

DRAFT RECOMMENDATION SYSTEM FOR PREVENTION AND MENTAL HEALTH PROMOTION PROGRAMMES

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I. FRAMEWORK

Raising quality of anti-drug strategies and programmes is one of the priorities of the EU policy on drugs reflected in the Drugs Strategy 2005-2012 and the Action Plan on Drugs 2005-2008. The need for knowledge of effective measures and recommendations related to the development and promotion of effective mental health promotion programmes was emphasised in the Green Book of the European Commission (*Improving the mental health of the population – EU mental health strategy*) issued by the European Commission as the suggested strategy for mental health care in the European Union and the fulfilment of the provisions of the Declaration of Helsinki in the EU Member States.

These crucial acts for anti-drug, anti-alcohol and health policies stress the necessity to develop and widely promote effective, evidence-based drug and alcohol prevention programmes and practices as well as mental health policies. The need for strengthening cooperation in order to exchange experiences and transfer knowledge between the Member States is also highlighted therein.

In the National Health Programme 2007-2015, objective 15 provides that by 2015 the effectiveness of health education and promotion will have been raised. This objective is also present in the Polish anti-drug strategy – the National Programme for Counteracting Drug Addiction 2006-2010. In Prevention Chapter, Course II, the National Programme for Counteracting Drug Addiction 2006-2010 specifies measures to raise the quality of prevention programmes as well as provincial (województwa), communal (gminy) programmes for counteracting drug addiction being part of provincial and communal strategies for solving social problems.

These measures include promoting standards of prevention programmes, knowledge of follow-up evaluation and quality programmes.

The key activity is to develop and implement the recommendation system for prevention programmes based on the EDDRA criteria.

The National Programme for Preventing and Solving Alcohol Related Problems in its major courses of action provides that the availability and quality of school and community prevention programmes will be increased.

II. LEGISLATION

- Regulation of 27 June 2006 of the Council of Ministers on the National Programme for Counteracting Drug Addiction 2006-2010, Prevention course 2, Activity 2.2.
- EU Drugs Strategy 2005-2012
- EU Action Plan on Drugs 2005-2008, Demand reduction objective 7
- National Health Programme 2007-2015 adopted by the Council of Ministers on 15 May 2007
- National Programme for Preventing and Solving Alcohol Related Problems 2006-2010.

III. RECOMMENDATION SYSTEM OBJECTIVES

Raising quality of prevention and health promotion programmes.

Disseminating evaluated practices/prevention and health promotion programmes.

Popularising knowledge of effective prevention strategies and programme development methods.

IV. RECOMMENDATION FOCUS

Under the recommendation system, mental health promotion programmes, substance prevention programmes (drug and alcohol prevention) and other problem (risky) behaviour prevention programmes are planned to be evaluated.

V. SYSTEM RANGE

The system will cover the whole of Poland. It will also be possible to apply the system framework or its particular components locally.

VI. METHODOLOGY OF DEVELOPING RECOMMENDATION SYSTEM

Draft recommendation system was developed by a work team appointed by way of Regulation No.2 /2007 of the Director of the National B. The work team comprised representatives of the following institutions stipulated in the National Programme for Counteracting Drug Addiction as responsible for implementing the system: the National Bureau for Drug Prevention, the

Methodological Centre for Pedagogical and Psychological Assistance of the Ministry of National Education, the Institute of Psychiatry and Neurology. For technical reasons, a representative of the State Agency for Prevention of Alcohol Related Problems joined the team.

The framework of the recommendation system was developed on the basis of the Exchange Drug Demand Reduction Action – an EMCDDA-based system of evaluating and registering prevention programmes.

The draft documents (e.g. standards, qualification criteria) were presented and discussed among experts, professionals and representative of local governments during multiple conferences and seminars, e.g. “2nd National Conference of Mental Health Promotion (Gierłoż, 2007; host institution: Institute of Psychiatry and Neurology, seminar “Evaluation and monitoring of prevention programmes. Application of software for collecting data on prevention programmes” (Warsaw, 2008; host institution: National Bureau for Drug Addiction), scientific seminar “7th Prevention Meetings – current challenges for problem prevention in children and youth” (Zamość, 2008; host institution: State Agency for Prevention of Alcohol Related Problems).

VII. QUALITY ASSESSMENT

The recommendation system features “Standards and qualification criteria for health promotion and prevention programmes”. This document provides guidelines for the description of a programme. There are categories related to the components and phases of the programme implementation (planning, needs assessment, objectives and activities, follow-up evaluation). Each category is evaluated to a specific standard and criteria.

The Standards along with the Glossary fulfil an educational role. They also form the basis of the evaluation of a programme seeking recommendation.

“STANDARDS AND QUALIFICATION CRITERIA FOR HEALTH PROMOTION AND PREVENTION PROGRAMMES UNDER RECOMMENDATION SYSTEM”

1. Basic details

Programme title

Programme authors

Organization/ institution responsible for the programme

Organization/ institution seeking recommendation for the programme

Organizations/ institutions implementing the programme

Programme type

Universal prevention / health promotion

Selective prevention

Indicated prevention

Other

2. Implementing period

Standards

The programme should be in progress for at least one year. Programmes just planned or in progress for less than one year cannot seek recommendation.

