EDPQS Toolkit 3: Delivering training to support the use and implementation of quality standards (Training Toolkit)

Handouts for participants

European
drug prevention
quality standards

This document is intended for trainers and contains the handouts referred to in the EDPQS Toolkit 3 Trainers' Guide (see www.prevention-standards.eu/toolkit-3/).

Trainers will first find an overview of all handouts per Unit, as well as of other materials necessary to implement the proposed training activities. After that, all handouts are presented, in the same order as they would be used during the training.

Instructions for using this document:

- Participants at a given event will not usually receive all available handouts. Trainers should consult the overview table on the next page to determine which handouts are needed for their particular training event.
- Each participant should receive a copy of the relevant handouts, except where indicated otherwise.
- The EDPQS project cycle should always be printed in colour. The other handouts can be printed in black and white, although it is preferable if the list of 35 EDPQS components, the EDPQS Checklist and the EDPQS Questions are also printed in colour. This helps participants to quickly identify the project stage they are working on or that is being referred to by the trainer.
- This document does not contain any page numbers. This is because participants at a given event will only receive some of the handouts, meaning that any shown page numbers would no longer be accurate. For the same reason, the Unit numbers are purposefully not included on the handouts.
- To print only the handouts required for a particular training event, the page numbers corresponding to these handouts should be entered in the printing options.
- In case of any questions, the European Prevention Standards Partnership can be contacted (for details, see the Trainers' Guide in this Toolkit).

Overview of handouts and Units

The following table shows which handouts belong to which Units, as proposed in the Trainers' Guide in EDPQS Toolkit 3. In addition, it also shows what other materials trainers need to prepare for the delivery of proposed activities.

Materials	Training Units as proposed in the Trainers' Guide																Comments
	0	0A	1	1A	2	2A	3	4	4A	4B	5	5A	6	7	8	8A	
Handouts included in this document																	
Introduction to the EDPQS					✓												
The EDPQS project cycle					✓												Please print in colour.
35 components within the EDPQS					✓												Preferable in colour print.
The EDPQS Theory of Change					✓												
Case study "Stella": Project description							✓										
Case study "Stella": Example answers							(✓)										Intended for trainers' use, but could also be used as a handout.
Case study "Afternoon Club": Project description								✓	✓								
Case study "Afternoon Club": Example answers								(✓)	(✓)								Intended for trainers' use, but could also be used as a handout.
EDPQS Checklist								✓	✓				✓				Preferable in colour print.
Reporting Grid: Project analysis using a case study								✓									One copy per working group is sufficient.
EDPQS Questions											✓	✓					Preferable in colour print. One copy per working group is sufficient.
Reporting Grid: Project Building											✓						One copy per working group is sufficient.
Reporting Grid: Project Revisions													✓				2-3 copies per working group.
Reporting Grid: Promoting Quality in Prevention														✓			
Additional materials available in this Toolkit																	
PowerPoint slides	✓	✓	✓	(✓)	✓	(✓)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Pre-seminar questionnaire	(✓)																Pre-seminar quiz to be distributed after Unit 0 if not done before the training
Post-seminar questionnaire															✓		
Additional EDPQS materials																	
Manual or Quick Guide					(✓)	(✓)											Depending on what materials are available in the local language.
Toolkit 1 (for decision-makers)						(✓)											Depending on participants' professional role.
Toolkit 2 (for practitioners)						(✓)				✓							Depending on participants' professional role.
prevention-standards.eu						✓									(✓)		

Materials	Training Units as proposed in the Trainers' Guide																Comments
	0	0A	1	1A	2	2A	3	4	4A	4B	5	5A	6	7	8	8A	
Additional materials to be prepared by trainers																	
Copy of agenda	(✓)	(✓)															
Sticky notes, pens			✓														
Whiteboard, flipchart, markers			✓	✓													
Internet connection						✓									(✓)		
A4-sized sheets of paper											✓	✓					
A1-sized sheets of paper (e.g. from flipchart)											✓						
Locally available best practice guidance											(✓)				(✓)		
Additional PowerPoint slides					(✓)						(✓)			(✓)	(✓)		e.g. country-specific content, for University students, prevention concepts, etc.

Introduction to the European Drug Prevention Quality Standards (EDPQS)

Why Quality Standards?

Few people would argue with the view that prevention is better (and cheaper) than cure. However, a lot of what is done in the name of drug prevention is not based on what works or on what constitutes quality.

In recent years, there has been significant progress in understanding what works in prevention and about the quality standards that are relevant to prevention activities. Application of this learning will **reduce the negative** outcomes of poor quality work and produce substantial **benefits** for society including:

- A decrease in substance use related harm
- Adoption of healthier lifestyles
- Reduction of negative social and economic outcomes
- More efficient use of economic resources
- Savings on costs from the reduced need for drug treatment
- Increased competency and professionalism of those working in prevention

Identifying and encouraging quality in prevention work has been the focus of the **European Drug Prevention Quality Standards (EDPQS) Project**.

What are the European Drug Prevention Quality Standards (EDPQS)?

The EDPQS provide a set of **principles** to help **develop and assess the quality** of drug prevention. They offer a comprehensive resource outlining all the elements of drug prevention activities. The EDPQS were developed by the European Prevention Standards Partnership, an international consortium including partners from research, policy and practice, through a project co-funded by the European Union. The Partnership undertook a review and synthesis of existing international and national standards as well as consulting with more than 400 professionals in six European countries. The EDPQS are the **first European reference point on high quality drug prevention based on a consensus incorporating scientific evidence and practical experience**.

What activities do the EDPQS apply to?

The EDPQS will be relevant to any activity that is aimed at preventing, delaying or reducing drug use, and/or its negative consequences across the lifespan in the general population or for individuals and groups. Such activities could address use of legal drugs (e.g. alcohol, tobacco), illegal drugs, medication, or any other psychoactive substances – or substances in general. They could also address common factors that reduce vulnerability to drug use or which promote healthy development in general.

What does ‘quality’ mean in the EDPQS?

According to the EDPQS, high quality prevention activities are those which are:

- Relevant to the target population
- Ethical
- Evidence-based
- Able to provide evidence
- (Cost) Effective
- Feasible
- Sustainable

To find out more about the EDPQS, visit **www.prevention-standards.eu**

The EDPQS project cycle

The EDPQS are presented within a **cycle structure with eight stages plus four cross-cutting considerations**. Each stage is built on a series of components that provide a more detailed explanation of how to promote quality in drug prevention.

