National Institute for Health Development

Frontline Politeia

HO GENT

FRONTLINE POLITEIA: Community needs for prevention-related data collection and training

Report

Tallinn 2022

National Institute for Health Development

FRONTLINE POLITEIA: Community needs for prevention-related data collection and training

Report

Eike Siilbek, Karin Streimann & Triin Vilms, *National Institute for Health Development, Estonia*

Vivien Voit, *FINDER e.V. (FINDER), Germany*

Martina Ferić, Matea Belošević & Katarina Serdar, *Laboratory for Prevention Research, Faculty of Education and Rehabilitation Sciences University of Zagreb, Croatia*

Ioulia Bafi, *University Mental Health, Neurosciences & Precision Medicine Research Institute (UMHRI), Greece*

Soile Törrönen, *EHYT Finnish Association for Substance Abuse Prevention, Finland*

Mats Glans & Birgitta Månsson, *City of Malmö, Sweden*

Ana Martínez Ortiz de Zárate & Alberto Izquierdo Montero, *Universidad Nacional de Educación a Distancia (UNED), Spain*

David Abril Hervás, *Ateneu Pere Mascaró (in collaboration with UNED), Spain*

Susana Henriques, *ISCTE, Portugal*

Tallinn, Estonia, 2022

This report was funded by the European Union's Justice Programme — Drugs Policy Initiatives.

Table of Contents

Summary

For effective prevention work, it is important that activities address local needs and are organized by skilled professionals. This report summarises the findings from interviews and surveys done with local level prevention professionals as part of the Frontline Politeia project.

Aim of the study: gaining insight into the current state of prevention work in the participating communities from 8 European countries, as well as their needs for further prevention-related data collection and training.

Participants: specialists in the fields of education, health and social work from 17 pilot communities in 8 countries (Germany, Estonia, Croatia, Greece, Finland, Sweden, Spain, Portugal). Pilot communities were mainly cities and municipalities, although some countries also included wider regions.

Research questions:

- Do communities currently collect information about problems affecting children and youth (e.g. substance use, violence, mental health issues) and about any risk- and protective factors leading to these problems (e.g. family-, school-, peers-, or the wider community-related factors);
- how is this data collection carried out and what is the data used for;
- what are the specialists' needs regarding data collection and prevention-related training?

Main findings:

- Although prevention was generally seen as important, in most countries, community-level data collection about youth problems and their determinants was limited. The exceptions were two countries (Germany and Sweden) where pilot communities were actively using the Communities that Care Youth Survey, which measures a wide variety of problem outcomes and risk- and protective factors.
- In other countries, if data was collected consistently, this was usually done at the level of individual schools and organisations, or as part of state-wide data collection projects. However, school-level data was usually not shared with the wider community, and data from national surveys could often not be separated by regions and could therefore not identify the most relevant problems and their causes for the specific community.
- If community-level data was available, it was more often focused on problem outcomes than the risk- and protective factors that influence the occurrence of these outcomes. Communities therefore generally expressed a need for further data collection. When asked what kind of data would be needed, they mentioned outcomes such as youth substance use, mental health issues, self-harm, and gambling; and risk- and protective factors such as social skills, perceptions of harm regarding some substances, and peer-related factors.
- Several communities expressed concern about their lack of skills or resources for conducting data analysis and preferred an external partner to be responsible for analysing data. Several communities also mentioned that data collection should have a clear purpose and be directly linked with prevention planning, and it would be useful to share findings with schools, students, parents, and the wider community.

- For prevention-related training, some competences were felt needed universally by the specialists. For example, understanding child development and risk- and protective factors; being able to apply knowledge into practice; collaborating effectively with other relevant parties; and having good communication skills were considered important. Other competences were more specific to each community or profession, such as knowledge on addressing a particular problem or target group within the community.

This input provided by the communities and summarised in this report can be beneficial both for the implementation of the Frontline Politeia project, and for contributing to a wider understanding of local-level prevention-related needs in general.

Kokkuvõte

Tõhusaks kohaliku tasandi ennetustööks on oluline, et tegevused põhineksid asjakohastel andmetel ja oleks korraldatud pädevate spetsialistide poolt. Käesolev raport võtab kokku Frontline Politeia projekti raames kohaliku tasandi spetsialistidega tehtud intervjuude ja küsitluste tulemused.

Eesmärk: saada ülevaade projektis osalevate kogukondade ennetustöö ja sellega seotud andmete kogumise hetkeseisust ning vajadustest seoses andmekogumise ja koolitusega.

Kellelt teave koguti: haridus-, tervishoiu ja sotsiaalvaldkonna spetsialistid 17 pilootkogukonnast kaheksas riigis (Saksamaa, Eesti, Horvaatia, Kreeka, Soome, Rootsi, Hispaania, Portugal). Kogukondade all on mõeldud peamiselt kohalikke omavalitsusi (linnad ja vallad), kuigi mõni riik kaasas ka laiemaid piirkondi.

Mida uuriti:

- Kas ja milliseid andmeid kogutakse kohalikul tasandil laste ja noorte seas esinevate probleemide (sh uimastite tarvitamine, vägivald, vaimse tervise probleemid) ning nende riski- ja kaitsetegurite kohta, mis probleemi esinemist mõjutavad (nt perekondlikud tegurid, koolikeskkond, suhted eakaaslastega või laiem kogukond);
- kuidas neid andmeid kogutakse ja kasutatakse;
- millised on andmete kogumise ja ennetusalase koolitusega seotud vajadused spetsialistide seas?

Peamised tulemused:

- Kuigi ennetust peeti üldiselt oluliseks, kogutakse enamikus riikides vähe kohaliku tasandi andmeid noorte probleemide ja neid mõjutavate tegurite kohta. Erandiks on Saksamaa ja Rootsi, kus kasutatakse aktiivselt hoolivate kogukondade (Communities That Care) noorteküsimustikku, mis mõõdab mitmesuguseid probleem-tagajärgi ning riski- ja kaitsetegureid.
- Mõnes riigis kogutakse andmeid küll järjepidevalt, aga seda tehakse üksikute koolide ja organisatsioonide tasandil või osana üleriigilistest andmekogumisprojektidest. Koolide andmeid alati ei jagata laiema kogukonnaga ning riiklike uuringute andmeid ei saa sageli piirkondade kaupa eraldada, mistõttu ei võimalda need tuvastada konkreetse kogukonna jaoks kõige tõsisemaid probleeme ja vajadusi.
- Kui kogukonna andmed on kättesaadavad, keskenduvad need sagedamini probleem-tagajärgedele kui riski- ja kaitseteguritele. Seetõttu väljendasid

kogukonnad vajadust täiendava andmekogumise järele. Kui küsiti, milliseid andmeid oleks konkreetselt vaja, mainiti tervisekäitumise ja heaoluga seotud näitajaid, nagu noorte uimastite tarvitamine, vaimse tervise probleemid, enesevigastamine ja hasartmängimine; ning riski- ja kaitsetegureid nagu sotsiaalsed oskused, uimastite tajutud kahjulikkus ja eakaaslastega seotud tegurid.

- Mitu kogukonda väljendas muret ressursside puudumise pärast andmeanalüüsi teostamiseks ning eelistaksid, et andmete analüüsimise eest vastutaks väline partner. Kogukonnaliikmed mainisid ka, et andmete kogumisel peab olema selge eesmärk ja see peab olema seotud ennetustöö planeerimisega. Samuti oleks kasulik tulemusi jagada koolide, õpilaste, vanemate ja laiema kogukonnaga.
- Ennetusega seotud koolitusvajaduste puhul tõsteti mõningaid pädevusi esile riikide üleselt. Näiteks peetakse oluliseks lapse arengu ning riski- ja kaitsetegurite mõistmist, oskust teadmisi praktikas rakendada, tõhusat koostööd teiste oluliste osapooltega ja häid suhtlemisoskusi. Teised esile tõusetunud pädevused olid spetsiifilisemad ja sõltusid kogukonnast või elukutsest, näiteks sooviti teadmisi konkreetse kogukonnas esineva probleemi või sihtrühmaga tegelemiseks.

Kogukondadelt kogutud sisend aitab kaasa nii Frontline Politeia projekti elluviimisele kui ka üldisemalt kohaliku tasandi ennetusega seotud teemade paremale mõistmisele.

Introduction

This report is part of the Frontline Politeia project, which aims to design and test training using the European Prevention Curriculum (EUPC) for frontline staff (teachers, police, streetworkers), and to help communities apply this training in planning strategies to prevent youth problem behaviour. Specifically, this report is designed to provide input for Work Package 4 - „Apply training on local needs assessment“ (WP4) and Work Package 2 – „Training design and test” (WP2).

WP2 develops and delivers training for prevention practitioners based on the EUPC and the "Universal Prevention Curriculum Series for Implementers", which will be adapted to the European context. In the development of this training, it is necessary to take into account the needs of the potential participants. It is therefore beneficial to receive input from prevention professionals and practitioners regarding their expectations for the content and structure of the training programme.

