

a manual in
quality standards
in
substance use
education



DEWF

Drug Education Workers Forum

The CD has been included as a practical aid to the DEWF Quality Standards Manual

The CD contains the worksheets from the DEWF Quality Standards Manual and not the manual in its entirety

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SCHOOL SETTING



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Substance Use Policy in the School Setting

Best Practice Standards & Performance Indicators

A. PLANNING

Quality Standard:

- 1: The school establishes a core committee to develop or review the policy. This committee includes representatives from all stakeholders in the school community**

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| 1.1 The committee consists of representatives from: >> Board of Management >> School Staff >> Parents and Guardians >> Students (Post Primary) >> Relevant community and /or Voluntary based groups (such as Regional Drug Task Forces, Local Drug Task Forces, Community Gardaí, Juvenile Liaison Officers, Youth Services etc.). | | | | | |

Quality Standard:

- 2: A record of the work of the committee and the consultation process with stakeholders is completed and filed**

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| 2.1 A member of the committee records the proceedings at meetings | | | | | |
| 2.2 A record of the process is available for future monitoring and review of the policy | | | | | |
| 2.3 The consultation process is documented. | | | | | |

Quality Standard:

3: All current, relevant resource documents, policies and legislation are reviewed by the committee

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 3.1 Resource documents for study by the committee include: <ul style="list-style-type: none"> >> Documents and materials relevant to substance use education programmes >> Current information on substance use >> Environmental Legislation >> Health & Safety Legislation >> School's Code of Behaviour >> Relevant legislation covering drugs, alcohol, tobacco, medicines and volatile substances. | | | | | |

Quality Standard:

4: A review of the current situation in the school regarding substance use education needs is undertaken by the committee

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 4.1 The following areas are identified and reviewed: <ul style="list-style-type: none"> >> How substance use education is taught in our school >> Primary SPHE & Walk Tall >> Post Primary junior cycle >> Post Primary Senior cycle >> Materials used >> Protocols, projects, guest speakers etc. >> Timetabled (on average, one period per week) >> Other events - Drug Awareness Weeks, Competitions etc. | | | | | |

Quality Standard:

5: A review of the current understanding in relation to alcohol, tobacco and other substance use education is undertaken by the committee

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 5.1 The committee has a shared understanding of: <ul style="list-style-type: none"> >> The term 'drug', and all substances covered by the term >> Drug use in the immediate community >> Current approaches to substance use interventions. | | | | | |
| 5.2 The committee reviews <ul style="list-style-type: none"> >> Practice relating to how alcohol, tobacco and drug related incidents are currently handled >> Health & Safety procedures with regard to solvents or solvent based products >> Review of how medicines are administered >> Review of how the school addresses pastoral care and welfare (<i>Refer to Quality Standards: Pastoral Care Section</i>). | | | | | |

Quality Standard:

6: A review of training, support and resources takes place

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| <p>6.1 The policy committee considers training & support under the following headings;</p> <p><i>A: Education Programme for Staff. This can be provided by:</i></p> <ul style="list-style-type: none"> >> Primary – Primary Curriculum Support Programme & Walk Tall Support for LDTF areas >> Post-Primary SPHE Support Service >> Local Area Health Service Executive. <p><i>B: Training in relation to Alcohol Tobacco and Drug Use for Staff. This can cover:</i></p> <ul style="list-style-type: none"> >> Information on drug types and effects >> Exploring attitudes to drugs >> First Aid Training: This training can be provided by the Local Area Health Service Executive, Local Drug Task Forces, Regional Drug Task Forces and Community & Voluntary agencies <p><i>C: Training for Parents or Boards of Management. This can be provided by:</i></p> <ul style="list-style-type: none"> >> Local Area Health Service Executive, Local Drug Task Forces, Regional Drug Task Forces and Community & Voluntary agencies. | | | | | |

B. PROCESS/ DELIVERY

Quality Standard:

7: The committee drafts a policy or amends an existing policy document

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 7.1 The committee, inclusive of all stakeholders, works to produce a preliminary draft document. | | | | | |

Quality Standard:

8: The draft policy is circulated widely for the views of all stakeholders. Schools should use all existing mechanisms and channels of communication to do this

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| 8.1 The draft policy should be circulated for consultation through existing channels of communication to stakeholders: These could include: <ul style="list-style-type: none"> >> Staff meetings >> Parent and Teacher Association, Parent and Teacher meetings and letters home >> School newsletters >> Home School Community Liaison Departments >> Post Primary Student councils >> Assembly >> Student magazines >> Primary school senior class discussions, circle time & questionnaires and other means. | | | | | |

Quality Standard:

9: A completed policy document should include the following sections

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 9.1 Title for policy | | | | | |
| 9.2 Introduction: >> Scope (Who it applies to) >> Relationship to schools mission statement, Ethos and aims >> Rationale >> Description of the policy process >> Goals & objectives >> Agreed definition of a drug | | | | | |
| 9.3 Education for pupils and students | | | | | |
| 9.4 Managing incidents | | | | | |
| 9.5 Training & development for staff and parents: >> Roles & responsibilities >> Success criteria | | | | | |
| 9.6 Monitoring Procedure | | | | | |
| 9.7 Review procedures: >> Time frame >> Implementation programme. | | | | | |

Quality Standard:

10: The substance use policy will include a section on substance use education in the context of SPHE (Refer to Quality Standards Section on substance use education in the Context of SPHE)

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| 10.1 Commitment to a planned alcohol, tobacco and substance use education programme in the context of SPHE Primary & Post Primary | | | | | |
| 10.2 That the programme aims to provide the pupil/students with a broad range of life skills, build self esteem & appropriate age related knowledge about drugs, legal & illegal | | | | | |
| 10.3 That SPHE is a timetabled subject | | | | | |
| 10.4 That teachers are best placed to deliver the programme in the context of SPHE | | | | | |
| 10.5 That visitors to the SPHE class on substance use education should follow the visitor to the SPHE classroom protocol (Refer also to <i>Quality Standards Section on External Agency Involvement in the School Setting</i>) | | | | | |
| 10.6 Parents are informed of the substance use education programme within the context of SPHE | | | | | |
| 10.7 Commitment to review and evaluate substance use education in an SPHE context. | | | | | |

Quality Standard:

11: The content of the Substance use policy includes a section on Managing Drug related incidents with explicit instruction on the necessity to maintain a balance between a pastoral and a disciplinary response to an incident (Refer to Quality Standards Section on Pastoral Care)

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| 11.1 This section will contain a coherent set of appropriate procedures and reporting protocols to deal with the following situations: >> Storage and administration of medicines >> Storage of cleaning agents or solvents >> Incidents involving the use, suspected use, possession or distribution of drugs as defined in the school substance use policy | | | | | |
| 11.2 Procedures apply to all individuals who come within the scope of the policy. | | | | | |

Quality Standard:

12: The contents of the Substance use policy will outline how provision will be made for staff development (Refer to Quality Standards Section on Staff Development in the School Setting)

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| 12.1 This will state how the school staff will access staff development on: >> Substance Use Education Programmes >> Managing incidents >> Policy development. | | | | | |

Quality Standard:

13: The contents of the substance use policy will outline how provision may be made for training parents (Refer to Quality Standards Section on Parent and Guardian Training in the School Setting)

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 13.1 The policy states how the school may access training for parents. | | | | | |

Quality Standard:

14: The committee meets and finalises any amendments to final copy

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 14.1 Final copy produced and agreed by full committee. | | | | | |

Quality Standard:

15: The Board of Management ratifies the final copy, and circulates it to all stakeholders

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| 15.1 All stakeholders are informed of procedures and changes implied in: >> Curriculum >> School rules & procedures >> Sanctions and code of behaviour | | | | | |
| 15.2 Parents and students over 18 years have signed to say they have read the policy and agree to be bound by it. | | | | | |

Quality Standard:

16: The policy is implemented

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| 16.1 All stakeholders are aware of the policy | | | | | |
| 16.2 Actions listed in the policy are followed through | | | | | |
| 16.3 Responsibility is assigned for monitoring and implementing the policy. | | | | | |

C: EVALUATION

Quality Standard:

17: Monitoring, reviewing and evaluation of the school substance use policy will take place on a planned basis. This will be co-ordinated by the person assigned, and assisted by the committee, within the framework of school review and planning

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| 17.1 The following elements of the policy will be monitored on a regular basis: >> Substance use education programmes >> Management of drug related incidents >> Parents, staff and management training. | | | | | |
| 17.2 The school substance use policy is reviewed after an agreed period of time and in the light of: >> An incident occurring >> Changing information >> Changing legislation >> Developments in school based programmes. | | | | | |
| 17.3 The document has a written commitment to monitor and review the policy within the framework of school review and planning with: >> Clearly defined roles >> Time frame >> Process. | | | | | |

Substance Use Education Programme Provision in the context of SPHE

Best Practice Standards & Performance Indicators

A. PLANNING

Quality Standard:

1: Substance use education is delivered to pupils or students in the context of the school's SPHE curriculum

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| 1.1 Class teachers or teachers of SPHE have access to the following: Primary SPHE Curriculum document SPHE Curriculum teacher guidelines Post-Primary Junior cycle SPHE syllabus SPHE junior certificate guidelines for teachers. | | | | | |

Quality Standard:

2: Substance use education in the context of SPHE reflects the school's ethos and encompasses a whole school approach including:

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| >> Positive school climate >> Integrated teaching time >> Discrete teaching time. | | | | | |
| 2.1 The social and physical environment of the school is congruent with the school ethos | | | | | |
| 2.2 Appropriate expectations and standards of achievement and behaviour are promoted for all. | | | | | |
| 2.3 Clear referral and disclosure protocols | | | | | |
| 2.4 Agreed code of behaviour and discipline in place. | | | | | |

Quality Standard:

3: Substance use education in the context of SPHE is timetabled

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| 3.1 SPHE on school timetable at Primary level and to junior cycle at post primary level | | | | | |
| 3.2 Allocation of one class period weekly on average to SPHE | | | | | |
| 3.3 SPHE specified in class teacher's teaching plan at primary level. | | | | | |

Quality Standard:

4: Substance use education is planned on a whole school basis, and documented in the Whole School Plan

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 4.1 The Whole School Plan is developmental and includes related and relevant procedures/policies | | | | | |
| 4.2 The delivery of SPHE is co-ordinated within the school by a designated person or team. | | | | | |

Quality Standard:

5: Substance use education for pupils/ students is part of the schools substance use policy and documented therein

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| 5.1 A written school substance use policy is in place and implemented which includes a section on substance use education, developed in partnership with all the relevant stakeholders. | | | | | |

Quality Standard:

6: Substance use education has appropriate resources and materials available to it

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| 6.1 Primary School resources include: <ul style="list-style-type: none"> >> Substance Misuse Prevention Programme Materials (Walk Tall) >> Relationships and Sexuality Education Materials >> Child Abuse Prevention Programme Materials (Stay Safe) >> Health Education Programme Materials. | | | | | |
| 6.2 Post Primary School resources include: <ul style="list-style-type: none"> >> SPHE Co-ordinator's Handbook >> On My Own Two Feet >> Resource Materials for Relationship and Sexuality Education (Post Primary) >> Materials from HSE North Western Area series 1st, 2nd and 3rd year. | | | | | |

Quality Standard:

7: All additional materials and resources used are in line with evidence-based best practice and complement SPHE

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| 7.1 SPHE co-ordinator or post holder can provide a list of information on appropriate resources, materials and supports | | | | | |
| 7.2 A budget for SPHE commensurate with its development is available. | | | | | |

Quality Standard:

8: Appropriate support, professional development and information is available to teachers facilitating SPHE (Refer to Quality Standards on Staff Development in the School Setting)

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| 8.1 Policy document contains section on procedures for professional development, information and support | | | | | |
| 8.2 Procedures are followed as outlined | | | | | |
| 8.3 Management of School committed to ongoing professional development for staff in SPHE programmes and substance use and misuse issues | | | | | |
| 8.4 Teachers released for in-service as required (Refer to Quality Standard on Substance Use Policy). | | | | | |

Quality Standard:

9: Substance use education promotes parental information and involvement

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| 9.1 Parents are offered information about the school's substance use education | | | | | |
| 9.2 Parents informed by one or more of the following ways >> Letter >> Parent and teacher meetings >> Communications with the parents' association >> Home school community liaison teacher or department within a school >> Being invited to take an active role in the development of the school substance use policy and reviews >> Other appropriate means. | | | | | |
| 9.3 Specific parent programmes or talks may take place for parents at the discretion of the school. | | | | | |

B. PROCESS/ DELIVERY

Quality Standard:

10: The substance use education module of SPHE is fully implemented by the class teacher

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| 10.1 Teachers are committed to the full implementation of substance use education | | | | | |
| 10.2 Substance use education is consistently delivered within SPHE. | | | | | |

Quality Standard:

11: Substance use education has the teacher in the central role and actively involved and present at all times during the provision of substance use education (Refer to Quality Standard on External Agency Involvement in the School Setting)

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 11.1 The teacher delivers all relevant modules and sections on substance use education | | | | | |
| 11.2 The school has and adheres to a protocol for all visitors and speakers to the class | | | | | |
| 11.3 The school liaises with the individual, team or agency in preparation for visits | | | | | |
| 11.4 Teacher is present in class at all times during input by visitor. | | | | | |

Quality Standard:

12: Substance use education gives appropriate needs based knowledge to pupils/students

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| 12.1 SPHE curriculum document/guidelines are followed by the class/SPHE teacher | | | | | |
| 12.2 Appropriate knowledge is guided by the following factors >> Developmental >> Cultural >> Environmental >> Age >> Accuracy | | | | | |
| 12.3 Pupils' or Students' needs are assessed and inform the content of the substance use education delivered. | | | | | |

Quality Standard:

13: Substance use education is delivered in line with current evidence based best practice and appropriate messages should be used.

