

Szymon Grzelak, PhD, ed.

The Guidebook

to Effective Prevention of Youth Problems

Guidelines for local authorities
and practitioners based on the results
of scientific research



How to support youth in preparing
for the JOURNEY OF LIFE

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How to support youth in preparing for the JOURNEY OF LIFE?

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Contents

Foreword to the English Edition.....	9
Foreword	13
Acknowledgements	17
List of Names and Abbreviations	19
Introduction	21

CHAPTER 1.

The positive potential, problems and risk behaviours of youth	29
1.1. Why the <i>Guidebook</i> focuses on youth aged 13 to 16.....	29
1.2. Problems and the positive potential of youth – a balanced view	32
1.2.1. The dominance of the problem-oriented view of youth	34
1.2.2. Noticing the positive potential of youth – a learned ability.....	37
1.2.3. A brief description of the IPZIN study – history, methodology, study sample.....	39
1.2.4. Positive behaviours and attitudes of the majority of youth aged 14 to 16.....	43
1.2.5 The positive potential of youth in localities of various size and type	50
1.2.6. The positive potential of youth – a summary	51
1.3. Problems and risk behaviours in youth	52
1.3.1. Classification of youth problems and risk behaviours.....	54
1.3.1.1. Demographic problems as a new challenge for youth development support and problem prevention.....	57
1.3.2. Serious consequences and costs associated with youth problems	58
1.3.2.1. Economic costs related to youth problems	69
1.3.3. The scale of youth risk behaviours and problems – a broad view	75
1.3.4. Trends of change in youth risk behaviours and problems	78
1.3.5. Differences in risk behaviours and problems of youth aged 14 to 16, and problem prevention	84
1.3.6. The importance of structuring the picture of youth problems.....	85
1.3.7. Links between risk behaviours and problems from different areas.....	89
1.3.7.1. Links between youth problems as seen in the latest IPZIN study.....	90
1.3.8. Factors related to youth risk behaviours and problems	98
1.3.9. Protective and risk factors with significant influence, controlling for other variables.....	102
1.3.9.1. Common risk factors for many youth risk behaviours and problems.....	106
1.3.9.2. Common protective factors for many youth risk behaviours and problems.....	113

CHAPTER 2.

Positive potential of a local community: a basis for effective prevention 119

- 2.1. Youth authority figures in local communities and their importance
as seen in studies 120
 - 2.1.1. The role of parents and family..... 120
 - 2.1.2. Parental attitudes and actions that protect youth 126
 - 2.1.2.1. Conversation, listening, understanding 126
 - 2.1.2.2. Parental support, control and clear boundaries 128
 - 2.1.2.3. Parents open to learning parental skills 130
 - 2.1.3. ‘The Granny effect’ 130
 - 2.1.4. Teachers and other youth development professionals as life guides
and authority figures 132
 - 2.1.5. Protective factors related to teachers and school – school climate
and culture..... 134
 - 2.1.6. Parents and teachers as effective guides in the area of sexuality..... 136
 - 2.1.7. Family Life Education classes as seen in the latest studies..... 141
- 2.2. Involvement with religion and religious organizations as one
of the foundations of the positive potential of the local community 146
 - 2.2.1. The role of involvement with religion and religious practice
as a protective and pro-health factor in scientific studies 146
 - 2.2.1.1. Involvement with religion and religious practice
as a protective factor in the IPZIN study..... 149
 - 2.2.2. Cooperation with religious organizations in the area of prevention
as described by state documents..... 154
- 2.3. Youth as one of the resources for problem prevention..... 156
- 2.4. *Social Capital Development Strategy 2020* and the positive potential of local
communities 162
 - 2.4.1. Social capital in the GUS study and the positive potential of local
communities 168
- 2.5. The subsidiarity principle and protection of the family
in the Polish Constitution, and youth problem prevention 173
 - 2.5.1. Respect for the parental role and the social capital of the family
and local community 175
 - 2.5.2. Institutional respect for the parental role as seen in the IPZIN survey 176

CHAPTER 3.

Practical recommendations – the Seven Levers of Effective Prevention..... 181

- 3.1. The first three Levers of Effective Prevention 182
- 3.2. The Fourth Lever of Effective Prevention – youth’s dreams and values 186
 - 3.2.1. Levels of youth development support and preventive influence 187
 - 3.2.2. The most important goals of youth as seen in the results of studies 192

3.3. The Fifth Lever of Effective Prevention – youth development support as a priority	196
3.3.1. The significance of prioritizing	196
3.3.2. Youth development support and problem prevention as a development priority	198
3.3.2.1. Barriers to effective preventive activity in the context of the Fifth Lever	202
3.3.2.2. Barriers to effective prevention as related to local government operation	217
3.3.2.3. Barriers to effective prevention as related to school operation	219
3.3.3. Setting clear limits for practices that oppose prevention goals	221
3.4. The Sixth Lever of Effective Prevention – maximum effectiveness at optimal cost	228
3.5. The Seventh Lever of Effective Prevention – people with passion and a love for youth	249
Conclusion with a view to the future	253
Biographical notes on the authors and experts	255
List of Tables	261
List of Illustrations	262
Statistical Appendix	265
Questionnaire Appendix	279
Youth development support and problem prevention in local communities	279
Examples of items used in the PRO-INTE Questionnaire	284
Bibliography	295

Foreword to the English Edition

Dear International Reader,

Youth are the future of the world. Youth are the future of every country, every local community and every family. There is no better investment in the future than investing in youth. This book is a brave and professional inspiration that you can use to better support the healthy development of the young generation.

The modern world is full of divisions and brings many global dangers. Yet, at the same time, it offers new, previously unheard of and unique opportunities for cooperation. The strategic publication of the European Institute for Integrated Prevention that you are holding in your hand is an invitation to international cooperation for supporting youth development and reducing the barriers and risks that might hamper their development.

During the last year – between July 2016 and June 2017 – we presented our approach to research on youth and to supporting youth development at a number of international conferences and workshops. Our Institute organized such conferences in Poland, Germany and France. We were invited to Hungary, Russia and Italy. Some of those conferences gathered participants from European countries, others – representatives of different continents. We were surprised and happy to see their lively interest in our research methods, results, and the recommendations based on them. We saw how necessary it is to provide a brave, holistic but also rational vision of youth development support and problem prevention. The interest in the integrated approach to prevention was equally lively on the part of professionals from Eastern European countries and those from Western Europe; both from highly developed countries (like USA and Canada) and the developing countries of Africa and Asia. As evidence of this interest, we have received many letters, asking for our book, the Polish *Vademecum*, to be translated into English, and for international research and practical cooperation to be initiated. The present publication answers this need.

Good international cooperation requires mutual respect. It calls for recognizing and appreciating the positive potential of each country that wants to join it. Representatives of each nation can contribute their own values due to their unique history and culture. Affirmation of the positive potential, and appreciation of values contributed by the cultural heritage of different countries, provide a better foundation for cooperation than attempts at unification or standardization, based on underestimating or denying cultural differences. The inspiration for cooperation that you are holding in your hands comes from Poland. A few words should be said, then, about the history and potential of the country its authors come from.

Poland, as a country, is the geographical centre of Europe. For over one thousand years, it has culturally belonged to the West. It has continually, for centuries, drawn on

the rich achievements of the West, while at the same time actively contributing to them. Poland is the historical borderland between Western and Eastern Europe, which was for centuries the meeting of Western Christianity with the Orthodox Church, Judaism and Islam. In the 16th and 17th centuries, when Europe was caught up in religious wars and persecutions, Poland stood out with its openness and religious tolerance. It is here that numerous refugees from Western countries, of different denominations, found asylum. Throughout the 19th and 20th centuries, Poland experienced many devastating wars. Periods of captivity were much longer than the short moments of independence. Poland is a country that still has many traces of the destructive power of totalitarian ideologies brought on bayonets of foreign superpowers – first fascism, then communism. Poles have greatly contributed to abolishing both ideologies in Europe. Despite so many adversities, Poland has retained its identity, values, culture and dynamism. Due to all this experience, Poles highly value their own freedom, and feel a rational distrust towards ideologies imposed on them in a top-down manner. For the same reason, they naturally sympathize with all nations in the world that fight for freedom in the face of political, military, economic or ideological pressure. Politically, Poland is a member of the European Union. At the same time, it has long ceased to be a military or economic superpower, whose domination could be feared by anyone. Poles are a nation in which the family is treated as a central value. Respect for the woman and the mother is a part of our cultural tradition. And, last but not least, Poland's achievements in the field of youth problem prevention are among the greatest in Europe. This is confirmed by experiences from many international meetings and conferences.

All these factors combine to make Poland a good place for a seat of the European Institute for Integrated Prevention, and a centre of international cooperation.

The original Polish edition of this book was prepared by the Institute for Integrated Prevention (IPZIN) as part of a project financed with funds from the European Union, and precisely from the European Social Fund. It was published and directly commissioned by the Centre for Education Development (Ośrodek Rozwoju Edukacji), subordinate to the Ministry of National Education. The publication was directed at representatives of Polish local and national authorities, and at Polish professionals – both practitioners and researchers.

The English-language edition has been wholly prepared by the European Institute for Integrated Prevention (EIIP) – a new, international institution, recently created by the Institute for Integrated Prevention. The content of the English edition agrees with that of the Polish edition in 90%. The remaining 10% cover changes resulting from the need to adapt the text to international readers, as well as updates resulting from the two-year gap between the Polish and the English editions.

Polish studies on youth are discussed in the *Guidebook* most extensively. However, this should not hide the fact that recommendations resulting from these studies are more universal in nature, and they are also supported by international research. We have recognized that setting the book in the Polish reality, and retaining references to

the Polish legal system, is valuable also for readers from other countries. Every country has a different legal and cultural context. The *Guidebook to Effective Prevention* may be an inspiration for how to use this context. But reflecting on how to use the *Guidebook's* recommendations in the context of your country's individual situation is your own creative task, Dear Reader.

We hope to publish a new English-language edition of the *Guidebook* in a few years' time. We would like to present in it more study results from different countries. We hope that some of the readers of the present edition will feel encouraged to conduct similar studies in their countries in cooperation with EIIP. Initial talks are already being held with researchers from some countries.

This publication is the first step in a fascinating cooperation adventure, to which you are cordially invited, Dear Reader. It is the future that is at stake in this adventure, because youth are the future. The better we support youth in preparing for their journey of life, the brighter our common future will be.

Szymon Grzelak, PhD,
chairman of the board,
on behalf of EIIP

Foreword

Dear Reader,

We are happy to hand over to you a book with a mission. A book that has been written with the intention to help us, adults, to fulfil our responsibility towards the development of the young generation.

The Guidebook to Effective Prevention of Youth Problems is a publication containing a rational, coherent and courageous vision, which concerns something more than promoting a healthy lifestyle. The point is that we, adults, should effectively support young people in building a mature world of values and in pursuing their deepest dreams and life goals. The photograph chosen for the cover symbolizes this vision, as it conveys the dynamism and potential of youth.

The *Guidebook* is founded on many years of research and practical experience both of the team of authors and the broader circles connected with the Institute for Integrated Prevention (Instytut Profilaktyki Zintegrowanej). We are professionals who work daily, with passion and commitment, with youth, parents, teachers and local government staffs. At the same time, we keep seeking ways to increase the effectiveness of these efforts. We conduct extensive research on youth. We draw up prevention programmes, and then implement them in direct cooperation with schools and local governments in all regions of Poland. And we also develop international cooperation.

All this experience has enabled us to find out how many positive adults there are, adults who care about young people's good. Despite serious barriers, these adults spare no efforts in acting for youth development support and problem prevention.

We believe that – since you have reached for this publication – you are one such person.

The word *Vademecum*, used in the title of the Polish edition, comes from the Latin *vade mecum* – 'follow me'. In the English edition, we have decided to use the term *guidebook*. We invite you, dear reader, to embark on this journey with us. Please treat us either as guides – if this book's message is new to you – or as companions, if you have already made similar discoveries or come to similar conclusions as a result of your own life and career path.

How to support young people in preparing for the JOURNEY OF LIFE? How to strengthen their resistance to bad influences? How to effectively prevent risk behaviours and problems among youth? These are the questions we pose at the outset.

Our answer is the **Seven Levers of Effective Prevention**. Thinking according to the Law of the Lever consists in looking for a fulcrum that makes it possible to obtain large

effects while using limited force and means. The Seven Levers of Effective Prevention are seven fulcrums – seven aspects of reality on which the effectiveness of action depends the most.

Before publishing the Polish *Vademecum*, we had an opportunity to present its main theses and recommendations at several regional and nationwide conferences for local government staffs and school representatives, and also at a conference at the Polish Sejm (the lower house of Parliament). A lively and positive reception by the participants confirmed our belief that this book is a needed and expected tool for councillors, office employees, school administrators, teachers and other professionals who assume the role of leaders in matters of youth development support and problem prevention in local communities.

We had hoped for the Polish *Vademecum* to become the subject of discussion and serious reflection among researchers and state officials. We had also hoped that politicians and experts cooperating with them would make use of the book. Reality exceeded our expectations.

In October 2015, just a month after the Polish edition was published, a special interdepartmental meeting was organized at the Chancellery of the Prime Minister (of the previous, centrist Government of Poland). The aim of the meeting was to present the Seven Levers of Effective Prevention put forward in the book to representatives of different ministries and government departments. Another purpose was to try to combine the efforts of different departments made for the benefit of youth. A year later, the new government used the recommendations from the Polish *Vademecum* when drawing up the National Health Programme for 2016–2020. Our publication influenced the shape of several dozen statements in this important document, signed by the Prime Minister in September 2016 and implemented under the supervision of the Ministry of Health.

During the last two years, the study results and recommendations collected in our book were presented at conferences at the Chancellery of the President, the Polish Sejm, at the plenary meeting of the Polish Bishops' Conference, and at numerous regional and town conferences throughout Poland. We spoke whenever the subject of young people was being discussed in the context of youth problem prevention, demographic problems, and the importance of human and social capital for economic development.

The Seven Levers of Effective Prevention offer an approach that helps government bodies and local authorities to make decisions so as to increase the effectiveness of activity in the field of youth development support and problem prevention. In this approach, good results are achieved through an attitude of practical respect for the roles of parents, family and the local community.

All this interest in the integrated approach to youth as presented in the book has made us aware how badly politicians and decision-makers today lack an overall vision concerning young people. Therefore, we started a campaign encouraging national and

local authorities to create a programme of youth policy that will treat integrated efforts for the benefit of youth as a priority investment for the state and local government. Youth policy should be an integral part of family policy. The recommendations included in the *Guidebook* may play a big role in working out its assumptions and directions.

Dear Reader, we hope you find this book helpful and inspiring.

– *The Authors*

Acknowledgements

I would like to thank the numerous people who have contributed to conducting studies, analyzing the results and, consequently, writing the *Guidebook*, and especially the several dozen experts, trainers and interviewers cooperating with the Institute for Integrated Prevention (biographical notes of all the authors and main experts can be found at the end of the book).

I would like to thank Paweł Jurczyk for his inspiration, encouragement and support at the first stage of creating this project. Without that impetus, our team would not have dared to take on such a huge and difficult task.

While acknowledging all the co-authors' commitment and contribution to the content of the book, I would like to single out the role of Matteo Sala, who was in charge of a number of tasks and who supported me in working out a holistic concept. Also my appreciation goes out to Szymon Czarnik, who carried out all the statistical analyses from IPZIN surveys, and who wrote the Statistical Appendix.

I would like to offer my thanks to Luis Fernandez from Spain for making his photo available for the cover. It is an accurate metaphor of hard struggle and life storms experienced by young people who embark on a journey of adult life.

I am grateful to the management and staff at the Centre for Education Development (Ośrodek Rozwoju Edukacji) for their kind cooperation and many valuable comments that were a substantial help in working on the book.

I would also like to thank the team of translators and editors, who have done their job with great perseverance and solidity. Thanks to their work, this book is available to the international reader. My special thanks go to Urszula Kowalczyk and Zofia Szozda, whose task was the biggest. I am also grateful to Orest Pawlak, Margaret Stevens, Fr. Peter Do and Marek Parypa.

I genuinely appreciate the valuable support from the MediPage medical publisher.

And, last but not least, I would like to extend my thanks to those several generous people who have anonymously contributed financially to translating and publishing the *Guidebook* in English. These are people who greatly appreciate the value of IPZIN's and EIIP's work. They decided to donate money earned by hard work in business to internationally promote the knowledge on effective development support and problem prevention acquired in Poland.

Szymon Grzelak
IPZIN chairman of the board,
EIIP chairman of the board

List of Names and Abbreviations

Polish names

Centre for Education Development (CED)	Ośrodek Rozwoju Edukacji (ORE)
Centre for Public Opinion Research ¹	Centrum Badania Opinii Społecznej (CBOS)
Central Statistical Office of Poland	Główny Urząd Statystyczny (GUS)
Chancellery of the Prime Minister	Kancelaria Prezesa Rady Ministrów
Charles de Foucauld Homo Homini Foundation	Fundacja Homo Homini im. Karola de Foucauld
Chief Sanitary Inspectorate	Główny Inspektorat Sanitarny (GIS)
Commissioner for Human Rights	Rzecznik Praw Obywatelskich (RPO)
Educational Research Institute	Instytut Badań Edukacyjnych (IBE)
European Institute for Integrated Prevention (EIIP)	Europejski Instytut Profilaktyki Zintegrowanej
Family Life Education (FLE)	Wychowanie do Życia w Rodzinie (WDŻ)
Institute for Integrated Prevention	Instytut Profilaktyki Zintegrowanej (IPZIN)
Institute of Psychiatry and Neurology	Instytut Psychiatrii i Neurologii (IPIN)
Łazarski University Institute of Public Health Management	Instytut Organizacji Ochrony Zdrowia (IOOZ) ²
Methodological Centre for Psychological and Educational Assistance	Centrum Metodyczne Pomocy Psychologiczno-Pedagogicznej (CMPPP)
Ministry of Culture and National Heritage	Ministerstwo Kultury i Dziedzictwa Narodowego (MKiDN)
Ministry of Family, Labour and Social Policy	Ministerstwo Rodziny, Pracy i Polityki Społecznej (MRPiPS)
Ministry of Health	Ministerstwo Zdrowia (MZ)
Ministry of National Education	Ministerstwo Edukacji Narodowej (MEN)
National AIDS Centre	Krajowe Centrum ds. AIDS (KC ds. AIDS)
National Broadcasting Council	Krajowa Rada Radiofonii i Telewizji (KRRiT)
National Bureau for Drug Prevention	Krajowe Biuro Do Spraw Przeciwdziałania Narkomanii (KBPN)
National Health Fund	Narodowy Fundusz Zdrowia (NFZ)

¹ This name is sometimes used for the Public Opinion Research Center (CBOS).

² Now known as Instytut Zarządzania w Ochronie Zdrowia (IZWOZ).

Office of Electronic Communications	Urząd Komunikacji Elektronicznej (UKE)
Polish Psychological Association	Polskie Towarzystwo Psychologiczne (PTP)
Public Opinion Research Center	Centrum Badania Opinii Społecznej (CBOS)
School for Parents and Teachers	Szkoła dla rodziców i wychowawców
Social Capital Development Strategy 2020	Strategia Rozwoju Kapitału Społecznego 2020 (SRKS 2020)
Social Insurance Institution	Zakład Ubezpieczeń Społecznych (ZUS)
Social Welfare Centre	Ośrodek Pomocy Społecznej (OPS)
Supreme Audit Office	Najwyższa Izba Kontroli (NIK)
The State Agency for the Prevention of Alcohol-Related Problems	Państwowa Agencja Rozwiązywania Problemów Alkoholowych (PARPA)
Union of Associations Advertising Council	Związek Stowarzyszeń Rada Reklamy
Your Cause Association	Stowarzyszenie Twoja Sprawa (STS)

Non-Polish names

American Psychological Association (APA)
European School Survey Project on Alcohol and Other Drugs (ESPAD)
European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)
European Social Survey (ESS)
Health Behaviour in School-Aged Children (HBSC)

Introduction

How should the *Guidebook* be read?

A reader unable to devote many hours to reading the *Guidebook*, and who is mostly interested in practical recommendations, is invited to look through the content of the first two chapters, and then concentrate on Chapter 3. The first two chapters contain extensive research material that forms the basis for the recommendations described in Chapter 3 as Seven Levers of Effective Prevention. In short, a reader who first of all wishes to learn quickly about practical recommendations should focus on Chapter 3, and possibly refer to the first two chapters for a detailed discussion of selected topics and justifications.

It should be noted that the recommendations are not limited to the levers alone. Many detailed suggestions can be found in the descriptions of particular levers. For example, the section devoted to the Sixth Lever includes extensive tables that contain sets of detailed criteria for assessing the effectiveness of prevention programmes (Table 3.8) and the possibility of their wide implementation (Table 3.9). These criteria can be used for building a local government unit or school prevention strategy.

Generally, however, we recommend reading the whole book in chronological order. This undoubtedly makes it easier to arrange the many themes and overlapping subjects discussed in it into a coherent whole – logical and practically useful. A discerning reader will find exhaustive answers to many questions in the *Guidebook*, and also inspiration to reflect on those questions that still need answering.

In Chapter 1, we will look at the results of research on today's Polish youth – what potential they have and what problems they run into. We will try to look from a perspective enabling us to see the widest possible range of problems and risk behaviours. We will try to understand connections between them, and the numerous factors that either protect youth from problems and risk behaviours or just the opposite – intensify them.

Chapter 2 presents an analysis of a local community's resources. It describes these resources that are of key importance for youth development support and problem prevention in light of research, and which form a significant part of human and social capital in every local community.

Chapter 3 contains a justification for subsequent recommendations, described as the Fourth, Fifth, Sixth and Seventh Levers of Effective Prevention.

We want the reader to be able to find valuable evidence in this *Guidebook* – and as complete as possible – to support the recommendations included in it. Especially, we

have developed in more detail the research themes that are important for the theses put forward here, and that have so far been difficult to find in the literature on the subject (or they can be found, but scattered in separate fragments rather than gathered together). Some of the themes from other handbooks on youth problem prevention are treated briefly here, and the reader is referred to suitable sources.

When writing the *Guidebook*, we decided to make it something between a handbook and a scientific report. Therefore, it cannot have all the characteristics of both forms. Study results are described much more widely and in more detail than they would be in a typical handbook, but in somewhat less detail than in a standard study report. Methodological information has been reduced to a reasonable minimum. In certain places, a discerning reader might wish to find more detailed method descriptions and research tools. Those interested in gaining full knowledge about the samples, research procedures, tools and statistical data analysis methods are referred to the Statistical Appendix (p. 265) and to the Questionnaire Appendix (p. 279).

The main goal of the *Guidebook*

The main goal of the *Guidebook* is to provide knowledge enabling an **increase in the effectiveness of activity in the area of youth problem and risk behaviour prevention**, undertaken by local governments.

When looking from the perspective of the functioning of youth problem prevention in local communities, the main goal implies the intention to:

- **rationalize the management of youth development support and problem prevention** at a local level;
- **optimize cooperation** in the area of youth development support and problem prevention between local authorities, educational institutions, local communities, non-governmental organizations, and government bodies.

The *Guidebook* is pragmatic in nature. For the authors, the value of the studies and analyses carried out does not only depend on the **scientific justification and factual accuracy** of the guidelines and recommendations that have been formulated. Ultimately, it is equally important whether the recommendations **can be implemented** in the current conditions of a country, and whether their implementation brings about **tangible effects at the lowest possible financial, personnel and organizational cost**.

Who is the *Guidebook* addressed to?

The most important addressees of the *Guidebook* are **local government officials and employees**, especially those who are responsible for designing or implementing local

policy concerning the prevention of youth problems, risk behaviours and pathologies. In practice, these are usually people dealing with education, health or social matters in local governments and their bodies, or institutions run by local governments.

When working on the research report which provided the scientific basis for this *Guidebook*, the members of the authors' team came to the conclusion that – in order to reach the main goal of the book – the target group should be extended. On the one hand, it should include representatives of national government bodies, while on the other – all members of local communities who are interested in matters concerning prevention.

As a result, the *Guidebook's* important addressees include members of all **state institutions involved in designing educational and health policy, and the policy aimed at solving social problems**. This results from the fact that the national policy in these areas establishes priorities and affects the legal, organizational and financial framework in which the national and local policy concerning youth problem prevention is conducted. Among the relevant Polish entities, the following should be mentioned here: the Parliament commissions dealing with education, health, family and social affairs, the Ministry of National Education (Ministerstwo Edukacji Narodowej, MEN), Ministry of Health (Ministerstwo Zdrowia, MZ), Ministry of Family, Labour and Social Policy (Ministerstwo Rodziny, Pracy i Polityki Społecznej, MRPPS), and also specialized government departments such as The State Agency for the Prevention of Alcohol-Related Problems (Państwowa Agencja Rozwiązywania Problemów Alkoholowych, PARPA) and the National Bureau for Drug Prevention (Krajowe Biuro ds. Przeciwdziałania Narkomanii, KBPN).

Importantly, the *Guidebook* is also addressed to **all members of local communities** who care about supporting the development of the young generation and effectively preventing youth problems and risk behaviours. Their interest in these areas may be caused by their functions and roles, personal passions or civic engagement. This category includes parents, grandparents and other family members, teachers and professionals supporting youth development, clergy, leaders and members of religious organizations for laypeople, leaders and members of non-governmental organizations, leaders of informal local associations, scout instructors, and other leaders of youth organizations, as well as all people of good will.

The *Guidebook* is also directed towards **researchers' and experts practitioners' circles** which deal with youth development support and youth problem prevention. The authors hope that both the recommendations included in the *Guidebook* and the research material collected in the source report will be the subject of animated and fruitful discussion among specialists.

Key concepts used in the work on the *Guidebook*

According to the standards of scientific methodology, also recognized by the Institute for Integrated Prevention, one of the key parameters of any scientific report is **transparency concerning assumptions**. In natural sciences — and even more in social sciences — evaluation of the adopted research procedure and the conclusions of a study should be made in the context of the assumptions first made by the researchers.

These assumptions arise from the specific area covered by the report, as well as from theoretical approaches adopted by the authors.

The assumptions used in the work on the *Guidebook* arose from:

- the research and practical experience of the staff at the Institute for Integrated Prevention (IPZIN)¹,
- the specific goals of the project,
- the assumptions of the *Social Capital Development Strategy 2020*².

The assumptions adopted for the *Guidebook*:

- The basic theoretical approach that constitutes the research framework and work on the *Guidebook* is *the integrated prevention model* (Grzelak, 2009). The most important characteristics of this model are:
 - o Perception of the specific problems and risk behaviours of youth in the broad context of many other problems and risk behaviours;
 - o Analysis of the interconnections between different youth problems and the search for their common causes and determinants (risk factors);
 - o An emphasis on protective factors in prevention, in particular those which shield youth from different problems and risk behaviours simultaneously;
 - o Use of a wide range of indicators concerning many different problems and risk behaviours both in diagnostic research and in evaluation research;
 - o Recognition and inclusion of different people in prevention, with their different impact on young people: parents, extended family, teachers, local government, NGOs, religious organisations and finally, other young people;
 - o The perception of the human being in the context of all of its dimensions: physical, mental, intellectual, spiritual and social;
 - o A pragmatic approach to prevention, expressed in the search for formulas for action which bring maximum results at the lowest possible cost.

¹ Main competition criteria due to which IPZIN was chosen as the contractor for the project supported from the European Social Fund include: a) A combination of research experience and practical experience including practical implementation of prevention programs on a large scale; b) An integrated approach to the prevention of problems both in research and practice; c) Extensive experience in cooperation with local governments, schools and state institutions.

² *Social Capital Development Strategy 2020* was adopted by the Polish government in 2013 as one of nine strategies aiming at the fulfilment of the socioeconomic goals of the *Europe 2020* strategy for the whole EU.

- In the course of research and the formulation of recommendations, particular attention should be paid to identifying resources — in particular social capital and human capital — which can be used to increase the effectiveness of prevention of youth problems and to rationalize the management of this area. And so, while identifying barriers to the development of effective prevention, special attention should be focused on those barriers which lead to a reduction of social capital at the local level, or lead to the existing social capital and human capital not being properly used.
- The research work and resulting proposals should include a knowledge of economics, so that the final recommendations may help to minimize the so-called ‘transaction costs’ and, consequently, lead to an optimal ratio of cost-effectiveness at the local and national level.
- The structure and language of the *Guidebook* should be adapted so as not to give it a hermetically scientific character, but to make it ‘user friendly’ and inclusive for the needs of the various groups that will use it.
- To meet the expectations of the institution ordering the report (Centre for Education Development, CED), and keep to the framework agreed between CED and IPZIN regarding the research carried out and the development of the report, the results of the IPZIN’s own study will be presented in a more comprehensive way. At the same time, the team of authors shall use their best effort to base conclusions and recommendations within the broad context of the results of other research centres, the literature and the voices of many experts.
- This *Guidebook* is an independent study. Its recommendations are to be verified not only by theories and research but also by the broad practical experience of the staff at the Institute for Integrated Prevention in cooperation with local governments and schools.

Basic definitions

The *Guidebook* addresses matters as seen from the point where the paths of youth development support, problem prevention and health promotion intersect.

‘Youth development support’ is understood here as a process of supporting the child or teenager in achieving maturity in four basic areas: physical, psychological, spiritual and also social. In daily life, this process is also called ‘upbringing’, but the term ‘upbringing’ refers to the narrower context of family or primary caregivers.

The term ‘prevention’, which implies stopping something from happening,³ is imprecise. For example, preventive healthcare is different from social prevention. Additionally, each of these areas of prevention is divided into a number of specific areas.

³ According to the Polish online dictionary by the Polish Scientific Publishers, PWN, prevention is ‘action to avoid adverse phenomena, in particular diseases.’

In this *Guidebook*, the term ‘prevention’ implies activity aimed at preventing various risk behaviours and problems in children and adolescents (use of alcohol, drugs, cigarettes; peer violence, conflicts with the law, sexual risk behaviour, sexually transmitted infections, depression and suicide, etc.). In this publication, the term ‘prevention’ is not used in isolation but usually in one of the following expanded forms: ‘prevention of risk behaviour in young people’, ‘prevention of youth problems’, ‘problem prevention’, or to give it maximum precision: ‘youth risk behaviour and problem prevention’.⁴ These extended terms will be used interchangeably and no differences of meaning should be attributed to them if the given sentence uses this or any other variant.

The authors of this *Guidebook* represent a positive approach to prevention, in which great importance is attached to promoting positive youth development and strengthening factors that protect youth from risk behaviours and problems. **With this understanding of prevention, the term includes an approach characteristic of ‘health promotion’.** We recommend being aware of this, as it can be a bit confusing for readers accustomed to a clear classification distinguishing ‘prevention’ understood as ‘prevention of problems’ from ‘health promotion’ and ‘supporting positive development’.

In some places, we find the terms ‘development support’ and ‘problem prevention’ next to each other. The authors have done this to emphasize the links between development support — meaning supporting physical, psychological, spiritual and social development — and prevention. We also stress that many theses proposed here can refer to both development support and problem prevention. Prevention of risk behaviours and problems in young people is a specialized activity which aims to assist the development support process in the particular areas where this is needed. The main recommendations of the *Guidebook*, summarized in the form of the Seven Levers of Effective Prevention can be, to a very large extent, applied to youth development support as well.

While examining concepts, it is worth explaining why the *Guidebook’s* authors write about ‘preparing for the journey of life’. After all, we might think of childhood and adolescence to be a stage in the ‘journey of life’ and not just preparation for it. In the sense used in the *Guidebook*, **the ‘journey of life’ is the conscious pursuit of the most important life goals – a life vocation, thanks to which a person lives a full life, realizes their talents, fulfils their deepest dreams, and chooses a mission which gives meaning to their life.** Based on this understanding of the ‘journey of life’, adolescence is usually not the journey itself, but an important stage of preparation, searching, choosing goals and discerning directions.

⁴ Risk behaviours and problems are related to each other but they are not equivalent terms. Using drugs or early sexual activity are risk behaviours. They are related to problems which they can cause – e.g. drug addiction or sexually transmitted infection. Depression cannot be classified as a risk behaviour but rather as a problem. Such reasons lie behind the decision to speak about ‘youth risk behaviour and problem prevention.’ However, the term is so long that it is impossible to use it in a text without having to resort to shorter equivalents.

The main data sources for the report on which the *Guidebook* is based

The report has been produced as a result of wide, contextual analysis of data from multiple sources, which can be grouped into two main categories: (1) study of the results of surveys and expert opinions done or commissioned by IPZIN within the framework of the project, (2) study of conclusions emerging from scientific literature on the subject and from state documents.

The main data sources include:

- IPZIN's study on youth N = 15,001
- IPZIN's survey of adults N = 1515
- Opinions from 17 experts
- Questionnaires filled in by 40 prevention programme trainers
- Descriptions of good prevention management practices at local governments (used for the chapter omitted in the English version of the *Guidebook*)
- A broad overview of scientific literature
- Practical experience of IPZIN's staff and associates concerning cooperation with local governments in the performance of research and prevention tasks, with a total of more than 150,000 participants in activities (during the 2011–2014 period alone).

Descriptions of study samples and methodology are presented in the text of the *Guidebook*. A more detailed description of the methods of statistical analyses is provided in the Statistical Appendix (p. 265).

The creative process behind working on the source report and the *Guidebook*

During the course of youth study results analyses, review of prevention literature and search for the best synthesis of today's knowledge, the authors made new observations and came to many new conclusions. Those observations and conclusions modified the directions and scope of work on the *Guidebook*, and forced the authors to verify earlier assumptions.

The three conclusions that were most influential on further work are described below:

- The literature on the subject has so far lacked efforts to gather key data from different areas of prevention. Therefore, the authors recognized a separate need to make and present in the *Guidebook* a number of comprehensive tables, which would gather data concerning problems from different areas. The data include results of studies concerning problem intensity, trends of change, consequences of problems, interconnectedness of problems from different areas, and also risk factors and

protective factors related to problems from different areas. The practical advantage of providing such tables in the *Guidebook* lies in the possibility of wide and contextual analysis of problems without having to search for data in many different sources.

- The authors of studies concerning conditions for effective prevention have so far mostly focused on practical recommendations related to the criteria of selecting a good prevention programme. The literature lacked strategic analysis and recommendations, such that would indicate criteria for, and principles of, devising an effective overall prevention system in a local community. And so, an important goal emerged in the course of working on the *Guidebook*. This goal was to define and describe a set of the most important assumptions that would enable an effective system of preventing youth problems to be devised. This is how the Seven Levers of Effective Prevention were worked out. This set of levers is important because it is deeply set in knowledge on prevention, as well as empirical data and the experience of effective practical use of individual levers.
- Opinions gathered from the 17 experts specializing in different fields of prevention and development support cast new light on the understanding of barriers to effective prevention of youth problems, and so did the results of the survey of adults (local government staff, teachers, parents etc.). The conclusions from an analysis of those data led to shifting the emphasis in the *Guidebook*. We wanted to take into account more fully the fact that the context of law, the current and long-term national policy, and also long-standing social and civilization processes are all very important for the functioning of schools and local authorities.

Chapter 1.

The positive potential, problems and risk behaviours of youth

Youth are the future of society. Youth problems and risk behaviours and their health-related, developmental, social and economic consequences are a particularly important challenge for local governments, parents, teachers and entire local communities.

Chapter 1 presents a diagnosis of the current situation of youth from the perspective of youth problems and risk behaviours. It also presents selected aspects of their positive potential. This chapter serves as the foundation for the remaining content of the *Guidebook*. Reading Chapter 1 is necessary for a proper understanding of the conclusions and recommendations presented in Chapter 3.

1.1. Why the *Guidebook* focuses on youth aged 13 to 16

The *Guidebook's* focus on youth aged 13 to 16¹ is supported by arguments from developmental psychology, knowledge of the effectiveness of prevention measures, and the societal needs related to work with this age group, which is viewed as a particularly difficult age group from the point of view of educators and youth workers.

Most results of the scientific studies presented in this chapter, and in the book as a whole, relate to intermediate school youth aged 13 to 16. The authors chose to focus on this age group for the following reasons:

- **The developmental argument**

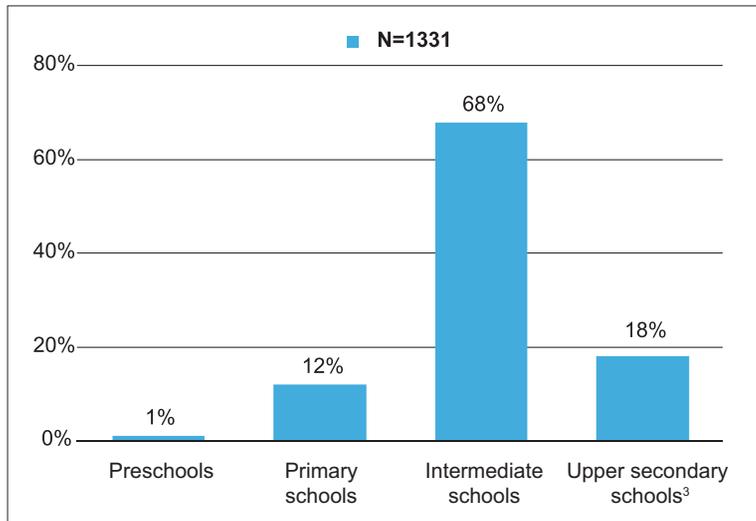
The intermediate school stage of development (13–16 years of age) is an unusually dynamic phase of adolescence, when young people experience being in transition between childhood which has ended and their still distant adulthood. The physical changes of adolescence coexist with tensions caused by strong emotions and conflicting needs. Psychosexual, social and moral development takes place alongside doubts as to one's self worth, and difficult questions about one's own identity (Erikson, 1995; Feldman and Elliot, 1990). At the same time, these years are particularly crucial because they are a time when more serious dreams and plans for the future arise and particular talents and interests are revealed. At this time of life, young people also take an uncompromising view of the world of adult values, which they see as challenging youthful idealism. Will the young person succumb to the weight of tensions in this difficult period and fall into a path of behavioural problems? Or will that young person overcome difficulties and constructively take up the challenges in life? This will, to a large extent, depend on the support offered by the adults around them.

¹ Polish intermediate schools teach youth in the 13 to 16 age group.

- **The societal need argument**

Results of a survey conducted by the Institute for Integrated Prevention (Instytut Profilaktyki Zintegrowanej, IPZIN) in 2014² (N=1515) clearly indicate that intermediate school is the educational level where in the opinion of respondents, schools fail to cope with carrying through youth development objectives. This response was indicated by 68% of the adults surveyed (see Figure 1.1).

Figure 1.1 Schools which cope the least with fulfilling youth development objectives (IPZIN survey, 2014)



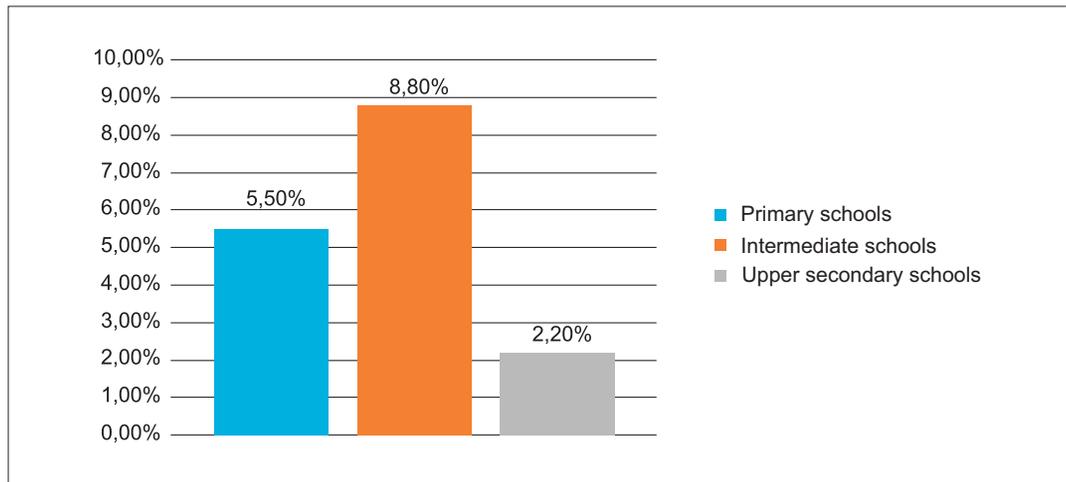
Moreover, there is very close agreement within all respondent groups. Parents, teachers, psychologists and counsellors, school administrators, local government employees and representatives, and municipal leaders (mayors, presidents) indicated to a similarly high degree that intermediate schools experience particular difficulty in coping with youth development difficulties.

This opinion has been confirmed by a report from the Supreme Audit Office (Najwyższa Izba Kontroli, NIK, 2014). Based on data gathered from documents within the studied school sample, the report states that there is a significant intensification of misbehaviour and development support difficulties in youth development in intermediate school. There are more students with pathological behaviours in intermediate schools than in primary or upper secondary schools.

² A study conducted by IPZIN for the project commissioned by Centre for Education Development (CED) and financed by the European Social Fund. The most important information regarding the sample of survey respondents is presented in Section 2.5.2.

³ The most popular type of post-intermediate schools in Poland.

Figure 1.2 The percentage of students manifesting pathological behaviours by school type on the basis of the NIK study (2014)



- **The prevention argument**

Studies of the effectiveness of prevention programmes conducted around the world unanimously indicate that the **chances of gaining measurable results from preventive efforts** are higher **when their recipients are younger** (Silva, 2002). Statistically, a larger proportion of older youth take a path of risk behaviours and problems. They may still leave this path, but motivating them towards change is more difficult. This does not mean that preventive activity should not be taken with respect to older youth, but focusing more scientific studies and preventive efforts on younger youth at the intermediate school level is justified. For the same reason, it is important to direct prevention measures towards children in the higher primary school grades.

Krzysztof Ostaszewski, one of the leading researchers of youth problems, has this to say about the results of a three-year study conducted in Warsaw's intermediate schools: 'The results of this study confirm that use of psychoactive substances by students starts in intermediate school. During the three years of intermediate school, alcohol drinking and abuse as well as cigarette smoking increase at a high and continuous rate. In the case of drug use, the highest growth was observed between the second and third year of intermediate school. These results, based on prospective data, document what we already know from cross-section studies – that there is an intensification of psychoactive substances experiments during early adolescence (Kowalewska, 2012; Gajewski, 2012; Dzielska and Kowalewska, 2014). School problems are similarly marked by this pattern of dynamic growth,' (Ostaszewski, 2014a, p. 255).

- **The administrative argument**

In the Polish government administration, as a rule intermediate schools are the responsibility of the *gmina*, the most basic level of subnational government (municipality; may be a city, town or village), while the government unit often responsible for upper

secondary schools is the more inclusive *powiat* (county). In keeping with the constitutional law of subsidiarity, the *gmina* is the local government authority responsible for offering the most important forms of support to the family in the process of youth education and development, including youth problem prevention. Because the *Guidebook* focuses primarily on the results of studies of intermediate school students, the scientifically grounded conclusions and recommendations presented here address the reality faced by every local government at the most basic level.

1.2. Problems and the positive potential of youth – a balanced view

The typical approach towards youth dominating the media and public spheres focuses attention on difficulties and problems, while losing sight of the positive potential of these young people. Planning effective youth development support and problem prevention activities requires freeing oneself from this schema-driven thinking.

Study results demonstrate that a surprisingly large majority of intermediate school youth in the 14 to 16 age group display positive behaviours and attitudes.

The question arises: Which local community units and resources should take credit for the fact that the majority of students in this age group are not involved in risk behaviours or experiencing problems? The response to this question appears in further sections of this chapter, where factors that protect youth from problems are discussed. The key issue of resources will be developed in Chapter 2, because it is impossible to manage youth development support and problem prevention in a rational and efficient way without understanding the resources of the local community and the importance of supporting and ‘growing’ them.

The title of this section, which introduces the technical part of the chapter, contains two contrasting terms – ‘problems’ and ‘positive potential’. Each of these terms has a different connotation, a different energy, and focuses attention on a different aspect of reality. We should ask ourselves the question:

Is focusing on problems the best way to solve them?

It most often turns out that no, it is not. This truth has been confirmed in many areas of life. This is a fundamental issue in this publication, and in managing the prevention of youth problems effectively.

Several examples help to illustrate the difference between an approach that places ‘problems’ at the centre of attention and one that focuses our attention on ‘positive potential’.

Problems and positive potential in sport

It is often said in sports that winning largely depends on the players’ belief in their own abilities and their positive attitude before a match – for example, one hears of the need

to 'get the previous defeat out of one's head'. It is also said that 'a match can be lost in the locker room'. Team members that believe in themselves and do not remember lost points can rise from a probable defeat to ultimately win a match. This is the power of focusing more on positive potential, resources and abilities than on problems and failures. The first mobilizes. The second takes away strength and disempowers. If we want to win, we must be aware of the weaknesses of our own team but focus attention on our resources at the same time, because it is the resources that will allow us to win.

Problems and positive potential in psychotherapy

A psychotherapist assisting a married couple to overcome a typical marriage crisis must of course get to know the problems that their clients are dealing with. Yet the road to an effective and permanent solution to the problems observed cannot be taken without getting to know the positive potential of the married couple. The professional often makes a great effort in therapeutic work to help clients to notice the value of their relationship. The couple can then notice their positive qualities once again, in the context of their most beautiful moments spent together. Such an approach allows their differences, conflicts and problems to be seen in the right perspective. At the start of therapy, it might seem to the couple that their life together is one huge fiasco, but as a result of the therapeutic process they discover their problems are just one aspect of the truth about the bonds which unite them. Another good and valuable aspect still exists – they only stopped noticing it. Helping couples to notice the positive potential of the relationship releases a huge amount of energy to work and overcome problems. Viewing problems in their proper (reduced) proportions helps couples to believe that difficulties can be overcome.

Problems and positive potential when working with a teenager with behavioural problems

The teacher, counsellor or psychologist who wants to cooperate with a student with behavioural problems and motivate them to change cannot focus their attention and conversations with the student on the problems alone. Usually the teenager has already been criticized many, many times. The experienced educator knows that repeated reprimands will not bring results. The turning point in working with a child causing problems most often comes with noticing their potential and their talents, and pointing out their sensitivity and positive characteristics hidden under a surface of apathy or ugly language. Even if the ratio of negative to positive behaviour in such a student is ten to one, in order to move forward in working with the teenager, one needs to find at least a seed of potential (even if the child doesn't see it in him/herself), thus building an anchor point for the process of positive change. Of course, such a student needs to be given clear, definite boundaries independently of the received support. Noticing a teenager's positive potential and praising them for what is good does not at all mean tolerating destructive or pathological behaviour.

1.2.1. The dominance of the problem-oriented view of youth

There is a prevailing focus on problems in the media and public discussion, and even in state documents related to prevention of youth problems. In addition, in day-to-day work in schools there are procedures that favour focusing attention on problems in youth behaviour. As a consequence, youth are viewed more negatively than is objectively justified.

The field studies and practical experience of the Institute for Integrated Prevention (IPZIN) clearly demonstrate that a huge divide exists between the actual percentage of destructive attitudes and behaviours in youth and the thought schemas of parents, teachers and local government representatives, who exaggerate the scale of these phenomena. As a part of IPZIN teacher trainings we present a useful list of key reasons for why teachers have a more negative picture of youth than is the reality.

Why do adults notice the negative attitudes and behaviours of youth more often?⁴

- **Negative incidents have a strong impact on the overall picture**

A detailed description of the macabre or out of control actions of a single group of teenagers can attract public attention for many days, and the attention of those in the school environment for weeks, despite the fact that this behaviour involved only a fraction of a percentage of the population.

- **Problem behaviours focus attention and tie up emotions**

Teachers have hundreds of interactions with students in their daily work at school. Yet it is the events that cause difficult and powerful emotions which are most strongly etched in the teachers' emotional memory. The disrespect, scorn or depraved profanities of several students accumulate in their emotional memory, while emotionally neutral or pleasant interactions with the majority of students are lost to memory and awareness. In a class where most students are working without disturbing the course of the lesson, the destructive behaviour of one student is enough for a teacher to become tired, to fear the next lesson with the same class, and to be emotionally exhausted after several lessons with similar classes. While the emotions experienced result from difficult interactions with individual students in each class, they influence the teacher's perception of the entire class or year, and even intermediate school-level students as a whole.

- **Youth play roles when in a group**

A teenager in their peer group and a teenager in one-to-one contact are two different people. In their behaviour in a group, the young person often takes on very negative roles that do not reflect the attitudes and values he or she holds. The results of well-conducted anonymous survey studies reveal a picture of youth attitudes that is much more positive than would be seen from the roles they take on in a group. This is important even if the daily behaviour of young people does not meet the level of their declared attitudes. Working on the tension between the values that young people

⁴ IZPIN training materials.

hold and their daily behaviour is one of Hansen's classic effective prevention strategies (Hansen, 1992). The aim of using this strategy is to motivate young people to behave in accordance with what they actually value.

- **Media live off sensation, publicizing problems and remaining silent about potential**

Sensation is the most important food for many media companies. High ratings and the effective focusing of attention is a key business objective leading to income growth from advertisements. Sensational reporting of crimes, pathologies and other youth problems thus has a high business value. And so, the major media relate facts and studies about youth in an arbitrary and highly misleading way – adding a taste of sensation or danger to even the most innocent information. Verifying the reliability of these reports is possible but very difficult and time-consuming, as it requires assessing the quality of the sources, methodology of conducted studies, choice of study sample, etc. In practice, the average media recipient cannot conduct this type of verification. At the same time, the media do not publicize what is in fact a clear majority of positive news; news, that is, about youth who are learning at school, helping at home and involved in developing their interests. Such news is not publicized because it is not drastic or shocking enough, and so does not bring in any money.

- **The negative image of youth held by adults and youth themselves becomes a self-fulfilling prophecy**

Adolescence is the time to build one's own identity and sense of self-worth. The way in which the media and public discourse represent youth as more of a problem than potential is a factor that makes positive development difficult for youth, because parents, teachers, local government staff and other decision makers fall into the same way of viewing youth. The more the adult world believes in the abilities and potential of young people, the more our young people will develop their potential. And the more often talk of youth problems or 'the difficult situation of today's youth' is repeated, and the more the scale of pathology in youth is exaggerated and publicized, the more we will be seeing these pathologies. This is the impact of negative labelling or programming. The influence of such a pessimistic and critical approach is particularly strong when it is related to the specific relations of adults with specific young people or groups of young people. Wojtek, who is a 'troublemaker' and always hears from the adults around him that he is a 'troublemaker', will continue to strengthen his identity as a 'troublemaker' and certainly will not disappoint the 'expectations' that adults have of him – the level of his misbehaviour will increase. Class IIB may be labelled 'unbearable Class IIB' after being disobedient several times. The more that adults use the label and the more they treat students of the class as if they were 'unbearable', the more the students of IIB will adapt to that perception. The role that adults affirm in them will strongly influence the development of their group identity. They will sense the power and threat of the slogan 'unbearable IIB' and – who knows, maybe even pridefully – add additional elements and episodes to the picture. This problem results, on the one hand, from adults failing

to praise them; and, on the other, from adults' lack of the knowledge and skills needed to criticize specific behaviour, and not individuals.

Table 1.1 briefly demonstrates the consequences of focusing on problems in contrast to focusing on the positive potential of youth. From the perspective of the effectiveness of youth development support and prevention of youth problems, these consequences are very significant and diverse. They address all groups of adults: parents, teachers, school administrators, local government officials as well as national level government officials and politicians.

Table 1.1 *The results and consequences of focusing on youth problems vs. the positive potential of youth*⁵

RESULTS AND CONSEQUENCES	
Focusing attention on problems	Focusing attention on positive potential
Studying problems increases knowledge about them, yet does not supply a good anchor point for youth development and prevention work.	Studying positive potential broadens one's perspective on youth and helps to find positive anchor points for youth development and prevention work.
Focusing on problems in scientific studies leads to the continual development of these problem indicators. As a result, we know more and more about the problems, but still not much about positive potential.	Focusing on positive potential leads to development of the indicators of this potential. As a result, we can learn more about this essential anchor point in prevention work, and create more effective action strategies.
Focusing on problems leads to analyses of the causes and risk factors of these problems, including factors related to families and the local community. The result is a persistently negative view of parents, family and the local community (divorce, family pathologies, bad relationships with parents, poor peer groups).	Focusing on positive potential leads to understanding the sources of this potential and factors protecting youth from pathologies. The result is the development of a perspective that appreciates the positive significance and strength of pro-development efforts of the parents and family, and positive environments in the local community (youth organizations, religious organizations, volunteering).
Problems strongly 'emotionally tie up' attention. Focusing on problems makes it more difficult to notice positive potential.	Focusing the majority of attention on positive potential does not hinder parallel, problem-related diagnosis and reflection.
Focusing on problems offers a media opportunity – anyone who announces study results or even an incident revealing a new, unknown problem has the guaranteed attention of the media. Broad and complex scientific reports on youth are reduced to several shocking statements that expose problems.	Focusing on positive potential receives no media interest. A scientific report demonstrating both potential and problems is cited exclusively from its findings regarding problems. Focusing media attention on positive potential requires special strategies and efforts.

⁵ IPZIN training materials.

<p>The focus of adults on viewing youth through the lens of problems ultimately reaches young people themselves. They have the sense that adults do not believe in them or notice what is good, and so perhaps it is not worth trying... This establishes an identity in youth that is based on a low sense of self-worth. Young people tend to rise to the expectations of their authority figures. If adults' expectations are low, they are no longer an impulse to development.</p>	<p>The focus of adults on noticing the positive potential of youth can be a very strong motivating factor for young people to lead a good and healthy life. When the good aspects are noticed and praised, young people try even harder, and their identity develops based on their virtues and an adequate sense of their self-worth. When adults believe in the great potential of young people, youth want to grow in the eyes of their authority figures.</p>
<p>The focus of adults, teachers and local government officials on problems with youth discourages their efforts to support youth development, causing an attitude of helplessness and accelerating the burnout process.</p>	<p>The focus of parents, teachers and local government officials on the positive potential of youth strengthens the sense of purpose in their work, motivates them to youth development support efforts and prevents burnout.</p>
<p>Focusing awareness on problems can make it easier to gain resources for preventive efforts. The more we expose problems and show them in a dramatic light, the easier it is to convince government officials, council people and commissions reviewing a project.</p>	<p>Focusing attention on positive potential and presenting problems in the right proportions can make it more difficult to attain funds for preventive efforts. For many government officials and decision-makers, highlighting the positive potential of youth can be an argument against spending funds on a given project. If the situation is so good, why support it?</p>

1.2.2. Noticing the positive potential of youth – a learned ability

For many years, the practice of noticing the positive potential of youth has been an important element of the conferences and training sessions conducted by many specialists and institutions (Institute of Psychiatry and Neurology, Centre for Education Development). IPZIN and cooperating institutions have also included noticing the positive potential of youth as an inseparable element of their training activities directed towards parents, teachers, local government officials and politicians.

The common effort of institutions aimed at publicizing study results proving the positive potential of youth has succeeded in making this message somewhat more present in recent popular science articles and interviews in the press, on the radio and on television.

Experience in sensitizing others to the positive potential of youth has led to the development of many specific approaches to the task. The development of one such approach is presented below. This case also helps in understanding one of the most important theses of this publication.

At the introduction of IPZIN training sessions for teacher councils in schools, teachers complete a short survey testing their assumptions about selected attitudes of

intermediate school youth. Later on in the training, the anonymous responses of teachers from a given school are compared with the results of IPZIN youth assessments, which were often conducted in the same building where the teacher training takes place. **Every time the survey is conducted, it turns out that teachers not only do *not* recognize the positive potential of youth, but they also underestimate the degree to which youth view parents and teachers as important authority figures.** At first, some teachers have difficulty in accepting this discrepancy. It gives the impression that the teachers are not good professionals, as their opinion of youth is so removed from the facts. Then the responses to the following question from the introductory teacher survey are discussed:

When, in your opinion, is it easiest for a teacher to notice positive, mature attitudes and characteristics of intermediate school students?

1. *in class during a lesson?*
2. *when observing a group of youth during hall duty on a break?*
3. *in individual conversations with students?*

The results of the responses to this question are the same every time, independent of the region, size of locality or other differences. The majority of teachers always express the opinion that the positive characteristics and mature attitudes of intermediate school students can most easily be noticed in individual conversations with students.

Dialogue with teachers conducted during the training reveals one important truth in particular. On the one hand, teachers realize that positive potential is present in young people and discover this in their work with young people (largely in one-to-one contacts). On the other hand, their general picture of intermediate school youth is significantly more negative than youth survey results indicate. This turns out to be the case even if the survey relates to youth from their own school. It turns out that a person can experience many one-to-one contacts with specific young people and notice their positive potential on these occasions, yet at the same time be under the overpowering influence of the negative picture of youth. This negative picture dominates in the media, in the public sphere, and in daily conversations in the teachers' room, the doctor's office and among neighbours.

An open conversation about this phenomenon helps teachers not to feel attacked or criticized – instead, they feel understood. In this way, an important objective of the training is reached – motivating teachers to view youth more through their impressions gained from individual contacts than from observing groups of young people. Young people often hide their positive potential under the masks worn in their peer group.

Currently, numerous training opportunities (School for Parents and Teachers, The Golden Five and many others) prepare teachers to base their work on the *strengths* of young people. They train teachers to notice the positives, develop their ability to offer descriptive praise and lead students out of destructive roles by discovering the potential that is hidden more deeply in these students (the 'nugget of gold'). This is in keeping with the entire psycho-pedagogical approach, which emphasizes the significance of

supporting the positive development of youth. An important element of this approach is offered by studies of resilience mechanisms which protect young people from falling into problems despite the concerted action of risk factors (Zimmerman et al, 2013). These studies are most broadly discussed by K. Ostaszewski, who has devoted all of his most recent monography to the significance of resilience mechanisms in youth problem prevention (Ostaszewski, 2014a).

1.2.3. A brief description of the IPZIN study – history, methodology, study sample⁶

The staff of the Institute for Integrated Prevention (IZPIN) has developed its own tradition of research that goes back to the early 1990s and was developed from experience gained in conducting evaluation studies on the effectiveness of prevention programmes. Our involvement with diagnostic surveys has thus grown from our experience with evaluation studies. Evaluating programme effectiveness forced us to find indicators that had more than a descriptive use – they also needed to have a practical use in prevention and the everyday youth development efforts of families and schools. The variables and indicators developed for this purpose help to bring together those aspects of knowledge about the younger generation that are most useful for adults in supporting youth development.

The growing interest of schools and local government authorities in this approach to studying youth has been the basis for the development (since 2007) of an entire branch of diagnostic research entitled *Diagnosis of youth problems and the positive potential of youth based on the integrated prevention model*. These diagnostic surveys are conducted on behalf of the needs of Polish intermediate schools, upper secondary schools and the local authorities governing them. The name reflects their character well. The indicators considered in these youth surveys allow for a diagnosis of both the problems and the potential of youth. An approach based on the integrated prevention model leads to viewing specific problems in the broad context of variables related to various areas of prevention.