Qualification criteria:

- Programme in progress for over a year

3. Problem/ phenomenon overview

Standard

The overview defines the nature and scale of the phenomenon under the programme, identifies the target group, risk factors and protective factors. In the case of local programmes that respond to specific needs of a given community, it is necessary to provide the local situation diagnosis.

The diagnosis should contain data that allow for pinpointing the problem. The data must be up-to-date, i.e. include possibly the most recent scientific research projects corresponding to the programme range (e.g. for a local programme – local not national data) and the target population. The diagnosis should indicate sources of the data quoted.

The problem should be defined on the basis of the diagnosis. There should be a clear link between the needs identified and the problem defined.

Qualification criteria:

- Proper selection of data (up-to-date and adequate to programme range and target population)
- Problem clearly defined

- Problem arises from data presented
- Target group identified
- Risk and protective factors determined

4. Programme objectives: general / specific

Standard

The general objective of the programme should be adequate to the problem identified, i.e. to modify or change the undesirable situation into a desirable one or to maintain, improve the current situation, which is regarded as positive.

The specific (intermediate) objective is to modify or change selected aspects of the problem or phenomena/states, which contributes to the achievement of the general objective.

Objectives should:

- refer to the programme target groups (Specific)
- be formulated in terms of Measurable results
- be formulated in terms of Action-oriented change
- be Realistic, possible to achieve
- be Timed.

Qualification criteria:

- General objective set
- Specific objectives set
- Objectives are specific
- Objectives are measurable
- Objectives are adequate (significant change)
- Objectives are realistic
- Objectives are timed

5. Programme framework

Standard

The objective achievement path has been presented and the choice of a specific way of solving the problem has been justified. The programme is based on theoretical models / theories whose effectiveness in solving the problem in question has been evidenced in scientific literature or verified in practice.

Qualification criteria:

- Hypothesis based on author's previous experience
- Hypothesis corroborated by output evaluation of other similar programmes
- Hypothesis based on a verified theoretical model/models.

6. Programme target group**Standard**

The target group and immediate beneficiaries of the programme have been selected on the basis of the initial assessment of the situation and the right definition of the problem.

The programme sets out qualification criteria for the target group/ programme beneficiaries as well as exclusion criteria. In the case of programmes targeting specific groups of the general population or programmes to be implemented in a specific local community (e.g. single commune) the size of the target group is provided.

Qualification criteria:

- Target group specified
- Qualification criteria set
- Exclusion criteria set
- Size of the target group provided.

7. Output**Standard**

The output of the programme are described in terms of specific changes (growth, fall, modification, introduction of new qualities). The output related to the general objective should concern behaviour changes. The output related to specific objectives can also include changes of attitudes, knowledge, skills, status, functioning that will follow the project implementation. The output is specific, measurable, adequate, realistic and timed.

Qualification criteria:

- Output related to behaviour
- Output related to attitudes, knowledge, skills, status, functioning
- Output is formulated in terms of change.

8. Indicators

Standard

The type of data used to measure the success/ progress in the programme is provided. The indicators should refer to and be adequate to the general and the specific objectives as well as the planned output of the programme. They can refer to respective activities of the programme. The indicators should be measurable by means of quantitative methods and tools or they should have a qualitative description.

Qualification criteria:

- Indicators relate to objectives
- Indicators relate to activities
- Indicators are measurable
- Indicators are adequate to the objective and planned output.

9. Activities

Standard

The programme activities are described in detail; their type, duration and intensity are defined and justified based on the target group as well as the general and specific objectives.

Qualification criteria:

- Activities are described in detail in terms of measurable outputs
- Type, intensity and duration of activities are adequate to the needs of the target group
- Type, intensity and duration of activities are adequate to the objective/output.

10. Resources

Standard

The programme features necessary resources (quantitative and qualitative) along with the description. The resources correspond to the size and type of the planned activities and the specific target group. The resources include implementing staff, coordinator, auxiliary materials for the participants, manuals for the implementing staff.

Qualification criteria:

- Material resources are adequate to the type of programme
- Human resources are adequate to the type of programme.

11. Implementation procedure

Standard

The suggested programme implementation procedure should include:

- supervising over quality through such measures as coordination, regular meetings of the implementing staff, adequate resources,
- monitoring,
- introducing changes to the programme as a result of the process evaluation,
- training system for the implementing staff,
- cooperating with the local community and/or local organizations.

Qualification criteria:

- Quality control in place
- All aspects and activities of the programme are provided with necessary resources
- Monitoring in place
- Results of the process evaluation taken into account
- Training system planned
- Training system implemented.

12. Process evaluation

Standard

Process evaluation is a minimum standard.

It may refer to:

- quality of implementation
- satisfaction of participants.

It is based on the analysis of activity implementation indicators. The following are described: data collection schedule, participants, methods, tools and results of the evaluation.

Qualification criteria:

- Evaluation plan along with the methodology overview
- Evaluation implemented
- Results of process evaluation.

13. Output evaluation

Standard

A proper methodological output evaluation has been conducted.

An evaluation which did not meet RCT criteria is acceptable.

