

EDPQS Toolkit 4: Promoting quality standards in different contexts (Adaptation & Dissemination Toolkit)

**Step 2: Identifying potential
barriers and facilitators**

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About this toolkit

This document is part of the EDPQS Toolkit 4 on Adaptation and Dissemination. This toolkit consists of the following documents:

- **Introduction & Key messages** – helps to understand what the toolkit is about. Introduces the overall toolkit and highlights key aspects concerning each step of the process.
- **Step 1: Deciding what to do** – helps to decide what type of adaptation or dissemination to undertake. Describes what an 'EDPQS Champion' is, introduces the adaptation process and distinguishes three types of adaptation (translation, formal content adaptation, flexible content adaptation). Includes Exercises A and B as well as Figures 1 and 2.
- **Step 2: Identifying potential barriers and facilitators** – helps to estimate the required resources, and to anticipate potential problems as well as sources of support. Highlights the role of written materials, supportive people, sufficient time and money, as well as prevention systems and professional cultures. Includes Exercises C-F as well as Figure 3.
- **Step 3: Undertaking the adaptation** – helps to think through the actual adaptation process from setting up a working group to publishing the project outputs. Explains how to achieve a good translation of the EDPQS, and what changes to avoid when adapting the layout or contents of the EDPQS. Includes Exercise G and Table 1.
- **Step 4: Promoting quality standards** – helps to plan follow-up activities that will ensure uptake of the standards by end-users. Includes an evidence review of dissemination strategies, distinguishes 'dissemination' and 'implementation' and suggests evaluation indicators that can help assess the impact of activities to promote quality standards. Includes Exercises H-J.
- **Example projects** – helps to understand how EDPQS have been adapted and disseminated in practice. Describes eight example projects from across Europe, including contact details of the persons responsible for these projects.
- **Acknowledgements** – list of people who contributed to the development of this toolkit.
- **Translation and adaptation checklist** – a checklist of the most important points to consider when translating or adapting any EDPQS materials.

Throughout the toolkit, the following two symbols are used to indicate:



'Lessons learnt' from the example projects



Practical exercises

Please note: This toolkit refers to "Example Projects" throughout. Full details regarding the example projects, including links to reports and project web pages, are provided only in the Example Projects document. The examples are included to illustrate how people have gone about introducing quality standards using the EDPQS. Inclusion of the projects should not be interpreted as official endorsement or promotion of the projects by the Prevention Standards Partnership. More examples of projects that have used the EDPQS to promote quality in prevention can be found on www.prevention-standards.eu

This toolkit may be used, in whole or in part, to guide the development/revision of quality standards and other quality assurance tools. Endorsement by the Prevention Standards Partnership of such derived products may not be stated or implied by toolkit users unless explicitly agreed with the Partnership.

Feel free to share your own experiences of using the EDPQS by contacting the European Prevention Standards Partnership at <http://prevention-standards.eu/contact/>

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Step 2: Identifying potential barriers and facilitators

Top tips for identifying potential barriers and facilitators

- ★ Allow **enough time and money**. Promotion of quality standards cannot be a quick, one-off activity, but forms part of **a long-term process to develop the quality** of preventive work.
- ★ **Collaborate with experienced people who know the prevention field and are passionate** about raising the quality of preventive work. They will be able to **anticipate** and handle potential challenges.

In the EDPQS Theory of Change (see <http://prevention-standards.eu/theory-of-change/>), we identify different types of input to support EDPQS-led improvements in prevention policy and practice: existing quality standards and related expertise; the interest, time, motivation and expertise of EDPQS champions; funding; the interest, time, expertise and feedback from potential target audiences; supportive partners; and supportive structures such as prevention systems, prevention culture, and the political context¹. These factors can not only facilitate successful dissemination and implementation of the EDPQS, but under certain circumstances they can also act as barriers. Their precise nature differs between professional contexts, explaining why in some cases it can be easier to disseminate the EDPQS than in others.

Before you move on to undertaking the adaptation, it is therefore important to identify potential facilitators and barriers in your specific context, and how to utilise (in case of facilitators) or address them (in case of barriers). In short, you must check the feasibility of the planned adaptation or dissemination. Information on potential barriers can be collected through various methods, including surveys and discussion groups involving different prevention stakeholders.