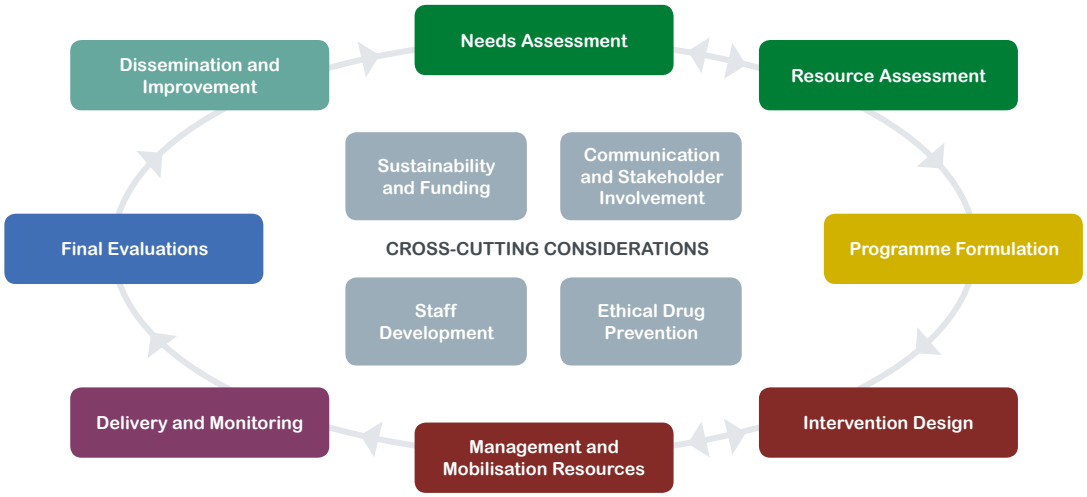


Figure 1: The Quality Standards Cycle

35 components within the EDPQS

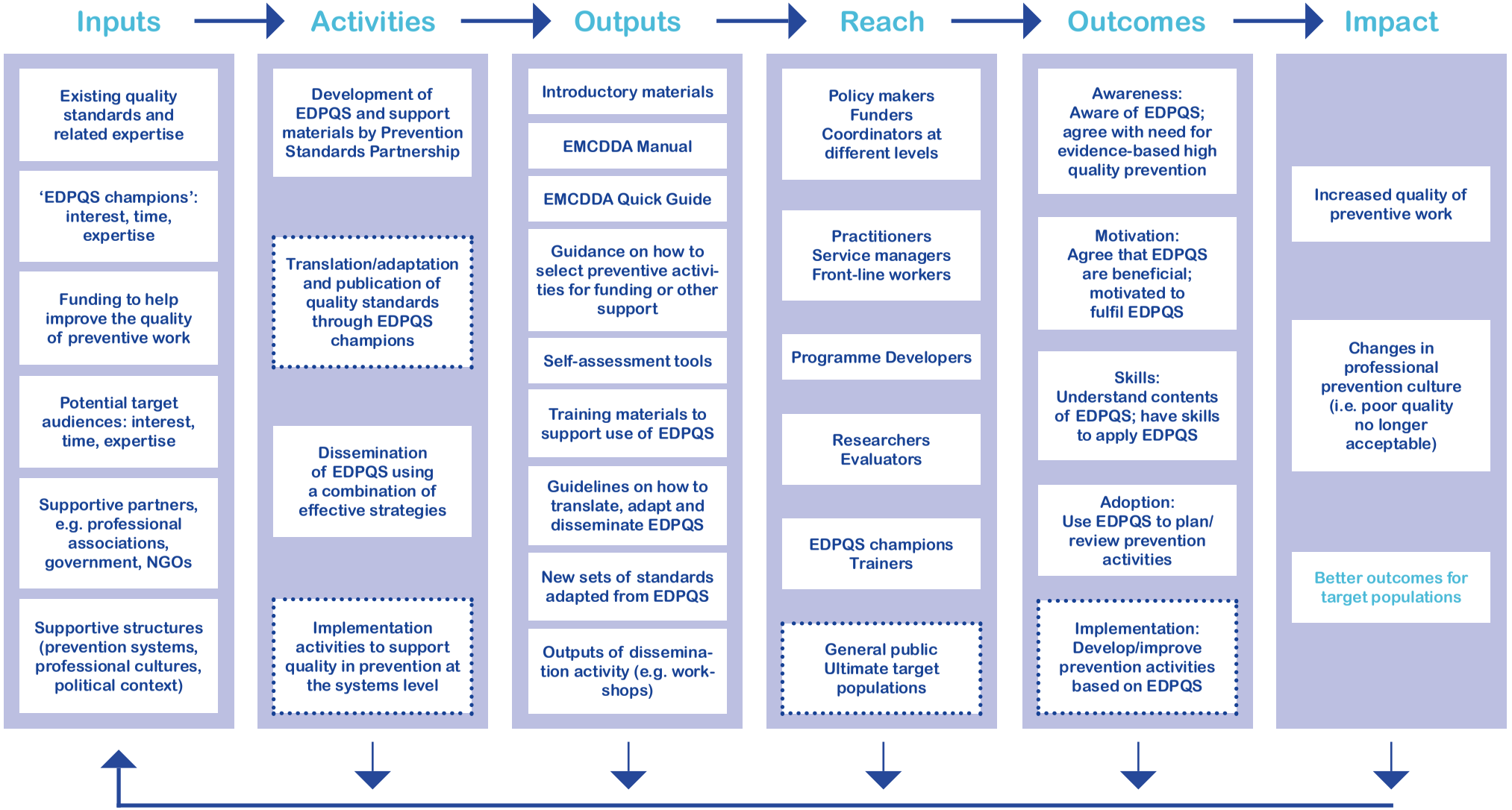
Cross-cutting Considerations
A: Sustainability and funding
B: Communication and stakeholder involvement
C: Staff development
D: Ethical drug prevention
1 Needs Assessment
1.1 Knowing drug-related policy and legislation
1.2 Assessing drug use and community needs
1.3 Describing the need – Justifying the intervention
1.4 Understanding the target population
2 Resource Assessment
2.1 Assessing target population and community resources
2.2 Assessing internal capacities
3 Programme Formulation
3.1 Defining the target population
3.2 Using a theoretical model
3.3 Defining aims, goals, and objectives
3.4 Defining the setting
3.5 Referring to evidence of effectiveness
3.6 Determining the timeline
4 Intervention Design
4.1 Designing for quality and effectiveness
4.2 If selecting an existing intervention
4.3 Tailoring the intervention to the target population
4.4 If planning final evaluations
5 Management and Mobilisation of Resources
5.1 Planning the programme - Illustrating the project plan
5.2 Planning financial requirements
5.3 Setting up the team
5.4 Recruiting and retaining participants
5.5 Preparing programme materials
5.6 Providing a programme description
6 Delivery and Monitoring
6.1 If conducting a pilot intervention
6.2 Implementing the intervention
6.3 Monitoring the implementation
6.4 Adjusting the implementation
7 Final Evaluations
7.1 If conducting an outcome evaluation
7.2 If conducting a process evaluation
8 Dissemination and Improvement
8.1 Determining whether the programme should be sustained
8.2 Disseminating information about the programme
8.3 If producing a final report

Please note: For ease of reference, the project stages and components are numbered, but the numbers do not necessarily imply a sequential order or priority.

The EDPQS Theory of Change

Context: Prevention activities are not necessarily in line with 'best practice' recommendations or evidence-based guidelines; prevention systems are not sufficiently well developed to facilitate quality; and professional cultures do not generally support evidence-based approaches to prevention.

Assumption: We assume that various barriers hinder the achievement of quality in prevention (e.g. lack of a shared vision and consensus statement on what constitutes 'high quality' in prevention), and that activities to develop and promote quality standards can effectively help to address these barriers.



Case study “Stella”: Project description

“Stella” is a nation-wide school-based intervention. It has been developed for all pupils aged 15 to 17 years. The programme seeks to prevent or reduce alcohol, tobacco and illegal drug use as well as other risk behaviours. It hopes to achieve this by increasing participants’ self-awareness, resilience and life-skills. The programme is supposed to help young people identify and build upon their personal strengths. The programme draws on a number of theoretical models, including social influence theory, as well as literature reviews on ‘what works’ in prevention.

Activities are delivered in the classroom by trained teachers following a manual. Across the country, the same activities are undertaken in all implementing schools using the same materials. Schools can choose whether to deliver the intervention as weekly sessions (15 units of 50 minutes) or as a ‘blocked’ programme with a few intense days spread over several months. Intervention activities utilise interactive methods, such as discussion, role play, and film-making. Pupils also receive a workbook, which was developed by University researchers.

The teachers’ training consists of four days focussing on programme content and delivery. Teachers also learn how to prevent risky situations during the intervention (e.g. bullying among pupils), and how to appropriately respond to possible incidents (e.g. if a pupil discloses drug use). Teachers also learn about relevant legislation and receive factual information about different substances and how they might affect young people.

Process data are collected on a continuous basis. After each session, teachers complete a questionnaire to indicate how the session went and whether they were able to deliver it according to the manual. The feedback obtained from the teachers is used to revise the programme in order to offer an improved version in the next school year. A formal report on the process evaluation is not available.

A pilot study was carried out in one region to understand whether the intervention brings about the desired changes in participants. An evaluation specialist led the evaluation. School classes were assigned to intervention and control conditions; randomisation and blinding were intended but not possible due to practical limitations. A number of evaluation indicators were used, including substance-related knowledge and self-reported substance use. Measurements were taken using anonymous questionnaires one week before the beginning of the intervention, and one week after the end of the intervention. The findings from the pilot study were used to revise the intervention, and the study was rolled out nation-wide.

Information about “Stella” is available on the project website. There are different sections on the website for interested schools, young people, and members of the scientific community. Project news about “Stella” are regularly posted on social media pages (e.g. Facebook, Twitter). Results from the outcome evaluation have been published in a scientific journal article.

Please note: This case study of a fictitious project “Stella” was developed specifically for this training. The description is based on a real prevention project. However, some changes were purposefully made for this training. Therefore, the above description does not necessarily reflect the actual state of affairs concerning the real project.

Case study “Stella”: Example answers

Note, the below answers are not the only observations that can be made with regard to the project. However, they illustrate how the EDPQS can be applied in the review of prevention activities.