The description of the research methodology should include the following information:

- research model, including: group selection criteria (experimental and control), size of sample,
- target population – age, gender, profile in terms of important variables,
- tools and procedures of collecting and analyzing data.

Indicator-related data sources and collecting tools should be clearly defined and described. Standard tools are recommended. Original tools should be properly developed according to methodological rules.

Qualification criteria:

- Evaluation planned
- Evaluation implemented
- Internal evaluation
- External evaluation
- Implemented research model description provided
- Target population described
- Tools and procedures for data collection described
- Method of data analysis described
- Evaluation results.

14. Sources of data on the programme

Standard

Additional information on the programme has been disseminated/ is available.

Information sources may include e.g. publications in scientific journals, educational papers, professional press as well as on line.

Qualification criteria:

- Popular publications
- Scientific publications

- Online publications.

15. Programme promotion options

Standard

The programme has undergone process and output evaluations. The results of the evaluations have been published. At least one positive result has been obtained in relation to the solution/modification of the problem.

Programme documentation (tools, materials, reports) has been developed and published.

The programme is planned to be broadly implemented including quality control. Specific guidelines for the qualifications of the implementing staff are formulated. A training system for the implementing staff or its framework is prepared (when programme implementation requires special preparation). The programme features necessary implementing materials i.e. manuals.

The programme can be continued after support, e.g. central, has been stopped (stability).

Qualification criteria:

- Programme documentation published
- Process evaluation implemented (report)
- Output evaluation implemented (report)
- Positive results
- Implementation plan developed
- Guidelines on implementing staff
- Staff training system
- Programme stability.

GLOSSARY

Risk factors include all elements (community conditions, situations, features and individual variables) that increase the risk of problem behaviours threatening the right development and social functioning and the related damage.

Protective factors include all elements weakening risk factors, increasing individual “immunity” and consequently lowering the likelihood of problem behaviours.

Risk and protective factors can be categorised as follows:

- 1. individual person-related variables*
- 2. family-related variables*
- 3. local community-related variables*

General objective should answer the question what is the expected result of the programme. The general objective is long-term, its achievement is not feasible through implementing an single activity/task; however, it makes it closer. It should be adequate to the problem identified, i.e. concern the modification or change of undesirable situation into desirable one, the maintenance of the current situation regarded as positive or its further improvement.

Specific objective (intermediate) refers to the modification or change of selected aspects of the problem or phenomena/states, which contributes to the achievement of the general objective.

Specific objectives should indicate ways of achieving the general objective, answer the question what are planned immediate effects

e.g.: General objective of “Reduction of substance use in youth” shows that as a result of the programme implementation we expect that the number of teenage substance users will fall.

Specific objective include: “Early detection of substance use”, Raising effectiveness of responses of proper services to the availability of psychoactive substances for youth” or “Improving parenting skills”.

Immediate programme beneficiaries – group that we have defined as the target entity for whom we conduct certain activities and we wish to bring about certain changes (indicated and defined in the programme objectives).

Standard – “average norm, type, model or product matching specific requirements; pattern”
(Source: Stanisław Dubisz et al “Universal dictionary of Polish language”, PWN Publishing House, , Warsaw 2006)

Standard/norm is a commonly adopted criterion which sets out universal, usually the most desired features of something, e.g. a product or human behaviour. A norm in the humanities is a construct that sets boundaries of socially acceptable human behaviour.

Standards are often developed by specialist institutions and organizations. Some national norms become accepted internationally in a given field.

Universal prevention – activities targeting the general population, regardless of the of risk of problem behaviour or mental disorders. It refers to well-known widely prevalent threats, e.g. violence or substance use. Universal prevention counters first attempts to engage in risky behaviour, strengthens protective factors, reduces risk factors, lowers the likelihood of risky behaviour initiation and prevent new cases of risky behaviour. At this level one uses universal knowledge of risky behaviour, risk and protective factors, epidemiological data (mainly results of scientific research into substance use, information on the age of substance initiation, etc.).

Selective prevention – activities aimed at high risk groups (individuals under threat from serious risk factors), i.e. children of alcoholics, adopted children, children with problems at school, party-goers, etc. The selective prevention activities rely on providing information and teaching the most important life skills, taking specific problems of an individual or a group into account. High risk children or youth may participate in individual or group preventive sessions (e.g. family therapy, social skills training, sociotherapy).

Indicated prevention – activities aimed at individuals whose behaviours start to be highly risky (e.g. teenagers getting drunk at weekends) following signals that serious behaviour-related problems are arising (e.g. conflicts with police, at home, etc.). Main activities include an evaluation of causes and subsequent intervention. The IP activities require specialist qualifications, that is why at this level, a number of external institutions, prepared to provide psychological or medical assistance, get involved.

(Source: J. Phillips, CARS, 2006.; K. Ostaszewski, A. Borucka 2005).

Health promotion – process of enabling people to increase control over, and to improve,

their health through raising awareness of ways of preventing diseases in order to effect long-term improvement in public.

(Source: First International Conference on Health Promotion, Ottawa, 21 November 1986).

Health promotion enables people to:

- increase control over their health through identifying their own health problems,
- improve health through making pro-health choices and decisions, generating the need and competences in solving health problems and increasing the health potential.