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 13.1 The following must be avoided: >> Once-off interventions which are not in the context of SPHE >> Use of fearful messages >> Information-only interventions >> Moralising >> Unbalanced information | | | | | |
| 13.2 The following must be evident: >> Needs assessment conducted by class or SPHE teacher >> Learning objectives based on needs assessment findings >> Clear programme outline and objectives available >> Stated curriculum, methodologies, and assessment protocol used >> Resources and materials used are appropriate. | | | | | |

Quality Standard:

14: To facilitate pupils' or students' learning in SPHE, active learning methodologies are used

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| 14.1 The following are essential: >> An open, facilitative teaching style >> Active, participative and experiential methodologies used | | | | | |
| 14.2 Ground rules or class contract developed | | | | | |
| 14.3 Opportunities for experiential learning created by the class or SPHE teacher for pupils/students to: >> Experience >> Process >> Generalise >> Apply | | | | | |
| 14.4 Active learning methodologies can include: group discussion, artwork, games, co-operative games, narrative expression, role play/scenarios, drama, brainstorming, case study, visualisation, circle work, guided imagery, situation cards, dilemma boards, projects, debates, multi-media, etc. | | | | | |

Quality Standard:

15: Substance use education aims to develop skills and promote appropriate values and attitudes

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| 15.1 Classes include: >> Skills development, training and practice >> Awareness and exploration of values and attitudes | | | | | |

C. EVALUATION

Quality Standard:

16: The school evaluates substance use education interventions (Refer to Evaluation Quality Standard)

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| 16.1 The substance use education interventions are evaluated by: a. Pupils or students b. Teacher c. External agency/ visitor to the classroom (Refer to quality standards on external agency involvement in the school setting). | | | | | |

Quality Standard:

17: Substance use education is monitored/reviewed on a regular basis and detailed in the schools substance use policy and SPHE plan

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| 17.1 The school substance use policy and SPHE Plan include sections on monitoring and reviewing | | | | | |
| 17.2 Agreed procedures for monitoring and reviewing are followed as outlined (Refer to Substance Use Policy Quality Standard, & Evaluation Quality Standard). | | | | | |

Managing Incidents in the Context of Pastoral Care

Best Practice Standards & Performance Indicators

A. PLANNING

Quality Standard:

1: The school's substance use policy and code of behaviour both make clear reference to a pastoral care approach being the first response to managing a drug related incident

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 1.1 Reference to a pastoral care approach as first response in school substance use policy in managing drug related incidents | | | | | |
| 1.2 Reference to a pastoral care approach is recommended as the first response in code of behaviour in managing drug related incidents | | | | | |
| 1.3 Outline of process and procedures listed in both substance use policy and code of behaviour in managing drug related incidents. | | | | | |

B. PROCESS/ DELIVERY

Quality Standard:

2: The school has a clear statement on the confidentiality and reporting obligations

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 2.1 Clear referral protocol and procedures | | | | | |
| 2.2 Clear confidentiality statement | | | | | |
| 2.3 Clear reporting procedures | | | | | |
| 2.4 Clear child protection procedures | | | | | |
| 2.5 Clear health and safety procedures | | | | | |
| 2.6 Anti-bullying code of practice. | | | | | |

Quality Standard:

3: Access to pastoral care responses is promoted and clearly ‘signposted’ for staff, pupils/students and parents

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 3.1 Information on pastoral care responses is readily available and distributed to staff, pupils/students and parents. | | | | | |

Quality Standard:

4: All pastoral care staff are offered staff development options (Refer to Quality Standards Section on Staff Development in the School Setting)

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 4.1 Staff development options available | | | | | |
| 4.2 Staff development options taken. | | | | | |

Quality Standard:

5: All interventions in regard to a drug related incident are recorded in a consistent, clear factual way

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 5.1 Clear drug incident report form filing system. | | | | | |

Quality Standard:

6: Pastoral Care Teams develop a suite of options they may deploy in this area

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| 6.1 Options may include: <ul style="list-style-type: none"> >> Information on substances and related risks >> Support to maintain pupils/students in school >> Identification of particular risk factors >> Identification of lifestyle issues >> Parental support and referral >> Referral to specialist agencies >> Programme responses (e.g. smoking cessation groups). | | | | | |
| 6.2 Pastoral Care team capable & confident in provision of: <ul style="list-style-type: none"> >> Information on substances and related risks >> Support to maintain pupils/students in school >> Parental support and referral >> Referral to specialist agencies if available >> Appropriate programme responses. | | | | | |

Quality Standard:

7: Pastoral Care Teams use clear assessment procedures to indicate when a student should be referred to a specialist agency

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 7.1 School substance use policy lists clear referral procedures and protocols. | | | | | |

Quality Standard:

8: Pastoral Care Team has access to a list of local support agencies (statutory, voluntary and community) to whom referrals can be made

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| 8.1 Local referral list available to pastoral care team | | | | | |
| 8.2 List is updated on a regular basis. | | | | | |

Quality Standard:

9: There are clear and proactive procedures for liaising with & referring to local support agencies

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 9.1 Clear referral protocol and procedures are documented. | | | | | |

Quality Standard:

10: There are clear protocols for the two-way exchange of information between schools and local support agencies

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| 10.1 Clear protocols strike the balance between: <ul style="list-style-type: none"> a. The need to make informed, appropriate referrals b. Feedback as to progress being made with an external agency and c. The school and student's right to confidentiality | | | | | |
| 10.2 Clear communication channels between school and local support agencies exist | | | | | |
| 10.3 Schools and agencies have clear confidentiality and disclosure statements. | | | | | |

Quality Standard:

11: Pastoral Care Teams have access to supervision to support them in the execution of their role and professional development

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| 11.1 List of suitable support structures and strategies available to pastoral care team, including: >> Staff development courses >> In-service for staff >> Tutor meetings in year groups, post-primary and staff meetings in primary schools >> Provision of resources | | | | | |
| 11.2 Time is made available for pastoral care team staff to access support structures and strategies. | | | | | |

C. EVALUATION

Quality Standard:

12: Whole school community is consulted regarding the shape and development of Pastoral Care responses to substance related issues on a periodic basis

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 12.1 Clear consultation procedures developed | | | | | |
| 12.2 Consultation findings fed into the development and review of school substance use policy. | | | | | |

Quality Standard:

13: Pastoral Care responses and procedures are monitored and evaluated and this review is detailed in the schools substance use policy

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| 13.1 Pastoral Care Team and staff review protocols and procedures regularly | | | | | |
| 13.2 Review detailed in the school substance use policy. | | | | | |

Staff Development in School Based Substance Use Education

Best Practice Standards & Performance Indicators

A. PLANNING

Quality Standard:

1: The staff development programme on substance use education is strategically planned and detailed in the school substance use policy (Refer to Quality Standards Section on Substance Use Policy)

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 1.1 Staff development plan in place and outlined in substance use policy | | | | | |
| 1.2 Strategic planning session(s) held to plan for programme design of staff development | | | | | |
| 1.3 Strategic planning session(s) attended by facilitator, school management/staff | | | | | |
| 1.4 The staff development programme on substance use education compliments and reflects the SPHE curriculum | | | | | |
| 1.5 The programme is relevant to the ethos, social and cultural environment of the school | | | | | |
| 1.6 The programme promotes staff confidence and knowledge in delivering programmes and the management of substance use incidents | | | | | |
| 1.7 The programme is evaluated by staff, school management and facilitators/trainers. | | | | | |

Quality Standard:

2: Prior to the delivery of staff development, the needs assessment will be carried out with staff to identify needs

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| 2.1 Needs assessment and analysis of results carried out | | | | | |
| 2.2 Learning objectives are predicated on identified needs. | | | | | |

Quality Standard:

3: The staff development programme is evidence based

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| 3.1 Principles of best practice in staff development and adult education are followed | | | | | |
| 3.2 Content of development sessions reflects current evidence of good practice in substance use education | | | | | |
| 3.3 Programme content is accurate, factual and referenced. | | | | | |

B. PROCESS/ DELIVERY

Quality Standard:

4: Staff development on substance use education is delivered within the context of the specific school and is accessible. Attention is given to the timing, location, co-ordination and duration of all staff development in order to support staff to attend

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 4.1 All staff are aware of the opportunity to avail of substance use education | | | | | |
| 4.2 Number of staff who attend staff development is recorded | | | | | |
| 4.3 Staff satisfaction rating with substance use education is elicited | | | | | |
| 4.4 Facilitator satisfaction rating with substance use education is recorded. | | | | | |

Quality Standard:

5: The programme is delivered by appropriately-skilled or qualified facilitators

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 5.1 Trainers are appropriately accredited and trained by a recognised body | | | | | |
| 5.2 The school establishes that trainers are appropriately skilled and qualified facilitators prior to engaging. | | | | | |

Quality Standard:

6: The programme is delivered in response to the identified needs of the staff

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| <p>6.1 Depending on the identified needs of the staff and the type of session being offered, the programme content includes some or all of the following:</p> <ul style="list-style-type: none"> a. SPHE curriculum teaching methodologies b. Structured multi-session skills programme(s) including: <ul style="list-style-type: none"> >> Structured activities to promote interaction between students >> Interpersonal skills including drug refusal, assertiveness, communication and safety >> Intrapersonal skills (if combined with interpersonal skills) including self-esteem building, coping skills, goal-setting, stress reduction techniques, decision making and problem solving skills; and >> Effective approaches to substance use education and prevention c. School substance use policy development (<i>Refer to Quality Standards Section on Substance Use Policy</i>) d. Substance use education awareness programmes could include: <ul style="list-style-type: none"> >> Information on local, national and european prevalence rates >> Attitudes to substance use and related issues >> Short and long term effects of drug use >> Information on alcohol, tobacco and other drugs >> Stages/types of substance use and >> Risk and protective factors in substance use and reasons for use. | | | | | |

Quality Standard:

7: Staff development programmes acknowledge and explore the range of types of substance use experienced by young people, setting this in a social context with an emphasis on health promotion

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| 7.1 Programmes are contextualised with reference to youth culture | | | | | |
| 7.2 Programme content and methodologies reflect in real terms the realities of the target group | | | | | |
| 7.3 Programmes explore the antecedents of substance use and risk and protective factors associated with substance problems. | | | | | |

Quality Standard:

8: Any agency invited to deliver staff development has a designated link person in the school to deal with requests from the school

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| 8.1 Named link person identified in the school | | | | | |
| 8.2 External agency or facilitator has clear channel of communication with the link person. | | | | | |

Quality Standard:

9: All staff development programmes are evaluated for effectiveness in relation to content, ability to address staff needs and enhance staff knowledge and skills. Evaluation is conducted by commissioning agencies, trainers/facilitators (Refer to Quality Standards on Evaluation in the School Setting)