Project description	Comment	EDPQS
STELLA is a nation-wide school-based intervention.	Setting and geographical scope are defined.	3.4
It has been developed for all pupils aged 15 to 17 years.	Target group defined.	3.1
The programme seeks to prevent or reduce alcohol, tobacco and illegal drug use as well as other risk behaviours.	Clearly specifies what is to be prevented. But unclear what the other risk behaviours are.	3.3
It hopes to achieve this by increasing participants’ self-awareness, resilience and life-skills.	Mediators are specified – suggests an underlying theory of change.	3.2; 3.3
The programme is supposed to help young people identify and build upon their personal strengths.	Strengths are emphasised rather than weaknesses. The programme seeks to empower young people to help themselves.	4.1
The programme draws on a number of theoretical models, including social influence theory, as well as literature reviews on ‘what works’ in prevention.	Utilises existing behaviour change theory. Refers to literature on scientific evidence of effectiveness. But what sources were used?	3.2; 3.5
Activities are delivered in the classroom by trained teachers following a manual.	Further specification of setting. Mentions staff training.	C; 3.4
Across the country, the same activities are undertaken in all implementing schools using the same materials.	Issue for debate – this means that the programme is not tailored to the situation of the individual school. It is unclear on what needs assessment the programme is based.	1.2; 4.3
Schools can choose whether to deliver the intervention as weekly sessions (15 units of 50 minutes) or as a ‘blocked’ programme with a few intense days spread over several months.	Flexibility to accommodate the needs of the recipient organisation.	B; 3.6; 5.4
Intervention activities utilise interactive methods, such as discussion, role play, and film-making.	Use of methods that the target group is likely to find engaging.	4.1
Pupils also receive a workbook, which was developed by University researchers.	Issue for debate – were members of the target group also involved in the development? How did the researchers develop the workbook? No information about the contents or whether appeal to young people was ensured.	1.4; 5.5
The teachers’ training consists of four days focussing on programme content and delivery.	In-depth, relevant staff training.	C
Teachers also learn how to prevent risky situations during the intervention (e.g. bullying among pupils), and how to appropriately respond to possible incidents (e.g. if a pupil discloses drug use).	Course facilitators learn about ethical issues.	D
Teachers also learn about relevant legislation and receive factual information about different substances and how they might affect young people.	It is ensured that course facilitators have the necessary background knowledge.	D; 1.1
Process data are collected on a continuous basis. After each session, teachers complete a questionnaire to indicate how the session went and whether they were able to deliver it according to the manual.	Indicates what process evaluation indicators are used.	4.4
The feedback obtained from the teachers is used to revise the programme in order to offer an improved version in the next school year.	Evaluation results are used to improve the programme. Issue for debate – it appears that process data is only collected from the teachers. But what about members of the target group?	4.4; 6.4; 8.1

A formal report on the process evaluation is not available.	Where can such information be accessed if a formal report is not available? Has the implementation been documented?	**6.2; 7.2; 8.3**
A pilot study was carried out in one region to understand whether the intervention brings about the desired changes in participants.	Pilot study before national roll-out. Refers to "desired changes in participants" (outcomes). But to what extent was the feasibility of the activities considered?	**6.1**
An evaluation specialist led the evaluation.	A dedicated person in charge of the evaluation.	**4.4**
School classes were assigned to intervention and control conditions; randomisation and blinding were intended but not possible due to practical limitations.	Control condition. Intended a rigorous scientific design. But what were the "practical limitations"? How were classes assigned?	**4.4**
A number of evaluation indicators were used, including substance-related knowledge and self-reported substance use.	Evaluation indicators – examples are given.	**4.4**
Measurements were taken using anonymous questionnaires one week before the beginning of the intervention, and one week after the end of the intervention.	Anonymous = indicates ethical conduct. Measurements pre-/post-intervention. But are any longer-term measurements planned?	**D; 5.4; 6.2**
The findings from the pilot study were used to revise the intervention, and the study was rolled out nation-wide.	Evaluation results are used to improve the programme. But was there a strong evidence-based argument to roll out the intervention nation-wide?	**6.1; 8.1**
Information about STELLA is available on the project website.	General public can access information about the project.	**5.6; 8.2**
There are different sections on the website for interested schools, young people, and members of the scientific community.	Different types of stakeholders are identified, information is tailored to their (perceived?) needs. But what kind of information is available?	**B; 5.6**
Project news about STELLA are regularly posted on social media pages (e.g. Facebook, Twitter).	Possibilities to engage and to receive up-to-date information. But are the friends/followers members of the general public, target population, and/or scientific community?	**B**
Results from the outcome evaluation have been published in a scientific journal article.	Possibility for scientific community to learn from the project. But can the general public also easily access summaries of these results?	**B; 8.2; 8.3**

Example strengths that could be highlighted:

- Informed by existing scientific evidence base (EDPQS 3.2; 3.5)
- Use of interactive, engaging methods (EDPQS 4.1)
- Strengths-focussed (EDPQS 4.1)
- Staff training (EDPQS C)
- Elements of process and outcome evaluation in place (EDPQS 4.4; 7.1; 7.2)
- Information about the project is available (EDPQS B; 5.4; 5.6; 8.2)

Example weaknesses that could be highlighted, including examples for how the project could be improved:

- As a universal intervention, "Stella" is delivered to all pupils regardless of risk level. Is there any support offered to pupils which are identified during the intervention as being at 'high risk' of drug use or drug-related harms? Could the project be supplemented or linked up with targeted services? (EDPQS D; 4.1)
- It is unclear how project "Stella" addresses specific target population needs, and how it complements other activities that the target population already receives. Is a local needs assessment undertaken? (EDPQS 1.2-1.4, 4.3)
- Lack of long-term follow-up measurements (EDPQS 4.4; 7.1)

Example areas requiring further clarification:

- How is the project funded and its sustainability ensured? (EDPQS A; 2.2)
- Does the project refer to any written code of ethics? (EDPQS D)
- To what extent is the target population involved in the programme development? Was a needs assessment conducted to inform the contents of the intervention? (EDPQS B; 1.2; 1.3; 1.4; 2.1; 4.3)
- How does the project complement other activities already available to the target population? (EDPQS B; 1.3)
- What are the specific principles and techniques used when working with the pupils? What information do the workbooks for pupils contain, and what do the workbooks look like? (EDPQS 4.1; 5.5)
- What information do school pupils receive about the project? How are students familiarised with the rules of the programme? (EDPQS D; 5.6)
- How are teachers chosen? Do they have to meet any specific criteria? (EDPQS C; 5.3)
- How is the project managed internally? What is the overall timeline for this project? (EDPQS 3.6; 5.1; 5.2)
- Is programme implementation reviewed on a continuous basis? (EDPQS 6.3)
- Are long-term follow-up measurements and additional evaluations planned? (EDPQS 4.4)
- What were the results of the outcome and process evaluations? (EDPQS 7.1; 7.2)
- Are there any risks associated with the project; for example, could the intervention have any unintended effects on the pupils? How is the school informed about the potential benefits and risks of the intervention? (EDPQS D; 5.6; 7.1)
- Is the intervention copy-righted? Is it possible for others to conduct independent evaluations of the intervention? (EDPQS 8.2)

Case study “Afternoon Club”: Project description

The “Afternoon Club” project offers leisure activities for young people. The aim of the project is to increase the quality of life for young people living in deprived areas. The project venue is located on the ground floor of a large social housing estate, in a deprived district of a large city. The project is open to participants Monday to Thursday, 14:00 - 17:30. The activities offered include art and crafts workshops (e.g., music production, film/video making, web design, graffiti), sports programmes (e.g., football, cycling), community initiatives (e.g., discovering the city history by bicycle, street art interventions), and study groups (e.g., workshops to develop personal coping skills, writing groups). Activities can change on a monthly basis, depending on the young people’s preferences and the weather conditions. Participation in the activities is voluntary. Young people can decide how long to participate; they can complete just a single workshop or take part in a number of activities over several years. A written set of house rules is clearly displayed in the reception area, and young people coming to the project for the first time are also informed verbally about the rights and responsibilities of staff members and participants. Young people are also informed how they can report any problems or suggestions concerning the project.

The target population and the general public can learn about the project through posters, brochures, and the Internet (web page, social media). Reports about the project are regularly submitted to the funding agency, and a shorter version is made available on the project website. At the beginning of the project, staff members approached young people in the estate and the surrounding areas and invited them to come. Now, young people usually come to the service because they heard about it from friends. The organisation is also in touch with the local residents and the media, informing them not only about the activities of the “Afternoon Club” but seeking also to improve public perceptions of the estate and the young people.

Activities are implemented by trained staff including psychologists, sociologists, social workers, youth workers and peer volunteers. The staff members are selected so that a broad range of activities can be offered and different needs can be met. Counsellors are also available who young people can approach anonymously at any time with any problem. The staff members are expected to adhere to their respective professional code of ethics (e.g. code of ethics for social work). Staff members have the opportunity to discuss any concerns during weekly staff meetings, as well as during a monthly supervision session with an external expert.