WP4 aims to conduct a community needs assessment that, together with the training, could contribute to planning future prevention activities in the pilot communities participating in the work package. This is done because prior to planning any intervention strategy or prevention activity, it is important to explore the nature and extent of needs related to problem outcomes, as well as possible causes and contributing factors to those needs (1). This ensures that not only will interventions be necessary, but also ethically sound, meaning that they will use scarce resources to correspond to actual community. This needs assessment will be based on reliable information about the prevalence of youth problem behaviour as well as the prevalence of underlying risk and protective factors. If this kind of information is already collected in the community with reliable and valid tools, then the data will be used for planning prevention strategies. If no tool is currently used in the community, the Communities That Care Youth Survey (CTC Youth Survey) (2) will be adapted and used for providing communities with reliable information. If there are other data collection tools available and used in the country, these will be compared with the CTC tool to assess whether any aspects of the CTC survey should be adapted. In order to decide whether adaptation of the CTC Youth Survey is necessary, it is therefore important to know the current state of data collection in each partner community.

Given that both work packages require input from the partner communities, a joint effort was made to collect information about communities’ needs for prevention training as well as prevention-related data collection. The first chapter of this report analyses the current data collection methods and needs in each country’s selected pilot communities. The chapter includes a brief socio-geographical description of each community; a description of the methods by which information about current data collection was gathered; the current tools, if any, that are used to measure the extent of problem outcomes and related risk- and protective factors in the community; and the community’s data collection needs i.e. whether adaptation of the CTC survey is needed and what aspects should be kept in mind when planning future data collection. The second chapter of the report summarises the needs and expectations for prevention work and a prevention-related training programme for practitioners. This information was received from some, but not all the countries participating in WP4 and is presented as a combined analysis of all suggestions received.

1 Analysis of current data collection

1.1 Aims and general method

Information about current data collection and related needs was collected from 8 partner countries participating in WP4, with each country involving 2 or 3 pilot communities (17 communities in total). The size and nature of the communities differs between countries, ranging from cities or local municipalities to larger regions or counties. Although some of these larger regions may not fall under the traditional definition of a community, this word will be used throughout the report for clarity to refer to any region selected by the country's project team to participate in the project.

Each partner country was responsible for gathering information about current data collection in their pilot communities. The information that each country was tasked with finding out was:

a) whether and how the community currently collects information about the **problems that children and youth face**. These problems include harmful or unwanted behaviours, such as substance abuse, violence and delinquency, as well as mental health issues, such as anxiety and depression.

b) whether and how the community currently collects information about the **risk- and protective factors** related to the aforementioned problems. A risk factor is defined as a measurable characteristic that precedes and is associated with an outcome (3). Protective factors (also sometimes called assets) are characteristics associated with a lower likelihood of problem outcomes or a reduction of the negative impact of a risk factor (4, 5). Risk and protective factors are found at multiple levels of the relationship between the young person and their environment. These levels include individual characteristics (e.g., social skills, attitudes), the family (e.g., parental supervision, family conflict, substance use among parents), school (e.g. academic achievement and commitment), peer group (e.g. risk behaviour of peers), and community (e.g. community disorganisation, societal norms) (6).

c) **How these data are used** in the community e.g., is some data used to plan interventions or prevention activities, are results shared with other relevant parties (e.g., young people, parents, schools etc).

d) What the community considers to be their **needs related to data collection** i.e., is the current data collection sufficient, are there aspects of data collection that could be improved, would some support be needed for collecting, analysing, or applying the data etc.

To help guide data collection, an interview guide was prepared with questions that could be used to explore the aforementioned topics. The use of this guide was not mandatory, and each country's project team was free to select the exact method of data collection that would be most appropriate in their communities (e.g., whether to use a focus group interview, individual consultations with key informants in the community, a questionnaire etc.).

Firstly, the interview guide included questions about current data collection in the community. Questions asked about whether data is collected about different problems faced by children and youth (substance use; violence, delinquency, and other problem

behaviours; and mental health problems), and about various risk- and protective factor domains (family environment, peers, school-related factors, community and living environment, and individual factors). Explanations and examples of possible risk- and protective factors in each category were also given. If a community mentioned the use of a specific data collection tool, additional questions were available that could be used to elaborate on the content and current usage of the tool and its relation to prevention activities. The second part of the interview guide addressed the community's data collection needs and how they would like data collection to look like ideally (e.g., what kind of additional data should be collected, who should collect and analyse the data, what should the data be used for etc.). The full interview guide can be seen in Appendix 1.

The descriptions of the pilot communities, the specific methods used by each country to gather information about current data collection, and the communities' current data collection procedures and needs are summarised by country in the following subchapters.

1.2 Estonia

1.2.1 Description of communities

Märjamaa parish is a municipality consisting of one borough and 112 villages. It has a population is 7444 people (as of 2022), including 887 7-18-year-olds. There is one school providing basic comprehensive and secondary education (grades 1-12), 3 basic comprehensive schools (grades 1-9), one kindergarten-elementary school (grades 1-4), and one private school teaching grades 1-6. There is also one vocational school and one music- and art school.

Hiiumaa parish is a municipality comprising the entire island of Hiiumaa, in western Estonia. It comprises of one town, two small boroughs and 182 villages. Its population is 9550 (as of 2022), including 957 7-18-year-olds. There is one school providing basic comprehensive and secondary education (grades 1-12), 5 basic comprehensive schools (grades 1-9), one kindergarten-basic comprehensive school (grades 1-6), and one vocational school.

Both communities were chosen for having shown prior interest in prevention, especially in preventing mental health problems in children and young people.

1.2.2 Method

Information about current data collection regarding youth problems and risk- and protective factors was collected via focus group interviews with key informants in the community. Participants from both municipalities included specialists from educational, social and health fields working in the local government as well as at the local schools.

Two semi-structured interviews were conducted in May 2022, one with each pilot community; the audio from the interviews was recorded and later analysed. Before the interview, the Frontline Politeia project and the aim of the interview were introduced. Participants were then asked to read an informed consent form (Appendix 2) detailing the purpose of the focus group, handling of responses (including the recording of the interview), and their rights as a participant. All participants chose to sign the consent form and take part in the interview.

The interviews were done according to the interview guide (Appendix 1) and lasted about one hour.

1.2.3 Current data collection

In general, the data collection done in the selected pilot communities can be categorised into universal and case-based data collection. Case-based data collection usually happens if a problem has already occurred. For example, in both communities, CPS maps the child's environment (e.g., family factors, peer relationships etc.) after a problem is discovered. One community also mentioned that case-based data collection is sometimes done by schools or the police - for example, if a substance use or bullying incident has occurred at school or at an event, the children involved might be surveyed further about the incident. However, due to the case-based nature of this data, it does not contribute directly to prevention.

Universal data collection that involves a wider population of children and youth in the pilot communities is mostly done either as part of state-wide projects or organised by individual schools. There is no questionnaire designed to specifically measure a wide array of risk and protective factors and problem behaviours (such as the CTC survey). However, a few questionnaires were mentioned that include some selection of risk- and protective factors.

Both pilot communities take part in a state-wide school survey project organised by the Estonian Education and Youth Board (7). Data is collected via an electronic questionnaire, which gauges students' satisfaction with their school environment, stress and exhaustion, cynicism, feedback from teachers, teaching methods, school reputation and other school-related factors. The questionnaire also includes some questions about the family environment. Every year, data is collected from 4th, 8th, and 11th grade students (aged 9-11, 13-15, and 16-18 respectively); data from teachers and parents is collected every three years. Data is then analysed by the Education and Youth Board and the municipality receives feedback about each school. If any problems are identified, these are discussed with the school management.

When discussing any measures of community- or environment-related factors, both communities mentioned using a hobby education survey, which asks students about the extracurricular activities they participate in, drivers and barriers to participation, and their needs or wishes for additional activities for youth in the area. This information is then used to plan extracurricular activities and the related budget.

One community also reported carrying out a wellbeing survey in one school as a collaboration between the school psychologist and an external organisation. This survey measures fatigue/exhaustion, attention and concentration, relationships (social support, bullying), coping at school, physical health, liking school, and emotions (irritability, worry, anxiety). At the time of the interview, the survey had been conducted only once, but there were plans to repeat it in the future, around four times per year. Data was collected from students aged 12-16 via an electronic questionnaire. A report of the results was made for each class and the school as a whole. The school psychologist then discussed the results with the school management and teachers, and some general results were shared with all parents. A memo was also sent to teachers about what to keep in mind to support students.

The other community also mentioned school psychologists carrying out some questionnaires about individual factors, such as self-esteem, and discussing the results with parents, but the interview participants did not know the full details regarding the nature of these surveys and the results were not shared with the municipality.

1.2.4 Data collection needs

Both communities mentioned mental health as an important topic to collect data about. One community also mentioned that more data should be collected about substance use and young people's perceptions of harm regarding some substances. The other community

brought out self-harm as an important problem that they would like to collect more data about and learn to prevent. In terms of risk- and protective factors that should be measured, both communities saw social skills as an important factor to consider. One community also mentioned that currently, most data is collected from students in grades 7 and up, but it could be useful to collect data from younger students as well in order to start prevention activities at an earlier age.

