	CTC process
Wales	**Torfaen**	Trevithin	CTC process
England	**Tower Hamlets**	Tower Hamlets	Authority-wide risk & protection audit, Safer London Youth Survey
Wales	**Vale of Glamorgan**	Vale of Glamorgan	Authority-wide risk & protection audits x 2; area-based reports
England	**Waltham Forest**	Waltham Forest	Authority-wide risk & protection audit, Safer London Youth Survey
England	**Wigan**	Wigan	Authority-wide risk & protection audit; area-based reports, CTC process

England	**Wirral**	North Birkenhead	CTC process as part of Home Office ‘On Track’ programme
England	**York**	New Earswick	CTC process on Joseph Rowntree Housing Trust estate

4.2 The Netherlands

Country: The Netherlands						
	Site Information			***CTC Information***		
Name Site	**Type Area**	**Size**	**Characteristics Population**	**Start CTC**	**Number of Cycles**	**Current Status**
1.Rotterdam-Oude Noorden	Urban, big city	25.000	Multi-ethnic Lower income High unemployment	2000	2-3	Stopped 2012
2.Amsterdam-Noord: van der Pek, Vogel- en Bloemenbuurt	Urban, big city	18.000	Multi-ethnic Lower income High unemployment	2000	3	Stopped 2010
3. Arnhem: Presikhaaf-West	Urban, big city	8000	Multi-ethnic Lower income High unemployment	2000	1	Stopped 2004
4.Zwolle Zuid	Urban, big city	32.000	Medium income, over representation of youth of 14 year ld and younger	2000	3	?
5.Leeuwarden Achter de Hoven Schepenbuurt Wielenpolle Huizum, oost en west	Urban regional city	108.000	Poorer parts of the city, and many students	2004	3	Stopped 2012 as youth prevention and is integrated in neighbourhood oriented welfare

6.Almere	Urban, big city	180.000	A new town	2003	2	Stopped
7.Dordrecht Noordflank Reeland, Staart	Urban, old town	24.000	Multi ethnic, poorer parts of the city	2004	1	Stopped
8.Maassluis	Urban, old town	32.000	Little diversity in the population	2004	3	Integrated in Centres for Youth and advise
9.Leiden	Urban, old town, university town	110.000	Diverse population	2004	3	Integrated in organizing citizen participation
10.Westland	Rural, little villages		High employment rate	2004	2	Stopped (?)
11.Gouda	Urban, old town	70.000	Little diversity in the population	2005	1	Stopped

	Site Information			***CTC Information***		
Name Site	**Type Area**	**Size**	**Characteristics Population**	**Start CTC**	**Number of Cycles**	**Current Status**
11.Zwijndrecht	Old town	44.000	Diverse population	2002	0,5	Youth survey, no ctc coaching/training
12.Capelle aan den Ijssel Hoeken/Hoven/Wiekslag en in Schollevaar	Urban city, next to Rotterdam	66.000	Diverse population	2004	3	Still going on integrated in neighbourhood activities
13.Spijkenisse	Old town	72.000	Diverse population	2006	1	Stopped
14. Alphen aan de Rijn	Old town	70.000	Diverse population	2005	1	Stopped, no second youth survey
15.Rotterdam sub-municipalities	Big town, several sub-municipalities	620.000	Ethnic, very diverse	2005	1,5	Stopped because of centralisation of youth policy
16. Rotterdam Hoogvliet	Sub municipality of	34.000	Ethnic, very diverse	2004	2	Still running ?

	Rotterdam					
17.Rotterdam Hoek van Holland	Sub municipality of Rotterdam	10.000	Small village, near the harbor	2006	2	Still running ?
18.Noord West Friesland Achtkarspelen Dantumadeel Dongeradeel Kolummerland	Little villages	28.000 Achtkarspel. 24.000 Dongeradeel 12.000 Kollimerland	Country site, rural area	2010	0,5	Youth survey

	Site Information			***CTC Information***		
Name Site	**Type Area**	**Size**	**Characteristics Population**	**Start CTC**	**Number of Cycles**	**Current Status**
19.Goes	Rural town	36.000	Small town	2009	2	Still running ?
20.Vlissingen	Rural town	44.000	Small town	2009	2	Still running ?
21.Terneuzen Serlippens.Noordpolder Sas van Gent	Rural town	54.000	Regional capital	2009	2	Still running ?
22.Middelburg	Rural town	47.000	Small town	2009	2	Still running ?
23.Reimerswaal	Small town	21.000	Little village	2013	1	Still running ?
24. Harderwijk	Small city	45.000	Indigenous Middle income	2008	2	Still running

			Low unemployment			
25.Alblasserdam	Small town	19.000	Indigenous	2009 (?)	0,5	Only youth survey (?)
26. Amsterdam Zuid Oost	Sub municipality of Amsterdam	84.000	Multi ethnic diversity	2010 (?)	0,5	Only youth survey
27.Haarlem	Old town	153.000	Mostly white	2012 (?)	0,5	Only youth survey
28.Hendrik Ido Ambacht	Old little town	28.000	Indigenous	(?)	0,5	Only youth survey ?
29.Katwijk	Old fisher town	62.000	Mostly white	2013	0,5	Only youth survey
30.Papendrecht	Small town next to Dordrecht	32.000	Mostly white	?	0,5	Only youth survey
31.Sliedrecht	Small town next to Dordrecht	24.000	Mostly white	?	0,5	Only youth survey
32.Uithoorn	Small town	28.000	Mostly white, some diversity	2013	0,5	Only youth survey ?