Health promotion covers five fields of action:

- € building healthy public policy,
- € creating supportive environments,
- € strengthening community actions,
- € developing personal skills,
- € reorienting health services.

Health promotion is also defined as the art of intervention into social systems and encouraging them to develop in the direction of healthy environments.

(Source: National Health Programme 2007-2015)

Target group – group of people (beneficiaries) a specific activity, message, product is addressed to.

Traditional way of defining the target group is the choice of people meeting specific socio-demographic criteria. These may include age, gender, education, place of residence, number of children, income, material status, risk factors.

(Source: http://pl.wikipedia.org/wiki/Grupa_docelowa)

Method - “consciously applied way of conduct aimed at achieving an intended result”

(Source: Stanisław Dubisz et al “Universal dictionary of Polish language”, PWN Publishing House, , Warsaw 2006)

Research method – “set of theoretically grounded, conceptual and instrumental actions broadly covering the whole of the researcher’s activity aimed at solving a specific scientific problem”.

(Source: A. Kamiński; “*Rudiments of social pedagogy in social work*” 1976)

The method is the broadest concept, which is superior to research techniques and tools.

Evaluation method – specific procedure which should be applied in the process of obtaining and developing reliable scientific knowledge.

Tools – serve to apply the method, collect research-related data. Within this meaning the evaluation tool will be e.g. an interview questionnaire, a test, a work sheet, a picture story, a voice recorder, an observation sheet or even a pencil.

(Source: T. Pilch „*Principles of pedagogical research*”, 2nd edition, Warsaw 1995)

Implementation – taking action

Monitoring

1. systematic collection and analysis of qualitative and quantitative information on the process of the programme implementation in terms of the financial, material and time-related aspects in order to complete it according to the original assumptions.

(Source: Beata Kozłowska, *Programme monitoring, “Drug prevention at a communal level. Principles of developing communal programmes for counteracting drug addiction”*, Warsaw 2007, p. 181)

2. activities aimed at providing credible information to be used in the evaluation and possibly the modification of the activities in progress.

(Source: *Community prevention*, Grażyna Świątkiewicz et al, Warsaw 2002, p. 83-84)

Process evaluation

1. Process evaluation is the basic form of assessing the activities in progress. It is concerned with the project implementation process. It focuses on (planned and unplanned) activities, which are related to the implementation of the project, taken by the authors, implementing staff and beneficiaries as well as information on the people involved in the project.

(Source: M. J. Sochocki, *Evaluation as a discourse – selected aspects of evaluation of projects implemented by non-governmental organizations*, „Trzeci Sektor”, No. 7, 2006, p. 90-91)

2. Progress assessment. Process evaluation aims at assessing the state of play in the programme implementation, session attendance, difficulties emerged and ways of solving them, responses of participants, etc.

(Source: Krzysztof Ostaszewski, *Effectiveness of substance prevention*, Warsaw 2003, p. 136-137)

Methodology – science of scientific research methods, their effectiveness and cognitive value. “Research method is a set of theoretically grounded, conceptual and instrumental actions broadly covering the whole of the researcher’s activity aimed at solving a specific scientific problem; specific repeatable way of solving a problem” (Waldemar Dudkiewicz, *Basics of research methodology. To be used in writing master’s and bachelor’s theses in pedagogics*).

Output evaluation – activities aimed at determining to what extent the intended objectives of the programme or intermediate phases of the ultimate changes have been reached. (Source: Krzysztof Ostaszewski, *Effectiveness of substance prevention*, Warsaw 2003, pp. 136-137)

Indicators – signs used to evaluate the effectiveness of the programme or the implementation of the programme activities.

Status – social status, his or her position in a social group or the position of a group in a larger population; social status,; professional status.

(Source, *Short Dictionary of Polish Language*, Warsaw 1996, p. 880)

Selection criteria – data /information on the personal and social situation of a group/people – potential beneficiaries of the programme – used in the selection of the programme participants. Selection criteria include age, gender, probation, etc.

Exclusion criteria - data /information on the personal and social situation of a group/people used as grounds to exclude or prevent a person from participating in the programme, e.g. drug addiction, mental disorder, age.

Theoretical mode (theory) – coherent system of concepts and hypotheses establishing relations between them and describing a given field of reality in order to scientifically explain causes of a specific phenomenon or to forecast its changes. Theoretical models applied in prevention and mental health promotion explain the rationale behind health practices and disorders. They also help to forecast the direction and type of changes related to specific activities.