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| Evaluation can include the following: | | | | | |
| 9.1 Timing of programme | | | | | |
| 9.2 Satisfaction with location | | | | | |
| 9.3 Satisfaction with duration | | | | | |
| 9.4 Satisfaction with co-ordination | | | | | |
| 9.5 Number of sessions carried out | | | | | |
| 9.6 Number of staff who attended sessions | | | | | |
| 9.7 Staff satisfaction with how the programme complements SPHE and other programmes | | | | | |
| 9.8 Staff level of satisfaction with skills obtained | | | | | |
| 9.10 SPHE methodologies covered | | | | | |
| 9.11 Length and number of skills-focused sessions delivered | | | | | |
| 9.12 Length and number of sessions on school substance use policy | | | | | |
| 9.13 Length and number of sessions covering drug awareness | | | | | |
| 9.14 Learning outcomes achieved | | | | | |
| 9.15 Clearly identified staff development link person | | | | | |
| 9.16 Staff development adequate in meeting the needs of pupils/students in relation to substance related incidents, queries, lessons etc. | | | | | |

External Agency Involvement in the School Setting

Best Practice Standards & Performance Indicators

A. PLANNING

Quality Standard:

1: All external agency involvement is carefully planned in line with school substance use policy and based on a needs assessment

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 1.1 Independent evaluation findings of proposed programme provided to school by external agency | | | | | |
| 1.2 Service agreement between programme facilitator and school | | | | | |
| 1.3 External facilitator is aware of school's values and approach to substance use education; drug policy, confidentiality and disclosure policy | | | | | |
| 1.4 Clear programme outline and objectives | | | | | |
| 1.5 Stated curriculum | | | | | |
| 1.6 All resources used during training are proofed and referenced | | | | | |
| 1.7 Service ethos is explicit | | | | | |
| 1.8 Accreditation or certification of programmes, where appropriate. | | | | | |

Quality Standard:

2: A consistent, nominated school based link person is identified to ensure good communication

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| 2.1 Link person nominated | | | | | |
| 2.2 Clear communication channel between school link person and programme facilitator. | | | | | |

Quality Standard:

3: All teachers affected by the external agency intervention are made aware of the issues and areas addressed

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| 3.1 Link person asked to inform teaching staff about the programme. | | | | | |

Quality Standard:

4: The school is committed to the full implementation of the intervention and provides adequate time and resources

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 4.1 External facilitator is aware of Understanding Substances and Substance Use (USSU) Handbook (Primary Schools) and SPHE School Handbook Guidelines for Visitors to Classroom (Post-Primary Schools) | | | | | |
| 4.2 SPHE School Handbook guidelines followed for visitors to classroom (Post-Primary) & USSU Handbook (Primary). | | | | | |

Quality Standard:

5: Parents are informed, and consent sought for the proposed intervention

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 5.1 Parental consent form used. | | | | | |

B. PROCESS/ DELIVERY

Quality Standard:

6: All external agency speakers, programmes, events are complementary to substance use education programmes on the curriculum

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| 6.1 Service ethos is explicit | | | | | |
| 6.2 Substance use education on the curriculum within SPHE | | | | | |
| 6.3 Clear programme outline and objectives. | | | | | |

Quality Standard:

7: Classroom teachers have the central role in substance use programme delivery and should be actively involved and present at all times during the provision of substance use education, therefore any external agency involvement must complement (not replace) the existing SPHE programme with regard to its content, philosophy and interactive methodology

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 7.1 Proposed programme complements stated curriculum | | | | | |
| 7.2 All resources used during proposed external programme are proofed and referenced | | | | | |
| 7.3 Clear programme outline and objectives. | | | | | |

Quality Standard:

8: External agency involvement uses developmentally appropriate messages. These do not include fear-based, moralising, judgemental, horror stories, threats or exaggerated dangers, as these are ineffective messages in substance use education prevention and education

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| 8.1 All resources used during training are proofed and referenced | | | | | |
| 8.2 External agency service ethos is explicit | | | | | |
| 8.3 Stated curriculum | | | | | |
| 8.4 Clear programme outline | | | | | |
| 8.5 Needs assessment conducted | | | | | |
| 8.6 Learning objectives based on needs assessment findings. | | | | | |

Quality Standard:

9: All external agency speakers, programmes and events should use appropriate, evidence based methodologies

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| 9.1 All resources used during training are proofed and referenced | | | | | |
| 9.2 Interactive methodologies employed | | | | | |
| 9.3 Once-off, short-term and isolated external agency interventions and lectures are counterproductive and are not to be employed, except to identify youth and family support agencies in the locality, or to complement the SPHE programme. | | | | | |

Quality Standard:

10: All programmes targeting young people occur in safe and supportive learning environment with relevant policies and procedures in place

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 10.1 Clear child protection procedures | | | | | |
| 10.2 Clear health and safety procedures | | | | | |
| 10.3 Any external agency input is in the presence of a teacher | | | | | |
| 10.4 Anti-bullying code of practice | | | | | |
| 10.5 Clear referral protocol. | | | | | |

Quality Standard:

11: All external agency interventions are delivered by personnel trained and skilled to work with children and young people of school age

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 11.1 All external agency speakers, programmes and events are delivered by personnel with appropriate skills and competencies | | | | | |
| 11.2 Evidence of facilitators (working with young people) qualifications and experience ascertained | | | | | |
| 11.3 Facilitators have access to support and supervision. | | | | | |

Quality Standard:

12: Personal testimonials (i.e. drug user's life stories) are only used when sure that the messages are experientially and developmentally appropriate for the target group

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 12.1 Needs assessment conducted | | | | | |
| 12.2 Learning objectives predicated by needs assessment findings | | | | | |
| 12.3 Guest speakers focus on topics related to the needs and experience of the group (e.g.: local services for youth & families; recreational use of alcohol, tobacco, etc). | | | | | |

C: EVALUATION

Quality Standard:

13: All external agency interventions are evaluated by students, teachers and facilitators, commensurate with the level of intervention. Evaluation covers: planning, process and outcome (Refer to Quality Standards on Evaluation in the School Setting)

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| 13.1 Teacher evaluation forms filled in | | | | | |
| 13.2 Student evaluation forms filled in | | | | | |
| 13.3 Post-visit checklist be completed | | | | | |
| 13.4 Evaluation of facilitation by participants and school link person recorded | | | | | |
| 13.5 Evaluation report produced. | | | | | |

Substance Use Education Programmes with Parents and Guardians in the School Setting

Best Practice Standards & Performance Indicators

A. PLANNING

Quality Standard:

1: Strategic and Operational Planning evident in all programmes

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| 1.1 All parent programmes are carefully planned in the context of national and local issues by the programme provider in consultation with the school | | | | | |
| 1.2 All programmes complement other health promotion and substance use education programmes and interventions | | | | | |
| 1.3 All programmes are carefully planned and commissioned | | | | | |
| 1.4 All programmes are detailed in the school's substance use policy | | | | | |
| 1.5 All programmes are strategically planned to complement the SPHE curriculum for students. | | | | | |

Quality Standard:

2: All programmes are learner centred, predicated on a needs assessment

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 2.1 All programmes are based on needs assessment, involving participants and relevant stakeholders | | | | | |
| 2.2 Relevant to local social environment | | | | | |
| 2.3 Appropriate messages (e.g. not fear based, moralising) are used | | | | | |
| 2.4 Appropriate methodology is used based on relevant requirements of learner group | | | | | |
| 2.5 Realistic objectives are set for the programme based on needs assessment. | | | | | |

B: PROCESS/ DELIVERY
Quality Standard:

3: All programmes are delivered by appropriately skilled and qualified facilitators

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 3.1 Facilitators are selected based on clear evidence of their skills, competence and qualifications in working with adult learning groups | | | | | |
| 3.2 Facilitators have a thorough understanding of the programme content | | | | | |
| 3.3 Facilitators are accountable for delivering the agreed programme and provide a report on learning objectives and feedback from participants and themselves | | | | | |
| 3.4 Facilitators should have access to appropriate support and supervision. | | | | | |

Quality Standard:

4: The content of all sessions or courses is specific, relevant, evidence based and based on participants' needs, yet flexible as needs may emerge during the course itself

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 4.1 Learning objectives based on needs assessment findings | | | | | |
| 4.2 Clear programme outline, objectives and content | | | | | |
| 4.3 All resources used are in line with current evidence on best practice | | | | | |
| 4.4 Accreditation or certification, where appropriate and indicated progression paths | | | | | |
| 4.5 Clear referral protocol | | | | | |
| 4.6 The programme will identify further learning opportunities for participants | | | | | |
| 4.7 Protocols established for effective and appropriate referral of parents to relevant support services, e.g. family support groups/ family therapy or counselling services, addiction treatment services, youth agencies, etc. | | | | | |

Quality Standard:

5: All programmes are accessible for participants

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| 5.1 Affordable: low-cost or free | | | | | |
| 5.2 Sensitive recruited using existing school/ community networks | | | | | |
| 5.3 Involve a realistic commitment regarding location, timing and duration | | | | | |
| 5.4 Inclusive: sensitive to gender, cultural, literacy requirements, disability, level of parent and guardian engagement with the school, educational disadvantage and socio-economic differentials | | | | | |
| 5.5 All parents/guardians made aware of the opportunity to access programmes. | | | | | |

Quality Standard:

6: Dependent on the needs analysis, the programme may require a specific focus on one or more of the following: Information and/or substance use education awareness and/or skills building joint parent and child work

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 6.1 The number of sessions to be employed is to be dependent on the content (as listed below: 6.2-6.5) | | | | | |
| 6.2 Information based talk: one session: topics may include: >> Overview of the content and delivery methodologies of substance use education programmes for students in the school in the context of SPHE curriculum >> School substance use policy; and promotion of meaningful engagement by parents in the ethos and work of the school on its policy (continued overleaf >>) | | | | | |

<< continued

6: Dependent on the needs analysis, the programme may require a specific focus on one or more of the following: Information and/or substance use education awareness and/or skills building joint parent and child work

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| <ul style="list-style-type: none"> >> Youth Work based substance use education programmes and policy >> Local services (family support, counselling, youth agencies, drug & alcohol treatment services etc.) >> Effective approaches to substance use education and prevention. | | | | | |
| <p>6.3 Substance use education awareness programme: multiple sessions: topics may include:</p> <ul style="list-style-type: none"> >> Substance types, effects, health & associated risks >> Stages/types of drug use >> Risk & protective factors >> Reasons why young people use >> Effective approaches to substance use education and prevention, etc. | | | | | |
| <p>6.4 Skills based programme: multiple sessions: topics may include:</p> <ul style="list-style-type: none"> >> General parenting skills, strengthening relationships, cohesion, caring, control & conflict resolution, parenting styles, the role of positive and consistent behaviour management in parenting, familial listening and interactive skills >> Substance related skills, increasing knowledge about drugs, helping to communicate appropriate attitudes and models of behaviour about substances >> Skills that support self-confidence and empowerment as parents >> Influencing risk and protective factors (also called mediating factors) | | | | | |
| <p>6.5 Joint parent and child work: To discuss views and practice skills together. This should not adversely impact on the child's school attendance.</p> | | | | | |

Quality Standard:

7: All methodologies employed are based on adult education principles and practice

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 7.1 Methodology is consistent with and predicated on relevant evidence on best practice | | | | | |
| 7.2 Learner centred and interactive | | | | | |
| 7.3 Empowering | | | | | |
| 7.4 Enjoyable | | | | | |
| 7.5 Facilitative of group and individual development | | | | | |
| 7.6 Promotes participation and partnership with parents | | | | | |
| 7.7 Values personal experience | | | | | |
| 7.8 Supportive of parents and the challenges they face | | | | | |
| 7.9 Inclusive; sensitive to gender, cultural requirements, etc, with an emphasis on a negotiated learning contract | | | | | |
| 7.10 Promotes and maintains of respect and confidentiality | | | | | |
| 7.11 Clear confidentiality and disclosure protocols and procedures evident. | | | | | |

C: EVALUATION

Quality Standard:

8: All programmes are monitored and evaluated to determine their effectiveness

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 8.1 Evaluation takes place in three stages; during planning stage (formative evaluation), during the training stage (process evaluation), and after training (outcome evaluation) | | | | | |
| 8.2 Evaluation method to be commensurate with level of programme | | | | | |
| 8.3 All programmes should evaluate their effectiveness in: <ul style="list-style-type: none"> >> Engaging parents >> Addressing parents' needs >> Enhancing parents' skills and knowledge | | | | | |
| 8.4 Programme is evaluated by all stakeholders: parents, facilitators and the school | | | | | |
| 8.5 Evaluation report produced. | | | | | |

a manual in
quality standards
in
substance use
education

YOUTH WORK SETTING



DEWF
Drug Education Workers Forum

Substance Use Policy in the Youth Work Setting

Best Practice Standards & Performance Indicators

A. PLANNING

Quality Standard:

1: Substance use policies are firmly positioned within a health promotion framework