The “Afternoon Club” project is run by a local non-governmental organisation specialising in health promotion, which has been operating in this district for several years. Initially the organisation offered only psychosocial treatment services in the area, but it soon became clear that a preventive intervention outside of the school setting was missing. Existing prevention activities were only delivered in schools and did not engage the young people living in this estate and its surrounding areas. In addition, the estate had been identified in the media as a hot-spot for crime, including drug use and vandalism. The city council was therefore interested to support a project in this area. In planning the “Afternoon Club” project, the organisation considered available socio-demographic and socio-economic data regarding the residents in the area, as well as epidemiological data on drug use patterns and trends in the district. In addition, a series of meetings was organised with local residents, including young people. The young people were then also involved in developing the project, helping to decide what activities should be offered and decorating the rooms for the project to make them attractive for young people.

A formal evaluation has not been carried out and is not currently planned due to lack of funding. However, as the project is located on the estate, the contact with participants can continue even after they have stopped participating in the “Afternoon Club” activities. Therefore, there is some information available about former participants (e.g. who found employment, who enrolled in University studies, who got into trouble). Some former participants have told staff members that the workshops actually helped them to find work. Some data about the project are collected systematically on a continuous basis, for example the number of participants in the activities. At the end of each day, staff members must record certain information in a log book (e.g. if there was any incident). Most information about the project, however, is obtained in a less formal manner, for example through informal conversations with participants. At the weekly staff meetings, staff members share their thoughts on how well the programme is going, and review feedback received from participants. This information is then used to revise the project activities if necessary.

For the last three years, the service was fully funded by the city council, but the service manager was recently informed that the city council will not be able to offer funding in the coming year. The service manager is currently exploring alternative options for funding the service (e.g. through private agencies, international charities). If funds are not available for the full programme, a ‘minimal’ programme will be run with restricted availability to ensure sustainability of the project until funding becomes available again.

Please note: This case study of a fictitious project “Afternoon Club” was developed specifically for this training. The description is based on a real prevention project. However, some changes were purposefully made for this training. Therefore, the above description does not necessarily reflect the actual state of affairs concerning the real project.

Case study “Afternoon Club”: Example answers

Note, the below answers are not the only observations that can be made with regard to the project. However, they illustrate how the EDPQS can be applied in the review of prevention activities.

Project description	Comment	EDPQS
The “Afternoon Club” project offers leisure activities for young people. The aim of the project is to increase the quality of life for young people living in deprived areas.	Overall aim is stated, but what are the goals and objectives of this initiative? Is it clear what is being ‘prevented’? Target population = young people living in a deprived area. But no indication of age group or other characteristics.	3.1; 3.3
The project venue is located on the ground floor of a large social housing estate, in a deprived district of a large city.	The setting appears appropriate to reach this population. The project is integrated in the community. But do all the activities take place in this venue (e.g. graffiti, workshops, football)?	3.4; 4.1
The project is open to participants Monday to Thursday, 14:00 - 17:30.	How were these days and opening hours decided? Are they the most appropriate days and opening hours? Could activities at the weekend or at a later hour be more useful?	5.4
The activities offered include art and crafts workshops (e.g., music production, film/video making, web design, graffiti), sports programmes (e.g., football, cycling), community initiatives (e.g., discovering the city history by bicycle, street art interventions), and study groups (e.g., workshops to develop personal coping skills, writing groups).	Young people are likely to find these activities interesting and engaging. Activities help participants discover and realise their own resources. Different activities are available to suit different interests and needs. But what is the evidence base that these activities will help to achieve the project aims?	3.5; 4.1; 4.3
Activities can change on a monthly basis, depending on the young people’s preferences and the weather conditions.	Involvement of young people as stakeholders in the programme development. Activities are tailored to young people’s needs and the operating environment. Participants are involved in adjusting the programme implementation.	B; 4.3; 6.4
Participation in the activities is voluntary.	This is a basic standard.	D
Young people can decide how long to participate; they can complete just a single workshop or take part in a number of activities over several years.	The service offers different activities which can be completed independently of each other.	4.1
A written set of house rules is clearly displayed in the reception area, and young people coming to the project for the first time are also informed verbally about the rights and responsibilities of staff members and participants.	The rules of participation are clear and communicated to participants.	D
Young people are also informed how they can report any problems or suggestions concerning the project.	A complaints procedure appears to be in place. This can also serve as a mechanism to collect process data about the intervention.	D; 4.4
The target population and the general public can learn about the project through posters, brochures, and the Internet (web page, social media).	Information is available for different groups and through different channels. But exactly what information is made available?	B; D; 5.4; 5.6; 8.2
Reports about the project are regularly submitted to the funding agency, and a shorter version is made available on the project website.	Reports are prepared and made available for funders as well as the general public. But exactly what information do the reports contain, and how are they structured and presented?	B; 8.2; 8.3

At the beginning of the project, staff members approached young people in the estate and the surrounding areas and invited them to come. Now, young people usually come to the service because they heard about it from friends.	Specific efforts were undertaken to approach members of the target population and to build a positive relationship.	**4.1; 5.4**
The organisation is also in touch with the local residents and the media, informing them not only about the activities of the "Afternoon Club" but seeking also to improve public perceptions of the estate and the young people.	Efforts are made to involve other stakeholders to help achieve the project aims.	**B**
Activities are implemented by trained staff including psychologists, sociologists, social workers, youth workers and peer volunteers. The staff members are selected so that a broad range of activities can be offered and different needs can be met.	Mix of different skill sets appropriate for different tasks. Training is mentioned. But how are tasks and functions distributed? How are activities matched to staff member's qualifications and professional competencies? Are such highly trained staff required for this kind of project? Are staff members clear about their roles and responsibilities? Who are the peer volunteers, and how are they supported? What kind of training is received?	**C; 5.2; 5.3**
Counsellors are also available who young people can approach anonymously at any time with any problem.	Possibilities to ask for help if needed.	**D**
The staff members are expected to adhere to their respective professional code of ethics (e.g. code of ethics for social work).	Although a specific code of ethics is not defined for this project, there is a general code of ethics that staff members are expected to adhere to. But what code of ethics are the peer volunteers obliged to?	**D**
Staff members have the opportunity to discuss any concerns during weekly staff meetings, as well as during a monthly supervision session with an external expert.	Mechanisms are in place for regular exchange within the team. Staff members are supported during the implementation.	**B; C**
The "Afternoon Club" project is run by a local non-governmental organisation specialising in health promotion, which as been operating in this district for several years. Initially the organisation offered only psychosocial treatment services in the area, but it soon became clear that a preventive intervention outside of the school setting was missing. Existing prevention activities were only delivered in schools and did not engage the young people living in this estate and its surrounding areas.	The need for an intervention is justified. The "Afternoon Club" is targeted at a population that could not be reached by existing services. The organisation had previous experience of working in this district.	**1.3; 2.2**
In addition, the estate had been identified in the media as a hot-spot for crime, including drug use and vandalism. The city council was therefore interested to support a project in this area.	There was already an awareness of the need for action among the general public, media, and policy-makers – this helped to obtain funding and other support for this intervention. But were crime rates actually higher in this estate? Could the intervention contribute to further stigmatisation of the area? Did it respond to media pressures rather than the needs of the target population?	**A; D; 1.3; 1.4; 2.1; 5.4**
In planning the "Afternoon Club" project, the organisation considered available socio-demographic and socio-economic data regarding the residents in the area, as well as epidemiological data on drug use patterns and trends in the district.	Existing research data were used to assess drug use and community needs. It appears that data were specific to this district. Were data up-to-date? There was a dedicated planning phase. But was a project plan written during this time?	**1.2; 5.1**