The following sections offer some considerations that can help you assess potential barriers and facilitators. It is likely that you will have to go through these issues multiple times – by yourself, and with your working group or reference group members (we will return to the difference between a ‘working group’ and a ‘reference group’ in Step 3), and during dissemination (Step 4).

2.1. EDPQS and other materials

EDPQS materials

In preparing for the adaptation, you should consider which existing EDPQS and other materials you wish to use and promote. All EDPQS documents are available for free from the web page www.prevention-standards.eu. Documents published by the EMCDDA are also available from the EMCDDA web page www.emcdda.europa.eu. There are longer and a shorter versions of the EDPQS standards available, as well as a range of supporting documents. A full overview of all materials is available from the project website; here we only highlight a few key points.



The **Manual** (Brotherhood & Sumnall 2011) was developed by the European Prevention Standards Partnership from a research project co-funded by the European Union. It contains the full list of standards at the most detailed level, as well as introductions, a glossary and other useful information. It is the key resource on the EDPQS. Due to its length (284 pages), it can be costly to translate and to adapt, and it can be less suitable for some target audiences (e.g. front-line workers). **So that you can champion the EDPQS and explain them to others, it is essential that you read the Manual in full, even if you decide to use the Quick Guide for the actual adaptation or dissemination.**

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The **Quick Guide** (Brotherhood & Sumnall 2013) was commissioned by the EMCDDA specifically to allow translation of the standards where a translation of the full Manual is not feasible. It is much shorter (37 pages) and summarises the basic standards. It is intended as an introduction and stepping stone to the full Manual. It includes a self-reflection checklist that can be used when planning and implementing prevention activities. As it does not list the actual standards, it is best used in conjunction with the Manual (although it is also possible to use it as a standalone resource).

A number of **Toolkits** and other support materials are also available. These do not contain the standards as such but aim to help people use the EDPQS. Materials are available specifically for decision-makers including funders and commissioners of prevention activities (Toolkit 1), for prevention providers (Toolkit 2), and for training purposes (Toolkit 3). Depending on what dissemination activities you are planning and who your primary target audiences are, you may want to consider translating and adapting some of these materials as well.

- ★ Colleagues from Croatia (*Example 3*) have been successfully using the Quick Guide as a training resource in face-to-face workshops with prevention providers. Training participants receive a copy of the Quick Guide in Croatian and a web link to the full Manual in English for future reference. During the training, training participants explore the standards in a guided way. The trainer is familiar with the full Manual and can therefore provide additional detail and explanations as needed.

The importance of the EDPQS Position Paper

There are also EDPQS materials available which will help you to better understand the EDPQS and the underlying research. This will put you in a better position to interpret the meaning of the EDPQS during adaptation, and to justify promotion of the EDPQS to your colleagues and stakeholders.

The EDPQS Position Paper (<http://prevention-standards.eu/position-paper/>) is recommended reading for all EDPQS champions. It positions the EDPQS in the broader context of prevention by discussing the EDPQS definition of 'drug prevention' as well as the values underpinning the EDPQS. It can therefore help to advocate the importance of quality standards and understand the rationale behind the EDPQS.

Project reports from the EDPQS Phase I and Phase II projects document the research accompanying the EDPQS. They can help you to better understand how the EDPQS were developed as well as the practical challenges of disseminating them.

Other materials

If you are translating the EDPQS, then you will only be referring to EDPQS materials. As part of Exercise B in Step 1, you were asked to describe your ideas regarding materials to promote quality, and to consider how similar they would be to existing EDPQS materials. If the materials you have in mind are very different from the existing EDPQS materials, then you may have to undertake a content adaptation of the EDPQS rather than a translation (for the different adaptation types, refer to Step 1). To do so, you may also need to **draw upon additional resources and develop new materials**.

The EDPQS may not be suitable for all purposes. Although the EDPQS are intended to be widely applicable, they have been produced for a specific purpose and in a specific context. For example, the EDPQS were developed in consultation with European target audiences, they promote a certain view on quality, focus on formal aspects (i.e., they do not recommend specific intervention approaches), and they are not limited to any particular intervention or setting. If the EDPQS do not match the aims of your project, you may wish to consult also **other standards**². You can find existing national and international quality standards in drug prevention on the EMCDDA's Best Practice Portal³ or on the EDPQS project website⁴. In those repositories

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you will also find setting-specific standards and content recommendations (e.g. UNODC 2013). Once you have identified the standards that fit best with what you have in mind, you will need to review them and decide how they will inform your work. However, referring to other standards is entirely optional and will only be necessary if you feel that the EDPQS do not meet your needs.