Theories most often applied in prevention and health promotion include:

- ✓ Attachment theory
- ✓ Theory of immunity
- ✓ Social learning theory
- ✓ Grounded theory
- ✓ Problem behaviour theory
- ✓ Gateway drug theory
- ✓ Broadened theory of crisis
- ✓ Ecosystemic theory

More information:

1. www.kbpn.gov.pl “Support for provinces and local communities in drug prevention at local level”, *Drug prevention in communes – principles of developing communal drug prevention programmes*, Okulicz-Kozaryn, K. Pisarska, A.: Prevention and early intervention. pp. 69-79.
2. Ostaszewski, K. *Theoretical background of problem behaviour prevention in youth*. [in:] *Diagnosis, prevention, sociotherapy in pedagogical theory and practice*. M. Deptuła et al., Wydawnictwo Uniwersytetu Kazimiera Wielkiego. Bydgoszcz.
3. Okulicz-Kozaryn, K. (2003). *Psychological theories in prevention practice*. *Remedium* 12(120), 36-37.
4. James RK., Gilliland B.E. *Crisis intervention strategies*. PARPA, 2004

RCT (Randomized Controlled Trial) – universally adopted concept of research in which one method of therapy, intervention or prevention is compared to another/other method/methods or placebo (no intervention) while maintaining methodological standards that allow for the right formulation of conclusions concerning the effectiveness of each method under research and its (their) application in work with a specific group/groups of

people. In Poland the concept of RCT is often also used with reference to the experimental model. What differs RCT (**experimental model**) from other research models is:

- ✓ Random breakdown of the study participants into groups receiving a specific type of therapy (intervention, prevention). Randomization usually operates on an individual person level; however, sometimes the breakdown unit is a family or a school class.
- ✓ Control of confounding or extraneous factors (independent variables) that may have an important impact on the result of the study (dependent variable). Such a factor can be e.g. school achievements – “poorer” pupils may to a lesser degree benefit from a school prevention programme than “better” pupils.
- ✓ Observation (measurement) of the variance of the dependent variable (variables) due to a specific intervention, e.g. participation in programme A or B.

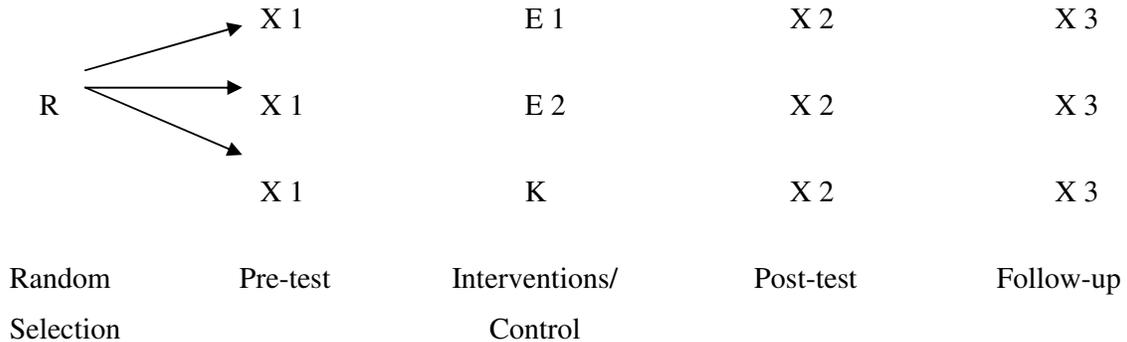
Research model defines what we compare the programme results to.

The most advanced model is **Randomized Controlled Trial (RCT)** i.e. an experimental model.

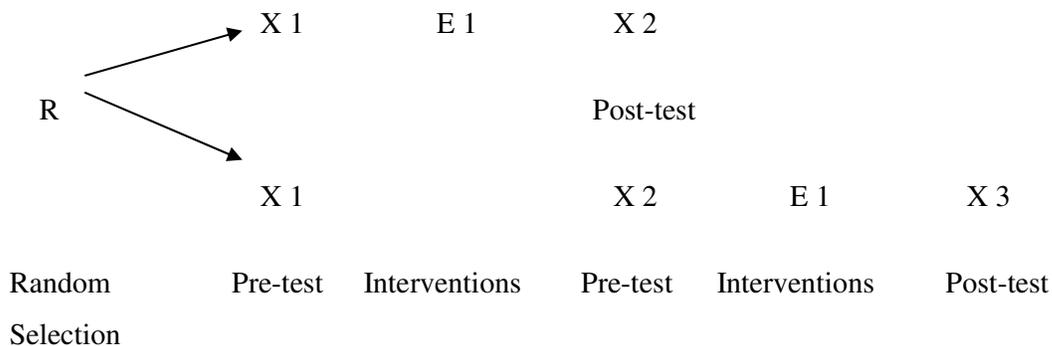
It assumes at least double trials of randomly selected participants (experimental groups covered with different interventions or with no specific interventions - control group)

pre-test – trial prior to the programme (therapy, intervention) implementation and post-test– trial at least once upon the programme completion. Follow-up trials performed within increasingly distant spans allow for estimating long-term output of the programme. The experimental model provides the most credible conclusions concerning the effectiveness of the interventions under research.

It can be graphically presented as follows:



Another type of the experimental model is the delayed intervention model. Such a model makes it possible to cover all study participants with interventions; however, at different times.



Other research models:

Quasi-experimental model features not randomly selected groups covered with different types of interventions. It might be the case e.g. when we compare results of two school prevention programmes implemented by class head teachers where each head teacher chose a programme based on his or her preferences or did not conduct any prevention programme (control group). The results of the studies under this model are considered less credible compared to the experimental model as they do not provide certainty if the changes observed in experimental groups are not caused by groups' input differences.