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| 1.1 Policies and procedures recognise and value the importance of young people's health | | | | | |
| 1.2 Policies and programmes address the wider determinants of young people's health | | | | | |
| 1.3 Initiatives and activities support and promote healthy lifestyles. | | | | | |

Quality Standard:

2: Substance use policies are based on good practice guidelines

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 2.1 Policies take account of national policy recommendations with regard to substance use education | | | | | |
| 2.2 Policies are informed by organisational guidelines with regard to substance use education | | | | | |
| 2.3 Policies recognise the existence of other related policies which would support a comprehensive response. | | | | | |

Quality Standard:

3: Youth organisations identify a Drug Co-ordinator with the requisite knowledge and skills to co-ordinate the design and delivery of drugs training

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| 3.1 A staff member is appointed to the position | | | | | |
| 3.2 Supervision, training and support in relation to drug related issues are provided to the appointed person | | | | | |
| 3.3 There is a supervision and support structure in place by the drug co-ordinator to deal with drug related issues for all staff | | | | | |
| 3.4 Training is organised by the drug co-ordinator | | | | | |
| 3.5 There is staff satisfaction, through evaluation, with the support of the drug co-ordinator. | | | | | |

B: PROCESS/ DELIVERY

Quality Standard:

4: Substance use policies are formulated and developed in full consultation with all relevant stakeholders, taking account of existing policies and current service provision

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 4.1 An advisory group is established representing all stakeholders | | | | | |
| 4.2 All existing drug policies and related policies are examined | | | | | |
| 4.3 A detailed inventory on current service provision is conducted | | | | | |
| 4.4 A comprehensive needs assessment is carried out | | | | | |
| 4.5 The ethos of the organisation is clearly articulated | | | | | |
| 4.6 All relevant stakeholders have reached consensus on the design and development of the policy | | | | | |
| 4.7 Staff training is in place in relation to implementing new policy | | | | | |
| 4.8 The draft policy is circulated for comments from, and amendments by, stakeholders. | | | | | |

Quality Standard:

5: Substance use policies take consideration of alcohol, tobacco, solvents and illegal drugs, along with over-the-counter and prescription drugs

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 5.1 Working practices of the organisation and whom it applies to are included | | | | | |
| 5.2 All stakeholders are mindful of the legal status of the categories of drugs dealt with in the policy | | | | | |
| 5.3 The policy is written from the perspective of the most recent legal information and facts | | | | | |
| 5.4 The policy clearly defines what constitutes a drug. | | | | | |

Quality Standard:

6: The well-being of the young people, in addition to both the staff and volunteers is the priority of the policy

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 6.1 There is evidence of a holistic programme, in relation to working with young people, in place | | | | | |
| 6.2 Child protection requirements are considered, referred and adhered to | | | | | |
| 6.3 There is effective implementation, assessed through monitoring and evaluating, of the policy by staff and volunteers | | | | | |
| 6.4 Health and safety requirements are considered, referred and adhered to. | | | | | |

Quality Standard:

7: A completed substance use policy is comprehensive and accessible, detailing a number of key issues in a clear and sequential manner

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 7.1 A clear rationale is introduced for the policy | | | | | |
| 7.2 The organisational ethos is outlined | | | | | |
| 7.3 There is an overview of programme provision and policy process | | | | | |
| 7.4 There is a definition and glossary of terms | | | | | |
| 7.5 An overview of support and referral procedure is provided | | | | | |
| 7.6 Guidance in managing drug related incidents is provided | | | | | |
| 7.7 Monitoring, review and evaluation procedures are outlined. | | | | | |

Quality Standard:

8: Appropriate procedures and supports are in place for staff if an incident arises

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 8.1 All staff are cognisant of the procedures | | | | | |
| 8.2 Any deviation from defined policy is recorded and reviewed | | | | | |
| 8.3 The training programme is monitored and evaluated on a regular basis to ensure staff receive appropriate training. | | | | | |

Quality Standard:

9: The substance use policy applies equally to young people and staff

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 9.1 Adults adhere to ground rules of the organisation along with those set out in the policy | | | | | |
| 9.2 There is a code of practice in place for staff | | | | | |
| 9.3 A work place substance use policy is in place for staff and management. | | | | | |

Quality Standard:

10: Substance use policy is written and communicated to all relevant parties

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 10.1 The purpose of the policy is clearly stated and in line with the ethos of the organisation | | | | | |
| 10.2 The policy is clear and has a user-friendly layout | | | | | |
| 10.3 Policy is practically applicable to clearly delineated geographical settings | | | | | |
| 10.4 On evaluation there is stakeholder satisfaction | | | | | |
| 10.5 There is successful dissemination of the policy to all relevant external individuals and agencies | | | | | |
| 10.6 All stakeholders and staff are made aware of the policy at induction | | | | | |
| 10.7 Guidance is provided by managers to enable the policy to be effectively communicated and implemented. | | | | | |

C: EVALUATION

Quality Standard:

11: The substance use policy is monitored and regularly reviewed in full consultation with all relevant stakeholders

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 11.1 A clear comprehensive statement is included that the policy will be regularly reviewed | | | | | |
| 11.2 There is satisfaction with the policy, through evaluation, of all relevant stakeholders | | | | | |
| 11.3 The policy is updated in line with current information | | | | | |
| 11.4 There are regular updates to inform all appropriate personnel of amendments to policy | | | | | |
| 11.5 The policy is circulated for comments from, and amendments by, stakeholders. | | | | | |

Substance Use Education Programmes in the Youth Work Setting

Best Practice Standards & Performance Indicators

A. PLANNING

Quality Standard:

- 1: Substance use education programmes are positioned in a health promotion framework as part of an overall holistic developmental programme for young people

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 1.1 Stated curriculum evident | | | | | |
| 1.2. Programme outline evident | | | | | |
| 1.3. Service ethos evident | | | | | |
| 1.4. Indicated progression paths | | | | | |
| 1.5. Accreditation and certification (where appropriate) | | | | | |
| 1.6. Programme outcomes explicit | | | | | |
| 1.7. Review and evaluation evident. | | | | | |

Quality Standard:

- 2: The substance use education programme is youth centred and takes place in a safe and supportive learning environment

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| 2.1 Content is developmentally and culturally appropriate | | | | | |
| 2.2 Health and safety requirements are met | | | | | |
| 2.3 Child protection requirements are met | | | | | |
| 2.4 Anti bullying code of practice evident | | | | | |
| 2.5 Working ground rules for service providers and users | | | | | |
| 2.6 Key working system and individual care plans | | | | | |
| 2.7 Tutor support systems | | | | | |
| 2.8 Peer support systems. | | | | | |

Quality Standard:

3: The rationale for substance use education programmes is explicitly stated, outlining specific, feasible and cohesive objectives

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 3.1 Staff and young people are aware of the rationale and methodologies employed | programme | | | | |
| 3.2 Staff and young people are cognisant of the aims, objectives and outcomes of the programme | | | | | |
| 3.3 Staff and young people are cognisant of the purpose, place and positioning of the programme. | | | | | |

Quality Standard:

4: The substance use education programme endeavours to address the mediating influences associated with drug use in addition to reducing the risk factors and enhancing the protective factors which affect young people

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| 4.1 Advocacy initiatives included | | | | | |
| 4.2 Personal effectiveness component included | | | | | |
| 4.3 Situated in a social/environmental context | | | | | |
| 4.4 Incorporates a cost/benefit analysis component. | | | | | |

Quality Standard:

5: The programme is developed with the involvement, where possible, of other disciplines, workers, parents/guardians, funding agencies and the young people themselves to reinforce the learning, avoid duplication and to ensure an integrated response

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 5.1 Evidence of stakeholder involvement | | | | | |
| 5.2 Stakeholders have an awareness of where their specific programme fits with other substance use education initiatives | | | | | |
| 5.3 Initiatives display cost effectiveness | | | | | |
| 5.4 There is a panel of suitable and appropriately trained personnel to input where required | | | | | |
| 5.5 Programme content and reference guidelines are supplied to all stakeholders and external speakers. | | | | | |

Quality Standard:

6: The programme is endorsed and supported through policy at an organisational level

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 6.1 Awareness of programme provision at all levels within the organisation | | | | | |
| 6.2 Programme provision is clearly outlined in the organisations literature | | | | | |
| 6.3 Programme provision is part of a clearly articulated response continuum for working with drug issues | | | | | |
| 6.4 Designated staff(s) to work on/with drug related issues on an organisational basis | | | | | |
| 6.5 An awareness on the part of the organisation of regional and national policy developments | | | | | |
| 6.6 Evidence of the process of policy formulation and stakeholder involvement | | | | | |
| 6.7 Tangible evidence of a live and effective policy. | | | | | |

B: PLANNING/ PROCESS

Quality Standard:

7: The programme is designed and delivered by appropriately trained staff who have an advanced knowledge of drugs issues and the requisite youth work skills

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 7.1 Staff are appropriately accredited or trained | | | | | |
| 7.2 Staff have an ongoing training plan and access to up skilling | | | | | |
| 7.3 The design and delivery adheres to principles of good practice | | | | | |
| 7.4 Staff have access to regular support and supervision. | | | | | |

Quality Standard:

8: The programme is needs based, programmes are age, developmentally and culturally appropriate

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 8.1 Record of needs analysis | | | | | |
| 8.2 Content and methodologies should be tailored to the age and developmental stage of the specific target group | | | | | |
| 8.3 Content and methodologies complement other related programmes in both the formal and non formal sectors | | | | | |
| 8.4 Content and methodologies are culturally appropriate | | | | | |
| 8.5 Content and methodologies take cognisance of individual needs e.g. access, literacy etc. | | | | | |

Quality Standard:

9: The programme takes into account the complexities of adolescence and the realities of drug use. Therefore provision is made for differentiated and targeted approaches

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 9.1 Programmes are contextualised with reference to youth culture | | | | | |
| 9.2 Programmes explore the antecedents of drug use | | | | | |
| 9.3 Programmes exhibit fidelity to the stated needs of the group | | | | | |
| 9.4 Programmes and programme providers have the flexibility to respond to emerging needs | | | | | |
| 9.5 Programme content and methodologies reflect in real terms the realities and experiences of the target group. | | | | | |

Quality Standard:

10: The programme includes content which is current and factually correct and is predicated on methodologies which are evidence based

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| 10.1 Programmes and programme providers are adequately sourced and resourced with current information and materials | | | | | |
| 10.2 Programme aims, overviews and plans are detailed with references indicating its evidenced based status. | | | | | |

C: EVALUATION

Quality Standard:

11: The programme is sustainable and subject to regular monitoring and evaluation as part of an overall cyclical model of design and delivery

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| 11.1 Programmes complement the overall programme | | | | | |
| 11.2 Programmes contribute in a constructive and coordinated manner to other related subjects, themes or activities | | | | | |
| 11.3 Comprehensive and varied programme evaluations are recorded | | | | | |
| 11.4 Evaluations are supplied to all stakeholders | | | | | |
| 11.5 Regular and recorded monitoring and evaluation mechanisms enhance programme provision. | | | | | |

Managing Incidents in the Youth Work Setting

Best Practice Standards & Performance Indicators

A. PLANNING

Quality Standard:

1: Any response to the management of drug related events follows clearly the strategies outlined in the organisational substance use policy. It adheres to health and safety procedures, which detail the roles and responsibilities of staff, courses of action to be taken, issues to be addressed and contacts to be made

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|--------------------|------------------------------|---------------------|---------|---------|
| 1.1 All stakeholders are aware of the existence of the policy | | | | | |
| 1.2 All stakeholders have been consulted during the stages of policy formulation | | | | | |
| 1.3 All stakeholders are aware of the organisational ethos underpinning the policy | | | | | |
| 1.4 All staff/volunteers should be trained in the management of drug-related events, health & safety procedures and child protection issues | | | | | |
| 1.5 All staff/volunteers are aware of the geographical limits of the policy | | | | | |
| 1.6 Explicit guidelines on the roles and responsibilities of all stakeholders are included | | | | | |
| 1.7 Clear and differentiated staff roles and responsibilities are outlined to clarify specific courses of action | | | | | |
| 1.8 Appropriate reporting and recording procedures are in place. Appropriate support and supervision structures are in place | | | | | |
| 1.9 Where appropriate the use of sanctions is preventative | | | | | |
| 1.10 Sanctions are agreed by all stakeholders, and are commensurate with the severity of the event. | | | | | |

Quality Standard:

2: All responses respect and protect the rights of all the young people. All actions are considered and procedure-based, offering those concerned the benefit of due process.