IPZIN diagnostic surveys include indicators for the following variables:

- Classroom relations and climate
- Involvement in realizing one's interests and pro-social activity
- Indicators related to school responsibilities (average grade, truancy)
- Adult guides of youth (authority figures)
- Relationships with parents
- How teachers are perceived
- Religious faith and practice
- Sources of knowledge about love and sexuality

⁶ A more detailed description of the statistical aspects of the studies is found in the Statistical Appendix (p. 265).

- Attitudes and beliefs related to love and sexuality
- Attitudes related to having children in the future (in adult life)
- Peer violence (many indicators)
- Cyberbullying
- Use of psychoactive substances (cigarettes, alcohol, drugs, designer drugs)
- Availability of alcohol and drugs
- Attitude towards riding in a car driven by a drunk driver
- Attitude towards the presence of alcohol in relations with the opposite sex
- Depression
- Suicidal thoughts
- Sexualization
- Use of pornography
- Sexual contact (various indicators)

Use of such a broad set of indicators permits the testing of relationships between problems and the analysis of a wide range of protective and risk factors for various problems.

The authors' *Pro-inte questionnaire*⁷ used in the diagnostic surveys is comprised in part from questions modelled on other studies (e.g. the area of psychoactive substances: ESPAD studies); however, the majority of questions and scales have been developed by the specialists of the Institute for Integrated Prevention. The indicators have a proven effectiveness. The scales used (e.g. sexualization scale, 'alcohol and dating' scale, class climate scale) show a high level of validity and reliability (Grzelak, 2009a).

The diagnostic surveys are anonymous. Each of the students in the class receives a questionnaire which they complete individually according to the instructions of a surveyor trained by the Institute for Integrated Prevention. The IPZIN surveyors have all the skills required for youth work, which helps them to manage classes of students during the survey process. This ability increases the credibility of the results. Detailed reports prepared by the surveyors during the course of the survey process for each class and school serve to assess the results credibility.

We would like to sensitize the reader to the fact that the data from IPZIN diagnostic surveys are based on youth's responses related to their attitudes and behaviour. And so, despite the high level of validity of the IPZIN study and other studies cited in this book, it is always necessary to remember that there is a margin of error resulting from the difference between students' claims regarding facts and the facts themselves. In a standard scientific report, these and other study limitations mentioned here would need to be repeated occasionally throughout the book. The choice of the format of this publication, which is somewhere between a scientific report and a guide, causes us to omit such reminders, because they could be burdensome for many readers of this publication.

⁷ The Pro-inte questionnaire is included in this publication in the Questionnaire Appendix (p. 279).

Study sample

For the needs of this publication, the results of IPZIN diagnostic surveys from 2010–2014 were studied (data was used from students in four successive school years, beginning with the academic year 2010/2011). Depending on the objective of the analysis, data was used from either the entire sample group of Polish intermediate school students surveyed or a defined subsample of this group.

The study sample was derived from accumulated data from diagnostic surveys conducted for students aged 14 to 16 in the second and third years of Polish intermediate schools from many localities⁸. Diagnostic surveys were always conducted for an entire student population of one or two years in a given school, not just selected classes. These surveys were commissioned by interested local government authorities or schools. Sometimes the request was made for surveys for all intermediate schools in the locality. At other times, only selected schools were involved, although no universal rule can be identified regarding their selection. The decision to include a given school in the survey may have been made because the school itself showed interest, but sometimes local authorities chose schools with the most problem behaviours. The basic objective of each survey is always to develop a detailed report for each school, presenting students' results in comparison to results for other schools from a given locality or to the entire group of surveyed students from various regions, towns and villages of Poland. The research is always based on the whole population of students of a given age in a school – not just a selected sample. This makes the report very useful for planning youth development support and problem prevention strategies. From the point of view of a school's administrative and teaching staff, a complete analysis of the behaviours and attitudes of the entire group of their own young people is immeasurably more useful than a generalized picture created from a random sample for an entire locality, which would not allow us to address the situations in specific schools.

This approach to conducting surveys of youth is very closely linked to practice. Opportunities for contact between the Institute and studied schools include: conducting the survey itself, giving the school a comprehensive report, and optionally presenting the results to the teaching staff. As a rule, the Institute also conducts a specific prevention activity for students included in the survey (which always takes place after the survey date). This greatly deepens the Institute representatives' insight into the realities of the school and youth environment, which allows for the verification of the validity of the survey results and continuous improvement of survey tools.

While the very large study sample was constructed in a cumulative manner using samples from many schools and towns, it is not representative of all of Poland. It is not a random sample. This does not reduce the value of the study sample in the analysis of relationships between variables. From a statistical point of view, however, this makes it

⁸ The second year of Polish intermediate school includes students in the 14 to 15 age group. The third year of Polish intermediate school includes students in the 15 to 16 age group.

impossible to generalize to a nationwide level. For this reason, in the discussion of youth problems in later sections of this book, the most important IPZIN study results are compared to the results of other studies of youth, which were based on representative random samples, although they were often conducted on smaller samples and are not so recent.

Between 2010 and 2014, $N_0 = 15,001$ Polish second and third year state intermediate school students aged 14 to 16 took part in IPZIN surveys. The average attendance on the day of the survey was 85%, which means that the number of youth based on the total class size was 17,500; 2.5 thousand students were absent.

Data for individuals who did not complete most of the survey or completed the survey in an lighthearted manner (e.g. wrote jokes on the questionnaire) were excluded from the database (staff coding the data in the computer system excluded data according to set criteria). Results were also excluded when one half or more of the youth being surveyed engaged in loud jokes and conversation, making it impossible to fill out the survey in a focused manner (this was noted in the surveyors' reports). The total percentage of those excluded was 7% of the surveyed students.

The size of the study sample used for analysis was $N_1 = 13,960$. Most of the sample (79%) included second year youth aged 14 to 15 ($N = 11,055$), while 21% of respondents were in their third year of intermediate school, aged 15 to 16 ($N=2905$). The sample is balanced in terms of sex.

The individuals surveyed were from 10 Polish provinces (Mazowieckie, Dolnośląskie, Lubelskie, Małopolskie, Pomorskie, Podlaskie, Kujawsko-Pomorskie, Świętokrzyskie, Podkarpackie, Wielkopolskie). When it comes to locality size,

- 12.5% of the sample were from towns and villages with less than 50,000 residents;
- 20% of the sample were from cities with 50,000–200,000 residents; and
- 67.5% of the sample were from cities with more than 200,000 residents.

The most uniform and most recent subsample $N_2 = 8613$ was used for a part of the analyses. **It only includes students aged 14–15 from the second year of intermediate school, from 2012/2013 and 2013/2014 academic years.** The subsample is balanced for sex (50% boys and 50% girls). The data from this subsample come from 8 provinces.

In order to assess changes in intermediate school youth problems and risk behaviours that take place with age, the $N_3 = 2934$ subsample was used from schools where youth from the second and third years (aged 14–15 and 15–16) of intermediate school were surveyed simultaneously (second year: $N = 1472$; third year: $N = 1462$). The subsample is balanced for sex.

In a further section of the *Guidebook*, analysis is also presented related to indicators that were added to the questionnaire in 2012 and 2014.

For indicators added in 2012, the $N_4 = 10,880$ subsample includes respondents from the second and third years (aged 14–15 and 15–16), during 2012/2013 and 2013/2014 academic years (second year – 79%, third year – 21%) and is balanced in terms of sex (51% boys and 49% girls).

And finally, for indicators added in 2014, the $N_5 = 1934$ subsample includes respondents from the second and third years (aged 14 to 16), tested during the February–June 2014 period (second year – 59%, third year – 41%) and is quite balanced in terms of sex (53% boys and 47% girls).

1.2.4. Positive behaviours and attitudes of the majority of youth aged 14 to 16

The series of figures presented below shows the results for the $N_2 = 8613$ subsample (students from the second year of intermediate school 14–15 years of age, 2012/2013 and 2013/2014 academic years; data from 8 provinces).

As seen in Figure 1.3, 60 to 90% of youth did not use psychoactive substances at all in the given time period. For each of these substances, a clear majority of youth did not use them. As many as 52% of girls and 50% of boys did not use any of the psychoactive substances listed in the survey. These intermediate school students did not get drunk, use alcohol or drugs even once in the last 30 days, and in addition, they did not smoke cigarettes or use designer drugs at all over the last 12 months.

Figure 1.3 Percentage of youth who did not use psychoactive substances (IPZIN)

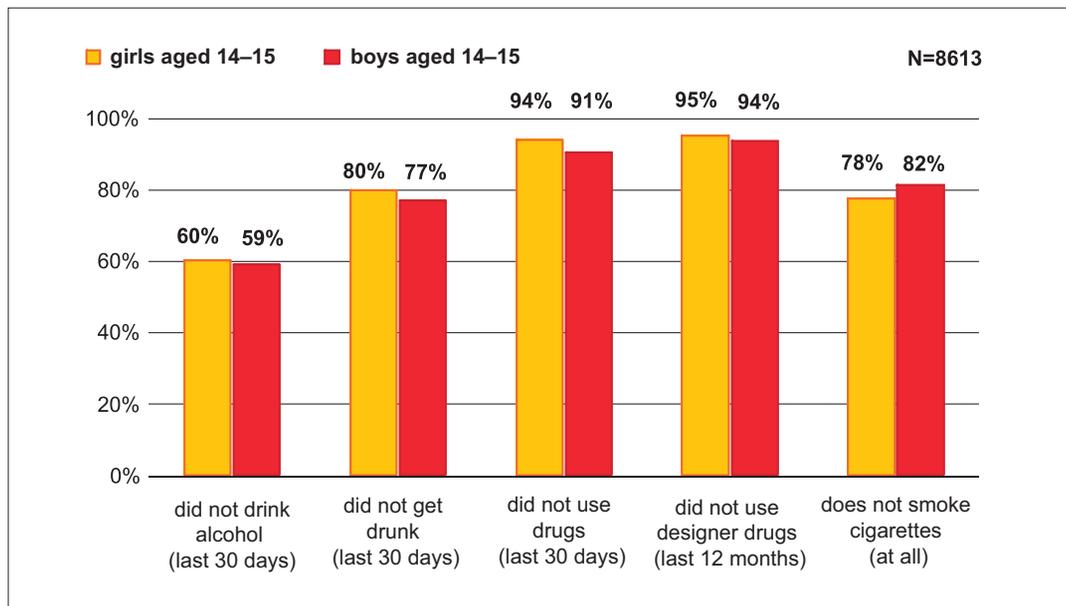
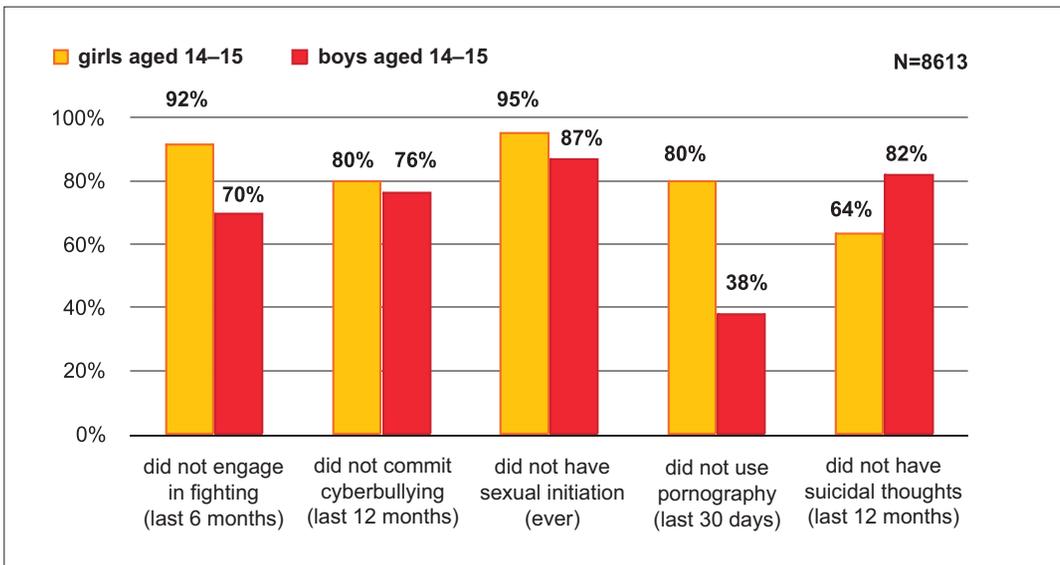


Figure 1.4 shows that a **decided majority of the studied youth aged 14–15 did not engage in fights, did not commit cyberbullying and had not had sexual initiation.** In addition, the majority of youth had not experienced suicidal thoughts over the last year even once. A definite majority of girls had not intentionally used pornography in the last 30 days⁹. The percentage of boys who intentionally used pornography stands apart from the remaining results – 38% of those studied had not used it at all. Despite this, **44% of girls and 23% of boys were completely free from all of these problems** (Figure 1.4). These are not low rates, taking into account that some indicators were very sensitive (not even a single suicidal thought over the last year, no cyberbullying over the last year¹⁰, no fights in the last 6 months).

Figure 1.4 Percentage of youth who did not have given risk behaviours and did not experience given problems (IPZIN)



Suicidal thoughts are a particularly common problem among girls. Putting the question of suicidal thoughts aside, **61% of girls** were completely free from the four remaining problems and risk behaviours. Intentional use of pornography is particularly common among boys. If we removed that question from the analysis, **45% of boys** would be completely free from the four remaining problems and risk behaviours.

A very important piece of information for youth problem prevention is the proportion of youth who may be treated as **potential healthy lifestyle leaders** (leaders in giving

⁹ In the questionnaire, one question relates to ‘fleeting (non-intentional) contact with pornography’, and a separate question relates to ‘intentional use of pornography’.

¹⁰ Regarding suicidal thoughts, IPZIN intentionally used a highly sensitive indicator (even a single suicidal thought in the last 12 months placed the young person into the category ‘have suicidal thoughts’). It is useful to use sensitive indicators for such serious problems, as this allows for identification of problems in their initial stages and sensitization of adults responsible for youth (parents, teachers, etc.).

an example with their own lives). In Figure 1.3 we see that **about one-half of youth have been found to have a lifestyle that is free from the use of various psychoactive substances**. In addition, about one-half of youth is free from the problems presented in Figure 1.4. The single but significant exception is the use of pornography by boys, and this should be the subject of particular reflection.

The percentage of youth who do not engage in the above-mentioned risk behaviours is so high that it could be a strong pillar of support for prevention strategies aiming to change the false normative beliefs¹¹ of youth. Young people often think that a decisive majority of their peers engage in risk and problem behaviours. They often have healthy attitudes, but tend to hide them, viewing them as uncommon and unpopular. Changing the normative beliefs of youth can help to bring young people who were ashamed of their healthy lifestyle until now ‘out of the shadows’. The task of adults (teachers, local government staff and professionals dealing with prevention) is to support this positive potential and use it as one of the foundations for prevention work with the group of youth who are involved in risk and problem behaviours.

The many years of IPZIN staff’s practical experience in prevention work with intermediate and secondary school-level students have confirmed the rule that **youth leading a healthy lifestyle do not realize their large number or the strength of influence that they have on their peers’ attitudes**. The subject of boasting in a peer group is often the problem behaviours of the minority. The majority of the group, who do not share this behaviour, usually remain silent or even add their own imagined behaviour which never actually took place. In intermediate school peer groups, the false impression arises that most youth drink alcohol, use drugs and have sexual contact. Yet **targeted prevention measures can awaken the untapped potential that is hidden in the large group of leaders of positive and healthy lifestyles which remains fragmented and unaware of its own influence**. This group needs support to discover their positive identity, to understand that this identity is valuable and attractive. It cannot be an identity based on negation (those who don’t smoke, don’t drink, don’t do drugs), nor can it be based on the stereotype of the ‘good child’ or ‘model student’, which is unattractive in the youth environment. The phrase ‘healthy lifestyle’ might sound equally unattractive, as it seems to suggest a ‘correct’ life that lacks colour, adventure and risk. A positive identity can be built around words and slogans that hold energy and hope, such as ‘dream-seekers’ or ‘future time travellers’. This identity can also be anchored in family and regional traditions or even be linked to local historical heroes.

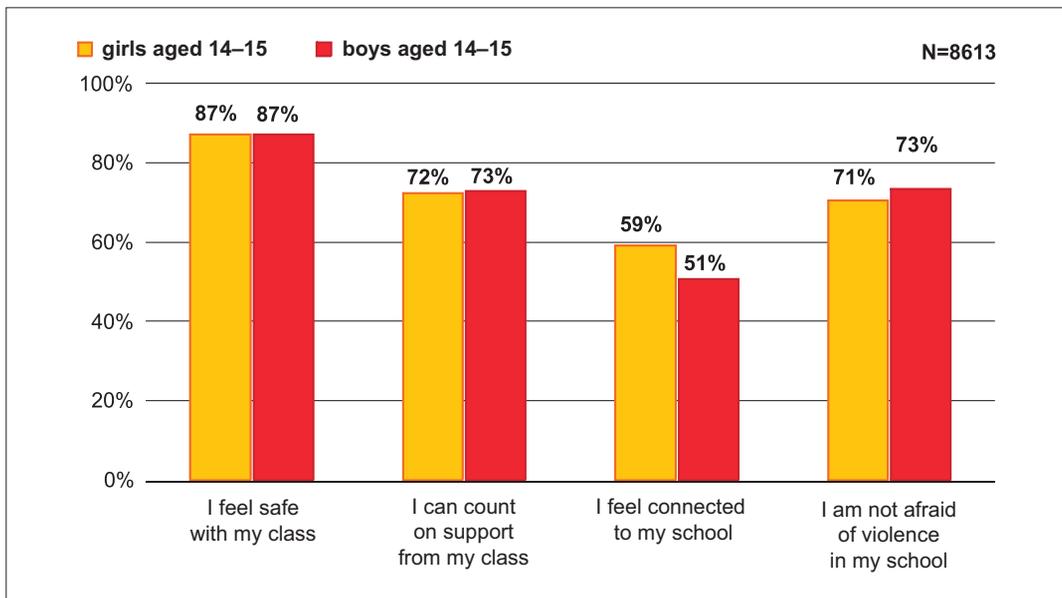
A large group of youth do not engage in problem and risk behaviours. An important task of prevention is to strengthen the positive identity of this group of youth and treat them as potential leaders for change in the entire youth population.

¹¹ The term ‘normative beliefs’ is used here as an equivalent of the other frequently used term ‘subjective norms’.

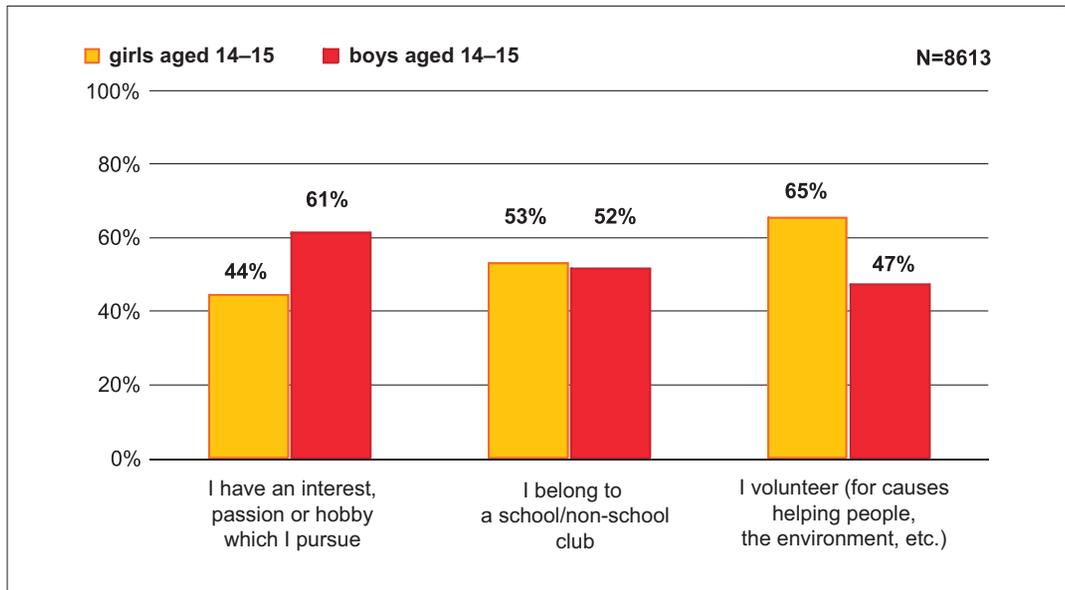
The positive potential of youth is also revealed in many other areas, including relations and climate in their class¹² and school.

Nearly 90% of intermediate school students feel safe with their classmates (Figure 1.5) and over 70% can count on the support of their classmates. Over one-half of surveyed students state they feel connected to their own school, and over 70% are not afraid of physical or verbal abuse on school grounds. This is an important aspect of the potential of youth themselves, and of the school and teaching staff, who have an important influence on the relationships and climate in the school.

Figure 1.5 *Relations and climate in class and school (IPZIN study)*



¹² In years 1 to 12 of the Polish school system, each student is assigned to one class and one form teacher, who is responsible for keeping track of the educational development of their students and supporting their social development in the class environment.

Figure 1.6 *Hobbies, clubs and volunteering (IPZIN study)*

A significant number of respondents are actively involved in developing their interests or various forms of social activity.

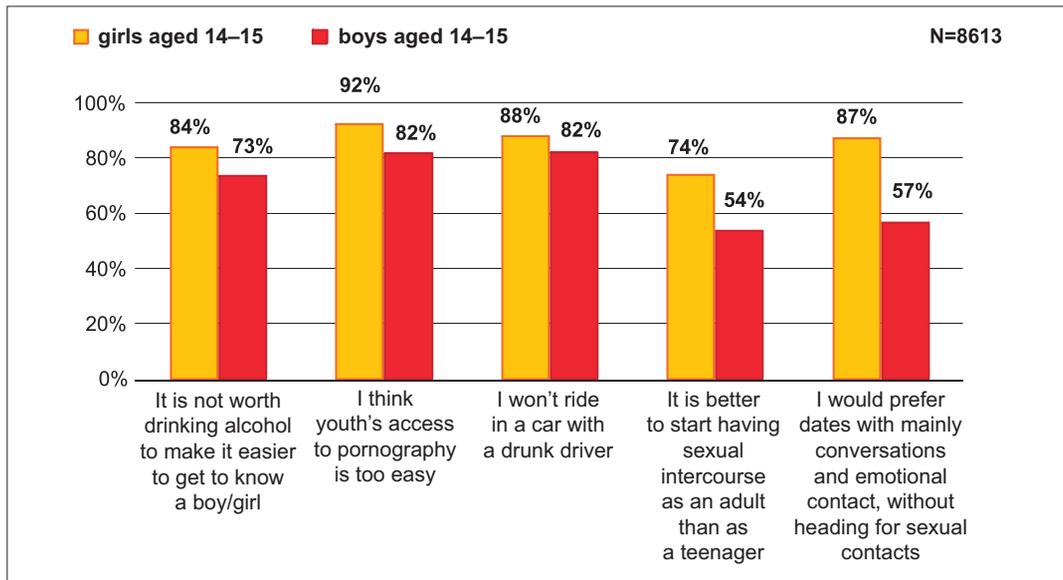
Over one-half of boys and nearly one-half of girls have an interest, passion or hobby that they pursue (Figure 1.6). Most youth belong to school or non-school clubs, and over one-half of girls and nearly one-half of boys have volunteered for causes including helping people, the local environment, animal protection or other form of social activity.

Study results (Figure 1.7) show the very large positive potential of a clear majority of youth who have a number of explicitly pro-health attitudes and beliefs.

A definite majority of the intermediate school students surveyed think that it is not worth using alcohol to make it easier to get to know someone of the opposite sex. Over 80% of respondents think that pornography is too accessible for youth, and a similar proportion of intermediate school students will not ride in a car with a drunk driver. The majority of youth believe that it is better to wait with having sexual intercourse until they are adult rather than to do so as a teenager. Both the majority of girls and the majority of boys would prefer dates with mainly conversations and emotional contact, without heading for sexual contacts.

When these results are presented at schools and town conferences, they always surprise teachers, parents and local government staff. This is also the case with results from surveys conducted in the same local community. Most adults are not aware of the positive attitudes of such a large group of youths. Without awareness of these facts, these adults cannot take advantage of the positive potential of youth in their educational efforts, prevention programmes and local policies.

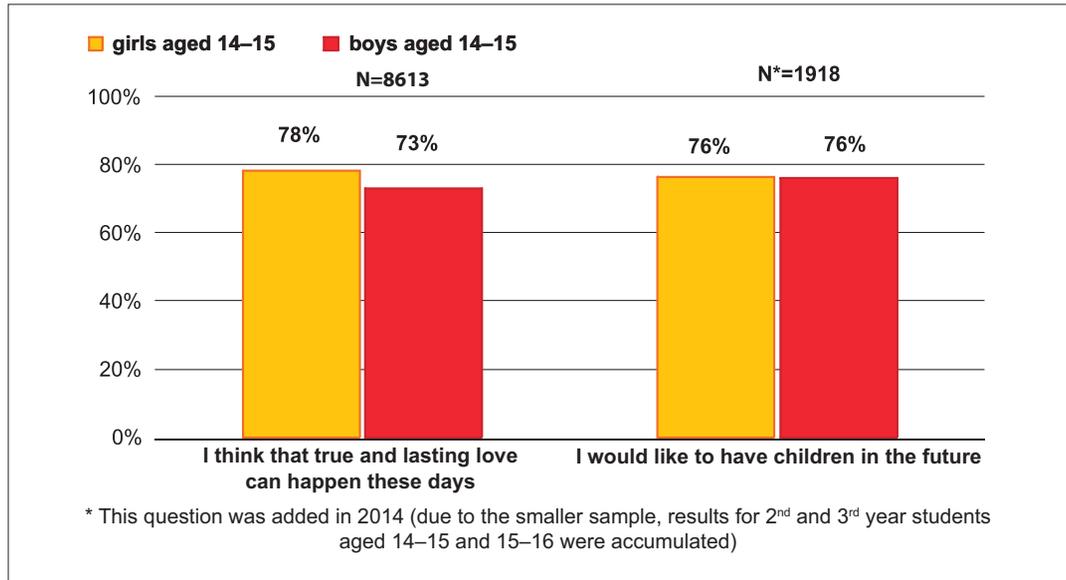
Figure 1.7 Attitudes and behaviours of youth related to selected problems and risk behaviours (IPZIN study)



Equally optimistic beliefs about love and the desire to have children in the future (Figure 1.8) are prevalent among youth. **These are unusually important indicators for the new field of prevention – early prevention of demographic problems.** In the face of the demographic collapse of Poland and so many other European countries, it is high time that this area of problem prevention and pro-family education be given the attention it deserves in research as well as international, national and local level activity.

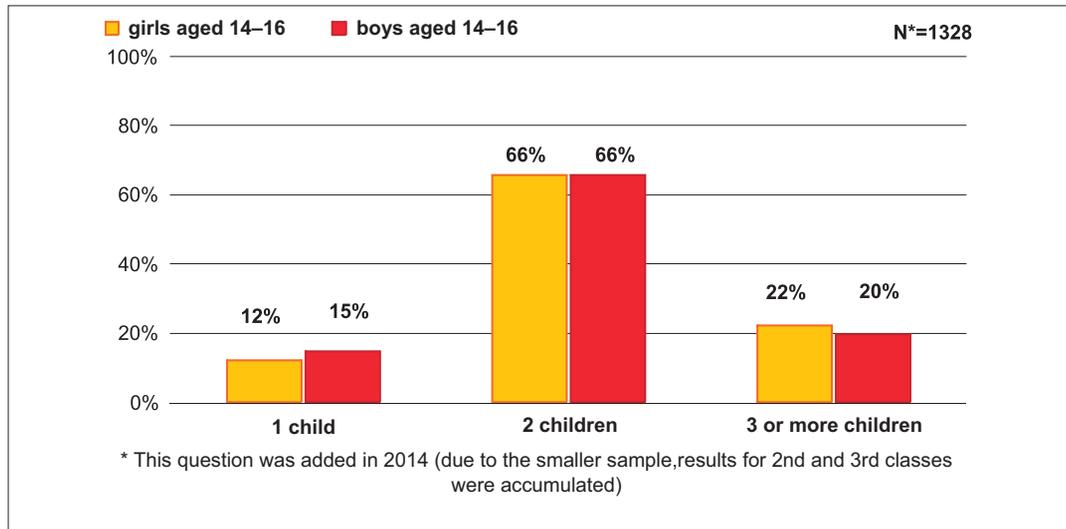
As can be seen from the figure, the majority of youth believe that ‘true and lasting love can happen these days’. The results of analyses presented later in the *Guidebook* will show that this belief is linked with the desire to have children in the future. Fears connected with a failed relationship and lack of hope in true love, once rooted in teenage youth, may impact their life plans, causing young people to give up on building permanent relationships, getting married and having a family. We see that among the intermediate school students assessed, 76% state that they would like to have children in the future. 10% of students state that they would not like to have children in the future, and 13.8% have no opinion on this question.

Figure 1.8 Important attitudes and beliefs for the early prevention of demographic problems (IPZIN study)



These data should be viewed together with data on the number of children that today's youth would like to have in the future.

Figure 1.9 Attitudes to having children in the future (IPZIN study)



In Figure 1.9 we see the responses of students who responded 'Yes, definitely', 'Yes, I think so' and 'I don't know' when asked about their desire to have children in the future. In this group constituting 90% of surveyed youth, a definite majority (66%) would like

to have two children in the future, and 12–15% of youth would like to have just one child. In the group of young people who would like to have children in the future, only one in five intermediate school students would like to have three or more children.

These data show the readiness of a significant group of young people to have children. **Only a small percentage of this group, however, show readiness to have enough children to guarantee replacement fertility.** It should be emphasized here that the question regarding having children as an adult and the preferred number of children was added in January 2014. And while the responses are presented for youth from second and third years of intermediate school 14 to 16 years of age, and the subsample was not small (N=1934), it was very heavily dominated by youth from one region – the Dolnośląskie province – where most surveys were conducted in the second semester of the 2013/2014 academic year.

These charts reveal the potential of youth, which demands the support of adults who shape a positive picture of lasting love, marriage and childbearing in their work with youth. The challenge remains to create a positive climate around having a larger number of children. If 10% of surveyed teenagers are unwilling to have children in the future, nearly 14% are not certain whether they would like to have children, and only 21% would like to have at least three children in the future, then the chances for demographic replacement appear less than optimistic. Due to the significance of growing demographic problems in Poland and in Europe, this issue demands a serious reflection of researchers, government agencies, local government staff and policy-makers, and it should be taken into account in education, youth development support and problem prevention strategies.

1.2.5 The positive potential of youth in localities of various size and type

The various aspects of the positive potential of youth described above were present in data from the entire IPZIN study sample, independent of size and type of locality.

No significant differences were found which would indicate greater or lesser potential in the positive attitudes and behaviour of youth from small towns and villages (with populations below 50,000), cities with populations from 50,000 to 200,000, or cities with a population of more than 200,000.

The few differences that were found did not result from the size of the municipality itself but the interaction of many demographic, social and cultural variables. For example, in the category ‘small municipality near a larger urban agglomeration’ two towns near Warsaw (one to the east and the other to the west of Warsaw) have significantly different results profiles. Despite the large sample size (N1 = 13,960), these observations cannot be generalized because they were not based on a random sample representative of the entire country.

In a study by the Central Statistical Office of Poland on the quality of life of Polish citizens (Główny Urząd Statystyczny GUS, 2013), a range of ‘life satisfaction’ indicators were measured that do not differ in any significant way according to the size of the locality. As the report authors write, they ‘did not observe any significant independent influence of the place of residence (by municipality type) which could not be explained using other variables applied in the model’. Certain regional differences were discovered regarding some ‘life satisfaction’ indicators, although the report states that these were ‘not very strong’.

The schema for constructing media reports from social studies like these, which are often and eagerly cited in the public sphere (e.g. successive editions of the *Social diagnosis*¹³), is often based on exposing the differences between municipalities. They point to localities where studies say the quality of life is the highest and those where residents are the least happy. Dramatic headlines draw public attention, while in fact the differences are often not particularly large or unchanging over a period of several years. Highlighting insignificant differences can damage those local communities that for one reason or another have found themselves a fraction of a point behind others.

Returning to the results of the IPZIN study and the issue of prevention, one may state as fact that the minor differentiation in the scale of positive potential that exists between localities is not significant for the management of youth prevention issues.

The awareness of decision-makers and practitioners that the positive potential of youth exists and that it is also very significant in their locality is much more essential than possible differences between localities or regions, but is unnoticed or undervalued in many cases.

1.2.6. The positive potential of youth – a summary

Let us take a moment to consider the implications of the data presented earlier showing the positive potential of youth.

The majority of surveyed intermediate school youth aged 14 to 16 did not have significant problems or engage in risk behaviours. Most youth have beliefs and attitudes that attest to the positive potential in themselves and their closest class and school environment.

This fact is so important that it should be considered by adults and teachers in their thinking on youth development support. It is important that knowledge of this positive potential be considered by local government staff as well as politicians determining the educational, health and social policies of the country. The presented study results mean that regarding the majority of youth in this difficult developmental period, the development support efforts of parents and teachers have been fruitful. When

¹³ *Social diagnosis* is the name of one of the biggest Polish research social studies on quality of life conducted every two years.

considering youth problem prevention, the positive potential of a significant part of the younger generation should be listed among key resources. This is an important aspect of human capital today. Its role will grow in importance as today's youth enter adulthood, shaping the development of culture and social life and influencing the future economic welfare of local communities and the entire country.

This also means that families, schools and local societies are a hidden treasure of powerful resources, resources that enable a large part of youth to adopt healthy attitudes and not engage in problem behaviours. They are an extremely important source of social capital.

The following are the basic questions worth asking when seeking ways to improve the effectiveness of preventive efforts directed towards youth:

- Which factors are responsible for the fact that a significant part of the younger generation is developing well?
- Which dimensions of social capital should be protected, and which developed, for the greatest number of youth to have good conditions for growth?
- How should local and national social policies do this?

It is important for adults who want to support youth to learn to notice the good in young people themselves, in family, school, and the local community. This requires an approach that includes not only a diagnosis of problems but also a diagnosis of potential. We will return to this in further sections of this book, where the most important factors supporting the development of youth and protecting them from engaging in problem and risk behaviours are discussed.

Many adults do a good job in supporting the development of the younger generation. This is a huge common effort on the part of parents, grandparents, teachers, local government staff, NGO activists, youth work professionals, spiritual and religious leaders, and many others. For the effective prevention of problems in youth, it is important for adults to know and value their own potential, to mobilize each other and show each other gratitude for their efforts in educating young people, and not focus on failures, mutual criticism or guilt-seeking.

1.3. Problems and risk behaviours in youth

The issue of problems and risk behaviour in youth is broad and complex. From the point of view of local government staff and practitioners dealing with the issue of prevention, it is worth viewing problems from different fields together. This approach reaches beyond the narrow, specialized perspective present in many scientific studies and reports. Practice requires synthesis.

As part of the preparation of this *Guidebook*, a classification of problems has been developed (Table 1.2). This classification takes into account a very large number and variety of problems (a total of 46 risk behaviours and problems) in five different categories.

Each of these problems has many, often dramatic, immediate and long-term consequences for young people themselves, their families and the entire local community. An overview of the consequences of several risk behaviours selected from different areas and categories is presented in Table 1.3. This table shows that the impact in the economic dimension alone is on a scale of billions of PLN in losses at the national level, and millions at the level of municipalities.

There is no doubt that effective prevention offers the chance for huge budgetary savings and protection of local communities from huge losses in the form of human and social capital.

Some types of problems referred to in the next sections have long been known (problems of alcohol, drugs, violence, depression, sexual risk behaviour, teenage pregnancy, sexually transmitted infections). Other problems are a sign of modern times. These include cyberviolence, sexualization, and demographic problems, to name a few.

The discussion of demographic problems has mainly been directed towards adults of reproductive age, pointing to solutions that would encourage adults to increase their fertility rate or seek employment opportunities within their own country rather than abroad. This approach ignores the fact that today's teenagers will become adults and start their families in a few years. They may have many children or no children at all, and they may also emigrate. **The authors of this report believe that it is necessary to develop a new field of prevention – *early prevention of demographic problems*.** The essence of early prevention is that its impact takes place well before problems appear. **The task of the field of early prevention of demographic problems would be to include family and fertility rate issues in discussion on youth development support and prevention of demographic problems, and to create a positive social climate around the family (including families with many children).** From a national-level perspective, an important aspect of these preventive efforts would be the prevention of economic emigration to other countries. From the local government perspective, these efforts would prevent economic migration to other regions, which causes local, county and province wide depopulation. Local government prevention strategies may be formed to take these issues into account. Families and schools may also be sensitized to these issues.

With limited resources, it is very difficult to implement targeted measures and prevention programmes that would prevent problems from all areas. Results of scientific research, however, indicate that the same young people tend to have various kinds of problems at once. Involvement in one risk behaviour increases the likelihood of involvement in others. Additionally, there are a number of protective factors that address many problems at the same time. Conversely – there are many risk factors that increase the likelihood of young people engaging in a variety of risk behaviours.

The logical conclusion, then, is that an opportunity exists for integrative thinking about prevention. Such an integrative or integrated approach would include activities that strengthen common protective factors and weaken common risk factors for various youth problems.

The entire last section of this chapter is devoted to the links between youth problems as well as their protective and risk factors.

1.3.1. Classification of youth problems and risk behaviours

In Polish literature on prevention, it is difficult to find classifications that profile a comprehensive range of problems and risk behaviours in young people. Individual researchers and professionals often focus on the specific areas with which they are involved. In addition, specialized government agencies involved in prevention have statutorily defined areas of responsibility and most publications ordered by these institutions are devoted and limited to these areas.

Table 1.2 lists the various problems and risk behaviours which occur among young people. They are subdivided according to problem category. This approach is broad enough to include both risk behaviours that lead to specific problems (e.g. drug use) as well as problems that are associated with particular behaviours (e.g. pornography addiction). The table presents behaviours and problems related more to physical and mental health (i.e. eating disorders, depression), as well as problems directly linked to social relations (violence). Here we have the classic risk behaviours which have long been recognized. They are subject to regular studies and are related to well-examined problem areas. They are dealt with by specialized government agencies grounded in law and granted with well-established sources of financing (e.g. alcohol problems). The table also lists new, less well-known problems that are either not institutionally addressed at all or they are addressed to a lesser degree (e.g. cyberbullying, sexting, sexualization, gambling, addiction to computer games).

Table 1.2 *Classification of youth problems and risk behaviours (ed. IPZIN)*

RISK BEHAVIOURS AND PROBLEMS
<i>USE OF PSYCHOACTIVE SUBSTANCES</i>
<i>legal</i>
1. DRINKING ALCOHOL (beer, wine, spirits, alcopops) 2. GETTING DRUNK 3. SMOKING CIGARETTES 4. CHEWING TOBACCO 5. MEDICAL DRUG ABUSE (sedatives/hypnotics/Acodin) 6. INHALANT ABUSE (glues, solvents)
<i>illegal</i>
7. DRUG USE (hashish/marijuana, amphetamines, ecstasy, cocaine, etc.) 8. DESIGNER DRUG USE

BEHAVIOURAL AND OTHER ADDICTIONS
9. PSYCHOACTIVE SUBSTANCES ADDICTION 10. PORNOGRAPHY ADDICTION 11. ANOREXIA 12. BULIMIA 13. ORTHOREXIA (obsession with healthy eating) 14. GAMBLING 15. VIDEO GAME ADDICTION 16. INTERNET ADDICTION
OTHER BEHAVIOURAL PROBLEMS
<i>related to the sexual sphere</i>
17. PREMATURE SEXUAL ACTIVITY AND ITS CONSEQUENCES (teenage pregnancies, HIV/AIDS and other sexually transmitted diseases, emotional consequences) 18. USE OF PORNOGRAPHY 19. SEXTING (sending nude photos/videos via mobile phones/internet)
<i>nutrition-related</i>
20. EMOTIONAL EATING 21. CHAOTIC EATING
<i>related to aggressive behaviour</i>
22. PEER VIOLENCE VICTIM (physical, verbal, sexual) 23. PEER VIOLENCE OFFENDER (physical, verbal, sexual) 24. FIGHTING 25. CYBERBULLYING VICTIM 26. CYBERBULLY
<i>related to the context of social roles</i>
27. TRUANCY 28. RUNNING AWAY FROM HOME 29. BELONGING TO A SECT
<i>associated with breaking the law</i>
30. DRUG DEALING 31. JUVENILE PROSTITUTION 32. OTHER CRIMINAL BEHAVIOURS (theft, burglary, extortion, vandalism) 33. RISKY BEHAVIOURS (e.g. running in front of a moving car/train, motorbike racing)
<i>media-related</i>
34. DYSFUNCTIONAL USE OF THE INTERNET 35. DYSFUNCTIONAL USE OF TV
OTHER MENTAL HEALTH PROBLEMS
36. DEPRESSIVE TENDENCIES 37. SUICIDAL THOUGHTS 38. SUICIDE ATTEMPTS 39. SELF-MUTILATION 40. SEXUALIZATION AND SELF-OBJECTIFICATION 41. NEUROTIC DISORDERS 42. AFFECTIVE DISORDERS 43. SOCIAL WITHDRAWAL 44. EXTREME SOCIAL WITHDRAWAL (hikikomori)
ATTITUDES RELATED TO THE AREA OF DEMOGRAPHIC PROBLEMS
45. UNWILLINGNESS TO HAVE CHILDREN IN FUTURE 46. PESSIMISTIC VIEW OF LOVE AND LASTING RELATIONSHIPS

Table 1.2 shows how many different youth problems must be taken into consideration. There are so many problems that dealing with each one separately seems to be impossible – at both the school and local government level. Instead, a logical approach would involve identifying the links between the problems and their common protective and risk factors in order to reduce the complexity of the issue. It makes sense to seek prevention strategies that don't focus on symptoms but on the underlying causes.

A particular novelty in this classification of youth problems is the inclusion in the table of the 'attitudes related to the area of demographic problems' category. This topic will be briefly explained in the next section.

Another novelty included in the table is the problem of sexualization as defined by the American Psychological Association report (Zurbriggen et al., 2007). Sexualization involves the instrumental treatment of sexuality leading – particularly in the case of girls – to changes in their personality described as 'self-objectification'. Sexualization has been classified as a mental health problem, because it is associated with the inhibition of healthy psychosexual development¹⁴. Healthy psychosexual development should lead a young person to perceive their sexuality with respect in the context of all dimensions of the human person (physical, emotional, intellectual, spiritual and social) and treat others and their sexuality as subjects not as objects.

Two groups of risk behaviours and youth problems seem to be a particular sign of contemporary times – problems associated with the development of new technologies (computer, internet, etc.) as well as problems related to sexuality. The latter are not strictly new problems, but their meaning and intensity has increased in recent decades because of the unprecedented scale of sexualization in advertising, the mass culture and the entire public realm.

Supporting a young person's development requires a broad view of the possible dangers. Not all parents, teachers and local government staff are aware of the full spectrum of problems. And a comprehensive listing of them must be taken into account to create effective action plans. A rational approach to dealing with this difficulty demands finding links between problems and the factors associated with them and finding causal solutions, not solutions that address just the symptoms of the problem.

¹⁴ Thanks to the research results presented in *The Guidebook to Effective Prevention* the Ministry of Health has included sexualization in the National Health Programme for 2016–2020, signed into law by the Prime Minister of Poland in 2016. Sexualization is treated in the document as one of the mental health problems.

1.3.1.1. Demographic problems as a new challenge for youth development support and problem prevention

The most recent *Population Forecast for the Years 2014–2050* prepared by GUS, the Central Statistical Office of Poland, offers predictions that are very similar to the Eurostat and UN forecasts, and equally alarming (GUS, 2014). The Polish population in 2050 will be about 12% less numerous than today, and the proportion of older people (65+) in the population will double (to one-third of the entire population). As the authors of the GUS forecast write, '(...) every year fewer people are entering into the procreative phase of their lives. Poland has found itself at a point in its demographic development, where even an increase in the fertility rate to a level that guarantees simple generational replacement will not reverse this process in the short term and will not stop the population decline of the country. With the already considerable distortion of the population structure, the process of demographic reconstruction is a slow one and requires consistent, long-term activity' (GUS, 2014, p. 109).

This demographic collapse means shortages in the labour market. In the near future, national and local authorities will be forced to engage a high level of effort and resources to prepare for taking in a significant number of immigrants from other countries (there is talk of more than one hundred thousand immigrants per year). Then they will have to overcome related differences, divisions and social problems. The need for demographic reconstruction, referred to in the GUS forecast as 'a slow process requiring consistent, long-term activity,' points to a logical solution: directing at least a part of the efforts and resources to promote the family and increase the future fertility rate among Polish youth. Family oriented policies are becoming a *raison d'État*. Polish national and local authorities took the first steps a few years ago with the development and popularization of the 'Large Family Card'. The new government (since 2015) has undertaken much stronger and more costly actions to help families with more than one child and to encourage young parents to have more children.

It may seem that 'attitudes related to the subject of demographic problems' do not quite fit into the broader set of 'youth problems and risk behaviours'. But the consequences of a demographic collapse will significantly affect the current generation of youth. The burden of maintaining an ageing population in the coming decades will fall on their shoulders. And then, they will have the right to ask us, the older generation, what we have done to prevent the situation.

The unwillingness to have children in the future expressed by a significant proportion of intermediate school-aged youth is a challenge for youth development support and prevention. **It seems absolutely necessary to develop sensitivity to a new course of action, which is the early prevention of demographic problems.** This area of prevention must be defined as one associated with the pro-family education of young people, as well as with the promotion of stable marriages and a higher fertility rate. One of its objectives should be to strengthen the importance of family and having children

in young people's value systems. This means creating a positive image of their future in terms of marriage and family which is linked with the transfer of the knowledge and skills necessary to achieve this. **In particular, the school Family Life Education¹⁵ programme and any educational programmes on issues of sexuality should not be detached from this context.**

1.3.2. Serious consequences and costs associated with youth problems

The consequences of various risk behaviours are often intertwined. Some of them are immediate consequences, others appear over the long term. They are a burden not only for the young person and his or her future, but also for his or her family and the entire local community. So far, the literature has been lacking in attempts to gather and describe the many consequences of youth risk behaviour and problems in one place. These problems are rooted in different fields. Table 1.3 shows the implications of selected youth problems – each of them representing a different category. This gives an idea of the enormity and diversity of both consequences and costs. However, the table does not include all 46 problems and risk behaviours mentioned above. It lists just eight of them.

The table is divided into sections showing the immediate and long-term consequences in the individual, family and social spheres. However, the lines of division are fluid in many places. The problems as well as their consequences are associated with each other, and the levels of impact on individuals, families and local communities overlap.

The goal of listing selected consequences related to a group of given risk behaviours and problems is to begin to visualize the enormity of the losses caused by these problems. On the one hand, the consequences often mean a tragedy for individual people and their families, and on the other, local communities experience severe losses. These losses unavoidably diminish the growth prospects for the region due to the decrease in human and social capital, as well as the huge financial costs generated by youth problems and attempts to deal with them.

As we shall see, the costs of well-conducted prevention are much lower than the costs of problems resulting from abandoning preventive efforts.

The consequences of different problems from a given sphere are very similar to each other, as is the case with the consequences of abuse of various psychoactive substances by youth. It turns out, however, that risk behaviours from seemingly different problem areas have similar consequences, and their coexistence intensifies life's difficulties. At the same time, many of the effects of risk behaviours from one problem area cause problems in another category. Sometimes they may be the main cause; at other times, they can be one of many coexisting risk factors. The effect of sexualization can be

¹⁵ In Poland, Family Life Education is a part of the national curriculum for students in the last 8 years of their state education (aged 11–12 to 18–19). It calls for 14 hours each school year to be devoted to the subject of sexuality in the context of love and family as well as all five dimensions of human life: physical, emotional, intellectual, spiritual, and social.

depression, which can in turn foster alcohol abuse. Getting drunk can immediately lead to sexual contact with a random individual and thus infection with a sexually transmitted disease. Another example is suicide – an ultimate, tragic event. This may happen because of a single problem. Often, however, it is the cumulative effects of many problems that lead someone to commit suicide. And while the suicide no longer has consequences for the suicide victims themselves, their loved ones certainly experience these consequences, and the effects of the tragic act will be a source of further problems.

The consequences of problems accumulate and strengthen risk factors for other problems.

Numerous consequences that arise immediately after the appearance of the problem can also have long-term impacts that transform and grow. For example, a handicap from an alcohol-related accident has consequences for one's entire life because of difficulty with health, work, activities and starting a family. Many people overcome these barriers and are even motivated to grow. However, the painful consequences of the accident continue to exist, and dealing with them is sometimes very difficult.

Residents of mental health care homes also include those whose illness is the result of drug addiction – for example, young people whose use of marijuana activated the development of schizophrenia. Their chances for a change are minimal and they will probably spend their entire lives in the care facility.

Not all consequences appear immediately. Some develop after a certain period of time and continue to grow, as in the case of alcohol addiction, which is a very difficult disease that has numerous effects. During the period of development of the addiction there is an increase and strengthening of side effects that additionally become linked to other problems. Loss of self-control, conflicts, violence, road offenses, theft – these are effects of addiction that cause a loss of trust, degeneration of positive family bonds, conflicts with the law and entrance into a demoralized environment. All of this can lead to depression, suicidal thoughts or psychosis. An avalanche of problems crashes down with ever greater strength and ever broader impact. Some of these effects are also present in the lives of those who are not addicted but who drink excessively.

Table 1.3 *The consequences of selected youth problems and risk behaviours (ed. IPZIN)*

The consequences of selected youth problems and risk behaviours			
	individual immediate	individual long-term	for family immediate
ALCOHOL¹⁶	<ul style="list-style-type: none"> • the third leading cause of death worldwide • the leading cause of death among youth • accidents (driving, drowning) resulting in disability or death • suicides • 60 types of diseases associated with alcohol (diseases of the nervous, gastrointestinal and circulatory system, cancers) • casual sex and its consequences • short-term development losses (loss of: life skills, self-control, ability to establish healthy relationships) 	<ul style="list-style-type: none"> • experiencing violence as an offender and victim • mental illness (including polyneuropathy, Korsakoff syndrome, depression, alcohol-related dementia) • addiction (severe and chronic disease, degradation of the body and the psyche, disturbances in the emotional sphere and in interpersonal relationships, loss of control, financial failure) • long-term development losses (discontinued development, deficits, lack of life skills and self-control, lack of ability to establish healthy relationships) 	<ul style="list-style-type: none"> • domestic violence • breakdown in family relationships • emotional problems in the family • conflicts • poverty
DRUGS¹⁷	<ul style="list-style-type: none"> • accidents resulting in disability or death • sexual risk behaviour with consequences • aggression • the risk of HIV infection and sepsis (intravenous drug users) • anxiety, drowsiness, depression • short-term symptoms (vomiting, headache, diarrhoea, high blood pressure, cardiac arrhythmias, etc.) • learning problems • conflicts at school • school absence • loss of hobbies and dreams 	<ul style="list-style-type: none"> • poisoning and death • suicide • addiction which leads to severe and progressive illness, degradation and death <p>physical consequences:</p> <ul style="list-style-type: none"> • epileptic seizures • brain damage and strokes • heart attacks • pain syndromes (head, stomach, muscles, joints, bones) <p>mental consequences:</p> <ul style="list-style-type: none"> • depression, suicidal thoughts • psychoses, neuroses, delusions, hallucinations, paranoia, schizophrenia, • problems with concentration and memory • impaired motor coordination 	<ul style="list-style-type: none"> • running away • personality disorders, conflicts • neglect of daily life and relationships with others • lying • loneliness

¹⁶ Wojcieszek, 2010; Puszyński, 1991; Ostaszewski, 2008; Ryś, 2007; Robinson & Rhoden, 1998; WHO, 2002; NIK, 2013.

¹⁷ WHO, 2002; Jurczyński, 2008; Piotrowski, 2008; Robson, 1994; Wanat, 2006.

The consequences of selected youth problems and risk behaviours		
for family long-term	for the local community immediate	for the local community long-term
<ul style="list-style-type: none"> • violence • traumas • becoming orphaned • co-dependency of family members • children taking on roles that hinder their healthy functioning in interpersonal relations; personality deformation of family members • dysfunction in the family even after death of the person abusing alcohol • psychosomatic illnesses • poverty • children's increased likelihood of repeating the pattern of alcohol abuse or dependence • pregnant women drinkers—children with birth defects and foetal alcohol syndrome 	<ul style="list-style-type: none"> • premature mortality • driving offences • murders, rapes, robberies • increased number of offenders and victims of violence • reduced level of social order (lack of safety on the streets) • decreased labour productivity and dangerous occupational errors (doctors, drivers, train drivers, soldiers and others) 	<ul style="list-style-type: none"> • orphaned, broken, dysfunctional families in need of care and material assistance • the breakdown of family and social ties, increase in youth problems and self-destructive behaviour (alcohol, drugs, self-mutilation, suicide attempts) • decreased sense of responsibility in youth, worse academic performance – resulting in greater numbers of unskilled workers and the unemployed • burden on the local budget: the costs of treating drinkers and their families; the costs of the consequences of accidents; and activity of police, fire protection, courts, welfare systems
<ul style="list-style-type: none"> • violence • genetic defects in the 2nd and 3rd generations • co-dependency of family members • disintegration of relationships • solitude • guilt and remorse 	<ul style="list-style-type: none"> • loss of part of the young generation and their personal potential • robberies • blackmail • rapes • prostitution • theft and extortion • conflicts with the law 	<ul style="list-style-type: none"> • premature deaths of part of the next generation • decreased levels of sense of security and social stability • dysfunctional families requiring assistance • social costs (damages, police, social welfare centres, prisons, hospitals) • high treatment costs despite low treatment effectiveness

The consequences of selected youth problems and risk behaviours			
	individual immediate	individual long-term	for family immediate
TOBACCO¹⁸	<ul style="list-style-type: none"> • cause of lung and throat cancer, strokes • cause of respiratory and circulatory diseases 	<ul style="list-style-type: none"> • leading cause of premature death in Poland (38% of deaths of men aged 35–69) • cause of 55% of cancer deaths • cause of lung cancer (90% in men and 70% in women) 	<ul style="list-style-type: none"> • families subject to passive smoking (Environmental Tobacco Smoke, ETS) – 48% of smokers smoke in the presence of children: risk of asthma, thrombosis, coronary heart disease, middle ear infection, lung and sinus cancer • 25% of Polish women smoke during pregnancy leading to 70–100 thousand infants subject to the effects of cigarette smoke – results: low birth weight, changes in the nervous system, risk of sudden infant death syndrome (SIDS)
VIOLENCE¹⁹	<p>consequences for victims:</p> <ul style="list-style-type: none"> • illness (concussion, coma, epilepsy and others) • permanent injuries • bodily injuries (bruises, wounds, swelling, scars, broken bones, infections, burns) • difficulty in moving and sitting • psychosomatic illnesses • neurological deficits • lethargy, apathy or overexcitement • regression (lack of physiological control) • psychological results: committing physical and emotional violence • pregnancy from rape 	<p>consequences for victims:</p> <ul style="list-style-type: none"> • depression, neuroses, obsessions, ticks • suicide attempts, suicides • alcohol and drugs • in victims of sexual violence, sexually transmitted infections (STI's) • identity disorders • lifelong sleep disorders and nightmares • state of fear and anxiety • lack of adequate response in situations creating strong emotions in others • increase in emotional tension, emotional underdevelopment, emotional disorders 	<ul style="list-style-type: none"> • running away from home • increased aggression in families, the victim becomes an offender • emotional distance in families • neglect

¹⁸ Ciecierski, Cherukupalli and Weresa, 2011; WHO, 2009a; Krzyżanowska and Głogowski, 2004; GIS, 2012.

¹⁹ Herzberger, 1996; Lipowska-Teutsch, 1995; Sasal, 1998; Melibruda, 1993; Melibruda, 1997. <http://www.edujrinne2.republika.pl/Art2.htm>.

The consequences of selected youth problems and risk behaviours		
for family long-term	for the local community immediate	for the local community long-term
<ul style="list-style-type: none"> premature deaths – loss of breadwinner in family distancing of children from parents while smoking, contact avoidance, disruption of the emotional bond copying parents' behaviour introduction to the use of other psychoactive substances impoverishment of families – smokers spend 2,500 PLN²⁰ annually on average – about 15% of their wages (at the national minimum wage) 	<ul style="list-style-type: none"> premature deaths – incomplete families, dysfunction 14.1 million adults (44.2%) are subject to the effects of passive smoking at home, 33% at work exclusion of the smoker from social life social disapproval, limiting contact 	<ul style="list-style-type: none"> high mortality, losses in families demographic losses for society and the nation burden to the national budget – high costs of treatment and health care, 30% higher than in non-smokers (28 billion PLN at the national level) lower productivity work absence 30% higher than in non-smokers (losses in productivity: approx. 15 billion PLN or 3,3 billion EUR)
<ul style="list-style-type: none"> spiral of defective socialization (belief that family is a place of control and danger, not safety) the 'Stockholm syndrome' – justification of and attachment to the offender aggressive behaviour models (the belief that only aggression is effective) 	<ul style="list-style-type: none"> demoralization of the social environment lowered safety, dysfunctional behaviour increased risk of prostitution aggression in school, climate of poor learning conditions affecting the entire class egocentrism of victims and offenders difficulty in forming bonds lack of educational motivation, school absence hostility 	<ul style="list-style-type: none"> conflicts with the law (robbery, theft, extortion, assault, murder) lack of social adaptation of offenders and victims victims become offenders huge social costs: demoralization, suffering, effort of the local community, material costs (police, courts, hospitals, social workers, prisons)

²⁰ PLN – the Polish currency 'zloty'. 1 EUR = 4–4,5 PLN.