Both communities recognised the usefulness of more data collection, seeing it as valuable input for prevention planning, the community's development documents and health profile. Nevertheless, some concerns were also raised. For one, both communities mentioned that the municipality lacks the time and expertise to conduct data analysis, so they would prefer to have an external partner responsible for analysing the data. Secondly, the communities mentioned that the purpose of data collection should be clear. Previously, there had been some problems with motivating schools and students to take part in survey projects because they had been asked to fill out several surveys without a clear benefit. Therefore, it is important that schools and students understand the aim of the survey, feedback should be given to participants, and the survey results should find practical use in the community. One community also emphasised the importance of confidentiality in data collection, and thought that an external and trustworthy partner may be trusted more by students and schools.

1.2.5 Conclusion

In the selected Estonian communities, information collected about risk- and protective factors includes mostly school-related factors. Individual, peer-related and family factors are measured to a lesser extent, and community-related factors are limited to only questions relating to extracurricular activities and free time. In terms of problem outcomes, some work has been done to measure mental wellbeing, but data about other problems is usually only received once young people have already had more serious encounters with the police or CPS. It was therefore decided that the CTC Youth Survey could benefit the communities, as it provides an overview of a wide array of risk- and protective factors and problem outcomes that are currently not measured by any of the existing tools in the communities.

Input from the communities can be used to make some adjustments to the CTC Youth Survey, for example by modifying the measured outcomes to reflect the problems that the communities perceive to be most relevant (e.g., by adding more questions about mental health or the use of different substances that the community is concerned about). The communities also raised important points about data collection and using the data for prevention planning, which can be taken into account when starting to implement the survey.

1.3 Germany

1.3.1 Description of communities

Emsland is a county with 60 municipalities in Lower Saxony. There are 328,930 inhabitants, including 42,415 children and young people aged 5-18.

Nienburg is a county with 36 municipalities in Lower Saxony. The population is 121.645, including 15,013 5-18-year-olds.

Both counties are CTC communities. Knowing the national CTC-coordination, the decision was made to work with CTC-communities as they already have the data of risk and protective factors that are of interest in this project. The two municipalities were chosen as

they may profit prom the POLITEIA training to empower their own regional prevention processes.

1.3.3 Method

Information about current data collection regarding youth problems and risk- and protective factors was collected via focus group interviews with key informants in the community. Participants included CTC prevention coordinators as well as specialists from the fields of social work, youth work, police, and kindergarten management.

Two interviews were conducted in May and June 2022, one with each pilot community; the audio from the interviews was recorded. Before the interview, the Frontline Politeia project and the aim of the interview were introduced. Participants were then asked to read an informed consent form (Appendix 2) detailing the purpose of the focus group, handling of responses (including the recording of the interview), and their rights as a participant. All participants chose to sign the consent form and take part in the interview.

The interview followed the prepared interview guide (Appendix 1).

1.3.4 Current data collection

The main method of data collection used in both communities was the CTC Youth Survey. Both communities had used the survey regularly since becoming a CTC community and at the time of the interviews, a new wave of data collection was in progress or about to start in both communities. The CTC Youth Survey is an anonymous survey meant for young people around the age of 11 and up. In the German pilot communities, the survey is administered to students of secondary schools. Permissions for data collection are received from the regional ministry of education, as well as from students and their parents. The German version of the CTC Youth Survey measures problem outcomes such as substance use, violence and delinquency, mental health problems, bullying, and extremism, as well as risk- and protective factors in the domains of family, school, community, and peer-individual factors (8). Data is collected at schools and analysed in a national institute. Results are then transferred back to each county and are used to inform the regional prevention strategy.

In addition to the CTC survey, one community also mentioned using regional data on media usage and police crime statistics to help plan prevention activities.

1.3.5 Data collection needs

Both communities were satisfied with the data provided by the CTC Youth Survey and did not point out any additional data collection needs.

1.3.6 Conclusion

As the CTC Youth Survey is already actively used in the communities and the interview participants were satisfied with the data it provided, it was decided to use the CTC survey data that will be collected in the current wave of data collection for the purposes of this work package. In combination, the survey results and the practitioners' training that will be developed during this work package can hopefully further aid the communities in prevention planning.

1.4 Croatia

1.4.1 Description of communities

The city of Samobor is located in the central part of Croatia. It is the second largest city in Zagreb County and the 16th largest city in Croatia. According to the Croatian census (2021), there are 37,481 inhabitants living in Samobor. The percentage of young people in Samobor is 15.6%. There are 6 elementary schools with 3,066 students in total (2021/2022), and 4 schools teaching secondary education with 1,247 students in total (2021/2022). This community was selected due to its geographical proximity to the capital Zagreb, and the immigration of young people and young families into the city. The city also has a new administration that has recognised the importance of prevention and positive youth development. A new Council for prevention has been appointed and is interested in creating a data-based action plan.

The town of Jastrebarsko is located in the southwestern part of Zagreb County. There are 14,657 inhabitants, of which 33% are young people. There is one elementary school with 1,063 students in total (2021/2022), and one secondary school with 345 students (2021/2022). This community was chosen due to having previously collaborated with the project team on conducting the CTC survey and showing interest in further data collection. The CTC survey was last conducted in 2018 and the results served as the basis for the Council for Prevention Action Plan. Due to political changes, the city administration has changed, and they are now once again interested in assessing youth risk behaviours and risk- and protective factors, and have plans to create the c Counsel for prevention Action Plan based on the research results obtained.

1.2.2 Method

For understanding current data collection in the pilot communities, existing available documents were studied (including, for example, the city's program for urban development; internal data of primary and secondary schools; annual government reports; and in the case of Jastrebarsko, their previous work with the CTC survey).

In addition, a questionnaire was sent to members of the Council for Prevention of both cities to gain insight into current data collection on problem behaviour and risk- and protective factors. Data providers were the members of the Council for Prevention who were informed about the Frontline Politea project and the use of the collected data. Questions in that questionnaire were taken from the interview guide (Appendix 1).

Furthermore, telephone interviews were conducted with practitioners working in the field of prevention. This was done in order to get the practitioners' perspective on current data collection and prevention activities, thus supplementing the information gathered from the prevention councils. Two practitioners, one from either community, took part in the telephone interviews and both were working in the field of education. Questions asked in these interviews were identical to those included in the survey. The interviews were not recorded.

All interview participants were asked for oral consent and were explained how the data would be used.

1.4.2 Current data collection

Data collection regarding youth problem behaviours and risk- and protective factors in the Croatian pilot communities was found to be mostly done by individual schools or

organisations. The only instance of community-wide data collection organised by the city was the use of the CTC Youth Survey in Jastrebarsko in 2018. Data was collected from students in 6th and 8th grade of primary school (aged 12-13 and 14-15 respectively) and 2nd and 4th grade of secondary school (aged 16-17 and 18-19). The CTC Youth Survey measures several problem outcomes (drug use, violence and delinquency, depressive symptomatology), as well as risk- and protective factors in the domains of family, school, community, and peer-individual factors (2). Based on the obtained data, the preventive priorities of Council for Prevention Action Plan were identified and the data was used as input for the city's SWOT analysis. However, this data collection was part of a one-time project, and the Youth Survey has not been used in the city since then.

In Samobor, some general data collection is done by the School Medicine Service. This data collection is done in all schools in the city and involves interviews with students as well as the use of the YP-CORE questionnaire (Young Person's Clinical Outcomes in Routine Evaluation) (9). The YP-CORE questionnaire measures subjective well-being, commonly experienced mental health problems or symptoms, risk, and life/social functioning. During the interviews, problems such as the use of alcohol, tobacco and drugs, difficulties in school, and peer and family functioning are also explored. In terms of risk- and protective factors, the interviews cover family factors (family structure, family health, family relationships and satisfaction with them), peers (peer relationships in and out of school), school-related factors (academic success, safety at school, relationships with teachers, sense of belonging), and some individual risk and protective factors (self-esteem, social skills). Data are collected regularly from students in the 5th and 8th grades of primary school and the 1st grade of secondary school. Data collection is done by a nurse and data is analysed by a doctor. Some data is also collected from parents, teachers, professional associates, and employees of the Center for Social Welfare. The results are used as a basis for conversations with students and parents, and for planning interventions if necessary. There is also a possibility of presenting the overall results to the general public.