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 2.1 Any response is in accordance with the organisational policy | | | | | |
| 2.2 All actions, advice and approaches are lawful and adhere to current legislation | | | | | |
| 2.3 All actions, advice and approaches are appropriate and in accordance with stated best practice | | | | | |
| 2.4 All staff/volunteers respond to a drug-related event in a fair and just manner | | | | | |
| 2.5 All responses are (young) person-centred and rights-based | | | | | |
| 2.6 All responses recognise the need to safeguard all the young people in both policy and practice | | | | | |

B: PROCESS/ DELIVERY
Quality Standard:

3: Any response offered in the management of drug-related events recognises and respects the existence and efficacy of family, guardian and/or other support structures, in addition to the social and environmental context within which the young person operates.

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| 3.1 All responses are appropriate and clearly outlined in policy. In addition they complement the organisational ethos and adhere to the settings approach | | | | | |
| 3.2 All policy responses are developed in conjunction with the stakeholders in advance and are disseminated to the parents/guardians of the young people upon induction | | | | | |
| 3.3 All responses are supportive, needs-based and sustainable | | | | | |
| 3.4 All responses utilise any existing, appropriate support structures available | | | | | |
| 3.5 All responses are developmentally and culturally appropriate for the young person in question | | | | | |
| 3.6 All responses are contextualised with reference to the realities and experiences of drug use within the target group | | | | | |
| 3.7 All responses recognise and utilise protective factors ensuring a continuum of care model is offered to the young people. | | | | | |

Quality Standard:

4: In any response to the management of drug related events, confidentiality is respected. Confidentiality is about managing information in a manner that is respectful, professional and purposeful

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 4.1 Appropriate reporting and recording procedures are in place | | | | | |
| 4.2 All information is dealt with sensitively, ensuring a discreet and efficient response | | | | | |
| 4.3 All responses ensure the welfare and safety of both the young people and the staff are safeguarded | | | | | |
| 4.4 All information exchanges and referrals are appropriate and offered on a need-to-know basis | | | | | |
| 4.5 All external individuals/agencies involved are aware of the protocol and procedures regarding information relating to the managing of drug related events. | | | | | |

Quality Standard:

5: In the management of drug related events a comprehensive and holistic approach is necessary to ensure a continuum of care is offered to both young people and staff alike

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| 5.1 All policies and procedures are developed in conjunction with all stakeholders | | | | | |
| 5.2 All policies and procedures endeavour to safeguard both staff/volunteers and young people alike | | | | | |
| 5.3 All policies and procedures are clearly outlined in written form and accessible to all stakeholders | | | | | |
| 5.4 All policies and procedures recognise the importance of a prevention, intervention, treatment, rehabilitation and integration continuum | | | | | |
| 5.5 Key working systems are in place | | | | | |
| 5.6 Individual care plans are offered to those who request them | | | | | |
| 5.7 Support and supervision systems are in place | | | | | |
| 5.8 Access to counselling is available | | | | | |
| 5.9 Employment assistance programmes are accessible | | | | | |
| 5.10 Appropriate referral procedures are available and accessible. | | | | | |

Quality Standard:

6: Any response to the management of drug related events is evidenced in policy and is effective, efficient and targeted. All approaches are based on considered professional judgement and necessitate a measured response commensurate with the severity of the event

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| 6.1 Clear and accepted definitions of drugs, drug use and levels of drug use | | | | | |
| 6.2 Clear and accepted definitions of what constitutes a drug-related incident, situation or event | | | | | |
| 6.3 Clear and distinguishable staff roles detailing the different levels of responsibility, line management, support and supervision structures among staff regarding the management of drug related events | | | | | |
| 6.4 Discreet and efficient response targeted at the specific needs of the young person in question | | | | | |
| 6.5 All responses are contextualised with reference to the realities and experiences of the young person and their target group's drug use | | | | | |
| 6.6 Clearly outlined information, evidenced in policy detailing specific courses of action to be adopted | | | | | |
| 6.7 All actions, advice and approaches are appropriate and in accordance with stated best practice | | | | | |
| 6.8 All information exchange and referrals are appropriate and purposeful. | | | | | |

Quality Standard:

7: All staff are trained in drug issues and in managing drug related events. This training is in accordance with procedures outlined in the organisational policy. Organisational policy endeavours to safeguard and benefit all stakeholders

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| 7.1 All stakeholders are consulted at the policy development stage | | | | | |
| 7.2 All staff, volunteers and other relevant stakeholders are trained on drug related issues | | | | | |
| 7.3 Relevant training is offered for those working with specific groups on targeted initiatives | | | | | |
| 7.4 Training is co-ordinated by a central individual or group who has the relevant expertise and requisite skills to deliver on drug related issues | | | | | |
| 7.5 There are clear and comprehensive procedures set out on how to appropriately manage potential drug related events | | | | | |
| 7.6 All stakeholders are aware of the courses of action and procedures to be adopted in the event of a drug related event. | | | | | |

C: EVALUATION

Quality Standard:

8: The management of drug related events, along with policy, procedures and programme provision are sustainable and subject to regular monitoring and evaluation as part of an overall cyclical model of design and delivery

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 8.1 Organisational response takes cognisance of the extent, nature and trends of drug related issues amongst stakeholders and the wider community | | | | | |
| 8.2 Organisational response is proactive in addressing potential drug related issues | | | | | |
| 8.3 Organisational response is subject to comprehensive and varied monitoring and evaluation mechanisms and should be recorded | | | | | |
| 8.4 Evaluations of policies and procedures should be accessible and relevant to all stakeholders | | | | | |
| 8.5 All stakeholders are aware of the status and results of specific evaluations | | | | | |
| 8.6 Regular and recorded monitoring and evaluation mechanisms continually inform the management of drug related events. | | | | | |
| 8.7 Recognition is given to the organic nature of policies and procedures relating to the management of drug related events, thereby allowing, where appropriate, amendments and flexibility to be made and offered. | | | | | |

Staff Development in the Youth Work Setting

Best Practice Standards & Performance Indicators

A. PLANNING

Quality Standard:

1: Specific time and space is allocated to training. All staff are offered the opportunity to engage with this training

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 1.1 Staff training and development days are incorporated into the annual work plan | | | | | |
| 1.2 Staff are consulted with regard to the content and format of all training | | | | | |
| 1.3 Staff are encouraged to explore further opportunities and progression routes for training and development. | | | | | |

Quality Standard:

2: Staff training providers have an adequate level of subject knowledge and requisite skills in dealing with the target audience

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| 2.1 Staff are appropriately accredited or trained by a recognised body | | | | | |
| 2.2 In conjunction with stakeholders, there is regular review and updating of the training plan | | | | | |
| 2.3 The trainer has access to external training to update and increase knowledge base | | | | | |
| 2.4 The trainer has access to support and supervision when necessary | | | | | |
| 2.5 Design and delivery adheres to principles of good practice. | | | | | |

Quality Standard:

3: Staff have independent access to up-to-date resources to effectively carry out the required job

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 3.1 Staff are made aware of referral agencies within the area | | | | | |
| 3.2 Staff are provided with the required time to access these resources. | | | | | |

Quality Standard:

4: Induction training is properly planned and an 'Induction Training Plan' detailing all drug related training and development initiatives is issued to each new employee

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 4.1 Staff relay satisfaction with content and delivery | | | | | |
| 4.2 Staff capability to perform their job specification to highest standards | | | | | |
| 4.3 Stakeholders are satisfied that the training will completely cover all relevant information which staff need to carry out job specification to highest standard. | | | | | |

B: PROCESS/DELIVERY

Quality Standard:

5: The content, methods and structure of the training are appropriate for the intended audience

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 5.1 A needs analysis of the target audience is conducted, prior to design of the programme | | | | | |
| 5.2 The data is collated from the needs analysis | | | | | |
| 5.3 An evaluation of the data from the needs analysis is conducted and specific training objectives identified | | | | | |
| 5.4 Training is based on an adult education approach | | | | | |
| 5.5 Subsequent research regarding available, up-to-date, information is carried out | | | | | |
| 5.6 The content of the training meets the needs of the target audience | | | | | |
| 5.7 The training delivered is accessible to all levels of learning ability and makes allowance for any learning requirements the learner may have. | | | | | |

Quality Standard:

6: Training is delivered through the use of a structured sequence of different learning activities to support different learning styles

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| 6.1 Both staff and trainer are satisfied with the chosen learning environment | | | | | |
| 6.2 Creative methodologies should be accessed when providing training | | | | | |
| 6.3 Role play and case studies relate to factual situations or settings. | | | | | |

Quality Standard:

7: The physical environment such as appearance and layout of the room is conducive to training and promotes participation

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| 7.1 Both staff and trainer are satisfied with the premises used for training | | | | | |
| 7.2 There are sufficient levels of energy during the training | | | | | |
| 7.3 Throughout the training there are positive learner attitudes towards trainer and content. | | | | | |

C: EVALUATION

Quality Standard:

8: Training content, methodologies and materials should be evaluated, validated and updated on a regular basis

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 8.1 Refresher courses are provided on an annual basis | | | | | |
| 8.2 There is regular consultation with stakeholders and subsequent review of training materials | | | | | |
| 8.3 The instructor evaluates the training after each session | | | | | |
| 8.4 The learner provides an evaluation of the course through an agreed medium e.g. questionnaire or open discussion | | | | | |
| 8.5 Field evaluation to determine if the learners are performing to an agreed standard in the roles for which the training was provided for them | | | | | |
| 8.6 Materials should be relevant and credible to the target audience. | | | | | |

External Agency Involvement in the Youth Work Setting

Best Practice Standards & Performance Indicators

A. PLANNING

Quality Standard:

1: All commissioning or contracting of external agencies or individuals is based on emerging needs and adheres to a structured and transparent protocol

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 1.1 Clear tendering process with stated aims and objectives | | | | | |
| 1.2 Standardised template for all contracted/commissioned work | | | | | |
| 1.3 Work is commissioned through a committee structure | | | | | |
| 1.4 Evidence that tender proposals meet stated aims and objectives | | | | | |
| 1.5 Record of needs assessment | | | | | |
| 1.6 Evidence of stakeholder involvement. | | | | | |

Quality Standard:

2: All external agency or individual involvement is sourced from an approved panel of appropriately trained/qualified individuals

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 2.1 Contracted agencies and individuals have a reputable track record | | | | | |
| 2.2 Contracted individuals submit a current curriculum vitae for file | | | | | |
| 2.3 Contracted individuals are qualified, trained to work with the specific target group in question | | | | | |
| 2.4 Criteria for selection is outlined in writing | | | | | |
| 2.5 Selection is approved through committee structure. | | | | | |

Quality Standard:

3: All commissioned agencies or individuals have the appropriate knowledge level, requisite youth work and facilitation/presentation skills

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 3.1 Contracted workers are appropriately accredited/trained | | | | | |
| 3.2 The design and delivery of inputs adheres to the quality and practical standards outlined here | | | | | |
| 3.3 Contracted workers have access to regular support and supervision. | | | | | |

Quality Standard:

4: All commissioned agencies or individuals are cognisant of the quality and practical standards for substance use education provision

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 4.1 Clearly articulated standards | | | | | |
| 4.2 Accessible and user friendly format | | | | | |
| 4.3 Highlight standards in the induction process | | | | | |
| 4.4 Highlight standards in the contracting process | | | | | |
| 4.5 Ensure standards are integral to the evaluation process. | | | | | |

Quality Standard:

5: All external agency or individual involvement complements the programme ethos, aims and objectives and is compatible with the setting in which it is being delivered

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 5.1 Contracted individuals/agencies are made aware of the stated curriculum | | | | | |
| 5.2 Contracted individuals/agencies have explicit knowledge of the programme outline, aims and objectives | | | | | |
| 5.3 Programme content and reference guidelines are supplied to all stakeholders and external speakers | | | | | |
| 5.4 Contracted individuals or agencies are cognisant of the purpose, place and positioning of the programme | | | | | |
| 5.5 External inputs complement the ethos of the service and adhere to the settings approach i.e. in this case, the youth work setting. | | | | | |

Quality Standard:

6: All external agencies or individuals are cognisant of the various demographics within youth work and have the ability to deliver an input commensurate to the differentiated needs of the target groups

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 6.1 Clear information provided regarding the service remit and ethos | | | | | |
| 6.2 Clear information provided regarding the profile of service users | | | | | |
| 6.3 Comprehensive needs assessment carried out with all prospective groups | | | | | |
| 6.4 Due recognition given to diversity of experience and stages of drug use within groups | | | | | |
| 6.5 Contracted individuals are qualified or trained to work with the specific target group in question | | | | | |
| 6.6 Inputs are complementary to all existing programmes. | | | | | |