In addition, a series of meetings was organised with local residents, including young people. The young people were then also involved in developing the project, helping to decide what activities should be offered and decorating the rooms for the project to make them attractive for young people.	Relevant stakeholders were involved in determining target population needs. Young people were involved in planning the activities, and given the opportunity to take ownership. Emphasis on a positive relationship with the target population. Importance of a comfortable setting is recognised. Was this documented in any way?	**B; 1.4; 2.1; 3.4; 4.1**
A formal evaluation has not been carried out and is not currently planned due to lack of funding.	Lack of evaluation. Lack of funding. Evaluation should be included in future grant applications.	**A; 4.4; 5.2; 7.1; 7.2**
However, as the project is located on the estate, the contact with participants can continue even after they have stopped participating in the "Afternoon Club" activities. Therefore, there is some information available about former participants (e.g. who found employment, who enrolled in University studies, who got into trouble). Some former participants have told staff members that the workshops actually helped them to find work.	There is only unstructured follow-up which provides anecdotal evidence concerning the effectiveness of the activities. Unclear if this is documented in any way. Although the available information suggests that this may be a promising intervention, a more structured approach is needed. The emphasis appears to be on securing employment and education rather than preventing drug use. A better formulation of project goals and objectives is needed. This will also have implications for the formulation of evaluation indicators. A theoretical model linking activities, mediators and outcomes would be helpful in this regard.	**3.2; 3.3; 4.4**
Some data about the project are collected systematically on a continuous basis, for example the number of participants in the activities. At the end of each day, staff members must record certain information in a log book (e.g. if there was any incident). Most information about the project, however, is obtained in a less formal manner, for example through informal conversations with participants.	Elements of documentation, monitoring and process evaluation in place. Example of process evaluation indicator ("number of participants"). Are entries in the log book structured or unstructured? Is feedback from participants documented in any way? Although the existing practice may meet the immediate needs of the practitioners and the target population, a more structured approach is required from an evaluation perspective.	**B; 4.4; 6.1; 6.3; 7.2**
At the weekly staff meetings, staff members share their thoughts on how well the programme is going, and review feedback received from participants.	Monitoring seems to be in place. There appears to be an open atmosphere which allows staff members to actively contribute to the discussion. How structured are these meetings? Are any checklists used in addition to the open discussion? Is there a project plan which is reviewed regularly?	**5.1; 6.3**
This information is then used to revise the project activities if necessary.	Activities are adjusted based on the monitoring findings.	**6.4**
For the last three years, the service was fully funded by the city council, but the service manager was recently informed that the city council will not be able to offer funding in the coming year. The service manager is currently exploring alternative options for funding the service (e.g. through private agencies, international charities). If funds are not available for the full programme, a 'minimal' programme will be run with restricted availability to ensure sustainability of the project until funding becomes available again.	A strategy for ensuring sustainability appears to be in place. Different funding options are being considered, and funding to continue the programme is being sought. Although the intervention appears to be promising, it could be argued that there is no strong evidence-based argument to continue the programme, due to lack of structured data on the effectiveness of the activities. Future implementation should be accompanied by evaluation.	**A; 8.1**

Example strengths that could be highlighted:

- Involvement of young people in the planning and the continued development of the intervention; strong emphasis on a positive relationship with the target population (EPDQS B; 2.1; 4.1)
- Involvement of local community and media (EDPQS B)
- Weekly team meetings and structured support available to staff members (EDPQS C)
- Orientation towards ethical conduct, including reference to a code of ethics, defined house rules, respect for participants' rights (EDPQS D)
- Needs assessment considering different perspectives and data sources (EDPQS 1.2-1.4; 2.1)
- Activities are engaging and build upon participants' strengths (EDPQS 4.1)
- Flexible approach to activities, able to respond to changing needs and circumstances (EDPQS 6.4)

Example weaknesses that could be highlighted, including examples for how the project could be improved:

- Unstructured data collection and documentation of activities; it appears that most knowledge about the project could only be accessed by talking to the staff members – more structured system for reviewing and documenting project activities could be beneficial (EDPQS 5.1; 6.1; 6.3; 7.2)
- Target population not clearly defined (EDPQS 3.1)
- Goals and objectives not defined, unclear what the primary focus of the intervention is. What is being 'prevented'? What are participants supposed to learn/benefit from the activities? A theoretical model could help to clarify this. (EDPQS 3.2; 3.3; 4.1)
- Lack of reference to existing scientific evidence base, in particular about 'what works' to prevent drug use and related harms; to what extent are the activities likely to prevent drug use and related harms? (EDPQS 3.5; 4.1)
- Lack of evaluation plan and consequently lack of a strong argument to continue the programme – future implementation should be accompanied by evaluation (EDPQS 4.4; 7.1; 7.2; 8.1)

Example areas requiring further clarification:

- What is the scientific background to the approach and methods used in the project? (EDPQS 3.2; 3.5; 4.1)
- What are the specific risk and protective factors that the intervention is trying to address? (EDPQS 1.4)
- Can anyone take part in the activities? Are there any restrictions (e.g. geographical catchment area, age limits)? Ten-year-olds have different needs than 24-year-olds? (EDPQS 3.1)
- Is there cooperation with other agencies? What are the mechanisms to work with other relevant organisations? Are young people referred to other agencies if they have needs that cannot be met by this service? (EDPQS B; 1.2; 4.1)
- Are there any risks associated with the project; for example, could the project have any unintended effects on the participants? (EDPQS D)
- How are participant data handled? Do participants take part in the activities anonymously, or do they have to register with name, address, etc.? (EDPQS D)
- Is drug use (including alcohol and tobacco use) allowed on the premises of the project? What happens in case of drug-related incidents? (EDPQS D)
- Do participants receive any drug-related information, and if so, what kind of information? (EDPQS 5.5)
- Are staff members supported in their professional development and career; for example, are there any opportunities for staff members to take part in further training and education? (EDPQS C)
- Are staff members well informed about current drug-related policy and legislation? How does this activity support or relate to national policy? (EDPQS 1.1)
- What are the rules regarding the involvement of volunteers in the programme? (EDPQS D; 5.3)
- What is the overall timeline for the project? When is data collected? When are reports due? (EDPQS 3.6)
- Is this an adaptation of a project already existing elsewhere? (EDPQS 4.2)
- Does a project plan exist? (EDPQS 5.1)
- Is there a clear financial plan? (EDPQS 5.2)
- Do the participants represent the intended target population? (EDPQS 7.2)

EDPQS Checklist

CROSS CUTTING CONSIDERATIONS						
Basic standards (summary):	**Not met**	**Partially met**	**Fully met**	**N/A**	**Notes on current position**	**Actions to take**
A: Sustainability and funding The programme promotes a long-term view on drug prevention rather than a fragmented short-term initiative. The programme is coherent in its logic and practical approach. The programme seeks funding from different sources.	☐	☐	☐	☐		
B: Communication and stakeholder involvement: The multi-service nature of drug prevention is considered. All stakeholders relevant to the programme (e.g. target population, other agencies) are identified, and they are involved as required for a successful programme implementation. The organisation cooperates with other agencies and institutions.	☐	☐	☐	☐		
C: Staff development: It is ensured prior to the implementation that staff members have the competencies which are required for a successful programme implementation. If necessary, high quality training based on a training needs analysis is provided. During implementation, staff members are supported in their work as appropriate.	☐	☐	☐	☐		
D: Ethical drug prevention: A code of ethics is defined. Participants' rights are protected. The programme has clear benefits for participants, and will not cause them any harm. Participant data is treated confidentially. The physical safety of participants and staff members is protected.	☐	☐	☐	☐		

1 NEEDS ASSESSMENT						
Basic standards (summary):	**Not met**	**Partially met**	**Fully met**	**N/A**	**Notes on current position**	**Actions to take**
1.1 Knowing drug-related policy and legislation: The knowledge of drug-related policy and legislation is sufficient for the implementation of the programme. The programme supports the objectives of local, regional, national, and/or international priorities, strategies, and policies.	☐	☐	☐	☐		
1.2 Assessing drug use and community needs: The needs of the community (or environment in which the programme will be delivered) are assessed. Detailed and diverse information on drug use is gathered. The study utilises existing epidemiological knowledge as possible, and adheres to principles of ethical research.	☐	☐	☐	☐		
1.3 Describing the need – Justifying the intervention: The need for an intervention is justified. The main needs are described based on the needs assessment, and the potential future development of the situation without an intervention is indicated. Gaps in current service provision are identified.	☐	☐	☐	☐		
1.4 Understanding the target population: A potential target population is chosen in line with the needs assessment. The needs assessment considers the target population's culture and its perspectives on drug use.	☐	☐	☐	☐		

2 RESOURCE ASSESSMENT						
Basic standards (summary):	**Not met**	**Partially met**	**Fully met**	**N/A**	**Notes on current position**	**Actions to take**
2.1 Assessing target population and community resources: Sources of opposition to, and support of, the programme are considered, as well as ways of increasing the level of support. The ability of the target population and other relevant stakeholders to participate in the programme is assessed.	☐	☐	☐	☐		
2.2 Assessing internal capacities: Internal resources and capacities are assessed (e.g. human, technological, financial resources). The assessment takes into account their current availability as well as their likely future availability for the programme.	☐	☐	☐	☐		