In addition to this general data collection, there is also some data collection done by individual schools in both communities. Methods used by the schools include interviews, self-developed questionnaires, some validated questionnaires (such as the CORE questionnaire), teacher observations and official documentation. In Samobor, one primary school collects data on alcohol and tobacco consumption, peer violence, coping during distance learning, problems in learning, emotions related to the functioning of the classroom, and social relations in the classroom. A secondary school in the same city collects information from students and parents on peer (electronic) violence, behavioural addictions, family relationships, and the school environment (sense of security and a school atmosphere). In Jastrebarsko, one secondary school collects data on peer violence, general psychological distress, learning strategies, and some risk and protective factors related to the family, the child's peers, the school environment, and individual characteristics that may be associated with risky behaviours (emotional literacy, self-esteem, empathy, communication skills, and coping with stress). One primary school has also conducted a survey measuring behaviour on the internet in students in 5th to 8th grade of elementary school. In all these cases, however, the results of the school surveys are only used for internal purposes and not shared with the wider community. Commonly, the results are presented to the school's Teachers' Council and are then used to plan intervention or prevention activities in the school. One school also mentioned sharing the results at parents' meetings.

In Samobor, data is also collected by the Center for Education Lug, but this is only done with young people from certain at-risk populations (people with intellectual and mental disabilities aged 14-21, minors and young adults with behavioural disorders, and those with physical or mental disabilities who have been referred to a special educational institution). Data collection is done via testing and individual conversations and includes the topics of substance use, violence, crime, risk sexual behaviour, mental health problems, and risk and

protective factors in different settings. Based on the data, rehabilitation treatments are created for the target group.

Like Jastrebarsko, the city of Samobor has also conducted a SWOT analysis, but the details of this were not known to the participants of the current interviews and questionnaire.

1.4.3 Data collection needs

In terms of problem outcomes, one community thought that more questionnaires related to students' mental health should be conducted. The problem of gambling and betting near schools was also recognised as an important national issue with a high incidence of pathological gambling. One community also mentioned that more data should be collected about the use and utilisation of addictive substances.

In terms of risk- and protective factors, it was found that factors related to the child's peers are currently collected rarely, so it could be useful to collect more data in this area.

Similarly to other countries, Croatian communities also thought that expert support would be needed on the design of (digital) questionnaires, implementation of questionnaires, and analysis of results.

Another theme that emerged in both communities was the necessity for data collection to be closely linked with preventive activities. It was mentioned that statistics are not of much use without validated prevention programs and data should be used to provide recommendations for further activities as well as for assessing the impact of implemented activities.

1.4.4 Conclusion

Most data are currently collected by individual schools and organisations; community-wide data collection has been rare. At schools, data is collected about a variety of problem outcomes and risk- and protective factors, including mental health problems, risk behaviour, and factors related to the family, school, peer, and individual domains. However, this data collection relies, in large part, on self-developed questionnaires and interviews, the reliability and validity of which can be unknown. Furthermore, the amount of data collected in different schools varies widely, and the results of the school-based data collection are usually not shared with the city or wider community.

There is therefore a clear need for more community-wide data collection. This could be done with the help of the CTC Youth Survey. Using this survey would also have the added benefit of measuring risk- and protective factors related to the wider community and living environment – something which is currently not done by any of the school-based methods of data collection. The CTC Youth Survey has already been adapted in Croatia and piloted in other regions of the country. The survey could therefore also be used in the current pilot communities, and indeed both communities have already shown an interest in doing so.

It is worth keeping in mind, of course, the communities' comments regarding the potential need for expert assistance in the implementation and analysis of such surveys. The idea that data collection should be clearly linked with further prevention activities is also important to consider. Finally, as it seems that a few schools already collect a wealth of data from their students, it might be especially important for these schools to understand the added benefit and purpose of the CTC survey, and how it could fit together with their current data collection. Otherwise, there could be a risk of the schools or students finding the surveys too numerous or redundant.

1.5 Greece

1.5.1 Description of communities

Athens is the largest and the capital city of Greece with a population of 3.1 million. There are 7 Prevention Centres with 21 prevention practitioners who may benefit from and contribute to the project. The community was selected as there is variability in social-cultural population characteristics (i.e. high percentage of refugee and immigrant students) with different needs.

Thessaloniki is the second largest city in Greece with a population of 813,793 (as of 2022). There is a comparatively higher prevalence of substance use compared to other areas. There are 5 Prevention Centres with 26 prevention practitioners who may benefit from and contribute to the project. The community was selected as they showed interest in further working on promoting evidence-based prevention.

Crete is one of the most touristic areas in Greece with a semi-urban and rural population of students. There are 3 Prevention Centres with 12 prevention practitioners who may benefit from and contribute to the project. The community was selected to the high level of tourism and the social impacts this carries.

1.2.2 Method

Information about current data collection regarding youth problems and risk- and protective factors was collected via focus group interviews with coordinators from local Prevention Centres. All participants were social scientists (psychologists, sociologists, social workers) working on prevention at least 15-20 years.

Focus group interviews were conducted in June 2022. Before the interview, the Frontline Politeia project and the aim of the interview were introduced. Participants were then asked to read an informed consent form (Appendix 2) detailing the purpose of the focus group, handling of responses (including the recording of the interview), and their rights as a participant.

The interviews followed the general structure of the interview guide (Appendix 1).

1.5.2 Current data collection

The communities interviewed mainly work with data from national surveys such as the HBSC (Health Behaviour in School-Aged Children) (10) or ESPAD (European School Survey Project on Alcohol and Other Drugs) (11). ESPAD provides regional-level data and measures students' experience of, and perceptions about, a variety of substances, including tobacco, alcohol, illicit drugs, inhalants, pharmaceuticals, and new psychoactive substances (NPS). Social media use, gaming and gambling are also covered. Data are collected in schools every 4 years from students aged 16-18y (classes of secondary education: year 10, year 11, year 12). Answers are anonymous and confidential, approval of an ethics committee and active parental consent are obtained. Based on the results, several publications (e.g., leaflets) are created summarising results for prevention professionals and schools. There is also an online database available for browsing, visualising and analysing data (incl. local/regional data analysis).

HBSC collects data about various factors related to health and wellbeing (e.g., health complaints, substance use, lifestyle, bullying, family and peers, school environment etc.) from children aged 11, 13, and 15. The results can be shared with prevention professionals

and schools. However, this data is only collected at the national level, so no local-level data is available.

Rarely, data collection at the school level is implemented by the Prevention Centres. However, this data collection is not consistent and not linked with the use of a specific measurement tool. Occasionally, studies have also been implemented by university students, but these are also one-time projects rather than means of continuous data collection.

1.5.3 Data collection needs

All communities felt the need for more data collection for their communities as only ESPAD data are available at the local/regional level. There is an especially strong need for local data on risk and protective factors, as ESPAD is only focused on problem outcomes.

The communities also mentioned having limited expertise and resources for data collection and analysis. Therefore, they would prefer to collaborate with a partner who would organise the data collection and analysis. One community also mentioned a more general need to change the culture regarding needs' assessment and use of data in prevention plans.

1.5.4 Conclusion

Data used by the communities is mostly collected from national surveys. The only available regional data comes from the ESPAD survey. However, this survey does not cover many risk- and protective factors that influence substance use and other problem outcomes. It was therefore decided that the CTC Youth Survey could be used to help the communities collect the data that they felt they were lacking. The Youth Survey has previously been translated into Greek in Cyprus, so this version could be used as input for adapting the survey into the Greek context.

1.6 Finland

1.6.1 Description of communities

Ranua is a small municipality of 3670 people in Lapland, northern Finland. The municipality is unilingually Finnish. There are 629 young people aged 7-18. There are three schools providing basic education and one secondary school. Vocational education is also provided. The area is highly religious (Laestadian), which means that the use of alcohol is forbidden in many families. Smoking is permitted, this is shown in statistics.

Kauniainen is a small community in southern Finland metropolitan area with 10,400 inhabitants. The population is both Swedish speaking (31,6%) and Finnish speaking (59,4%). There are 1,824 young people aged 7-18. There are two primary, two lower secondary, and two upper secondary schools. For each level of education, one of the schools provides education in Finnish and the other in Swedish. Some characteristics of this community are the good economic situation of families and a tolerant attitude towards substance use.

Both communities were chosen for having previously collaborated with the project team, and for showing interest in further prevention work, especially related to substance use.

1.2.2 Method

Information about current data collection regarding youth problems and risk- and protective factors was collected via focus group interviews with key informants in the

community. Participants included specialists from the fields of youth work, social work, social security, education, and health and wellbeing.

Two interviews were conducted in June 2022, one with each pilot community; the audio from the interviews was recorded. Before the interview, the Frontline Politeia project and the aim of the interview were introduced. Participants were then asked to read an informed consent form (Appendix 2) detailing the purpose of the focus group, handling of responses (including the recording of the interview), and their rights as a participant. All participants chose to sign the consent form and take part in the interview.

The interview followed the prepared interview guide (Appendix 1).