Quality Standard:

7: The level of involvement and input from external agencies or individuals is proportionate and commensurate to the needs of the other stakeholders

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 7.1 Agreed timescale and level of input is finalised prior to course commencement | | | | | |
| 7.2 Evidence of needs assessment and needs analysis conducted with all stakeholders concerned | | | | | |
| 7.3 Due recognition given to the role and responsibility of the primary educator, core tutor or key worker | | | | | |
| 7.4 All external inputs are sustainable and subject to equitable co-ordination. | | | | | |

Quality Standard:

8: Service agreement between course providers and external agencies or individuals is completed and is made explicit prior to the commencement of the programme

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| 8.1 Working agreement between course providers and external agencies/individuals | | | | | |
| 8.2 Working agreement between all stakeholders | | | | | |
| 8.3 Explicit guidelines on extent of involvement, level of input, specific role and commensurate responsibilities | | | | | |
| 8.4 Agreement on what constitutes an incident and when it requires intervention | | | | | |
| 8.5 In the event of an incident, clear agreement on what course(s) of action are appropriate | | | | | |
| 8.6 Explicit guidelines on the roles and responsibilities of all stakeholders. | | | | | |

Quality Standard:

9: The involvement of all external agencies or individuals is co-ordinated by the core course providers. All other stakeholders (e.g. parents, guardians, staff, management and the young people) are informed of the involvement of the external agencies/individuals

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| 9.1 Clear and accessible course overview listing and detailing all stakeholder involvement | | | | | |
| 9.2 Stakeholders are aware of where their specific input fits with other drug related initiatives | | | | | |
| 9.3 Parental/guardian permission sought where appropriate | | | | | |
| 9.4 Programme content and reference guidelines are supplied to all stakeholders and external agencies/individuals | | | | | |
| 9.5 All initiatives display cost effectiveness. | | | | | |

B: PROCESS/ DELIVERY

Quality Standard:

10: All external inputs are needs based. The programme content and methodologies are age, developmentally and culturally appropriate

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 10.1 Record of needs assessment provided | | | | | |
| 10.2 Record of needs analysis provided | | | | | |
| 10.3 Content and methodologies are tailored to the age and stage of the specific target group | | | | | |
| 10.4 Content and methodologies complement other related programmes in both the formal and non-formal sectors | | | | | |
| 10.5 Content and methodologies are culturally appropriate | | | | | |
| 10.6 External agencies/individuals recognise and represent diversity | | | | | |
| 10.7 Content and methodologies are cognisant of individual needs e.g. access, literacy, etc. | | | | | |

Quality Standard:

11: If an issue arises amongst the young people it is the responsibility of the designated course provider/staff member to deal with the issue. A support and supervision structure is available to the regular staff member in addition to the external agency or individual

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 11.1 Incident report procedure | | | | | |
| 11.2 Child protection procedure | | | | | |
| 11.3 Health and safety procedure | | | | | |
| 11.4 Referral procedure | | | | | |
| 11.5 Support and supervision structure | | | | | |
| 11.6 External agency is aware of the above procedures. | | | | | |

Quality Standard:

12: When working with an external agency/individual, time and space is given to a debriefing or review session to explore the process and outcomes

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| 12.1 Working ground rules for all stakeholders | | | | | |
| 12.2 Service agreement between course providers and external agencies/individuals | | | | | |
| 12.3 Working agreement between course providers and external agencies/individuals | | | | | |
| 12.4 Planning arrangements for future sessions/programmes | | | | | |
| 12.5 Regular evaluative mechanisms focusing on programmes and process | | | | | |
| 12.6 Regular evaluative mechanisms focusing on delivery and partnership. | | | | | |

Quality Standard:

13: It is the responsibility of the commissioning agency to recognise that the safety of the young person is paramount. Such safety concerns should be given primacy over other course/programme issues and should be reflected in the organisation's written procedures and policies

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 13.1 Incident report procedure | | | | | |
| 13.2 Child protection procedure | | | | | |
| 13.3 Health and safety procedure | | | | | |
| 13.4 Referral procedure | | | | | |
| 13.5 Working agreement for service providers and users | | | | | |
| 13.6 Key working system | | | | | |
| 13.7 Individual care plans | | | | | |
| 13.8 Support and supervision structure. | | | | | |

C: EVALUATION

Quality Standard:

14: All contracted agencies/individuals are subject to objective evaluation procedures

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 14.1 Comprehensive and varied programme evaluations are recorded | | | | | |
| 14.2 Evaluations are supplied to all stakeholders | | | | | |
| 14.3 Regular and recorded monitoring and evaluation mechanisms specifically enhance programme provision and development | | | | | |
| 14.4 Evaluative mechanisms focus on modes of delivery and methodologies employed | | | | | |
| 14.5 All stakeholders i.e. contracting organisation, trainer/facilitator and participant are subject to the evaluation process | | | | | |
| 14.6 Where feasible, employ the services of an external evaluator to ensure objectivity during all stages of the evaluation process. | | | | | |

a manual in
quality standards
in
substance use
education

COMMUNITY SETTING



DEWF
Drug Education Workers Forum

Substance Use Education Programmes with Drug Service Users

Best Practice Standards & Performance Indicators

A. PLANNING

Quality Standard:

1: All programmes are carefully planned and commissioned with strategic and operational planning evident

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 1.1 The programme is contextualized within, and complementary to, an integrated multi component drug strategy, while locally focused | | | | | |
| 1.2 There are clear programme outlines and objectives | | | | | |
| 1.3 Service agreement between programme facilitator and commissioners completed | | | | | |
| 1.4 Evidence of strategic planning | | | | | |
| 1.5 Evidence of links with other components of local, regional and national drug strategies. | | | | | |

Quality Standard:

2: All programmes are accessible

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 2.1 Cost should be affordable | | | | | |
| 2.2 Programme providers are respectful towards participants | | | | | |
| 2.3 Participants are sensitively recruited: involving a realistic commitment; e.g. location, timing and duration of training | | | | | |
| 2.4 Recruitment uses existing community networks e.g. outreach | | | | | |
| 2.5 Childcare facilities are provided where possible or practical | | | | | |
| 2.6 Any perceivable barriers e.g. time of the session (daytime or evening) have been removed | | | | | |
| 2.7 Literacy requirements are taken into account. | | | | | |

Quality Standard:

3: All programmes are needs based and review relevant research or evidence based approaches

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| 3.1 Programme development is based on the findings of ongoing research regarding effectiveness and appropriateness of methodologies | | | | | |
| 3.2 Evaluations of substance use education programmes by both participant and practitioner are collated and compared prior to development of the proposed substance use education programme | | | | | |
| 3.3 In the absence of comprehensive literature on substance use education with service users, ongoing research on this topic to be advocated | | | | | |
| 3.4 Programmes and methodologies used show evidence of having considered what research may be available | | | | | |
| 3.5 Research is being undertaken | | | | | |
| 3.6 Evidence of other evaluations cited in training report. | | | | | |

Quality Standard:

4: The programme includes content which is current and factually correct and is predicated on methodologies which are evidence based

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| 4.1 Programmes and programme providers are adequately sourced and resourced with current information and materials | | | | | |
| 4.2 Programme aims, objectives, overviews and plans are detailed with references indicating its evidence based status | | | | | |
| 4.3 Resources used during training are proofed and referenced. | | | | | |

B: PROCESS/DELIVERY

Quality Standard:

5: The programme is learner centred, predicated on a needs assessment

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 5.1 Record of needs assessment | | | | | |
| 5.2 Content and methodologies are tailored to the age and stage of the specific target group | | | | | |
| 5.3 Content and methodologies complement other related programmes in both the formal and non-formal sectors | | | | | |
| 5.4 Content and methodologies are culturally appropriate | | | | | |
| 5.5 Content and methodologies take cognisance of individual needs e.g. access, literacy, etc | | | | | |
| 5.6 Content and methodologies take into account participants' history of group work and include group work skills in all aspects of the programme. | | | | | |

Quality Standard:

6: All programmes are delivered by appropriately trained and skilled facilitators

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| 6.1 Facilitators are selected based on clear evidence of their skills and competence in working with mixed ability adult groups | | | | | |
| 6.2 Facilitators have a thorough understanding of the programme content | | | | | |
| 6.3 Facilitators are accountable and have a clear and appropriate reporting procedure | | | | | |
| 6.4 Peer support participants trained to facilitate | | | | | |
| 6.5 Facilitators have access to appropriate support and supervision. | | | | | |

Quality Standard:

7: Methodology for the delivery of the programme is based on adult education principles and practice

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| 7.1 Learner centred | | | | | |
| 7.2 Interactive | | | | | |
| 7.3 Empowering | | | | | |
| 7.4 Enjoyable | | | | | |
| 7.5 Promote individual and group development | | | | | |
| 7.6 Supportive | | | | | |
| 7.7 Inclusive | | | | | |
| 7.8 Promote and maintain of respect and confidentiality | | | | | |
| 7.9 Relevant | | | | | |
| 7.10 Values personal experience | | | | | |
| 7.11 Agreed ground rules established at the beginning of all groups | | | | | |
| 7.12 Methodology predicated on needs assessment | | | | | |
| 7.13 Relevant to social and economic needs. | | | | | |

Quality Standard:

8: Programme or session content is relevant and based on participants and community's needs, yet flexible as needs may vary during the course itself

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| <p>8.1 The programme may require a specific focus on one, some or all of the following:</p> <ul style="list-style-type: none"> a. Information sessions: Information on services, drugs, dietary and health-related issues, treatment possibilities, etc b. Substance use education awareness, and addiction issues: drug types, effects, risks, stages of substance use, factors which affect substance use and information on drug related issues c. Personal development programme: life skills which may include; stress management, relaxation techniques, communication skills, literacy, self-esteem and confidence building, health issues, money management, family issues, parenting programmes and housing issues d. Rehabilitation or integration programme: This programme may include a mixture of personal development, drug awareness or information sessions on addiction related issues. Also included may be relapse prevention, coping strategies and support systems, progression routes into training, education and employment e. Peer support programme: this could include harm reduction programmes, i.e. safer drug use, safer injecting practices and safer sex, personal development, information on services and rights and progression routes into training, education and employment <p><i>continued overleaf >></i></p> | | | | | |

<< continued

8: Programme or session content is relevant and based on participants and community's needs, yet flexible as needs may vary during the course itself

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| <p>f. Holding Group: selection process needs to be sensitive to where service users are at. A supportive environment/ group would be helpful for those who have not yet stabilised their drug related problems/addiction problems. This allows for inclusion and the possibility to progress into more structured programmes in time</p> <p>g. Pre-Entry Group: Some programmes or courses may run over a long period of time e.g. Community Employment or supported employment scheme - one year commitment. An introductory or pre-entry would allow assessment regarding suitability for longer term programmes</p> | | | | | |
| 8.2 Training will be given in short modules e.g. 8-10 sessions which will be evaluated and any further training needs identified. Given the current practice to focus on short term intervention strategies in the drug treatment field (e.g. Motivational Interviewing, Cognitive Behavioural Therapy, Brief Solution Focused Therapy) education approaches will be more effective when they remain consistent with this practice | | | | | |
| 8.3 Learning objectives predicated by needs assessment findings | | | | | |
| 8.4 Clear programme outline and objectives | | | | | |
| 8.5 Stated curriculum | | | | | |
| 8.6 Indicated progression paths | | | | | |
| 8.7 Accreditation/certification where appropriate | | | | | |
| 8.9 Clear referral protocol | | | | | |
| 8.10 The use of goal orientated activities i.e. setting goals. | | | | | |

C: EVALUATION

Quality Standard:

9: All programmes are monitored and evaluated

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| 9.1 Employ a three stage evaluation covering: >> Planning the programme >> Programme process >> Outcomes | | | | | |
| 9.2 Employ a three tier evaluation which would include the following groups: >> Participants >> Facilitators >> Agencies | | | | | |
| 9.3 Evaluation method to be commensurate with level of programme | | | | | |
| 9.4 All programmes should evaluate their effectiveness in: >> Engaging participants >> Addressing participants needs >> Enhancing participants skills, knowledge and development | | | | | |
| 9.5 Evaluation report produced and where possible and appropriate this report to be produced by an external evaluator. | | | | | |

Substance Use Education Programmes with Travellers

Best Practice Standards & Performance Indicators

A. PLANNING

Quality Standard:

1: All programmes are carefully planned and commissioned, with strategic and operational planning evident in all programmes