3 PROGRAMME FORMULATION						
Basic standards (summary):	**Not met**	**Partially met**	**Fully met**	**N/A**	**Notes on current position**	**Actions to take**
3.1 Defining the target population: The target population(s) of the programme is (are) described. The chosen target population(s) can be reached.	☐	☐	☐	☐		
3.2 Using a theoretical model: The programme is based on an evidence-based theoretical model that allows an understanding of the specific drug-related needs and shows how the behaviour of the target population can be changed.	☐	☐	☐	☐		
3.3 Defining aims, goals, and objectives: It is clear what is being 'prevented' (e.g. what types of drug use?). The programme's aims, goals, and objectives are clear, logically linked, and informed by the identified needs. They are ethical and 'useful' for the target population. Goals and objectives are specific and realistic.	☐	☐	☐	☐		
3.4 Defining the setting: The setting(s) for the activities is (are) described. It matches the aims, goals, and objectives, available resources, and is likely to produce the desired change. Necessary collaborations for implementation of the programme in this setting are identified.	☐	☐	☐	☐		

3.5 Referring to evidence of effectiveness: Scientific literature reviews and/or essential publications on the issues relating to the programme are consulted. The reviewed information is of high quality and relevant to the programme. The main findings are used to inform the programme.	☐	☐	☐	☐		
3.6 Determining the timeline: The timeline of the programme is realistic, and it is illustrated clearly and coherently. Timing, duration, and frequency of activities are adequate for the programme.	☐	☐	☐	☐		

4 INTERVENTION DESIGN						
Basic standards (summary):	**Not met**	**Partially met**	**Fully met**	**N/A**	**Notes on current position**	**Actions to take**
4.1 Designing for quality and effectiveness: The intervention follows evidence-based good practice recommendations; the scientific approach is outlined. The programme builds on positive relationships with participants by acknowledging their experiences and respecting diversity. Programme completion is defined.	☐	☐	☐	☐		
4.2 If selecting an existing intervention: Benefits and disadvantages of existing interventions are considered, as well as the balance between adaptation, fidelity, and feasibility. The interventions' fit to local circumstances is assessed. The chosen intervention is adapted carefully, and changes are made explicit. Authors of the intervention are acknowledged.	☐	☐	☐	☐		
4.3 Tailoring the intervention to the target population: The programme is adequate for the specific circumstances of the programme (e.g. target population characteristics), and tailored to those if required. Elements to tailor include: language; activities; messages; timing; number of participants.	☐	☐	☐	☐		
4.4 If planning final evaluations: Evaluation is seen as an integral and important element to ensuring programme quality. It is determined what kind of evaluation is most appropriate for the intervention, and a feasible and useful evaluation is planned. Relevant evaluation indicators are specified, and the data collection process is described.	☐	☐	☐	☐		

5 MANAGEMENT AND MOBILISATION OF RESOURCES						
Basic standards (summary):	**Not met**	**Partially met**	**Fully met**	**N/A**	**Notes on current position**	**Actions to take**
5.1 Planning the programme - Illustrating the project plan: Time is set aside for systematic programme planning. A written project plan outlines the main programme elements and procedures. Contingency plans are developed.	☐	☐	☐	☐		
5.2 Planning financial requirements: A clear and realistic cost estimate for the programme is given. The available budget is specified and adequate for the programme. Costs and available budget are linked. Financial management corresponds to legal requirements.	☐	☐	☐	☐		
5.3 Setting up the team: The staff required for successful implementation is defined and (likely to be) available (e.g. type of roles, number of staff). The set-up of the team is appropriate for the programme. Staff selection and management procedures are defined.	☐	☐	☐	☐		

5.4 Recruiting and retaining participants: It is clear how participants are drawn from the target population, and what mechanisms are used for recruitment. Specific measures are taken to maximise recruitment and retention of participants.	☐	☐	☐	☐		
5.5 Preparing programme materials: Materials necessary for implementation of the programme are specified. If intervention materials (e.g. manuals) are used, the information provided therein is factual and of high quality.	☐	☐	☐	☐		
5.6 Providing a programme description: A written, clear programme description exists and is (at least partly) accessible by relevant groups (e.g. participants). It outlines major elements of the programme, particularly its possible impact on participants.	☐	☐	☐	☐		

6 DELIVERY AND MONITORING						
Basic standards (summary):	**Not met**	**Partially met**	**Fully met**	**N/A**	**Notes on current position**	**Actions to take**
6.1 If conducting a pilot intervention: A pilot intervention is conducted if necessary. It should be considered, for example, when implementing new or strongly adapted interventions, or if programmes are intended for wide dissemination. The findings from the pilot evaluation are used to inform and improve the proper implementation of the intervention.	☐	☐	☐	☐		
6.2 Implementing the programme: The programme is implemented according to the written project plan. The implementation is adequately documented, including details on failures and deviations from the original plan.	☐	☐	☐	☐		
6.3 Monitoring the implementation: Monitoring is seen as an integral part of the implementation phase. Outcome and process data are collected during implementation and reviewed systematically. The project plan, resources, etc. are also reviewed. The purpose of monitoring is to determine if the programme will be successful and to identify any necessary adjustments.	☐	☐	☐	☐		
6.4 Adjusting the implementation: Flexibility is possible if required for a successful implementation. The implementation is adjusted in line with the monitoring findings, where possible. Issues and problems are dealt with in a manner that is appropriate for the programme. Adjustments are well-justified, and reasons for adjustments are documented.	☐	☐	☐	☐		

7 FINAL EVALUATIONS						
Basic standards (summary):	**Not met**	**Partially met**	**Fully met**	**N/A**	**Notes on current position**	**Actions to take**
7.1 If conducting an outcome evaluation: The sample size on which the outcome evaluation is based is given, and it is appropriate for the data analysis. An appropriate data analysis is conducted, including all participants. All findings are reported in measurable terms. Possible sources of bias and alternative explanations for findings are considered. The success of the programme is assessed.	☐	☐	☐	☐		
7.2 If conducting a process evaluation: The implementation of the programme is documented and explained. The following aspects are evaluated: target population involvement; activities; programme delivery; use of financial, human, and material resources.	☐	☐	☐	☐		

8 DISSEMINATION AND IMPROVEMENT						
Basic standards (summary):	**Not met**	**Partially met**	**Fully met**	**N/A**	**Notes on current position**	**Actions to take**
8.1 Determining whether the programme should be sustained: It is determined whether the programme should be continued based on the evidence provided by monitoring and/or final evaluations. If it is to be continued, opportunities for continuation are outlined. The lessons learnt from the implementation are used to inform future activities.	☐	☐	☐	☐		
8.2 Disseminating information about the programme: Information on the programme is disseminated to relevant target audiences in an appropriate format. To assist replication, details on implementation experiences and unintended outcomes are included. Legal aspects of reporting on the programme are considered (e.g. copyright).	☐	☐	☐	☐		
8.3 If producing a final report: The final report documents all major elements of programme planning, implementation, and (where possible) evaluation in a clear, logical, and easy-to-read way.	☐	☐	☐	☐		

Reporting Grid: Project analysis using a case study

	Question	Answer
1	What are the project's strengths according to the EDPQS checklist?	
2	What are the project's weaknesses according to the EDPQS checklist? How could the project be improved?	
3	Does the text provide all the information you would like to know about the project? If not, what questions would you like to ask the programme developers?	
4	Did the EDPQS checklist facilitate the reflection about the project? If yes, in what way? If not, why not?	
5	Which aspects of the EDPQS checklist did you find most useful?	

EDPQS Questions
(adapted from Toolkit 2 Improvement Support Questionnaire)

CROSS-CUTTING CONSIDERATIONS

A: Sustainability and funding

- How does the programme relate to other drug prevention activities within the same organisation or other delivery systems in the region?
- Is the programme sustainable and practically feasible in the long term? What activities are being undertaken (or planned) to ensure the sustainability of the programme?
- How do the main elements of the programme relate to each other? Do they reflect a coherent, logical and practical approach?
- How is the programme funded? Who is in charge of securing funding and how is this being done?
- Is there a written funding strategy? Does it specify who is responsible for identifying and attracting funds?
- Is funding sought from different funding sources? Which sources of funding might be relevant for this kind of programme?

B: Communication and stakeholder involvement

- To what extent does the organisation delivering the programme collaborate and coordinate its efforts with other agencies and institutions? What is the nature of these collaborations?
- Are all the stakeholders relevant to the programme identified? What are the terms of reference for stakeholder involvement?
- What is the common goal that all stakeholders can work toward?
- To what extent is the target population considered as a stakeholder/partner in the programme planning and implementation? How is the target population involved at different stages of the programme?
- Who is informed about programme progress, and how?
- What specific mechanisms are in place for internal and external communication and regular exchange?

C: Staff development

- How is it ensured that staff members have the competencies (e.g. knowledge, skills, training) that are necessary for the successful implementation of programme activities?
- Does a written staff development plan exist? Does the staff development plan include the required competencies for the successful implementation of the programme, as well as a staff training needs analysis?
- How good is the training provided to staff? Are training outcomes assessed? What aspects are considered to assure further staff training?
- How are staff members supported during implementation?