1.6.2 Current data collection

Both communities take part in the National School Health Promotion study (12). This study is organised at the national level and analysed by THL (Finnish Institute for Health and Welfare). The data is gathered every two years from 4th and 5th grade school pupils and their guardians, 8th and 9th grade school pupils, 1st and 2nd year students in upper secondary schools, and 1st and 2nd year students in vocational schools. Data is collected at school and answering is anonymous. The School Health Promotion study produces data on well-being, health, schoolwork and attendance, substance use, and access to assistance and support services. Some risk- and protective factors are also covered, such as peer relationships, school environment, family support, and participation in extracurricular activities. In terms of the survey content, parallels could be drawn with the HBSC study used in many other European countries (Health Behaviour in School-Aged Children) (10), as both are national surveys aimed at measuring the general health condition and behaviour in children and young people. The results of the School Health Promotion study are sent by the THL to every community. The data is then discussed in the preventive work group and can be used to plan prevention work.

One community also mentioned having used a self-developed questionnaire during a workshop for adolescents, which addressed risk- and protective factors. However, the interview participants did not know the details of this questionnaire and it was only used once in 2014. The questionnaire was aimed only at the adolescents who visited the youth workshop and was meant to help youth workers in their work.

The other community also mentioned that some data related to substance use is collected in classrooms during the HUBU training of Finnish Association of Substance Abuse Prevention (EHYT), an organisation providing substance use prevention education in the community.

1.6.3 Data collection needs

The communities did not mention any specific needs related to data collection. One community did, however, point out that more information and help would be needed regarding prevention-planning. The community would like more information on evidence-based methods of prevention, as well as greater input from young people themselves on selecting appropriate prevention methods.

1.6.4 Conclusion

The Finnish communities base their prevention planning mainly on the National School Health Promotion study. This survey covers some, but not all risk- and protective factors included in the CTC Youth Survey. Adapting the Youth Survey could therefore provide additional benefit to the communities. At the time of writing this report, however, it is

unclear whether enough resources are available for adapting the survey during this project, so a final decision remains to be made. If the Youth Survey cannot be adapted, results from the National School Health Promotion study can be used in this project.

1.7 Sweden

1.7.1 Description of communities

Möllevången is a central part of the city of Malmö, with approximately 46 000 inhabitants, of which 7 500 are under 18 years old. There are 37 kindergartens in the area and nine compulsory schools. The unemployment rate is high in the area, 49 % of the inhabitants over 18 years are working. The mean yearly income in the area is 6 200 Euro lower than the mean income in Malmö. The availability of ATOD is high in the area. This area was chosen because they already work with CTC but have got a new coordinator (facilitator) who needs to be trained.

Sandviken is a city with three communities, in total 39 000 inhabitants, of which 8400 are under 18 years. There are 29 kindergartens in the area and 15 compulsory schools. The unemployment rate in the area is 11%. The city was chosen because they were interested to start working with CTC and are currently at the beginning of this process.

1.2.2 Method

In Möllevången, an interview was conducted with the current CTC coordinator who has a background in social work. In Sandviken, a CTC coordinator has also already started working on implementing the CTC system, so an interview was also conducted with that coordinator. In Sandviken, conversations were also held with directors of the city, the school, the social services, cultural and leisure services.

Topics discussed during these conversations included the Youth Survey, risk- and protective factors, and organisation of the communities' prevention work.

1.7.2 Current data collection

Since becoming a CTC community, Möllevången has been using the CTC Youth Survey to collect data about youth problem behaviour and risk- and protective factors. The Swedish version of the Youth Survey measures problem outcomes such as substance use, risky sexual behaviour, violence and delinquency, and mental health problems, as well as risk- and protective factors in the domains of family, school, community, and peer-individual factors. Data is collected in schools from children aged 11-18. Informed consent is obtained from parents, and answers are anonymous. The results of the survey are used to conduct a needs assessment and choose effective interventions or prevention activities.

At the time of the interview, Sandviken had just conducted their first CTC Youth Survey as part of starting their work with CTC. Like in Möllevången, data was collected in schools from children aged 11-18, but has yet to be analysed and presented to the community. Before starting work with CTC, data was primarily collected only on health- and behaviour problems, not on risk- and protective factors. Sandviken has worked with a regional ATOD-survey measuring health outcomes and problem behaviour, as well as a national survey by the Swedish Council for Information on Alcohol and Other Drugs (CAN), which conducts a yearly nation-wide school survey on alcohol and other drugs among students in year nine and eleven. Sandviken also conduct the LUPP survey (Local Follow-up of Youth Policy), a tool offered by the Swedish Agency for Youth and Civil Society (MUCF) to Sweden's

municipalities and regions. The purpose of the survey is to gain knowledge about young people's (students in year 8 and 11) situations, experiences, and opinions (health, safety, family, future, leisure time, work), therefore giving some information about the protective factor "opportunities for involvement ". However, a problem shared by all these previous surveys is the lack of data reporting on the community level – data is only collected on the national, school or municipality levels. The CTC Youth Survey is the only data collection tool available in Sweden for collecting information about a wide variety of risk- and protective factors at the community level.

1.7.3 Data collection needs

Since there was previously no consistent data collection about risk- and protective factors at the community level in Sandviken, the city felt a need for further data collection and joined the CTC system. They have now began using the Youth Survey, but since data analysis is not yet complete, the community could not give feedback on this yet.

Möllevången seemed satisfied with the current data provided by the CTC survey and expressed no further needs regarding data collection.

1.7.4 Conclusion

Although some national or regional surveys provide information on problem outcomes such as substance use, the CTC Youth Survey is the only tool in Sweden for collecting information about a wide variety of risk- and protective factors at the community level. Since both communities have started working with the Youth Survey and seem satisfied with this process, there is no need for additional data collection. The most recent Youth Survey results can be used for the purposes of this project.

1.8 Spain

1.8.1 Description of communities

Mallorca (Balearic Islands) is one of the main tourist destinations in Spain and the Mediterranean. It has a million inhabitants, half of whom reside in the capital, Palma, and the rest are distributed in 52 municipalities as a metropolitan area. Almost 20% of the resident population was born in other countries. Young people between 15 and 29 years old represent 21.3% of the population. Early school leaving rates are high (15.4%). The weight of tourism in the development of this island generates different social impacts, including those that have to do with the leisure model and drug use.

Fuenlabrada is part of the Community of Madrid. It is located within the metropolitan area of Madrid and is located seventeen kilometres southwest of the capital. Its population is 194,514 inhabitants, which makes it the fourth most populous town in Madrid. The city forms part of the so-called "industrial belt" of Madrid. In the population pyramid, the percentage of young people stands out: more than 21% of the inhabitants are under twenty years old. In 2018, Fuenlabrada was recognized as one of the cities in Spain with the largest number of young people. This issue, together with its character as an industrial city close to the country's capital, predisposes it as a case of interest to work on the prevention of drug use among young people.

1.8.2 Method

Various individual interviews were conducted with key informants in the community. A mix of different formats was used for the interviews, from face-to-face meetings to telephone interviews, video calls and emails. Participants in the interviews included regional and local specialists from the fields of drug prevention and treatment, education, social welfare, and public health, also student family associations. The interviews were conducted between March and July, 2022. The interviews followed the general structure of the interview guide (Appendix 1).

1.8.3 Current data collection

Both communities mainly use data from national surveys disaggregated by regions, rather than collecting their own data. These national surveys include ESTUDES (Survey about drug use in Spanish Secondary School) and EDADES (Survey about alcohol and other drugs in Spain), both implemented from the National Plan on Drugs. These surveys mostly address substance use and do not focus on risk- and protective factors.

In Fuenlabrada, data is also generated on the prevention activities that are offered and developed; in this way, it is possible to know which are the training actions most chosen by the educational centres. This can provide some information on which problems are most perceived by these schools.

In the case of Mallorca, PADIB (Public Health) collects additional information in order to elaborate its own indicators about hospital admissions for use of psychoactive substances and for addictions associated with behavioural disorders.

However, although some substance use related data is available at the regional level, there is no available data about community needs in the local context at the institutional level in neither Mallorca nor Fuenlabrada.

1.8.4 Data collection needs

Interview participants did not report any specific data collection needs, although they were very interested in developing a data-based community prevention plan as a product of the Frontline Politeia project.

One community also mentioned their concern about a new dimension of addiction: the non-substance addictions or behavioural addictions (addictions to social media, video games and gambling). The community emphasised the importance of including it in the community diagnostic approach.

1.8.5 Conclusion

In the Spanish pilot communities, some regional data is available on substance use and the uptake of prevention activities. Despite this, there is a lack of local-level data, especially regarding the risk- and protective factors that precede substance use and other problem outcomes. Therefore, it was decided that the CTC Youth Survey could benefit the communities. The survey has been translated into Spanish during an earlier project, but to our knowledge, has not been tested or validated in Spain. The earlier translation could therefore be used as input for the adaptation and testing process. Since the communities mentioned a concern about non-substance addictions, there could be a possibility of including questions about these problems in the outcomes section of the survey.

1.9 Portugal

1.9.1 Description of communities

Leiria is a city and municipality in the Central Region of Portugal. It is the 4th largest city in that region, with a municipality population of 128,640 in an area of 565.09 square kilometres. It is the seat of its own district. Leiria is the main urban centre of the Pinhal Litoral statistical unit and of the urban community of Leiria, as well as an important centre for commerce, services and industry.