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| 1.1 Programme reflects explicit service ethos | | | | | |
| 1.2 Programme is part of service delivery plan | | | | | |
| 1.3 Programme outline is available | | | | | |
| 1.4 Programme has a stated curriculum | | | | | |
| 1.5 Progression paths are indicated | | | | | |
| 1.6 Accreditation/certification, where appropriate. | | | | | |

Quality Standard:

2: The programme complements other health promotion and substance use education interventions

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| 2.1 The programme is contextualised and complementary to an integrated multi component drug strategy, while locally focused | | | | | |
| 2.2 The programme is integrated into Traveller organisations, Senior Traveller Training centres, Youthreach and Community Training workshops where appropriate. | | | | | |

Quality Standard:

3: Programmes are developed in the context of partnerships with the Traveller community, i.e. the family, parents, young people, professionals, voluntary and community leaders/members as well as representative organisations and NGOs

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| 3.1 Significant relationships are built with Traveller organisations | | | | | |
| 3.2 A partnership approach is agreed, which is reflected in the programme design, delivery and evaluation | | | | | |
| 3.3 Needs assessment is conducted with the group. | | | | | |

Quality Standard:

4: Community Leadership as a principle informs how substance use education is approached. Community knowledge and programme sustainability are promoted by training Travellers involved in community health work/related work in substance use education and prevention work

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 4.1 Traveller health workers are involved in the development, design and delivery of targeted programmes | | | | | |
| 4.2 Substance use education 'training for trainers' is offered as part of an integrated approach to community health training | | | | | |
| 4.3 Programmes are developed as an integral part of ongoing community development work on the issue of drugs within the Traveller community, and not limited once-off interventions. | | | | | |

Quality Standard:

5: The programme is accessible and promotes the concepts that access to health services and health information is a human right, and a positive social determinant of health

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 5.1 The time and location of the programme is not a barrier to access | | | | | |
| 5.2 The financial cost is not a barrier to access | | | | | |
| 5.3 Imagery and the environment reflected by the external organisation would convey diversity i.e. the organisation is a welcoming place with images representing diverse groups | | | | | |
| 5.4 There is access to childcare where appropriate and practical | | | | | |
| 5.5 Recruitment and selection processes are inclusive: sensitive to gender, culture, literacy requirements, disability, disadvantage and socio-economic differentials | | | | | |
| 5.6 Methodologies and materials match the literacy levels of group participants. | | | | | |

Quality Standard:

6: The programme is contextualised in Traveller culture, recognising that clear and easy access to culturally appropriate information is a positive social determinant of health

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| 6.1 The programme is Traveller proofed i.e. equality proofed | | | | | |
| 6.2 The programme is inclusive and sensitive to gender, culture, literacy, disability | | | | | |
| 6.3 The programme is respectful of diversity, and this is reflected in the programme environment and materials that are used in training. | | | | | |

Quality Standard:

7: The programme is built on an assessment of individual needs; sensitive and culturally appropriate to the particular group of Travellers and their experience

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 7.1 Information and materials are culturally appropriate to Travellers | | | | | |
| 7.2 Consultation with the target groups inform this and is an active, creative and inclusive process using various methodologies | | | | | |
| 7.3 Materials that are used in relation to substance use education and drug prevention are not based only on a settled white experience. | | | | | |

Quality Standard:

8: Approaches are multi faceted, flexible and inclusive of the diverse needs of Travellers

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| 8.1 Programmes are flexible in their design and content | | | | | |
| 8.2 Programmes utilise a variety of methodologies. | | | | | |

B: PROCESS/ DELIVERY

Quality Standard:

9: Programmes build the capacity of Travellers to respond to drug issues in a multi dimensional way, raising local awareness to look at local solutions

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| 9.1 Programmes are planned as part of wider community development initiatives | | | | | |
| 9.2 Programmes have a community mobilisation element. | | | | | |

Quality Standard:

10: Programmes are purposeful and relevant to the group

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 10.1 Programme content reflects local issues | | | | | |
| 10.2 Programme objectives are negotiated with the training or education group. | | | | | |

Quality Standard:

11: Substance use education programmes target distinct groups within the Traveller Community as the needs of young Travellers, Traveller women, Traveller men and Traveller community health workers are different. Equally, inclusion with other communities who are engaged in substance use education work should be promoted and facilitated

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| 11.1 Programmes are developed with specific target groups as their focus e.g. young Travellers, Traveller parents etc | | | | | |
| 11.2 Programme content and methodologies reflect the needs and competencies of the target group | | | | | |
| 11.3 Inter-programme learning with other groups in the wider community is facilitated. | | | | | |

Quality Standard:

12: Peer work and the promotion of community members to engage the community, plays a central role in the planning, design and delivery of substance use education programmes

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 12.1 Programme facilitators identify and make links with members of the peer group and community members | | | | | |
| 12.2 Peer-to-peer methodologies are utilised | | | | | |
| 12.3 Materials used are appropriate to the peer group in terms of medium and message. | | | | | |

Quality Standard:

13: Content of session or course is specific, relevant and based on participants needs, yet flexible as needs may emerge during the course itself

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 13.1 A needs assessment has been conducted | | | | | |
| 13.2 Issues and topics are addressed in a way that the group agrees to and covers the following: a. Knowledge about drugs and alcohol b. Attitudes (wider social, Traveller specific and personal) to drugs and drug use c. Skills enhancement and development d. Effective skills development e. Enhancement of skills that support self confidence in addressing drug use issues in the community through different media/methodologies e.g. posters, video and leaflets that are culturally appropriate. | | | | | |

Quality Standard:

14: Material used on the programme is creative, positive and culturally appropriate. It explores relevant issues within cultures and challenges myths and stereotypes about drugs

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| 14.1 Programme is supportive of culture and addresses drug and alcohol issues in a non-judgemental manner | | | | | |
| 14.2 Programme material is designed to promote active learning, engage participants, to stimulate responsiveness and aid reception. | | | | | |

Quality Standard:

15: Substance use education programmes with Travellers are delivered by suitably trained, appropriately skilled, and qualified facilitators competent to deliver the programme

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 15.1 Facilitators and trainers have the core competencies required | | | | | |
| 15.2 Facilitators have training in or knowledge of equality, diversity and intercultural issues and have integrated this knowledge and skills into substance use education and prevention work | | | | | |
| 15.3 Facilitators have received anti-racist training or cultural awareness training (where possible). | | | | | |
| 15.4 Facilitators have been selected on the basis of their skills, competence and qualifications for working with adult learning groups and delivering substance use education programmes to Travellers or other marginalised groups | | | | | |
| 15.5 Facilitators have a thorough understanding of the programme content, relevant local context and are accountable. | | | | | |

Quality Standard:

16: The content and methodology of the substance use education programme reflects up-to-date research on substance use issues in the Traveller community and evidence based approaches to substance use education and health promotion. Methodologies are based on adult education plus community development principles and practices. The local groups' specific issues are addressed along with the wider community context

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 16.1 Research on drugs conducted with the Traveller community has been examined | | | | | |
| 16.2 Local issues have been recognised and identified through the consultation, partnership and needs assessment processes | | | | | |
| 16.3 All resources and methodologies used during training should be evidence based, referenced and Traveller-proofed | | | | | |
| 16.4 Methodology is consistent with, and predicated on, relevant evidence and best practice | | | | | |
| 16.5 Learner centred | | | | | |
| 16.6 Empowering | | | | | |
| 16.7 Enjoyable | | | | | |
| 16.8 Facilitative of group and individual development | | | | | |
| 16.9 Values personal and group/community experience | | | | | |
| 16.10 Inclusive: sensitive to age, gender, cultural requirements | | | | | |
| 16.11 Promotes and maintains respect and confidentiality. | | | | | |

C: EVALUATION

Quality Standard:

17: The programme is evaluated in terms of its effectiveness, equity, efficiency and impact in terms of engaging Travellers, addressing their needs and enhancing their skills and knowledge

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 17.1 Travellers are engaged in programmes and the level of service user satisfaction is recorded | | | | | |
| 17.2 Evaluation reflects the quantitative and qualitative learning | | | | | |
| 17.3 Different methodologies are applied according to the group e.g. low literacy levels may mean that creative methods of evaluation need to be used | | | | | |
| 17.4 Formative, process and outcome evaluation methods are used | | | | | |
| 17.5 All programmes evaluate their effectiveness in: >> Engaging Travellers >> Addressing Travellers needs >> Enhancing Travellers skills, knowledge and development of understanding of related substance use issues | | | | | |
| 17.6 Needs assessment is measured against effectiveness/outcomes to examine what was achieved. | | | | | |

Quality Standard:

18: The evaluation of the programme will include: those on the programme i.e. the target group, members of the community group, funders, those delivering the programme

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 18.1 The final evaluation will include the input from all the named partners | | | | | |
| 18.2 The final evaluation will be available to all relevant parties. | | | | | |

Substance Use Education Programmes with Parents and Guardians

Best Practice Standards & Performance Indicators

A. PLANNING

Quality Standard:

1: All programmes are carefully planned and commissioned, with strategic and operational planning evident

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| 1.1 All programmes are contextualized within and complementary to an integrated multi-component drug strategy, while locally focussed | | | | | |
| 1.2 All programmes complement other health promotion and substance use education programmes and interventions | | | | | |
| 1.3 All programmes are carefully planned and commissioned | | | | | |
| 1.4 All programmes are detailed in the host organisations' drug policy | | | | | |
| 1.5 All programmes are strategically planned to complement the SPHE curriculum for students. | | | | | |

Quality Standard:

2: All programmes are learner centred, predicated on a needs assessment

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 2.1 All programmes are based on needs assessment, involving participants and relevant stakeholders | | | | | |
| 2.2 Programmes relevant to local social environment | | | | | |
| 2.3 Consultation with learner group prior to training | | | | | |
| 2.4 Appropriate messages are used (e.g. not fear-based or moralising) | | | | | |
| 2.5 Appropriate methodology is used based on relevant requirements of learner group | | | | | |
| 2.6 Realistic objectives are set for the training programme. | | | | | |

B: PROCESS/ DELIVERY

Quality Standard:

3: All programmes are delivered by appropriately skilled and qualified facilitators

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 3.1 Facilitators are selected based on clear evidence of their skills, competence and qualifications in working with adult learning groups | | | | | |
| 3.2 Facilitators have a thorough understanding of the programme content | | | | | |
| 3.3 Facilitators are accountable for delivering the agreed programme and provide a report on learning objectives and feedback from participants and themselves | | | | | |
| 3.4 Facilitators should have access to appropriate support and supervision. | | | | | |

Quality Standard:

4: The content of all sessions/ courses is specific, relevant, evidence-based and predicated on participants' needs, yet flexible as needs may emerge during the course itself

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 4.1 Learning objectives predicated by needs assessment findings | | | | | |
| 4.2 Clear programme outline and objectives | | | | | |
| 4.3 Stated curriculum evident | | | | | |
| 4.4 All resources used during training have been proofed and referenced eg. gender, literacy, etc | | | | | |
| 4.5 Accreditation/certification (where appropriate) | | | | | |
| 4.6 Clear referral protocol identified | | | | | |
| 4.7 All content is consistent with and predicated on relevant evidence on best practice | | | | | |
| 4.8 The programme will identify progression routes for participants, regarding further learning opportunities | | | | | |
| 4.9 Protocols established for effective and appropriate referral of parents to relevant support services, e.g. family support groups, family therapy or counselling services, addiction treatment services, youth agencies, etc. | | | | | |

Quality Standard:

5: All programmes are accessible for participants

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| 5.1 Affordable: low-cost or free | | | | | |
| 5.2 Sensitive recruited using existing school and community networks | | | | | |
| 5.3 Involve a realistic commitment regarding location, timing and duration | | | | | |
| 5.4 Inclusive: sensitive to gender, culture, literacy requirements, disability, level of parent and guardian engagement with the school, educational disadvantage, socio-economic differentials | | | | | |
| 5.5 All parents and guardians made aware of opportunity to engage in programmes. | | | | | |

Quality Standard:

6: Dependent on the needs analysis, the programme may require a specific focus on one or some of the following; Information based talks, substance use education programmes, skills based programmes, joint parent and child work

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| 6.1 Information-based talk: one session: topics may include: <ol style="list-style-type: none"> 1. Overview of the content and delivery methodologies of substance use education programmes for students in the school in the context of SPHE curriculum 2. School substance use policy and promotion of meaningful engagement by parents in the ethos and work of the school on its policy 3. Youth work based substance use education programmes and policy 4. Local services (family support, counselling, youth agencies, drug & alcohol treatment services etc.) 5. Effective approaches to substance use education and prevention <i>(continued overleaf >>)</i> | | | | | |