X 1	E 1	X 2	X 3
X 1	E 2	X 2	X 3
X 1	P	X 2	X 3
Pre-test	Interventions/ comparison	Post-test	Follow-up

Pre-test – post-test model relies on comparing the results of intervention recipients prior to interventions and following their completion. Its application does not provide full answer to the question about the effects of interventions as it cannot be concluded if similar changes took place in other groups not covered by the interventions.

X 1	E	X 2
Pre-test	Interventions	Post-test

Only post-test model relies on a single trial of the programme participants; however, only upon completion of the interventions. It is the weakest research model as it does not provide any options to compare the obtained results (neither with another group/groups nor with the results of the same group prior to the interventions)

E	X 2
Interventions	Post-test

Experimental group – groups of study participants covered by different types of actions (prevention, education, interventions)

Control group – group of study participants; however, not covered by any study activities, used as a reference point for the results of the experimental group. This is the name often used in studies conducted under the RCT model.

Original tools – measurement tools developed for the purposes of a specific study (or borrowed from other studies), whose validity and reliability have not been verified in the course psychometric tests. It also happens that authors of such a tool have not examined how the participants understood particular items (questions in the questionnaire).

More information:

1. *Brzeziński J., Methodology of psychological tests. PWN, Warsaw, 1999*
2. *Hawkins J.D., Netherhood B., Handbook for Evaluating Drug and Alcohol Prevention Programs, IPIŃ, PTP, Warszawa-Olsztyn, 1994*

VIII. RECOMMENDATION LEVELS

A programme, depending on the extent to which it meets the qualification criteria, may receive one of the three levels of recommendation.

Level 1.

„Promising programme” – its positive impact on behaviours and/or problems experienced by the programme beneficiaries has not been evidenced in the course of proper methodological studies. However, a sound theoretical concept of the programme and the previous experience related to the programme implementation make it possible to assume that the programme is likely to produce expected results.

Level 2.

„Good practice” – programme whose follow-up evaluation related to changes in terms of intermediate factors (specific objectives) and not the very behaviour changes (general objective) or it was conducted soon after the programme activities were performed or it did not meet the methodological standards.

Level 3.

„Model programme” – results of the proper methodological studies, in compliance with the criteria of the Randomized Control Trial (random selection of study participants, sufficiently numerous sample to prove the expected results, external follow-up evaluation independent of the programme experts, etc.), corroborate the positive impact of the programme on problem behaviours, at least one year following the programme activities (so-called delayed results).

IX. RULES AND PROCEDURES FOR APPROVING RECOMMENDATIONS

1. Recommendation is approved upon request of an entity responsible for the programme.
2. An entity seeking recommendation sends the programme overview to the entity responsible for approving recommendation (recommendation team).
3. The programme overview should be written on a sample document (application form) attached hereto – “Overview of the mental health promotion/prevention programme”.
4. The entity responsible for approving recommendation (recommendation team) conducts initial assessment of the application in terms of compliance with formal criteria (completeness, technical range).
5. The application meeting formal criteria undergoes further technical assessment in terms of compliance with quality standards of health promotion and prevention programmes (see Section VII)
6. Compliance with respective criteria is scored.
7. The assessment is performed on the “Programme assessment sheet” (see Section X – sample documents)
8. Depending on the number of points scored a programme may qualify as:
 - Promising programme – at least 27 points in total
 - Good practice – at least 37 points in total
 - Model programme – at least 46 points in total.
9. Compliance with all the criteria equals 50 points.
10. The assessment in the case of Level I recommendation (promising programme) is performed by the recommending entity.
11. In the case of Level II recommendation (good practice) and Level III recommendation (model programme) an additional assessment performed by two independent assessors is required. The final decision is taken by the recommending entity based on the received assessments.
12. The level of recommendation is approved by the recommending entity.
13. Financing assessments performed by independent experts is provided in the budgets of the system institutions according to the competences of the abovementioned institutions::
 - National Bureau for Drug Prevention (KBPN) – drug prevention programmes
 - State Agency for Prevention of Alcohol Related Problems (PARPA) – alcohol prevention programmes
 - Methodological Centre for Psychological and Pedagogical Assistance – school programmes

- Institute of Psychiatry and Neurology– mental health promotion and mental disorder prevention programmes

X. SAMPLE DOCUMENTS

A/ APPLICATION FORM - sample

OVERVIEW OF MENTAL HEALTH PROMOTION /PREVENTION PROGRAMME

1. BASIC DETAILS

1. PROGRAMME TITLE

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2. PROGRAMME AUTHOR / AUTHORS

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3. NAME, ADDRESS OF ORGANIZATION RESPONSIBLE FOR PROGRAMME

Name		
Street	Post code	City

4. CONTACT PERSON

Name		
Tel.	Fax.	E-mail

5. PREVIOUS IMPLEMENTING ORGANIZATIONS / INSTITUTIONS

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6. PROGRAMME TYPE – please mark **X** selected type

Mental health promotion	
Universal prevention	
Selective prevention	
Indicated prevention	
Other	

7. DATE AND PLACE OF COMPLETING FORM

Date	Place
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2. IMPLEMENTING PERIOD

How long has the programme been implemented (MM/RR), in the case of new programmes please state the planned launch date.