São Miguel is the biggest island in the Portuguese Azores. Ponta Delgada, the capital. It has a population of 137,228 (2019). The project partner within the community is the Regional Directorate for Prevention and Control of Dependencies and Solidaried'Arte, an NGO operating at regional level with drug use prevention.

Both communities were selected based on their previous work in the prevention field where training needs were already pointed out.

1.2.2 Method

The first step for collecting information about the communities' current data collection and needs was conducting an informal interview with key informants in each community. In Leiria, the interview was conducted with the municipality health council, the members of which had a background in social work, culture, and communication. In São Miguel, interview participants were the Regional Director for Prevention and Control of Dependencies that had a background in nursing and one staff member of this Directorate with background in social work. Furthermore, the head of Solidarid'Arte whose background is in arts and education.

During the interviews, participants were asked about the municipality's current data collection regarding youth problem behaviours and related risk- and protective factors. They were also asked about their needs related to data collection, and their current prevention activities.

After the informal interviews, additional emails were sent to each community to clarify some questions. In addition, official documents related to health and prevention in the community were analysed by the project team to identify any data collection methods that have been used in the community and what such data is used for.

1.9.2 Current data collection

To the knowledge of the participants, neither pilot community currently uses any tools to regularly measure youth problem behaviours or related risk- and protective factors.

One community has collected some information related to health outcomes and prevention in the past, as part of developing the municipality's strategic health plan and a SWOT analysis. The strategic health plan was based on official documents, consultations with relevant partners and a questionnaire administered to parts of the general population. The area of prevention appears indirectly in parts of the health plan addressing mental disease and addiction. The municipality also conducted a SWOT analysis with health and wellbeing as one area of analysis. The SWOT analysis was based on statistical data, a focus group interview with community stakeholders and a questionnaire survey including questions about participants' health status and environmental perception. The health plan and SWOT analysis results are now used to guide the municipality's decisions regarding

prevention. However, the data collection done as part of developing these documents was a single-time occurrence. It also did not include any measures specifically aiming to identify risk- and protective factors, and was focused on the general population rather than children and young people specifically.

The other pilot community did not report having collected any data regarding problems faced by children and young people or any risk- and protective factors.

1.9.3 Data collection needs

During the conversations with partners in the communities, participants from both communities stressed the importance of prevention and the necessity for high-quality preventive interventions in the communities. This notion is supported by the fact that the SWOT analysis recently conducted in one of the communities identified prevention and health promotion as a threat in the area of health and wellbeing. Both communities also mentioned that they could use more knowledge and data collection regarding risk- and protective factors.

Both communities did, however, also mention that in order to use such data, additional scientific support would be needed from an external partner. The communities also mentioned experiencing funding difficulties in the area of prevention-related training and data collection.

1.9.4 Conclusion

Consultations with the communities demonstrated a need for further data collection, especially relating to risk- and protective factors. No tools for such data collection are currently used in the pilot communities. The project team could also not identify any existing tools already adapted to the Portuguese context that could be used for this purpose. Therefore, it was decided that the CTC Youth Survey should be adapted, as this could give the communities useful data to help decide on a suitable prevention strategy. The survey has been previously translated into Portuguese in Brazil, so this version can be used as a basis for the Portuguese version, with additional modifications made as necessary to better match the needs and cultural context in Portugal. When implementing the survey, the communities' reported need for additional scientific support should also be kept in mind.

2 Analysis of prevention and training needs

2.1 Aims and general method

This part of the report was designed to provide input for WP2 and contributing to it was optional for each country participating in WP4. If the country chose to, they could include the following topics in their conversations with community informants:

1) The communities' current **understanding of prevention** and **general needs** regarding prevention work

2) Which **competencies** the participants consider relevant for professionals working in the prevention area. This could include competencies that they themselves would like to develop or that they believe would be necessary for other practitioners working with young people

3) What would support the development of these competencies i.e., are there any suggestions for the **content or methods** of the training programme

To help guide data collection, the interview guide (Appendix 1) also included questions that could be used to explore these topics. Once again, using this guide was voluntary and each country could choose the precise method of discussing these topics with their communities.

2.2 Findings

2.2.1 General attitudes and needs regarding prevention

All community informants interviewed expressed an understanding of the importance of prevention and most saw their work as connected to prevention in some way. The specific understanding and involvement in prevention differed somewhat between countries and communities. Some professionals expressed prior knowledge about setting-based prevention, risk- and protective factors, the importance of developing social skills, or the effectiveness of different prevention activities. Some of these people had also had prior prevention training, either as part of their education, professional training, or more standardised training programmes such as the EUPC DOP training (European Prevention Curriculum for Decision makers, Opinion leaders, Policy makers). Others, however, had not had any specific or systematic prevention training.

The communities also differed somewhat in the amount of prevention work currently conducted. Some communities were already involved in several evidence-based prevention programmes or actively engaged in developing their prevention strategy. However, some were experiencing funding difficulties or noted that they often lack time to work on prevention and are more focused on dealing with existing problems.

Nevertheless, prevention was generally seen as important. Specifically, some groups touched on the importance of implementing prevention activities across multiple settings. For example, some groups emphasised the necessity of collaborating with schools to improve the school climate, offer young people opportunities for prosocial engagement, or

incorporate the learning of social and emotional skills into the curriculum. One group also expressed interest in increasing the involvement of families in prevention and developing their competences.

2.2.2 Training needs: Competences

Prevention professionals were asked what kind of knowledge and skills they consider important for prevention practitioners to develop. In terms of additional knowledge, two main themes emerged from their answers.

The first concerned the main principles and science underlying prevention. Specifically, child development was mentioned by several groups as an important topic. They believed that professionals working with children and adolescents should have knowledge of children's developmental processes in order to choose the most appropriate prevention activities and distinguish developmentally "normal" behaviours from deviant ones. The importance of understanding risk- and protective factors within different settings (family, school, peers etc.) was also mentioned by some participants. One group also brought out fidelity issues in the implementation of prevention programmes and the importance of evaluation as important topics to for prevention professionals.

The second theme concerned knowledge on different specific issues that the community felt a need to address. For example, professionals from one community were especially interested in learning how to notice and prevent mental health issues and self-harm. Another community was most interested in gaining more information about substance use and how to discuss this issue with younger children. A third community brought out behavioural addictions like gaming or gambling as something they would like to acquire more knowledge on.

In terms of skills that the prevention professionals considered important, these could broadly be categorised as engagement/collaboration, social-emotional skills, and implementation of prevention activities.

Engagement and collaboration were mentioned by a few communities as areas that they would like to improve. For example, several groups mentioned a need for greater collaboration between different experts in the prevention field and were interested in learning how to involve the wider community in prevention efforts. One group also noted that they would like to know more about involving parents who do not normally show up to meetings or keep in touch with the school.

Some groups also recognised the importance of social-emotional skills, such as communication, teamwork, empathy, and coordinating groups. For example, it was mentioned that educational professionals should be able to effectively conduct consultations with children and parents, and be able to manage conflicts and their own emotions in the classroom environment. As another example, one group mentioned that police officers should acquire skills on how to approach a child while avoiding intimidation.

Finally, a theme that emerged from some groups was the necessity for prevention professionals to be able to apply prevention-related knowledge into practice. For example, one group emphasised that practitioners should know how their everyday behaviour and the environment they create affects the young person, and how they can contribute to prevention through their everyday work. Another group also confirmed that new skills and knowledge should be presented in a way that they could be applied directly into practice.

2.2.3 Training needs: Methods

In addition to skills and knowledge needed, a few groups also brought out specific needs and recommendations for the methodology of the prevention training.

One group emphasised the importance of learning together with their team, which contains people with different tasks and professions, including administration. This was thought to improve the whole team's understanding and collaboration, and thus contribute to future prevention efforts.

It was also mentioned that preferred methods for the training would include practical exercises and active learning methods, such as groupwork, discussions, role-plays etc. One group also brought out that having face-to-face training is very important, especially for encouraging discussions between different professionals, and for practicing skills.

General conclusion

For WP4, information was collected from communities in 8 partner countries regarding their current data collection about problems faced by young people and the related risk- and protective factors. Communities were also asked about their data collection needs, based on which, each country's next steps in the Frontline Politeia project were decided.

A brief overview of each country's current data collection and the decision about future data collection for Frontline Politeia WP4 can be seen in the table below (Table 1).