- ★ Colleagues working on the “Alcohol and Drug Education and Prevention Information Service” (ADEPIS) initiative in the UK (Example 8) sought to develop school-specific standards that would include recommendations on the contents of drug education and be specific to the geographical context. They therefore decided to draw upon a range of sources in the development of the Mentor ADEPIS standards, including the EDPQS Manual, the UNODC International Standards on Drug Use Prevention (UNODC 2013), previous national standards on drug education (SCODA 1999), government guidance, as well as examples of good practice in drug education and prevention. The EDPQS were considered useful not only in terms of their contents, but also as an example of how standards can be developed, structured and presented.

Existing materials also provide important **reference points** for your own work. You should consider carefully what (if any) best practice guidance (including standards and guidelines) is already available in your professional context or for your target audience of interest. The existence of guidance can be helpful if it means that target audiences are already used to working with such documents and if supportive structures (e.g. repositories of ‘best practice’ guidance) are in place. However, will the EDPQS be seen as a useful addition or could they be perceived to contradict or compete with existing materials? Will they be seen as enriching practice or as a burden? Consider the contents of existing guidance, its target audiences, if and how it is used, how it is promoted (e.g. is it mandatory?), and how the EDPQS or standards adapted from EDPQS will fit in with already existing quality assurance mechanisms.

- ★ In Poland (Example 1), the EDPQS Manual was translated to provide a more in-depth resource on quality standards in prevention. It is intended to support the prevention workforce in achieving the already available national quality standards.

Exercise C: Choosing EDPQS materials


-  Take some time to explore the available EDPQS resources at www.prevention-standards.eu Right now, you don’t have to read the materials in detail, but you should at least skim through them so you have a good idea of what is available. Consider which materials appeal to you most, and which materials are most likely to appeal to your target audiences. Use the box below to note the findings of your research.

2.2. People

To be successful in adapting and disseminating the EDPQS, you will need the support of a number of people at different stages of the project. Consider the following instances:

- In order to undertake the actual work, you will need to establish a working group (see Step 3). This could include **colleagues** in your own organisation and/or colleagues from another organisation. The support of your senior colleagues and others in your organisation will be crucial. If necessary, use the arguments provided in the EDPQS Summary or the EDPQS Position Paper⁵ to convince them of the need for quality standards. You can also use the EDPQS PowerPoint presentations to present the EDPQS to them. Highlight how the EDPQS support the aims of your organisation as well as national and international priorities.
- Depending on what you're intending to do, it may also require **specialised support** from people such as translators with an expertise in drugs or public health, editors, and printers.
- You may be able to make use of already existing funding, especially if promoting quality in prevention is part of your job description or your organisation's mission statement. If you are unable to make use of already existing funding, you will need to obtain support from a **funder**. Adaptation costs will be discussed further in the next section, and general cost considerations with regard to dissemination are included in Step 4.
- To decide how to best go about your adaptation/dissemination, you may want to involve **experts**. These could be members of the Prevention Standards Partnership or others who have already used the EDPQS to promote quality in prevention. You can contact the Partnership through the website www.prevention-standards.eu. Although the Partnership is unable to offer structured assistance with standards adaptation, we will try to support you as best as we can (e.g. by presenting the EDPQS to your working group or discussing specific issues regarding the planned adaptation). In the Example Projects document in this toolkit, you can see which EDPQS champions are happy to be contacted and to share their experiences with you.
- To ensure that the standards will be understood and actually used by target audiences, it is strongly recommended to involve **representatives of your target audiences** during the adaptation process and in preparing dissemination activities (e.g. by assessing their needs and preferences). If you do not yet have established links with target audiences, then you will require an **intermediary** to help you make the link (e.g. umbrella organisation of prevention providers).
- To lend credibility to your product and help with its dissemination, you may need to involve **influential organisations**, such as government departments or professional associations. Ideally, a multisectoral collaboration, involving government, civil society and academia, will promote the standards. If you do not have the support of such organisations from the beginning, it may be possible to build it up gradually by involving them in the adaptation process as stakeholders, as the example below shows.
 - ★ In Sweden (*Example 4*), the National Institute of Public Health was originally involved only as a stakeholder in the adaptation process (i.e., as a member of the national reference group). However, it subsequently became a formal member of the working group to gain official recognition for its contribution to the project, and to support dissemination of the standards at a national level.
- If there are **other people trying to promote quality** in your professional context (i.e. other potential EDPQS champions), you should try to collaborate with them – not only to avoid duplication of work, but also because a joint effort with consistent messages is more likely to reach and have an impact on target audiences.
- Depending on the professional context in which you hope to promote quality standards, necessary collaborators and stakeholders may work at a **local, regional or national level**. Take this into consideration when planning your project. For example, it will be difficult to promote quality standards at a national level if all your contacts are limited to your own municipality. However, your existing contacts may be able to refer you to their counterparts in other municipalities.