The consequences of selected youth problems and risk behaviours			
	individual immediate	individual long-term	for family immediate
CYBERBULLYING²¹	consequences for victims: <ul style="list-style-type: none"> • self-mutilation • stress • bedwetting • nightmares • feeling sick • anger attacks • panic attacks 	consequences for victims: <ul style="list-style-type: none"> • suicide attempts • suicides • depressions • self-destruction (alcohol, drugs) • problems with learning and concentration 	<ul style="list-style-type: none"> • tension, nervousness impacting the family • depressive moods • sense of helplessness • neglect of other family members
SEXUALIZATION²²	for girls and women: <ul style="list-style-type: none"> • self-objectification • reduced sense of self worth • reduced interest in intellectual development, focus on physical attractiveness • limited effectiveness and physical activity • reduced self-confidence; unhealthy and excessive feelings of shame, anxiety, self-loathing, need to hide, isolation • bad mood for men: <ul style="list-style-type: none"> • sexual abuse of women • objectification of women • need to have many partners • need to experience sex without emotional engagement • viewing women close to them as less attractive 	for girls: <ul style="list-style-type: none"> • disturbed eating patterns, anorexia • smoking cigarettes • limited cognitive and independent thinking processes • disorder in the development of a healthy identity for women: <ul style="list-style-type: none"> • the belief that women are sexual objects • lack of reflex opposing objectification • deciding on unjustified and/or invasive cosmetic surgery • self-objectification • reduced sense of self worth for men: <ul style="list-style-type: none"> • difficulty in relationships beyond the sexual level 	for women: <ul style="list-style-type: none"> • fear of being rejected • sense of being an incompetent partner • submission to partner's wishes and lack of expression of wishes • reduced assertiveness for men: <ul style="list-style-type: none"> • treating women and girls in the family as objects • not noticing the value of women beyond their sexuality • difficulty in relationships at a level beyond the sexual • reduced empathy

²¹ Lizut, 2014.

²² STS, 2013; UNAIDS, 2003; 2005; Udry and Bearman, 1998; Kirby D., 1999; Green, 2003; Panchaud, Singh, Feivelson and Darroch, 2000; Graber, Brooks-Gunn and Galen, 1998; Reid and Bailey, 1992; Forrest, 1991; Gissler, Kauppila, Merilainen, Toukomaa and Hemminki, 1997; Kirby, 2001.

The consequences of selected youth problems and risk behaviours		
for family long-term	for the local community immediate	for the local community long-term
<ul style="list-style-type: none"> • family crises • changes in place of residence, work, school • difficulties adapting to new conditions • repeating incidents of cyberbullying and intensification of consequences 	<ul style="list-style-type: none"> • increase in the sense of danger among young people (I am being followed, controlled, gossiped about) • alienation, isolation due to a lack of trust • emotional tension in social relations related to fear of becoming a victim 	<ul style="list-style-type: none"> • increase in the number of people needing help, with a limited number of centres and therapists prepared to work with victims and offenders • spiral of cyberbullying: increase in violence on the internet and ease of committing cyberbullying causes the initiation of successive cyberbullying attacks • reduced social sensitization to a cyberbullying situation
<p>for women:</p> <ul style="list-style-type: none"> • acceptance of abuse of women • reduced feelings and pleasure related to sex • crisis in relationships • passing on a bad image of femininity to children • shaping an image of sexuality in children as a form of male violence against women <p>for men:</p> <ul style="list-style-type: none"> • addiction to pornography and passing this model on to children • addiction to sex • threat for permanent relationship, infidelity, family breakdown • passing on to children a bad image of masculinity and male-female relations 	<p>for youth:</p> <ul style="list-style-type: none"> • sexual molestation in school (including mocking, sexual jokes, improper touching) • rapes <p>for adults:</p> <ul style="list-style-type: none"> • aggressive sexual behaviour • sexual molestation as a form of harassment • desensitization to sexualization in the public sphere • loss of sensitivity to the development losses that sexualization causes in children and youth • increasing the sexualization of young girls by conforming to the trend that characterizes them as provocative women 	<p>for girls:</p> <ul style="list-style-type: none"> • negative approach to having children, breastfeeding, signs of fertility and menstruation, which becomes the norm in the social environment • sense of being under threat of sexual abuse <p>for adults:</p> <ul style="list-style-type: none"> • distribution of pornography • prostitution • forming the belief that women and men are each other's enemies • acceptance of the 'rape myth' (women provoke rape) • sexual abuse of children, ever younger girls as sexual partners • distribution of child pornography, trade of children for sexual aims, trade of minors • creating a market for child prostitution

The consequences of selected youth problems and risk behaviours			
	individual immediate	individual long-term	for family immediate
PREMATURE SEXUAL CONTACT²³	<ul style="list-style-type: none"> for girls, more risky contacts with older (6+ years) partners on a more casual basis greater risk of infection for girls younger than 21 due to: <ol style="list-style-type: none"> immature reproductive system, susceptible to damage during penetration immature immune system, lack of a sufficient immune response, particularly to the diverse bacterial flora of many partners bleeding during sexual initiation – eases germs entering the circulatory system conception of unplanned child 	<ul style="list-style-type: none"> cervical cancer from HPV infection HIV infection – resulting in opportunistic illnesses related to AIDS, difficult treatment or infection with diseases causing ulceration, syphilis, gonorrhoea, trichomoniasis – increased chance of HIV infection infertility due to chlamydia infection very low age of sexual initiation (13 years) is related to having many sexual partners (having more than 3 partners is 9 times more likely compared to early sexual initiation at the age of 15–16) 	<ul style="list-style-type: none"> burdensome and long-term treatments of infectious diseases possible ineffectiveness of treatment (cancer or AIDS resulting in death) problems with acceptance of the illness by the family teenage pregnancies with consequences for the entire family complications during pregnancy and birth risk of low birth weight (below 1 kg) lack of readiness to take on roles of mother and father depression
DEPRESSION²⁴	<ul style="list-style-type: none"> sleeplessness anorexia impaired cognitive function impaired self-assessment 	<ul style="list-style-type: none"> suicides abuse of medicines and alcohol acute social withdrawal internet addiction psychophysical impairment (pain syndromes) heart diseases, diabetes social isolation, discrimination self-mutilation development disorders 	<ul style="list-style-type: none"> damaged family ties conflicts in family lack of emotional stability, impaired relationships life subject to phases of illness
SUICIDES²⁵	<ul style="list-style-type: none"> death 	<ul style="list-style-type: none"> death 	<ul style="list-style-type: none"> emotional wounds sense of guilt, self-blame sense of injustice observation and criticism by the public

²³ Grzelak, 2009a; Polska koalicja na rzecz walki z rakiem szyjki macicy, 2012; Urbański, Kornafel and Bidziński, 2009; Reports on the basis of data from the Centre of Oncology <http://epid.coi.waw.l/krn>; Graber, Brooks-Gunn, and Galen, 1998.

²⁴ Mezulis, Hyde and Clark, 2004; Greszta, 2006; Namysłowska, 2011; Pyżyński, 2009; Radziwiłłowicz, 2010.

²⁵ Anthony, 1991; Hillman, 1985; Hołyst, 1983; Ratyński, 2003; Pilecka, 1995; Pilecka, 1996; Ringel, 1986.

The consequences of selected youth problems and risk behaviours		
for family long-term	for the local community immediate	for the local community long-term
<ul style="list-style-type: none"> • illness causing suffering for the entire family • possible isolation of the family, rejection • observed consequences for children of teenage parents: • less supportive home environment • worse health • worse cognitive development • worse school results • more behavioural problems • greater chance of becoming teenage parents in the future • in the case of abortion: • complications for reproductive health • long-term consequences for mental health, depression and suicide 	<ul style="list-style-type: none"> • consequences of HPV infection in early stages of pregnancy: miscarriage (demographic losses – fewer children) • repeated infection and spread of epidemic • suffering and death of approx. 2,000 Polish women annually due to HPV infection and resultant cancer • orphaned parents or children • costs of treatment of cancers and ulcerations 	<ul style="list-style-type: none"> • demographic consequences: drop in the number of families established, lower fertility rate, higher mortality of young people (most infections from sexually transmitted diseases in the 15–29 age group) • problems with social acceptance • high treatment costs for those with HIV infection (HAART therapy – approx. 40,000 PLN annually per patient, completely government funded) • medical leave and sick pay • costs of medical and social care for teenage mothers and their children
<ul style="list-style-type: none"> • risk of other family members developing depression • limits on autonomy • destabilization and dysfunction in the family • burnout syndrome (BOS) 	<ul style="list-style-type: none"> • unstable job-related situation • unstable financial situation • frequent absence • frequent change of work, school 	<ul style="list-style-type: none"> • instability and disorganization of teams, work groups, communities • feelings of melancholy and fear in groups with depressive individuals • financial burden on state (cost of treatment, prevention, support)
<ul style="list-style-type: none"> • depression • alcohol, drug use • family crises leading to family breakdown • change in environment • change in place of residence • living in falsehood (negation, not speaking the truth about reason for the death of loved ones) 	<ul style="list-style-type: none"> • trauma • disturbed work in school and other places connected with the suicide victim 	<ul style="list-style-type: none"> • Werter effect – increase in the number of suicides from media publicity of the suicide (many times higher with the suicide of a youth idol) • high costs, budget burden (losses in productivity)

One person's addiction generates co-dependency of the family, which in turn can cause such disadvantageous changes in their functioning that it will enormously influence the lives of family members, even after separation from the addicted individual, or the death of that person. Adult children of people with addictions experience, among other things, a lack of trust and openness, a lack of faith in love, emotional impairment, fears and excessive control. All of this brings great damage to their marriages and affects their relationships with their own children. When they become adults, the children of alcoholics often have difficulty with the behavioural problems of their own children, and so they seek psychological advice. Then they discover that the problem appearing in the behaviour of their children has its source in themselves. As parents, they have a difficult time in maintaining healthy relationships with their children, in showing them unconditional love, in understanding and naming feelings, and in communication. They cannot value and praise children or create clear boundaries. Improvement in the adults' mental state is a precondition for improvement in the children.

Observing this chain of consequences, we can notice the connection of problems not just as linked phenomena at the level of 'problem creates problem', but also the truth that groups of problems are passed on to the next generation. In psychotherapists' offices, we can see that children bear the weight of the problems of their parents, and even grandparents.

Consequences appear immediately or over time and can last an entire lifetime. The effect of problems in one generation leaves its mark on the next generation, which must make a special effort to free itself from burdensome experiences.

An important aspect of the consequences of risk behaviours and problems of youth are development losses. Let us take into account that each young person who begins to engage in problem behaviours has talents and abilities, and many have above average sensitivity. Often, however, they have not received support when they needed it. Their boundaries were not properly formed. There was a lack of protective factors to balance the impact of numerous risk factors, and so they experienced pain, causing them to engage in risk behaviours. Next, they experience the results of those behaviours and their related problems, bearing many losses and at the same time robbing themselves of the chance to grow and experience the happiness connected with growth. In effect, neither their family nor the local community benefit from their potential, which could contribute so much if they formed healthy families, raised their children well, and effectively cared for their children's emotional, intellectual and spiritual development. They could have much to offer themselves and others, creating culture and enriching various aspects of social and economic life with their skills, and their children could be proud of their parents. The consequences are deep. People who as adults realize their lost opportunities for development experience huge regret.

The consequences of problems limit or destroy the potential of gifted and sensitive young people endowed with many talents and abilities, who could form healthy families and strengthen the resources of the local community.

1.3.2.1. Economic costs related to youth problems

How much are our societies losing through risk behaviours? How much do the consequences of youth problems cost us?

Every type of risk behaviour and every type of problem generates costs. These costs are borne by the given person as well as their family and the entire local community. In this section, we focus exclusively on the measurable economic costs borne by society – financial costs as well as those connected with the work and effort of many people and institutions.

Comprehensive cost-effectiveness analysis is used in ever more areas of life. In many countries and localities, however, this approach has either been unknown or unused until recently. For example, calculation of the costs related to road traffic in Polish towns was a novelty treated with mistrust until not long ago, while it has currently become the standard used by local government authorities to assess the benefits from road infrastructure construction. Calculations of this type aid in the rational management of funds, the result being that action strategies are based on an assessment of facts. One of these facts is that youth problems and risk behaviours cost society, and the cost is no small sum.

A review of Polish literature on the subject reveals that until now, comprehensive estimates of the costs and losses due to youth problems or their consequences have not been made. The existing estimates are limited and narrow in scope; they relate to single selected problems. The last column of Table 1.3 presents isolated values regarding the economic costs of selected youth risk behaviours and problems. At the moment, the data needed to perform comprehensive calculations is not available; however, the categories of economic costs can still be listed.

Youth risk behaviours and problems generate costs including work costs and direct financial costs connected with:

- Police activity in response to accidents, theft, robberies, assaults, domestic violence, suicides;
- Treatment of individuals experiencing the effects of alcohol, tobacco and drug use, suicide attempts and violence. The level of assistance offered at hospitals, health clinics and in psychiatric wards is increased by irresponsible behaviour connected with psychoactive substances;
- Psychological and rehabilitation support activity, including youth care centres, reform schools, prisons, social welfare centres, psychology clinics, closed therapy centres and crisis intervention centres, which in large part focus on fixing the damage caused by entire groups of risk behaviours;
- The activity of emergency children's shelters, adoption centres, orphanages, foster families, children's villages. Analysis of the data of children qualified for adoption and foster families gives a picture of their biological families. In 95% of cases these

are children from families with alcohol, drug or violence problems. The costs to society of keeping children in foster families are greater than just financial; they also include the effort of families who take in these children. Losses in development are difficult to make up, and psychological wounds do not heal easily. And so, the efforts of foster families require devotion, persistence, time, knowledge and ability, additional education and often even coverage of the costs of special assistance. In addition to the costs of funding disability pensions for those residents of health centres for the mentally ill due to addictions, who live there for their entire lives, additional costs arise in staff occupational and emotional burnout;

- The functioning of entire support teams, which includes the direct work of personnel interacting with people, administrative and legal costs as well as the costs of educating teams of specialists offering assistance or conducting intervention actions (lawyers, police, therapists, psychologists, mediators, doctors, educators, probation officers and rehabilitators, curators, government staff);
- The construction, maintenance, renovation and modernization of facilities, furnishing of interiors, transport, supply of materials needed for the functioning of the institutions mentioned above;
- It is also worth noting that those who take on this type of work are mostly people with a sense of mission and calling, at least in the beginning of their career, and their pro-society philosophy is a valuable dimension of social capital. Many of them have a huge internal desire and motivation to assist others. The work that they perform, however, is very difficult and burdensome, and their personal costs are immeasurable, certainly very high.

If we analyse the cost of repairing **alcohol-related damages** in the entire population (not only youth), it turns out that the value of resultant social costs, reduction in work productivity and premature mortality according to the Supreme Audit Office (Najwyższa Izba Kontroli, NIK, 2013) is significantly greater than **40 billion PLN (approx. 8 billion EUR)²⁶ per annum**, not counting the losses in wasted potential and growth, broken families and distorted development of future generations.

A similar level of losses is presented in the Łazarski University Institute of Public Health Management (Instytut Organizacji Ochrony Zdrowia²⁷, IOOZ) report (Bogucki, Gierczyński and Gryglewicz, 2013). According to this report, the total annual **alcohol-sales related domestic income** in 2011 was 17 billion PLN. This includes incomes from alcohol duties (10.3 billion PLN), fees for alcohol sale permits (720 million PLN) and incomes from VAT (estimated at 5–7 billion PLN annually).

According to the IOOZ report authors (Bogucki, Gierczyński and Gryglewicz, 2013), the total **economic costs of alcohol consumption** is significantly higher than income because of:

²⁶ PLN – the Polish currency „zloty”. 1 EUR = 4 – 4,5 PLN.

²⁷ Now, this institute is called Instytut Zarządzania w Ochronie Zdrowia (IZWOZ).

- **Direct medical costs**

According to data from the National Health Fund for the year 2011, the direct quantifiable medical costs of treatment of alcohol addiction, complications and alcohol intoxication were **422 million PLN**. This total value includes the cost of treatment of rehabilitation from alcohol addiction, **343 million PLN**, hospitalization due to alcohol-related liver disease, **55 million PLN**, hospitalization due to intoxication from alcohol, **21 million PLN**, and hospitalization due to brain conditions, which cost **2 million PLN**.

- **Direct non-medical costs**

Quantifiable direct non-medical costs due to government and local government activity on behalf of prevention of alcohol abuse and addiction in 2011 came to **642 million PLN**. Thus, direct costs of alcohol consumption, both medical and non-medical, totalled over one billion PLN.

- **Indirect social costs**

The indirect social costs of alcohol abuse and addiction in Poland are significantly higher – **approx. 38 billion PLN annually**. This value is a sum of the indirect social costs covered by the Polish Social Insurance Institution (Zakład Ubezpieczeń Społecznych, ZUS) for male sick leave (0.1 billion PLN), costs of lost employee productivity (4.57 billion PLN), social costs of road accidents caused by drunk drivers (2.2–4.2 billion PLN) and lost productivity due to premature mortality from alcohol abuse and dependence (30.49 billion PLN).

Authors of the IOOZ report (2013) indicate that these cost estimates did not in any way take into account the significant costs related to criminal behaviour and offences caused by alcohol abuse and addiction.

The costs of the **consequences of cigarette smoking** are no different in their significance. Costs for treatment and healthcare are high, 30% higher in smokers than non-smokers. The cost of treating smoking-related illnesses is approx. **18 billion PLN annually** (Niewada and Filipiak, 2000). Additionally, smoking-related illnesses result in lower productivity and work absence, which is 30% higher than in non-smokers (approx. 15 billion PLN) (Krzyżanowska and Głogowski, 2004). The prognosis for losses due to smoking-related illnesses is estimated to be 200 billion PLN over the next 20 years. The same report presents direct losses for families – one smoker spends 2,500 PLN per annum on cigarettes, a significant burden to the family budget (GIS, 2012).

Depression generates high direct and indirect costs. The National Health Fund (Narodowy Fundusz Zdrowia, NFZ) spends nearly **170 million PLN** on depression, while ZUS spends 4.5 times that amount, that is, **762 million PLN**. Poland loses nearly 25,000 years of productivity annually due to depression related disorders. Depending on the method used to measure human capital, this means **between 1 and 2.6 billion PLN** in indirect costs. For depression disorders, it is actually the indirect costs that dominate the overall depression-related costs (IOOZ, 2014).

Of those suffering from depression, 40–80% have suicidal thoughts, 20–60% have made suicide attempts and 15% of individuals actually take their lives. In Poland, this problem is not sufficiently acknowledged, and depression is not viewed as a terminal illness. Police data speak of 6097 suicides in 2013 (this number does not include deaths after suicide attempts or ineffective long-term treatment). In terms of the suicide rate, the Polish population ranks among the top ten European countries. What is disturbing is the fact that **suicide is the major cause of death among European youth in the 15–29 age bracket**. It is alarming that in Poland alone, approx. 230 young people (under 19 years of age) die annually from suicide (IOOZ, 2014).

According to European data for Poland, losses to the national budget in terms of lost productivity alone due to the suicide of a 25-year-old individual amount to 590 thousand PLN per person. With 6097 suicides in 2013 according to police statistics, this translates into total losses of approximately 36 million PLN annually (Bąk, 2010).

This is only a sample of the costs estimated for the consequences of several risk behaviours and problems. As we can see, the losses are so high that an economic cost-effectiveness analysis doubtlessly points to prevention as a rational approach to reducing these costs.

A good example of the savings achieved from investment of funds in effective prevention programmes is the American ‘Communities That Care’ project implemented by local communities (Kuklinski, Briney, Hawkins and Catalano, 2011). Twenty-four local communities took part in the study; twelve of these formed a control group (they were not included in the prevention programme package). The study, which took place over a period of several years, measured the increase in risk behaviours connected with smoking cigarettes, drinking alcohol and criminal behaviour in youth. In comparison to the control group, communities that received the prevention programmes package experienced a 33% drop in initiation to cigarette smoking, a 32% drop in initiation to alcohol drinking and a 24% decrease in initiation to criminal behaviour. These clear results of local programmes based on the prevention programme package inspired the study authors to estimate the long-term financial benefits for communities using effective prevention. Benefits were based on indicators related to the reduction in costs resulting from the decrease in cigarette smoking and criminal behaviour. This estimate took into account factors such as the cost of treatment related to cigarette smoking and in the case of criminal behaviour, the costs related to the judicial system and numerous costs and losses borne by the victims. The result was a return of \$5.30 on every dollar invested in the program, based on the effectiveness of the prevention measures indicated in the study and a comprehensive cost estimate of the consequences of selected risk behaviours. **Effective prevention measures turned out to be five times cheaper than the costs of the consequences of just two risk behaviours**. If the calculations had also taken into account the effect of the drop in alcohol use by youth, the balance would have been even more favourable.

‘Prevention is significantly less costly than the effects of pathologies and costs of therapy and rehabilitation. In other words, the funds which suffice to run effective preventive efforts do not suffice to deal with the effects of pathologies and the therapy and rehabilitation of dysfunctional individuals’ (Gaś, 2000, p. 14).

In terms of economic costs, it is worth looking at one more dimension of losses: **decreased economic welfare**. The science of economics states that the strongest influence on growth in economic welfare is the growth in the average income of society. Today’s world economies are mainly based on knowledge (advanced technologies and well-educated technical teams), that is, a high level of human capital. Thus, a key factor influencing GDP is growth of human and social capital. Human capital is understood as the knowledge and skills of individuals in a given community, and social capital as relationships and people coming together to form groups where goal oriented relationships (including educational and developmental support goals) with a high trust level are created. On the one hand, the high level of human capital is the result of high social capital, and on the other hand, human capital can strengthen social capital when accumulated and appropriately used. Young people who grow up in a climate with a high level of trust in their parents, teachers, local community and nation, who form valuable relationships and who cooperate readily, attain their life goals, obtain a high level of human capital more quickly, and this in turn can impact further growth in social capital. The essence of these interconnections is shown in a simplified form in Figure 1A.

Why are risk behaviours and their consequences so influential in reducing levels of human and social capital? Effective education is one of the basic elements of growth in human and social capital. In turn, the effectiveness of the educational process largely depends on the supportive or unsupportive conditions formed by student behaviours and attitudes, level of discipline in class, and whether there is a pro-learning and pro-growth climate among students, or the opposite – the lack of it.

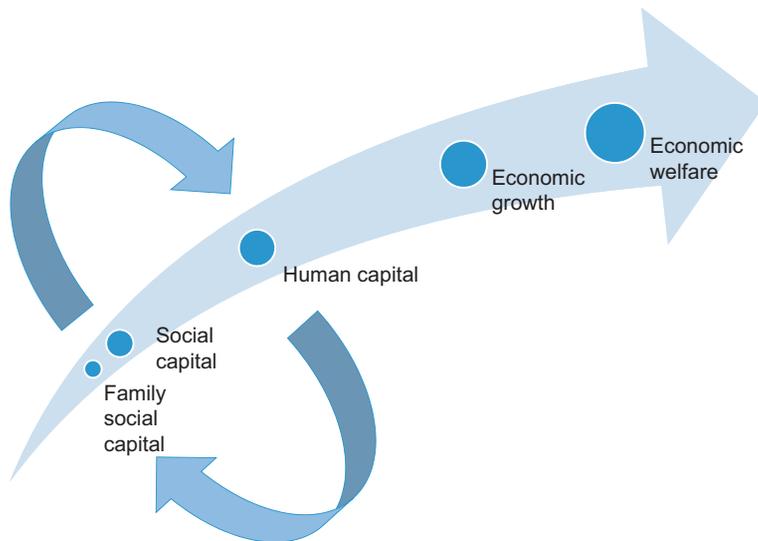
As part of the IPZIN study (for the $N_s=1934$ sample group including 14 to 16-year-old second and third year intermediate school students surveyed during Feb–June 2014), calculations were made for entire classes rather than individuals. The results indicate that a low class grade average is most strongly related to getting drunk ($r_s = 0.50$)²⁸, drug use ($r_s = 0.44$), sexual initiation ($r_s = 0.42$), high results on the sexualization scale ($r_s = 0.29$) and a high percentage of individuals committing violence ($r_s = 0.21$). On the other hand, a high class grade average is connected with a friendly class climate ($r_s = 0.20$), positive emotional relations with school ($r_s = 0.17$), and interestingly, high results on the depression scale ($r_s = 0.24$)²⁹.

²⁸ The ρ (rho) Spearman range correlation factor (r_s) was used in the analyses.

²⁹ The relationship between high school grades attainment and higher indicators of depression as calculated for the school and class is quite often observed in the results of diagnoses conducted by IPZIN. In these schools, there is usually significantly fewer of various types of risk behaviours than in other schools. The indicators for depression and suicidal thoughts are higher, however, particularly among girls.

The correlations discovered do not prejudge the direction of causation. It is possible that causation is bi-directional. While effort spent on learning can lead students away from problem behaviours, problem behaviours may pull them away from learning. This question requires further study.

Figure 1A *Social and human capital as the basis of economic welfare*



Students with problem behaviours in school hurt not only themselves; they also decrease the level of teaching for the entire class, engaging the attention of the teacher and other students. As Aleksandra Karasowska states³⁰: ‘The reflections of form teachers, teachers and counsellors indicate that children with behavioural disorders represent from 10 to 30% of students in class or school (this usually depends on the type of environment that the school is operating in; these proportions can also change in various years). At the same time this relatively small group of students can engage from 50 to 70% of their energy: time and attention (disturbing the course of the lesson, multiple interventions, drawn-out discussion and verbal debate with the student), wasted effort (prepared, but untaught lessons), stress (headache, stomach-ache, sleepless nights, scratchy throat, helplessness, fear, a sense of guilt, and a sense of incompetence). Talk about these students can also dominate the conversation in the teacher’s room and in meetings with parents’ (Karasowska, 2015).

³⁰ An experienced clinical psychologist, PTP trainer, PARPA consultant and author of many publications (including *Profilaktyka na co dzień. Jak wychowywać i uczyć dzieci z zaburzeniami zachowania*. PARPA, 2006).

1.3.3. The scale of youth risk behaviours and problems – a broad view

Table 1.4 presents the occurrence of selected problems and risk behaviours in several different national-level Polish studies (which also takes into consideration the Mokotów study, a local-level study with an exceptionally long history³¹). The studies differ from each other in the range of problem areas considered, level of detail of the approach adopted, indicators used as well as the age of participants in the study. Gathering this data in one table, however, allows us to gain an overall picture of what we know about specific problems, which indicators are used in the studies, and which problems are or are not studied precisely. Additionally, the results of many studies mutually confirm their validity – at least regarding the similar scale of specific risk behaviours and problems. This is important, because by nature survey-based studies do not measure actual behaviours but declared behaviours, i.e. information about behaviours given by respondents.

In the *Guidebook*, we consistently aim to gather and present data from individual studies together. This is an approach that is intentional and justified. The presentation of data from many studies together in one table (Table 1.4) enables us to view the various ages of the sample group, the scope of individual studies and indicators used. It would certainly be better if we had complete data for each age group and each problem, and the data were based on the same indicators. But such data are not available. This is an issue to be considered by the researchers and institutions that commission research studies.

Table 1.4 may be used as a point of reference for various local-level studies or independent internal diagnoses conducted by schools and municipalities working with survey instruments that may be based on yet other indicators. Comparing one's own results with the data in Table 1.4 is made easier precisely by the variety of indicators and ages studied in the ESPAD³², HBSC³³, CBOS³⁴, IPZIN and Mokotów studies.

It is clear from Table 1.4 that the most commonly tested problem area is use of psychoactive substances. The overall picture presented is that most of the indicators of psychoactive substances grow significantly as the age of youth increases.

Indicators for problems connected with peer violence are also studied relatively often. A somewhat lower level of violence and engagement in fighting in the older intermediate school years in comparison to the younger students is quite clearly visible.

³¹ The Mokotów study is a local-level study conducted in Mokotów, a Warsaw district, by the Institute of Psychiatry and Neurology. It is among the very few studies in Poland which allow for the determination of epidemiologic trends related to contact of school-aged youth with psychoactive substances. The study began in autumn of 1983 and has been repeated every four years since 1983 – using the same procedure and study instruments – for youth aged 15.

³² The European School Survey Project on Alcohol and Other Drugs.

³³ The Health Behaviour in School-Aged Children.

³⁴ Centrum Badań Opinii Społecznej (CBOS) (Public Opinion Research Center).

Table 1.4 Selected youth problems and risk behaviours in studies (ed. IPZIN)

PROBLEMS AND RISK BEHAVIOURS [indicators used in studies]	INTERMEDIATE SCHOOLS						POST-INTERMEDIATE (UPPER SECONDARY) SCHOOLS	
	1 st Year (13–14)	2 nd Year (14–15)	3 rd year (15)	3 rd Year (15–16)	3 rd Year (15–16)	3 rd Year (17–18)	2 nd Year (17–18)	FINAL YEAR (18–19)
USE OF PSYCHOACTIVE SUBSTANCES:								
Alcohol	Indicator							
drank alcohol	27%	41%	43%	51%	58%	55%	77%	80% >72%*
got drunk	11%	22%	18%	18%	21%	31%	33%	32% 44%
Cigarettes								
smoked	17%			29%	30%		40%	42%
smoke	6%	7%	10%	11%	18%	12%	18%	27% 21%
Tranquillisers/sedatives without doctor's prescription								
abused medical drug			18%					11%
Drugs (all types)								
used			18%		22%			29% 18%
used		8%			12%	11%		15%
Hashish/marihuana								
used			16%	15%	20%		23%	23% 9%
used				8%	11%		10%	15%
Amphetamines								
used			1%					3%
Designer drugs								
used		6%	1%		7%	6%		9% 2%
BEHAVIOURAL PROBLEMS:								
related to the sexual sphere	Indicator							
had sexual initiation		9%		17%		15%	42%	
used pornography		20%				21%		
used pornography		8%				8%		

³⁵ Mazur and Małkowska-Szcutnik, Wyniki badań HBSC 2010 – raport techniczny, 2011. Health Behaviour in School-Aged Children (HBSC).

³⁶ Ostaszewski et al., 2013. Referred to here as MOK Study. The Mokotów study is a local-level study conducted in Mokotów, a Warsaw district, by the Institute of Psychiatry and Neurology.

³⁷ Sierosławski, 2011. European School Survey Project on Alcohol and Other Drugs (ESPAD).

³⁸ CBOS/KBPN, 2014. Public Opinion Research Center (CBOS). National Bureau for Drug Prevention (KBPN).

* The *Youth 2013* report does not give a cumulative percentage of individuals who used alcohol in the last 30 days before the study. It does indicate, however, that 72% of those studied drank beer over this period; 68% – vodka, and 35% – wine. Table 1.4 indicates that the percentage of individuals using alcohol in the month before the study was greater than the percentage who drank beer (72%), because it can be assumed that there is a group of individuals who did not drink beer but drank wine or vodka.

Related to aggressive behaviour	Indicator						
victim of violence in class	from daily to several times – last 30 days		19%				15%
victim of verbal abuse in class	from daily to several times – last 30 days		24%				22%
victim of violence/verbal abuse in school and nearby	daily to weekly – last 12 months			15%			
victim of bullying in school	from 2–3 times to once a week – last 2 months	11%			7%		
committed violence in class	from daily to several times – last 30 days		19%				16%
verbally abusive in class	from daily to several times – last 30 days		25%				27%
committed violence/verbal abuse in school and nearby	from daily to once a week – last 12 months			10%			
took part in fighting	≥ once in the last 6 months		19%				16%
took part in fighting	≥ once in the 12 months before the study	26%		18%	24%		
took part in fighting	≥ three times in the last 6 months		8%				7%
took part in fighting	≥ 4/6 times in the last 12 months before the study	8%		3%	6%		
took part in bullying	from 2–3 times to once a week – last 2 months	11%			11%		
Cyberbullying							
victim	≥ once in the last 12 months before the study		21%				20%
offender	≥ once in the last 12 months before the study		22%				21%
Related to social role context							
truancy	≥ 10 missed lessons in the last 30 days		8%				11%
running away	≥ once in the last 12 months before the study			13%			
Other behavioural problems							
dysfunctional use of the internet	≥ once			30%			
watching television	≥ 4 h during schooldays	26%			21%		
computer and video games	≥ 4 h during schooldays	20%			15%		
OTHER MENTAL HEALTH PROBLEMS							
suicidal thoughts	≥ once in the last 12 months before the study		28%				27%
sexualization ³⁹	a scale of 7 items measuring beliefs		20%				22%
DEMOGRAPHIC PROBLEMS							
belief that lasting love cannot happen			8%				8%
unwillingness to have children in the future			9%				12%

³⁹ The percentages refer to the students with index of sexualization above 3 on the scale 1–5 (with 5 representing the highest level of sexualization). The items of the scale of sexualization are presented in the Questionnaire Appendix.

Behavioural problems related to the abuse of the internet, television and computer are dealt with in the HBSC and Mokotów studies. Few studies address truancy or running away from home.

Only two studies presented in the table include behavioural indicators and problems that relate to the sexual sphere. The issue of sexual initiation is considered only in the HBSC and IPZIN studies, which show that the percentage of students experiencing sexual initiation definitely rises with age. At the moment, indicators for use of pornography and sexualization are used in the IPZIN study only, as is the case with indicators for attitudes related to the area of demographic problems. Suicidal thoughts are also a rarely used indicator in the studies presented in Table 1.4.

There are many other valuable studies of youth conducted by various academic centres that have not been considered in Table 1.4, even though they provide information regarding individual youth problems and risk behaviours. The problem is, however, that few cross-section studies include a broad range of indicators of problems from various prevention-related areas. This unfortunately limits the ability for these studies to be used to analyse the structure and strength of causal relationships between problem areas.

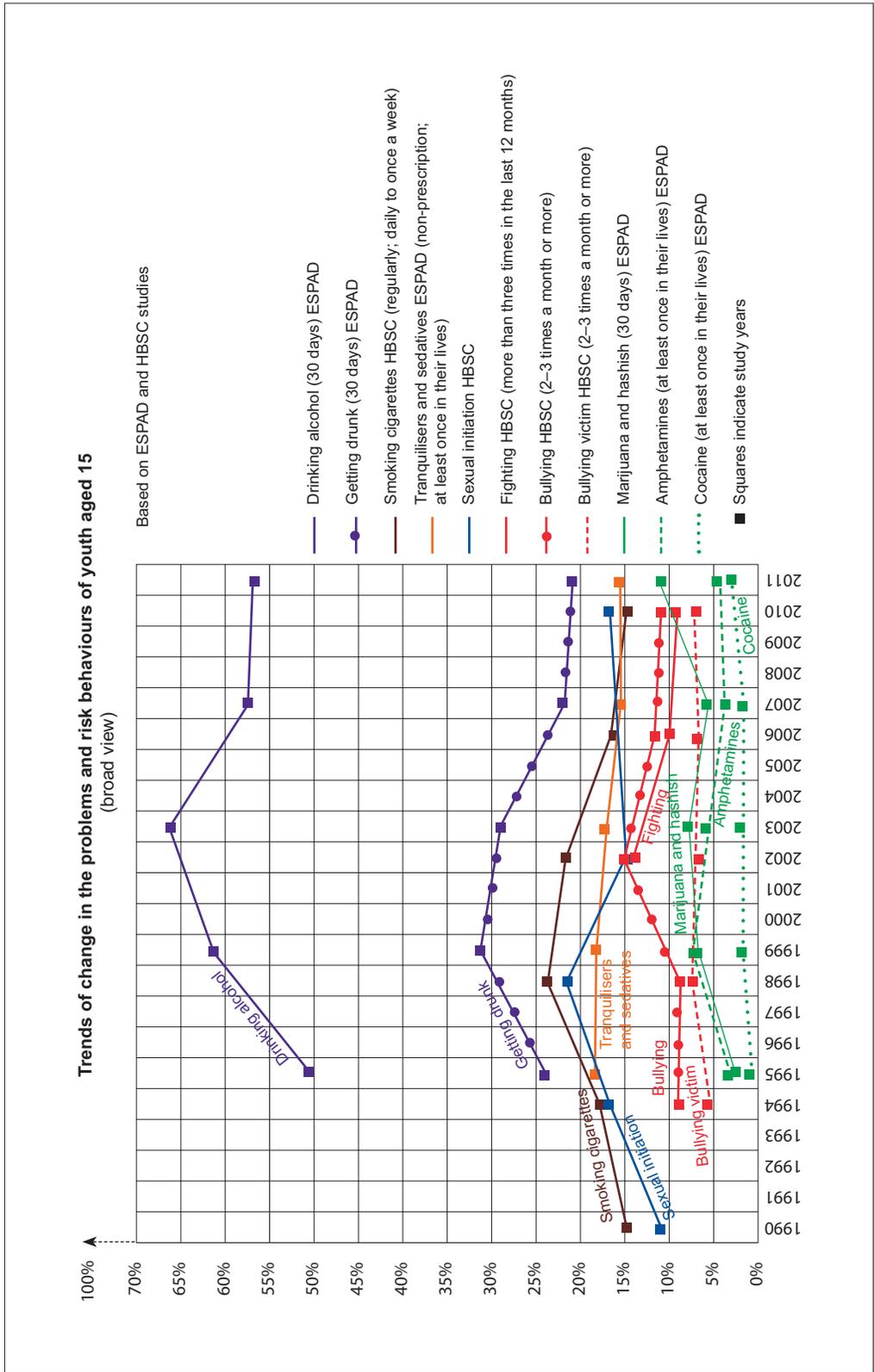
1.3.4. Trends of change in youth risk behaviours and problems

The analysis of trends of change in youth risk behaviours and problems presented in this section will allow us to view specific problems in the broadest context. This is in keeping with our approach in the entire *Guidebook*, where we always seek the broadest perspective.

Studying trends of change over many years is possible only when we have access to the results of regularly repeated studies, conducted using the same methodology and the same indicators. The study sample must also be selected in a similar way. Studies which use different methodologies, different study instruments or different sample selections cannot be used to draw any conclusions about trends, because they do not tell us which changes were due to long-term trends and which were the effect of methodological differences. Credible national-level data sources for Poland which fulfil these criteria are, first and foremost, the European School Survey Project on Alcohol and Other Drugs ESPAD (Sierosławski, 2011) and Health Behaviour in School-Aged Children HBSC (Wojnarowska and Mazur, 2012) studies.

The trends of change for psychoactive substances use can be determined quite precisely on the basis of these studies. The monitoring of behaviour and attitudes in this area has a rich history in Poland, and both the ESPAD and HBSC studies have national-level data. When it comes to long-term changes in the area of sexual behaviours or peer violence, only HBSC provides these data. Unfortunately, there is no history of gathering comparative time-based data for many other youth problems and risk behaviours. Some problems have been studied only recently, while others have been studied using various methodologies over various periods of time, making it impossible to follow existing trends.

Figure 1.10 Trends of change in youth risk behaviours and problems, based on ESPAD and HBSC studies (ed. IPZIN)



During the research and analytical work in developing the *Guidebook*, the authors gathered many detailed study-based data and charts related to trends of change in problem and risk behaviours. This information, together with a somewhat broader commentary, should be the subject of a separate publication. For the purposes of this *Guidebook*, we chose to prepare a single chart presenting trends of change for indicators of selected risk behaviours and problems of youth at the age of 15. This format makes it easy to view and compare data trends related to different problems from various problem areas.

To correctly understand the data presented in the chart, we need an explanation of how various problem indicators differ from each other. In developing the chart, we aimed to include the maximum number of problem indicators based on behaviours taking place ‘in the last 30 days’. We assumed that if a given behaviour occurred in such a recent period, it may be recognized as ‘frequent’. Data on frequent behaviour were available for the following problem behaviours: drinking alcohol, getting drunk, using marijuana and hashish, and violence-related indicators. The chart presents indicators for young people who were offenders or victims of physical or verbal bullying at least 2–3 times a month. The indicator for smoking is approximate but not the same, as the survey question did not refer to ‘the last 30 days’, but the frequency and regularity of smoking in the respondent’s current life. The data plotted in the chart refer to regular smoking (once a week and more often).

The remaining indicators in the chart do not necessarily relate to the most recent experiences in the life of a teenager. The available indicator for involvement in fighting designates 4 or more of such incidents over the last 12 months to be understood as ‘frequent’ behaviour. Indicators for the use of amphetamines and cocaine as well as non-prescription tranquilisers and sedatives relate to a minimum of one event just once in a lifetime. They do not distinguish between someone who used a given substance once many years ago and someone who uses it more frequently.

Finally, the indicator of sexual initiation has a 0/1 nature – the young person is either before or after sexual initiation. In the national-level long-term HBSC study, there are no survey questions about ‘current sexual contacts’ (in the last month or last 3 months). The HBSC study in 2006 did not include any questions related to sexuality at all; that is why no data point is indicated in the chart for that year.

To understand the trends shown in the chart, one needs to take into consideration the specificity of deep changes and disturbances in social and family life in Poland which were due to the collapse of communism. In the early 1990s, many parents found it difficult to deal with the new reality of the capitalist labour market and had less attention for their children. At the same time, Polish society moved from lack of freedom in many domains of life to much-awaited freedom. It required time for parents, teachers and other adults to realize that freedom is a great value, but

that it also brings some new problems (easier access to alcohol & drugs, unlimited access to pornography). Specifically, this freedom demands that adults take on a new responsibility, setting boundaries for adolescents.

What can we learn from this chart of multiple trends? We have gathered the most important conclusions below with the aim to view results from the broadest perspective:

1. Almost all problems and risk behaviours relate to less than 30% of youth, and the most recent data (2010–2011) show they affect less than 25% of youth.

The exception to this trend is a single indicator, alcohol use ‘in the last 30 days’. This indicator was used because the study designates a 15-year old’s single use of alcohol during one month to be ‘frequent drinking’⁴⁰. All remaining risk behaviours relate to an evident minority of young people. As we will demonstrate in a further section of the *Guidebook*, the same teenagers very often engage simultaneously in different risk behaviours. So, the reality is that a majority of youth lead a basically healthy lifestyle, while a minority engage in problem behaviours – and often more than one kind. When planning youth development support and universal prevention activities, it is important to have a clear understanding that **the goal in working with most participants is to reinforce their already healthy lifestyle**. Engaging in preventive efforts with the assumption that most intermediate school students drink frequently, smoke and have sex would lead to serious mistakes in the prevention message. This could actually increase the scale of problems, because youth can adopt normative beliefs from adults, based on adults’ negative view of youth that is not in keeping with reality.

2. It would be completely wrong to say that youth problems increased in each problem area over time, and that reversing this trend is impossible. Study results indicate that the scale of various problems clearly decreased over certain time periods. This is a very optimistic conclusion for youth development support and problem prevention.

During some time periods indicators related to alcohol, cigarettes, violence, sexual initiation and frequent drug use decreased more clearly than in others. This means that the percentage of youth engaging in a given problem behaviour can decrease when influenced by various factors. These factors may include legal limitations, limitations on

⁴⁰ It is important to note that alcohol use among teenagers is perceived differently in different countries and cultures. In some countries drinking wine by an adolescent at a family meal would have broad social acceptance. In other countries, the same relates to beer. In the mainstream Polish tradition of alcohol abuse prevention and research, intermediate school adolescents (13–15) are expected not to drink alcohol at all and delay of alcohol initiation is treated as one of the most important goals of prevention. In consequence, even if drinking some alcohol is accepted by parents of some teenagers it would not be accepted in *universal prevention* (aiming at the whole population of youth) efforts. As selling alcohol to a minor is not accepted by law *universal prevention* strategies should support it, and not undermine it.

advertising of various substances, as well as lifestyle trends. A key group of factors are, of course, the various educational, health promotion and problem prevention activities of the family, school, local government and state. The fact that there are periods when specific problems decrease over a long-term period is a strong argument for developing a comprehensive strategy related to youth development support and problem prevention, one which would be treated as a priority for national and local government activity.

3. The high level of a range of problems observed in 1998–2003 markedly dropped during the 2006–2011 period and seems to have stabilized at a lower level.

Indicators for drinking alcohol, getting drunk, smoking cigarettes as well as fighting and bullying (committing violence) clearly decreased towards the end of the first decade of the century⁴¹. The fact that the trend is observable in two successive editions of the ESPAD study (2007 and 2011) and two successive editions of the HBSC study (2006 and 2010) indicates that it is well-supported by data, and should not be treated as a study error or temporary fluctuation.

It should be noted that the drop in fighting and bullying does not coincide with a decrease in the percentage of bullying victims. Bullying defined by researchers as frequent (2–3 times per month or more) continues to be experienced by a similar number of victims (6–7% of studied 15-year-olds).

4. Of the data trends presented in the chart, only cannabis products use (marijuana and hashish) shows an evident growth trend.

The strong growth trend related to the use of marijuana and hashish by youth is connected with the growing belief that these substances are harmless. According to the ESPAD study authors, this can negatively influence further use trends when it comes to these drugs. At the same time, there was an unsettling increase in the perceived availability of cannabis products, offers to use these products, and friends' use of these drugs in the 2007–2011 period (Sierosławski, 2011).

5. When it comes to the range of other drug use indicators, there is stabilization with slight growth, decline or low-level fluctuation over the period of the last dozen or so years.

We observe the stabilization of one set of indicators (amphetamines, inhalants, heroin) while other indicators show stabilization with a small declining trend (combining alcohol with marijuana or drugs) and other indicators show a period of decrease followed by a slight growth trend no higher than 3.5%, however (LSD, cocaine, crack, ecstasy, anabolic steroids).

⁴¹ Additionally, the ESPAD study indicates the marked and permanent reduction in heroin use (from 6% in 1999 to 1% in 2007 and 2011). The trends for just a few selected drugs (and not for all) are presented in the chart to increase its readability.

6. There is a lack of knowledge on long-term trends of some behaviours and problems, including: depression, suicidal thoughts, overuse of the computer, use of pornography.

A solid assessment of trends of change requires the broadest perspective. In a sense, individual indicators only reveal information at the symptomatic level. If we knew the trends related to depression or behavioural addictions, we could view the trends of change or stabilization observed in the chart from a different perspective. What is needed is a comprehensive approach to planning research, in keeping with the assumptions of integrated prevention, which would include the regular monitoring of a very broad range of problems. The minimum programme would be the inclusion of at least some indicators of various risk and problem behaviours in a long-term study.

7. In spite of the small decline in abuse of non-prescription tranquilisers and sedatives, the very high percentage of use of these drugs (the highest in Europe) among Polish youth is very worrying.

International comparisons show an unsettling and very important trend; since 1995, Polish youth aged 15–16 have ranked first in use of tranquilisers and sedatives among all countries taking part in the ESPAD project, with no change in this ranking (Sierosławski, 2011).

According to researchers of the phenomenon, the visible abuse of tranquilisers and sedatives is supported by their high availability as well as their intensive promotion by various pharmaceutical companies (Ostaszewski and Pisarska, 2013). This sets off alarm bells which should lead us to review the legal regulations for the availability of these drugs.

8. A decrease was observed in the percentage of youth with early sexual initiation over 1998–2002, while in successive studies from 2010 a divergent trend appeared among boys (stabilization) and girls (growth). This last result is in keeping with data from other indicators, which demonstrate growth in risk behaviours for girls.

Two facts are important in understanding the declining trend during 1998–2002. First, an educational system reform took place during this period. Earlier, 15-year-olds had been first year upper secondary school students, while after the reform they became third year intermediate school students. This change in the educational system could have influenced the study results. Second, the Family Life Education (FLE) educational programme was introduced into the school system in 1999. Already in its first year, the scale of implementation of this programme was very high, and it continued to grow over the next two years. Teachers of the subject were trained very intensively. A vast majority of primary schools, intermediate schools and upper secondary schools in Poland began offering FLE lessons to students (the FLE curriculum consists of 14 teaching hours per student over a period of 8 years, from age 11 to 19). From the very beginning, one of the key prevention objectives of the national curriculum was to encourage sexual abstinence in the teenage years. One might expect that the drop in the percentage of youth with

sexual initiation noted in the years 1998–2002 was in a large part an effect of the FLE lessons. On the other hand, it could also be in part the result of a difference in sample selection because of the educational reform.

Trends from 2002–2010 show stabilization in sexual initiation among boys and a growth trend among girls, a situation where the differences between boys and girls grew smaller with time. This coincides with the results of studies regarding use of some psychoactive substances, which also indicate a narrowing of the difference between the percentage of girls indicating psychoactive substances use and the somewhat higher percentage of boys.

1.3.5. Differences in risk behaviours and problems of youth aged 14 to 16, and problem prevention

From the perspective of schools and local governments, changes in the risk behaviours of youth in successive years of intermediate school are very important. A comparison of second and third year intermediate school students aged 14 to 16 years ($N_3 = 2934$) in the IPZIN study sample captures the variation in growth of problems in the second and third years of intermediate school. In the schools included in this sample, the questionnaire was completed on the same day by 2nd and 3rd year students.

The results shown in the table below are valuable because they include second year intermediate school students (14–15 years old). Most national-level studies have been conducted with 15-year-old students in the third year of intermediate school (in fact 15–16 years old). Yet from the point of view of the process of youth development support and youth prevention in given schools, the diagnosis of students in the third year of intermediate school (which is the last year) comes as overdue. The dynamic of earlier changes is more important; school and local government staff should understand these changes in order to be able to influence them.

Indicators of psychoactive substance use (drinking alcohol, getting drunk, smoking cigarettes, drug use) clearly grew between the second and third years of intermediate school. When it comes to preventive efforts in this area, it appears necessary to conduct them in the first and second years of intermediate school, and to conduct maintenance activities in the third year. Initiating prevention of psychoactive substances use in the third year of intermediate school would clearly be too late.

Indicators of early sexual initiation very clearly increase between the second and third years of intermediate school. This relates to both initiation of sexual activity as well as initiation of genital contact, which usually occurs much earlier.⁴² A jump in the percentage of sexual initiation in girls is particularly visible in this time period. What is particularly worrying in boys is the high percentage of boys (14%) in both the

⁴² In the IPZIN study, we define genital contact as ‘contact with another person which involved touching naked intimate parts of the body (but without full sexual intercourse)’.

second and third years of intermediate school who declared extremely frequent use of pornography; that is, more than 30 times in the last 30 days. Such frequent contact leads to pornography addiction, which – according to clinical statistics – is becoming an ever more important and frequent problem diagnosed by sexologists. In some therapy centres (Stelmach, 2015) there has been a many-fold growth in the rate of clinical diagnoses classified as excessive sexual drive or psychosexual development disorder (F52.7 and F66.8 in the International Statistical Classification of Diseases and Related Health Problems ICD-10). Pornography addiction, beginning in childhood or the early years of adolescence, has been identified during therapy as one of the key sources of serious problems in adult life (marital infidelity, sexual addiction, paedophilia).

Indicators of peer violence seen in Table 1.5 decrease with the increasing age of respondents. The HBSC study shows similar results (Woynarowska and Mazur, *Results of HBSC 2010 study. Trends of changes in health and other selected behaviours of school-aged youth in the years 1990–2010*, 2012), which indicate that most violence is experienced by the younger surveyed group. The conclusion for practitioners regarding development support and problem prevention is that it is worth raising the issue of violence and mutual relationships in the first year of intermediate school classes with students aged 13–14 and taking care to create the best possible climate in class groups, because it is then that the integration of newly-formed classes takes place.

The results presented speak to the need for preventive efforts to delay sexual initiation and prevent sexualization and addiction to pornography. These actions should be increased no later than in the second year of intermediate school. A key role here is also played by the high quality of Family Life Education classes and specialized prevention programmes dealing with these issues.

Between the second and third year of intermediate school, the percentage of girls experiencing at least one suicidal thought over the last 12 months drops, while the percentage of boys grows. In addition, the IPZIN study shows that the results are very different in various schools. A high percentage of students experiencing suicidal thoughts is also often found in schools where educational results are satisfactory and a very small group of youths engage in risk behaviours. Being aware of this, the fact that girls experience a high level of suicidal thoughts, and that this level increases among third year boys, is important in planning youth development support and problem prevention work.

1.3.6. The importance of structuring the picture of youth problems

The content of earlier sections of this book may help local government staff and youth prevention specialists to broaden their picture of the diversity of risk behaviours and problems of youth (Table 1.2), the increase in various youth problems (Table 1.4), trends of change in recent years (Figure 1.10) as well as changes taking place during the intermediate school period (Table 1.5).

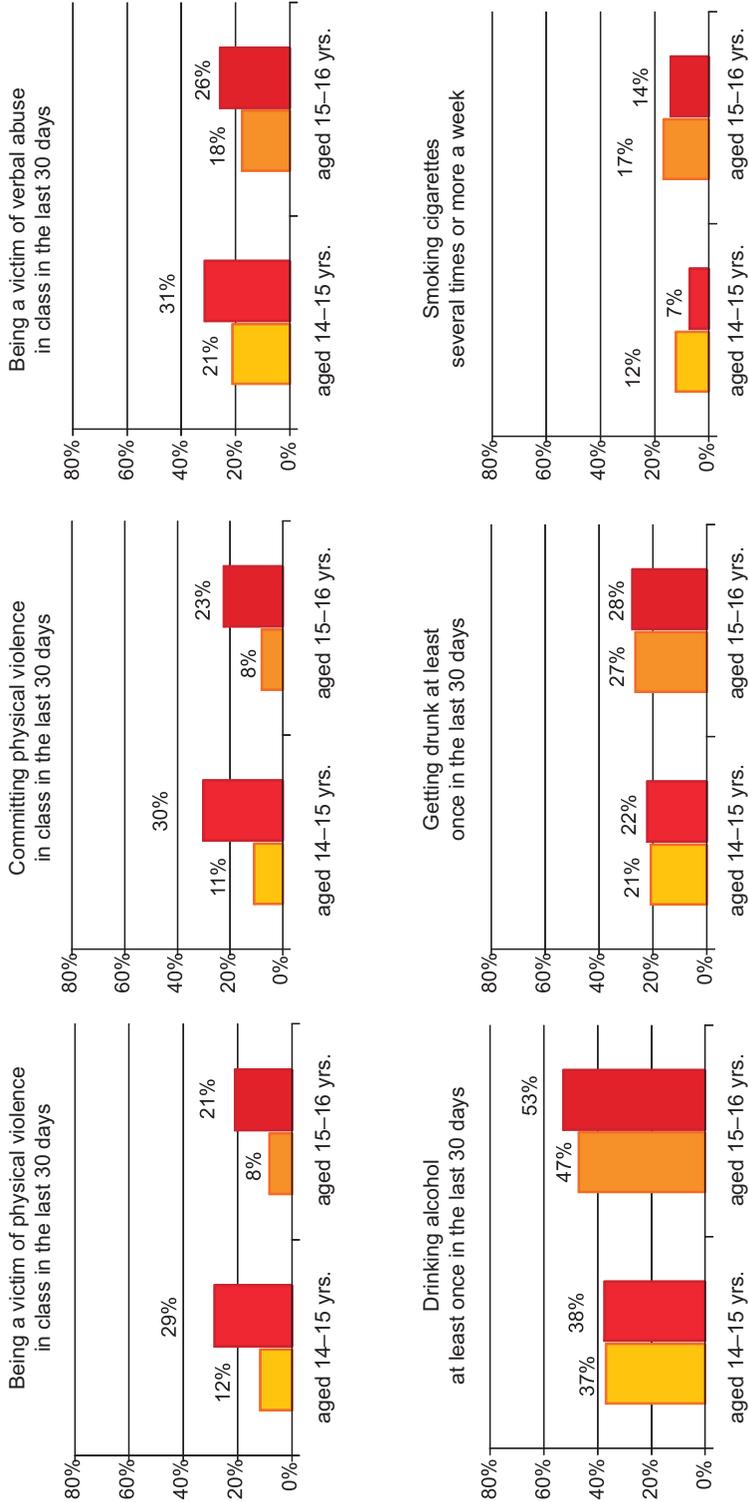
Table 1.5 Differences in risk behaviours and problems of second and third year intermediate school youth aged 14 to 16 (IPZIN study)

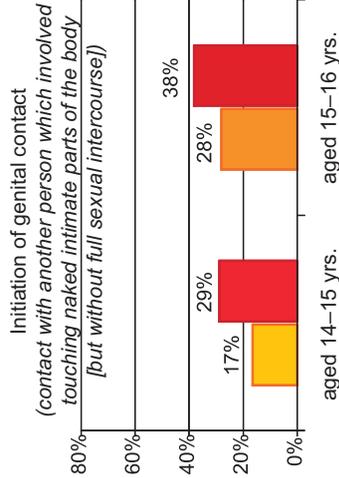
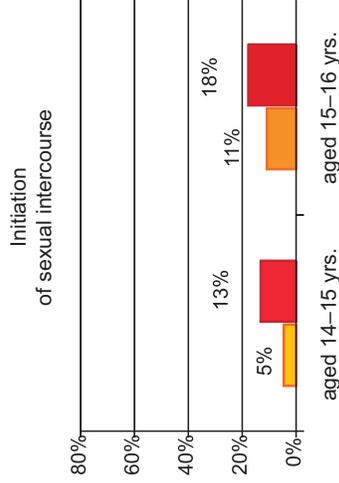
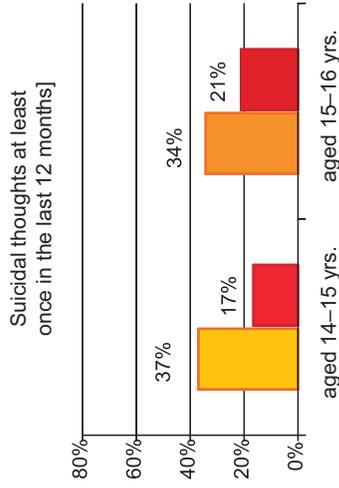
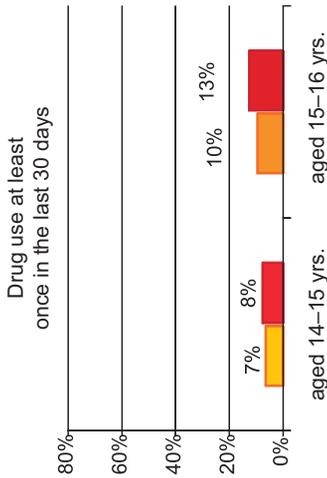
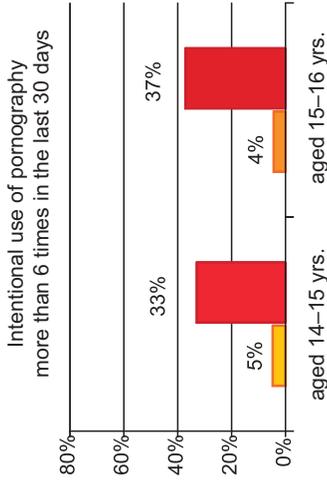
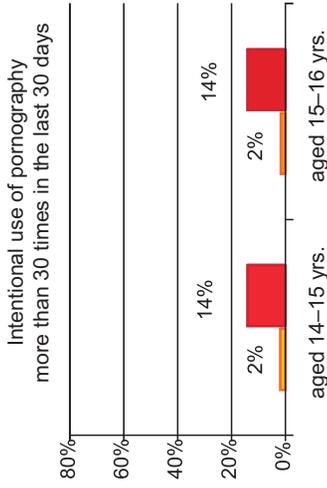
Comparison of the percentage of youth experiencing problems, second and third year intermediate school classes

(students aged 14–15 yrs. and 15–16 yrs.) in the same schools

IPZIN study data from 2012–2014: N₃ = 2934 (N_{14–15} = 1472, N_{15–16} = 1462)

 **Girls**  **Boys**





From the perspective of a given school, local community or local government, knowledge of national-level data on problem occurrence is helpful but not the most important. Data relating to youth from a given municipality are more important, and for administrative and teaching staff – data from a given school are needed. This is a separate, broad issue regarding strategies for diagnosing youth positive potential and problems at the local level. It will be taken up in the third chapter of the *Guidebook*.

The large number of problems listed in Tables 1.2 and 1.4 and the weight of the related consequences (Table 1.3) can be overwhelming. This can raise a sense of incompetence and helplessness in parents, development support professionals and local government staff. The risk behaviours and problems are too numerous for a local government employee or development support professional to be expert in all of them, be aware of their level among youth of a given local community, and also know the effective means of remediation and prevention for each specific problem. An additional difficulty is the overburdening of the municipality and school staff with excess tasks due to legal regulations and tension raised by the expectations of public opinion, which are escalated in turn by the pressure of the media focused on sensational reporting and problems.

Taken together, these factors may cause a chaotic response to youth problems by both the local government and schools despite the goodwill and high competence of their employees. Since there are so many problems, how can they be effectively combatted? Perhaps it would be best to deal with the most troubling problem? Or perhaps the one that our staff is trained for? Or the problem which when solved, will help us to promote a good town and school image? If the problems are so numerous and new ones continue to appear, how can we make a meaningful diagnosis of the situation? How should we conduct youth surveys in order not to overlook anything? Can we afford to do such a comprehensive diagnosis? And after the diagnosis, will there still be any funds for preventive efforts? Or perhaps we should just deal with all problems superficially, so our documents ‘add up’ in case of an audit?

These questions are justified, and should not be ignored. With the defects in the current legal and administrative system that place demands on local governments and schools in an increasingly formalized, controlling way, local government staff or school administrators cannot be blamed when their approaches to meet all system expectations are not completely ideal.

The objective of the authors of the *Guidebook* is to point to those recommendations of preventive efforts for decision-makers and youth development professionals from various types of cities, municipalities and schools that are not just effective but also realistic, despite limited funds. And so the question arises, how to simplify this complex picture, in order to better and more easily manage youth prevention? How to condense the description of the situation of youth, reduce excess details, remove the less important information and at the same time not lose any key elements? Available data needs to be organized. The first, most important step is to view the mutual relationships

between problems, and the second step is to look at the risk factors and the factors which protect youth.

1.3.7. Links between risk behaviours and problems from different areas

The observations of parents, educators, psychologists, counsellors, doctors and other practitioners dealing with youth point to a certain general truth – that various problems and risk behaviours coexist in specific young people and in specific youth environments.

Everyday observations attest to the fact that young people who fall into ‘bad company’ often engage in not one, but several different risk behaviours – for example, drinking alcohol, smoking cigarettes and viewing pornography. Or they may skip school, use drugs and possibly break the law, committing petty theft. This schema does not always occur of course, sometimes the situation is completely different, but the coexistence of various problems in the same young people comes as no surprise to youth work professionals, counsellors or psychologists. This may be because problem behaviours are often a symptom of deeper life or developmental problems. It is not unusual for several of these symptoms to coexist at the same time.

Likewise, it comes as no surprise that a young person who has a healthy and loving family, belongs to a good scouting troop and does not smoke cigarettes or drink alcohol, will also not engage in other risk behaviours and problems.

The significance of observations made by practitioners in the field should not be taken lightly, particularly when the observations are rational, in keeping with common sense and repeatable for many people. Even if the conclusions from these observations cannot be treated as certain, and there are numerous exceptions, they may form the basis for hypothesis building in scientific research. Results of empirical studies then verify these hypotheses. Most often however, a study does not lead to simple rejection or acceptance of a hypothesis based on the practitioners’ observations, but it reveals a much larger, complex picture, with information about the strength of relationships, their interdependency and exceptions to the rule.

Since the 1970s, research related to the mutual interrelationships between various types of problems and risk behaviours of youth has been present in Western scientific literature. We may say that researchers did not so much discover these relationships as they verified the validity of common sense observations of practitioners and attempted to present a more precise picture of relationships and their interdependence. The most well-known of these studies, and one of the earliest, was conducted by Richard and Shirley L. Jessor (Jessor and Jessor, 1977). The correlations between various youth behaviours and problems have also been an important subject of Polish research from the 1990s and onward (Izdebski, 1992; Wróblewska, 1998; Woynarowska, Szymańska and Mazur, 1999; Grzelak, 2009a; Ostaszewski, 2014a).

Several examples of the results of research on such interdependencies are presented below.

The Report of the American governmental Centers for Disease Control and Prevention (CDC⁴³) states that in comparison to non-smoking teenagers, teenagers who smoke cigarettes also drink alcohol three times more often, use marijuana eight times more often, and use cocaine twenty-two times more often. Smoking cigarettes is also closely related to many other risk behaviours such as fighting or risky sexual behaviour (CDC, 1994).

A team of Polish authors under the direction of K. Ostaszewski writes of strong interrelationship between problems and risk behaviours demonstrated by a three-year long Warsaw study: 'During the intermediate school period of education **the behaviours that most often coexist with each other are delinquency and aggressive behaviour, as well as drinking alcohol and smoking cigarettes.** One can thus say that precisely these risk behaviours 'come in pairs' among intermediate school students. **The frequency of school problems correlates in a similar way with the frequency of drinking alcohol and smoking cigarettes as well as the frequency of aggressive behaviour and criminal offenses'** (Ostaszewski, Rustecka-Krawczyk and Wójcik, 2011, p. 87).

The research of Szymon Grzelak has revealed a **strong relationship between use of psychoactive substances (alcohol, cigarettes, drugs) and early sexual initiation** (Grzelak, 2009a).

Similar observations from many studies have been confirmed by Joanna Mazur and Barbara Woynarowska, who present results attesting to the fact that **one risk behaviour often causes engagement in successive risk behaviours** (Mazur and Woynarowska, 2004). This phenomenon occurs in various cultures. Authors of a study conducted in Zambia write, '**Drinking alcohol and use of psychoactive substances often coexist with aggressive behaviours, criminal behaviours and early and irresponsible sexual activity'** (Siziya, Muula, Kazembe et al. in: Mazur et al., 2008, p. 50).

Analysis of the relationships between risk behaviours and problems of various types from different areas has many practical consequences. The stronger the proof for interdependencies between problems, and the stronger the relations between various problems turn out to be, the more justified is an integrated approach to prevention, one which views youth problems and risk behaviours from a broad and comprehensive perspective.

1.3.7.1. Links between youth problems as seen in the latest IPZIN study

Each of the studies of youth discussed earlier has different advantages and limitations. Representative studies conducted cyclically on randomized samples at national level for Poland (ESPAD, HBSC) allow us to monitor the situation at the national level and to

⁴³ More information on CDC can be found at www.cdc.gov.

assess trends of change. Additionally, the ESPAD study offers very detailed information on the subject of psychoactive substances use by youth, and the HBSC study adds to the set of indicators of risk behaviours many indicators of other types of behaviour related to health (physical activity, eating patterns) as well as many indicators of health itself (somatic and mental illness, being overweight and obesity, injuries).

The advantage of the IPZIN study is that it includes indicators for youth risk behaviours and problems from very many areas (see Table 1.4). This results from the fact that the study concept, the *Diagnosis of youth problems and the positive potential of youth based on the integrated prevention model* as its name suggests, is based on a model of integrated prevention, an approach involving a broad perspective which results in a multidimensional and contextual diagnosis of youth risk behaviours and problems. The limited number of detailed indicators for each of the surveyed problem areas is due to the large number of problem areas surveyed.⁴⁴

This broad approach in connection with the very large sample size makes the IPZIN study data an exceptionally good source for analysis of the relationships between variables, even when it comes to behaviours that rarely occur in the study population. If we wish to study the determinants of a behaviour that occurs in only 10% of youth we can still do so with a sample size of $N > 10,000$. 10% of such a sample is still more than one thousand respondents – certainly enough for statistical analyses.

Table 1.6 presents the results of calculations conducted on a data sample from IPZIN surveys of youth aged 14 to 16 in the second and third year of intermediate school ($N_1=13,960$) conducted in 2010–2014. Analyses presented for 16 variables⁴⁵ relate to behaviours, problems and attitudes in various problem areas. The goal of correlation analysis was to check whether links exist between various risk behaviours and problems, and if so, what their direction and strength is.⁴⁶

Results definitively confirm the hypothesis of the coexistence of various problems and risk behaviours. All correlations for a coefficient worth attention ($r_s > 0,10$) are

⁴⁴ For practical reasons, the survey cannot be too long, so that its completion does not exceed a sensible time limit of less than a single lesson period. With longer surveys, it is much more difficult to achieve a reliable response, particularly from students who read poorly, have difficulty in concentrating or cause behavioural problems – and information from this group of students is particularly important for problem diagnosis. As a result, surveys such as the IPZIN study offer a broad view at the cost of detailed information. For example, as can be seen in Table 1.4, the IPZIN survey has a question about drug use, but it does not distinguish between different drugs.

⁴⁵ A detailed description of the variables has been included in the Statistical Appendix (p. 265) and the items can be found in the Questionnaire Appendix (p. 279). For the Polish readers more details are available in a reference report on the study entitled *Youth problems and the positive potential of the local community. How to effectively manage prevention?* (IPZIN/CED, 2015).

⁴⁶ The analysis used the ρ (*rho*) Spearman's rank correlation coefficient (in short, r_s). Conventional interpretation of the strength of relationship applies as well when correlations are negative (i.e. when an increase in one variable is accompanied by a decrease in the other). With calculations conducted on such large samples as in the IPZIN study, even the weakest correlations are statistically significant; that is why the tables omit significance criteria.

positive, which means that the existence of one problem increases the probability of the appearance of other problems in a given person. Many of these correlations have high coefficients, which attests to the strong interdependency between problems.

In order to facilitate interpretations of the results presented in the table, seven descriptive categories were created to define the strength of the relationship between variables:

$r_s < 0.05$	very weak, trivial (or no relationship)
$0.05 < r_s < 0.10$	relationship exists but is very weak
$0.10 < r_s < 0.15$	relationship exists but is weak
$0.15 < r_s < 0.20$	relationship exists but is quite moderate
$0.20 < r_s < 0.30$	relationship is evident
$0.30 < r_s < 0.40$	relationship is strong
$r_s > 0.40$	relationship is very strong ⁴⁷

A correlation can be positive or negative. A positive correlation is when the increase in one variable is related to the increase in another variable, while a negative correlation is when the increase in one variable is related to the decrease in another variable.

As we see in Table 1.6, **problems and risk behaviours of youth are linked to each other, and particularly strong relationships exist between similar types of problems.**

This is easily visible in the case of various indicators of **psychoactive substance use** included in the study. Alcohol use is very strongly related to getting drunk ($r_s = 0.60$) and smoking cigarettes ($r_s = 0.49$), and strongly related to drug use ($r_s = 0.39$). Use of designer drugs is very strongly related to drug use ($r_s = 0.42$), strongly related to smoking cigarettes ($r_s = 0.30$) and evidently related to alcohol use ($r_s = 0.26$).

Various variables related to sexual behaviour are also strongly correlated with each other. The correlation between initiation of sexual intercourse and initiation of genital contact⁴⁸ is very strong ($r_s = 0.48$), and the relationship between initiation of genital contact and use of pornography is strong ($r_s = 0.35$).

The very strong correlation between the depression scale and suicidal thoughts ($r_s = 0.43$) confirms the quite obvious coexistence of **problems related to experiencing depressive moods.**

⁴⁷ The highest positive value for r_s , +1, appears when the higher value of one variable accompanies the higher value of a second variable always and without exception. In the practice of social research such situations do not happen. Even if there is a strong correlation it never reaches +1. Coefficient $r_s = +1$ would mean that we could be 100% certain that literally every student who engages in one behaviour (e.g. fighting) also engages in the other behavior (e.g. smoking).

⁴⁸ Genital contact is defined in the questionnaire as "contact with another person which involved touching naked intimate parts of the body (but without full sexual intercourse)". This variable has been used in studies conducted by the IPZIN staff for more over 15 years (Grzelak, 2009a).

Table 1.6 Correlation matrix of youth risk behaviours and problems (IPZIN study)

Youth problems and risk behaviours N ₁ = 13,960	Psychoactive substances								Sexual behaviours				Violence and fighting					Depression		Children
	Drinking alcohol (last 30 days)	Getting drunk (last 30 days)	Smoking cigarettes (several times a week and more)	Drug use (last 30 days)	Designer drug use (last 12 months)	Intentional use of pornography (last 30 days)	Initiation of genital contact	Initiation of sexual intercourse	Involvement in fighting (last 6 months)	Victim of physical violence in class (last 30 days)	Committing physical violence in class (last 30 days)	Cyberbullying victim (last 12 months)	Cyberbully (last 12 months)	Depression scale	Suicidal thoughts (once or more in the last year)	Children				
Drinking alcohol	1.00	0.60	0.48	0.39	0.26	0.29	0.37	0.32	0.08	0.26	0.07	0.23	0.08	0.18	0.02					
Getting drunk	0.60	1.00	0.49	0.41	0.30	0.25	0.35	0.36	0.07	0.24	0.05	0.21	0.08	0.18	0.01					
Smoking cigarettes	0.48	0.49	1.00	0.39	0.30	0.18	0.32	0.32	0.05	0.19	0.08	0.18	0.13	0.20	0.02					
Drug use	0.39	0.41	0.39	1.00	0.42	0.22	0.31	0.35	0.06	0.21	0.06	0.18	0.05	0.15	0.02					
Designer drug use	0.26	0.30	0.30	0.42	1.00	0.18	0.22	0.30	0.10	0.18	0.09	0.18	0.06	0.13	0.03					
Intentional use of pornography	0.29	0.25	0.18	0.22	0.18	1.00	0.35	0.29	0.21	0.37	0.09	0.22	-0.05	0.06	-0.01					
Initiation of genital contact	0.37	0.35	0.32	0.31	0.22	0.35	1.00	0.48	0.11	0.24	0.11	0.21	0.06	0.16	-0.01					
Initiation of sexual intercourse	0.32	0.36	0.32	0.35	0.30	0.29	0.48	1.00	0.10	0.20	0.07	0.18	0.04	0.16	-0.01					
Involvement in fighting	0.30	0.30	0.26	0.27	0.25	0.30	0.28	0.31	0.18	0.35	0.09	0.24	-0.01	0.10	-0.01					
Victim of physical violence in class	0.08	0.07	0.05	0.06	0.10	0.21	0.11	0.10	1.00	0.46	0.27	0.18	0.25	0.19	0.00					
Committing physical violence in class	0.26	0.24	0.19	0.21	0.18	0.37	0.24	0.20	0.46	1.00	0.14	0.30	0.07	0.13	-0.04					
Cyberbullying victim	0.07	0.05	0.08	0.06	0.09	0.09	0.11	0.07	0.27	0.14	1.00	0.35	0.24	0.20	-0.07					
Cyberbully	0.23	0.21	0.18	0.18	0.18	0.22	0.21	0.18	0.18	0.30	0.35	1.00	0.10	0.16	0.01					
Depression scale	0.08	0.08	0.13	0.05	0.06	-0.05	0.06	0.04	0.25	0.07	0.24	0.10	1.00	0.43	0.04					
Suicidal thoughts	0.18	0.18	0.20	0.15	0.13	0.06	0.16	0.16	0.19	0.13	0.20	0.16	0.43	1.00	0.08					
Unwillingness to have children in future	0.02	0.01	0.02	0.02	0.03	-0.01	-0.01	-0.01	0.00	-0.04	-0.07	0.01	0.04	0.08	1.00					

Various indicators of **peer violence** are also related to each other. Involvement in fighting is strongly related to committing physical violence in class ($r_s = 0.35$) and is evidently connected with being a cyberbully ($r_s = 0.24$). In addition, committing physical violence is very strongly related to being a victim of this form of violence in class ($r_s = 0.46$) and is evidently/strongly correlated with being a cyberbully ($r_s = 0.30$). Victims of violence are the most common violence offenders. The table shows that violence and cyberbullying involve the same young people to a large extent.

As can be seen in Table 1.6, the analysis did not reveal a connection between the single indicator representing the area of demographic problems (youth's unwillingness to have children in the future), and other risk behaviours and problems. This is important information, because it means that even if effective prevention activities are conducted for the use of psychoactive substances, violence or early sexual contact, the attitudes of youth regarding their desire to have children in the future will not necessarily change. This is an area that requires further study because of the growing demographic problems in Poland and many other countries, and the related need to define the goals and work out the methods of appropriate early prevention of demographic problems.

In order to analyse the structure of relationships between various problems more closely, a series of factor analyses was conducted⁴⁹. They confirmed that the youth risk behaviours and problems studied are grouped into four main factors⁵⁰, referred to here as 'groups of problems' (The factors are called 'groups of problems' to avoid misunderstandings stemming from the use of the word factor in two different ways in the publication. The word factor will be reserved for describing risk and protective factors). **Groups of problems are sets of interrelated problems.** Several variables make up each of the groups. The order of groups of problems is not random – they are ordered according to their explanatory value⁵¹.

⁴⁹ Factor analysis is a statistical method that helps to discover and rank relationships between variables. It allows related variables to be grouped in logically organized factors (here we refer to them as groups of problems). Each variable for a given factor is characterized by a particular 'degree of saturation' of this factor. More detailed description of the factor analyses applied is presented in the Statistical Appendix (p. 265).

⁵⁰ These four groups of problems explain over 43% of the variance of the entire matrix of 16 variables. In the analysis, generally the same variables were used as were used to create the correlation matrix in Table 1.7. Two changes were made, however. The variable 'unwillingness to have children in the future', which has no relationship with the other variables, was not included. In addition, a sexualization scale was added in the analysis, which is treated in the report as a problem on its own as well as a risk factor for other problems.

⁵¹ Here we are dealing with a ranking of explanatory value for the variance of all problem variables. The problem group 'psychoactive substances use and involvement in fighting' has the most explanatory value, with 27% variance; while the group 'sexual behaviour variables' explains 7% variance, the group 'violence variables' explains 6% variance; and the group 'variables related to depressive moods' explains 3% variance. It is important to understand that more variation will be explained by the group of problems that was represented by more different indicators. If the analysis had included twice as many variables for the sexual sphere, and twice as few variables related to psychoactive substances, the share in the structure of explained variance might be completely different.

These are the **groups of problems** and the variables that comprise them:

- I. **First group: psychoactive substances use**
 - drinking alcohol
 - getting drunk
 - drug use
 - designer drug use
 - smoking cigarettes
 - involvement in fighting

- II. **Second group: sexual behaviour and attitudes**
 - initiation of sexual intercourse
 - initiation of genital contact
 - pornography use
 - sexualization

- III. **Third group: violence and cyberbullying**
 - committing physical violence
 - victim of physical violence
 - cyberbully
 - cyberbullying victim

- IV. **Fourth group: depression**
 - depression
 - suicidal thoughts

The location of the ‘involvement in fighting’ variable in the group ‘psychoactive substances use’ requires an explanation. From the problem correlation table (Table 1.6), we know that involvement in fighting is related to committing physical violence. And even though involvement in fighting is related to ‘violence and cyberbullying’, the factor analysis located it more closely with the ‘psychoactive substances use’ group. One of the most probable explanations of this is the difficulty young people have in controlling and coping with their emotions. Difficulty in this area may also lead to involvement in fighting (inability to control emotions) as well as abuse of psychoactive substances (that temporarily ‘help’ in dealing with difficult emotions). The second explanation is in keeping with the commonly observed truth that individuals under the influence of alcohol engage in fighting particularly easily.

Factor analysis conducted separately for girls and boys⁵² add one more important element to the picture of the situation. Here, sexual intercourse for boys is just as strongly related to the ‘psychoactive substances use’ group as it is to the ‘sexual behaviour and attitudes’ group. This suggests that early sexual contact for boys often takes place either under the influence of alcohol or drugs or in a group that use psychoactive substances. Study results reveal an additional observation that confirms the validity of the above

⁵² More information can be found in the Statistical Appendix (p. 265).

observation. For boys who have had sexual initiation, almost 40% believe that ‘it is worth drinking alcohol to feel better on a date’, while for the pre-initiation group this percentage was only 10%. Similar relationships were observed in a study conducted by Szymon Grzelak (2009a) in 2002–2003 that dealt with risk factors for youth sexual risk behaviour.

The relationships existing between related problems and behaviours from different groups of problems are intuitively understandable. The confirmation of these relationships in a Polish study on a large sample of youth, however, is very significant for prevention.

Even more important is the empirical verification of the interrelationships between problems from different groups of problems, that is: testing the strength of the interrelationships between the four identified groups of problems.

Gaining reliable analysis of the interrelationships of the four identified groups of problems required separate analyses for each sex. The results are presented in Tables 1.7 and 1.8. The data reveal that there is an evident and strong correlation between groups of problems, and this is true for the analysis of data for girls as well as boys.

Correlations between factors related to groups of problems from different areas – girls

Table 1.7 *Correlation matrix between groups of problems from different areas – girls (IZPIN study)*

Correlations between groups of problems ⁵³ Girls N = 6861	Psychoactive substances use	Sexual behaviour & attitudes	Violence & cyberbullying	Depression
Psychoactive substances use	1.00	0.66	0.40	0.21
Sexual behav. & attitudes	0.66	1.00	0.43	0.33
Violence & cyberbullying	0.40	0.43	1.00	0.31
Depression	0.21	0.33	0.31	1.00

Correlations between factors related to groups of problems from different areas – boys

Table 1.8 *Correlation matrix between groups of problems from different areas – boys (IZPIN study)*

Correlations between groups of problems Boys N = 7099	Psychoactive substances use	Sexual behaviour & attitudes	Violence & cyberbullying	Depression
Psychoactive substances use	1.00	0.68	0.37	0.26
Sexual behav. & attitudes	0.68	1.00	0.48	0.22
Violence & cyberbullying	0.37	0.48	1.00	0.39
Depression	0.26	0.22	0.39	1.00

⁵³ Statistical comment on the method of factor and principal component analysis: the rotation method used is Promax with Kaiser Normalization.

The results shown in Tables 1.7 and 1.8 are of fundamental significance. They confirm the validity of the integrated approach to the prevention of youth risk behaviours and problems. Problems from various areas are very strongly connected; they precondition each other and often coexist in the same individuals. **The relationships are so strong and evident that they cannot be ignored, if we want to rationally manage problem prevention and effectively support healthy development of youth.**

The strongest position among the groups of problems is held by the ‘psychoactive substances use and involvement in fighting’ group (as it explains the greatest percentage variance). The relationship of ‘psychoactive substances use’ to ‘sexual behaviour and attitudes’ is exceptionally strong (correlation coefficient 0.65) – so strong that it even surprised the study authors. Both of the above groups of problems correlate very strongly or strongly with the ‘violence and cyberbullying’ group (correlation coefficient = 0.37–0.48). In addition, the relationship of the ‘depression’ variables group with the remaining groups is very evident (0.21–0.39).

The importance of the results obtained is increased by the fact that they come from a study on a very large sample, $N_1 = 13,960$ of 14 to 16-year-old youth.

Two key conclusions for practice and research may be drawn from the analysis:

1. **The strength of relationship between various risk behaviours and problems is a strong argument on behalf of a comprehensive and integrated view on prevention of youth problems.**
 - Youth problems are interconnected. Focusing on selected problems in youth prevention and research, while omitting the rest may reduce the impact of prevention measures. Can we speak of prevention success if alcohol and drug use decreases but we don’t know whether depression indicators and early sexual contacts have increased? Perhaps our efforts only pushed symptoms into another area? Rational prevention management requires a comprehensive view, especially in a situation when empirical research so strongly confirms the mutual relationships in occurrence of problems in different problem areas.
2. **Since the ‘psychoactive substance use and involvement in fighting’ group:**
 - **is strongly connected with remaining groups of problems; and**
 - **relates to the area with the best legal, institutional and financial support; conducting activity based on the integrated prevention model, and other comprehensive approaches using resources and funds allocated for alcohol and drug preventive efforts is justified.**

From the perspective of current knowledge, including the study results presented here, maintaining a strict division of separate financial sources with highly-specialized preventive efforts is an archaic policy that should be eliminated. Effective and rational management, as well as the well-being of youth and the entire local community, demand a broad and integrated approach to prevention. This is

not to exclude programmes that are narrow in scope by nature and prevent a single type of problem. The success of a comprehensive integrated approach to prevention may involve both effective programmes with a wide range of objectives (related to many problems), as well as effective programmes of a narrow range of objectives, under the condition that they complement each other, forming a unified whole.

The current legal system and prevention-related funding sources fund some areas more, while other areas receive little or nothing. Knowledge of the mutual relationships between problems allows for the existing funds to be used to the best benefit in the development of the younger generation. It gives society the capacity to react flexibly and dynamically to various problems.

1.3.8. Factors related to youth risk behaviours and problems

When planning prevention strategies and measures, it is worth aiming to weaken risk factors and strengthen protective factors. This way we limit the scale and strength of youth risk behaviours and problems (Hawkins, Catalano and Miller, 1992; Ostaszewski, 2003; 2014a).

In the research literature on the subject, worldwide and in Poland, there are very many study reports that focus on identifying factors that impact the appearance of various youth risk behaviours and problems (Kirby, 1999; Durlak, 1998; Donnelly, Goldfarb, Ferraro, Eadie and Duncan, 2001; Fergus and Zimmerman, 2005; Woynarowska, Szymańska and Mazur, 1999; Ostaszewski, 2014a). The ‘**risk factors**’ increase the probability of youth running into problems, while ‘**protective factors**’ increase the chances for the health and development of youth. The most detailed US studies mention over one hundred individual, family related, and environment related risk factors which influence the appearance and intensification of individual problems. Many researchers note that there is a group of factors that influence many different problem behaviours – from psychoactive substances abuse to violence, criminal behaviour and early sexual contacts. A very valuable table presenting the conclusions of many studies of this type can be found in K. Ostaszewski’s monograph (2014a, pp. 66–68).

Identifying the risk factors as well as the protective factors⁵⁴ linked to many risk behaviours was one of the major goals of the Institute for Integrated Prevention research staff in years 2010–2014.

⁵⁴ It is an arbitrary question as to whether a factor that is linked to problem behaviours should be treated as a risk factor, or whether its opposite should be treated as a protective factor. Theoretically, instead of placing ‘keeping company with alcohol drinkers’ with risk factors we could treat ‘not keeping company with alcohol drinkers’ as a protective factor. Placing this variable with risk factors is more natural and common sense, however, and it is also accepted in research. In the same way, it is more natural and in keeping with research practice to place ‘conversations with parents’ on the side of protective factors, rather than treating ‘no conversations with parents’ as a risk factor. In the end, the family primarily protects children from problems, and locating reversed parent-related variables on the side of risk factors would create a false and damaging impression that parents are more of a problem than protection.

Correlation analysis is the first simple way to identify factors related to risk behaviours. Due to important differences between the attitudes and behaviours of girls and boys, sensible results can be obtained from analysis conducted separately for each sex. Tables 1.9 and 1.10 present the most important risk and protective factors.

Rules for data interpretation are the same as in the problem correlation table (Table 1.6). Because of the very large size of the survey sample, even very weak correlations indicate real relationships between variables⁵⁵. When the correlation coefficient value is very low, this indicates that there is an existing, but weak relationship. An enormous number of factors of varying strength influence the behaviour and attitudes of people. It is worth having as complete a map of these relationships as possible.

The results presented in Tables 1.9 and 1.10 should be interpreted using the same criteria presented in the introduction to Table 1.6 (from $r < 0.05$ – ‘relationship is very weak, trivial (or no relationship)’ to $r > 0.40$ – ‘relationship is very strong’).

In Tables 1.9 and 1.10, various levels of relationship strength are presented, with red for positive correlations (risk factors that increase the probability of problems) and green for negative correlations (protective factors that reduce the probability of problem behaviours). White indicates very weak or non-existent relationships.

The correlation tables present a complete network of connections of different factors with problems and risk behaviours. The tables were included here to give every *Guidebook* reader the chance to check individual relationships on their own and develop their personal opinion on the issue.

It is worth remembering that the human decision-making process (and also that of young people) is not a simple sum of various influences. We are not machines that function according to inflexible programming. Different factors influence us to greater or lesser extent, and people with weaker or stronger willpower are influenced by them to various degrees. So while it is important to identify the risk and protective factors of youth to the greatest degree of accuracy possible, we need to be aware that even the best study of the issue will never lead to a complete understanding of human choices and behaviours.

A second point to keep in mind is that correlations do not indicate causal relationships. They indicate that a relationship exists, but not the degree to which a risk or protective factor is a cause or result of this behaviour. A very high relationship between being in the company of alcohol drinkers and drinking alcohol may indicate a bi-directional relationship – people spending time in such company drink, but people who drink may also seek such company. For some variables, a unidirectional causal relationship is much more understandable and easy to explain than the reverse direction.

⁵⁵ As mentioned earlier, the IPZIN study sample was very large and diversified (state schools from different regions of Poland, larger and smaller cities, etc.) but not randomized. For this reason, the statistical significance criterion may not be applied, which requires a random sample according to the rules of statistics. On the other hand, we can say that if a sample of the size of the IPZIN study sample had been randomized, almost all identified correlations – even the weakest – would be statistically significant.

Table 1.9 Correlation matrix between risk behaviours and protective & risk factors – boys (IPZIN study)

Problems & risk behaviours and protective & risk factors Boys N = 7099	Psychoactive substances					Sexual behaviour				Violence and fighting				Depression		Children
	Drinking alcohol (last 30 days)	Getting drunk (last 30 days)	Smoking cigarettes (several times a week or more)	Drug use (last 30 days)	Designer drug use (last 12 months)	Intentional use of pornography (last 30 days)	Initiation of genital contact	Initiation of sexual intercourse	Involvement in fighting (last 6 months)	Victim of physical violence in class (last 30 days)	Committing physical violence in class (last 30 days)	Cyberbullying victim (last 12 months)	Cyberbully (last 12 months)	Depression scale	Suicidal thoughts (once or more in the last year)	Unwillingness to have children in the future
Family	Mother as life guide	-0.16	-0.13	-0.12	-0.14	-0.16	-0.11	-0.15	-0.13	-0.10	-0.14	-0.07	-0.13	-0.14	-0.17	-0.09
	Father as life guide	-0.12	-0.12	-0.14	-0.12	-0.15	-0.07	-0.12	-0.10	-0.09	-0.10	-0.09	-0.11	-0.14	-0.15	-0.07
	Being heard in conversations with parents	-0.08	-0.08	-0.06	-0.06	-0.06	-0.07	-0.04	-0.05	-0.11	-0.11	-0.07	-0.07	-0.15	-0.14	-0.10
Faith, religion	Frequency of religious practice	-0.17	-0.16	-0.16	-0.16	-0.12	-0.14	-0.15	-0.16	0.01	-0.07	-0.04	-0.11	-0.04	-0.12	-0.11
	Importance of faith/religion in life	-0.14	-0.11	-0.10	-0.10	-0.06	-0.13	-0.11	-0.09	-0.02	-0.09	-0.04	-0.10	-0.05	-0.11	-0.17
Protective factors	Good class climate	-0.01	-0.04	-0.03	-0.02	-0.08	-0.06	-0.04	-0.08	-0.37	-0.18	-0.16	-0.10	-0.27	-0.16	-0.10
	Being accepted in class	0.01	-0.01	-0.02	0.00	-0.02	0.01	-0.01	-0.02	-0.19	-0.04	-0.09	-0.01	-0.16	-0.12	-0.10
	Average grade at year end	-0.12	-0.18	-0.15	-0.15	-0.04	-0.03	-0.09	-0.14	0.07	-0.03	-0.03	-0.05	0.02	-0.04	-0.08
Love – models and beliefs	Belief that true love exists	-0.03	-0.04	-0.04	-0.05	-0.06	-0.01	0.00	-0.05	-0.07	-0.06	-0.04	-0.07	-0.03	-0.06	-0.22
	Positive model of marriage	0.01	-0.01	-0.02	-0.06	-0.05	0.00	0.04	0.01	-0.02	-0.01	-0.01	-0.03	-0.06	-0.05	-0.27
Family	Parents' divorce	0.09	0.10	0.12	0.13	0.09	0.08	0.11	0.12	0.04	0.07	0.06	0.06	0.09	0.09	0.08
School	Truancy	0.40	0.37	0.40	0.31	0.18	0.25	0.29	0.30	0.03	0.23	0.07	0.20	0.06	0.19	0.02
	Fear of violence in school	-0.09	-0.07	-0.05	-0.07	0.01	-0.05	-0.05	-0.02	0.36	0.09	0.18	0.03	0.25	0.15	0.09
Peer and individual	Company of alcohol drinkers	0.63	0.50	0.43	0.36	0.24	0.37	0.41	0.32	0.10	0.30	0.09	0.23	0.10	0.18	-0.02
	Company of drug users	0.39	0.39	0.38	0.54	0.36	0.29	0.33	0.30	0.11	0.27	0.10	0.22	0.13	0.21	0.02
	Sexualization	0.36	0.32	0.25	0.26	0.22	0.51	0.37	0.34	0.12	0.34	0.09	0.24	0.03	0.15	0.04

Table 1.10 Correlation matrix between risk behaviours and protective & risk factors – girls (IPZIN study)

Problems & risk behaviours and protective & risk factors Girls N = 6861		Psychoactive substances										Sexual behaviour				Violence and fighting				Depression		Children
		Drinking alcohol (last 30 days)	Getting drunk (last 30 days)	Smoking cigarettes (several times a week or more)	Drug use (last 30 days)	Designer drug use (last 12 months)	Intentional use of pornography (last 30 days)	Initiation of genital contact	Initiation of sexual intercourse	Involvement in fighting (last 6 months)	Victim of physical violence in class (last 30 days)	Committing physical violence in class (last 30 days)	Cyberbullying victim (last 12 months)	Cyberbullying (last 12 months)	Depression scale	Suicidal thoughts (once or more in the last year)	Unwillingness to have children in the future					
Family	Mother as life guide	-0.14	-0.12	-0.13	-0.12	-0.11	-0.12	-0.09	-0.08	-0.11	-0.12	-0.08	-0.10	-0.18	-0.20	-0.09						
	Father as life guide	-0.14	-0.15	-0.16	-0.12	-0.09	-0.13	-0.08	-0.08	-0.09	-0.12	-0.10	-0.10	-0.20	-0.19	-0.08						
	Being heard in conversations with parents	-0.10	-0.08	-0.09	-0.07	-0.07	-0.09	-0.07	-0.05	-0.13	-0.14	-0.07	-0.08	-0.26	-0.20	-0.10						
Faith, religion	Frequency of religious practice	-0.20	-0.19	-0.21	-0.15	-0.10	-0.16	-0.15	-0.12	-0.04	-0.10	-0.06	-0.13	-0.11	-0.15	-0.16						
	Importance of faith/ religion in life	-0.21	-0.16	-0.19	-0.13	-0.09	-0.16	-0.13	-0.08	-0.03	-0.10	-0.06	-0.12	-0.12	-0.15	-0.18						
School	Good class climate	-0.02	-0.03	-0.04	-0.03	-0.05	-0.06	-0.05	-0.05	-0.35	-0.17	-0.17	-0.08	-0.28	-0.17	-0.11						
	Being accepted in class	0.00	0.01	0.00	0.00	-0.02	-0.01	-0.03	-0.01	-0.23	-0.07	-0.16	-0.04	-0.21	-0.12	-0.04						
Love – models and beliefs	Average grade at year end	-0.22	-0.32	-0.30	-0.19	-0.15	-0.22	-0.17	-0.21	0.03	-0.17	-0.09	-0.09	-0.05	-0.13	-0.06						
	Belief that true love exists	-0.04	-0.05	-0.05	-0.04	-0.05	0.01	0.00	-0.05	-0.07	-0.07	-0.04	-0.06	-0.07	-0.06	-0.19						
Family	Positive model of marriage	-0.06	-0.05	-0.08	-0.07	-0.07	-0.03	-0.03	-0.03	-0.05	-0.05	-0.03	-0.05	-0.14	-0.13	-0.14						
	Parents' divorce	0.08	0.11	0.14	0.11	0.07	0.13	0.12	0.09	0.04	0.05	0.04	0.05	0.10	0.11	0.05						
School	Truancy	0.38	0.39	0.45	0.29	0.17	0.25	0.19	0.18	-0.02	0.23	0.08	0.21	0.15	0.18	0.06						
	Fear of violence in school	-0.06	-0.05	-0.07	-0.05	-0.02	-0.02	-0.04	-0.02	0.29	0.08	0.19	0.05	0.22	0.12	-0.06						
Peer and individual	Company of alcohol drinkers	0.61	0.51	0.50	0.31	0.23	0.34	0.22	0.28	0.14	0.29	0.13	0.26	0.20	0.25	0.06						
	Company of drug users	0.39	0.37	0.40	0.46	0.30	0.32	0.24	0.25	0.12	0.24	0.11	0.22	0.15	0.21	0.12						
	Sexualization	0.31	0.26	0.27	0.19	0.18	0.28	0.24	0.20	0.13	0.23	0.08	0.20	0.12	0.18	0.13						

Let us take the example of the correlation between the indication of parents as life guides and reduced use of psychoactive substances. It is more probable that this indicates that parents influence youth behaviour, rather than the reverse; that is, that use of psychoactive substances influences nonindication of parents as personal authorities. The second causal direction is also possible, but it certainly occurs less frequently and has a lower strength of influence. There is also a third possibility – that the relationship between the factor and the risk behaviour is not direct, but results from a third factor. For example, the strong relationship between truancy and smoking cigarettes does not have to mean that smoking is caused by truancy. Truancy and smoking both probably result from other causes – for example, bad relationships with parents.

1.3.9. Protective and risk factors with significant influence, controlling for other variables

Sociological studies often show that a large number of variables are correlated with a given problem. This is simply due to the complexity of the factors influencing human choices, behaviours and attitudes. As stated above, the importance of each factor is not always clear, as one factor's influence may largely include the influence of another. For example, when comparing two protective factors such as 'closeness of relationship with parents' and 'being heard and accepted in conversations with parents', it is highly likely that being heard in conversations takes place largely in families with close relationships. A given problem is often correlated with a large number of factors because different factors fundamentally express the same effect, as they are strongly linked to each other. If studies include several different variables related to the quality of relationships between parents and teenagers, each variable may strongly correlate with the occurrence of problem behaviours, simply because the worse relationships are, the more problems there are.

That is why it is important to find factors that influence a given dependent variable (given problem behaviour) while controlling for the level of other variables (other factors). This type of analysis offers us a more precise understanding of the most important predictors of youth problems.

An example that explains the results from such regression analyses, e.g. linear or logistical regression, is presented immediately after Table 1.11. The advantage of these techniques is that they allow us to set a 'net influence'⁵⁶ for specific variables, testing

⁵⁶ We use 'net influence' to describe the influence of a given variable that is observed when statistically controlling for other variables. The net influence can be markedly lower than the total influence calculated without controlling for other variables. This can happen when a given factor has influence through the intermediate impact of other factors also included in the model. For example, parental divorce has a strong negative influence on various problem variables, but this impact occurs via a set of other factors, such as increased risk of depression in children and weakened role of at least one of the parents as a life guide. If we take into account several such intermediate variables, the calculated net influence of divorce may markedly decrease (and even disappear) and the influence of the intermediate variables will be revealed, which are (to some degree) consequences of divorce.

their influence separately while controlling for the remaining variables. In a situation where three variables related to parent–child relationships are found to correlate with a given risk behaviour in correlation analysis, regression analysis will probably isolate only one of these three variables – the one which is most strongly linked to the given risk behaviour, and which shares the least influence with the remaining variables considered in the analysis.

Analysis using this method was conducted on a sample of second and third year intermediate school students aged 14 to 16 who were surveyed during 2010–2014 ($N_1 = 13,960$). The goal of the analysis was to identify the most important risk factors for seven youth risk behaviours and problems from various problem areas. These were:

- Getting drunk
- Drug use in the last 30 days
- Committing physical violence in class
- Verbally abusive in class
- Suicidal thoughts in the last year
- Sexual initiation
- Unwillingness to have children in the future

These problems were intentionally chosen from the very diverse areas listed in Table 1.2, which presents a categorization of youth risk behaviours and problems. They include two problems from the ‘psychoactive substances use’ category, three problems from the ‘behavioural problems’ category (related to violence and sexuality), one problem from the ‘mental health problems’ category and one from the ‘demographic problems’ category.

Table 1.11 shows the results of analyses⁵⁷ related to risk and protective factors for specific behaviours and problems. For the purposes of this *Guidebook*, a cross-sectional view characteristic of the integrated prevention model is most important. We are not going to analyse each problem in the table separately (by column), but rather observe the importance of individual factors for various problems (by row).

⁵⁷ For the purposes of synthesis, the regression analysis results were simplified: the strength of individual influences was left out and the focus was placed only on a clear graphic indication of particular risk and protective factors that have influence on specific problems.

Table 1.11 *The influence of factors on problems and risk behaviours, controlling for other variables (IPZIN study)*

Factor influence on problems and risk behaviours, controlling for other variables N ₁ = 13,960		Risk behaviours and problems						Unwillingness to have children in the future ⁵⁸
		Suicidal thoughts	Getting drunk	Drug use	Violence	Verbal abuse	Sexual initiation	
■ Not significant □ Not included								
Risk factors	Family							
	Parental divorce						-	
	School and class							
	Fear of violence in school	-					-	
	Peer and environment							
	Company of alcohol drinkers	-	-	-	-	-	-	
	Company of drug users	-	-	-	-	-		
	Availability of alcohol and drugs		-	-				
	Sex-related							
	Sexualization	-	-	-	-	-	-	
	Myth of 100% condom protection from HIV						-	
	Other problems and risk behaviours as risk factors							
	Getting drunk				-	-	-	
	Sexual initiation	-						
	Drug use						-	
	Suicidal thoughts							-
	Other attitudes as risk factors							
Acceptance of drunk driving		-						
Acceptance of alcohol + dating		-						
Protective factors	Family							
	Mother as life guide	+			+			+
	Father as life guide	+	+	+			+	
	Being heard in conversations	+			+	+		
	Faith and religion							
	Religious practice	+	+	+			+	
	Importance of faith/religion in life	+						+
	Love – models and convictions							
	Contact with model marriages	+		+				+
	Belief that true love exists	+			+			+
School and class								
	Good climate in class	+			+	+	+	
	Acceptance in class	+						+
	Participation in FLE classes ⁵⁹		+	+			+	+
Other	Other independent variables							
	Sex – being a girl	-	-		+	+		
	Age – younger year	-	+		-		+	

⁵⁸ The question ‘Would you like to have children in the future?’ was added to the survey questionnaire in 2014. For this reason, the analysis related to this question used a smaller sample, N₅ = 1934.

⁵⁹ The question about participation in Family Life Education classes was added to the survey questionnaire in 2014. For this reason, the analyses for this question were conducted separately on a smaller sample (N₅ = 1934). This factor was included in the present table, despite the fact that the remaining analyses in the table were based on a sample of N₁ = 13,960.

Let us imagine that we are interested in the **influence of the availability of alcohol and the frequency of religious practices on the risk of students getting drunk**. We see in the table that the first variable appears as a risk factor, while the second is a factor that protects from getting drunk. What does this mean?

The analysis (logistic regression) examined how the risk of getting drunk in the last 30 days was dependent on:

- sex
- age (14–15 years/15–16 years, corresponding to 2nd/3rd year of intermediate school)
- sense of being accepted by classmates (5-pt. scale)
- frequency of being in the company of alcohol drinkers (5-pt. scale)
- frequency of being in the company of drug users (5-pt. scale)
- assessment of ease of obtaining alcohol (5-pt. scale)
- beliefs about the positive role of alcohol in contacts with the opposite sex (9-pt. scale)
- readiness to ride in a car driven by a drunk driver (5-pt. scale)
- recognition of father as a life guide (yes/no)
- frequency of religious practices (4-pt. scale)
- importance of religious beliefs in life (4-pt. scale)
- sexualization scale outcome (continuous scale)

Now let us imagine that we are dealing with two students who are no different from each other in any of the above characteristics, except for their perception of the **ease of obtaining alcohol**. These are individuals of the same sex and age, they have the same sense of being accepted in class, they share company with people drinking alcohol just as frequently and they are similar to each other in every other way taken into account by the model – except for the one difference, which is that the first of these individuals thinks alcohol is easier to obtain than the other, who perceives it as more difficult. The negative effect of the perceived availability of alcohol indicates that the first of these ‘twins’ is more likely to have experienced getting drunk in the last 30 days.

We consider the question of the influence of religious practice in a similar way – this time comparing individuals who are similar to each other in every way except that the first attends mass or religious services more often. The protective influence of religious practices is expressed by the fact that the first of these individuals is less likely to have used alcohol in the last month.

1.3.9.1. Common risk factors for many youth risk behaviours and problems

Risk factors:

The most important conclusions from the results presented in Table 1.11 relate to variables that are risk factors for many risk behaviours and problems simultaneously:

1. **Being in the company of youth where there is alcohol drinking or drug use is connected with a higher risk level in many problem areas.**

The very strong relationship between getting drunk and being in the company of alcohol drinkers as well as between drug use and being in the company of drug users is intuitively understandable and obvious. It is also the case, however, that being in this company is a risk factor for committing violence and verbal abuse as well as having suicidal thoughts. In addition, being in the company of alcohol drinkers is correlated with early sexual initiation. Here we find empirical confirmation of the common knowledge of the damaging influence of ‘bad company’ on young people during their adolescence. We can also see that the influence of ‘bad company’ extends to different problem areas, far beyond use of psychoactive substances.

2. **Sexualization is an independent risk factor for almost all youth risk behaviours and problems.**

This analysis result is a very important complement to the knowledge on risk factors available until now, and it confirms earlier results of an IPZIN study on a somewhat smaller study sample (Grzelak, 2013b). The concept of sexualization is already quite well known, but in the media and colloquially the word is sometimes used in an improper way. The subject is so important that it deserves a more thorough explanation, especially because the IPZIN study is the first study in Poland to cover the subject so broadly.

What is sexualization?

In 2007 the American Psychological Association (APA) published their public report on the sexualization of girls (Zurbriggen et al., 2007), which alarmed specialists to the serious consequences of sexualization. These consequences reach far beyond the sexual sphere alone including many cognitive, psychological, emotional and mental health problems of women (and men as well).

According to the APA report definition, sexualization is a phenomenon that we can observe in modern mass culture and advertising and it extends to other areas of social life. It is based on:

- Reducing an individual’s worth to their ‘sexy’ appearance or behaviour;
- Sexual objectification (people, particularly women, are seen as objects for the sexual use of others and not as fully human);

- **Imposing sexual content and sexual images that are not adequate to age and situation.**

According to the authors of the definition it is enough for one of the above elements to be included in a message for it to be an example of sexualization. **The synonym for sexualization is objectification** (in the sexual sphere). Sexualization causes the narrowly-defined criteria of 'being sexy' to become the main source of an individual's value system. One of the basic mechanisms of the damaging impact of sexualization is its influence on the development of the identity of girls during their adolescence. Healthy identity development means harmonious development in all aspects of being human – intellectual, spiritual, emotional, social as well as physical. Under the influence of the sexualization of mass culture, the response to the question – 'Who am I?' is, 'I am foremost a sexual body, and the rest doesn't count'.

The damaging influence of sexualization on the development of children and teenagers is easier to understand when we remind ourselves of the three basic tasks of psychosexual development during adolescence, according to the theory of Erik Erikson (1995):

- Acceptance of one's own sex and one's own body;
- Acceptance of a healthy model for one's sex role and learning a healthy relationship to the opposite sex;
- Directing one's own sexuality.

Sexualization slows and disrupts development at all three levels. The narrow criteria for beauty stimulated by the promotion of anorexic models make it difficult for girls to accept their own body. Objectification, which is part of sexualization, disturbs the formation of a model of relations with the opposite sex based on equality and respect. Bombarding children and youth with sexual stimuli makes it difficult to learn how to direct their own sexuality – a necessary skill for building long-term relationships based on faithfulness in the future.

In Poland, news of the APA report appeared very quickly (Grzelak, 2007; 2009a; 2009b) but did not arouse broader interest. The situation changed fundamentally in 2013 due to the initiative of Your Cause Association (Stowarzyszenie Twoja Sprawa STS) undertaken by the Social Policy and Family Commission of the Polish Parliament, which introduced the problem of sexualization to Polish public discourse. A conference devoted to the subject was held in the Polish Parliament⁶⁰. A paper containing the translation of the APA report as well as a separate British report were published (STS, 2013). The materials included 'Recommendations of the Institute for Integrated Prevention (IPZIN) for Polish education and children and youth problem

⁶⁰ The conference 'Innocence robbed: The sexualization of girls and women in media and advertising', Column Room of the Polish Parliament, March 19, 2013. A full TV transmission of the conference may be found on www.sejm.gov.pl, and materials on www.twojasprawa.org.pl.

prevention regarding counteracting the effects of sexualization'. The editors of the Polish journal *Remedium*, which specializes in prevention, found the subject to be so important that they published IPZIN's recommendations on the prevention of sexualization as their cover story (Grzelak, 2014a; 2014b).

The problem of sexualization was also noted by the Educational Research Institute. As part of a conference cycle on 'Research and Education Policy' organized in April 2015, a separate conference entitled *Youth problems, sexuality and the phenomenon of sexualization in scientific research and clinical experience* took place.

A growing group of professionals has noted the importance and complexity of the problem.

The research results regarding sexualization described in the Polish edition of the *Guidebook* were officially presented to the Minister of Health in April 2016. This was one of the decisive factors which convinced the Polish Government to include the problems of sexualization and pornography in the National Health Programme for 2016–2020, signed into law by the Prime Minister.

The original authors' 'Scale of attitudes towards sexuality'⁶¹ has been a part of the *Pro-inte questionnaire* since 1996. It is referred to as the 'sexualization scale' here, because when reversed it measures the degree of sexualization, understood as inhibition of healthy psychosexual development according to E. Erikson (1995). Results of the IPZIN study confirm the damaging consequences of sexualization for girls as for boys. **For both sexes, an objectifying attitude towards sexuality (the essence of the concept of sexualization) is connected with engaging in early sexual contacts, increased appearance of suicidal thoughts, getting drunk, drug use and committing violence and verbal abuse.** What is more, the relationship of sexualization to a range of risk behaviours and problems is independent of the influence of other factors. **A greater**

⁶¹ One of the elements of the IPZIN questionnaire used for research among youth is 'The scale of attitudes towards sexuality' developed in 1996 and regularly used in cross-section and evaluation studies. The scale is characterized by a high reliability (Cronbach's $\alpha = 0.81$) and consistency (0.90) (Grzelak, 2009). Attitudes characterized by focus on physicality and seeking of sexual arousal without setting boundaries are on one extreme of the scale. The other extreme is characterized by the emphasis on the psycho-emotional aspects of relationships and learning how to manage the sexual sphere in the perspective of a deeper relationship. This second aspect means a more mature and more integrated view of the individual and relations where sexuality is seen in a broader and deeper context, including all other spheres of the human person. The reversed average for the scale is treated in our studies as an indicator of sexualization (which is why for simplicity we will use the shortened form 'sexualization scale'). This is supported by the fact that sexualization blocks and slows the development processes that cause a deeper and more context-related view of sexuality and its place in human relationships.

Of the six questions included in the scale (responses from 1 to 5), two relate to the beliefs of youth regarding sexual intercourse, two relate to sexual issues while dating, and two relate to sexual content in films and television. Depending on the results on the scale, the survey participants were divided into quintiles – 20% of youth with the lowest sexualization indication belong to the first quintile, and 20% of youth with the highest sexualization indication belong to the fifth quintile.

level of sexualization of a young person means a higher level of involvement in many problems, independent of their relationships in family, religious faith and practice, class climate and an entire range of other factors. It is an equally strong and broad influence just as the influence of being in the company of alcohol drinkers or drug users, although it is much less obvious and until recently has been unnoticed or underappreciated in the literature on prevention of youth problems, education and health promotion.

Tables 1.12, 1.13, 1.14 and 1.15⁶² illustrate the strong connection of sexualization with four selected problems – suicidal thoughts, getting drunk, drug use and early sexual initiation.

Table 1.12 *The relationship between sexualization and having suicidal thoughts (IPZIN study)*

Suicidal thoughts in the last 12 months (%)	Sexualization scale quintiles					All quintiles
	1	2	3	4	5	
Boys	14.0%	10.8%	14.8%	16.7%	25.9%	18.6%
Girls	26.4%	31.1%	39.1%	46.4%	58.4%	34.8%
Boys and Girls	24.0%	24.9%	27.7%	26.2%	30.1%	26.6%
Boys	515	805	1288	1868	2346	6822
Girls	2144	1836	1454	878	346	6658
Boys and Girls	2659	2641	2742	2746	2692	13,480

As seen in the table above, youth with the highest levels on the sexualization scale (fifth quintile) have suicidal thoughts at over twice the rate of youth with low results on this scale.

Table 1.13 *The relationship between sexualization and getting drunk (IPZIN study)*

Getting drunk in the last 30 days (%)	Sexualization scale quintiles					All quintiles
	1	2	3	4	5	
Not once	89.0%	83.5%	77.6%	73.0%	57.7%	76.1%
Once	6.1%	8.4%	11.6%	11.4%	14.4%	10.4%
Two times	2.2%	4.4%	5.2%	7.0%	9.2%	5.6%
Three times	1.1%	2.0%	2.3%	3.4%	5.6%	2.9%
Four times or more	1.6%	1.7%	3.5%	5.3%	13.1%	5.0%
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Total	2670	2664	2753	2735	2674	13,496

⁶² The total number of respondents in the tables is less than N = 13,960 as individuals who did not respond to at least one question related to the given table were not included in the given analysis.

The share of youth in the first quintile (the lowest sexualization scale level) getting drunk more than four times in the last 30 days is just 1.6%, while in the group with the highest level of sexualization (fifth quintile) it is as much as 13.1%.

Similar results relate to the relationship between sexualization and drug use, and sexualization and early sexual initiation, which is most understandable.

Table 1.14 *The relationship between sexualization and drug use (IPZIN study)*

Drug use in the last 30 days (%)	Sexualization scale quintiles					All quintiles
	1	2	3	4	5	
Not once	97.7%	96.2%	93.8%	90.3%	79.1%	91.5%
Once	1.5%	2.3%	3.3%	4.9%	8.0%	4.0%
Two times	0.3%	0.9%	1.5%	2.0%	4.1%	1.7%
Three times	0.1%	0.2%	0.6%	1.0%	2.3%	0.8%
Four times or more	0.4%	0.3%	0.8%	1.8%	6.5%	1.9%
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Total	2617	2582	2665	2609	2511	12,984

Table 1.15 *The relationship between sexualization and early sexual initiation (IPZIN study)*

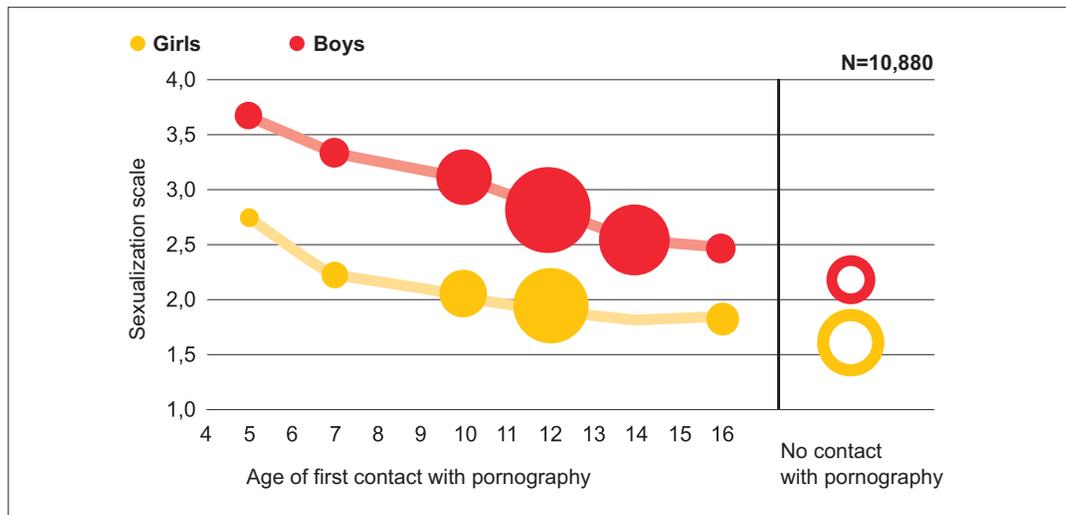
Sexual initiation	Sexualization scale quintiles					All quintiles
	1	2	3	4	5	
Boys	3.0%	3.3%	5.3%	10.7%	28.2%	14.1%
Girls	1.2%	3.0%	5.5%	13.6%	33.9%	5.8%
Boys and girls	1.6%	3.1%	5.4%	11.6%	28.9%	9.9%
Boys	500	766	1240	1735	2170	6411
Girls	2145	1819	1427	831	322	6544
Boys and girls	2645	2585	2667	2566	2492	12,955

The relationship between sexualization and committing violence and verbal abuse in class is also very evident, although we don't present it in a separate table. This is also very logical; an objectifying view of sexuality stripped of the context of other dimensions of the human person and the context of a permanent, deep relationship supports violence.

In light of the above study results, the subject of sexualization should not be treated largely as a separate problem for which a separate prevention field should be created, but as one of the central issues of prevention of psychoactive substances abuse, depression prevention, sexual risk behaviours and violence prevention. This approach is an adequate response to the challenges of modern society.

If sexualization is a risk factor for many serious problems, the question arises as to what is the risk factor for sexualization itself. An important input discovered in the study is the relationship between the age of first contact with pornography⁶³ and the level of sexualization (Figure 1.11). The size of the yellow and red circles in the figure mirror the number of boys or girls who had their first contact with pornography at a defined age.

Figure 1.11 *Sexualization scale results and the age of first contact with pornography (IPZIN)*



The relationship is unambiguous: the earlier a child had their first contact with pornography, the higher their results on the sexualization scale were as a teenager. This is confirmation of the common-sense observation of today's reality – the sexualizing content of mass culture and ease of accessibility of pornography are not insignificant for children's development. They influence the higher level of sexualization of teenagers, which in turn is related to an entire range of other problems and risk behaviours.

These results are a strong argument for the need for an integrated perspective on prevention. A scientific approach which consequently divides prevention into narrowly-conceived fields seems to be out-of-date and restrictive. As Table 1.11 demonstrates, when considering early sexual initiation or suicidal tendencies of youth we cannot avoid considering such risk factors as being in the company of alcohol drinkers or drug users. Similarly, while considering effective prevention of drug use or alcohol drinking, we cannot avoid the risk factor of sexualization. If risk factors for individual problems are interrelated, this should also be the case for prevention measures – the more they are created based on integrated thinking that reaches beyond one narrow area of prevention, the greater the chance there is for generalizing effects and pro-health changes in various areas of young peoples' lives.

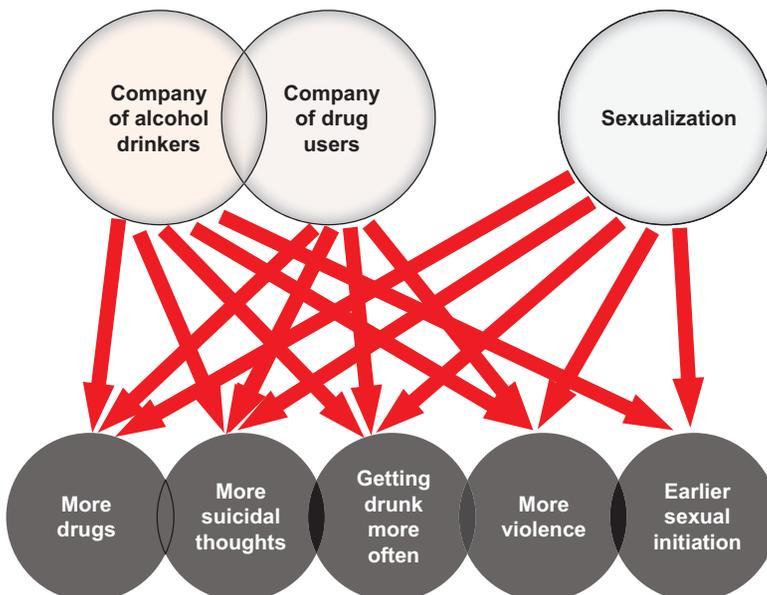
⁶³ The question regarding the age of first contact with pornography was added to the questionnaire in 2012; analysis was conducted on the sample $N_4 = 10,880$ including respondents from 2012–2014.

The table also indicates which risk behaviours and problems are a particularly strong risk factor for other behaviours and problems. At the top of the list is getting drunk, which is related to committing violence and sexual initiation. What is interesting is that sexual initiation is a risk factor for suicidal thoughts. This result confirms earlier IPZIN study observations (Grzelak, 2013b), which describe the relationship between sexualization and suicidal thoughts. **It turns out that an objectifying approach to sexuality and early sexual contacts is strongly related to depressive moods.** This topic requires further research, but there is no doubt that rational prevention of sexualization and well-thought-out efforts to delay sexual initiation can indirectly help young people to avoid some mental health problems.

From the perspective of practice, it is important to notice that youth's fear of violence in school is a risk factor for both committing verbal abuse and having suicidal thoughts. It turns out that fear of violence is particularly strong in violent offenders and is linked to depressive moods. This is in keeping with theoretical concepts that portray fear as a cause of violence. **Improving class and school relations is an important dimension of youth development support and problem preventive efforts.** Due to the fact that higher indicators of violence appear in younger classes it seems that preventive efforts of this type should be taken largely in primary school and the earlier years of intermediate school (age 12–14).

Figure 1B demonstrates the impact of three risk factors that are connected with the greatest number of problems in the life of the young person. Each of the arrows reflects a real relationship.

Figure 1B Common risk factors for various youth risk behaviours and problems



It is clear that a comprehensive integrated approach is very much needed for viewing problems and related factors. This approach to prevention allows for both maximizing results as well as controlling the appearance of side-effects. Taking a narrow perspective that divides up problem areas and leads to many separate domains of prevention makes it very easy to overlook a situation where a particular prevention programme limits one problem, but increases several others.

A broad perspective is needed in scientific research, in the approach of experts, in the way of thinking of national and local government authorities as well as in the practice of schools, where a comprehensive approach to students and their problems is intuitively understandable and most natural.

It is evident that a comprehensive integrated perspective is very much needed.

1.3.9.2. Common protective factors for many youth risk behaviours and problems

The most important conclusions drawn from the results presented in Table 1.11 relate to three categories of protective factors: those related to parents, to religious faith and practice and to school. All three groups of variables are consistently related to the non-occurrence of many youth risk behaviours and problems.

The key conclusions from the analysis are the following:

1. Mothers and fathers are the most important life guides for young people. Their influence is connected with the limitation of almost all kinds of risk behaviours and problems of youth.

The survey response indicating both mother and father as life guides for youth is linked to protection of youth from suicidal thoughts and using drugs. Apart from this, the indication of mother as life guide is related to not committing violence and having greater desire to have children in the future. Indication of father as life guide is related to not getting drunk and not engaging in early sexual contacts. These results demonstrate the complementarity of the mother and father's influence in the prevention of youth risk behaviours in an interesting way.

In research on youth the quality and closeness of relationships with parents is a protective factor that is often indicated. IPZIN surveys also include questions about the quality of 'relationship with mother' and 'relationship with father'. The analyses demonstrated, however, that indicating parents as life guides who are 'an example of a good way of life, conduct, character, knowledge and skills' has a stronger protective influence. Still, as the analyses show, a good relationship with their mother or father increases the likelihood that they will be indicated as life guides.

When it comes to parental divorce, we see a reverse relationship here. Divorced parents are less often indicated as life guides by youth. In particular, fathers lose

authority in their children's eyes. This is most drastically seen in girls (in non-divorce families, 64% of girls indicate their fathers as life guides, while in divorce families, just 27% of girls do).

As seen in Table 1.11, **an important protective factor are conversations with parents about matters that are important to children**, during which teenagers felt heard and understood. Analysis revealed the protective influence of this factor on whether youth have suicidal thoughts or commit violence and verbal abuse. Results of analysis show that the **protective role is only fulfilled by conversations in which the child feels heard and understood**. Results show that it is better for a teenager when no conversations with parents take place about matters important to them, than when these conversations take place but they do not feel heard or understood. Discovering this relationship is an argument for the psychoeducation of parents; it is proof of the importance of teaching parents communication skills, including active listening connected with accepting the emotions that the teenager experiences.

2. In light of the IZPIN study, religious faith and practice are the second most important protective factor after contacts with parents. Increased importance of faith/religion in the life of the teenager and more frequent participation in religious practices protect youth from engaging in most risk behaviours and problems.

In the case of suicidal thoughts, both religion-related variables protect independently – both ‘taking part in religious practices’ as well as the subjective assessment of ‘importance of faith/religion in my life’. Apart from this, greater participation in religious practices is linked to not getting drunk, not using drugs and not engaging in early sexual contacts, and increased importance of faith is connected with the desire to have children in the future. The results obtained show the unusually important positive impact of faith and religion on the life and development of young people.

We may presume that this factor has a protective nature independent of the religion involved on the basis of studies from other countries.⁶⁴ A detailed question regarding the specific religion was added to the survey in 2014. The IPIZN study sample collected since was too small ($N_5 = 1934$) to allow for comparison of the protective strength of religious practice by religion. In the 2014 sample, over 90% of youth respondents were Catholic which is quite typical for Poland. Based on the empirical data gathered so far, we have been able to confirm that the importance of the Catholic faith in life and Catholic religious practices are a strong protective factor for young people. The Institute for Integrated Prevention plans to verify the protective role of other Christian denominations and other religions in future international research.

Before undertaking this study, we were convinced that in adolescence, a time when a number of young people question religious practices and church or other religious

⁶⁴ This topic will be developed in Chapter 2 of the *Guidebook*.

authority⁶⁵, a greater protective impact would lie in the individual, subjective recognition of faith as something important in life. Analysis showed the opposite, however. Taking part in church-based religious practices protects more strongly from most problems than subjective recognition of faith. This indicates the important protective role of institutional churches, religious organizations and communities (the question as to which religious institutions protect most effectively demands further research). This study result indicates that religious organizations and their local communities should be treated as important partners for local governments and schools in the implementation of problem prevention, health promotion and youth development support measures.

3. School-related protective factors connected with relationships in school, school climate and Family Life Education classes are an important complement to the set of factors protecting teenagers from problems.

In the IPZIN study, the class climate scale consists of questions regarding the sense of safety, kindness and readiness to offer mutual help. As seen in Table 1.11, a **'good class climate'** is a **protective factor in relation to suicidal thoughts, sexual initiation, committing violence and verbal abuse**. This result confirms the reports of other researchers⁶⁶ about the relationship of a good climate in class and school with lower levels of problem behaviours. In the case of violence and verbal abuse, there may be doubt as to how much a good class climate limits violence and to what degree the reverse relationship exists – where there is no violence, there is a better class climate. Most probably both directions of the relationship coexist to a certain extent. In any case, the practical significance of these results points to the large role of class climate. This indicates that creating a safe, kindly and helpful class and school climate is an important goal in the work of teachers and school administrators.

A second school-related protective factor turned out to be participation in Family Life Education classes.⁶⁷ **Youth who took part in Family Life Education classes tended to delay the age of sexual initiation and had greater desire to have children in the future when they become adults**. More detailed analyses show that the first of the effects is observed particularly among youth for whom faith/religion is not important in life. This is relevant because among youth for whom faith is important, the percentage with early

⁶⁵ The term 'church' indicates any Christian church as an institution or religious organization (Catholic, Orthodox, Protestant). Nevertheless, the term 'church' is imperfect and seems too narrow in some places of the text as it denotes only Christian religious institutions and does not refer to Jewish, Mormon, and many other.

⁶⁶ The conclusions from studies of school-related protective factors conducted by other researchers will be discussed in Chapter 2.

⁶⁷ Family Life Education has been a part of the school curriculum in Polish education system since 1999. It starts at the age of 11 and continues up to age of 19 with 14 hours per year for each student. Participation of a student does not demand active parental consent but parents have an unlimited right to withdraw their child from the FLE. In practice, however, a majority of 14 to 16-year-old youth participates in the FLE. The survey question related to participation in these classes was only included in the 2014 questionnaire, which means that analysis could not be conducted for the entire sample from the IPZIN study from 2010–2014. A separate analysis was conducted for the sample (N = 1934).

sexual initiation is markedly lower. FLE classes thus fulfil a complementary function as a protective factor for youth who are indifferent to issues of faith and religion. Analysis shows that youth taking part in FLE get drunk more rarely and use drugs less often. FLE classes address the topics of love and sexuality, which are in the centre of interest for maturing youth. It is not clear, however, to what degree the obtained effect expresses the prevention function of FLE classes, because it is possible that from the beginning the youth who attend these classes have a more pro-development approach and engage in fewer risk behaviours than those who don't. We will return to the topic of FLE classes again in Chapter 2. This is an important issue, because these classes form a quite large and well-anchored element of the school curriculum from a legal and organizational perspective. FLE classes are designed to support the development of youth and are supposed to help in prevention of youth risk behaviours and youth problems. To fulfil these goals it is important for the classes to be led with the greatest degree of care.

The sense of being accepted by classmates is a factor that protects from suicidal thoughts and unwillingness to have children in the future. The first of these correlations is more understandable. Such an important value for teenagers as acceptance in class can reduce the risk of suicidal thoughts. The relationship between acceptance in class and greater desire to have children is not obvious and is difficult to interpret unequivocally on the basis of the information obtained.

Statistical analyses also revealed that a greater sense of acceptance in class increases the protective influence of both dimensions of protective impact of religion (religious practices and the importance of faith/religion in life) on problem behaviours and attitudes. The results of analysis show that feeling more accepted in class reinforces the preventive effect of religious faith and practice on drug use and getting drunk. It seems that being accepted in class somehow helps religious youth to take on pro-health attitudes. From the point of view of the effectiveness of youth prevention, it is important that young people whose religious faith is a part of their identity feel accepted in class and be not laughed at. If this takes place, these young people in turn have more healthy attitudes, which go on to influence the positive and pro-health climate in the whole class. This offers an important practical tip for form teachers, who have a significant influence on the class and school climate. When building a climate of acceptance and combatting the taunting of youth who are handicapped, have a different ethnicity or are poor, it is also worth remembering the youth for whom faith and religious practices are particularly important.

4. Positive role models and beliefs related to love are an important factor preventing suicidal thoughts and motivating youth to have children in the future.

These important results are very inspiring and form a logical whole. 'Close contact with a married couple whose love can be a model' and the optimistic belief that 'true and lasting love can happen these days' are strong factors that protect youth from suicidal thoughts. They are also predictors for the demographic problems indicator, which is 'unwillingness to have children in the future'. Research results indicate the connection

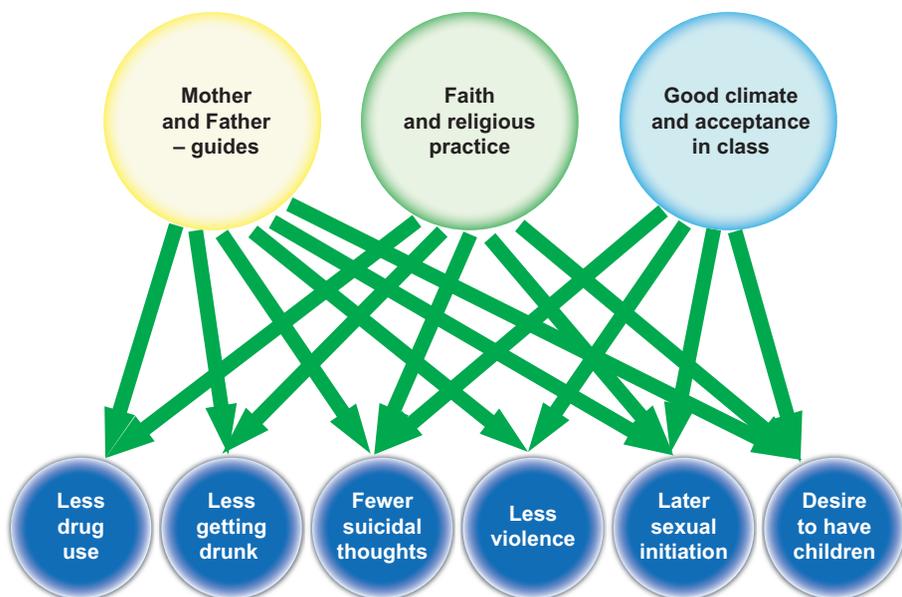
between four variables: the lack of good role models for love, pessimistic beliefs about love, depressive tendencies and unwillingness to have children.

We know that love is one of the most important areas of young peoples' dreams. Having models of beautiful and permanent love somewhere close by undoubtedly may strengthen the belief that true love exists. Both factors prevent depressive moods and ultimately affect life plans, creating space for beautiful visions connected with starting a family and raising children.

We need to use this broadened knowledge about protective factors to create prevention strategies and plan prevention activities. The door is opened to cooperation of many different adults who care for youth. This cooperation should be treated as one of the most important foundations for national and local strategies for prevention of youth risk behaviours and problems. The topic will be comprehensively developed in Chapter 2.

Figure 1C shows the network of interconnected key factors protecting the young person. Each arrow represents a truly existing correlation. The sum of all indicated factors not only reduces the probability of the appearance of an entire range of risks and problems, but also motivates youth to think optimistically about their future families and to have children in their adult lives.

Figure 1C *Common protective factors for various youth risk behaviours and problems*



A rational approach to prevention treats preventive factors seriously. This is an approach that is both scientifically well-grounded and very up-to-date. The latest book by Dr. Krzysztof Ostaszewski, a distinguished prevention specialist, is entitled *Youth*

Risk Behaviours from the Perspective of Resilience Mechanisms (Ostaszewski, 2014a). The author presents scientific proof for the value of positive prevention based on strengthening protective factors. He also refers to the *resilience* effect, which describes and explains the surprising resistance of some young people who are subjects to many risk factors at the same time. Despite this, they do not get involved in problems thanks to the prevailing influence of strong protective factors.

The significance of sex and age

Sex and age are variables that cannot be avoided in any social research. Among boys, violence is more common, and the percentage of boys with sexual initiation is higher than in girls. Girls, on the other hand, experience suicidal thoughts more often. The results in the Table 1.11 regarding getting drunk require explanation, as at first glance they may be misunderstood. Getting drunk is more common among boys, but despite this, the table presents being a girl as a risk factor, not being a boy. This is because the table shows the influence of a given variable in context of the remaining variables. This type of paradox sometimes occurs in regression analyses. Not wanting to delve deeper into a complex statistical explanation here, we will simply state that independently of what appears in the table (where sex is seen in the context of all other factors present in the column), boys do get drunk more often than girls.

The age variable refers to the difference of one year, which is the difference between a 14–15-year-old and a 15–16-year-old. This is due to the fact that the IPZIN study sample contains only youth aged 14 to 16 from the second and third years of intermediate school. Being older is a risk factor for getting drunk and sexual initiation, while being younger is a risk factor for suicidal thoughts and physical violence. The higher level of peer violence in younger youth and its gradual decrease in older youth has been confirmed by a range of other studies (Woynarowska and Mazur, 2012). Results related to suicidal thoughts seem to be of interest. This issue requires further research, but when it comes to youth problem prevention practice, it is important to pay particular attention to youth aged 14–15 in the second year of intermediate school, and probably also to younger youth. Depressive moods and suicidal thoughts can be more difficult to notice in comparison to problem behaviours like violence, smoking cigarettes or drinking alcohol. These last often affect a group of young people; they are more visible and related incidents focus attention of adults. Depressive moods are personal, often hidden, and so require particular sensitivity of parents, educators and prevention experts.

As can be seen in Table 1.11, the variables of age and sex do not play such an evident role when it comes to drug use or unwillingness to have children.

Chapter 2.

Positive potential of a local community: a basis for effective prevention

Numerous definitions of a local community may be found in the literature. According to the definition found in the internet encyclopaedia of the Polish Scientific Publishers, PWN, which we will adopt here, 'a local community is a community related to a certain territory which has developed a network of separate institutions and social interactions as well as a sense of belonging to it.'

Three dimensions are of importance, then, when defining a local community: territorial, social and psychological.

For the functioning of a local community it is not only interpersonal bonds that matter, but also the relationships and bonds between members of a given community and institutions functioning in it. **The quality of relationships in a local community and the degree of its integration are of great significance for the development of this community, and also for solving problems existing in it, including support for youth development and the prevention of youth risk behaviour and problems.**

In this chapter, we will not analyse all the elements of a local community. We will concentrate only on those which studies show to have the greatest importance for youth development and prevention.

The results of IPZIN studies on factors protecting youth from problems and risk behaviours, as well as the results of many other studies, consistently indicate the strong protective dimension of three factor groups: those combined with family, with school, and with religious faith or religious practices. Each of these groups of factors may be attributed to three specific elements of a local community.

Family, school and religious organizations are three institutions which form a long-lasting and natural part of the network of social relationships in every local government unit and in every local community⁶⁸. The influence of these resources is of key importance for the effectiveness of youth development and prevention.

The aim of this chapter is to help those responsible for youth development and prevention at the local authority, school and national level to understand the importance of these resources for rational and effective problem and risk behaviour prevention. This results in numerous social and economic benefits.

⁶⁸ This is what research results tell us about the Polish social reality. The condition and the meaning of the family, school and religious organizations may differ in different cultures, countries and localities. Still, these three factors should be the focus of attention of researchers, youth prevention professionals, local administration officers and politicians as important potential protective factors that should not be overlooked.

The protective role of factors related to family, school, and religious faith and practice is very frequently described in Polish and world scientific literature. The classic study by J. David Hawkins (Hawkins, Catalano and Miller, 1992) on protective factors in prevention, one referred to for years by many researchers and experts, has determined factors concerning the same resources of local communities as more recent IPZIN studies. J.D. Hawkins points to the particular significance of:

- Strong bond with parents;
- Positive attitude towards school and development;
- Regular religious practices;
- Tendency to respect norms and social values.

In this chapter, we will have a closer look at the results of different studies concerning the role of family, religious organizations and schools in supporting youth development and preventing risk behaviours. Specific knowledge will be presented to show which parental attitudes and aspects of the functioning of schools foster effective youth development and prevention. We will also see the actual meaning of commitment to religion and religious practices as protective factors. Later in this chapter, conclusions from studies will be compared with nationwide strategies connected with Poland's membership in the EU (mainly with the *Social Capital Development Strategy 2020*), and also with economic premises and provisions of Polish law.⁶⁹

Great weight has been attached to presenting the voice of youth themselves, who reveal in anonymous surveys who their authority figures are: their particular guides through life whom they trust. Information gained from 14 to 16-year-old students in the surveys fully coincides with the results of research on factors preventing young people from risk behaviour and problems.

Detailed understanding of the nature and significance of resources present in local communities can help decision-makers responsible for youth education and health to devise effective strategies in the fields of prevention and youth development support.

2.1. Youth authority figures in local communities and their importance as seen in studies

2.1.1. The role of parents and family

Many parents and teachers are convinced (see Section 1.1) that they are not perceived by 13 to 16-year-old youth as authority figures who are important in the lives of young people. This conviction has an impact on adults' attitudes. The more an

⁶⁹ The authors encourage the international reader to treat the content referring to the Polish context just as an example. The main theses of the *Guidebook* and the key steps of the analysis are of international value. A reader from a given country needs to replace the Polish cultural and legislative context with the context of his/her country.

adult thinks he or she has no influence on youth, the more apt he or she is to lose faith in their own efforts at upbringing. Doubt and discouragement lead some adults to withdraw from actively guiding the lives of young people – and this happens in the period of life when the young people most need models, authority figures and guides.

Adolescence is the time when young people can test boundaries set up by adults, and question the values and lifestyles passed down by them. The young, especially when in a group, often try to show adults that they are no longer children, and so they should not be steered anymore; rather they should be given complete freedom to explore the allure and mysteries of adult life. An experienced adult knows, however, that teenagers need clear boundaries; they need clear guidance as to values. And they need support when their first attempts at adult challenges end in failure, suffering and shame.

A young person who is given clear and wise boundaries may rebel against them but he or she will respect the adult who has established them. However, those parents or teachers who withdraw from setting up boundaries and defending values under pressure from a teenager quickly lose authority over those they are in charge of, and the teenagers themselves lose direction in life. A young person may even treat the lack of boundaries from adults as a proof that his or her parents or teachers do not care about them. Years later the young person may blame his or her parents for having failed to assume their responsibility and to take on the role of a guide whose advice, wise bans and support they needed so badly.

This is an apparent contradiction typical for adolescence. Teenagers often demonstrate to adults around them that they do not need their wisdom or their principles, but at the same time they have a great need for an authority figure, or a guide in life, who is able to be close and understanding but also firm.

Positive bonds with adults in the young person's immediate environment are then at the centre of their development and the prevention of problems. To a great extent, youth development support and prevention imply passing down values. Adults teach values to young people through their own example, through the boundaries they set up, and through talking to them. Whether a young person assumes these values as his own, however, depends largely on the strength and type of bond they have with the adult.

Personal bonds are thus the condition for and the means for passing down values.

The previous chapter discussed factors protecting youth from problems and risk behaviours. A key factor has proved to be the indication of the mother or the father as the most important guides through life.⁷⁰ Those young people who indicate both parents as their guides show the fewest risk and problem behaviours. Those who indicate only

⁷⁰ The instruction to the question in the questionnaire is as follows: *Some adults are an example of a good way of life, conduct, character, knowledge and skills. Who of the adults around you are presently the most important guides in your life? Mark no more than 3 most important persons.*

one of the parents show considerably more of such behaviours, and those who indicate neither of the parents as their guide through life definitely show the most problems.

The statistical analyses discussed in the previous chapter demonstrate that it is the **indication of parents as one's guides that is most strongly correlated with a healthy youth lifestyle**. This correlation is stronger than that of other variables concerning parents and included in the survey, such as relationship with mother or father or talking with your parents about things that are important to you. It appears from the analyses that **worse relationships with mother or father lower the chance that they will be indicated as a guide – they lower it but do not reduce it to zero**. This means that even those parents with whom a child has a difficult relationship may to some extent perform well as guides with a real influence on lowering the intensity of risk and problem behaviours of their adolescent children.

Children of **divorced parents less frequently indicate their mothers as guides, and even less their fathers**. Due to divorce, the proportion of children indicating their mum as a guide drops fairly slightly – by 6% in daughters and 10% in sons, while the proportion of children indicating their dad as a guide plummets by as many as 37% in daughters and 33% in sons.

Results of many other studies indicate marital problems as an important risk factor for a number of youth problems. In studies from the USA, divorce is the most frequently indicated risk factor for early sexual initiation (Kirby, 2001). Marital discord is a risk factor for using drugs and behavioural problems (Durlak, 1998). Norwegian studies show school problems and a higher level of violence, aggression, depression and fear in children who have experienced the divorce of their parents or have witnessed severe conflict in their parents' marriage relationship (Nilsen, Skipstein and Gustavson, 2012).

In IPZIN studies, divorce correlates with the occurrence of almost all youth problems and risk behaviours (Table 1.10), but these are low correlations. In Table 1.11, which shows the influence as controlled by other factors, divorce is an important risk factor only for early sexual initiation. It appears that serious conflicts and parents' split-up should be considered as a weakening of an important protective factor, namely accepting one's parents as guides through life.

The strong effect of the decrease in fathers' authority in families with the experience of divorce, as described above, has no simple or explicit explanation. On the one hand, it is more frequently the father that leaves and, consequently, drifts apart from the child, and the mother is granted custody of the child. On the other hand, a proportion of the couples that get divorced are those in which the father failed even earlier to be a good example or a life guide for his daughter or son. The results obtained from studies may also imply that children have higher and more conditional expectations of their father's authority as compared to their mother's. Mothers' authority may result to a greater extent from their maternal unconditional love, and may be less prone to fluctuations in changing life circumstances. This important and interesting subject certainly requires

further study, especially as a vast amount of the worldwide literature proves unique and diverse roles of the father and the mother in bringing up their children.⁷¹

Let us now look at the roles of the father and the mother based on the results of the IPZIN study, as well as other studies which have analysed the protective influence of parents vs. teenage risk behaviours and problems.

Figure 2.1 *The most important adult life guides of students aged 14–16 (IPZIN study)*

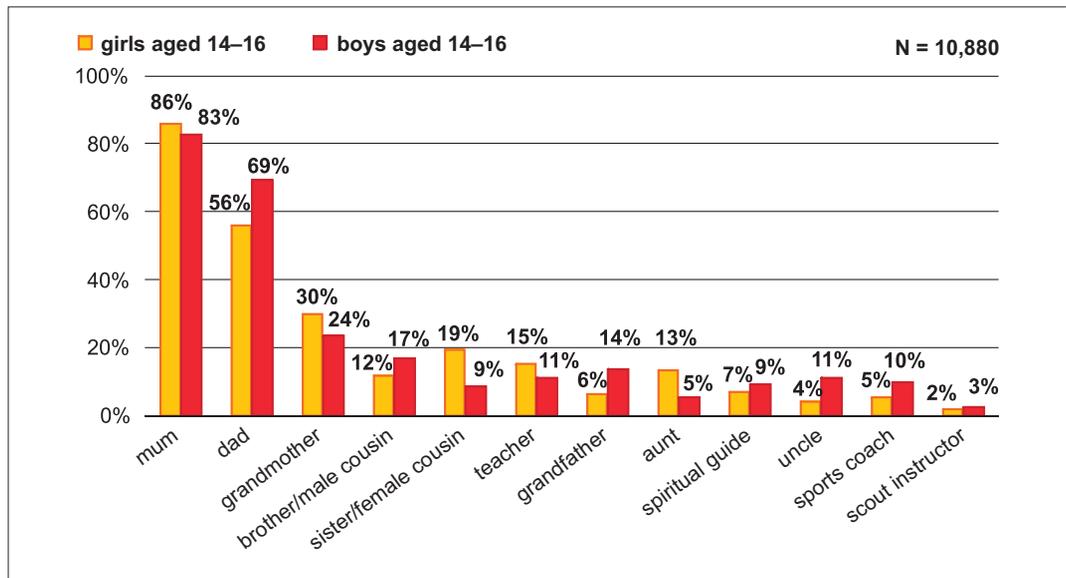


Figure 2.1 illustrates intermediate school student's answers to a question about the most important guides in their lives. The results shown involve a sample from two academic years: 2012/2013 and 2013/2014, including students aged 14–16 ($N_4 = 10,880$).

As we can see, the mother and the father are the most important guides in life for the vast majority of boys and girls. This result seems obvious. Yet, when it is presented as such to parents, teachers and local government staff, they are always positively surprised. Such is the experience from hundreds of conferences, workshops and meetings run under the auspices of IPZIN over years, for over thirty thousand participants. Adults do not expect such a high proportion of youth to indicate parents as 'an example of a good way of life, conduct, character, knowledge and skills'! Especially to parents of students aged 13–16, this result comes as a surprise and increases their faith in the importance of their role. It builds up their conviction that they are needed and have a real impact on their children's upbringing, even if the children outwardly manifest the opposite.

⁷¹ This issue is of great importance in the context of the ongoing academic and public discussion on the meaning of biological and cultural dimensions of sex and gender. The Institute for Integrated Prevention has joined this debate by preparing an expert opinion on fatherhood at the request of the Social Policy and Family Commission of the Polish Senate (Grzelak, 2013).

Around 60% of the students indicate both parents, mum and dad, as their guides in life. 30% of students aged 14–16 indicate one of the parents. As can be seen from Figure 2.1, the mother is more often indicated as a guide than the father. Similar results have been obtained from studies by the Institute of Psychiatry and Neurology, which confirm the fundamental significance of parents in a teenager's life, as persons who are helpful in solving his or her life problems. About 10% more intermediate school students have indicated the mother rather than the father (Ostaszewski, Rustecka-Krawczyk and Wójcik, 2011).

The unique role of the mother is also evident from the Public Opinion Research Center (CBOS) study of students aged 18–19 (CBOS/ KBPN, 2014). It is the mother that is most frequently indicated as the most important person in the family; it is her support at tough moments that may be counted on by the largest proportion of young people (60%); and it is she who is an authority figure from whom recognition is desired by the greatest proportion of youth (47%). Interestingly, the mother is a more frequent conversation partner than one's boyfriend or girlfriend, or friends. As found by the authors of the report, the role of the mother may be determined as a combination of 'an authority figure, a comforter, a friend and an adviser,' all in one person. The role of the father is also rated highly by a good number of these students, but the proportion is lower than for the mother.

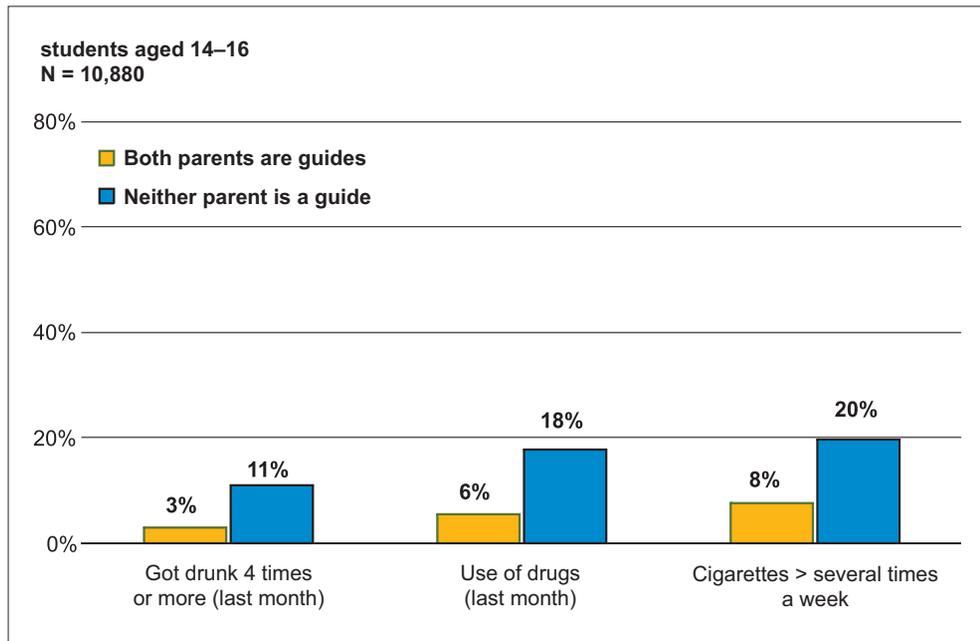
The CBOS study has also shown that for boys, 'the father is important more frequently than for girls' (CBOS/ KBPN, 2014). A similar tendency can be seen in Figure 2.1. The dad is more often marked as a guide by boys than by girls. This is a more general rule: male guides are important to a higher number of boys, while female guides are more important to a higher number of girls. Young people need authority figures they can identify with as specifically male or female. This can be seen from the examples of mum and dad, grandmother and grandfather, female and male cousin, aunt and uncle. In the case of aunt and uncle, the difference by sex is multiplied. Bringing this simple fact to the attention of single parents at psychoeducational meetings for parents is a valuable practical hint for them, showing them that it is worthwhile providing opportunities for the children to meet positive adults of a given sex; this offers a good model the child cannot otherwise observe in daily life at home.

In the IPZIN study, 10% of young people indicate neither of the parents as their authority figures. This group is most exposed to engaging in risk or problem behaviour.

Figures 2.2 and 2.3 illustrate the intensity of risk behaviours in those young people who consider both parents as their authority figures (60% of respondents), as compared with teenagers for whom neither mum nor dad is an authority figure (10%).⁷²

⁷² 30% of youth mention one of the parents among the three most important guides. Results for this group have not been provided in the chart. For each of the problems and risk behaviours mentioned, the indication of one of the parents as a guide protects more strongly than the indication of neither of them, and less strongly than the indication of both parents.

Figure 2.2 Use of psychoactive substances by youth vs. the indication of the father and mother as life guides (IPZIN study)

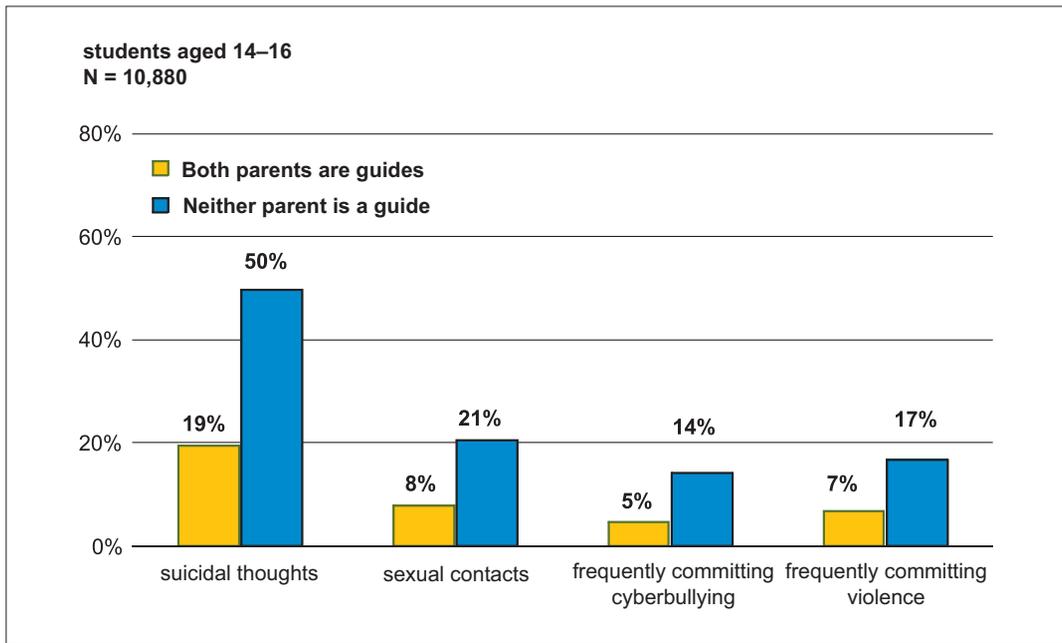


As we can see from Figure 2.2, several-fold differences in the use of psychoactive substances have been identified.

A similar pattern can be observed (Figure 2.3) with regard to other risk behaviours: young people who have indicated both parents as their guides display twice or three times fewer problems.

It is very probable that most young people who reject their parents as their authority figures come from dysfunctional families, in which the parents cannot be or do not know how to be models for their children. From the point of view of preventing youth problems the following question is important: **Is it possible for other positive adults around a teenager to compensate for the role of parents?** This issue will be returned to in Section 2.2.3.

Figure 2.3 Youth problems and risk behaviours vs. the choice of the father and mother as life guides (IPZIN study)



2.1.2. Parental attitudes and actions that protect youth

The strength of parental influence as a factor protecting youth depends on particular aspects of the parent–child relationship. Familiarity with these aspects is important for psychologists and counsellors who conduct workshops and meetings for parents. It is also important for school administrators and local government staff who organize such events in their area.

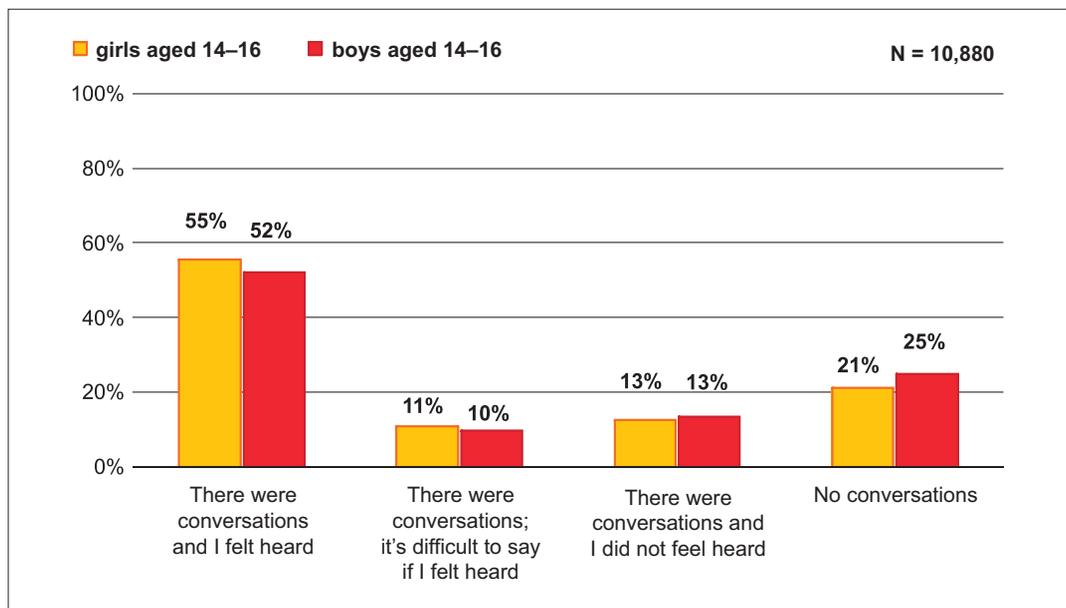
2.1.2.1. Conversation, listening, understanding

Conversations between parents and children are needed at each stage of the children’s upbringing. Whether parents are able to listen to their children during a conversation becomes especially important in adolescence. According to the IPZIN study (Figure 2.4), the vast majority of 14 to 16-year-old students – 79 % of girls and 75% of boys – talked to their parents about matters that were important to them (specifically over the past 6 months). Over 50% of the total group surveyed not only took part in such conversations but also felt heard and understood during their most recent conversation with their parents. If we accept as the basis of calculation only those young people who did talk to their parents about matters that were important to them, the proportion of those who were heard and understood then rises to 70%.

These results have come as a surprise to the research team and they keep surprising parents themselves, as well as teachers and psychologists who see these results for the first time. Counsellors and psychologists who run workshops for parents tend to think that most often, parents are not able to listen, and it is the professionals who have to teach such an attitude and skills to them.

Only a small proportion of the Polish population participates in intensive workshops for parents that teach communication skills, while over 50% of young people declare that they felt heard and understood during their most recent conversation with their parents. What does this prove? It turns out that there is much more potential in the unique role of parents and their special relationship with their children than it might seem. Thanks to this fundamental, natural and deep bond, the sense of being heard and understood in a conversation does not only depend on parents' skills, that is to say on their 'expertise' in communication with the child. It also depends on other, deeper factors. It turns out that if a parent who loves his or her child tries to listen to and understand the child in his or her own way, the child feels heard and understood. There are certain aspects of the most important relationships and interpersonal bonds that go beyond the level of 'methods and skills.'

Figure 2.4 *Conversations with parents about things important to teenagers and the sense of being heard and understood (IPZIN)*



In the comprehensive table containing factors that protect youth from various problems (Table 1.11), being heard and understood in a conversation with parents appears as a protective factor in three areas: suicidal thoughts; physical violence; and verbal abuse. These fit together into a logical whole. A **teenager whose parents understand**

his or her problems becomes both less depressive and less aggressive. Being heard by someone close to them helps adolescents to cope with their emotions.

As stated before (see the description of Table 1.11 results), from the point of view of protection from engaging in problem behaviours, lack of conversations with parents is not the worst variant. The situation is much worse when conversations do take place but leave the child with a sense of not having been heard and understood. Such a conversation then feels like a ‘lost hope.’ It would be better if it had not happened at all, because it did not lead to understanding. The proportion of young people who were not heard and understood by their parents is 13% (Figure 2.4). This refers to parents who do talk to their child but clearly do it in a wrong way. These particular parents could benefit most from workshops teaching parental skills.

Psychoeducational workshops for parents are very useful both to parents who have problems with their children, and to those who do not experience problems but want to improve their parenting. The great importance of the bonds between parents and their child provides parents with a huge natural potential that can be used for the good of bringing up the child and adolescent. This potential can be developed and increased by learning particular skills, such as listening, accepting feelings, setting up boundaries, encouraging cooperation, praising, encouraging self-reliance and also problem solving. Wider participation of parents in such workshops is by no means an unattainable ideal. We will come back to this subject further on in this section, when writing about the intensive development of an example of good practice, namely the School for Parents and Teachers. This workshop, referring to the American series of books for parents (Faber, Mazlish, 1980; 1990; 1987) and adapted to the Polish reality (Sakowska, 1999; 2003), has been universally popular in Poland.

2.1.2.2. Parental support, control and clear boundaries

Numerous study results indicate that the optimal parental attitude towards teenagers involves support and also controlling and setting clear boundaries. A mature adult is someone who is able to set his or her own boundaries and be responsible for himself/herself. As for children, it is their parents that are responsible for them, and it is the parents’ job to show their child ‘where the limits are’. A teenager is midway between a child and an adult and also needs clear boundaries and some degree of control.

Parental control should diminish over the years, as parents’ trust in their child grows, and likewise the children’s trust in their own power and their own ability to take on responsibility for themselves. Effective parental monitoring involves: ‘the ability to adjust parental practices to the child’s age (from infancy to early adulthood) so that at each stage of the child’s development, the parent is aware of what the child is doing, and the child knows about this awareness and the parent’s interest in him or her’ (Mazur, 2011, p. 14).

Such parental monitoring is a form of control that prevents the occurrence of risk and antisocial behaviours.

From the point of view of cutting down the risk of mental health disorders and behavioural disorders in adolescents, support and control are the two most significant elements of bringing up children in families (Lowe et al, 1993; Jacob et al, 1997; Barber, 1996; Barnes et al, 1986; Peterson et al, 1995, cited after: Ostaszewski et al, 2013; Dryll, 1995). The more a teenager understands and approves of parental control, the more effective it is (Sartor and Youniss, 2002, cited after: Ostaszewski et al, 2013). The huge importance of family influence and parental control is also presented in Lee's study (2012).

It appears from the study by K. Ostaszewski that 'the greater the parental involvement in monitoring, the lower the intensity of the risk behaviour syndrome in adolescents' (2014a, p. 265). K. Ostaszewski points to the special role of effective monitoring combined with the mother's support for her teenage child. He also emphasizes the importance of common rituals in family life.

When discussing the results of studies on the type of support – conducted in various countries – K. Ostaszewski writes about the role of such attitudes as: caring about the child; interest in the child; a sense of bonding; coherence; attachment; love; emotional climate; trust and concern; involvement; family duties; acceptance or rejection; conflicts (Lowe et al, 1993). A sense of support from the family fosters the proper development and socialization of an adolescent. Parents' involvement in developing their relationship with their child helps the child to shape his or her own identity (Sartor and Youniss, 2002) and lowers the risk of alcohol use (Weiss and Schwarz, 1996). Support from the mother is especially closely related to limiting the use of psychoactive substances (Bogenschneider et al, 1998). The factors protecting from drinking alcohol or from developing problem drinking habits include, on the one hand, showing love and acceptance by the parents (Barnes et al, 1986; 1992; 1995, cited after: Mokotów study, 2012), and, on the other hand, introducing clear rules which strictly forbid drinking alcohol (van der Vorst et al, 2005; Koning et al, 2012). It is indicated that the protection such rules provide is strongest when they have been announced to the child before his or her initiation into alcohol (van der Vorst et al, 2007).⁷³

The role of parents, and clear boundaries in the family, is also strongly emphasized in the prevention of youth's sexual risk behaviours. **It appears from the results of over 250 American studies on factors related to early sexual initiation that, out of the overall number of 100 important factors, the protective role of the two-parent family is most often indicated, while 'the conservative attitude of parents towards youth's sexual activity' comes second** (Kirby, 1999). In American studies, this 'conservative attitude' is a notion which implies that parents expect sexual abstinence from their teenage child, and they do not give their consent to sexual contacts at this age, no matter whether the child uses any kind of protection from pregnancy or STIs⁷⁴ or not.

⁷³ All the authors mentioned in this paragraph are cited after: Ostaszewski et al, 2013. Yet, for the convenience of international readers the original articles have been included in the bibliography as separate items.

⁷⁴ Sexually Transmitted Infections.

The results of Polish studies have also indicated the protective role of clear rules in a family concerning youth's early engagement in sexual contacts. The three-stage study by Sz. Grzelak has revealed **that in those families where the parents oppose their children coming back home late, and are against their youngsters' initiating early sexual contacts, the teenagers engage much less frequently in early sexual initiation** (Grzelak, 2009a).

2.1.2.3. Parents open to learning parental skills

Developing the positive potential of the family, combined with strengthening the positive bond between the child and the parents as a protective factor, is a preventive activity very successfully implemented by instructors at parents' workshops known as the School for Parents and Teachers (Sakowska, 2010). From among various forms of psychoeducation aimed at parents, this workshop has proven to be the most popular and is definitely run on the widest scale, even though the basic course involves at least 30 hours.

From its beginning in the 1990s, over **150 thousand participants** have been trained (between January and August 2014, there were 3511). Some of them are parents, and some are teachers and other professionals working with children and adolescents.

This programme meets the needs of parents and professionals who want to approach the process of supporting youth development in a responsible way. The School for Parents and Teachers is based on Thomas Gordon's 'no-lose' method (1970). What is particularly important in this method is the ability to communicate and to understand. The programme shows its participants that all changes should in fact be started from oneself. Workshop methods help participants to absorb what is being taught and to master certain skills. And this results in creating a bond based on authenticity and mutual acceptance.

The evaluation studies conducted in 2007–2008 by the Methodological Centre for Psychological and Educational Assistance (now incorporated in the Centre for Education Development, CED) confirmed the programme's effectiveness (Sochocki, 2008; 2009).

Workshops of this kind significantly strengthen parents, and bonds with parents, as factors protecting youth from problems and risk behaviours.

2.1.3. 'The Granny effect'

Figure 2.1 clearly points to the role of the extended family as important life guides for youth – this includes especially grandmothers, but also adult cousins, aunts, grandfathers, and uncles. Similar data can be found in a report by the Institute of Psychiatry and Neurology (Ostaszewski, Rustecka-Krawczyk and Wójcik, 2011). According to this report, over one third of the surveyed 13 to 16-year-old students perceive their grandmother, grandfather and other family members (uncle, godfather, cousin) as helpful and supportive. These are natural 'mentors' for teenagers.

These results have an important practical dimension, especially when parents encounter crisis situations when bringing up their children, and parental impact is not enough. It is good to realize at such times that parents are not alone in bringing up their teenage children, and that life guides from the extended family may play an important role in young people's lives. As stated by the well-known American psychologist Mary Pipher in her book *The Shelter of Each Other: Rebuilding Our Families* (Pipher, 1996), the Western world has forgotten the truth that is well-known to Africans or Indians from traditional communities, that 'it takes a whole village to raise a child.' In contemporary Western culture, parents who have problems with their child often think that since they cannot cope with bringing up their child, the only possible option is to ask a psychologist or a counsellor for help. Obviously, seeking help in this direction is appropriate, yet in certain situations support and assistance can be found closer – from other life guides of the adolescent, such as his or her grandmother and grandfather, aunts, uncles, and other close persons. They constitute a positive potential of the local community, which is not always noticed or fully used.

After their parents, a grandmother is the third person in 14 to 16-year-old students' environment that they indicate as their guide in life (Figure 2.1). According to popular stereotypes, grandmother is often the one who spoils the child and sets no boundaries. Grandmothers do help in bringing up their grandchildren, but can their impact effectively protect teenagers from engaging in risk behaviours and running into problems?

A separate series of statistical analyses⁷⁵ has been carried out, of a group of young people who indicated neither of the parents as a life guide (10% of the sample⁷⁶ – N = 1055). The aim of these calculations was to see which of the life guides can most effectively replace the parents in protecting youth from various sorts of problems and from engaging in risk behaviours.

It turns out that the protective influence of most of the guides, both within the family (aside from parents) and outside the family, is not strong or explicit enough to attain statistical significance. There is only one important and clear exception, which leaves no doubt whatsoever. The study shows that the **grandmother is a guide whose indication is related to a lower intensity of risk behaviours in each of the six categories measured: suicidal thoughts, using drugs, getting drunk, committing physical violence and verbal abuse, and early sexual contacts.** The protecting role of the grandmother, which may be shortly called 'the Granny effect,' is clearly apparent and prominent in relation to all the problems mentioned here except verbal abuse, where this influence is a bit weaker.

The conclusion from these analyses translates into practice in a significant way. **Local government and school staffs should be sensitive to the positive potential of**

⁷⁵ These were linear regressions.

⁷⁶ This means 10% of the sample N = 10,880 from the IPZIN study.

teenagers' extended family, whose members exert, or could exert, a good influence on the young people's development.

There are certain difficult situations where parents cannot give support to their child. This may result from their own problems: mental disorders, physical illnesses, addictions, conflicts, being preoccupied with work or economic emigration. Also, one or both parents may have died. In all these circumstances, it is the grandmother's love and care that may turn out to be the source of hope for the young person's perspectives in terms of development, education and personal life.

Once 'the Granny effect' had been discovered, 'the Grandpa effect' was sought in later analyses. It was assumed that it might occur in boys deprived of their father as an authority figure. Separate analyses were carried out for the group of boys who had not indicated their father as a life guide. The analyses revealed that also for this selected group of boys, the best protection is provided by the grandmother, while the grandfather's role is neither so strong nor so explicit.

Among other guides from within the family who play a substitute protective role supporting or replacing the parents' authority, the part played by an adult sister/female cousin has become apparent. Young people who indicated such a person use drugs far less. A similar effect has not been observed for an adult brother/male cousin.

It should be remembered that the results discussed here show statistical truths. There are many grandfathers, cousins, uncles and aunts who have a positive and strong influence on young people in their families. But, in contrast to grandmothers, there are not a sufficient number of those to make statistical calculations show distinct trends.

As K. Ostaszewski states in the expert opinion prepared as part of the IPZIN study related to the drawing up of this *Guidebook*, 'The activity of so-called natural mentors (guides) to youth is an enormous preventive resource. Youth's adult mentors usually play a positive role; they cut down the difficulties and crises of adolescence. In our culture, this role is very often played by grandparents or other members of the extended family. In fact, this type of relationship is not being used in prevention.'

Maybe the time has come to think about recognizing and using in a planned way the potential of grandmothers, grandfathers and the extended family in preventive activity and projects?

2.1.4. Teachers and other youth development professionals as life guides and authority figures

The positive potential of a local community may also be found in schools and their staff. Two categories of answers can be found in the youth life guide chart (Figure 2.5) concerning teachers, form teachers, psychologists and counsellors. The first category includes teachers and counsellors from the school the teenager attends, and whom he

or she has indicated as important authority figures. The second category incorporates psychologists, counsellors and teachers from outside the school. This second category may include teachers from after-school facilities, such as therapeutic after-school clubs, youth centres and cultural centres, as well as psychologists and counsellors from public counselling services and private therapeutic centres.

Both categories together are indicated by an average of 15% of youth. This gives teachers, counsellors and psychologists a very high place in the hierarchy of youth life guides. It should be noted that the surveyed 14 to 16-year-old students could only mark three most important guides. If someone considers his or her mother, father and grandmother as life guides, there is no room left for indicating a teacher. **This means that teachers and other experts were those indicated by the young people who had no wider support in their families. And it is exactly for these students that teachers, psychologists and counsellors can play the most important part.**

The analyses aimed at finding out which life guide is the most effective in compensating the absence of parents as teenagers' declared authority figures brought interesting information on the role of professionals. It turns out that **the protective influence of a teacher, form teacher or counsellor** from the intermediate school students' own school is not so universal as that of 'the Granny effect,' but it does **match 'the Granny effect' in two categories of risk behaviours: using drugs and early sexual contacts.**

The results concerning teachers, psychologists and counsellors from outside the student's school should be looked at totally differently. Young people who indicate such persons as their life guides display more problems and risk behaviours than their peers. One cannot speak here about a bad influence of the adults on the youth, though. The relationship is inverse: teenagers who experience or cause more serious problems are directed for help to professionals from external specialized facilities.

Let us have a look at one more result concerning teachers.

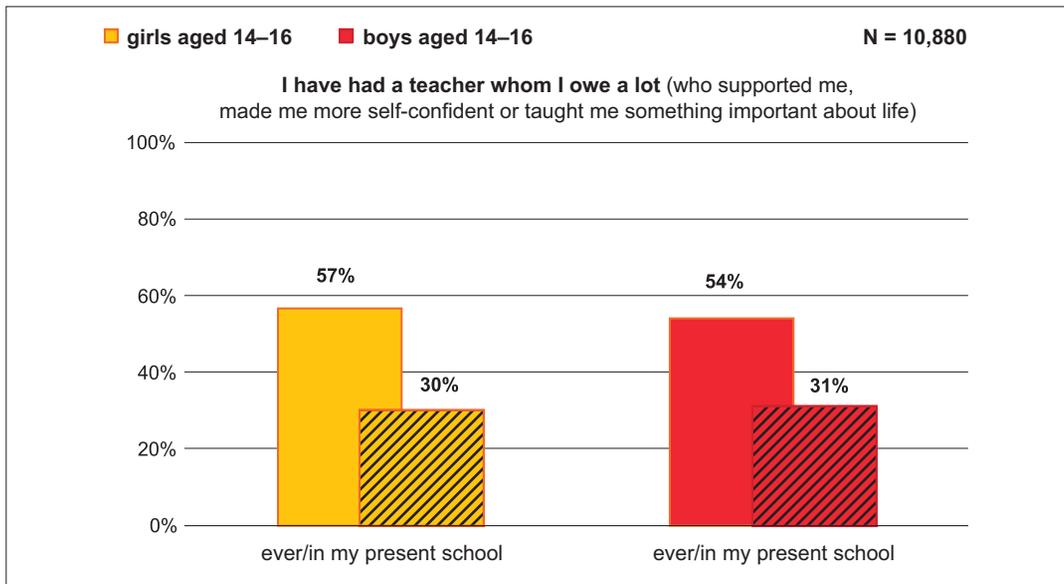
The survey included the following question addressed to youth: *Have you ever had a teacher whom you owe a lot [who supported you, made you more self-confident or taught you something important about life]?*

This question intentionally refers to a broader context of the teacher–student relationship than just teaching a school subject. The aim is to check to what extent students see their teachers in a deeper dimension – as supporting guides and life mentors. This is not about some incidental help in a small matter. The question includes the phrase 'a teacher whom you owe a lot,' and this can only be said about an important and valued mentor.

As can be seen from Figure 2.5 (plain bars), more than half of the youth recognize that they owe a lot to at least one of their teachers, and this is in life matters which go beyond teaching school subjects alone. Most of these students indicate more than one teacher whom they appreciate. Over half of these students (pattern bars) are grateful to

teachers from their present school for their support and contribution to their way of life. This group makes up about 30% of the whole group surveyed.

Figure 2.5 Proportion of youth who owe a lot to their teacher in life matters (IPZIN)



When these data are presented at city conferences and school staff meetings conducted by IPZIN, the teachers are surprised that such a high percentage of youth recognize their help and commitment. Presenting such results strengthens teachers and prevents occupational burnout. And it has the strongest impact when the results come from a diagnosis made at their own school. In everyday school life, only a few teenage students show gratitude to their teachers – certainly much less than 30% of youth population.

‘From my experience of working with young people I can see the great importance of their good relationships with teachers at school. Young people need mature and good adults to be able to develop normally. Forming a relationship with such a person, who shows acceptance and respect in an open and non-manipulative manner but also makes appropriate demands, is the main condition for the right psychical development at this stage, including the opportunity to build one’s own identity’ (Piotr Szczukiewicz).⁷⁷

2.1.5. Protective factors related to teachers and school – school climate and culture

Table 1.11 (protective factors from the IPZIN study) points to the crucial relationship between the **climate** in a student’s class that is characterized by kindness, safety and

⁷⁷ From the expert opinion by Piotr Szczukiewicz prepared as part of the IPZIN study related to the drawing up of this *Guidebook*.

mutual help and the absence of suicidal thoughts, abstaining from early sexual contacts, and lower violence rates.

The results of the three-year study on intermediate school students (aged 13–16) conducted by the Pro-M Youth Prevention Centre (at the Institute of Psychiatry and Neurology) under K. Ostaszewski's direction have led to a clear conclusion that 'a sense of connection with the school and teachers, reflecting a good quality of the school climate, was a direct predictor of a lower intensity of the risk behaviour syndrome in intermediate school students. The stronger the sense of connection with the school, the lower the intensity of the risk behaviour syndrome in a student. A positive connection with the school and teachers also had an indirect influence on risk behaviours by increasing the students' participation in constructive activities in their leisure time, and also by reducing their exposition to negative social influences, and reducing the tendency to undertake risk for fun' (Ostaszewski, 2014a, p. 267).

A good **school climate** is shown, for example, in students' strong sense of connection with the school (Catalano, Haggerty, Oesterle, Fleming and Hawkins, 2004). Building and reinforcing a positive social climate at school should refer not only to relationships among students or between teachers and students, but also relationships among teachers (Ostaszewski, 2014a). In addition to the school climate, a **preventive role is also played by the set of characteristics of schools' functioning called the school culture**. Reliable study results on this subject have been collected by K. Ostaszewski (2014b). We outline them briefly below in a somewhat simplified order.

School culture features related to a lower intensity of students' risk behaviours include:

- a) teachers' attitudes of care and involvement towards students (Shann, 1999),
- b) the involvement of the whole school in students' achieving progress in learning (Aveyard et al, 2004; Bisset et al, 2007; Shann, 1999; Tobler et al, 2011),
- c) the school and teachers' striving to make students learn and understand the educational material (DeWit et al, 2002),
- d) learning support offered to the students by the school (Barnes, Brynard and de Wet, 2012; Mayer, 1995; 2001),
- e) the school's striving for its strategy of youth development support not to be based on excessive control and negative prevention (Mayer, 2001),
- f) the application of clear principles and norms at school concerning non-acceptance of antisocial behaviours (Barnes, Brynard and de Wet, 2012; DeWit et al, 2002),
- g) mutual trust and respect in teacher–student relationships (DeWit et al, 2002).

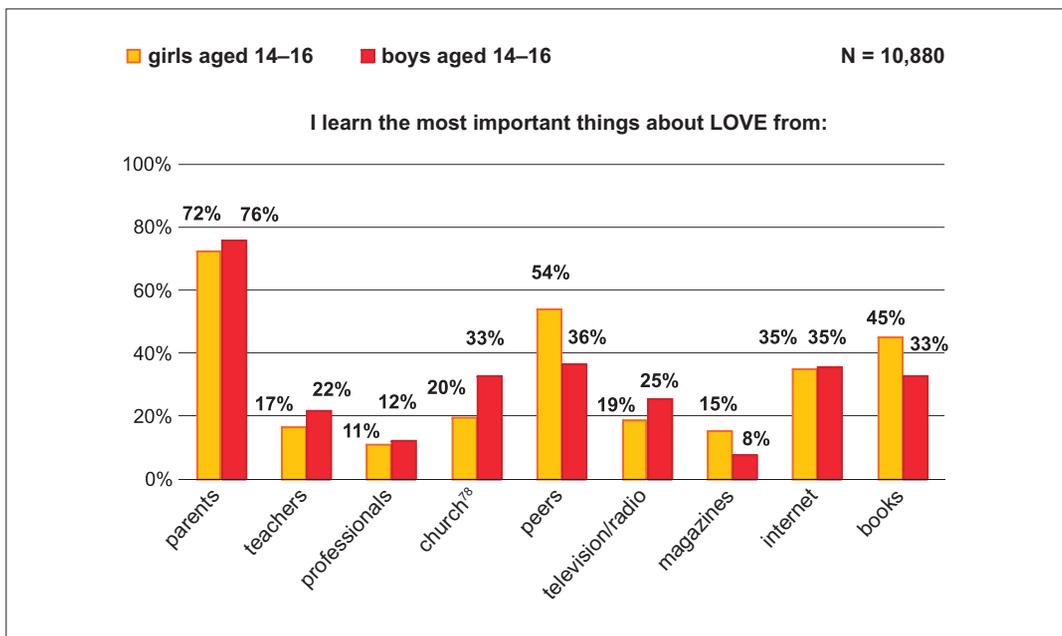
In the Polish literature, similar dimensions of the school culture are indicated by Stefan Mieszalski (1997). In his opinion, a clear ethos adopted by schools has an effect on students' behaviour and at the same time helps the teachers to maintain school discipline.

2.1.6. Parents and teachers as effective guides in the area of sexuality

Prevention of sexual risk behaviours and education concerning matters of love, sexuality and family are particularly sensitive areas in social terms. They require a special appreciation of the needs and values of adults responsible for bringing up and educating children and teenagers (and these are parents in the first place). Mutual respect and a good division of roles between parents and school, with the supporting role of the local government, may lead to a social consensus resulting in effective prevention of sexual risk behaviours. Despite heated political debates in many countries and endless emotional discussions in the media, it is possible to conduct educational and preventive activity that tackles this delicate subject in a way that will bring good results and will not cause conflicts in local communities.

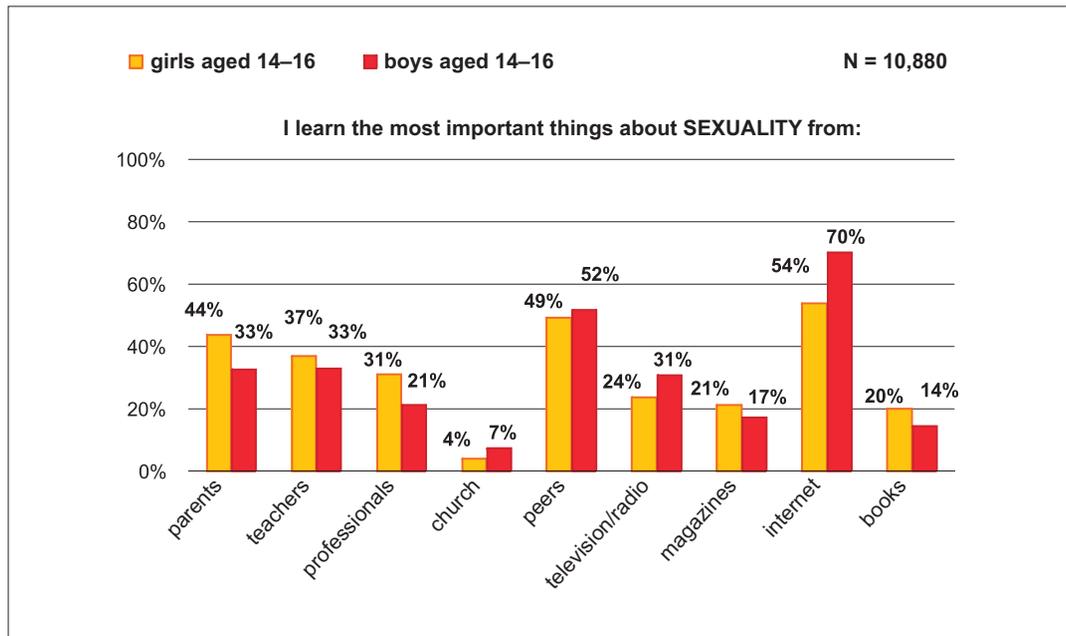
Let us examine the results of the IPZIN study concerning 14 to 16-year-old students' sources of knowledge about love and sexuality. Figures 2.6 and 2.7 illustrate answers to questions, in which the respondents chose three sources of knowledge that they considered the most important for them. The results are for $N_4 = 10,880$ sample (2012/2013 and 2013/2014 academic years).

Figure 2.6 *The most important sources of 14 to 16-year old students' knowledge concerning love (IPZIN)*



⁷⁸ The item marked here as 'church' is adjusted to the Polish social reality where non-Christian religions are extremely rare. The response 'church' could be chosen by Catholic as well as Orthodox and Protestant respondents.

Figure 2.7 *The most important sources of 14 to 16-year-old students' knowledge concerning sexuality (IPZIN)*



As we can see from Figure 2.6, over 70% of youth consider their parents to be the most important sources of knowledge about love. A definitely lower number of youth indicate their peers, the internet and books. Church is indicated as a source of knowledge about love more often than teachers or professionals invited by the school.⁷⁹

The role of parents as a source of knowledge about sexuality is very important to 44% of girls and 33% of boys. This is still quite a high proportion, but definitely lower than in the case of knowledge about love. Teachers and professionals are important sources to about 1/3 of youth. Peers are more often indicated, and first of all the internet, which is an important source of knowledge about sexuality for over half of the young people.

Analyses have been conducted to see if there are any relationships between the sources of knowledge about sexuality indicated in the survey and early sexual initiation of the youth.

⁷⁹ This is how the questionnaire puts it. The answer concerning professionals as a source of knowledge includes this detailed phrase: 'professionals invited by the school.' Such phrasing proved very handy from the practical point of view when the questionnaire was used in an evaluation study aimed at assessing the effectiveness of a prevention programme including knowledge about love and sexuality, and conducted by agents from outside the school. In the group covered by that external programme (Archipelago of Treasures), a very large increase was observed in the indication of 'professionals invited by the school' as a source of knowledge concerning love and sexuality. No such increase was noted in the control group.

Table 2.1 Sources of youth's knowledge concerning sexuality and early initiation of sexual intercourse (IPZIN study)**Sources of knowledge concerning sexuality and sexual initiation**

Sources of knowledge about sexuality		Sexual initiation (%)			Numbers of respondents		
		boys	girls	total	boys	girls	total
Internet and magazines	-2	19.4%	7.0%	13.50%	756	690	1446
Mixed sources	-1	13.9%	7.6%	11.10%	1817	1470	3287
	0	16.7%	6.7%	12.10%	2571	2247	4818
	1	6.4%	4.0%	5.00%	953	1408	2361
Parents and teachers	2	7.2%	2.4%	4.10%	456	805	1261
Total		14.1%	5.8%	9.9%	6553	6620	13173

The top row of Table 2.1 shows the youth who have already experienced sexual initiation as a proportion of those respondents who indicated the internet and magazines among the three most important sources of knowledge concerning sexuality, and who at the same time did not indicate their parents or teachers. The bottom row shows the proportion of youth who have already experienced sexual initiation as a proportion of those for whom parents and teachers are the source of knowledge, while the internet and magazines are not. The lines in-between contain various mixed variants (e.g. young people who indicated parents and magazines; teachers and the internet; or totally different sources, such as professionals, TV and books).

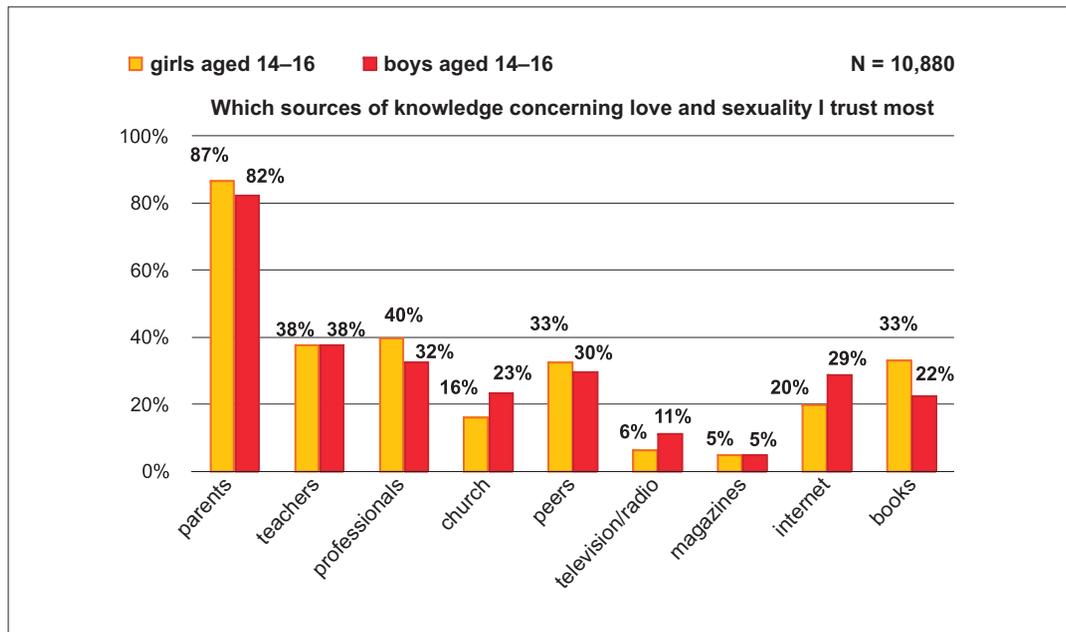
The results presented in the table fall into a very clear pattern. **The more parents and teachers are the source of knowledge concerning sexuality, and the less the internet and magazines are such a source, the smaller the proportion of youth after the initiation of sexual intercourse.** When we compare the top and bottom rows of Table 2.1, we can see that early sexual initiation happens several times less frequently among those young people who consider both parents and teachers as the most important sources of knowledge about this subject.

Although results based on simple correlations should be interpreted with caution, the data from the table may be treated as a confirmation of such a direction in supporting youth development in the area of sexuality which recognizes the complementarity of parents and teachers' roles in the process, if they speak with one voice. It is worth noting that this positive result refers to the Polish school reality and the national school curriculum, which includes Family Life Education (FLE) classes during which matters concerning sexuality are discussed in the context of love, marriage, family and parenting. The content of the FLE curriculum is a result of a consensus reached by the Polish society in 1999. According to the recent representative research by the Educational Research Institute (IBE, 2015), the FLE curriculum almost ideally fits the expectations of parents. Thanks to cooperation between parents and teachers, teenagers are not left to seek information in commercial media.

Results indicating the positive influence of family and school on adopting a responsible attitude towards sexuality have also been obtained in a study by Szymon Czarnik (2012). He compared the attitude towards early sexual initiation of intermediate school students (aged 14–16) from Kraków (N = 1116) depending on what sources of knowledge concerning sexuality they had indicated. This comparison focused on respondents who expressed the extremely liberal opinion that the right moment to start sexual intercourse is ‘when you feel like it.’ **Those students for whom talking to their parents and FLE classes (and not television, films and the internet) were the main sources of knowledge considered ‘feeling like it’ as a sufficient reason for engaging in sexual intercourse over seven times less frequently than students for whom television, films and the internet (and not parents or FLE classes) were the main sources of knowledge about sexuality.**

The question arises whether young people want to listen at all to their parents and teachers’ opinions on subjects concerning love and sexuality. Is it not perhaps that modern teenagers trust the internet or magazines more? The answer is given in another chart.

Figure 2.8 Youth’s trust in different sources of knowledge concerning love and sexuality (IPZIN)



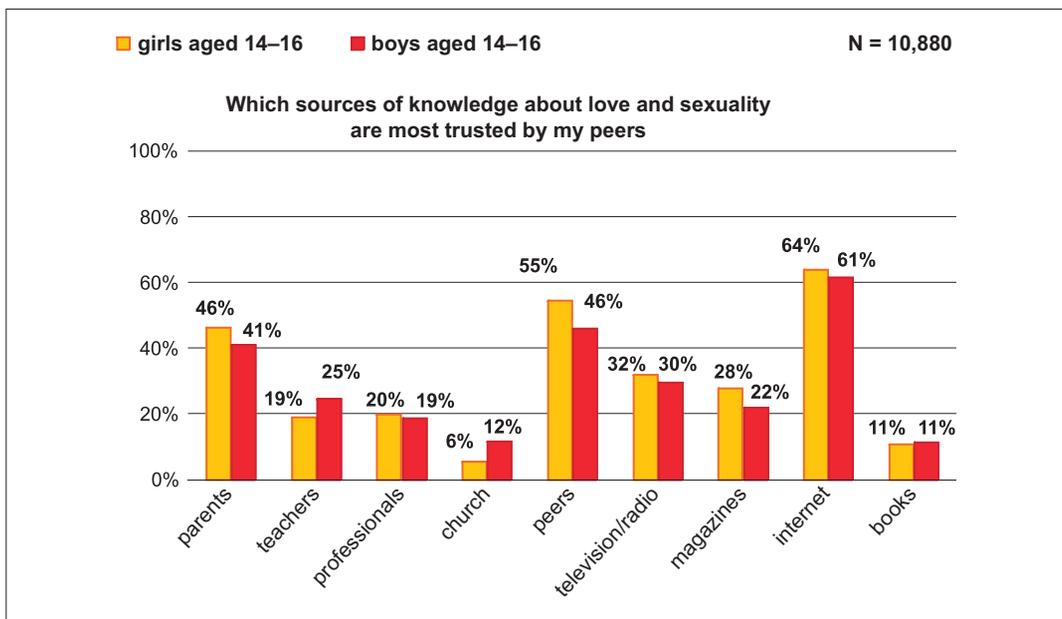
The set of questions concerning sources of knowledge about love and sexuality was incorporated into the survey in 2007. The picture of the results is the same in all subsequent years. **Youth trust their parents most, their teachers and professionals a little less, still less the internet, and the least trusted sources include television, radio and magazines.**

Presenting these survey results to parents is very important in terms of education and motivation. This has been confirmed by a wide practice of meetings with parents conducted as part of the Archipelago of Treasures® programme. Over twenty thousand adults have participated in these meetings over the last several years (Grzelak, 2014c). The parents are surprised that their teenage children view them as a very important source of knowledge about love, and that such a high percentage of youth trust their parents in matters concerning love and sexuality – much higher than the proportion of young people who trust the internet. During these meetings, the parents accept understandingly the fact that they do not rate equally high as a source of knowledge about sexuality. Yet, in light of youth’s trust, they accept this as a task and encouragement to take up conversations including delicate and intimate sexual matters.

For teachers who are presented with these results during conferences or trainings, the information about the trust that youth have in them also turns out to be a great inspiration. Information about the protective influence of teachers and parents against early sexual initiation, which appears from the results, also boosts their optimism.

The fact that adults are agreeably surprised and encouraged by a high degree of young people’s trust in them stems largely from the prevalence of common opinions about teenagers. Teenagers are thought to have eyes only for tablets, smartphones and computers, while taking parents and teachers with a pinch of salt. Interestingly, even young people themselves have mistaken beliefs about their own generation. Figure 2.9 shows answers from 14 to 16-year-old students to the question ‘Which sources of knowledge about love and sexuality are most trusted by my peers?’

Figure 2.9 Beliefs about the sources of knowledge concerning love and sexuality which are trusted by the students’ peers (IPZIN)



A comparison of answers from Figures 2.8 and 2.9, concerning sources of knowledge about love and sexuality, shows that over 80% of young people trust their parents, but only 40% are of the opinion that their peers trust theirs! The results for trust in teachers are similar.

Young people deeply *underappreciate* the level of their peers' trust in parents, teachers, the church and books. On the other hand, they *overestimate* — by *several times* — their fellow-students' trust in the internet, magazines, television and radio.

Common stereotypes concerning young people — supported by the mass media — shape the beliefs of parents, teachers and young people themselves on the subject of youth. The result of this stereotyping is underestimation of the important role of adult mentors for our youth.

There are over twice as many young people who trust their parents, as there are those who trust their teachers. This result accurately reflects the importance of the role of both parents and teachers in the process of supporting youth development. This process should be embedded in the sphere of values; this refers particularly to education concerning such an intimate sphere as sexuality. **The task of parents as the first and most important educators is to determine the values passed down to young people. The crucial role of parents corresponds to the high level of trust towards them manifested by teenagers; whereas the teachers' role is to use their knowledge and skills in working with adolescents in such a way as to support parents and respect the value system handed down to the children by their parents.**

Bearing this in mind, it is very harmful to the process of supporting youth development, and also to the effectiveness of prevention programmes, to impose on teachers — in a top-down manner — those directions of prevention or education which violate the handing down of values from one generation to the next. Such action is likely to create a hotbed of conflict between youth and their parents. And such conflicts can surely only weaken the influence of both parents and teachers. On the other hand, concerted efforts may strengthen significantly the influence of both.

2.1.7. Family Life Education⁸⁰ classes as seen in the latest studies

Since 1999, youth development support in the area of sexuality has been provided in the Polish educational system during classes known as Family Life Education (abbreviated as FLE). According to an order of the Minister of National Education, 14 hours per academic year should be allowed for these classes in the case of students aged 11–13 (the last two years of a 6-year primary school in Poland), and also 14 hours per year at each

⁸⁰ Family Life Education (FLE) stands for the Polish name 'Wychowanie do życia w rodzinie' (WDŻ).

of the next two levels of education (students aged 13–16 and 16–19)⁸¹. Allowing so many hours for these classes, combined with an interdisciplinary approach and a wide context of biological, psychological, developmental and social issues (including the topics of love, sexuality and family) covered in the national curriculum is unique in Europe. The curriculum perceives sexuality in connection with all the dimensions of a human being: physical, emotional, intellectual, spiritual, and also social. Parents have a right to disagree to the participation of their child in FLE classes which is perceived in Poland as a basic parental right rooted in the primary role of parents inscribed in the Polish Constitution.

This broad approach present in FLE seems appropriate for the existing problems and risk behaviours. As we have seen, the study results point to sexualization as an important risk factor for many problem behaviours. Researchers' recommendations regarding the prevention of sexualization (Zurbriggen et al, 2007; Grzelak, 2014a; 2014b) encourage not to treat sexuality as just a physical or biological quality but to put it in the context of all dimensions of the human being. The growing demographic problems in Poland, including the dramatically low birth-rate, make an additional argument showing the value of the present curriculum for Family Life Education, which assumes sexuality as embedded in the context of love and family.

The public discussion on this school subject, which has carried on in the Polish mass media for many years now, most often is not factual, and as a rule does not refer to scientific data. Rather, it is dominated by emotional statements of advocates of different views, based on data that is methodologically poor, or even on publicizing single incidents of teachers' gross negligence or serious mistakes.

For this reason, the few research projects that meet the strict criteria of high methodological standards should be the more appreciated. These projects include two surveys concerning Family Life Education classes, carried out by Szymon Czarnik, a sociologist from the Jagiellonian University in Kraków. The first one was aimed at assessing these classes as conducted for intermediate school students. It was carried out on a random sample of 20 schools⁸² in Kraków⁸³ (Czarnik, 2012). The aim of the second survey was to assess these classes as conducted in upper secondary schools, for students aged 16–19 (Czarnik, 2014). This was done in 28 randomly selected schools (13 general education and 15 technical establishments) from the cities of Białystok⁸⁴ and Kraków.

In keeping with the assumption of this *Guidebook*, we will concentrate on presenting selected results for the second and third year intermediate school students, aged 14 to 16.

⁸¹ The educational system reform which starts in 2017 brings several changes. Primary school will last for 8 years instead of 6, and will be followed by secondary school (4 years instead of 3). The intermediate school level will be cancelled. However, there is no plan to make fundamental changes in the FLE curriculum for 11 to 19-year-old students.

⁸² The 20 schools were selected randomly. In 4 of them it was impossible to carry out the survey at the selected date so they were replaced by 4 other schools, not selected randomly. The results for these 4 schools did not differ considerably from those obtained in the schools selected randomly.

⁸³ Kraków (Eng. Cracow) is a big city in the south of Poland (the second biggest in the country).

⁸⁴ Białystok is a city in the east of Poland with approx. 300,000 inhabitants.

Table 2.2 *Usefulness of the knowledge from FLE classes as assessed by students aged 14–16*

Is knowledge from FLE classes going to be useful in your life?	Girls	Boys	Total
	(N = 543)	(N = 539)	(N = 1082)
definitely yes	24%	20%	22%
mostly yes	49%	40%	45%
it's difficult to say	16%	20%	18%
mostly no	8%	13%	10%
definitely no	3%	7%	5%
Total	100%	100%	100%

The vast majority of youth (67%) express the opinion that knowledge from Family Life Education classes is going to be useful for them in life (see Table 2.2). 18% have no clear opinion, while only 15% think this knowledge is not going to be useful. What is more, the surveyed intermediate school students think that FLE classes thoroughly discuss issues concerning love, sexuality and family. 81% of the students in this age group state that no important topics were lacking during these classes. Among the other 19% of responses, only a small part indicated the lack of specific content in the classes.

Table 2.3 *FLE teachers' openness to discussion and to students expressing their opinions, as seen by students aged 14–16*

During FLE classes it is possible to ...	Girls	Boys	Total
... ask various questions	97%	95%	96%
... discuss controversial problems	94%	89%	91%
... present different points of view	93%	87%	90%

The vast majority of students (90% and more) agree that it is possible to ask various questions, discuss controversial problems and present different points of view during these classes (Table 2.3).

Table 2.4 *The way of FLE classes being conducted, as assessed by students aged 14–16*

Do you like the way FLE classes are conducted?	Girls	Boys	Total
	(N = 543)	(N = 540)	(N = 1083)
definitely yes	21%	19%	20%
mostly yes	45%	36%	41%
it's difficult to say	17%	23%	20%
mostly no	12%	11%	12%
definitely no	4%	11%	8%
Total	100%	100%	100%

It appears from the survey that 61% of youth consider the way of FLE classes being conducted as good (Table 2.4). 20% of those surveyed have no opinion on this, and also around 20% are dissatisfied, but those who definitely do not like the classes make up only 8%.

Table 2.5 Assessment of FLE teachers by students aged 14–16

The person conducting the classes ... (on a scale of 1 to 6, where 6 is excellent)	Girls	Boys	Total
	(N = 539)	(N = 525)	(N = 1064)
... treats the students well	4.9	4.5	4.7
... has vast knowledge in this field	4.8	4.6	4.7
... teaches wise principles of conduct	4.6	4.4	4.5
... speaks in an interesting way	4.3	4.0	4.2

The teachers conducting these classes are assessed highly by their students (Table 2.5). In all the categories, the assessments are between 4 and 5. Importantly, the categories of assessment refer to the relationship between the teacher and students and the teacher's knowledge and methodology, but also to the teacher's function in terms of prevention of risk behaviours and problems ('teaches wise principles of conduct').

The results of the surveys carried out for upper secondary school students, aged 16–19 (N = 1684), show a similar picture of FLE classes (Czarnik, 2014). The problem at this stage of education is not the quality of these classes but the fact that, in some of the schools, FLE classes are not conducted at all, because they 'lose the competition' resulting from the pressure to use all possible teaching hours for subjects that will prepare the students for the final exams (*matura*). And this happens with parents approval. The focus on preparing students for their exams rather than supporting their overall development is more noticeable at this stage of education than with 14 to 16-year-olds.

The results of these studies show that students' participation in FLE classes in both age groups (14–16 and 16–19) is related to a more responsible attitude towards sexual initiation (Czarnik, 2012; 2014). Students participating in FLE classes include a much higher proportion of those who think that for taking a decision to start sexual contacts, it is necessary to be in a marriage relationship, or some other enduring relationship, and a much lower proportion of those who think that to have sex it is enough just to 'feel like it.' The positive influence of FLE classes refers both to young people who declare themselves as involved with religion and those who are non-believers; both to young people who see their future in a marriage union (whether a civil or a church one) and those who would like to live in an informal relationship.

When drawing up school and local authority strategies with regard to youth development support, health promotion and problem prevention, Family Life Education classes should be treated as an essential element of the resources. Legal provisions existing in Poland offer opportunities that can be used in a better or worse way, depending on schools' commitment, local authority's will to act, and the quality of work of FLE teachers.

Sz. Czarnik's survey results cannot be treated as representative of the whole of Poland. Yet, they very clearly show the positive potential of Family Life Education classes, with their present curriculum and present staff. They also do justice to the great

number of teachers of this subject, who are often overwhelmed with the negative picture of their work created in many of the mass media.

In the academic year 2014/2015, a vast study of FLE classes was commissioned by the Ministry of National Education and conducted by the Educational Research Institute (IBE) – the biggest Polish research institution dealing with the field of education. The report from this study was published almost at the same time when the Polish edition of this *Guidebook* was submitted for printing (July 2015). But the results had been earlier known to the authors of this *Guidebook* because Szymon Grzelak was one of the experts asked by the Educational Research Institute to write an official review of the report. The representative survey conducted by the Institute, of a large sample of 18-year-olds and their parents, confirms the overall picture of Family Life Education classes that emerges from Sz. Czarnik's surveys.

On the scale of Poland as a whole, Family Life Education classes are assessed well by the vast majority of youth, and so are teachers who teach these classes (IBE, 2015). The survey results presented in the report show that 62% of 18-year-olds positively assess the FLE classes they had at the previous stage of education (intermediate school), 28% say the classes were neither good nor bad, and 10% assess them poorly. As for their present school, 71% assess FLE classes as good, 19% as neither good nor bad, and 10% as bad. Also, for 8 out of 11 detailed criteria of assessment concerning the content, methodology, the teacher's approach and the organization of the FLE classes, there were definitely more positive than negative assessments from youth. It seems then that we may speak about a considerable success of Polish education in this difficult and controversial area.

The researchers also asked the 18-year-olds and their parents to draft their 'dream curriculum' for a school subject concerning sexuality. The programmes suggested by each of these groups surprisingly well match the present FLE curriculum, both in terms of subjects tackled, and of spreading them over particular stages of education (IBE, 2015). It seems that, despite criticism in the media, the current curriculum of Family Life Education, based on scientific knowledge, corresponds to social expectations and is very close to the optimal social compromise. This is very important, because we are speaking about an area in which serious differences of outlook on life exist, and so compromise is hard to reach.

Surely, not in every locality or school are Family Life Education classes conducted well. The same may be said about any other school subject – there are better and poorer teachers. Working out ways to improve the quality of these classes throughout Poland is a challenge for schools as well as local and national authorities. This should be done with an understanding of the positive potential of the family, and with respect for parents' right to bring up their children according to the values they themselves recognize.

2.2. Involvement with religion and religious organizations – one of the foundations of the positive potential of the local community

Religious organizations and communities function in every local community in Poland. They constitute an important part of the social fabric. It appears from studies by the Central Statistical Office of Poland (GUS, 2013) that they are a very strong element of the social capital in Poland. Using this potential to improve the effectiveness of prevention and youth development support requires looking carefully at a broader context of the results of studies concerning religious organizations and communities.

When focusing on the social, supporting and preventive role of involvement with religion by a considerable part of the Polish society and youth, it is good to refer to facts and avoid emotional attitudes and judgements. The aim of this reflection is to learn about and understand this specific social resource that is contained in religion, i.e. in participation in the life of church and religious communities, and in the activity of religious organizations.

Considerations of this kind cannot downgrade the depth and meaning of the world of values of these parents, and this part of the society, who do not identify with any religion. And, what is even more important, one should not use the results of studies indicating the protective role of religious commitment to impose faith or religion on non-believers. Passing down values may be based on lay humanistic values that do not refer to the tradition and experience of religious faith. But, on the other hand, if study results show that in a wide range of the society, involvement with religion plays an important part in reducing the intensity of many problems and risk behaviours, which benefits the whole society, these results should not be kept secret.

2.2.1. The role of involvement with religion and religious practice as a protective and pro-health factor in scientific studies

Studies on the prevention of youth problems confirm that religious commitment and practices are a very strong factor protecting young people from falling into various kinds of pathology and problem behaviours. In Christian countries, we speak about involvement with Christian religion (Catholic, Orthodox, Protestant), but this connection is also confirmed in studies from regions of the world where other religions dominate. The protective factor there turns out to be the involvement with Buddhist or Muslim religion (Green, 2003). The closer young people's identification with the value system of the religion in which they are being brought up, the fewer risk behaviours they engage in, and the lesser their exposition to school and mental health problems as well as to conflicts with the law. This should not come as a surprise if we note the basic fact that Christianity, just as other world religions, teaches the sensitivity of the conscience, good conduct, and the value of lasting love and family. It also shows a way of life that

is free of addiction. Passing down these values is done both in families (by parents, grandmothers, grandfathers) and through churches and religious organizations. Religion is a sphere where passing down values and tradition in the family intertwines with the influence of the specific church (or religious organization), understood not only as an institution, but also as a given neighbourhood (parish). As a rule, it is the parents that introduce their child to the religious community. They approve of the community's influence on the development of the child as being in accordance with their own value system, and treat this influence as important support helping them to shape the child and then adolescent.

Let us look at the importance of religion for lifestyle and for some health aspects, so that we can better understand the force and range of its influence.

The results of the Public Opinion Research Center (CBOS) *Youth 2013* survey, in which the respondents were students aged 18–19, and also of earlier editions of the CBOS survey, consistently point to participation in religious practices as a factor protecting from many risk behaviours, including smoking cigarettes, getting drunk and using drugs (CBOS/ KBPN, 2014). This effect is visible for both of the two following factors: religious practices and subjectively assessed depth of faith. Among young people strongly involved with religion, non-smokers are a definitely larger group than those who smoke regularly. Smokers make up 24% of youth declaring participation in religious practices several times a week, and 57% of those who do not practise at all. The percentage of smokers is definitely lower for firm believers (29%) than for other believers or non-believers.

As seen from the *Youth 2013* survey, religious commitment is also connected with the frequency of getting drunk. In the group that participated in religious practices several times a week (in the past 30 days), 22% used alcohol. On the other hand, 52% of those surveyed got drunk in the group that did not practice at all.

A similar connection can be observed for the use of illegal psychoactive substances. Among students who follow religious practices several times a week, fewer than one out of ten experimented with drugs (9%). Among students who did not practise the number is 25%, which makes one out of four. Similar results were obtained for the factor of subjectively assessed depth of faith. Young people who declared themselves as firm believers used drugs much less frequently (12%) than non-believers (31%) (CBOS/ KBPN, 2014).

Involvement with religion is often mentioned as a factor protecting youth from early sexual initiation. This refers to reports from Polish surveys (Izdebski, 1992; Wróblewska, 1998) and also from foreign studies. In his comprehensive study, Douglas Kirby (2001) mentions 6 different research reports from the US in which religious commitment has turned out to be an important protective factor.

Numerous studies conducted in the USA in the last 50 years present the evidence for the protective and pro-development role of religious involvement and religious

practices. This positive impact includes several spheres of life: a lower level of teen sexual activity (Billy, 1994), reduced likelihood of abusing alcohol (Gartner et al, 1991) and drugs (Hasin et al, 1985), a lower level of depression (Wright et al, 1993), and also committing fewer crimes, major crimes and homicides (Lester, 1987; Johnson, 2001). These studies mainly speak about the strong protective effect of religious involvement in Christianity without pointing to a particular Christian denomination.

These results coincide with the already cited classic report by J.D. Hawkins (1992), which places participation in religious practices among four most important protective factors in prevention.

Health psychology studies have known for years the connection between better health factors and involvement with religion and spirituality. According to a review of 250 epidemiological health research studies, religious commitment reduces the risk of colitis, different types of cancer, and untimely death (Levin et al, 1987). People who attend religious services face a smaller risk of dying from cirrhosis of the liver, emphysema and arteriosclerosis. They are also less at risk of dying from suicide (Comstock and Patridge, 1972). Jan Tylka lists numerous examples of empirical studies from all over the world that prove a lower death rate and better prognoses for disease treatment in believers (Tylka, 2012). He mentions examples of studies on the incidence of heart attacks, hypertension, death following heart surgeries, and clinical depression (McCullough et al, 2000; Oxman et al, 1995; Matthews et al, 1993, cited after: Tylka, 2012). The connection between religious commitment and health does not refer to the Christian religion only. A study carried out on a large sample of civil servants and local government staff of Jewish origin has shown that the risk of developing coronary heart disease is lower by as much as 20% in orthodox Jews than in non-believers (McCullough et al, 2000, cited after: Tylka, 2012).

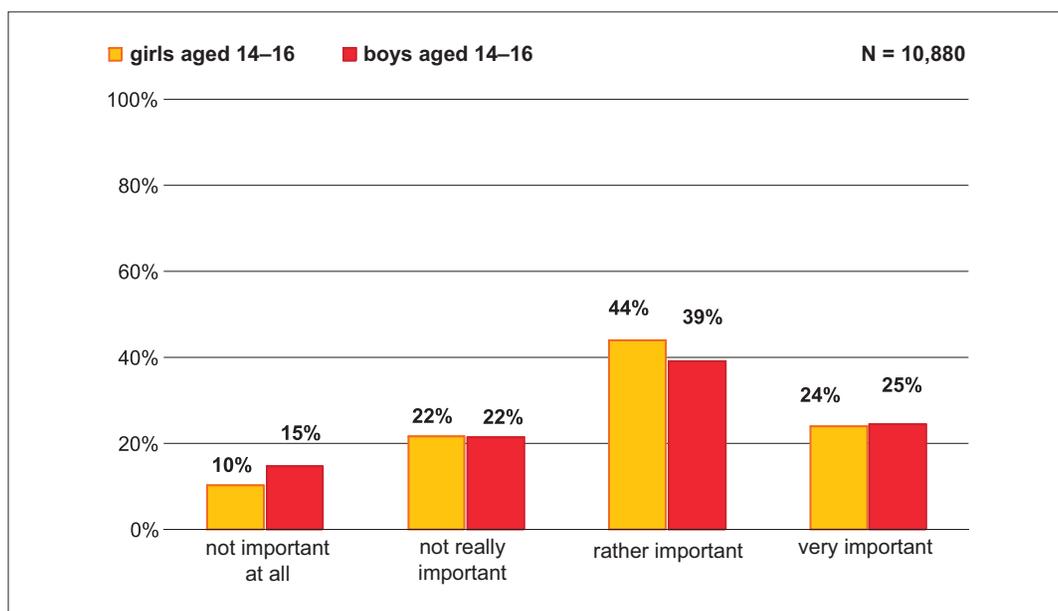
Religious attendance is treated as the most important predictor of marital stability (Burchinal, 1957; Larson et al, 1990).

In *Diagnoza Społeczna (Social Diagnosis) 2013*, Janusz Czapiński indicates religious practices as an important factor of mental well-being. They were the seventh most important factor out of 21. Participation in religious practices is connected with a higher level of mental well-being, and reduces the effect of life stress on mental well-being. This result does not depend on sex or age, so it also refers to the youngest group surveyed (aged 16–24). J. Czapiński cites American and European studies showing that believers and those who practise declare a higher level of happiness and satisfaction with life than non-believers, and they are slightly less at risk of developing depression. Faith also reduces the psychological effects of traumatic experiences (Beckman and Houser, 1982; Czapiński, 1992; Myers, 1993; Ellison, 1991, cited after: Czapiński and Panek, 2014).

2.2.1.1. Involvement with religion and religious practice as a protective factor in the IPZIN study

In the studies by the Institute for Integrated Prevention (sample $N_4 = 10,880$ from 2012–2014), a clear majority of students aged 14–16 declare that faith (religion) is important in their lives (Figure 2.10).

Figure 2.10 *The importance of faith (religion) in the life of students aged 14–16 (IPZIN)*

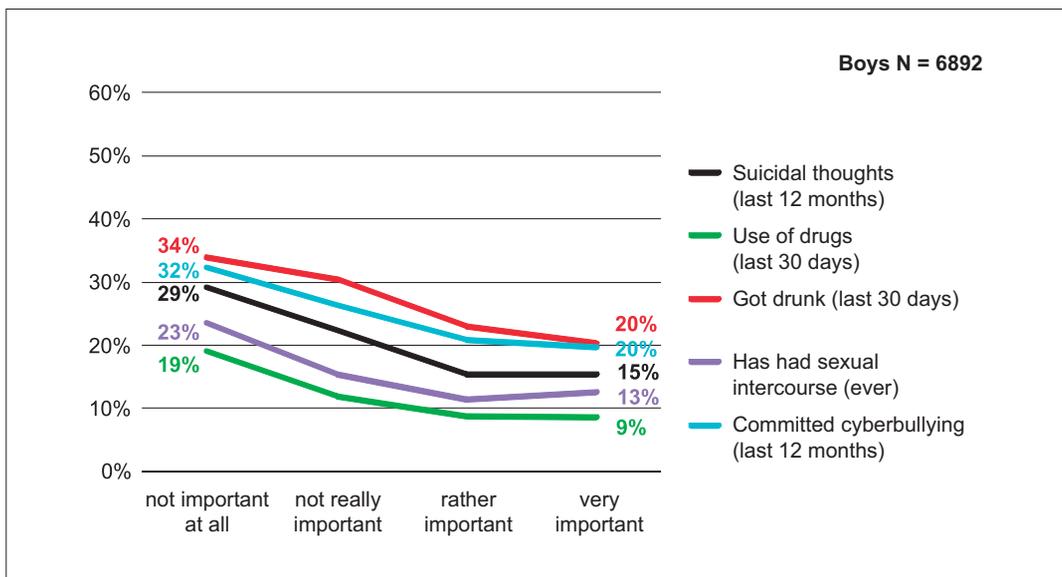


Among girls, the responses ‘rather important’ and ‘very important’ together reach 68%, while among boys – 64%.

The results obtained from our survey closely coincide with those from other Polish studies (Czapiński and Panek, 2014; GUS, 2013). Despite of this, many teachers, professionals and local government staff, when presented with these results during workshops and conferences, see them as something new and interesting. Why is this so? It is because many teenagers demonstrate completely different attitudes in the classroom and among friends – attitudes that fit the picture of youth popularized by the mass media and treated as mainstream or fashionable in many peer groups. We can note again that a teenager whom we see in a group and a teenager whom we get to know in individual contact (during a conversation with someone he or she trusts or even from an anonymous questionnaire) are two different people. A young boy or girl may be afraid to reveal their spiritual intimacy to their peer group – their thoughts, experiences and feelings connected with faith and God. For a person believing in God or searching spiritually, these are very delicate matters, and often too personal to risk being ridiculed by peers or adults.

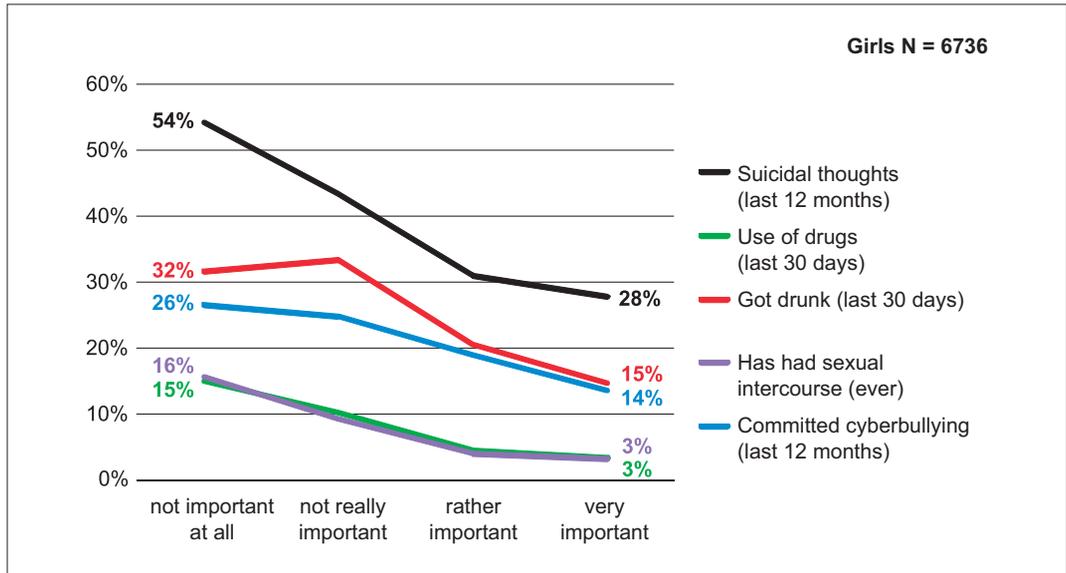
Figures 2.11 and 2.12 presented here (based on analyses on the whole dataset $N_1 = 13,960$ from 2010–2014)⁸⁵ show the intensity of the incidence of selected youth problems and risk behaviours depending on the young people’s attitude towards faith and religion. This selection has been limited to five problems, representing different areas of problems and risk behaviours. A greater number of lines in the chart would make it impossible to read. We can see that **the greater the importance of religious faith to young people, the lower the occurrence of all five problems and risk behaviours**. This refers both to boys (Figure 2.11) and girls (Figure 2.12). There are at least twofold differences between young people for whom faith is not important at all and those for whom it is very important. For girls, these differences are sometimes fourfold (as is the case with using drugs and sexual contacts).

Figure 2.11 *The importance of faith (religion) in the life of youth vs. problems and risk behaviours in boys (IPZIN study)*



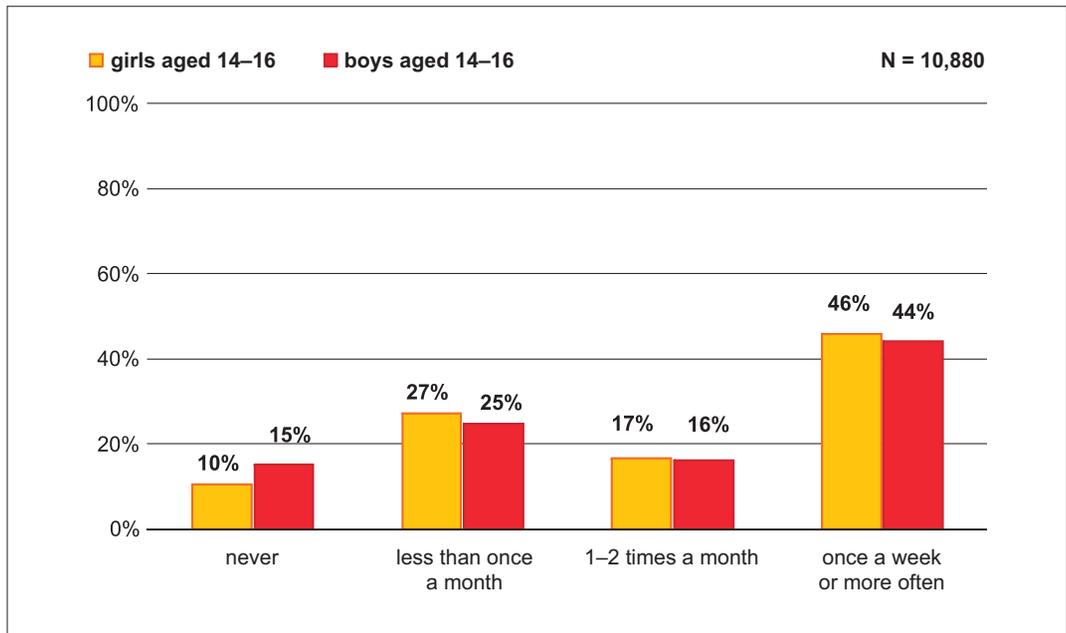
⁸⁵ The values of N for boys and girls in the chart add up to a number that is a little lower than $N = 13,960$, because for some variables, a small proportion of lacking data occurs (below 2.5%).

Figure 2.12 *The importance of faith (religion) in the life of youth vs. problems and risk behaviours in girls (IPZIN study)*



Analogous results are obtained when – instead of the subjectively assessed importance of faith and religion in life – a second indicator of involvement with religion is measured, namely participation in religious practices. The engagement of young people in religious practices is presented in the figure below.

Figure 2.13 *Participation of students aged 14–16 in religious practices (IPZIN study)*



As we can see from Figure 2.13, over 40% of intermediate school students (aged 14–16) participate in religious practices once a week or more often, and a total of over 60% participate at least once or twice a month.

It turns out that **participation in religious practices is consistently connected with youth being protected from engaging in problems and risk behaviours**. This refers to each of the five risk behaviours selected, and is equally distinctive for both sexes, which can be tracked in Figures 2.14 and 2.15.

Involvement with religion is a protective factor whose influence is not included in other factors (those connected with the family or school). We know this from the earlier discussed analyses, where the impact of individual protective factors was tested when controlling for other variables (Table 1.11).

Religious practices take place in religious communities and organizations. The effect of participating in religious practices indicates the importance of another element (after the family and school) of the local community in the prevention of youth problems. In the Polish reality, this is most often the Catholic Church throughout the country, though the Orthodox and Protestant Churches also play an important part in certain regions. In countries like Poland, where the proportion of the population involved in other religions, such as Islam, Judaism and Buddhism, is very low, it is difficult to verify the importance of religious practices for prevention within these religions. One may only assume, on the basis of data from other countries (some of them presented in a former section), that they, too, play an important preventive role.

Figure 2.14 Boys' participation in religious practices vs. problems and risk behaviours (IPZIN)

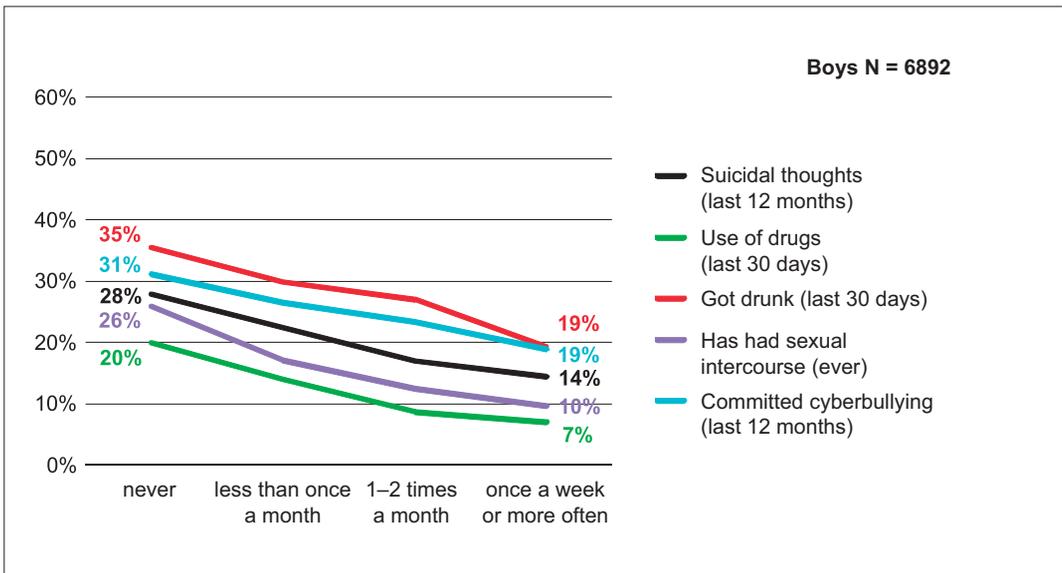
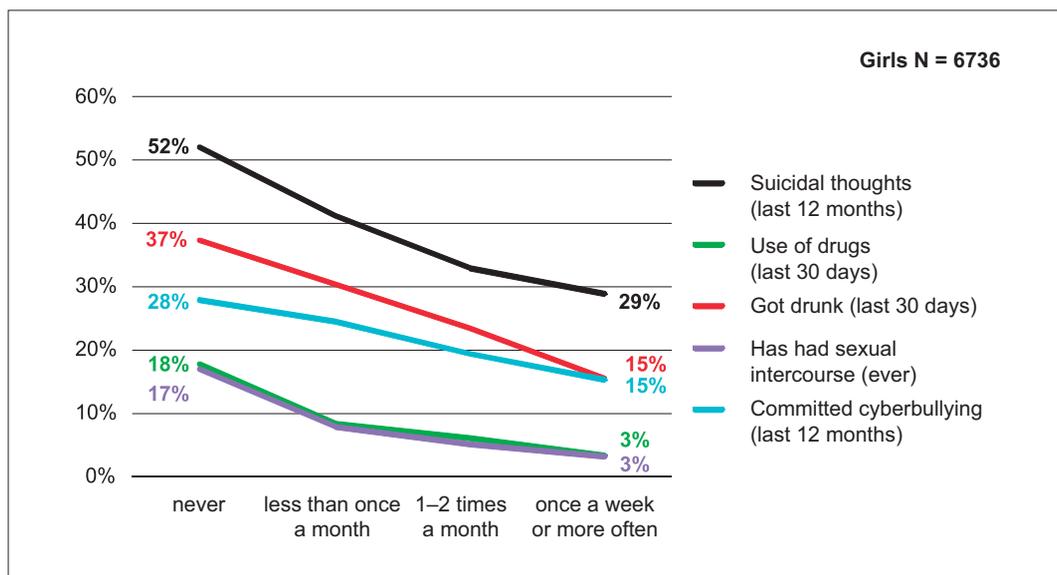


Figure 2.15 *Girls' participation in religious practices vs. problems and risk behaviours (IPZIN)*



Because spiritual and religious identity (the importance of faith/religion in a teenager's life), and also religious practices, are factors protecting youth from risk behaviours and social pathologies, people and institutions responsible for passing down faith and religious values should then be treated as an important element of the positive potential of the local community – one that is very useful for the prevention of youth problems.

The world scientific literature emphasizes that adjusting to social and cultural conditions is a necessary condition for effective prevention of children and adolescents' problems (Green, 2003; Kirby, 2001; Ferrer-Wreder, Stattin, Lorente and Tubman, 2004). As shown in studies, preventive activity that does not respect the value system, religion, culture and tradition in which children are being brought up cannot be effective. Such efforts divide the people and institutions that implement them from parents and the extended family, and also from local religious leaders and upholders of tradition. Prevention requires cooperation among adults, not conflicts. Examples can be found to prove that adjusting the professional prevention message to the values and beliefs of local communities results in the efficient implementation and effectiveness of measures that were earlier rejected and boycotted (Ferrer-Wreder, Stattin, Lorente and Tubman, 2004; Green, 2003).

Churches and religious organizations are natural allies of youth problem prevention. However, in the public debate going on in recent years, different opinions have been

voiced concerning the place and importance of involvement with religion and religious organizations in public life. Voices are heard that assume the air of political correctness about the question of reducing radically the social dimension of religion and closing it in the area of privacy. This vision implies a detached separation of religious organizations from the broader social and public life, rather than friendly cooperation. On the other hand, equally radical voices can be heard in the public debate, that defend religious views, but go as far as to exceed the limits of respect for their opponents. Disputes on these issues at the international, national and local level tend to be long and heated.

But, once study results and pragmatic reasons have been taken into account, it seems very advisable to seek dialogue and the closest possible cooperation, both at the local government level and the national and nationwide level. Efforts should be united for the common good. An important aspect of this good is effective support of youth development and effective problem prevention.

Prevention that recognizes the importance of religious commitment as a strong protective factor should be sensitive to the diverse outlooks on life that are present in the society. Professional and effective prevention should reinforce and use all key resources. As we know, parents are an important factor protecting youth, and effective prevention requires respect for passing down values in the family. Therefore, preventive activity should respect beliefs and values, both religious and non-religious or humanistic. When directing activities towards broad groups of young people (e.g. in state schools), including believers and non-believers alike, it is important not to base the prevention message on arguments referring to religious faith, or to act in a way that would divide young people along religious lines. It is also important to implement prevention in a way that accepts the climate and values of family upbringing – also in terms of religion.

In practice, many Polish prevention experts, and also many teachers and professionals supporting parents, can find a golden mean. This helps them to support both believers and non-believers without violating the sensitivity of either group.

2.2.2. Cooperation with religious organizations in the area of prevention as described by state documents

Cooperation with religious organizations and associations is regulated in legal documents regarding matters of problem prevention.

*The Act of October 26th, 1982 on Upbringing in Sobriety and Counteracting Alcoholism*⁸⁶ states in Art.1 that ‘government administration authorities and local government units shall be obliged to undertake activities aimed at limiting the consumption of alcoholic beverages and changing the structure of alcohol consumption, as well as initiating and supporting actions directed towards changing alcoholic beverage consumption habits...’ The Article further discusses cooperation between

⁸⁶ Accessed on, and quoted from, http://parpamail.nazwa.pl/parpa_en/images/docs/ACT.pdf.

government administration and local government units, and ‘the Catholic Church and other churches and religious associations within the scope of upbringing in sobriety and counteracting alcoholism’ (art. 1, par. 3).

Organizational Rules of The State Agency for the Prevention of Alcohol-Related Problems (PARPA), established by a ministerial rule and included in the official journal (Dz.Urz. MZ of June 17th, 2010), state that the Agency’s objectives are realized through such activities as ‘cooperation with non-governmental organizations dealing with prevention and solving alcohol-related problems, especially with the temperance movement, including teetotal clubs and associations, and non-governmental organizations within the Catholic Church, other churches and religious denominations.’

*The National Programme for Preventing and Resolving Alcohol-Related Problems for the years 2011–2015*⁸⁷ also reminds us that ‘the entities designated by the legislator for implementation of tasks related to prevention and resolution of alcohol-related problems are national and local governmental administration bodies, the National Broadcasting Council, as well as NGOs, churches and religious congregations.’

The State Agency for the Prevention of Alcohol-Related Problems (PARPA) has a long and rich tradition of cooperating with religious organizations, both on the initiative of these organizations and the Agency itself.

*The Act of July 29th, 2005 on counteracting drug addiction*⁸⁸ establishes the way of realizing objectives in the area of counteracting drug addiction: ‘through proper social, economic, educational, upbringing and health policy-making’. The responsibility for the realization of these objectives lies with state administration bodies and local government units, and actions may be performed by: ‘non-governmental organizations and other entities whose statutory activity covers public service-related areas such as health care, health promotion, welfare services, charity, science, education and upbringing, physical education, public order and security, social pathology prevention, promotion and organization of volunteer movements’ (Art. 5 par. 3). The Act does not mention religious organizations or denominations, but they may be partners in the realization of the objectives concerning counteracting drug addiction if they meet the above criteria.

Many examples of cooperation with religious organizations and institutions can be found in the activities of the National Bureau for Drug Prevention.

Schedule for Implementation of the National Programme for Preventing HIV Infections and Combating AIDS for 2012–2016 (MZ/ KCds. AIDS, 2012) defines 9 areas of specific tasks and objectives addressed, among others, to churches and religious associations as target groups.

⁸⁷ Accessed on, and quoted from, http://parpamail.nazwa.pl/parpa_en/images/docs/NPPiRPA_2011_2015_eng.pdf.

⁸⁸ Accessed on, and quoted from, <http://www.kbpn.gov.pl/portal?id=113884>.

The National AIDS Centre also has in its practice many examples of cooperation with the Catholic Church and other religious organizations and institutions.

The National Health Programme for 2016–2020 is the most recent and the most important of all the documents mentioned in this chapter. It was approved by the Polish Government and signed by the Prime Minister in October 2016. In item 13 of chapter XI, devoted to coordination tasks, the *NHP 2016–2020* formulates a task regarding cooperation with religious organizations in the following way: ‘supporting the cooperation between government administration and local government units, and the Catholic Church and other Churches and religious organizations in achieving goals 1–6 of the National Health Programme for 2016–2020.’

In many local communities, cooperation between local government units and religious organizations in the area of youth education and problem prevention is based on partnership and is in accordance with regulations in the state documents cited above.

2.3. Youth as one of the resources for problem prevention

The study results presented in Section 1.2 show that a great number of youth do not engage in risk behaviours. This means that young people themselves – the main audience of preventive activities – may also be seen as one of important resources of these efforts. A considerable part, and often the majority, of youth develop in a healthy way, showing healthy attitudes and leading a lifestyle free of risk behaviours. This is an important fact both for the rest of youth and for teachers, professionals and prevention staffs.

Well-conducted and effective youth development support, health promotion and universal prevention⁸⁹ reinforces the healthy lifestyle of this large part of youth population living a healthy life. It strengthens their self-esteem and helps them to come out of the shadow. Adolescence is a time when the peer group is very important to young people. In most teenage groups, posing as an independent person who undermines the value of the family, religion and school is an easy way to win acceptance and reach a high position. And there is also the problem of creating one’s own image based on boasting about alcohol, sexual and other experiences. This image of a teenager fits the picture created and popularized by mass culture. It may seem the safest to someone who does not want to stand out from his or her peers because of being different, and who does not want to be pointed at as childish, naïve or cowardly. But assuming such a pose does not tell the whole truth about the young person, or even the most important part of it.

⁸⁹ Universal prevention is a kind of prevention that is not directed towards risk groups only but to the whole population of youth in a given environment (school, local community, etc.).

Studies on effective prevention programmes (Hansen, 1992; Grzelak, 2009a) prove that modifying the normative beliefs of youth⁹⁰ is one of the best strategies in prevention. It is based on the fact that young people tend to adjust their attitudes to their beliefs about the behaviours, attitudes and opinions of the majority of their reference group. As a rule, these normative beliefs are one-sidedly false. Young people think that their peers drink more alcohol than they really do, according to reliable studies. The universality of using drugs, sexual contacts and many other behaviours is similarly overstated in teenagers' eyes. Perception errors of this kind refer to many areas.

False normative beliefs about youth are also the problem of adults. They accept as true the negative picture of young people's attitudes that is present in the media, as well as youth's poses in the classroom, at school and in other peer groups.

Similarly, many adults assume as self-evident that young people do not want any formation from adults, and that they ignore preventive efforts of adults and reject healthy lifestyles. This way of thinking makes adults (professionals, teachers, prevention teams) take on the thankless role of someone who has to force wise and healthy attitudes on teenagers against their will.

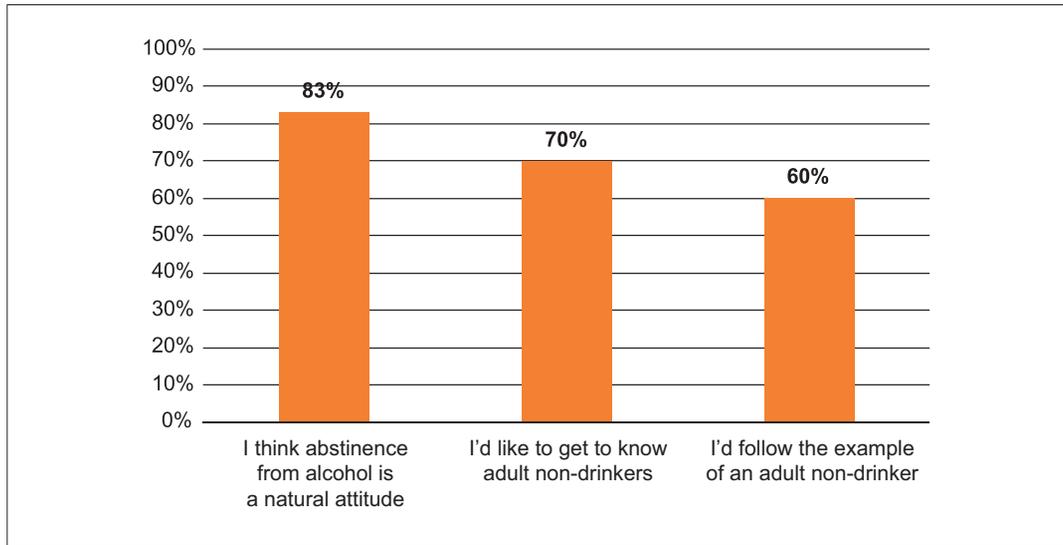
Let us have a look at several examples of response to prevention programmes from Polish youth of different ages. We will concentrate on teenagers' immediate response to the message contained in each of the programmes they have taken part in. We are not going to discuss in detail the contents of these programmes or scientific studies on their effectiveness. These are not our goals here. We will simply compare two elements: the main aims of the programmes' prevention message and the youth's response to this message. The following programmes have been selected as examples here: Debate (Debata), Noah (Noe) and an integrated prevention programme Archipelago of Treasures® (Archipelag Skarbów®). All three are being carried out on a large scale. And all three also refer to youth's positive potential, which reveals itself during these programmes' implementation.

The Debate programme is addressed to young people who are entering adolescence (aged 11–12) and will only start their intermediate level schooling (Wojcieszek, 1998). According to data from the Noah Association (Stowarzyszenie Noe), around 60,000 students of the upper years of primary schools participate in this programme each year.

⁹⁰ Normative beliefs are subjectively perceived social (and e.g. environmental) norms concerning behaviours that are accepted, normal and typical for the group a given person belongs to or aspires to belong. Two aspects are important in youth problem prevention: teenagers' beliefs about what is accepted by most of their peers, and also their beliefs about how universal certain attitudes and behaviours are among their peers. If a teenager thinks that most of his or her peers consider getting drunk by a 15-year-old as normal and natural, and also thinks that most people of this age get drunk from time to time, he or she is more likely to get drunk, too. Subjective norms of this kind compete with norms expressed by other authority figures important to the teenager (parents, teachers, etc.). A similar term to 'normative beliefs' can be often found in the literature on this subject, namely 'subjective norms.'

The aim of the programme is to strengthen the positive pro-health attitudes of the participants and delay the time of their initiation into alcohol⁹¹.

Figure 2.16 Pro-health beliefs of Debate prevention programme participants related to abstaining from alcohol



Data gathered for 2013–2014 by the Dezyderia Counsellor Team (Zespół Pedagogów Dezyderia), who carry out this programme, show that **83% of youth consider abstaining from alcohol to be a natural attitude** (N = 3075). According to data for 2014 (N = 1978), **70% of youth would like to get to know personally an adult abstinent (i.e. non-drinker), and about 60% would follow this person's example.**

The average overall assessment of this programme by students who took part in it in 2014 is **4.97 (on a scale of 1 to 6, where 6 stands for 'excellent')**. Results from earlier years are similar. The Debate programme successfully uses youth's positive potential, shapes correct normative beliefs and is very well received by young people as well as parents and teachers.

The Noah programme is addressed to intermediate and upper secondary school students, aged 13–19 (Wojcieszek, 1995). According to data gathered by the Noah Association, around 40,000 students take part in it each year. The aims of this programme are focused on preventing the use of psychoactive substances, especially alcohol.

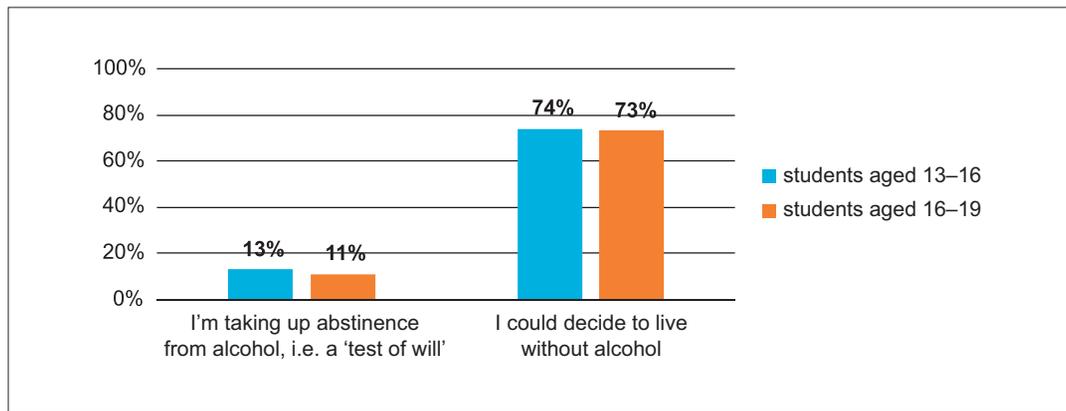
In a secret vote during this programme, **73% of students aged 16–19 and 74% of students aged 13–16 respond 'yes' to the question: 'Could you decide to live without alcohol?'** (data for 2014, N = 5653, gathered by the Dezyderia Counsellor Team). When

⁹¹ In the Polish society, alcohol-related problems are the most serious and the most widespread ones. Delay of alcohol initiation is treated as one of the main goals in prevention work among pre-adolescents (aged 11–12).

these results are revealed to youth, they are surprised and their normative beliefs are changed. They would expect the majority of peers to categorically reject even considering the possibility of life without alcohol. The positive potential is shown, which otherwise remains hidden and unrecognized in the everyday life of youth environment. What is more, 13% of students aged 13–16 and 11% of students aged 16–19 participating in this programme decide to take a ‘test of will’: they declare to abstain from any kind of psychoactive substances for at least two months. This is an opportunity for them to train assertive behaviour.

The average assessment of the Noah programme by young people is around 5 (on a scale of 1 to 6, where 6 stands for ‘excellent’).

Figure 2.17 Pro-health beliefs and intentions of Noah prevention programme participants related to alcohol use



The Archipelago of Treasures® integrated prevention programme⁹² is addressed to students aged 13–17 (Grzelak, 2009a). Between 20 and 40 thousand students participate in it every year. According to the assumptions of the integrated prevention model, the aims of this programme focus on a range of problem areas (prevention of psychoactive substance use, risk sexual behaviours and peer violence; prevention of depression; early prevention of demographic problems). Table 2.6 and Figure 2.18 show assessment data gathered by the Institute for Integrated Prevention in 2011–2014.

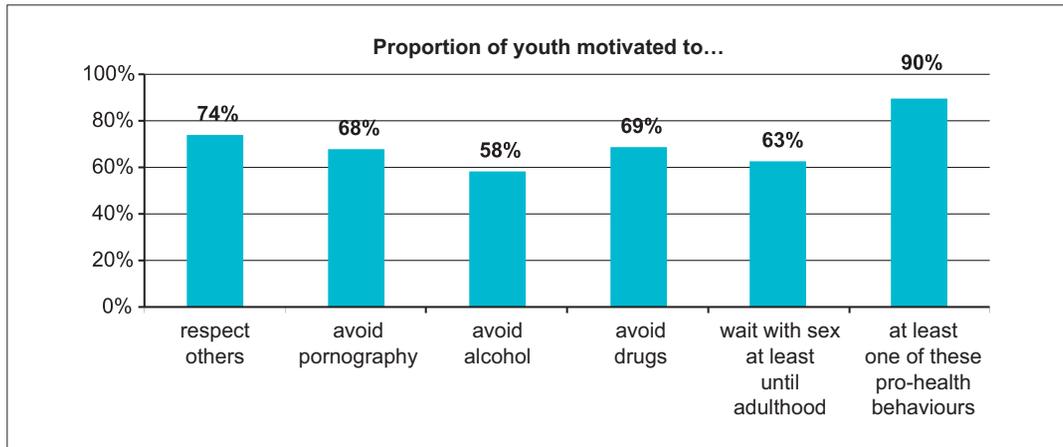
Table 2.6 Assessment of the Archipelago of Treasures® prevention programme by the participants (from IPZIN archives)

Results of the Archipelago of Treasure® monitoring questionnaires for 2011–2014, N = 37,425 (age 14–17)	
Average assessment of the programme (1–6, where 6 is 'excellent')	4.68
I have learnt useful things	77%
I have received help with coping with difficult emotions	57%

⁹² For more information see www.archipelagooftreasures.eu.

The positive reception of the Archipelago of Treasures® programme by youth proves that even radical goals set in many prevention areas at the same time do not necessarily lead to the message being rejected by young people.

Figure 2.18 Youth pro-health attitudes according to data from Archipelago of Treasures® prevention programme monitoring for 2011–2014 (N = 37,425) (from IPZIN archives)



The data presented here shows how important youth themselves are as a resource for prevention. They are open to reflecting on their own lives. They are ready to adopt the development direction indicated to them by competent adults who reveal to them the sense of leading a healthy lifestyle, free of problem behaviours. It turns out that the majority of young people respond positively to prevention messages. This is possible with prevention measures that indicate the same direction, and are based on the same values, as most parents and extended families try to pass on to their youth in the upbringing process. Professionals working with such prevention programmes become additional but important authority figures in young people's environment, they become life guides who reinforce the message of the primary authority figures – parents, grandparents and teachers.

The results of the monitoring of these three examples of prevention programmes cannot be treated as the proof of these programmes' effectiveness. For this purpose, independent evaluation studies have been carried out, with their strict methodology. One of many important elements of such a study is to examine youth before and after the programme, and to compare the results with those of a randomly selected control group. However, we are not dealing here with evaluating the programmes' effectiveness.⁹³ **We only use the monitoring data to demonstrate that prevention programmes can be very well received by youth, contrary to the negative stereotype of adults using prevention**

⁹³ Discussion of issues related to the scientific evaluation of the effectiveness of prevention programmes can be found in Section 3.4. It includes criteria used for assessing programmes' effectiveness, their implementation and cost optimization.

to impose a healthy lifestyle against the will of adolescents. What is important, this positive response concerns programmes that face youth with clear demands, so their positive assessment has not been achieved at the cost of compromising the prevention message or minimizing goals in order not to challenge young people too much.

It is evident that not all declarations made under the influence of short-term emotions, experienced during a prevention programme or right after it, will translate into a changed behaviour on the part of youth. No doubt, however, that such declarations contradict negative stereotypes about young people.

Once we know that teenagers can respond so positively to prevention, we should take youth themselves into consideration as a very important aspect of local community resources.

Stimulating and reinforcing the desire to live a wise and healthy life in a number of prevention programme participants changes the balance in their peer group. This strongly affects normative beliefs of the group. Educational and prevention measures, which reveal to young people their hidden potential, let them see their own number and strength. This lays convenient grounds for taking further steps in the area of youth development support and prevention. These include activities implemented not only in universal prevention but also in prevention directed towards high-risk groups or groups that already display problem behaviours.

The examples of monitoring results presented here are also significant because of adult beliefs about youth. **The larger the number of adults who see the positive potential of young people, and the more strongly adults believe in youth, the more young people are inclined to live up to the trust and faith that adults place in them.**

The mechanism described above is nothing else than actually building social capital – and doing this in the most effective way: by creating positive feedback.

Professional, well thought-out activity in the area of education, development support, health promotion and prevention helps to create leaders of a healthy lifestyle among young people. Youth leaders may be very helpful in realizing prevention objectives, and in winning their peers over to this message. An interesting example is peer mediation, which involves the use of properly trained young volunteers in violence prevention and building a friendly school climate (Czerwińska, 2015).

In expert opinions gathered as part of preparation for this *Guidebook*, statements were repeated indicating that the potential of positive groups of youth, youth communities and youth organizations remains largely untapped. This refers to scout organizations, religious groups, as well as various positive informal groups, which – according to some of the experts – nowadays have a weaker impact on other teenagers than they had some decades ago.

The positive potential of young people does not imply handing over the control in health promotion, youth development support and problem prevention to youth leaders.

The burden of prevention tasks and supporting youth development must not be shifted onto young people's shoulders. Responsibility always remains with the adults. But young people's help is invaluable, and their involvement in preventive activity can increase the effectiveness of this activity. The involvement of young people in promoting a healthy lifestyle is also a very effective form of prevention for those young leaders themselves. According to researchers, volunteering in prevention work or in other pro-social work positively affects those who engage in it. Involving youth in volunteering has been used in prevention programmes, some of which turned out to be effective. Important factors in these programmes' effectiveness include youth's increased sense of autonomy and competence in their relationships with peers and adults, and also discovering that their own activity may be really meaningful to someone else (Kirby, 2001).

Getting young people involved with the implementation of prevention programmes requires a professional approach on the part of adults, and their responsible decisions about what exactly youth should be involved in, how to choose and prepare these young leaders, and how to accompany them. Young people engaged in activity concerning youth development support and prevention, aimed at their peers or younger teenagers, are positive models for the audience of this activity.

2.4. Social Capital Development Strategy 2020⁹⁴ and the positive potential of local communities

The subject of social capital is very closely connected with issues presented in the *Guidebook* and so important that it could not be left out of this publication. Problem prevention and youth development support are based on social relations and the potential of social trust. This dependence is a two-way relationship: higher social capital increases the effectiveness of problem prevention and youth development support; and effective problem prevention and youth development efforts increase social capital.

The definition of social capital in the *Social Capital Development Strategy 2020* is:

Social capital is the ability of citizens to mobilize and join resources resulting from mutual trust and the existing norms and models of behaviour, which supports creativity and strengthens the desire for cooperation and mutual understanding in attaining common goals (Ministry of Culture and National Heritage, 2011, p. 37).

Social capital is a necessary condition for fruitful completion of any social undertaking, including educational and preventive efforts. It relates to citizen-based initiatives, NGO efforts and implementation of local government objectives and national policies to an equal degree (Mikiewicz, 2011).

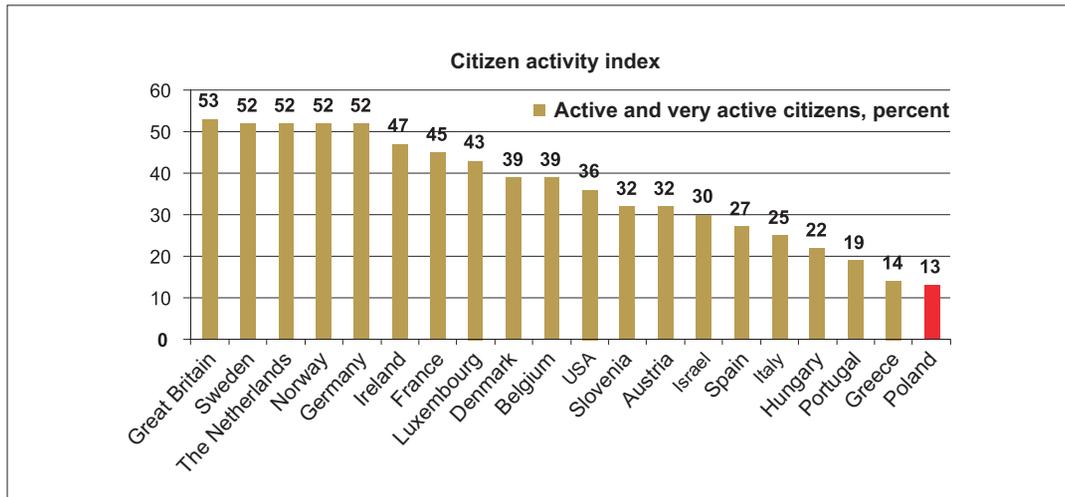
⁹⁴ *Social Capital Development Strategy 2020 (Strategia Rozwoju Kapitału Społecznego 2020, SRKS 2020)* was formulated by the Polish government in response to the challenges identified by the National Long-term Development Strategy. It was prepared in affiliation with European Union documents (*Europe 2020 Strategy* goals I and III, defining socioeconomic goals for the EU for the decade).

This fact is acknowledged in the assumptions of the long-term national policy defined in the *Social Capital Development Strategy 2020 (Strategia Rozwoju Kapitału Społecznego 2020, SRKS 2020)*, which draws on diagnoses indicating the exceptionally low level of social capital in Poland.

SRKS 2020 points to studies that reveal the truth about the low level of social capital in Poland in comparison to other countries, especially those of Western Europe. The communist period significantly weakened the existing social capital in Poland (except for the family sphere) and slowed its development for a long period of time. What is disturbing is the fact that two decades after the transformation of the Polish political system, the Polish ‘citizen activity index’ is still significantly lower than in many EU countries.

Citizen activity index in 20 countries:⁹⁵

Figure 2.19 The social activity of Polish citizens, compared to other EU countries (ESS)



This phenomenon of relatively low citizen activity in Poland is attributed by *SRKS 2020* to the lack of social trust in Poland. It includes the very low level of trust that Poles have in each other and in public institutions, as well as in those institutions which are permanently linked to democracy. This last is expressed in the opinions of Poles registered in surveys as well as the low level of voter participation.

Successive editions of the *European Social Survey 2006* and *2012* (Sztabiński and Sztabiński, 2014) indicate an exceptionally low level of social trust in Polish society in comparison to residents of other European countries (including Eastern Europe), and are confirmed by results of the *Social Diagnosis 2013* (Czapiński and Panek, 2014).

⁹⁵ Source: *Polska 2030. Wyzwania rozwojowe (Poland 2030. Development challenges)*, Office of the Prime Minister, July 2009, p. 352.

When evaluating the cause of this low level of social capital in Poland, researchers state that there is a lack of intermediate social structures between the microenvironment of the family and the state as well as a lack of a sense of effective social control, and on the other hand, a simultaneous ballooning of bureaucratic regulations, creating an ‘inept society’ syndrome (Mikiewicz, 2011, p. 136). Studies show that ‘growth in social capital is needed not only to improve the capacity for cooperation, but also to increase the innovativeness of the Polish society and economy, which in turn is decisive for competitiveness according to contemporary growth theories’ (Żołnierski, 2012). It can be said that **the development of social capital is a precondition for social and economic growth in the long-term perspective, not just for the country as a whole but also for individual municipalities, counties and provinces.**

Growth in social trust and social capital are thus also necessary preconditions for effective youth development support and problem prevention efforts. In conclusion, knowledge of *SRKS 2020* is useful for local government officials, teachers and other specialists creating and implementing local educational, prevention and social strategies.⁹⁶

The primary goal of *SRKS 2020*:

Strengthening the role of social capital in the socioeconomic development of Poland

The **benchmark accepted for attainment of this main objective** was taken to be **growth in the ‘general level of trust of Polish citizens’** from the 2012 base value of 23% to the target value 35% in 2020; this value is the result of the research and analysis of experts. Generalized trust and trust in public institutions are critical and important factors in social undertakings, because ‘relationships built on trust act to support cooperation, communication and creativity as well as link the individual with society in a way that makes cooperation with others and attainment of common goals possible. The quality of these relationships is preconditioned primarily by characteristics of the social structure and so: norms, models, values and social competencies. **Trust or the lack of it is an effect of real experiences and is formed in practice in social life.** It requires stable support in ‘social infrastructure’ understood broadly as institutions, networks and spaces where these relationships can take place. **An important element of social infrastructure is a supportive public sphere, including government offices, cultural institutions, schools and parks, but also public media’.**

In the context of the assumptions of *SRKS 2020*, we see a strong relationship between the preconditions for effectiveness of youth development support (including education, health promotion and problem prevention) and the local level of social capital. Indeed, it is the real experience in the daily lives of youth, parents and school employees of cooperation with local government authorities that will strengthen or weaken this

⁹⁶ In this summary of *SRKS 2020* quotations or abridgments of the document are often used. In the interest of text readability, with the exception of a few excerpts, no quotation marks have been used. The fidelity of the description of selected *SRKS 2020* theses can be verified by reaching for the original document: Ministry of Culture and National Heritage, 2011.

mutual trust. **In communities where local government officials build a climate of cooperation, develop natural social resources and strengthen social capital, efforts on behalf of youth development support and problem prevention will be more effective.**

Noticing, using and developing the natural social resources that exist in each municipality and county is the simplest, cheapest and most rational way to increase the effectiveness of efforts made in the area of prevention of youth problems. An identical assumption is made in *SRKS 2020*, which encourages us to focus on: ‘more effective use of existing infrastructure and any resources responsible for the creation of social capital, and integrating and restructuring already-existing initiatives’. With such a low level of social activity and social trust, ignoring enclaves of activity and social trust that do exist, and leaving them without support would be irrational and dangerous for the development perspective of Polish society, and so for the development of broad and effective strategies in the area of youth problem prevention.

The recommendations for local government to increase social capital are not always easy or obvious to implement. **The goal of the *Social Capital Development Strategy 2020* is not growth in society’s self-empowerment (subjectivity) exclusively via approaches that are simple and convenient for politicians and government officials, but authentic development of social activity and real growth in civic responsibility towards the country and local community.** That is why one of the indicators of social capital named in *SRKS 2020* is the percentage of citizens who are engaged in social affairs, in the form of signing a petition on behalf of some issue. Authors of the government document, echoing the *European Social Survey*⁹⁷ believe that a **greater percentage of citizens indicating activity in the form of petitions and other forms of citizen protest means a higher level of social capital.** According to the *European Social Survey 2012* study, just 10.6% of Polish citizens signed a petition in the last 12 months, while the European average was 20% (Domański, 2014). According to the spirit of the *SRKS 2020* document, government authorities to whom petitions are directed should notice the needs of citizens expressed by these means, review their own decisions and aim to channel the societal energy in the citizen protest towards constructive and positive solutions. This is only possible when citizen petitions are taken seriously and treated as a form of social participation in public life, which may be an inspiration for new solutions – solutions that better serve the common benefit.

Because petitions and protests expressed in accordance with the laws of a democratic state are a sign of social capital, knowledge of the areas of life and issues addressed by such appeals to national government (the Polish Sejm and Senate, President, Prime Minister, individual ministries and other national administrative bodies) and local government (provincial marshals, county administrators, city presidents, mayors) is very important. **As part of the work on this book, an attempt was made to analyse**

⁹⁷ The *European Social Survey* is an international social survey on the attitudes, beliefs and behaviours of Europeans initiated by the European Science Foundation and conducted cyclically every several years (30 countries were included in 2012).

data on petitions and protests to check what share of this type of citizen activity dealt with school, youth development, family, parenthood and other related topics. As it turned out, no government or national institution gathers, orders or publishes basic information regarding the recipients of petitions, their subject, the number of signatures gathered and a description of the recipients' response to the expectations expressed in the petition. From the perspective of the attainment of *SRKS 2020* goals the gathering, analysis and publication of such important data should be treated as a high priority task. The fact that the state authorities⁹⁸ do not gather or analyse this type of data is contrary to the spirit of a democratic and civic state and requires decisive correction.

Data that the authors of the *Guidebook* managed to obtain from several NGOs which organized individual campaigns indicate that the **appeals and protests related to issues of school, family and youth development support** were a large share, if not the majority, of all petitions and requests directed to national authorities over the last several years. During 2013 and 2014 alone, more than 3 million signatures were gathered regarding this type of correspondence.

SRKS 2020 (Ministry of Culture and National Heritage, 2011) list the most important objectives for the **development of social capital in Poland**, including those that are particularly important from the point of view of educational policy:

- a) **Increasing public awareness of the importance of social capital in the development of the country.** 'The lack of public awareness of the importance of the role of social capital in growth and attainment of success – at a group level as well as individual level – reinforces the domination of individualistic attitudes over prosocial behaviour in Poland. Results from the diagnosis indicate that the majority of Poles do not trust each other and fear cooperation, despite their beliefs of the greater effectiveness of commonly undertaken actions. Relations between citizens and institutions are characterized by a particularly low level of trust'.
- b) **Increasing the level of competencies that support social capital development.** 'Improvement in the system of educating teachers and **increasing the prestige of the teaching profession** are particularly crucial'. This element is particularly important from the point of view of the goals of this *Guidebook*. Increasing the prestige of teachers would strengthen their authority in society as educators and help them to increase the effectiveness of youth development support and prevention efforts.
- c) **Increasing activity and social participation.** 'The cardinal rule that all activities increasing social participation should be based on, is the **constitutional principle of subsidiarity**⁹⁹, which is reflected in the horizontal principle of the Social Capital Development Strategy (*SRKS 2020*), "partnership and cooperation". In keeping with this, the **state should create conditions for the development of civic activity and increase the influence of citizens on public policy**, respecting citizen autonomy

⁹⁸ This refers to the 2010–2014 state authorities. Our analyses were conducted before the current government administration came into power (November 2014).

⁹⁹ The principle of subsidiarity is also one of the fundamental principles of the European Union.

and diversity in the spheres of activity and opinion. Partnership should be based on mutual trust and building transparent state–citizen relationships. That is why one challenge for public policy is to improve conditions serving the increased participation of citizens in facilitating and monitoring the actions of public administration.

The document indicates the types of stakeholders that should take part in strategic discussion about the effects of a social capital development policy and support the attainment of *SRKS 2020* goals. The document mentions cooperation with the following stakeholders:

- a) local government authorities
- b) NGOs, socioeconomic institutions and other non-profit organizations
- c) churches and religious organizations, as well as organizations of national and ethnic minorities
- d) the academic community
- e) trade unions and employer-based organizations
- f) other supportive organizations (KRRiT¹⁰⁰, UKE¹⁰¹, RPO¹⁰²).

The recommendations formulated in this *Guidebook* coincide with the *Social Capital Development Strategy 2020 (SRKS 2020)*, which means that this government document may be treated as a helpful point of reference for the implementation of our recommendations.

The major common points of *SRKS 2020* and the approach taken by this *Guidebook* are:

1. An interest in increasing the effectiveness of youth development support and prevention efforts by building social capital based on mutual trust and local community participation.
2. Highlighting the importance of existing local resources, developing their potential and taking them into account in local prevention strategies.
3. Implementing a vision of cooperation between citizens, national and local government, NGOs and religious organizations, where individual stakeholders representing each of the mentioned levels of social and state structure share the decision-making.

The recommended approach to managing matters of youth development support and problem prevention includes care for the growth of social capital and mutual trust. One of the goals included in the *Guidebook* recommendations (see Chapter 3) is assisting local governments in building action strategies where issues of youth development support and problem prevention are not a source of social conflict or cause of increased mistrust of the local community, but the reverse – where the goal of counteracting youth

¹⁰⁰ The National Broadcasting Council (Krajowa Rada Radiofonii i Telewizji, KRRiT).

¹⁰¹ Office of Electronic Communications (Urząd Komunikacji Elektronicznej, UKE).

¹⁰² Commissioner for Human Rights (Rzecznik Praw Obywatelskich, RPO).

problems unites people and institutions. Working out local strategies which take into account the *Guidebook to Effective Prevention of Youth Problems* may become a practice that serves the building of greater trust between citizens, schools, local and national government.

2.4.1. Social capital in the GUS study and the positive potential of local communities

Results of the *Social Cohesion Study* by the Central Statistical Office of Poland (Główny Urząd Statystyczny, GUS, 2013) are key in understanding the most important elements of the positive potential of local society and can be used in effective management of youth problem prevention. For this reason, in this section we review selected results of the study in detail – results related to youth development support and prevention of risk behaviours, which are of particular use to local government efforts.

The GUS study on the quality of life and social capital in Poland is of high methodological quality and is based on a large and representative study sample. It contributes reliable knowledge about the state of various forms of social capital in Polish society. Due to the fact that the study sample includes people from 16 years of age, the GUS report may also serve as a source of information about youth and young adults (16–24 years old).¹⁰³

For the study results to be understandable, a presentation of basic definitions is needed.

In the *Social Cohesion Study*, various components of **social capital** were analysed, focusing on the **social network** dimension and not the normative-axiological aspect. Thus, various **social networks** of individuals were studied but without delving into social norms or values represented by the study participants or the groups to which they belong. A strong advantage of the GUS report is that it takes into account not just **associative capital** related to activity in the framework of groups and formal organizations, but also **informal capital**. The inclusion of this second category in the study is useful because in the Polish reality, associative capital is relatively low and informal capital is no less significant for quality of life and social cohesion.

Associative capital includes membership and engagement in the activities of NGOs, religious organizations and communities, trade unions, political parties, cooperatives and housing associations. According to the GUS study, depending on the indicator used, 71–77% of Poles do not engage in or do not feel they belong to any type of association or organization. **Associative capital is thus formed by the remaining 23–29% of the society.** Approximately one half of associative capital in Poland is related

¹⁰³ The youngest age bracket 16–24 subsample may not be subdivided; it would lose statistical representation in analyses that consider many other independent variables simultaneously.

to membership in religious communities and organizations, and one half is connected with participation in secular associations.¹⁰⁴

Informal capital ‘is built on the basis of close relationships of people who know each other personally in the framework of elementary social structures such as the family, colleagues, friends or neighbours’. Two partial indicators of informal capital used in the GUS study relate to the two most important components – **family capital** and **friend–neighbour capital**. ‘Evidence for social capital was accepted to be: contacts and relations that offer the opportunity for moral support or material assistance in case of need’. If the survey respondent indicated that he or she could count on moral support or material assistance from their family, this indicated a high level of family capital, and if he or she could count on this support from their friends and neighbours, this meant a higher level of friend–neighbour capital.

More than 63% of Poles possess informal capital at a medium or high level. This is a much higher rate than for associative capital. More than half of the informal capital of Poles consists of family capital. At least a medium level of family capital was noted in more than 61% of the population, while 25% of those surveyed had a similar level of friend–neighbour capital. The greatest resources of informal capital are held by young people. **‘In the 16–24 age group, 90% of individuals were characterized by at least a medium level of family social capital, and 30% had at least a medium level of friend–neighbour social capital’.** **The level of informal capital, including family capital, drops with age. It is highest for the youngest age group, which demonstrates the fundamental importance of the family in the life of the young person.**

This last piece of information is very important from the perspective of education, youth development support, health promotion and problem prevention. The GUS study results offer a strong confirmation of an approach that assumes a very important part of the positive potential of the local community to be located in the family. Worthy of note is the fact that according to the GUS indicators, family capital includes not only relations with parents but also with siblings, grandparents and the entire extended family. **In the youth population, there is no other form of social capital that is so widely held as family capital.** It is in the family, indeed, that the closest relationships, the greatest trust and the greatest potential to cooperate for the common good exist.

There were no large differences in the level of informal capital observed in the study based on the place of residence, geographic region or type of municipality. The somewhat higher level of informal capital in villages compared to cities/towns results from the higher level of family capital in villages. Villages also had the lowest share of residents with a very low level of informal capital or complete lack of it. In village communities, fewer individuals are left without any support from surrounding people, compared to large cities.

¹⁰⁴ When it comes to active engagement in associative capital-related activities, about two-thirds of active engagement is in secular organizations and one-third in religious organizations.

A relatively higher level of family capital has been observed in the eastern and south-eastern regions compared to the rest of Poland.

According to the GUS study, the level of associative capital is related to income level (wealthier individuals have a higher associative capital) in contrast to the level of family capital, which wealth does not influence significantly.

‘Summing up the conclusions related to all three types of social capital (associative, family and friend–neighbour) it can be said that residents of cities/towns have a somewhat higher level of network capital resources (higher friend–neighbour and associative capital and just slightly lower family capital). At the same time, residents of cities/towns have higher isolation indicators. When it comes to both interpersonal contacts as well as social capital – in cities/towns there is noticeably higher differentiation in the situations of individuals than in villages. That is why, despite the higher average level of capital resources in cities/towns, the share of people with the lowest level of these resources in cities/towns is greater than in villages. And most probably, isolated individuals belong to this group’.

The results of the GUS study also indicate a certain competitiveness between different types of social capital. Growth in associative capital at the national or local community level would not necessarily cause a total growth in social capital. It is possible that gaining a higher level of associative capital could impact or lower the level of family or friend–neighbour capital.

This conclusion is the next argument on behalf of activities based on a good understanding and use of the positive potential of the currently existing network of relationships in Polish society. **Because the family is of greatest importance in these networks, we need to think how to make use of this in managing social affairs, education, health and specifically, the prevention of youth problems.** Assuming a technocratic view that would attempt to change the structure of social capital in Poland could result in a shift from one type of capital to another, rather than growth in the total social capital. From the perspective of bringing up children, youth development support and problem prevention, which are the realms naturally close to the family, it seems best to base an action strategy on the social capital that we currently have available, and so family capital first, and only later friend–neighbour and associative capital.

In the GUS *Social Cohesion Study* report, an entire chapter is dedicated to socioreligious matters. The study authors explain this with the fact that one of the social capital indicators is ‘membership in various types of associations and organizations and engagement in activities on behalf of the local community’. Both of these elements are part of the functioning of religious organizations within the framework of different religious denominations and faiths. The authors of the report explain which social entities are included in the category of religious organizations. These are: ‘parishes, meeting houses, charity organizations, charismatic communities and other organizations and religious groups’. Religious organizations unite the institutional and religious dimension

with the community and local dimension. 'Relationships of individuals in this type of organization/community form an important share of the social relationships existing in local communities'.

As GUS study results show, this type of social relationship is very common in Poland. 85% of respondents answered positively to the question about their relation to a particular religion or church. Sex and type of locality only slightly influenced the response. 70.1% of those studied indicated taking part in religious practices such as Holy Mass, religious services and meetings not less than once per month. 'Survey responses indicate that one half (50.1%) of individuals aged 16 and older take part in religious practices at least once per week, nearly 20% at least once per month, 18.2% only during holidays, 6.4% stated even less frequent participation and 5.6% stated never'.

18% of survey respondents who are associate with and participate in religious practices are actively engaged in the activity of some specific religious organization, group or community.

When it comes to level of engagement in the socioreligious life of a particular church or religious community, 56% of those surveyed indicated at least a low level of engagement, and 20% of society have a medium and high level of engagement. Of interest is that the **highest levels of engagement in socioreligious life are characterized by individuals of highly divergent levels of education – the highest (Master's degree and higher) and the lowest (at most, intermediate school)**. It turns out that religious organizations are a 'common denominator' for completely different social groups. Churches and religious organizations are thus a particularly valuable type of resource from the perspective of building social cohesion.

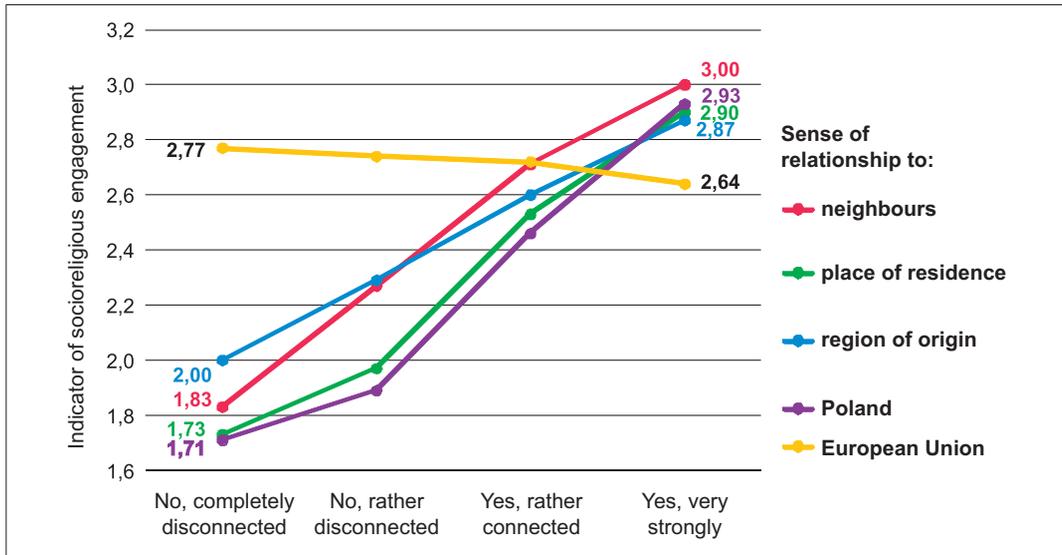
Also of interest is that the **highest level of socioreligious activity characterizes the elderly (over 65 years of age) on the one hand and the youngest (school and university students) on the other**. This presents an opportunity to build local social strategies where contact between youth and the elderly population would be utilized for the wellbeing of both youth (for youth development support and problem prevention goals) and the elderly (sense of a goal and meaning in life, avoiding marginalization, assistance from young people).

Similar to the case of particularly high levels of family capital, the highest level of engagement in socioreligious life exists in the east and southeast part of Poland, and the lowest in the northwest region of Poland (although it is still quite high).

The GUS study authors conducted analysis to check whether a relationship exists between socioreligious activity in a particular church or religious community and the sense of belonging to a given community or location (such as local community, region, Poland and European Union) as well as the sense of relationship with the people/places in our daily lives.

As the figure below shows, a significant interdependence exists between these variables (GUS, 2013).

Figure 2.20 Engagement in socioreligious activity and the sense of belonging to selected communities (based on the GUS study)



‘A high level of engagement in socioreligious life of a particular church or religious community transfers to a strong sense of relationship with Poland, region of birth, place of residence and neighbours. The value of this indicator is high in these cases and fluctuates between 2.87 and 3.00. The strength of the relationship decidedly weakens with reduced socioreligious activity. Among individuals completely not engaged it has a significantly lower level (from 1.71 to 2.00)’.

As can be seen in Figure 2.20, this schema relates to all levels of belonging, except for the relationship with the European Union. In the case of sense of belonging to and sense of relationship with the European Union, the influence of activity in a particular church or religious community is insignificant and individuals of a lower level of socioreligious activity identify with the European community somewhat more strongly.

From the point of view of local government, these results are very interesting and useful. A strong sense of neighbourhood, local and regional identity is undoubtedly of great value and an important aspect of social capital. Socioreligious engagement strongly supports local, regional and national patriotism. This positive potential can be consciously made use of in building strategies and taking action related to preventing youth problems and risk behaviours.

Results of the GUS study, which describes the strong and weak aspects of the Polish social reality, point to important enclaves of higher social capital together with relatively low associative capital. These enclaves are primarily the family and informal family

capital connected with it as well as religious communities, churches and religious organizations. Noticing the positive potential in these areas and taking advantage of it may be very important in increasing the scale and improving the effectiveness of preventive efforts. When undertaking such a strategy, it is necessary, however, to be sensitive to individuals and environments where family capital and social capital related to socioreligious engagement are the lowest. No contradiction exists between basing action on positive potential and the sensitivity that demands seeking special paths and approaches for those segments of the population where either positive potential is lacking or has a different nature.

2.5. The subsidiarity principle and protection of the family in the Polish Constitution, and youth problem prevention

At the centre of the functioning of the Polish legal system, there exist regulations which harmonize with long-term development strategies (SRKS 2020) and support linking youth development support and problem prevention efforts to key social resources.

The subsidiarity principle is particularly important here; it is one of the foundations of the Polish Constitution, and is referred to numerous times in EU documents. The principle of subsidiarity is fundamental to the functioning of the European Union, and more specifically to European decision-making. It defines the relationship between the EU and the member states with respect not only to the states, but also to local and regional level. The intention is to keep numerous decisions at the level closest to the citizen. In this chapter, however, we will take a closer look at the Polish legal system.

The preamble of the Polish Constitution¹⁰⁵ states:

(...) Hereby establish this Constitution of the Republic of Poland as the basic law for the State, based on respect for freedom and justice, cooperation of between the public powers, social dialogue as well as on the principle of subsidiarity in the strengthening the powers of citizens and their communities.

In accordance with its definition,¹⁰⁶ **the subsidiarity principle states that ‘public authority should take an auxiliary and supportive role in relation to the activity of the individuals who established it.** Where this state role is not needed, the state should permit civil society, families and the free market to act. In a situation requiring intervention, the problem should be solved at the level closest to citizens, and so in municipalities rather than regions, and in regions rather than the centre¹⁰⁷.

The principle of subsidiarity is one of the foundations of the Polish political system, including the Polish local government system.

¹⁰⁵ All cites from Constitution are cited from the official website of the Polish Parliament: www.sejm.gov.pl.

¹⁰⁶ This formulation of the definition of subsidiarity functions widely in the life of the Polish nation. We find it in parliamentary interpellations and the statements of the Presidents of Poland.

¹⁰⁷ A quote from the Polish Wikipedia on the subsidiarity principle.

At the same time, Art. 18 of the Polish Constitution states that ‘marriage, being a union of a man and woman, as well as the family, motherhood and parenthood, shall be placed under the protection and care of the Republic of Poland’.

Both the legal protection of the family and the principle of subsidiarity are among the most important constitutional principles and values.

In consequence, the Polish Constitution, in keeping with the natural order, recognizes that establishing the values according to which children and youth are raised is a task belonging foremost to parents.

As Art 48, par. 1 of the Polish Constitution states:

Parents shall have the right to rear their children in accordance with their own convictions. Such upbringing shall respect the degree of maturity of a child as well as his freedom of conscience and belief and also his convictions.

The clearly and unambiguously secured rights of parents to raise their children arise not only from natural law, but also from the historical experiences of Poles. During the distant periods of Polish partition as well as in the recent period of communism it was the family, indeed, which effectively protected identity and values, which first protected Poles from foreign states and then from their own state, which was an ideologically hostile regime.

The authors of the Polish Constitution have thus protected the rights of parents, including those related to the development of the conscience of their children. Art. 53, par. 3 speaks of this right:

Parents shall have the right to ensure their children a moral and religious upbringing and teaching in accordance with their convictions.

The constitutional provisions apply to the entire legal order of the Third Polish Republic. For this reason, the Act of 7 September 1991 on the Educational System¹⁰⁸ reads:

Art. 54 par. 2

The capacities of the parent council, with the exception of items 3 and 4, include:

- 1) adoption in agreement with the teachers’ council of:
 - a) a youth development support programme for the school, including all content and activities of a youth development support nature that are directed to students and implemented by teachers;

¹⁰⁸ In a new law regarding the educational system that was introduced in Poland in 2017 there is no less emphasis on the fundamental role of parents as the first and most important educators of their children. The subsidiarity principle is fully respected, and the role of the family is treated as primary to the role of the school, local community and the state.

- b) a prevention programme adapted to the developmental needs of students and the needs of a given community, including all content and activities of a preventive nature directed to students, teachers and parents.

According to the conception of statutory provisions, in keeping with the principle of subsidiarity, parents are the most important and most basic authority, endowed with the greatest rights when it comes to raising children. The school, municipality and nation fulfil a supportive role. If necessary, they should support the family, while always respecting its rights. Replacing the family in its functions or taking away its rights should be a last resort and result only from egregious neglect and exhaustion of all possible means of supporting a family.

2.5.1. Respect for the parental role and the social capital of the family and local community

The bond between parents and their children is a fundamental social relationship of great importance for family, raising children and supporting their development. At the same time, this bond is one of the central components of family social capital, which is the strongest enclave of social trust in Polish society (GUS, 2013).

Developing social capital requires, first of all, the protection and expansion of its existing enclaves, and then the building of bridges of trust between them and the broader local community and local government and national institutions.

In this context, respect for the principle of recognising the rights of parents as the most important individuals responsible for the upbringing of their children by schools, local government and the state is particularly important. In practice, following this principle in accordance with the principle of subsidiarity may be a critical factor for growth in social trust on the family–school, family–local government and family–state axes.

Excluding pathological cases, children are a very important value for parents, and securing children's development and well-being is one of parents' most important life goals. When it comes to the particular importance of the parent–child bond, even seemingly slight signs of the violation of parental rights by the local or national government or interference in the role of parents, who are most important for their children's upbringing, may result in strong fears of parents and growth in their mistrust towards institutions and authorities at various levels.

To emphasize this once again – in Polish society there is a great lack of mutual trust among citizens and mistrust in public institutions (CBOS, 2014; Czapiński and Panek, 2014). Growth in this trust is the main goal of the *Social Capital Development Strategy 2020 (SRKS 2020)* and one of the major preconditions for social and economic development at the local and national level. **That is why it is very important for decision-makers at the local and national government level to understand that in a sphere so important to parents as raising their own children, citizen mistrust grows not only from the**

egregious undermining of their parental role or violating their rights, but also from interference which may seem trivial or insignificant from an institutional perspective.

2.5.2. Institutional respect for the parental role as seen in the IPZIN survey

The means of conducting national and local policy related to matters of education, youth development support and problem prevention may become either a very important source of citizens' trust towards institutions, or a source of new mistrust. Awareness of the significance of this factor caused IPZIN to include appropriate questions in a survey conducted as part of research for the *Guidebook*.

The IZPIN survey was preceded by a pilot survey conducted in April 2014 (N=200) used for indicator development. The final survey was conducted by IPZIN surveyors from May–September 2014 during national, regional and local education and prevention conferences, trainings for teacher councils and school parent meetings. Respondents (N=1515¹⁰⁹) came from municipalities of various sizes and types nationwide. The survey group is not a representative sample. Surveyors made every attempt to conduct surveys during events that were worldview-neutral, where participants attended in order to fulfil their social and professional responsibilities, and not because of their declared beliefs. The survey method resulted in the fact that the most numerous group of respondents were individuals connected with the field of education (respondents were female to the greater majority). This is not a fault of the survey, however, because it relates to matters of education, youth development and prevention. The survey was anonymous. Respondents marked their responses on paper surveys, which were gathered by the surveyor.¹¹⁰

One of the survey questions related to respect for the constitutional principle designating parents with the right to raise their children in accordance with their declared beliefs reads as follows:

According to the Polish Constitution, parents are the most important individuals responsible for the upbringing of their children, deciding which values their children are raised with. In your experience, to what degree is this principle maintained:

- a) At the level of the schools you know?
- b) At the level of decision-making of local government authorities (municipality, county)?
- c) At the level of national policy?

[Responses were given on a scale of 1–4 (1='a very low degree'; 2='a low degree'; 3='a high degree'; 4='a very high degree') for each of the subpoints, separately.]

¹⁰⁹ The sums shown in the tables are approximately 8–10% lower because some respondents did not respond to all the questions, and could not be included in the analysis.

¹¹⁰ The questionnaire used for the survey is found in the Questionnaire Appendix (p. 279).

This question was used as a social capital indicator for a dimension that is important to youth development support and problem prevention. **This indicator relates to the level of social trust towards institutions at various levels regarding respect for the constitutionally established role of parents.**

The higher the level of respect that institutions have for the constitutional principle establishing parents as the most important individuals for the upbringing of their children (as rated by respondents), the greater this influences the development of social trust and in consequence, social capital. In practice, when institutions keep to constitutional values and principles they gain credibility in citizens' eyes and create better conditions for social cooperation on behalf of education, youth development support and prevention activities. Table 2.7 shows the average responses of various types of respondents. Separating out the responses of individuals according to their different social roles is important because natural variations in their number take place (e.g. there are fewer mayors than local government employees, fewer school administrators than teachers).

Table 2.7 *Respect for the constitutional principle affirming the parental role at different institutional levels depending on respondents' social roles (IPZIN survey)*

Respondent's social role	Respect for parents' role according to institutional levels	N	SCHOOL level	LOCAL GOVT. decision level	NATIONAL policy level
Local government structures					
Mayor, other local government head		30	2.55	2.53	1.97
Local government councillor		18	2.44	2.44	1.78
Local government staff		109	2.68	2.46	2.04
Social welfare centre staff		122	2.27	2.19	1.63
Sum		279	2.48	2.35	1.84
School staff					
School administrator		58	2.73	2.57	2.21
Teacher		582	2.68	2.39	2.07
Psychologist or counsellor		113	2.65	2.38	2.20
Sum		753	2.68	2.40	2.10
Parents					
Parents		288	2.52	2.12	1.84
Other					
NGO activist		43	2.20	2.08	1.58
Student of higher education, clergyman		37	2.59	2.28	1.71
Sum		368	2.38	2.17	1.64
All		1400	2.59	2.32	1.97

The table reveals a very clear picture of respondents' opinions about the respect for the role of parents as the individuals who are most important for the upbringing of their children. **The constitutional principle acknowledging the right of parents to raise their**

children in keeping with their value system is most respected by schools, less by local government and the least by national policy. The arithmetic average of 1 and 4 is 2.5. The higher the value (red in the table), the higher the level of respect for the parental role; the lower the value (green in the table), the lower the level of respect. Results for schools and local governments fluctuate around the arithmetic average of 2.5 with the majority of respondents rating schools as having somewhat greater respect for the constitutional principle regarding the parental role as compared to local government. National policy received the weakest results. Respondents believe that at the national policy level there is ‘a low level of respect’ (a response value of 2) for the principle stating that parents have the right to raise their children in keeping with the values that they declare.

Local government staff, teachers and parents are in agreement with the opinion that schools respect the parental role somewhat more than local government and much more than national policy. The lowest rating regarding respect for the parental role in national policies is given by parents, municipal politicians and NGO representatives. Respondents at the school level – administrators, teachers, and school counsellors – gave the nation/state a somewhat better rating, although it too was lower than their rating of local government or schools.

When it comes to respect by the local government for the role of parents as the most important individuals for the upbringing of their children, the opinion of parents taken separately is markedly lower than the opinion of local government staff and teachers.

NGO activists and OPS (social welfare centre) staff were the survey respondent groups that most critically rated the respect for the parental role by various institutions.

Respondents’ survey responses indicated the size of the locality where they fulfil their main social roles. The responses based on this criterion are presented in Table 2.8.

Table 2.8 *Respect for the constitutional principle confirming the parental role at different institutional levels depending on the size and type of respondents’ localities (IPZIN survey)*

Locality related to respondent’s role	Respect for parents’ role according to institutional level	N	SCHOOL level	LOCAL GOVT. decision level	NATIONAL policy level
City over 500,000		253	2.60	2.22	1.89
City over 100,000		296	2.54	2.29	1.96
Town 20,000–100,000		309	2.58	2.36	1.98
Town 20,000–100,000 near a large agglomeration		100	2.51	2.34	1.94
Town up to 20,000		185	2.70	2.40	2.10
Town up to 20,000 near a large agglomeration		34	2.61	2.31	1.84
Village		169	2.67	2.37	2.06
Village near a large agglomeration		50	2.62	2.44	1.96
All		1396	2.59	2.32	1.97

Survey results are similar for respondents from municipalities of various types and sizes. Residents of large cities, small towns and villages unanimously indicate schools as having the most respect for the role of parents in raising children, and the nation as having the least respect.

The most critical opinion of national policy is expressed by individuals from cities with over 500,000 residents, as well as by residents of small towns located near large urban agglomerations. The harshest opinion of local government also comes from respondents of large cities (over 500,000 and over 100,000 residents). A logical explanation seems to be that in large towns the distance between local government authorities and the citizen is the largest, and contact of decision makers with residents takes place via a range of intermediate administrative levels.

Regarding schools' respect for the parental role, we see somewhat better ratings from respondents from the smallest municipalities – villages and small towns of up to 20,000 residents. This is particularly the case for localities that do not belong to large urban agglomerations.

The survey results should be viewed in respect to the Public Opinion Research Center study report published 25 years after the Polish political transformation (CBOS, 2014), which shows the level of trust that citizens have in national institutions and in the local government. Results of the CBOS study demonstrate the very low level of trust that Poles have in political parties (17%), the national government (33%), the Sejm and Senate¹¹¹ (34%) and a somewhat higher level in public administration institutions (40%). According to CBOS data, a similarly low level of trust has been maintained over the last decade, even though there is a discernible growth trend (CBOS, 2014). The percentage of individuals who trust local government authorities is significantly higher, however; in 2014, it was 60%, and exceptionally strong growth was recorded over the last decade (43% in 2002). Local government is increasingly gaining trust. It is closer to the citizen, and this is particularly sensed in small towns and villages. Authors of the CBOS report state, 'Among government institutions, the greatest trust is placed in local government authorities, especially in villages and small towns, where the relationship between the voter and their local representative may be and most evidently is maintained to a larger degree than in large cities and especially in the greatest agglomerations' (CBOS, 2014).

From the perspective of this publication, trust in local government is particularly valuable, as according to the Polish law it is the local government that is the institution responsible for schools. The results of the CBOS study and the IPZIN survey indicate the particular role of local government in implementing long-term strategies and taking actions that support growth in trust, the development of social capital (both bonding and bridging) and human capital.

The question arises, what is the most important practical conclusion to be drawn from the study results described here? In keeping with the philosophy of the *Guidebook*,

¹¹¹ The Sejm and Senate are the lower and the higher house of Parliament respectively.

we would focus on the area of positive potential. Schools, and to a somewhat lesser degree local government, are endowed with greater social trust, taking as an indicator the rating of their level of respect for the constitutional principle regarding the role of parents as the most important individuals for the upbringing of their children.

Since social trust is a key aspect of social capital, and respecting constitutional principles on the rights of parents and the special status of the family are an important aspect of parents' trust in institutions, this implies that the local government should not only respect the role of parents as the most important individuals for the upbringing of children, but should also assume the role of defender, protecting parents and the family when their rights are ignored or disrespected. Such an approach may lead to better implementation of education, youth development support and prevention efforts on the one hand, and on the other, lead to attainment of one of the strategic goals of long-term national policy, which is growth in social capital.

Respecting the role of parents as the most important individuals for the upbringing of children is also in keeping with the spirit of the constitutional principle of subsidiarity. Subsidiarity requires responsibility for various spheres of life to be located at the simplest social unit possible – and the most basic unit of society is the family.

Chapter 3.

Practical recommendations – the Seven Levers of Effective Prevention

The literature and experts on youth development support and youth problem prevention point to many factors that are significant for the success of activity carried out by schools, local governments and the state. It is easy to get lost in this multitude of guidelines and recommendations, which are sometimes contradictory. In practice, it is not possible to take all these guidelines into consideration at the same time, or to an equal degree, whether at the local government or school level. And so, **it is very important to sort recommendations according to their significance, and especially to indicate these recommendations that are of key importance for increasing the effectiveness of efforts in the area of youth development support and problem prevention.**

For selecting the recommendations of key significance, one should not focus only on their role as indicated by scientific arguments. What also matters is the actual possibility of using them in practice by a local government or school, after all realities and ensuing limitations have been taken into account (Wojcieszek, 2013).

One of the most important, and most difficult, tasks in the course of working on this *Guidebook* was to formulate such recommendations that would meet both criteria: be of key importance in light of research, and at the same time be possible to be implemented in today's realities of local government and school operation.

As a result of many months of the IPZIN team's work, including analysing study results and numerous discussions and consultations with experts, a set of the most important recommendations was created. They were called the Levers of Effective Prevention of youth problems.

There are seven such recommendations.

And so, the seven key recommendations are **Seven Levers of Effective Prevention.**

The Law of the Lever says that if an appropriate fulcrum is found, then a small force is sufficient to lift a very heavy object – so heavy that it would be impossible to lift without the lever.



The lever makes it possible to obtain large effects with relatively modest means used. What matters most here is finding an appropriate fulcrum.

The Seven Levers of Effective Prevention sum up to make a comprehensive philosophy of local government and school action. The authors of this *Guidebook* recommend this philosophy as optimal – such that will make it possible to obtain the best effects of prevention programmes in the most economical way.

Each of the Levers of Effective Prevention has been formulated in simple language, understandable to all. Each of them is a specific recommendation for drafting, planning and implementing educational and health policies in the area of youth problem prevention, at each of the levels: school, local and national.

When put together, all the seven levers form a ready basis for creating visions and stating premises on which to base the programme of action for local governments and for units run by local governments, such as specialist institutions and educational facilities.

3.1. The first three Levers of Effective Prevention

The first three Levers of Effective Prevention summarize the conclusions from the previous chapters. They will be discussed very briefly, because they do not need any additional justification.

The last four levers have not been discussed before. The necessary explanations of and justifications for each of them will be gradually provided in further subsections.



THE FIRST LEVER

Focus on what is good
(then you will find better solutions
to the problems)

This lever is cognitive in nature. It refers to being aware of the impact of information on both motivation and looking creatively for solutions. **Positive information about youth and youth development support potential of a local community are the best starting points for seeking creative solutions to problems.** The fact that most 13 to 16-year-olds do not engage in risk behaviours or run into problems is such positive information. Focusing on such facts makes us think: ‘What can I do to make even more young people develop their potential, live a healthy life, and make others follow them?’

Using this lever in our own thinking, and propagating it in the environment that we can affect, helps to prevent apathy and helplessness resulting from the flood of negative information about youth. Viewing reality in dark colours is overwhelming for teachers, officials and other professionals who are responsible for education, health and prevention.

They may gradually become burned-out. And it is difficult to find good solutions when one no longer believes that it is at all possible to cope with overwhelming problems.

Conscious educational and health policy conducted by local and national governments should take into account, on the one hand, the fact that the media and public space are dominated by negative, demotivating information. On the other hand, it should be remembered that the positive potential of youth, the family, school and the local community is real, very big, and notoriously unnoticed.

An example of the First Lever of Effective Prevention as used by local governments may be found in creating opportunities to search and popularize knowledge from studies that show positive attitudes of young people and a healthy lifestyle of a big part of them. This also refers to publishing information about any events, successes and heroic behaviour indicative of exceptional character traits of individual young people. Along similar lines, assumptions of youth educational and health policy should contain searching for and popularizing knowledge from studies and other sources presenting positive attitudes of parents, the importance of teachers in supporting youth development, and examples of kindness and assistance given to youth by other adult members of the local community.

The First Lever leads then to consciously changing the way of thinking and talking about young people. This results in gradual transformation of the normative beliefs of officials, teachers and other professionals, parents and young people themselves.

Because this lever is cognitive in nature, its effective implementation does not have to involve any financial costs. But it does require convincing decision-makers to this approach as well as other people who can influence matters of education and prevention in a local community (municipality authority, councillors, officials, managers of institutions run by local authorities, favourable representatives of the local media).

Arguments for the importance of this lever can be found in Section 1.2 of this *Guidebook*. Also, Chapters 1 and 2 include a wealth of specific data from studies showing the positive potential of youth and the local community.



THE SECOND LEVER

Think in an integrated way about problem behaviours and prevention

(then solutions will be holistic and efforts economical)

This lever refers to contemporary knowledge about youth problem behaviours and prevention. **Youth problems and risk behaviours are connected with one another. Different types of problems often occur in the same people. The occurrence of one risk behaviour increases the likelihood of other problems emerging. Youth problems should then be considered broadly. Not only particular risk areas should be taken into account, but also their mutual relationships. This increases considerably the chance to find solutions that are comprehensive and address the causes. And it also**

enhances the chance to avoid apparent effects of prevention, that is problems and their symptoms not being reduced but just shifted from one area to another.