Country	**Current data collection tool(s)**	**Decision**
Estonia	Some national and school-level surveys mainly about the school environment, free time, and wellbeing.	Adapt CTC Youth Survey
Germany	CTC Youth Survey	Use current CTC Youth Survey data
Croatia	Some data collection by individual schools and organisations; community-wide data collection has been rare	Use CTC Youth Survey (already adapted)
Greece	ESPAD and HBSC	Adapt CTC Youth Survey (Cypriot version available)
Finland	National School Health Promotion study	Adapt CTC Youth Survey or use data from the National School Health Promotion study
Sweden	CTC Youth Survey and some national problem behaviour surveys	Use current CTC Youth Survey data
Spain	Some national and regional surveys mainly about substance use	Adapt CTC Youth Survey (earlier Spanish version available)
Portugal	No consistently used tools	Adapt CTC Youth Survey (Brazilian version available)

Table 1: Current data collection and WP4 decision for each partner country

Pilot communities in two countries were actively using the CTC Youth Survey for local-level data collection and seemed satisfied with the data it provides. In other communities where the Youth Survey was not used, there was generally no or very little community-level data collection that would address a wide variety of problem outcomes and risk- and protective factors. If data was collected consistently, this was usually done at the level of individual schools and organisations, or as part of state-wide data collection projects. There can be a few issues with this – for one, data (e.g., from school surveys) is not always shared with the wider community; and secondly, data from national surveys is not always separated by regions, so can be of limited use for identifying the most relevant problems for the specific community. In some countries, community-level data was available, but was more often focused on problem outcomes than the risk- and protective factors that influence the occurrence of these outcomes. Data collection about community- or environment-related risk- and protective factors was especially rare, unless the community used the CTC survey.

Communities generally saw further data collection as necessary or potentially useful. When asked what kind of data would be needed specifically, communities mentioned problem outcomes such as substance use, mental health issues, self-harm, and gambling. Most communities also saw value in collecting additional data about risk- and protective factors.

Specifically, social skills, perceptions of harm regarding some substances, and peer-related factors were mentioned.

Given the communities' current data collection and needs, most countries decided to use or adapt the CTC Youth Survey (the only potential exception being Finland, where an existing national survey might be used). The CTC survey can be slightly adjusted to suit each country's needs (e.g., by adding additional questions about mental health, gambling or other issues identified as important by the communities).

Regarding the process of data analysis, several countries' communities expressed concern about their lack of knowledge or resources for conducting data analysis. Therefore, when planning future data collection, it may be worth considering involving an external partner (e.g., a university, survey company etc.) or giving additional training to community members responsible for data analysis. Another important point concerns the application of the collected data. Several communities mentioned that data collection should be directly linked with prevention planning or specific interventions. Data collection should have a clear purpose that is also understood by the young people themselves and the schools where data is collected. It would also be useful to give feedback about the survey results to schools, students, parents, and the wider community.

This need for greater community involvement was also mentioned for prevention in general. Although the current prevention activities and prior training differed between communities, prevention and its implementation across different settings was generally seen as important.

For prevention-related training needs (input for WP2), some competences were mentioned universally. For example, understanding child development and risk- and protective factors; being able to apply knowledge into practice; collaborating effectively with other relevant parties; and having good communication skills were seen as important for practitioners across different countries, communities, and fields of expertise. Other competences were more specific to each community or profession, such as knowledge on addressing a particular problem or target group within the community. This may suggest a need for prevention training which covers universally important topics such as child development and determinants of behaviour, emphasises the practical application of this knowledge, and encourages collaboration between different prevention professionals. However, the training may also be adjusted slightly in each country, given that the prior knowledge and some needs seem to differ between different communities or professionals.

The current report therefore contributes ideas for the design of the prevention training done as part of WP2, and for adapting or implementing a survey for conducting a community needs assessment as part of WP4. The report has, of course, some limitations. For one, although each partner country did their best to recruit interview participants who would have good collective knowledge on current prevention activities, data collection and needs in the community, it was understandably impossible to include all people involved in prevention in these conversations. It is therefore possible that some viewpoints or activities within the community were not represented in this report and further conversations with different community groups would be useful during the course of the project. Secondly, when designing prevention training or data collection, it is naturally important to consider - in addition to the community's wishes - the evidence and prior scientific knowledge on the best ways to carry out these activities. For example, there may be some risk- and protective factors that no communities happened to mention as important to measure, but that may nevertheless be important contributors to problem outcomes and thus worth collecting data about. Nevertheless, engagement of the communities' prevention professionals in the project is crucial, and the input provided by them and summarised in

this report can help ensure that the training and needs assessment carried out during the project fit together with the communities' current situation and needs.

References

1. Brotherhood A, Sumnall HR. European drug prevention quality standards: a quick guide. Luxembourg: Publications Office of the European Union. 2013 Jul.
2. Arthur MW, Hawkins JD, Pollard JA, Catalano RF, Baglioni Jr AJ. Measuring risk and protective factors for use, delinquency, and other adolescent problem behaviors: The Communities That Care Youth Survey. Evaluation review. 2002 Dec;26(6):575-601.
3. Kraemer HC, Kazdin AE, Offord DR, Kessler RC, Jensen PS, Kupfer DJ. Coming to terms with the terms of risk. Archives of general psychiatry. 1997 Apr 1;54(4):337-43.
4. National Research Council. Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities. 2009 Feb 13.
5. Masten AS, Powell L. A Resilience framework for research, policy. Resilience and vulnerability: Adaptation in the context of childhood adversities. 2003 May 5;1.
6. Youth.gov. Risk and Protective Factors for Youth. https://youth.gov/youth-topics/youth-mental-health/risk-and-protective-factors-youth. Accessed Jun 27, 2022
7. Haridus. ja Noorteamet. Riiklikud rahulolu- ja koolikeskkonna küsitlused. https://www.harno.ee/riiklikud-rahulolukusitlused#rahulolukusitlused-u. Accessed Jun 27, 2022
8. Farrington DP, Jonkman H, Groeger-Roth F, editors. Delinquency and substance use in Europe: Understanding risk and protective factors. Springer International Publishing; 2021.
9. Twigg E, Barkham M, Bewick BM, Mulhern B, Connell J, Cooper M. Young Person's Clinical Outcomes in Routine Evaluation. Counselling & Psychotherapy Research. 2009.
10. hbsc.org. HBSC. http://www.hbsc.org/ . Accessed Jun 27, 2022
11. espad.org. ESPAD. http://espad.org/. Accessed Jun 27, 2022
12. Finnish institute for health and welfare. School Health Promotion study. School Health Promotion study - THL. Accessed Jun 27, 2022

Appendices

Appendix 1: Interview Guide

FOCUS GROUP GUIDE

GOAL of the focus group discussions

- To explore the needs of the frontline prevention workers for a training curriculum (WP2),
- and of current data collection methods for assessing risk and protective factors (WP4).

You can also use individual interviews, questionnaires, or other methods to collect your data, but we suggest the focus groups as it allows us to direct the conversation and make sure that everyone understands the questions. Additionally, having the different municipality workers in the same conversation allows them to get ideas from and complement each other.

PARTICIPANTS

Community coalition members, e.g.regional CTC-coordinators, education specialists, social workers, youth work specialist, local health promotion specialist, social services, local police, school personnel etc . Please consider the POLITEIA target: Frontline Prevention workers at the regional level, working directly with youth and young adults, like teachers, social workers and police officers or having a coordinating role in their community in training and facilitating prevention training.

RECORDING/note taking

Assure note-taking (in national language) of the focus group discussion or recording of the sessions. In both cases obtain **written informed consent** from the participants for recording/note-taking and using the data for project purposes.

Proposed INTRODUCTION for focus group discussion

In the beginning, it is important to give a short introduction to participants on POLITEIA.

Thank you for choosing to participate in our project!

Our ultimate goal is to support the development of prevention professionals and develop a training programme that would help prevent various problems that children and young people in the municipality face, including risk behaviour (drug use, violence, etc.) and mental health problems. This can best be done if we know the most common problems of young people in the municipality and the most important risk- and protective factors that affect the occurrence of these problems. To collect this data, we plan to adapt a questionnaire that could be conducted among students in the autumn.

In order to make this questionnaire as useful and appropriate for your municipality as possible, we wanted to discuss today what data is currently being collected on problem behaviours and related risk- and protective factors in your municipality (for example, is anyone already carrying out a student questionnaire or an evaluation related to this area). This way, we can find out what your specific needs are and ensure that our project complements the work that is already being done. We are primarily interested in data collected at the local municipality level, but if you use national, county-level or other data to plan the activities of the municipality, you can definitely mention this as well. We are also interested in your experiences and needs regarding prevention work and related competencies, so that the final training programme would best suit your needs.

Introductory remarks:

- Greetings, thanks for coming, introducing moderators/facilitators to the participants, questions before start.

How we plan to work in focus group:

- Provide information on the duration of the session (approx. 90 minutes), note that expressed opinions and views will be respected and appreciated.
- Invite participants to speak on behalf of their institutions as well as from their personal/professional perspective.
- Anticipate that we'll propose a series of topics in order to explore our subject and that everyone is invited to participate in the discussion that will be facilitated by the staff (make sure that participants feel free to engage in the discussion and that there's space for all to participate equally and with respect to each other).

Ethical considerations:

- Ask for permission and obtain written informed consent for recording/taking notes and using the data with explained purpose, on the proposed form.
- Guarantee an appropriate level of anonymity in published results and full confidentiality for participants, introduce a possibility of giving up the participation while the focus group is still running.