Exercise D: Identifying relevant contacts

 In Exercise A (Step 1), you considered your own readiness to undertake an adaptation of the EDPQS. *Go back now and review your answers.* The boxes that you did *not* tick indicate which people or organisations you will need to talk to first. For example, if you don't work for a well-known organisation yourself, you should try and secure the support of somebody who does. If you are unable to obtain their support prior to the start of your project, make sure to involve them through stakeholder consultations.

Use the box below to note who you will need to contact, and how you will go about it (e.g. email, telephone). Write down names of specific people you know, or names of people who could help you identify relevant contacts. Note who you think is likely to collaborate, and who may be less likely to collaborate (e.g. because they have limited resources or oppose the idea of quality standards). Consider also how important different stakeholders will be to the success of your adaptation or dissemination activity.

Colleagues from my own organisation:

Colleagues from another organisation:

Specialised support (e.g. translator):

Funders:

Experts:

Target audience representatives:

Representatives of influential organisations:

Other people trying to promote quality in prevention:

People working at a local, regional, or national level:

2.3. Time and money

★ We asked the featured EDPQS champions about **the main costs associated with using the EDPQS**. The cost items will depend on the nature of your own work, but based on their responses the table below lists the cost items that you may want to consider.

It is important to consider how much time and money you have available for adaptation and dissemination, and to be **realistic** about what can be achieved within available resources. The resources required will vary according to what you want to do.

Achieving quality requires time

“Changes in skill levels, organizational capacity, organizational culture, and so on require education, practice, and *time to mature*” (Fixsen et al. 2005: 16, emphasis added).

For some activities, there may not be a ‘quick and easy’ process. Remember, however, that a ‘quick and easy’ process is unlikely to achieve widespread and sustained improvements in prevention policy and practice. As Bywood and colleagues (2009: 213) note, “a slower transition process that recognizes and reflects group norms may be more effective at facilitating change”.

★ There are no fixed rules about **how long an adaptation will take**. Based on the experiences of the *Example Projects*, you should allow⁶:

- 2-3 months for a translation of the EMCDDA Quick Guide (*Example 3*)
- 6-12 months for a translation of the EMCDDA Manual (*Examples 1, 2*). Six months will be feasible if you are already familiar with the EDPQS and know a good translator with drugs-related expertise; otherwise you should factor in additional time for revision and editing.
- 18-24 months for a formal content adaptation, without translation (*Examples 5, 6*). This will give you time to conduct additional research, including stakeholder consultations, and to adapt and pilot the standards.
- 24 months for a formal content adaptation of the EDPQS Manual, including translation (*Example 4*)
- 6-18 months for a flexible content adaptation (*Examples 7, 8*). Six months will be feasible if you have a narrow focus and a clearly defined purpose for the new standards (e.g. standards for a particular intervention or setting).

In addition, you may need to factor in time beforehand, especially if you first need to secure external funding or build up the necessary support; as well as time after the adaptation to disseminate the adapted standards. However, dissemination can start already during the adaptation process through the involvement of potential target audiences.

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<p>Staff time (actual time plus salaries)</p>	<p>This was commonly identified as being the main cost associated with the development or adaptation of quality standards. However, several EDPQS champions highlighted that their job already required them to promote quality in prevention, so additional funding to cover their staff time was not required. If that is the case for you, you may still need to consider the staff time of colleagues or external project partners.</p>
<p>Project meetings (e.g. meals, transport, venue)</p>	<p>This refers to meetings of your working group, especially if the group includes people from other organisations or cities, as well as consultations with external stakeholders (i.e. reference group).</p>
<p>Experts</p>	<p>If you are thinking about involving people who have expertise in developing or working with quality standards, a dedicated budget to cover their travel expenses will be useful. Depending on who the experts are and how much involvement you expect from them, you may also need to compensate them financially for their time.</p>
<p>Translation</p>	<p>This can be a major cost, especially if translating the Manual. If a suitable translator is not available, you may need to factor in additional staff time for yourself to undertake/review the translation.</p>
<p>Editing, proof-reading</p>	<p>It may be useful to involve additional prevention experts in the editing and proof-reading of translated documents. Depending on the size of the task, they may need to be compensated for their time. If a suitable editor is not available, you may need to factor in additional time for yourself to undertake this task.</p>
<p>Design</p>	<p>You may need to sub-contract a professional graphics designer to make the outputs of your work visually appealing.</p>
<p>Printing and photo-copying costs</p>	<p>Relevant if materials need to be available in hard copy. Consider that EDPQS materials should be printed in colour to preserve the colour-coding of the project stages within the standards.</p>
<p>Presentations and training events (e.g. venue, meals)</p>	<p>Many dissemination routes are inexpensive, but they can also be ineffective. We recommend that as a minimum you factor in a budget for a launch event, during which you can present the outputs of your work to key stakeholders in your professional context (further discussed in Step 4).</p>

Funding for the adaptation may already be available as part of your day-to-day activities. For example, if you are working on a bespoke project to promote quality in prevention, adaptation and promotion of the EDPQS may be a method to achieve your project aims rather than an additional activity. External funding may be available through the European Union, from national or local government, or through other funding streams seeking to support evidence-based approaches to prevention.

- ★ In the companion document, *Example Projects*, you will find more information about how each of the projects was funded.

2.4. Prevention systems and professional cultures

"Organizations exist in a shifting ecology of community, state and federal social, economic, cultural, political, and policy environments that variously and simultaneously enable and impede implementation and program operation efforts" (Fixsen et al. 2005: 58).

Efforts to support quality in prevention policy and practice do not take place in a vacuum. The particular challenge with regard to quality standards is that they are typically introduced and promoted if the quality of preventive activities is believed to be lower than it should be. Prevention systems and professional cultures are therefore less likely to be aligned with the requirements of high quality prevention. However, as shown in the EDPQS Theory of Change (see <http://prevention-standards.eu/theory-of-change/>), a professional context supportive of quality in prevention is not only an 'outcome' of promoting the EDPQS, but also an 'input' needed for the EDPQS to achieve their aims.

You must therefore consider the prevention systems and professional cultures within which you wish to promote quality standards: could they be enabling or hindering the promotion of quality? In the context of this toolkit, we see the main reasons for giving attention to this issue as ensuring that:

- The adaptation and dissemination of the EDPQS can take place (i.e. your project is not threatened by lack of support)
- The resulting standards are acceptable and useful for target audiences
- The professional groups most affected by the standard don't perceive them as a threat
- Support will be available to disseminate the standards widely
- Efforts to promote quality in prevention will be sustained

By '**prevention system**', we mean the way that prevention delivery is structured and organised. A prevention system consists of all those policies, structures, organisations, people and actions whose primary goal is to promote, restore or maintain health through preventative activities (see also EDPQS Position Paper and UNODC 2013, chapter IV). For example, is there a specialist agency or committee that coordinates and monitors prevention activities, including their quality; is there a long-term political commitment to high quality in prevention, including the provision of adequate resources; is there a funding mechanism which favours those preventive activities which adhere to minimum quality criteria; are commissioning procedures in place to ensure that preventive activities respond to target population needs; are there well-developed communication channels and collaborative links between different stakeholders in prevention; are there established training and accreditation systems for the professional development of the prevention workforce; are drug prevention structures and activities labelled as such or are they subsumed under wider prevention, health and social care agendas?

Are there minimal pre-conditions for introducing quality standards?

There are no minimal pre-conditions for introducing quality standards. If the prevention system is under-developed (i.e. if the answers to most questions above are 'No'), then promotion of the EDPQS is *not* impossible. However, it will require more time and effort than in a well-developed prevention system. At the same time, the successful introduction of quality standards will also produce greater improvements and thus be more rewarding in an under-developed system than in a well-developed system (where the quality of preventive activities is already likely to be higher). Rather than seeing lack of supportive structures as a barrier to the promotion of quality standards, introducing quality standards is an opportunity to develop supportive structures (similarly for the adaptation of existing interventions, see Burkhart 2013: 41). So, while structures need to be in place before quality can be achieved, the process of *developing* quality goes hand in hand with developing the necessary structures.

By '**professional culture**', we mean the professional habits, norms and values held by those working in prevention (from top-level policy-makers to front-line workers, including teachers). For example, is

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prevention taken seriously as a professional field (and science) in its own right; what are the attitudes and beliefs concerning evaluation and evidence-based prevention; what is regarded as 'high quality' prevention (and does this correspond to the notion of quality in the EDPQS); what is considered acceptable and unacceptable practice; is the term 'drug prevention' used, and what are the perceived aims of drug prevention; how do policy makers, practitioners and researchers interact; is there a shared prevention vocabulary among the different stakeholders?

In addition, professional culture also reflects society's overall culture. For example, if a country is predominately Euro-sceptic, it may mean that the EDPQS are viewed more critically because of their 'European' nature, whereas a more positive perception of 'Europe' or the European Union may favour the EDPQS⁷. General attitudes toward social control, prescriptive rules and procedures also affect what kinds of activities are accepted or rejected by those working in prevention. Burkhart (2013: 7ff) makes this point with reference to structured manualised prevention programmes and environmental prevention actions, but it is also relevant for the introduction of quality standards.

- ★ Colleagues in Poland (*Example 1*) and Sweden (*Example 4*) reported an overall appreciative opinion of the EU among their colleagues, and that there was a genuine interest to meet the European standard. In these contexts, the 'European' label of the EDPQS helped to obtain support for the introduction of quality standards. Moreover, colleagues in Sweden reported that a 'best practice' orientation had developed in their country due to the positive examples set in the treatment field as well as due to the failures of traditional, non-evidence-based prevention approaches. The EDPQS champions in Sweden also suggested that Swedes perceive themselves as 'being good at prevention' which meant it would be unacceptable not to be at the forefront of activities to promote best practice.
- ★ In the project "Consensus building on minimal quality standards for drug demand reduction in Belgium" (COMIQS.BE; *Example 7*), the heterogeneity of languages, professional cultures and delivery systems in Belgium had to be considered. It was decided to offer materials in Dutch and French, and to organise stakeholder consultations separately in the two languages. The regions also differ on their attitudes towards standardisation. The development of standards was therefore seen as a national consensus-building process. This example also underlines the possibility that different prevention systems and professional cultures exist within the same context.

What to do if the professional culture is not supportive of quality standards?

Broadly speaking, there are two strategies to respond to a situation where the prevailing professional culture is not particularly supportive of quality standards.

Firstly, the EDPQS could be changed to become more acceptable for the target audiences. The EDPQS were developed based on the assumption that they will be most acceptable if target audiences perceive them to be relevant (i.e. applicable to their circumstances), useful (i.e. produce practical benefits) and feasible (i.e. achievable under real-world conditions) (Brotherhood & Sumnall 2010). It is advisable that EDPQS champions adapt and promote standards on the same premise. Translation from English into the target language is an example of a change to make the standards more relevant. However, changes need to be made carefully. This is because the **EDPQS seek to change current practice, but people tend to resist change** – even if it is for the better. The most acceptable (but ineffective) standards may therefore be those which affirm the status quo⁸. A way to overcome this conundrum is to acknowledge that a standard can be relevant and useful, but not currently feasible. A standard may consequently become acceptable within a professional culture if its practical feasibility is supported by the prevention system. This also highlights the link between professional cultures and prevention systems. The issue of making changes will be discussed further in Step 3.


Secondly, the target audience itself can be 'changed' to become more accepting of the EDPQS. Plested and colleagues (1999) used the concept of 'readiness' to think about whether and how target populations can be engaged in preventive activities. The 'readiness' concept can also be applied when thinking about engaging professionals (Fixsen et al. 2005; Bywood et al. 2008c). In other words, the **readiness of the target audience** for the introduction of quality standards can be increased. Introduction of standards is

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then preceded or accompanied by awareness- and consensus-building activities, training and educational materials to develop best practice orientation more generally (similarly, for preventive interventions, see Fixsen et al. 2005: Chapter 2; Burkhart 2013: 30). Referring to a clear theory of change (such as the EDPQS Theory of Change) can also help to convince others of the need for change. We will return to different strategies for promoting quality in Step 4.

- ★ The Croatian project (*Example 3*) actually started as a nation-wide database of prevention projects. In the course of setting up the database and populating it with projects, colleagues at the Government Office for Combating Drug Abuse realised that the quality of interventions should be improved and training on quality offered. With support from the EMCDDA and the TAIEX programme of the European Commission⁹, they were able to hold a series of national conferences and training events to make the workforce aware of the need for quality in prevention.

Exercise E: Prevention systems and professional cultures

 As an EDPQS champion, you will have to consider carefully the prevention systems and professional cultures in your context of interest. Due to the brevity required in this toolkit, we could only highlight some key questions in the section above. Your knowledge of the practical conditions for prevention 'on the ground' (including policy drivers, commissioning structures, professional cultures, and other drivers of prevention activity) is essential to determine how prevention systems and professional cultures matter specifically for your efforts to promote quality in prevention.

Different prevention communities may have varying needs and thus require different types of support to use and implement quality standards. Figure 3 (overleaf) can help you to determine strengths and weaknesses concerning your target audience's readiness in line with the EDPQS Theory of Change (see <http://prevention-standards.eu/theory-of-change/>)¹⁰.

Mark those statements in the green and red boxes which describe the situation in your target prevention system(s) and professional culture(s). Feel free to add your own observations to the boxes.

Use the field below to reflect on the readiness of the relevant prevention system(s) and professional culture(s) with regard to quality standards. What do you see as the main challenges (red boxes), and what could be opportunities for action (grey boxes)?

Toolkit 4 – Step 2: Identifying potential barriers and facilitators

Figure 3: Determining the readiness of target prevention systems(s) and professional culture(s)

<p>Awareness</p>	<ul style="list-style-type: none"> ● Aware of quality standards and best practice guidance in general ● Know where to access information about quality standards and best practice guidance in general (e.g. online portal) ● Agree with need for better quality in prevention 	<ul style="list-style-type: none"> ● Low level of awareness regarding quality standards and best practice guidance in general ● Unsure where to access relevant information ● Lack of interest, 'quality' not seen as an important issue
<p>Motivation</p>	<ul style="list-style-type: none"> ● Positive attitudes towards quality standards, evidence-based working, etc. ● Agree that introducing quality standards will be beneficial to prevention field ● Motivated to improve existing practice and to fulfil quality standards ● Prevailing ambitions regarding prevention match those of EDPQS 	<ul style="list-style-type: none"> ● Negative perceptions concerning quality standards, evidence-based working, etc. ● Quality standards perceived as irrelevant or not applicable to specific context ● Resistance to change ● Out-dated perceptions concerning the goals and methods of drug prevention
<p>Skills</p>	<ul style="list-style-type: none"> ● Familiar with key concepts of the EDPQS (e.g. evidence-based working, needs assessment, evaluation, theoretical models) ● Understand purpose and contents of quality standards ● Have skills and confidence to apply quality standards 	<ul style="list-style-type: none"> ● Key concepts of the EDPQS are little understood (e.g. evidence-based working, needs assessment, evaluation, theoretical models) ● No in-depth knowledge about the contents of quality standards ● Unsure about how to use quality standards in practice
<p>Adoption</p>	<ul style="list-style-type: none"> ● Routinely use quality standards and other best practice guidance to plan/review prevention activities ● Necessary resources are in place to support the use of quality standards (e.g. institutional support, time, money) 	<ul style="list-style-type: none"> ● Quality standards and other best practice guidance are not routinely used in prevention practice ● Lack of necessary resources (e.g. institutional support, time, money) means that target audiences couldn't use quality standards even if they wanted to
<p>Implementation</p>	<ul style="list-style-type: none"> ● Develop/improve prevention activities based on quality standards and other best practice guidance ● Existing structures are likely to support the implementation of high quality drug prevention activities (e.g. funding priorities, commissioning structures) 	<ul style="list-style-type: none"> ● Best practice guidance is only followed "on paper" without actual improvements in preventive practice ● Structural barriers are likely to preclude improvement of prevention activities (e.g. areas for action are outside practitioners' control)