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3. PROBLEM / PHENOMENON OVERVIEW

The overview defines the nature and scale of the phenomenon in question. It identifies:

- ✓ target group
- ✓ risk factors and protective factors.

In the case of local programmes responding to the specific needs of a given community, it is necessary to provide evaluation of the local situation.

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4. PROGRAMME OBJECTIVES: GENERAL / SPECIFIC

1. GENERAL OBJECTIVE OF PROGRAMME

The general objective of the programme should be adequate to the problem identified, i.e. it should focus on the modification or the change of an undesirable situation into a desirable one, the improvement of the current situation regarded as positive.

2. CELE SZCZEGÓŁOWE PROGRAMU¹

A specific objective (intermediate objective) regards the modification or change of selected aspects of the problem or phenomena/states, which contributes to the achievement of the general objective.

SPECIFIC OBJECTIVE 1

SPECIFIC OBJECTIVE 2

SPECIFIC OBJECTIVE 3

¹ In the case of fewer or more objectives than 3, please complete the necessary number of boxes.

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5. PROGRAMME FRAMEWORK

Please explain the mechanism of the objective achievement, justify the choice of a given way of solving the problem based on a specific theoretical model.

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6. PROGRAMME BENEFICIARIES (TARGET GROUP)²

Selected on the basis of the initial assessment and problem definition.

Who? (e.g. pupils, teachers, counselling centre clients, families)	
Age of children / youth	
Size of target group (in case of programmes addressed to selected groups of general population or intended for implementation in specific local community, e.g. single commune)	
Selection criteria for programme target group/beneficiaries (e.g. 4 th and 5 th graders of primary school, referral to school counsellor)	
Exclusion criteria (e.g. no parental	

² In the case of a larger number of groups please complete a separate table for each group.

consent for child's participation in programme)	
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7. OUTPUT

Described in terms of specific changes (growth, fall, modification, introduction of new qualities).

Output concerning behaviour changes of programme beneficiaries (e.g. drinking alcohol, benefiting from assistance)	
Other outputs (concerning changes e.g. attitudes, knowledge, status, skills, mental health)	

8. OBJECTIVE ACHIEVEMENT INDICATORS

Objective	Indicator / indicators
General	
Specific 1	
Specific 2	
Specific 3	

9. ACTIVITIES

a/. TYPE, DURATION, INTENSITY OF PLANNED ACTIVITIES

Objective	Activities planned to meet objective
Specific 1	
Specific 2	
Specific 3	

b/. ACTIVITY COMPLETION INDICATORS

Activity	Indicator / indicators

c/. PROGRAMME ACTIVITY SCHEDULE– activities listed in point 1 apply. ³

Activity	Months of PROGRAMME IMPLEMENTATION											
	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII

10. RESOURCES

Implementing staff, coordinator, auxiliary materials for participants, manuals for implementing staff, etc.

Type	Expense

³ Number of columns and lines in the table may be adjusted to the nature of the programme (number of activities and duration of the whole programme)

11. PROVIDING HIGH QUALITY IMPLEMENTATION OF PROGRAMME

E.g. regular meetings of the implementing staff, proper materials, monitoring, introduction of changes to the programme as a result of the process evaluation

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12. PROCESS EVALUATION

a/. EVALUATION STATUS

Planned	When?
Was conducted	When?
Regularly repeated	When? How often?

b/OVERVIEW OF EVALUATION PLANNED / IN PROGRESS

Data collection schedule, study participants, methods, tools

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c/. RESULTS

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13. OUTPUT EVALUATION

a/. EVALUATION STATUS

Not planned	
Planned	When?
Was conducted	When?
Regularly repeated	When? How often?

b/OVERVIEW OF EVALUATION PLANNED / IN PROGRESS

Data collection schedule, study participants, methods, tools

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c/. RESULTS

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14. SOURCE OF INFORMATION ON PROGRAMME

Publications, information brochures, online sites.

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15. PROGRAMME PROMOTION OPTIONS

Positive results of the process / output evaluation, implementation plan, guidelines concerning the implementing staff, training system for the implementing staff and/or participants, option of obtaining financial resources for the programme implementation

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B/ PROGRAMME ASSESSMENT SHEET - sample

Programme title

Programme authors

Organization/institution responsible for programme

Organization/institution seeking recommendation

Previous implementing organizations/institutions

Type of programme

- Universal prevention
- Selective prevention
- Indicated prevention
- Other

Programme launch date

PROGRAMME ASSESSMENT

No.	Category	No.	Criterion	Pts	Level 1	Level 2	Level 3
1.	Problem overview	1.	Problem evidenced in data	0-1			
		2.	Problem clearly formulated	0-1			
		3.	Adequate data	0-1			
		4.	Target group identified	0-1			
		5.	Risk/protective factors	0-1			
Total category score				5	5	5	5
2.	Programme objectives	6.	General objective set	0-1			
		7.	SMART general objective	0-1			
		8.	Specific objectives set	0-1			
		9.	SMART specific objectives	0-1			
Total category score				4	2	3	4
3.	Programme framework	10.	Previous experience	0-1			
		11.	Evaluation results	0-2			
		12.	Evidence-based theoretical model	0-3			
Total category score				6	1	3	3
4.	Target group	13.	Target group identified	0-1			
		14.	Selection criteria set	0-1			
		15.	Exclusion criteria set	0-1			
Total category score				3	1	2	3
5.	Output	16.	Output related to behaviour	0-2			
		17.	Output related to attitudes, knowledge, skills, status	0-1			
		18.	Output related to change	0-1			
Total category score				4	2	4	4
6.	Indicators	19.	Indicators relate to objectives	0-1			
		20.	Indicators of objectives are measurable	0-1			
		21.	Indicators relate to activities	0-1			
		22.	Indicators of activities are measurable	0-1			
		23.	Indicators adequate to objective and output	0-1			