Participants list:

- obtain names, contacts and signatures from all participants on the proposed participants' list (important for project documentation!)

Topics to explore in the focus group discussion

After participants' presentation (name, institution) explore the following topics.

Prevention and professional background

1. What does prevention mean to you?
    - What changes do you see relevant for young people to develop less problematic behaviour?
2. How much of your work tasks are concerned with prevention?
    - In which settings do you do preventive work? (how much time do you have for it?)
3. What is the target group you work mostly with (concerning prevention)?
    - Which behaviours or outcomes do you target/aim to prevent?
4. Are you involved with implementing preventive programmes/interventions into settings?
    - If yes, which programmes?
    - Who developed these?
    - What data are these activities based on?
5. When and what kind of prevention training have you received?
    - Did you receive any training regarding prevention during your academic degree programme, before your employment (e.g. in higher education setting)? What is your professional background?
    - Did you receive any training regarding prevention during employment, for your current job position?
    - If yes, in what prevention topic did you get trained?
    - Was there anything you felt short of regarding your practical work?

Needs and expectations of prevention professionals

- Which competencies do you consider relevant for the professionals working in the prevention area? Why?
    - What kind of competencies do you consider relevant for police officers regarding prevention?
    - What kind of competencies do you consider relevant for specialists working with children and adolescents, such as teachers or youth workers?
- Which competencies would you like to develop on yourself that would support your preventive efforts?
    - What would support your development in the prevention field?
    - How would you be able to understand that your competencies in the prevention field have improved?

Current data on problem behaviour

Now let's talk about the data currently collected on the problems of children and young people in your community. By these problems, we mean any harmful or unwanted behaviour, such as alcohol, tobacco and other drug use, violence, crime, risky sexual behaviour, and dropping out of school. We are also interested in the mental well-being and mental health problems of young people.

1. Is data collected on substance use (alcohol, tobacco, drugs)?
   (if YES, see questions a-e)
2. Is data collected on other risk behaviours (e.g. violence, crime, risky sexual behaviour)?
   (if YES, see questions a-e)
3. Is data collected on mental wellbeing or mental health problems?
   (if YES, see questions a-e)
4. Is data collected on any other problems that have not been covered yet but would be worth mentioning?
   (if YES, see questions a-e)

If the answer to any of the above questions is YES:

a. What kind of data is being collected (e.g. which behaviour, which problems)?
b. Who collects the data and who analyses it?
c. What methodology is used (e.g. a questionnaire, interview, database, etc. If you use a self-developed questionnaire, could you share it with us)?
d. In which setting, how and from whom is the data collected (e.g. at school, youth centre)?
    - If data is collected from children/young people, what is the target age group?
    - What is the sample size?
    - How complete is the data (e.g. in the case of a questionnaire, how many of the recipients complete the questionnaire)?
    - Which measurement tools are used?
    - What ethical aspects are taken into account in data collection (e.g. asking for permission, anonymity, data protection)?
e. How is the data used? Are the results also summarised for the participants / community leaders? Have any prevention or intervention activities been planned or carried out based on this data? If so, what changes have you seen in the situation?

** If nobody in the group knows the answer to a question, you can ask if they know anyone outside the group who can be contacted for an answer.*

Current data on risk- and protective factors

Thinking of the problems mentioned before, we would now like to discuss what data is being collected on the risk- and protective factors associated with these problems. Risk factors are those characteristics that increase the likelihood of a problem occurring, and protective factors are those that „protect" against the occurrence of a problem or mitigate the effects of risk factors. Risk- and protective factors exist at several levels, such as individual characteristics, the child's family relationships, the school environment, and the wider community. For example, in a family environment, a good relationship with parents may be a protective factor and frequent conflicts in the family may be a risk factor.

1. Is data collected on family-related risk- and protective factors (e.g. family relationships, parental supervision, family social support, willingness to discuss one's activities or problems with family members, time spent with family, feelings of safety, conflicts in the family or involvement of the child in family decision-making)?
   (if YES, see questions f-j)
2. Is data collected on factors related to the child's peers (e.g. presence of friends, bullying and exclusion, social support from friends, popularity, peer pressure or peer risk behaviour)?
   (if YES, see questions f-j)
3. Is data collected on factors related to school life (e.g. academic success, safety at school, relationships with teachers, sense of belonging or liking school)?
   (if YES, see questions f-j)
4. Is data collected on factors related to the wider community, neighbourhood or living environment (e.g. leisure opportunities in the neighbourhood, opportunities to make one's neighbourhood a better place, relationships with other community members, crime and fights in the neighbourhood or satisfaction with one's living environment)?
   (if YES, see questions f-j)
5. Is data collected on individual characteristics that may be associated with risk behaviour (e.g. self-esteem, coping with problems, empathy, social skills, morality, attitudes or personality)?
   (if YES, see questions f-j)
6. Is data collected on any other risk- or protective factors that have not been covered yet but would be worth mentioning?
   (if YES, see questions f-j)

If the answer to any of the above questions is YES:

f. What kind of data is being collected (which risk- and protective factors)?
g. Who collects the data and who analyses it?
h. What methodology is used (e.g. a questionnaire, interview, database, etc. If you use a self-developed questionnaire, could you share it with us?)?
i. In which setting, how and from whom is the data collected (e.g. at school, youth centre)?
   - If data is collected from children/young people, what is the target age group?
   - What is the sample size?
   - How complete is the data (e.g. in the case of a questionnaire, how many of the recipients complete the questionnaire)?
   - Which measurement tools are used?
   - What ethical aspects are taken into account in data collection (e.g. asking for permission, anonymity, data protection)?
j. How is the data used? Are the results also summarised for the participants / community leaders? Have any prevention or intervention activities been planned or carried out based on this data? If so, what changes have you seen in the situation?

** If nobody in the group knows the answer to a question, you can ask if they know anyone outside the group who can be contacted for an answer.*

Additional questions and summary

- What would data collection in the prevention field look like ideally (e.g. what data do you think should be collected, what should data collection look like, what should the data be used for, what kind of support would you need to use the data)?

Thank you for attending the interview! At the end ask participants if they have any questions or if they want to add any reflection about the topics they discussed. Close the focus group by explaining to participants the next step (pilot training) and explore if they're interested in attending that phase. We'll keep you informed of the process and get back to you shortly regarding the next steps.

Appendix 2: Consent Form

INFORMED CONSENT – FOCUS GROUP DISCUSSION

Project title:

Frontline Politeia: Take prevention science training to the substance use and crime prevention frontline

Informed Consent:

You are being asked to consider participating in a focus group. This form will explain the purpose of the focus group and what is being asked of you as a potential participant. Please take the time you need to read this form carefully and ask any questions that you might have.

Introduction/Purpose:

You are being asked to consider participating in this focus group to allow the Frontline Politeia project to gather information on your experiences and needs regarding prevention and related data collection in your [*community/city/municipality]*. The information obtained will be used to develop the training design for practitioners in the area of prevention, and to select or develop an appropriate student questionnaire for local use.

What will happen during the focus group?

Individuals who agree to participate in the focus group are attending a session with other individuals where they will be asked questions about their experience and knowledge about prevention work and current data collection in their [*community/city/municipality]* and encouraged to discuss it amongst the group.

To assure accuracy in capturing responses, the focus group will be audio recorded. These audio recordings will be transcribed for analysis and presented in aggregate form. Individual participants will not be identified by their names. Unique identifiers will be used to separate data for transcription purposes and assure confidentiality. Focus group data including audio recordings, transcripts and aggregate reports will be securely maintained accessible only to the project team and published only for purposes of the project reporting and overall project results dissemination and will be destroyed when these data are no longer needed.

What are the risks/harms of participating in this focus group?

There are no known risks/harms associated with participating in this focus group.

What are the benefits of participating in this focus group?

You may or may not directly benefit from participating in this focus group. It is hoped that your participation in this focus group may benefit future prevention education in the European context.

What are your rights as a participant?

1. You have the right to have this form and all information associated with the focus group explained to you. You have the right to ask questions and have them answered to your satisfaction.
2. You have the right to choose to participate in this focus group or not. If you choose to participate in this focus group, you may stop at any time, for any reason without prejudice.
3. Your personal information (information about you that identifies you as an individual) will be kept confidential and your identity will be protected. No information about who you are will be given to anyone or published without your permission.

Contact information:

If you have any questions about this focus group or Frontline Politeia project you may contact*:*
[Insert contact person and contact details for the Frontline Politeia project in your country]

Informed Consent to participate in Focus Groups and Audio Recordings

By signing this consent form, I agree that:

- The nature of the focus group has been explained to me and all my questions answered satisfactorily
- I understand what I will be asked to do to participate in this focus group
- I have been informed of the risks and benefits of participating in this focus group
- I have been informed of my rights as a focus group participant
- I agree to participate in this focus group

_____	_____	_____
Name of participant	Signature	Date

_____	_____	_____
Name of person obtaining consent	Signature	Date

This report was funded by the European Union's Justice Programme — Drugs Policy Initiatives.