<< continued

6: Dependent on the needs analysis, the programme may require a specific focus on one or more of the following:

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| <p>6.2 Substance use education awareness programme: multiple sessions; topics may include:</p> <ol style="list-style-type: none"> 1. Drug types, effects, health & associated risks, stages/types of substance use, 2. Risk & protective factors 3. Reasons why young people use 4. Effective approaches to substance use education and prevention, etc | | | | | |
| <p>6.3 Skills-based programme: multiple sessions: topics may include:</p> <ol style="list-style-type: none"> 1. General parenting skills, strengthening relationships, cohesion, caring, control & conflict resolution, parenting styles, the role of positive and consistent behaviour management in parenting, familial listening and interactive skills 2. Substance related skills, increasing knowledge about drugs, helping to communicate appropriate attitudes and models of behaviour about substances 3. Skills that support self-confidence and empowerment as parents 4. Influencing mediating factors (also called risk and protective factors) | | | | | |
| <p>6.4 Joint parent and child work: to discuss views and practice skills together. This should not adversely affect the child's school attendance.</p> | | | | | |

Quality Standard:

7: All methodologies employed during training are based on adult education principles and practice

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| 7.1 Methodology is consistent with, and predicated on, relevant evidence on best practice | | | | | |
| 7.2 Learner centred and interactive | | | | | |
| 7.3 Empowering | | | | | |
| 7.4 Enjoyable | | | | | |
| 7.5 Facilitative of group and individual development | | | | | |
| 7.6 Promotes participation and partnership with parents | | | | | |
| 7.7 Valuing personal experience | | | | | |
| 7.8 Supportive of parents and the challenges they face | | | | | |
| 7.9 Inclusive; sensitive to gender, cultural requirements etc, with an emphasis on a negotiated learning contract | | | | | |
| 7.10 Promotion and maintenance of respect and confidentiality | | | | | |
| 7.11 Clear confidentiality and disclosure protocols and procedures evident. | | | | | |

C: EVALUATION

Quality Standard:

8: All programmes are monitored and evaluated to determine their effectiveness

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 8.1 Evaluation takes place in three stages: during planning stage (formative evaluation), during the training stage (process evaluation), and after training (outcome evaluation) | | | | | |
| 8.2 Evaluation method to be commensurate with level of programme | | | | | |
| 8.3 All programmes should evaluate their effectiveness in: <ul style="list-style-type: none"> >> Engaging parents >> Addressing parents' needs >> Enhancing parents' skills and knowledge and the development of understanding in relation to drug use issues | | | | | |
| 8.4 Programme is evaluated by all stakeholders: parents, facilitators and the host organisation | | | | | |
| 8.5 Evaluation report produced. | | | | | |

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ALL SETTINGS



DEWF
Drug Education Workers Forum

Working in Partnership

Best Practice Standards & Performance Indicators

A. PLANNING

Quality Standard:

1: Prior to engaging in a partnership, the needs are assessed, both organisationally and individually, from such a working relationship. Individuals/agencies that will contribute constructively to the shared work are identified

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| 1.1 Needs assessment conducted | | | | | |
| 1.2 Analysis of needs assessment results carried out | | | | | |
| 1.3 Proposal compiled outlining the rationale for partnership | | | | | |
| 1.4 Prospective partners with similar needs, ethos and aspirations identified and contacted | | | | | |
| 1.5 Organisational issues explored and addressed | | | | | |
| 1.6 Areas of synergy and diversity enhanced and recognised | | | | | |
| 1.7 Shared work plan compiled and implemented | | | | | |
| 1.8 Monitoring and evaluation mechanisms incorporated into work place. | | | | | |

Quality Standard:

2: When entering a partnership process, the specific areas of shared interest and the strategies required to successfully achieve the common goals are identified

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| 2.1 All partners are cognisant of the rationale of the project | | | | | |
| 2.2 All partners are agreed upon the aims and objectives of the project | | | | | |
| 2.3 All partners have been afforded an opportunity to discuss the advantages and disadvantages of the partnership process | | | | | |
| 2.4 All partners have had an opportunity to negotiate a shared vision | | | | | |
| 2.5 All partners are agreed on a common strategy to achieve the stated outcomes | | | | | |
| 2.6 All stakeholders are aware of the rationale and system of partnership in operation. | | | | | |

Quality Standard:

3: The various factors which may contribute or inhibit the partnership process are explored. These include both contextual and process factors

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 3.1 Contextual Factors are explored: >> Political climate in which partnership takes place >> History of working together >> Policies, laws and regulations impacting upon work >> Resources available to partners-connectedness or cohesion of partners >> Catalysts and drivers in the partnership process. | | | | | |
| 3.2 Process Factors are explored: >> Co-ordination/facilitation within the process >> Communication among partners >> Team-building among partners >> Sustainability within the process >> Research and evaluation incorporated in the process. | | | | | |

Quality Standard:

4: The advantages and benefits which may accrue from the collaborative process are explored

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 4.1 More effective means of addressing local and regional issues | | | | | |
| 4.2 Increasing the capacity of all the partners | | | | | |
| 4.3 Increased understanding of sectoral relationships and roles | | | | | |
| 4.4 Greater inter-agency co-operation | | | | | |
| 4.5 Shared knowledge, awareness and learning amongst partners | | | | | |
| 4.6 Increased benefits for both service users and service providers | | | | | |
| 4.7 Shared understanding of respective responsibilities and skills | | | | | |
| 4.8 Increased skills base for all partners | | | | | |
| 4.9 Utilising the strengths and resources of all individual partners | | | | | |
| 4.10 Accessing alternative funding | | | | | |
| 4.11 Development of innovative services and projects. | | | | | |

B: PROCESS/ DELIVERY
Quality Standard:

5: The various levels of partnership are explored and a level which is realistic, practical and feasible to work from is identified

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| 5.1 The following levels of partnership are explored: >> Networking – Loosely defined arrangement and structure centred around an area of common understanding, interest and support >> Co-operation or Alliance – Central body based on shared needs which provides communication and limited co-ordination >> Co-ordination – Central body of decision makers with defined roles sharing resources to address common issues >> Coalition – Shared leadership, defined roles and timescales centred on shared ideas and resources >> Collaboration – Highly developed and equitable system centred on shared vision and outcomes. | | | | | |

Quality Standard:

6: Co-ordination and organisation of the partnership is clear. Specific roles and responsibilities are identified

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 6.1 Terms of reference are established | | | | | |
| 6.2 Contractual arrangements are drawn up where appropriate | | | | | |
| 6.3 Specific roles and responsibilities within the partnership are identified | | | | | |
| 6.4 A co-ordinating or facilitating role is designated and shared at various stages during the process. This role can be rotated or shared amongst partners, and employ a facilitative, empowering and participative style | | | | | |
| 6.5 There is a dynamic structure with the ongoing flexibility to innovate | | | | | |
| 6.6 Tasks are allocated to specific individuals in accordance with their roles and responsibilities | | | | | |
| 6.7 Specific roles and responsibilities within the partnership process recognise the existing and wide-ranging skills amongst partners | | | | | |
| 6.8 All partners are clear on the operational and strategic objectives within the partnership process | | | | | |
| 6.9 All partners are involved at the design and implementation stages of the specific project. | | | | | |

Quality Standard:

7: Working relationships in the partnership are based on equality, equity and accountability

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 7.1 All partners are afforded equal opportunity to discuss and influence the partnership process | | | | | |
| 7.2 All partners are afforded equal opportunity to discuss the partnership project | | | | | |
| 7.3 All partners are involved in decision-making regarding the project | | | | | |
| 7.4 All partners are afforded an equitable and democratic division | | | | | |
| 7.5 Structural inequalities should be addressed within the relationship | | | | | |
| 7.6 All partners are provided with a safe and supportive environment in which to meet | | | | | |
| 7.7 All relationships and work practices are transparent and accountable throughout the process. | | | | | |

Quality Standard:

8: Resources are invested at various stages to achieve the desired level of partnership

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 8.1 Required resources are identified | | | | | |
| 8.2 Required resources are sourced. | | | | | |

C: EVALUATION

Quality Standard:

9: A full evaluation is conducted exploring the strengths and deficiencies of the system and evaluating both the product and process of the partnership

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 9.1 Format for evaluation of the project and process has been discussed and agreed by all partners prior to commencement | | | | | |
| 9.2 All partners have been involved and consulted in the evaluation process | | | | | |
| 9.3 All partners have worked in accordance with the project rationale, aims and objectives | | | | | |
| 9.4 Specific roles and responsibilities have been fulfilled | | | | | |
| 9.5 All partners are satisfied with the partnership process and product | | | | | |
| 9.6 All outputs and outcomes arising from the partnership are evaluated | | | | | |
| 9.7 Creative and varied evaluative mechanisms are employed | | | | | |
| 9.8 Regular provision is made for collective monitoring and evaluation | | | | | |
| 9.9 Provision is made for independent evaluation of the partnership | | | | | |
| 9.10 All evaluation findings are recorded and disseminated to all partners | | | | | |
| 9.11 All evaluation findings should form the starting point for future collaborative work. | | | | | |

Evaluation of Substance Use Education Programmes

Best Practice Standards & Performance Indicators

A. PLANNING EVALUATION

Quality Standard:

1: The planning of the substance use education programme is evaluated

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| 1. A strategic planning session is held and minuted | | | | | |
| 1.2 A needs assessment is conducted | | | | | |
| 1.3 Based on the needs assessment a baseline is established and learning objectives identified | | | | | |
| 1.4 Resources are identified and checked for suitability | | | | | |
| 1.5 Methodologies are identified appropriate to the learning objectives and developmental stage of the participants | | | | | |
| 1.6 A clear programme outline is developed based on identified learning objectives and proposed outcomes. | | | | | |

B: PROCESS/ DELIVERY EVALUATION

Quality Standard:

2: The process of delivering the substance use education programme is evaluated

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|--|-----------------|------------------------------|---------------------|---------|---------|
| 2.1 Participants and facilitators evaluate all sessions according to specific learning objectives as set down for that session | | | | | |
| 2.2 Appropriate monitoring tools which are sensitive to the needs of the group are utilised | | | | | |
| 2.3 All findings are recorded. | | | | | |

C: OUTCOMES EVALUATION

Quality Standard:

3: The outcomes of the substance use education programme are evaluated

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| 3.1 All programmes are evaluated by participants, facilitators and the organisation, in accordance with the specific learning objectives outlined and the proposed outcomes | | | | | |
| 3.2 Appropriate evaluation tools are used, which are sensitive to the needs of the group | | | | | |
| 3.3 Findings are recorded | | | | | |
| 3.4 Actual outcomes are measured in relation to the set learning objectives and proposed outcomes. | | | | | |

Quality Standard:

4: The results of the evaluation are communicated to all stakeholders, to feed into the ongoing development of the organisation's substance use education programme

| Best Practice Standard/Performance Indicator | Relevant Yes/No | Comments on Current Practice | Actions to be taken | By When | By Whom |
|---|-----------------|------------------------------|---------------------|---------|---------|
| 4.1 All those who the results need to be communicated to are identified | | | | | |
| 4.2 The results of the evaluation are circulated in a format appropriate to the group | | | | | |
| 4.3 A named individual is nominated to communicate the results. | | | | | |

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APPENDIX



DEWF
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Feedback Sheet

INTRODUCTION

As part of ongoing evaluation, we would like feedback from those who have undertaken the training course on the training itself. Secondly, we would like feedback from those who are using the manual in their day to day work. This feedback sheet can be filled in after a period of time and sent back to the Drug Education Workers Forum (address below). Your feedback will contribute to the refinement and additions to the manual and training on its use.

Please return to this form to:

Drug Education Workers Forum, P.O. Box 9364, Dublin 1

Or email to:

dewfireland@lycos.com

For ongoing information on the work of DEWF log on to:

www.dewf.ie



Feedback Form on the Quality Standards Manual

Please comment on the overall content of the Quality Standards Manual and its relevance to substance use education work:

Please comment on the overall clarity of the standards and performance indicators included in the Quality Standards Manual:

Please comment on the coherence and structure of the Quality Standards Manual e.g. was it user friendly?:

Please comment on the using of supporting literature i.e. brief references list:

As a practitioner what is the one question you had about the manual which kept occurring when you used it?

Would answering or addressing this question make the manual more effective?

Have there been any differences evident in your practice as a result of using the manual?

Any other overall suggestions for improving the manual: