

Briefing notes

These notes are designed to help guide you through the types of evidence you may wish to submit under each section of the Quality Mark. It should be stressed that one piece of evidence could hit multiple standards across different sections, so please bear this in mind throughout!

Where developmental actions have been identified, you may find the suggested supporting resources of use for each section. We strongly encourage you to view this as a developmental process, and to get in touch if you require further guidance or if you find any hyperlinks no longer working

Section 1 - Needs Assessment

This opening section is asking for you to consider how you know what the needs are of the groups being delivered to. This requires some degree of localised needs assessment encompassing both quantitative and qualitative data (from young people themselves). This may not necessarily be something you have collected yourself but should at least be from other reputable and up to date sources.

Supporting resources

School based needs assessment through Mentor-ADEPIS briefing [here](#)
Local area profiles and data produced by Public Health England [here](#)

Section 2 - Resource Assessment

This section is less about programme resources, and more about community and organisational resources. At a community level, this section should prompt you to consider who might oppose the programme you are offering and why, and how these concerns may be addressed. As well as community groups and individuals, this could include school governors who perhaps are not aware of the benefits of PSHE and alcohol and drug education. The resources below can help you in this process

Supporting resources

PSHE Association briefing for governors [here](#)
Mentor-ADEPIS briefing for governors [here](#)
Mentor-ADEPIS briefing on early intervention [here](#)
NICE guidance [NG64](#); [PH7](#); [PH12](#); [PH20](#)

Section 3 - Programme Formulation

Using models of behaviour change should be a greater consideration for organisations delivering longitudinal programmes. Those delivering short term or one-off sessions are likely to give less credence to this. However, consideration should still be given to the stage of behaviour change which might be impacted by short term interventions, and direct reference to using evidence based practice on what works in effective alcohol and drug education (and wider PSHE). Evidence of this should be visible in programme documentation.

Supporting resources

NICE guideline [PH6](#)

EMCDDA PERK toolkit [here](#)

Mentor-ADEPIS briefing paper on 'What Works?' [here](#)

PSHE Association mapping of alcohol and drug education in schools [here](#)

UNODC International Standards on Drug Use Prevention [here](#)

Section 4 - Intervention Design

This section asks you to think more specifically about the content of the programme or sessions being offered. This should be based on knowledge of what works in PSHE, using engaging and innovative approaches, and pitched at the right level for the audience. Evidence can be in the form of programme documentation, session plans or mapping exercises against recognised best practice.

Supporting resources

Mentor-ADEPIS toolkit [here](#)

Mentor-ADEPIS briefing paper on 'What Works?' [here](#)

NICE guidance [NG64](#); [PH7](#); [PH12](#); [PH20](#)

PHE NPS toolkit [here](#)

Section 5 - Management and Mobilisation of Resources

This section should demonstrate how delivery staff maintain an up to date knowledge of drugs education practice, drug trends, and policy drivers within the health and education sectors. Evidence could be in the form of CPD records, emails and briefing documents produced for schools, or mapping exercises of staff CPD needs.

Supporting resources

CPD activity can include dedicated training courses, conferences, or increasingly via engagement in online communities such as Twitter chats, the National Elf Service [here](#), or online courses and webinars on young people's health such as those offered by Mentor-ADEPIS [here](#), Charlie Waller Memorial Trust [here](#), or MindEd [here](#).

Section 6 - Delivery and Monitoring

This section builds on the content of sections 3-5, and evidence should be in the form of minutes or pre and post monitoring session plans, showing how implementation can be flexible to meet changing needs of different groups. This process would be similar for both large and small programmes and could also include testimonials from schools, pupils or commissioners. The monitoring process and outcomes being measured should be reflective of the nature of the programme - larger programmes would be expected to include more on behaviour change than smaller one off sessions.

Supporting resources

EMCDDA PERK toolkit [link](#)

CORC outcome and experience measures tools [here](#)

CAYT guidance [here](#)

Section 7 - Final Evaluation

Links to published evaluation reports can be provided for this section, again regardless of programme size. This reports could be at school level, local authority level or as an annual report of activity. Examples of evaluations and evaluation summaries can be found below:

Large programmes

Risk-Avert [here](#)

RisKit [here](#) and [here](#)

Unplugged [here](#)

Smaller programmes

DSM Foundation [here](#)

Street Aware [here](#)

Section 8 - Dissemination and Improvement

This section could include evidence from school level reports which are produced following the delivery of a programme or series of sessions. Increasingly, programmes are supplementing this element of their work with the use of infographics or accessible summaries highlighting key outcomes for participants. These can be produced for both large and small scale programmes, or even for one off sessions.

Supporting resources

The Training Effect summary on work in Derby [here](#)

Addaction Mind and Body programme infographics [here](#)