4.3 Croatia

Country CROATIA						
	Site Information			***CTC Information***		
Name Site	**Type Area**	**Size Community**	**Characteristics Population**	**Start CTC**	**Number of Cycles**	**Current Status**
1 Pula - Pola	Urban, city	57.460	Multi-ethnic Middle income High unemployment	2003	3	Stopped 2010
2 Svetvincent	rural, village	2.202	Multi-ethnic Middle income Medium unemployment	2003	2	Stopped 2008
3 Medulin	Urban/rural, town	6.481	Low ethnic diversity High income Low unemployment	2003	2	Stopped 2008
4 Porec - Parenzo	Urban, town	14.294	Multi-ethnic High income Low unemployment	2003	4	Still running
5 Vrsar - Orsera	Urban/rural, town	2.162	Multi-ethnic High income	2003	2	Stopped 2009

			Low unemployment			
6 Visnjan - Visignana	rural, village	2.274	Multi-ethnic Low income Low unemployment	2003	2	Stopped 2008
7 Labin	Urban, town	11.642	Multi-ethnic Middle income High unemployment	2003	4	Still running
8 Sv. Nedelja	rural, village	2.987	Multi-ethnic Low income Low unemployment	2003	2	Stopped 2008
9 Krsan	rural, village	2.951	Low ethnic diversity Middle income High unemployment	2003	2	Stopped 2008
10 Pazin	Urban, town	8.638	Low ethnic diversity Middle income High unemployment	2003	4	Unknown
11 Tinjan	rural, village	1.684	Low ethnic diversity Low income Medium unemployment	2003	2	Stopped 2008

12 Sv. Petar u sumi	rural, village	1.065	Low ethnic diversity Middle income Medium unemployment	2003	2	Stopped 2008
13 Buje - Buie	Urban/rural, town	5.182	Multi-ethnic Low income Medium unemployment	2009	2	Stopped 2009
14 Split	Urban, big city	200.000	Low ethnic diversity Middle income High unemployment	2010	3	Unknown
15 Cakovec	Urban/ruralcity	30.000	Multi-ethnic Middle income Low unemployment	2010	3	Unknown

4.4 Cyprus

Country Cyprus						
	Site Information			***CTC Information***		
Name Site	**Type Area**	**Size Community**	**Characteristics Population**	**Start CTC**	**Number of Cycles**	**Current Status**
Latsia Municipality, Nicosia, Cyprus						
Aglandjia Municiplaity, Nicosia, Cyprus,						
Klirou Regional Secondary School, Nicosia, Cyprus						

4.5 Germany

Country: Germany (only Lower Saxony)						
	Site Information			***CTC Information***		
Name Site (1)	**Type Area (2)**	**Size Community (3)**	**Characteristics Population (4)**	**Start CTC (5)**	**Number of Cycles (6)**	**Current Status (7)**
1) Emsland County	rural	4 intervention communities (Freren, Spelle, Sögel, Werlte) 10.000 – 16.000 (2 additional communities starting in 2015)	Mostly indigenous, above average late repratriates Middle income Low unemployment	2010	1	still running
2) Hannover	urban, big city	1 intervention community (Mühlenberg / Wettbergen-West) 9.000	Multi-ethnic Lower income High unemployment	2010	1	still running
3) Göttingen	urban, big city	1 intervention community (Weststadt) 13.000	Multi-ethnic Lower income High unemployment	2010	1	held in abeyance
4) Hameln	small city	56.000	Mostly indigenous, Middle income	2013	1	still running

			Low unemployment			
5) Nordstemmen	rural	12.000	Mostly indigenous, Middle income Low unemployment	2013	1	still running
6) Oldenburg	urban, big city	Intervention community (1 city borough): 43.000	Multi-ethnic Partly lower income Partly higher unemployment	2013	1	still running
7) Osnabrück County	rural	2 intervention communities 26.000 / 30.000	Mostly indigenous, Middle income Low unemployment	2013	1	still running
8) Nienburg County	rural	6 intervention communities, Each 10.000 – 20.000	Mostly indigenous, Middle income Low unemployment	2013	1	still running
9) Stadthagen	small city	22.000	Mostly indigenous, Middle income Low unemployment	2013	1	still running
10) Northeim	small city	30.000	Mostly indigenous, Middle income Low unemployment	2015	0	still running

4.6 Austria

Country Austria						
	Site Information			***CTC Information***		
Name Site	**Type Area**	**Size Community**	**Characteristics Population**	**Start CTC**	**Number of Cycles**	**Current Status**
Sierning (whole city)	Rural, Small city	9.000	Indigenous Middle income	2012	1	Stopped 2014

4.7 Sweden

Country Sweden						
	Site Information			***CTC Information***		
Name Site	**Type Area**	**Size Community**	**Characteristics Population**	**Start CTC**	**Number of Cycles**	**Current Status**
Malmö				2014	1	Prevention plan

4.8 Switzerland

No information yet.