D: Ethical drug prevention

- Does the programme refer to a written code of ethics or to other relevant codes/policies? Which codes/policies are considered relevant to the programme?
- How does the programme ensure clear benefits for participants? How does the programme ensure that participants do not experience any harm as a result of taking part?
- What values or principles is the programme based on? Does the programme reflect values and principles of an ethical approach to drug prevention?
- How are participants' values and their views on the intervention considered?
- What sort of information do participants receive about the programme, and when? Are rules (e.g. participants' rights, regarding the programme's implementation) and roles discussed and agreed at the beginning of the intervention?
- How is participants' confidentiality ensured?
- What is the procedure for handling drug-related incidents, complaints or needs that cannot be responded to within the programme?
- How is the safety of staff members and participants ensured?

1 NEEDS ASSESSMENT

1.1 Knowing drug-related policy and legislation

- What policy and legislation is considered important in relation to this programme? Does the programme description provide clear references to these?
- How is the programme related to drugs policy and legislation? If providers are not in agreement with existing policy and legislation, do they explain their own position?
- How does the programme support the wider drug prevention agenda (national/ European/ international strategies, standards and guidelines)?

1.2 Assessing drug use and community needs

- How has it been established whether the target population needs an intervention and what type of intervention? Has the initial situation been analysed and described, including the problem to be addressed?
- Is there any data available about drug use in the target population? What sort of data is this? Is it up-to-date? What are the relevant sources?
- Which other needs of the target population are relevant and related with drug use? Have they been assessed?
- Is it possible to combine different types of data (e.g. national, local, general epidemiological data) to obtain a good overall picture of the situation?

1.3 Describing the need – Justifying the intervention

- Is there any written description of the target population and its needs? What is it based on and what information does it include?
- How does the written needs assessment justify the need for the intervention?
- How does the programme complement other prevention activities at local or regional level or with this target population (e.g. focusing on groups that are not well covered by other services and programmes)?

1.4 Understanding the target population

- How was the target population chosen (i.e. why this group and not another)?
- What is known about the target population's culture and its perspectives on drug use? How will this inform the design of the intervention?
- If possible, have risk and protective factors been taken into account, and how? Is it clear which factors will be addressed by the programme and are these indeed modifiable?
- If possible, have different types of data (besides drug use data) been gathered in order to understand the target population and to ensure the relevance of the intervention?

2 RESOURCE ASSESSMENT

2.1 Assessing target population and community resources

- What target population and other relevant stakeholder resources does the programme require (e.g. time, knowledge, skills)?
- How does the programme account for the level of 'readiness' among the target population and other relevant stakeholders to engage with the programme? How is the necessary level of support to the programme ensured? How is it ensured that the target population will actually be able and willing to take part in the programme?
- What additional target population and other relevant stakeholder resources does the programme utilise (e.g. existing knowledge and skills)?

2.2 Assessing internal capacities

- Which internal resources and capacities (e.g. human resources, staff competencies, previous experience, financial resources, connection to the target population) are necessary for the programme?
- To what extent have internal resources and capacities been considered in the programme planning? How is it ensured that the internal resources and capacities are sufficient to ensure the feasibility of the programme?
- Who is involved in the discussion about the available resources?

3 PROGRAMME FORMULATION

3.1 Defining the target population

- Who is the intervention aimed at? Has the target population been defined, and is the target population definition appropriate for the scope of the programme? Does the description of the target population draw upon the information obtained through the needs assessment?
- How many people could (potentially) benefit from the programme? Who could be indirect beneficiaries of the programme?
- Does the programme directly address ultimate target populations (e.g. young people), or does it address an intermediate target population (e.g. parents, peers, and other multipliers)? In the latter case, are both the intermediate and the ultimate target population described?
- Who can take part in the intervention (e.g. age, geographical area)? Are inclusion/exclusion criteria specified (especially for selective and indicated interventions)?
- How is it assured that the chosen target population can be reached?

3.2 Using a theoretical model

- Which theories/models can explain how and why the programme is likely to achieve its objectives in the target population? Have the chosen theories/models been described and justified? Have they been validated through empirical research?
- How do the chosen theories/models relate to the particular circumstances of the programme? Are they in line with the findings from the needs assessment, the activities and aims of the programme?
- Is it clear how the behaviour of the target population can be changed according to the chosen theories/models?
- Have any adjustments (e.g. according to the target population) to the chosen theories/models been justified and documented?

3.3 Defining aims, goals, and objectives

- What is the programme trying to prevent (e.g. a particular behaviour or substance)? Is that specified in writing?
- What are the programme's (long-term) aims, (mid-term) goals and (short-term) objectives? How were programme aims, goals and objectives formulated? Are they defined based on a logic model approach?
- Does the programme distinguish between objectives that refer to outcomes in participants (specific objectives) and objectives that refer to the activities required to achieve these outcomes (operational objectives)?
- Are the goals and specific objectives formulated in terms of expected change in participants? Are they relevant for the target population and informed by the identified needs?
- Are the goals and objectives of the programme SMART (Specific, Measurable, Achievable, Realistic and Time scaled)?

3.4 Defining the setting

- In what setting does the intervention take place? Is it described in writing?
- How was the setting chosen? Is the chosen setting relevant for the target population?
- Can the defined setting produce the desired change?
- If the intervention is not delivered in the organisation's own premises, have the necessary collaborations been established? How does the programme provider collaborate with the recipient organisation?
- If the intervention is not delivered in the organisation's own premises, what challenges could arise from implementing the intervention in an external setting?

3.5 Referring to evidence of effectiveness

- How is existing knowledge on 'what works' in drug prevention (as reported in literature reviews and/or other essential publications) incorporated in the programme planning and intervention design?
- What sources were used to retrieve this evidence? Which aspects were considered in searching for scientific publications and literature reviews?
- Does the reviewed information provide the necessary evidence base to plan the intervention? Is there are any evidence that does not support the effectiveness of the planned activity?
- Is the scientific evidence-based knowledge suitable for the specific local context of the intervention? If not, what other knowledge could inform the intervention design?

3.6 Determining the timeline

- What is the timeline for the programme?
- How is the timeline linked to the programme elements? Does it distinguish between intervention activities and other actions (e.g. monitoring, administrative tasks)?
- Is the defined timeline adequate to achieve the programme's objectives and intended level of change? Which aspects are considered important to ensure the timeline for the programme is adequate?
- Has the timeline been determined using a flexible approach (i.e. allowing sufficient time for activities and with the possibility to update it during implementation)? What could cause delays?

4 INTERVENTION DESIGN

4.1 Designing for quality and effectiveness

- How has the intervention content been developed? Have evidence-based good practice recommendations been considered?
- How do activities ensure participants' involvement and engagement? What does the relationship between staff members and participants look like?
- How is participant diversity (e.g. gender, culture, literacy, disability, socio-economic differences) incorporated? Can the programme respond to different needs?
- When has a participant completed the intervention successfully? Is this defined in writing?
- How and when are objectives, expectations, roles, rules and other aspects of the intervention discussed and agreed with the participants?
- Does the programme acknowledge and value participants' experiences? Which aspects of the programme ensure that?

4.2 If selecting an existing intervention

- If the activity was based on an existing intervention, what factors were considered in the selection of the existing intervention?
- Who developed the original intervention and under what circumstances has it previously been implemented?
- How well does the original intervention match this particular programme's circumstances (desired goals, setting, resources, target population)?
- What are the core elements of the original intervention (i.e. aspects that must be retained)? How have they been identified?
- Have possible changes to the original intervention been made carefully and explicitly? Is there a balance between adaptation of and fidelity to the original intervention? Have possible factors affecting this balance been considered?

4.3 Tailoring the intervention to the target population

- How is it ensured that the programme is adequate for and tailored to the specific circumstances (e.g. participants' age, sex/gender, culture, intervention setting)? What kind of considerations are taken in account?
- How is the target population involved in tailoring the intervention?
- Which specific elements of the programme (language, activities, messages, timing, number of participants) should be tailored to match particular characteristics of participants or other circumstances, and how?

4.4 If planning final evaluations

- Is evaluation seen as an integral and important element in ensuring the programme's quality? What sort of evaluation is planned or being undertaken? Is it practically feasible?
- What methods, tools and data collection procedures will be used and have they been described? How will data be managed and processed? Is a written evaluation plan integrated in the intervention design?
- How will the evaluation establish whether the programme was successful – e.g. using what indicators and benchmarks? Have evaluation indicators been clearly described and do they correspond to the programme's objectives?
- Who is involved in the planning of the evaluation? Does an evaluation team exist?
- Who is involved as a source of information in the evaluation, how are they involved, and at what points in time?