2.5. Reviewing the planned adaptation or dissemination


By working through Step 2, you will have developed a better understanding of potential facilitators and barriers concerning the promotion of quality standards in your specific context. Exercise F below encourages you to review your initial ideas based on what you have learnt in Step 2.

If you find that there are discrepancies between your initial ideas and what is actually possible, keep in mind that it may not be necessary to change your plans altogether. Instead, you may need to add a preparatory phase prior to your project. During this preparatory phase you would address potential barriers (e.g. secure additional funding or other support necessary to start the work).

If the planned adaptation or dissemination seems too ambitious, you could consider doing the following:

- Connect with other organisations to make it a joint effort and pool resources
- Translate the Quick Guide instead of the Manual (you can still translate the Manual at a later point in time)
- Make materials available electronically rather than printed, or print fewer copies
- Narrow the context within which the standards are to be introduced (e.g. if promotion of quality standards at a national level seems impossible, consider promoting them at the local level first; or rather than trying to target all intervention types and professional groups, develop a set of standards with a very specific purpose)
- Use the Internet (e.g. online survey, Internet calls) for meetings and stakeholder consultations where lack of face-to-face interaction will not affect outcomes negatively
- Obtain advice from somebody who has already worked with the EDPQS

Exercise F: Reviewing the planned adaptation or dissemination

 In Exercise B (Step 1), you thought about how you would like to promote quality in prevention. *Go back to your answers and check whether your ideas still make sense, and whether they can be put into practice given real-world conditions. Check also whether you are making sufficient use of existing facilitating factors. Revise your ideas as necessary. Refer also to your answers in the other exercises as necessary.*

Use the box below to note your thoughts and conclusions (i.e., if any changes to initial ideas are required).

Checklist: Tracking the progress of your adaptation

 *During the adaptation process, you can use the following checklist to monitor your progress. Have you...*

- Checked if all the necessary resources (i.e. materials, people, time and money, support) are available?
- Considered potential challenges and ways of addressing them?

 **You've completed Step 2**

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Notes

- 1** These factors were identified through research into conditions for uptake of the EDPQS (Brotherhood et al. 2014b; Prevention Standards Partnership 2014), as well as by taking into account factors associated with successful uptake of evidence-based interventions (e.g. Burkhart 2013).
- 2** There are also formal adaptations of the EDPQS (such as EQUS; see Example Project 6), which you could adapt for your own use (as did the COMIQS.BE group; see Example Project 7). However, we recommend that adaptations are conducted with the original EDPQS Manual or Quick Guide to ensure that their meaning is preserved.
- 3** <http://www.emcdda.europa.eu/themes/best-practice/standards/prevention>
- 4** <http://prevention-standards.eu/related-activities-and-projects/>
- 5** All EDPQS materials are available from www.prevention-standards.eu
- 6** Note that these months are not full-time equivalents, but reflect real-world conditions where you and your colleagues also have other work to do besides promoting the EDPQS (i.e. if we state 6 months in this list, this does not mean that you would spend 6 months working only on the EDPQS).
- 7** Similarly, with regard to the adaptation of existing interventions, Burkhart (2013: 42) notes two extreme positions represented by countries which “oppose any intervention approach coming from the ‘Anglosphere’ (hence not only from North America)”, and countries with “an eagerness to trust foreign programmes”.
- 8** We thank our UK colleague Blaine Stothard for highlighting this point.
- 9** <http://ec.europa.eu/enlargement/taix/>
- 10** When considering dissemination in Step 4, Figure 3 can also help you decide what strategies to use to promote the standards. If you need to prioritise dissemination strategies, then we would suggest moving through the boxes from top to bottom (e.g. if necessary, increase target audience’s awareness before increasing their skills to apply quality standards in practice). However, it is not strictly a linear model moving from top to bottom as (for example) target audiences may be motivated to use quality standards but do not know that they exist or where to access them.