Total category score				5	2	3	5
7.	Activities	24.	Activities described in detail	0-1			
		25.	Activities adequate to nature of target group	0-1			
		26.	Activities adequate to objective/output	0-1			
Total category score				3	3	3	3
8.	Resources	27.	Material resources adequate to type of programme	0-1			
		28.	Human resources adequate to type of programme	0-1			
Total category score				2	2	2	2
9.	Implementation procedure	29.	Quality control in place	0-1			
		30.	All programme aspects /activities provided with necessary resources	0-1			
		31.	Monitoring in place	0-1			
		32.	Process evaluation results taken into account	0-1			
		33.	Training system planned	0-1			
		34.	Training system implemented	0-1			
Total category score				6	5	5	6
10.	Process evaluation	35.	Evaluation plan with methodology overview	0-1			
		36.	Evaluation conducted	0-1			
		37.	Process evaluation results	0-1			
Total category score				3	3	3	3
11.	Outcome evaluation	38.	Evaluation plan with methodology overview	0-1			
		39.	Evaluation conducted	0-1			
		40.	External evaluation	0-1			
		41.	RCT standard	0-2			
		42.	Outcome evaluation results	0-1			
Total category score				6	0	3	6
12.		43.	Popular publications	0-1			
		44.	Scientific publications	0-2			
Total category score				3	1	1	2
Total				50	27	37	46

XI. SYSTEM PROMOTION

Promotion of the recommendation system will cover the following:

1. Making the recommendation system available on websites of the institutions involved
2. Publishing the recommendation system in the professional press: “Narkomania” Information Newsletter, CMPPP Information Bulletin, Remedium, Świat Problemów, Gazeta samorządowa
3. Disseminating information on the system at working meetings and conferences:
 - conferences of provincial NFP experts,
 - leading communes,
 - CMPPP prevention conferences,
 - mental health conferences,
 - conferences for headmasters and superintendents of schools
4. The system will be presented in annual “Recommendations for implementing and financing communal programmes for preventing and solving alcohol related problems” published annually by PARPA.

XII. SYSTEM IMPLEMENTATION SCHEDULE AND TASK BREAKDOWN

No.	Task	Date
1.	Defining rules of cooperation and tasks for each institution involved in the system implementation, wording the abovementioned arrangements in the form of Partnership agreement between ministries or institutions	1 st quarter 2009
2.	Preparing the system for pilot studies, including remarks and comments made by experts in November and December 2008	1 st quarter 2009
3.	Developing operating rules of recommendation team and subsequent team appointment	1 st quarter 2009
4.	Implementing evaluation system pilot project (at least once following a single programme of each type)	2 nd quarter 2009
5.	Verification of programme assessment system	2 nd – 3 rd quarter 2009
6.	Expert conference – final consultation concerning the draft system	4 th quarter 2009
7.	System promotion	As of 2 nd quarter 2009
8.	Recommendation system launch	As of 2010

XIII. INSTITUTIONS INVOLVED

Krajowe Biuro ds. Przeciwdziałania Narkomanii (NBPD)

Dział Realizacji Zadań Profilaktyczno-Rehabilitacyjnych

National Bureau for Drug Prevention

Department of Prevention and Rehabilitation Tasks

ul. Dereniowa 52/54, 02-776 Warszawa

Tel.022 641 15 01, e-mail: anna.radomska@kbpn.gov.pl,

katarzyna.pacewicz@kbpn.gov.pl , kbpn@kbpn.gov.pl

Centrum Metodyczne Pomocy Psychologiczno-Pedagogicznej (CMPPP)

Pracownia Profilaktyki

Methodological Centre for Psychological and Pedagogical Assistance

Prevention Department

ul. Polna 46 a, 00-644 Warszawa

Tel. 022 825 44 51, e-mail: aborkowska@cmppp.edu.pl, dmacander@cmppp.edu.pl

Państwowa Agencja Rozwiązywania Problemów Alkoholowych (PARPA)

Dział ds. Młodzieży i Rodziny

State Agency for Prevention of Alcohol Related Problems

Youth and Family Department

ul. Szańcowa 25, 01-458 Warszawa

Tel. 022 532 03 48, 022 532 03 56; , e-mail: parpa@parpa.pl

Instytut Psychiatrii i Neurologii (IPiN)

Pracownia Profilaktyki Młodzieżowej Pro-M

Institute of Psychiatry and Neurology

Pro-M Youth Prevention Department

ul. Sobieskiego 9, 02-957 Warszawa

Tel. 022 45 82 800, e-mail: kokulicz@ipin.edu.pl