5 MANAGEMENT AND MOBILISATION OF RESOURCES

5.1 Planning the programme - Illustrating the project plan

- How is programme implementation planned and managed? Is there a specific time dedicated to programme planning?
- Does a written project plan exist describing the main tasks and strategies to guide the implementation of the programme?
- Who developed the project plan? What information does it contain and how is it organised? How is the project plan used? Who has access to the project plan?
- To what extent will the project plan allow tracking the actual progress of the programme during implementation?

5.2 Planning financial requirements

- How are the financial requirements of the programme planned for and managed?
- What are the main cost items of the programme?
- What are the main sources of income for the programme?
- Does a written financial plan exist, and does it specify the financial requirements (costs) and capacities (budget) of the programme?
- How is it ensured that the costs of the programme do not exceed the available budget?
- Who is responsible for control of the budget and accounting procedures? Have they got the knowledge and skills necessary to comply with all regulations?

5.3 Setting up the team

- How are staff selected to work on the programme? What considerations are taken into account? Does a written procedure for staff selection and hiring exist?
- Is it clear which competencies are required for a successful implementation of the programme? Are people with these competencies (likely to be) available?
- How are tasks and functions distributed among staff members? Are roles and responsibilities of staff defined (e.g. organigram, specific job descriptions)?
- What contracts are staff members generally on (e.g. permanent vs. short-term, full-time vs. part-time)? Is the form of employment clear and in line with national legislation?

5.4 Recruiting and retaining participants

- How are participants drawn from the target population? How are they identified and contacted? Who is in charge of recruiting participants? Is there a written procedure for participant recruitment?
- What measures and processes are used to maximise recruitment and retention of participants?
- What kind of information is provided to participants about the programme during the recruitment process?

5.5 Preparing programme materials

- What intervention materials (e.g. workbooks, DVDs, staff training manuals) are used, if any? What considerations were taken into account in their development?
- Are the materials selected according to the needs and the characteristics of the target population?
- If materials provide drug related information, is it factually correct and balanced in terms of positive and negative aspects of drug use?

5.6 Providing a programme description

- How are the existence of the programme and its content communicated to the outside world? Does a written programme description exist?
- Who are the intended target audiences for the written programme description? Is the programme description accessible by relevant groups (e.g. participants)?
- What information does the project description contain? Does it provide a clear overview regarding important aspects of the programme (e.g. rationale for the programme, intended target population, goals, activities, time schedule, potential risks and benefits for participants, rules on confidentiality)?

6 DELIVERY AND MONITORING

6.1 If conducting a pilot intervention

- Is there a need to pilot the intervention prior to the actual implementation? For example, is the intervention newly developed? Has it been strongly adapted from the original intervention? Is the intervention very costly? Is it intended for wide dissemination (e.g. nationwide)? Are there any aspects of the intervention which need to be tested in practice? If a pilot intervention was already carried out, what was the rationale for conducting a pilot intervention?
- Is the pilot intervention feasible with available resources?
- How does the pilot intervention differ from the actual implementation?
- What happened during the pilot intervention that was not foreseen in the project plan? How could the results of the pilot inform the actual implementation?

6.2 Implementing the intervention

- Is the intervention implemented according to the written project plan? What considerations guide the implementation of the intervention?
- Is the implementation of the intervention documented in writing, and if so, how? Which aspects of implementation are documented (e.g. description of activities, planned and unplanned deviations from original plan, extraordinary incidents)?

6.3 Monitoring the implementation

- How is it ensured that the implementation is going according to plan? Is the implementation monitored frequently and systematically? Is monitoring seen as an integral part of the implementation phase?
- What is the procedure for monitoring the implementation? Is it defined in writing?
- What aspects of the programme are checked during the monitoring review (e.g. correspondence with project plan, practicability, quality of delivery, preliminary outcomes, unwanted effects on participants, use of resources)? Are participants' views considered?
- Who is responsible for monitoring the implementation of the intervention and what does this person or group do?
- How is the information used which was generated through the monitoring?

6.4 Adjusting the implementation

- Is there any procedure in place which specifies what to do in case of unexpected developments (e.g. if participants are not responding well to the intervention)?
- Would it be possible to adjust the implementation in line with the monitoring findings? What might happen that would justify amendments to the implementation?
- Have adjustments been made, and if so, what was the reason and what did the adjustments consist of? Is there any written documentation of these adjustments?
- Who was involved in deciding what needs to be adjusted and how?

7 FINAL EVALUATIONS

7.1 If conducting an outcome evaluation

- How is the overall success of the programme assessed? Is the situation after the intervention compared to the initial situation? Is it possible to say how effective the intervention is in achieving programme goals and objectives?
- Are outcomes concerning behavioural changes in participants distinguished from other outcomes? How are changes expressed (e.g. in quantitative and/or qualitative terms)?
- Is it clear how the intervention's effectiveness has been evaluated? Was the sample size appropriate? Was the data analysis appropriate?
- Are the findings of the outcome evaluation documented? What sort of information is contained in the evaluation report, and how are findings reported and interpreted? Are findings on every measured evaluation indicator reported, regardless of the results?
- Has the possibility of unintended effects (including negative effects) been considered?

7.2 If conducting a process evaluation

- How is the process of implementing the programme evaluated?
- What questions or areas of interest does the process evaluation address?
- How is the involvement of the target population documented? How are the intervention activities documented? How is the overall programme delivery documented (including implementation fidelity)? How is the use of resources documented?
- Have the process evaluation findings been reported? What information does the report contain?
- How do the findings of the process evaluation help to understand the outcomes of the intervention?

8 DISSEMINATION AND IMPROVEMENT

8.1 Determining whether the programme should be sustained

- What happens at the end of the programme? What factors determine whether the programme is worthy of continuation or not?
- How does data collected through monitoring and evaluation inform these decisions? Is it possible to determine from the monitoring and evaluation what would be the appropriate next steps and future actions?
- If the programme should be continued, how is programme continuation ensured? Are opportunities for continuation considered and documented?
- Is the programme continued in the same form or is it modified? What lessons have been learnt that should inform future activities?

8.2 Disseminating information about the programme

- How can other people find out about the programme?
- Who is responsible for disseminating information about the programme? Is there a written dissemination strategy?
- Who are the target audiences that receive information about the programme? Are the means of dissemination appropriate for the target audience?
- Is the information in the dissemination products detailed enough so that interested parties can assess the quality of the programme?
- How do the dissemination products support future replication? For example, do they include details on implementation experiences?
- What legal aspects should be considered when reporting on the programme (e.g. copyright)?

8.3 If producing a final report

- Is there a written final report? Where is it available? How easy can relevant stakeholders access it?
- What sort of information does the final report contain (e.g. justification for the programme, target population, programme aims, setting, intervention activities, project plan, funding entities)?
- How is the final report structured? Is it clear and easy to read? Which aspects ensure it is suitable for the intended target audiences?

Reporting Grid: Project Building

	Question	Answer
1	Did the EDPQS help with planning a new prevention activity? If yes, in what way? If not, why not?	
2	Which aspects of the EDPQS did you find most useful?	
3	How does the EDPQS approach differ from how you would usually plan a new prevention activity? How could the EDPQS inform your current working procedures?	

Reporting Grid: Project Revisions

Proposal title: .....

	Question	Answer
1	Is the project proposal clear and in line with a “high quality” approach? Write down the numbers of any components which you believe should be revisited, and why.	
2	Are there any components which you consider particularly important but which were not addressed in the proposal? Write down the numbers of these components, and why they are important.	
3	Overall, what are the stronger points of the project proposal according to the EDPQS?	
4	Overall, what are the weaker points of the project proposal according to the EDPQS?	
5	Top recommendations for improving the quality of the proposed project:	1. 2. 3.

Reporting Grid: Promoting Quality in Prevention

Task 1: Reflecting on existing mechanisms to promote quality

What is already being done in this country to achieve quality in prevention? What mechanisms and procedures exist to promote and ensure quality?

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In your opinion, do these existing mechanisms and procedures work (i.e. do they actually ensure that only high quality prevention activities are delivered)? How could they be improved to better assure the quality of preventive work?

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Considering the above as well as the general prevention field in this country, what are the main factors (obstacles) that can hinder the achievement of high quality in prevention?

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Task 2: Everybody can do something to promote quality in prevention

How could we overcome the obstacles identified in Task 1? What can or should different groups do to promote quality in this country? Use the table below to note possible actions.

Think also about how these groups could use the EDPQS for this purpose.

Practitioners	• • •
Policy-makers	• • •
Commissioners and funders	• • •
Other groups?	• • •

European
drug prevention
quality standards