The approach based on the Second Lever of Effective Prevention uses the fact that many risk factors are responsible for the occurrence of different risk behaviours, from various areas, at the same time. Strengthening protective factors and weakening risk factors connected with one problem should be considered in the context of these factors' influence on other problems as well.

The implementation of the Second Lever may involve, for example, using a wide range of factors in youth problem diagnosis, factors that will help to gain an overall picture and monitor the trends of many different risk behaviours' intensity. A holistic, integrated approach to prevention implies conscious arrangement of elements of health and educational policy, such that will take into account the wide range of interrelated risk behaviours. Thanks to this, a long-term strategy can be developed, instead of concentrating efforts and means on one or two areas of prevention only, at the expense of all the others. This strategy will involve specialized programmes dealing with specific risk behaviours, as well as integrated programmes, aimed at preventing a larger number of problems, which will make a coherent whole of the entire system. With this approach, it is important that the criteria of assessing the effects of prevention programmes, as used by local authorities or schools, take into account different categories of problems and different areas of prevention.

The holistic, integrated approach may be a way to economize and to increase considerably the effectiveness of public spending on prevention. When local strategies incorporate efforts that strengthen protective factors, and weaken risk factors, related to many risk behaviours rather than one single problem, the money spent on these actions brings about multiplied effects.

The integrated approach requires determination to adjust the funding paths resulting from one's own objectives, and from the adopted strategy, to one's goals and effects – and not vice versa. Objectives and effects should not be adjusted to fit narrowly understood financial 'brackets.' This narrow approach, often seen in Poland and many other countries, usually does not result from the law itself, but from its interpretation. The legal framework which existed in Poland until 2016 was dominated by the narrow approach but it still did not exclude the holistic, integrated approach, especially with solid scientific grounds. Since the signing of the *National Health Programme for 2016–2020*, the use of the Second Lever of Effective Prevention is at the heart of the direction indicated by Polish nationwide programmes and strategies concerning various areas of health and prevention¹¹².

¹¹² The new *National Health Programme for 2016–2020* has adopted this integrated approach. This document, signed by the Prime Minister of Poland and implemented by the Polish government, has been strongly influenced by the recommendations of the *Guidebook*, which were considered thoroughly during the process of public consultations of the *NPH 2016–2020*. In the whole document, problems and risk behaviours from different areas are treated in the context of their interrelations, and with the consciousness of their common risk and protective factors.

Ample scientific arguments for the integrated approach to risk behaviours and to youth problem prevention are provided in Section 1.3 of this *Guidebook*.



THE THIRD LEVER

Rely on resources of local communities

(by respecting them you gain powerful allies)

This lever is essential not only in local authority or school prevention programmes, but also in the activity of any type of public institutions and NGOs, and even business. **Relying on local resources is the most rational and economical approach.** It is sufficient to analyse and link several facts.

Relationships with parents, involvement with religion and good climate at school and in the student's class are proven protective factors that prevent many problems and risk behaviours at the same time. Parents, religious organizations and schools are important resources of any local community. What is more, everyday care and bringing up children by their parents are the effort and 'cost' of the family, not the local or national government. Parents bring up and 'shape' their children just because they love them – not because they get paid for this. The operation of religious organizations within the scope of their primary mission does not entail any expenditure on the part of the local government, either.

Using the Third Lever of Effective Prevention is beneficial because positive feedback is created, which is manifested in an increased engagement of parents, teachers and other subjects of the local community in supporting youth development, and in their cooperation with the local government in this respect. This approach, which is based on respecting natural social resources, fosters the development of social capital and prevents conflicts, which normally arise when parents perceive the local government as a threat rather than an ally.

The local government and institutions under its authority can employ the Third Lever of Effective Prevention in several ways. Firstly, by recognizing fully the significant contribution made by families, religious organizations and teachers, and expressing this publicly in a clear and unquestionable manner. Secondly, by respecting parents' right to bring up their children according to values that are important to them. Thirdly, this can be done by defending the constitutional principle regarding the protection of family and parenthood when it might be violated by current orders enforced by the national policy. While complying with the law, one can often interpret and apply rules in a way that will strengthen trust between parents and the local government. This is especially needed when there is a contradiction between a particular rule and other existing regulations. Policymakers in Poland sometimes overlook such contradictions, and this necessitates an interpretation of the rule by the state and local administration. In such a case, space is opened to look for interpretations that would reinforce rather than diminish the local

social resources. This approach of the local government may be treated as a form of realizing its own objectives, as statutorily defined in the Polish law: support for the family¹¹³ and conducting a pro-family policy.¹¹⁴

Next, friendly cooperation with religious organizations may cause the relatively high socioreligious capital of Poland to be better used for prevention and youth development support. Also essential is good cooperation with state institutions, NGOs and youth organizations. All these are part of the local community's resources and make social capital that is important for problem prevention and youth development support.

Also, public recognition by the local government of the role of teachers in youth development support is especially needed in today's framework of the Polish educational system, which lacks balance between focusing on schooling and on youth development support and problem prevention (this issue will be developed further on in Chapter 3).

Almost the entire Chapter 2 is devoted to a more detailed explanation of the importance of the Third Lever of Effective Prevention.

The next four Levers of Effective Prevention are recommendations for which Chapters 1 and 2 do not provide sufficient justification. Each of them will be discussed in detail in a separate subsection, where the reader will find necessary explanations, and arguments for treating them precisely as levers, that is recommendations of key importance. The implementation of all the Seven Levers can do the most to increase the effectiveness of efforts aimed at youth development support and problem prevention.

3.2. The Fourth Lever of Effective Prevention – youth's dreams and values



THE FOURTH LEVER

Build on youth's dreams and values

(then young people will accept a healthy lifestyle as a means to achieving their own goals)

Teenagers prepare for the journey of their lives.

During adolescence – on the threshold of this journey – it is important for them to find answers to the questions about the journey's **goal** and **sense**. Also important are **youth's dreams** and **deepest desires**, because they are the source of very strong positive motivations, which give young people energy needed for development, learning and overcoming obstacles. It is exactly in those deep dreams and desires that teenagers can find the power to resist the temptations of unhealthy lifestyles and problem behaviours.

¹¹³ Act of March 8th, 1990 on local government (Art. 7, par. 1 item 6a).

¹¹⁴ Act of March 8th, 1990 on local government (Art. 7, par. 1 item 16).

It is from there that they can derive energy to direct their own actions towards development.

When we plan to set off on a journey, even quite an ordinary one, we first think why and where we will be going, and only then – how to get there. **The more important our goal, the more hardships of the journey we are able to bear.** The journey that young people start on the threshold of adulthood may lead them to a life full of sense and value, in which their most important dreams will be realized, and which will offer much good to others.

It is important that adults who are responsible for youth as their parents, teachers or local government staff be aware of the power of the positive potential coming from good and beautiful dreams present in young people's hearts. They should also realize what role these desires can play in preventing problems and risk behaviours. Lacking support from the environment, or bitter experiences including great disappointments in life, may cover these dreams with a layer of fear and anxiety. Good desires will still be present, but will remain hidden – walled off by doubt, discouragement and lack of hope.

Suggestions coming from bad guides (harmful patterns of mass culture, advertising, negative peer groups) may affect young people. They may divert their attention from their dreams and direct it towards consumption, striving to meet immediate needs, and using dysfunctional ways of coping with emotions. Making one's dreams come true requires time, effort and the formation of character. When deprived of appropriate support, young people may become indifferent to their own aspirations and plans for the future. They no longer believe in their own dreams then. They stop trying to realize the dreams. And if they have no goal to attract them, they lose motivation to avoid unhealthy lifestyles, in which short moments of joy may be brought by alcohol, drugs, casual sex, escape into the cyberworld, buying a trendy gadget or a fight with fans of a different football club.

Understanding the significance of young people's life aspirations, most important values and spirituality allows us to use the resulting very strong and deep motivations in prevention.

3.2.1. Levels of youth development support and preventive influence¹¹⁵

At this stage, it is necessary to sort out the basic levels of influence to which youth development support and prevention refer or may refer. Being able to understand the specificity and role of each of these levels of influence helps us to reflect on the role in prevention of youth's motivations, beliefs, emotions that they experience, and also their knowledge and skills.

¹¹⁵ The *Levels of youth development support and preventive influence* presented in the table and discussed in this subsection have been drawn up by IPZIN and are based on the wide experience of working with youth, parents and teachers. The idea of such an approach was inspired with the Dilts pyramid (1990), a tool that is widely used e.g. in modern coaching.

Table 3.1 *Levels of youth development support and preventive influence*
(drawn up by IPZIN)

Levels of youth development support and preventive influence			
Hierarchy order	Level description – key words	Essential questions	Overall description
1	dreams, desires, life goals, mission, sense of life	What is this journey for? Where to?	heart's pursuits, spiritual heritage
2	identity, dignity, belonging, bonds	Who am I in this journey?	
3	values, conscience	What is good? What is important?	
4	beliefs, convictions, experiences	How do I see myself? How do I see the world? Will I succeed?	cloud and mist / clear view and bright feelings
5	feelings, emotions	What precisely am I feeling? Am I 'allowed' to feel this?	
6	knowledge, skills	What exactly should be done? How should it be done?	training, effort, environment
7	actions, behaviours	When? Where? With whom?	

The first three levels of youth development support and preventive influence (Table 3.1) represent young people's potential that has the deepest meaning and the strongest motivational power. These levels (jointly marked with blue) are metaphorically described as 'heart's pursuits' and 'spiritual heritage.' As can be seen in Table 3.1, the top levels of influence include dreams, desires and life goals, but also identity, dignity connected with it, and the whole sphere of values.

What matters here enormously is the deepest bonds, through which values and spiritual heritage – in the broadest sense of the word – are passed down. These are intergenerational bonds (with parents and grandparents), as well as those with other authority figures who are important to the young person.

The fourth and fifth levels concern experiences and beliefs, and also emotions and feelings (jointly marked with grey). Beliefs resulting from experiences shape the perception of oneself and one's own capabilities to a great extent. They also shape the view of the world around us. Failures, criticism and painful experiences, if gone through with no support from a friendly adult, create a 'mist' of beliefs that limit youth's positive pursuits. Feelings and emotions that are not recognized, understood and accepted make the 'mist' even denser. The more these usually unconsciously felt emotions are hidden and rejected, the more they affect young people and guide their behaviours.

The sixth and seventh levels concern **knowledge and skills that are necessary for acting and for influencing one's own life and one's environment** (jointly marked with yellow). These levels make it possible for the life journey to pass from the sphere of dreams to the sphere of actions and facts.

The 'blue' levels refer then to **motivations** for a wise, good and healthy life, and the yellow ones refer to the **practical implementation** of one's intentions, which requires a certain amount of knowledge, specific skills, and training. The 'grey' levels in-between may be a **help or an obstacle** to accomplishing life goals.

Today's prevention strongly emphasizes the importance of beliefs (level 4), feelings (level 5) and skills (level 6). Since the 1990s, evaluation studies of prevention programmes have indicated that measures which involve **shaping youth's normative beliefs and teach life skills** are more effective than those that do not involve these elements (Hansen, 1992; Ostaszewski, 2003; Grzelak, 2009a). Earlier prevention – at least in Poland – did not recognize the importance of teaching youth specific skills and giving them opportunities to practice these skills. In modern psychoprophylactic efforts, weight is also attached to teaching young people to **name, accept and express their feelings**.

Scientific knowledge, also in the fields of psychology and pedagogy, often evolves on the basis of successive swings of a pendulum. After going to the extreme in one direction, there is a strong shift to what was earlier ignored – sometimes at the expense of losing the right proportions. It seems that **at present, the increasingly widely understood importance of the levels of beliefs, feelings and skills is accompanied by underestimating the significance of the levels of dreams, identity and values**. This lack is being noticed by many experts.¹¹⁶

By pointing to the importance of the levels of youth development support and preventive influence discussed here, we propose an approach based on synthesis and integration, in which the importance of each level is appreciated, and each level is given the optimal place from the point of view of effective youth development and problem prevention.

To make the role of individual levels more understandable, we use the specific example of a young boy who engages in problem behaviours and poses behavioural problems.

¹¹⁶ This conclusion emerges from expert opinions gathered in preparation for this *Guidebook*. Several of the 17 experts asked pointed to the fact of the value level being underestimated in modern youth development support and problem prevention.

Peter, a young boy from a bad town district, notoriously steals from shops – that is, he engages in specific antisocial actions (level 7). He knows how to do this and is good at it – that is, he has suitable knowledge and skills (level 6). The boy is aware of his skills, he has never been caught, and he perceives the world as a great opportunity to gain loot – his success experience has shaped his beliefs (level 4). At the same time, Peter does not believe that it is possible to make an honest living, and he is also convinced that he is not fit for regular work (level 4). Money is his value (level 3), he considers himself to be the best thief in the neighbourhood and he is proud of this (level 2). Besides, Peter drinks alcohol and uses violence against his peers (level 7). He sees these behaviours as effective methods to improve his mood and cope with difficult feelings, from which he prefers to escape (level 5).

An external observer would only notice this much in this boy. But we know two important things about Peter, which are his secret, hidden from his peers. *Peter dreams about a lifetime love and a happy family (level 1). The boy has one close relative who loves him, and whom he loves and respects very much – his grandmother (a good and honest person). Through the bond with his grandmother, Peter can think proudly about himself as a ‘beloved grandson’ (level 2). When he is staying at his grandmother’s place, he does not experience fears or sadness – he feels peace and joy instead (level 5).*

What can be done to make Peter change his way of life and become a happy husband, good father and honest citizen in the future?

Let us imagine that we will only concentrate on giving Peter opportunities to learn life skills – take decisions, communicate, be assertive, cope with emotions (level 6).

Is this going to change Peter’s approach to life?

Because money is a value for Peter (level 3), and he is proud of his identity as ‘the best thief in the district’ (level 2), as he sees it, there is a good chance that he will use the new skills for what he perceives as a value – for getting money. As a result, he will take more rational decisions about the objects of theft, he will communicate with his mates better, and will defend his part of the loot more assertively.

Let us think, then, what is even more important for Peter – more valuable and deeper than the identity of a thief, and the willingness to get money quickly. Peter has a loving grandmother. A grandmother whom he himself loves and respects (level 2). And he also has hidden dreams about love and a happy family (level 1).

What might happen if we worked with Peter in a way that would arouse again his beautiful dreams and help him to think about himself more as a grandson than a thief?

It may turn out then that Peter himself will discover in his heart that the road of breaking the law and being violent will not lead him to realizing his deepest dreams. It may turn out that – as the grandson of a good and honest grandmother – Peter will discover his desire for an honest life (level 3). It sometimes happens in such situations that a strong motivation for change arises, dreams are visualized, and the fear of losing them additionally spurs one into action. If Peter finds himself at this point, he will very badly need the right support – someone who will reinforce his self-confidence and the confidence that he can change (level 4). He will then have to learn life skills (level 6) necessary for realizing dreams and living an honest life. **Only then will Peter be able to benefit from prevention based on learning life skills.**

At this stage, Peter could also benefit from classes or meetings conducted by a friendly professional, which would aim at helping the participants to recognize and name their feelings, and express them in a healthy, socially accepted way (this refers not only to level 5 – feelings and emotions experienced, but also to level 6 – methods and skills to cope with them).

It is probable that in Peter's resocialization process, a change of environment (level 7) would also be beneficial. He would then have stronger support for his good aspirations and fewer temptations to return to his old lifestyle. Perhaps he could change school and stay at his grandmother's at times?

The aim of the above example is to show the most essential tendencies concerning the hierarchy of the levels of influence presented in Table 3.1. The most important tendency is that the higher levels of the hierarchy affect the lower ones more strongly than the reverse. The example shows referring to life goals, deep desires, positive identities and values as a very powerful lever of change in the area of youth development support and problem prevention. Influence at the levels of beliefs, feelings and skills may not be, and often is not, enough. Besides, the example shows that at a further stage, acting at the lower levels (beliefs, feelings, skills) is very much needed, and may contribute greatly to introducing change in life. This works best especially when a strong motivation and the energy to change are based on the top levels of the hierarchy.

A teenager like Peter from the above example is full of contradictions. Deep in his heart, he has good desires and – thanks to his bond with his grandmother – is open to the world of values. On the other hand, he engages in many problem behaviours. Referring in prevention work with Peter to his beautiful dreams, positive identities and values arouses tension in his inner world. It is a tension between who he would like to be deep in his heart and his present conduct. This inner conflict may facilitate change. This is discussed by Hansen (1993), who includes referring to the tension between values recognized by young people and their everyday behaviour in his classic list of the most effective prevention strategies.

It should be emphasized that change in reverse direction – from the lower to higher levels – is also possible. Mastering and practising a new skill, e.g. assertiveness, influences one's feelings (e.g. peace, pride), changes beliefs about oneself ('I can manage when pressed') and brings about a transformation of identity ('I am a strong and independent person').

In prevention work which uses various levels of youth development support and preventive influence, the top–bottom mechanism of change should be treated as the strongest and most basic, while the bottom–top change mechanism should be perceived as an important supplementary factor.

Referring in prevention work to the highest levels of the hierarchy discussed here is of great significance for the relationship between professionals (such as teachers, psychologists and counsellors, or prevention staff) and youth. Due to this, **the adult is no longer seen as someone who imposes limitations** resulting from a healthy lifestyle. He or she starts **being seen as an ally** who helps to find a way to realize dreams and life goals that are important to youth themselves. And this makes the limitations of the healthy lifestyle far more acceptable to young people.

3.2.2. The most important goals of youth as seen in the results of studies

An important role in adults' reflections on supporting youth development is played by beliefs that adults have about the young generation. Atmosphere in media news, and the generally negative climate around early teenage students, may lead to the belief that most young people have no beautiful dreams or good desires, and that they treat values superficially. This belief raises serious doubts whether it is possible nowadays to treat the level of dreams and values as a key level in youth development support and problem prevention.

Because this issue is important for the implementation of the Fourth Lever of Effective Prevention, we will have a look at study results concerning goals and aspirations of young Poles. Their reliability finds confirmation in long tradition and well-developed methodology.

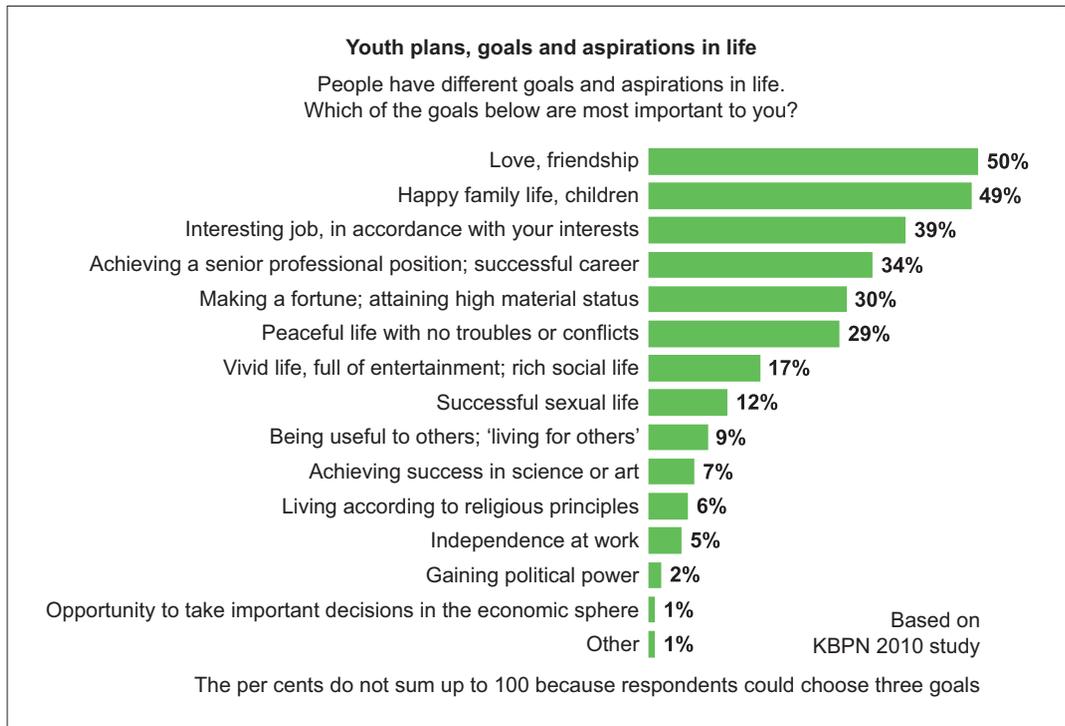
Figure 3.1 *Youth plans, goals and aspirations in life (based on the CBOS study)*

Figure 3.1 presents a list of the most important goals of youth, sorted out according to the frequency of choice (CBOS/ KBPN, 2014). We can see that ‘love and friendship’ and ‘happy family life, children’ are the most important areas of interest and aspiration of youth. Then there is ‘interesting job’ and ‘senior professional position; successful career.’ More young people want these than ‘making a fortune’ or ‘peaceful life with no troubles.’ And still fewer of them choose their goals in the areas of entertainment, rich social life, or sexual contacts.

Table 3.2, which sums up the study results from an almost 20-year period, shows the stability of the goal profile of Polish boys and girls, as described above. Minor changes that can be observed seem less important than the stability of the basic picture¹¹⁷. The four most often selected responses indicate two main areas of young people’s dreams. The first one concerns the most important relationships (friendship, love, family), while the second refers to pursuing one’s passions in life through an interesting job and successful career.

This ‘set’ of dreams is perfectly fit for being used as a source of motivation in preventive efforts, as a rational reason why it is good to live a wise, good and healthy life. Even if such a lifestyle is difficult and requires effort, still it is worth trying for the

¹¹⁷ The recently published results of a 2016 CBOS survey do not differ from earlier studies in any significant way.

sake of these deepest dreams. Touching the level of dreams places young people on the same side with their teachers and other professionals, and trainers exerting preventive influence. The adult professional wants to support the teenager's development, and the young person wants to realize his or her dreams and to be happy. There is a synergy.

Table 3.2 *Youth plans, goals and aspirations in life (based on long-standing CBOS and KBPN studies)*

Youth plans, goals and aspirations in life	CBOS study			KBPN study			
	1994	1996	1998	2003	2008	2010	2013
Love, friendship	39%	41%	35%	46%	55%	50%	49%
Happy family life, children	48%	50%	57%	50%	54%	49%	48%
Interesting job, in accordance with your interests	52%	43%	42%	43%	40%	39%	41%
Achieving a senior professional position; successful career	19%	28%	33%	34%	33%	34%	35%
Making a fortune; attaining high material status	25%	26%	27%	24%	26%	30%	29%
Peaceful life with no troubles or conflicts	34%	30%	31%	26%	28%	29%	28%
Vivid life, full of entertainment; rich social life	17%	16%	19%	21%	15%	17%	15%
Successful sexual life	9%	9%	10%	9%	9%	12%	12%
Being useful to others; 'living for others'	15%	13%	11%	9%	8%	9%	10%
Achieving success in science or art	7%	9%	7%	11%	8%	7%	9%
Living according to religious principles	10%	10%	10%	7%	8%	6%	6%
Independence at work	10%	10%	6%	6%	6%	5%	7%
Gaining political power – opportunity to affect the country's social and political life	1%	1%	1%	2%	1%	2%	2%
Opportunity to take important decisions in the economic sphere	1%	2%	1%	1%	1%	1%	1%
Other	1%	2%	1%	1%	0%	1%	1%

The results do not sum up to 100% because respondents could choose three goals

Young people's aspirations are directed, to the greatest extent, towards ultimate goals and matters – such that are connected with the most important interpersonal bonds, and at the same time with matters that can give adult life meaning and purpose. Referring to such dreams in youth development support and problem prevention may be a good means to implement the Fourth Lever of Effective Prevention. Youth development support in these areas finds strong confirmation in theory. E. Erikson's (1995) stages of psychosocial development define the ability to build intimate relationships as an important developmental task of early adulthood. It enables the achievement of the developmental tasks of the next stage of adulthood, such as broadly understood fertility of life and the ability to make a significant contribution to the lives of others. This may be realized through starting a family and bringing up children, but also through pursuing one's passion and serving others in one's working life. In the personalistic approach, too, great weight is attached to such personal relationships as love and friendship, and to bonds and relationships (Wojcieszek, 2010; Dziewiecki, 2003).

According to studies, young people’s aspirations and goals correspond closely with factors that determine a sense of happiness and satisfaction with life in young and adult Poles. The most important of these factors is the family situation (Table 3.3).

Table 3.3 *Partial factors of Poles’ satisfaction with life (based on GUS study)*

Factor (aspects of life)	Wald test
Family situation	783.1 ***
Health	519.5 ***
Ways of spending leisure time	162.6 ***
Material conditions of life (apart from income)	139.3 ***
Relationships with other people, including colleagues and friends	101.3 ***
Financial situation	89.7 ***
Present situation concerning work, school or studies	72.9 ***
Education	23.1 ***
Amount of leisure time	7.2 n.s.

Markings for statistical significance of the factors’ influence:

*** significant at the 1% level

* significant at the 10% level

** significant at the 5% level

n.s. – non-significant (even at the 10% level)

In the quality of life study conducted by the Central Statistical Office of Poland (GUS, 2013), young and adult respondents (16+) assessed the importance of different aspects of their lives for their general satisfaction with life. The respondents’ satisfaction level depended, definitely to the greatest degree, on their **family situation**. Health came second, and all the other factors took further places, and their connection with satisfaction with life was much weaker. The amount of leisure time, material conditions, relationships with friends, education, financial situation and situation concerning work – all these do affect satisfaction with life, but to an evidently lower degree than health, and a much lower degree than the family situation.¹¹⁸

A happy family is the subject of dreams for young people, and a factor of satisfaction with life for adults. The basic dimension of the social capital in Poland is also related to the family. Referring to the importance of family, and of dreams about family, in prevention is an approach that is well embedded in the realities, and at the same time serves to increase the social capital.

Supporting the realization of youth’s dreams about creating a happy family in the future, and supporting the development of young people’s passions and interests, which will prepare them for professional life – these two elements are at the heart of the highest level (level 1) in the hierarchy of youth development support and preventive influence levels (Table 3.1). The positive potential of different subjects of the local community can be unified and used for the recognition and common support of youth’s deepest dreams and aspirations.

¹¹⁸ The GUS report clearly states that these connections occur regardless of the size or type of respondents’ localities.

Prevention programmes referring to young people's dreams and desires are well received by youth, even if the programmes' message faces them with very serious challenges concerning a healthy lifestyle. Examples of such positive response to such programmes from youth can be found in Subsection 2.3.

3.3. The Fifth Lever of Effective Prevention – youth development support as a priority



THE FIFTH LEVER

Fight for youth development support and problem prevention to be a development priority

(more people are seriously concerned about youth than you think)

3.3.1. The significance of prioritizing

Treating a field as a high priority creates conditions for and gives the green light to action, facilitates finding funds, and enables the accomplishment of important goals in this field, no matter what the difficulties or barriers.

We will use the distinctive example of defences to explain the importance of treating a field as a high priority.

The international situation in 2014 was tense. Armed conflicts moved public opinion and dominated media messages in Poland (the conflict between the neighbouring Ukraine and Russia, conflicts in the Middle East). These circumstances caused the issue of defence to become a high priority. The threat was well understood and considered to be serious, given the hard historical experience of Poland. Politicians were not afraid of losing points in polls by increasing expenses on military equipment and strengthening the national security forces. Treating defence as a priority enabled the accomplishment of important tasks and goals in this field much more effectively than would have seemed possible because of the inertia of the entire state and bureaucracy machine. The defence priority came to the fore, leaving other important matters behind, because it concerns the most fundamental question – the safety of citizens and security of the independent state.

The defence priority belongs by its nature to the states' tasks, because it is the state's responsibility to defend its citizens, property and all the structures. National defence is not a task of the family, school or local government – it is the state's task. Decisions concerning the army and the purchase of weapons are the responsibility of the state, and they are not made at local level. It is worth emphasizing, with reference to the constitutional principle of subsidiarity, that in this particular matter there is no lower level at which decisions could be taken than the national level.

Another example of priority, much closer to the subject of this *Guidebook*, is demography and the approach to having children in politics, media and public discussion. Already 10 to 15 years ago, warning signals came to Poland from Germany and other Western countries about serious public discussion going on there, concerning demographic problems, the decreasing number of children being born, the negative birth rate and the problem of lacking replacement of generations. The importance of these phenomena for the economy and economic development was discussed in Western countries. This discussion included the issue of immigration, which would become the only way to fill gaps in labour markets.

Poland at that time was dominated by discourse that had a somewhat obscure view of large families, or even treated them as a pathology. Demographic problems were not considered a priority despite the perspective of demographic collapse, as evident from statistics. The alarming voices on this matter that came from pro-family environments found no echo either in the media or in politics.

In the last few years, we have seen a clear shift of the subject of demography and the number of children in families from political oblivion to being considered an important matter or even a priority. The initiatives of pro-family environments, such as the Large Family Card designed by the 3+ Large Family Association (Związek Dużych Rodzin 3+), have been followed up by many local governments¹¹⁹, and then noticed also by the central state structures. The previous Polish president spoke about the importance of having children, and so did other politicians of the previous, non-conservative government (before the 2015 election). The picture of large families presented in the media and public discussion started to change, too. Large families began to be seen as a source of hope because of the prospect of the public finance system collapsing due to a growing disproportion between the numbers of pensioners and those who work.

The new, conservative government has made supporting the family and fighting the demographic problems its clear priority. Strong legal and financial instruments fostering childbearing have been implemented. And the huge costs of these instruments for the state budget found quite broad acceptance in the Polish society. Like with the question of defence, here, too, politicians, the media and the society have come to understand the threat, and thus also the necessity to treat solving demographic problems as a priority.

When looking at the demography issues from the perspective of the constitutional principle of subsidiarity, we see a clear difference between this field and the question of defence. Deciding on the number of children in the family is the parents' responsibility. The local government and the state should create the best conditions possible. For a local government, this is a question of preventing depopulation of a locality (municipality, region). For the state, it is a matter of survival of the social fabric and of ensuring economic development.

¹¹⁹ According to 3+ Large Family Association data, in April 2015, the Large Family Card was already in operation in over 500 local governments.

From the moment when an area starts to be seen and treated as a priority, the Law of the Lever applies. Solutions are found that earlier seemed unrealistic. Means are found that could not be found before. Also time and attention of politicians, officials and the media appears, though earlier they were lacking in these matters. Specific actions are taken despite numerous barriers.

3.3.2. Youth development support and problem prevention as a development priority

The first chapter of this *Guidebook* discusses at length various youth problems and risk behaviours with their direct and long-term effects at different levels: individual, family and social. The huge economic costs resulting from the effects of youth problems and risk behaviours have also been presented. These costs also include a serious decrease in human capital and social capital. This means limiting development opportunities – personal, professional and social – of youth themselves, which leads to poorer economic and social development of local government units and the country as a whole.

The name of the Fifth Lever of Effective Prevention includes the term ‘development priority.’ This is because treating youth development support and problem prevention as a priority is a condition for development, and should be included as a priority in the strategy of local government units as well as the strategy of development of the country.

‘Such will be the Republic as is its youth formation’ – these words, known from Polish history, were written by the Polish nobleman Jan Zamoyski (1600), and quoted wholeheartedly by the Polish Enlightenment leading figure Stanisław Staszic (1787) on the eve of the Great Sejm (parliament) of the Polish–Lithuanian Commonwealth. The Great Sejm is famous for adopting the Constitution of May 3, 1791 – the first modern constitution in Europe, and the second in the world after the US Constitution, 1787. Today, these words still remain deep and relevant – not only for Poland but for all other nations as well.

Let us note that youth formation, named here as youth development support, is a priority also from the point of view of the two fields mentioned above: defence and demography. They have both begun to be priorities recently. Only people with character and values, ready for sacrifices for the sake of the common good, can effectively defend the country. On the other hand, young people who fall into addictions, concentrated on entertainment and consumption, are not good defender material. Good education alone, without appropriate psychological and moral formation and character building, is not enough. Similarly, a larger number of children in families does not depend on economic conditions only, but also on bringing up children and youth in a climate of appreciation for such values as family, children, and marriage based on love and respect – a foundation of the family.

If we compare the issues of defence and youth development support, we will see a fundamental difference in using the word ‘priority’ with reference to state activity. In

order to implement the defence priority, the state can build an anti-missile shield. Such a shield cannot be built by a single family or a local government unit. This is the state's responsibility. In the areas of youth development support and problem prevention, however, the family is the best 'anti-missile shield,' because it is the strongest factor protecting youth from problems and risk behaviours. The other local community resources that support the family (including the school, churches, and religious, non-governmental and youth organizations), supplement and reinforce this protective shield.

It is the local and national governments' task to create the best conditions for the family, so that the family can fulfil its tasks of youth development support and prevention. The national and local governments should also help institutions that support the family, and supplement family upbringing in those areas and subjects where professionalism and specialist knowledge are needed, and which demand resources that the family cannot provide. And this is where systemic support to youth development support and problem prevention should be applied, both at the national and local government levels. In keeping with the principle of subsidiarity (closely connected with the Third Lever of Effective Prevention, which speaks about relying in a wise way on local community resources), the family should be supported in its youth development support tasks by the local government and the state in a way that is accepted by the family, that is with respect for the values which parents want to pass down to their children.

The shift to considering youth development support a priority requires local and national governments to understand this matter's sensitivity. Also needed is understanding, and taking into account, the resources of the family, school and local community. The technocratic approach, in which the local or national government would be the one to determine the values on which youth development support should be based, would not lead to good solutions. What is more, it would cause conflicts within the society and destroy the already small capital of social trust. Such a scenario may be compared to constructing a 'shield to protect youth' by offices, while at the same time dismantling the 'shield to protect youth' provided by parents and institutions that support parents. In this case, initiatives considered by national or local authorities to be helpful for family upbringing would be treated by families themselves as a danger, and an attempt to limit their rights. This scenario, if realized, would be a great waste, both of the social capital and the means used. It would be in direct contradiction to the constitutional principles and values cited in this *Guidebook*, and also to the Third Lever of Effective Prevention.

Because including youth development support and problem prevention in the priorities of the social policy at the national and local government levels is so important, it is worth considering how this might look in practice. What would the real picture be, if the national and local governments, followed by schools, took into account youth development support and problem prevention as priority areas with a high status and of major importance? What follows is a visualization of such a picture:

Youth Development Support and Problem Prevention (abbreviated as YDS&PP) as a development priority of national and local governments
[visualization]

1. **Consistent, clear and long-term policy of the national and local governments makes the YDS&PP issue gain a high status.** The legal and institutional systems are checked and corrected so that YDS&PP tasks can be handled efficiently. Any legal contradictions are eliminated, as well as unnecessary bureaucratic and procedural obstacles. The system being created uses the Seven Levers of Effective Prevention.
2. **The national and local governments want the key resources for YDS&PP – those related to the family, school, religious organizations and other subjects of the local community – to be used as widely as possible.** Respecting the principle of subsidiarity is the basis for action taken for the sake of the YDS&PP priority. Social, health and educational policy in the area of YDS&PP is conducted with care for supporting the family and respecting its role. The policy also involves respect for the role and autonomy of schools; respect for the social and culture-forming role of religious and other organizations supporting YDS&PP, and, finally, respect for the local government's role. Conditions are created to share experiences and good practices in the field of using the key resources for the good of the YDS&PP area. Mechanisms are introduced of reporting incidents of violating the principle of subsidiarity (including situations when this principle is violated by decisions of high national authorities, such as bills, ministerial directives, etc.).
3. **The national and local governments allocate funds for YDS&PP measures by using the already existing paths and creating new ones.** Corrections are made in plans concerning the allocation of European funds under the European Social Fund, so that the use of these funds for YDS&PP is made simple and as rational as possible. In particular, the criteria used for assessing applications in competitions and tenders should help to produce the best effects possible by using the Seven Levers of Effective Prevention. Instead of ideological and bureaucratic criteria, clear rational criteria are needed, substantial and economic.
4. **The competences of individual governing bodies are sorted out in the YDS&PP area in order to increase the system's coherence and lower the likelihood of chaos resulting from changes in key departmental positions.** YDS&PP matters are naturally the joint responsibility of the Ministry of Education, Ministry of Health and Ministry of Labour. Specialized agencies, such as The State Agency for the Prevention of Alcohol-Related Problems (PARPA), the National Bureau for Drug Prevention (KBPN), the National AIDS Centre (KC ds. AIDS) and the Centre for Education Development (CED), have professional competence. Treating YDS&PP as a priority requires current decisions to be based on long-term strategies, which will be implemented regardless of the level of knowledge and competence in the YDS&PP area of the frequently changing ministers and heads of departments.

- 5. Treating YDS&PP as a priority by the national and local governments is manifested visibly in the personnel, information and economic policy.** Special efforts are made for YDS&PP matters to be dealt with by people who are competent, and at the same time have the widest possible public mandate. This mandate makes them good instruments to use the existing human and social resources (these may not be people engaged in conflicts and incapable of dialogue). Conferences, training courses and scientific studies are conducted in the YDS&PP area, with a coherent strategic conception behind. This area is treated as a priority when creating a calendar of meetings and events, so that representatives of the national and local authorities can participate in them (in person, not by delegating their subordinates who are not allowed to make decisions). Treating YDS&PP as a priority is expressed in messages for the media sent from local and national government offices. Research and innovations related to YDS&PP are treated as one of the driving forces behind economic development (through an increased human and social capital) and the competitiveness of the country and its regions.

Let us emphasize once again: the above text is a vision of reality, exhibiting its finer details to a lesser or greater extent, a vision in which development support and prevention are treated as a priority. Every reader may assess this vision on their own, and try to adapt it to the prevailing situation, both local and nationwide.

From the above vision, which illustrates the use of the Fifth Lever of Effective Prevention, two essential courses of action result for people to whom YDS&PP is important, both personally and professionally.

The first course concerns overcoming social helplessness, and taking action and active lobbying for making YDS&PP a priority in the actions of the national and local governments and schools. The more people and institutions join this cause, the better the chances of a measurable success. If we manage to cause changes at the state and nationwide system level, these changes will also influence, to a larger or smaller degree, the operation of the local government and schools. If we manage to convince the authorities of a given local government to introduce changes, this will affect the operation of the local schools. And if we manage to increase the importance of YDS&PP in a particular school, this will affect significantly that particular environment.

If the reader of this report is a Member of Parliament or a minister, his or her position makes it easier for them to strive for change at the national level. If the reader is a mayor, local government official or a head of department in the local government office, he or she may try to introduce changes at a local level. And if a school administrator or counsellor reads this, they may influence the practice of their school's operation.

But this is not the end of opportunities. In democratic mechanisms, well-understood lobbying is an important and needed form of social influence; it is a mature expression of social capital. Nothing stands in the way, then, of school representatives organizing

themselves and influencing the local, or even national, authorities. And local government officials can affect national authorities. Unless there is a grass-roots pressure on treating YDS&PP as a priority, it will be impossible to increase the significance of this area in national development strategies and the current national social policy.

The second course of action concerns treating YDS&PP as a priority in one's own actions at the level of our everyday work. Such an approach brings particular benefit to youth and the local community in our immediate neighbourhood. What is more, this attitude also leads to change, even though it does not result in direct transformation of the system. The greater the number of people who consider YDS&PP to be a priority and manifest this in their actions and opinions voiced, the closer the prospect of a gradual, evolutionary structural and systemic change. Experience teaches us that the environment of people who deal with youth development and problem prevention can be described as that of long-distance runners. These are not people who expect quick results or get easily discouraged with failures. If the change that involves making YDS&PP a priority requires years of work, pressure and persuasion, they will have enough perseverance and patience as long as they support one another in their pursuit of the goal.

Remember, more people are seriously concerned about youth than you think!

The aim of this *Guidebook* is to increase the effectiveness of youth problem and risk behaviour prevention. Trying to reach this goal requires, on the one hand, the courage to think how things should be, that is to outline a vision of changes, and on the other hand, watching carefully the reality, which repeatedly resists bold visions.

Research and analytical studies conducted as part of preparation for this *Guidebook* included a study aimed at identifying barriers to effective prevention. Looking at these barriers is important – it shows the realities one has to face when taking up the challenge to treat youth development support and problem prevention as a development priority. Analysing the barriers is also useful for the efficient implementation of the other Levers of Effective Prevention.

3.3.2.1. Barriers to effective preventive activity in the context of the Fifth Lever

The notion of a barrier will be understood broadly here. Barriers to effective development support and preventive efforts may include the existing organizational and legal solutions and the mechanisms of institutions' operations, but also people's attitudes and habits or decision-makers' beliefs.

An unrecognized barrier may block the operation of the Seven Levers of Effective Prevention. The strongest barriers should be recognized, then, as part of the Fifth Lever – treating YDS&PP as a development priority. Only then can we think about ways to overcome them.

Identifying these barriers requires a research approach, which takes into consideration various perspectives and different voices: those of local government staff,

officials, school administrators, teachers, parents and, finally, professionals dealing with youth development support and problem prevention.

Two tasks have been performed as part of the project commissioned to IPZIN by CED that resulted in this *Guidebook*. These tasks were aimed at collecting valuable data, useful for identifying the barriers.

The first source of data comes from the **written opinions by 17 renowned experts** who have dealt with development support and problem prevention for many years. The data were gathered between September and November 2014. The experts included experienced researchers, outstanding practitioners, and also long-time employees of Ministry of Health and Ministry of National Education agencies specialized in this area. The full list of these experts' names, accompanied with short descriptions, can be found at the end of this *Guidebook* (pp ??).

The other source of data is based on a **survey (N = 1515)¹²⁰** conducted by IPZIN surveyors between May and September 2014, during nationwide, regional and local education and prevention conferences, training courses for school teaching staffs, and school meetings for parents. The participants took part in those events because of their social and professional roles. Although the sample is not representative of the whole country, the respondents came from different regions throughout Poland, and from localities of different sizes and locations. The respondents included representatives of the local government level (mayors, councillors, local government office staff), representatives of the school level (school administrators, teachers, psychologists and counsellors), parents, and representatives of NGOs. Because of the way the survey was carried out, the most numerous group of the respondents included people connected with education, especially teachers (as a result, women constitute most of the sample). This affects the survey results, but is justified. The profile of the survey sample reflects the profile of people engaged in different roles in education, development support and prevention. The survey was anonymous.

When preparing the research instrument for the survey, a pilot survey (N = 200) was carried out. It helped to define natural categories of barriers, reflecting the respondents' way of thinking. It is this pilot version's results that caused the survey to use such categories of barriers as 'the national educational policy,' 'parental attitudes' and 'low quality of prevention programmes.'

The question about barriers consisted of two stages. First, the respondents marked **tree selected categories of barriers¹²¹**, which they think most 'hinder effective youth

¹²⁰ When filling in the questionnaire, some of the respondents skipped certain personal information or certain questions. Therefore, the number of fully valuable responses ranges from N=1396 to N=1515, depending on the question.

¹²¹ The instruction to this question included a request to indicate barrier types/levels excluding 'the widespread problem of insufficient funds.' In this way, the questionnaire's authors wanted to avoid the concentration of respondents on the obvious problem of too low financial means, which is very often indicated in educational circles.

development and problem prevention activity in schools and other institutions.’ The barriers selected were given weights from the most important (1) to the least important (3).

Next, the respondents were asked to describe shortly what they thought the essence of a given barrier to be (an open-ended qualitative question). We will return to this later.

The tables below (3.4 and 3.5) present the respondents’ answers with respect to the weights given to individual barriers. The barrier given the highest weight (1) by the respondent was assigned 3 points; the next weight (2) – 2 points, and the lowest weight (3) was assigned 1 point. Thus the sums in the rows of the tables do not imply the proportion of the people surveyed – those who indicated a particular barrier as the most important – but the proportion of points that a given barrier received after weights had been taken into account.

Table 3.4 Barrier levels for youth development support and problem prevention according to the size and type of respondents’ localities (IPZIN survey)

Barrier table according to the proportion of the points assigned
(received by weighing the responses: 3/2/1)

Locality type / Barrier levels according to the proportion of points	N	NATIONAL educational policy	LOCAL GOVERNMENT operation	SCHOOL operation	COOPERATION (school–local govt.–state)	PREVENTION PROGRAMMES quality	PARENTAL attitudes	Other	Sum [% of points]
City over 500,000	253	33%	4%	22%	10%	6%	23%	2%	100%
City over 100,000	296	33%	8%	19%	12%	6%	21%	1%	100%
Town 20,000–100,000	309	36%	7%	17%	13%	5%	22%	1%	100%
Town 20,000–100,000 near a large agglomeration	100	32%	5%	20%	12%	3%	25%	3%	100%
Town up to 20,000	185	35%	8%	14%	15%	6%	21%	1%	100%
Town up to 20,00 near a large agglomeration	34	42%	8%	12%	13%	7%	18%	0%	100%
Village	169	31%	7%	17%	17%	5%	23%	1%	100%
Village near a large agglomeration	50	37%	6%	23%	15%	3%	14%	2%	100%
No data	115	37%	10%	21%	12%	7%	13%	1%	100%
All	1511	34%	7%	18%	13%	5%	21%	1%	100%

Table 3.5 Barrier levels for youth development support and problem prevention according to respondents' social roles (IPZIN survey)

Barrier table according to the proportion of the points assigned
(received by weighing the responses: 3/2/1)

Respondents' social role	N	NATIONAL educational policy	LOCAL GOVERNMENT operation	SCHOOL operation	COOPERATION (school–local govt.–state)	PREVENTION PROGRAMMES quality	PARENTAL attitudes	Other	Sum [% of points]
Local government structures									
Mayor, other local govt. head	30	34%	6%	30%	8%	3%	18%	2%	100%
Local government councillor	18	40%	1%	32%	8%	4%	14%	0%	100%
Local government staff	109	27%	7%	29%	12%	5%	19%	1%	100%
Social welfare centre staff	122	38%	7%	21%	18%	9%	6%	0%	100%
Sum	279	34%	7%	25%	14%	7%	13%	1%	100%
School staff									
School administrator	58	27%	6%	17%	11%	5%	30%	3%	100%
Teacher	582	35%	8%	13%	13%	4%	27%	1%	100%
Psychologist or counsellor	113	28%	9%	20%	12%	7%	21%	3%	100%
Sum	753	34%	8%	14%	13%	4%	26%	1%	100%
Parents									
Parents	288	37%	6%	23%	12%	6%	15%	1%	100%
Other									
NGO activist	43	31%	4%	29%	8%	6%	19%	4%	100%
Student, clergyman	37	34%	4%	20%	11%	9%	19%	3%	100%
Sum	368	32%	4%	25%	9%	7%	19%	4%	100%
All	1400	34%	7%	18%	13%	5%	21%	1%	100%

Here is a short summary of the most important results of the survey:

- ‘The national educational policy’ is the most often indicated barrier (34% of points).
- ‘A low quality of prevention programmes’ is the most seldom indicated barrier (5% of points).
- A very low proportion of respondents indicate ‘the operation of local government authorities’ as a barrier (7% of points).

- A high proportion of respondents see barriers in ‘parental attitudes’ (21% of points) and ‘school operation’¹²² (18% of points).
- Respondents show a very large consensus in identifying barriers regardless of the type and size of their locality.
- ‘The national educational policy’ is the most frequently indicated barrier regardless of the respondents’ social and professional roles.
- Representatives of the local government level and parents are two groups of respondents who more often indicate barriers related to the operation of schools (23–25% of points).
- Representatives of schools visibly more often indicate parental attitudes as a barrier (26% of points), which strongly affects the overall results of the survey, because school staffs make over a half of all the respondents.

A comparison of these results with the 17 experts’ opinions shows that:

- The experts, too, indicate in the first place barriers related to the national social, educational and health policy.
- The experts indicate barriers related to schools’ operation equally often as the respondents to the survey.
- The experts list barriers related to local government operation visibly more often than the respondents to the survey.

Table 3.6 supplements the quantitative data presented here, and shows **what barriers exactly were indicated as a response to the open-ended question in the survey** (qualitative responses were given by 53% of respondents) **and by experts.**

Discussing all the barriers listed in the table, as indicated in the survey and by the experts, is a subject for a separate, comprehensive study. We will elaborate here on several selected barriers – those that are most often indicated, that most seriously hinder youth development and problem prevention, and that have not been discussed in the previous sections of this *Guidebook*.

We discuss the barriers in the subsection concerning the Fifth Lever of Effective Prevention, which deals with the significance of treating YDS&PP as a priority. And so, an essential key to identifying the most important barriers can be found in the vision presented in Section 3.3.2, describing what treating YDS&PP as a priority should look like.

The experts and respondents clearly indicate barriers related to the national level (34% points), so we will look at these barriers first of all. The system developed by the state, resulting from its social, educational and health policy, has a very strong influence

¹²² This barrier included the operation of ‘the school as an institution, school administrators and teachers.’

on the operation of local government and schools, because it provides the framework in which these institutions function.¹²³

Barriers at the national level should be the subject of reflection of the central government, and especially of the parliamentary committees dealing with education, health and social affairs, as well as the government and relevant departments of the Ministry of Education, Ministry of Health, and Ministry of Family and Labour.

We will focus mostly on the barriers that appear both in the survey (barriers 1,2,3 and 7), and in the experts' statements (barriers 1–4). We need to remember that Table 3.6 reflects the situation in 2014, i.e. under the rule of the former Polish parliament and government with an non-conservative majority.

¹²³ An essential part of the survey respondents indicated weak cooperation between schools, local government and the state as a barrier (13% of points).

Table 3.6 Barrier types most often indicated by the survey respondents and experts (IPZIN)

Where the barrier is encountered	Data sources	Who indicates	What the barrier is about
The state and its policy (social, educational and health)	Survey results (qualitative)	All respondent groups, to a great degree	<p>1. Incoherence, instability and the lack of a long-time strategy in educational policy.</p> <ul style="list-style-type: none"> • Lack of purpose; haphazardness of action • Frequent changes and reforms • Incoherence, the lack of a uniform concept <p>2. Too much pressure on educational results at the expense of development support.</p> <ul style="list-style-type: none"> • Little emphasis on the overall development of young people (especially social and emotional, not only intellectual) • Exam results count more than the knowledge and skills gained <p>3. Too low expenditure and poor methods of financing development support and problem prevention actions.</p> <ul style="list-style-type: none"> • The state is only interested in economic aspects of education • Funds are insufficient and poorly allocated <p>4. Lack of knowledge of the realities, the state does not listen to the voice of the society.</p> <ul style="list-style-type: none"> • Politics is not adjusted to social needs (no real social consultation) • Parents' opinions are ignored <p>5. The state imposes values in the sphere of youth development that are incompatible with respondents' values.</p> <ul style="list-style-type: none"> • Ideological programmes and contents based on the 'gender ideology,' and initiatives presenting liberal values • Implementation of Western European concepts concerning youth development (including sexual education instead of broader pro-family education) <p>6. Lack of support for the family and parents in the process of children's development.</p> <ul style="list-style-type: none"> • No suitable pro-family policy • Authorities' distrust of parents <p>7. Bureaucratic rules hindering the accomplishment of educational and youth development goals.</p> <ul style="list-style-type: none"> • Bureaucratic approach – rules more important than people • Artificial procedures, created 'at the top,' that do not fit the reality • 'Reporting' approach, in which declarations and appearances count, not facts, rationality and effectiveness
	Experts' opinions	The vast majority of experts	<p>1. Prevention is not a priority; no political will to change things.</p> <ul style="list-style-type: none"> • Insufficient engagement in increasing the quality of preventive activity • The national policy is geared towards short-term benefits and measurable immediate effects <p>2. Lack of standards, criteria and coherence of action.</p> <ul style="list-style-type: none"> • Failure to enforce the existing <i>Recommendation system for prevention programmes</i> • Supporting ineffective projects (lack of evaluation tools) • Incoherence of actions; some actions actually eliminate the effects of other actions <p>3. Lack of a comprehensive vision that would incorporate youth development support and problem prevention in social, educational and health policy.</p> <ul style="list-style-type: none"> • Haphazardness and reactivity in action – preference for the spectacular, not for real effectiveness • Taking prevention actions under the influence of current political and social events • No long-term strategies

	Survey results (qualitative)	The small minority in all respondent groups	<p>4. Lack of knowledge in decision-makers.</p> <ul style="list-style-type: none"> • Important systemic decisions are taken without an overall vision and suitable reflection and knowledge • No objective knowledge concerning health hazards. <p>1. Poor methods of financing youth development support and problem prevention activity.</p> <ul style="list-style-type: none"> • Too much pressure in management on the economic aspect of education • Funds are poorly allocated • Too low funds are allocated to development support and prevention efforts <p>2. The realities are ignored; local authorities do not listen to the voice of the society.</p> <ul style="list-style-type: none"> • The voice of schools and school administrators is not listened to
Local authorities operation	Experts' opinions	Half of the experts	<p>1. Decentralization of tasks while local governments have no suitable competences.</p> <ul style="list-style-type: none"> • Wrong criteria for selecting programmes are used, often non-factual or purely financial <p>2. Misuse of funds allocated to prevention.</p> <p>3. Financing prevention actions whose effectiveness is either unknown or low.</p> <ul style="list-style-type: none"> • Unwillingness to finance the diagnoses of problems, needs and resources of the local environment; unwillingness to finance the evaluation of prevention actions
School operation	Survey results (qualitative)	Mostly local government and parents	<p>1. Too little engagement by teachers and school administrators in prevention and development support.</p> <p>2. Too much pressure on educational results at the expense of prevention and development support.</p> <p>3. Teachers' low competences in the area of development support, inability to maintain discipline.</p> <p>4. Bureaucratic regulations.</p> <p>5. Low authority of teachers and schools.</p>
Parental attitudes	Survey results (qualitative)	Mostly school staff	<p>1. Unawareness of the importance of Family Life Education classes and pro-family education.</p> <p>2. Conventional School Prevention Programmes, superficial actions.</p> <ul style="list-style-type: none"> • Treating prevention classes by schools as 'separate entities' from schools' everyday functioning <p>3. Low level of teachers and counsellors' competences.</p> <p>4. Lack of perception of risk behaviours (avoiding instead of facing the facts).</p>
	Experts' opinions	Two experts ¹²⁴	<p>1. Too low engagement of parents in children's upbringing.</p> <p>2. Parents' low parental skills and low awareness of risk factors.</p> <p>3. Lax morals of parents in some families, including:</p> <ul style="list-style-type: none"> • Lack of marital harmony • Parents who are bad moral examples, failing to pass down values • Family pathology <p>1. Low level of parents' (especially men's) involvement with the life of schools, including the unwillingness to engage in prevention projects.</p> <p>2. Disappearance of authority and values in some parents.</p>

¹²⁴ The questions that the experts were asked focused on systemic barriers. As a response to the question about barriers, they were requested to list barriers at the national, local government and school level but, unlike the survey, there was no question concerning parental attitudes as a barrier.

CONCLUSION 1.

Youth development support and problem prevention are not an important aspect of the national policy – they are not treated as a priority.

A thesis emerges from both the respondents' statements and the expert voices, and is unanimously expressed, that problem prevention and youth development support do not rank high in the national policy. Neither youth development support nor youth problem prevention is treated as a priority. In matters concerning education, the focus is on teaching, schooling, gaining knowledge, skills and qualifications, while prevention and development support is not given an equally essential role.

Selected representative quotes from the experts' opinions written as part of the research project collecting data for the *Guidebook* (autumn 2014)¹²⁵:

Wiesław Poleszak: 'Systemic youth development support and problem prevention are no longer a priority for the Ministry of Education; on the contrary, they have become inconvenient areas. This approach also affects the work of regional education offices.'

Krzysztof Ostaszewski: 'There is no political will in government/political authorities to change the existing state of affairs. Prevention is not a priority for the present government (it was not for previous governments, either). There is no environment that would press the government in this matter. As a result, important systemic decisions are taken without an overall vision and suitable reflection and knowledge.'

Piotr Szczukiewicz: 'The position of youth risk behaviours is very low in the activity of central educational authorities. This becomes especially visible if we compare the present activity in the field of alcohol problem prevention with the reforming engagement of the Ministry of National Education in other areas. The Ministry assigns huge sums to the education reform (lowering the age of school maturity, transformation of educational institutions etc.), while education for sobriety and problem prevention seem to be of second- and third-rate importance from this perspective. But I think it is first of all the Ministry of Education that should become a strategic ally of other offices and institutions responsible for forming a new generation free of risk behaviours.'

Jolanta Dobrzyńska: 'The state has withdrawn from engaging in youth development support and problem prevention. It allows schools to become an open ground for clashes between knowledge and ideologies.'

In their written opinions, the experts also address the importance of evaluating the actions performed. This refers not only to evaluation studies of individual prevention programmes, but also to a realistic evaluation of the education and prevention system, and an assessment of the results of legal regulations and the national policy. It is understandable that, if prevention and development support are not a priority for the state, the state also fails to listen to the voice of the society. Why pay attention to opinions on a subject considered to be insignificant? The low status of this subject results in

¹²⁵ Notes about experts and their fields of expertise can be found at the end of the *Guidebook* (p. 255).

lacking funds for research that could help to understand the social needs concerning youth development support and problem prevention, and could also show the state what its subsidiary role towards the family, school and local government should look like. Even if such research is sporadically done, it is not used later in the social, educational and health policy. Research is an investment. But forming the young generation and preventing youth problems are not a priority, so they are not included in investments.

CONCLUSION 2.

Too much pressure on educational results at the expense of development support.

In the survey respondents' statements, opinions on the educational system being too focused on educational results (i.e. results of teaching school subjects verified by multiple tests and exams) refer not only to the national policy, but also to the levels of school operation, school administrators and teachers. There is no doubt, however, that the source of the problem lies in systemic solutions. This type of barrier is listed very often by social welfare centre staff and school psychologists and counsellors. And these are the professional groups that support youth who have problems or engage in risk behaviours. The more the educational system neglects the area of youth development support and problem prevention, the more problems are faced by social welfare centre staff and professionals who assist and support youth, and provide therapeutic help.

The significance of this barrier was pointed to by many of the experts. Here are their selected opinions:

Wiesław Poleszak: 'Teaching is the priority for schools. Youth development support and problem prevention are considered unnecessary in many schools. Actions are often faked, and the only motivation is the necessity to take responsibility towards controlling institutions.'

Marek Babik: 'I think that the basic barrier to conducting effective prevention programmes lies in the present school system. Regardless of the will of the current educational system's authors, and regardless of its theoretical assumptions, what is emphasized in practice is teaching only, while the question of development support is being neglected. This is especially manifested at the upper secondary school (age 16–19) level. The only thing that counts is the final exam (*matura*) results – how many students have passed and how they have scored. Because of this, many school subjects and many actions (in the field of youth development support, formation and prevention) are being reduced – those which do not directly influence the final exam results. Even if schools are legally obliged to be involved in some of such activities, these are often marginalized as unnecessary. Focusing on the measurable effects of schools' work, that is on final exam results, is, in my opinion, one of the main barriers that hinder the implementation of youth development support and problem prevention programmes.'

Setting priorities and goals incorrectly in the educational policy ultimately leads to inability to implement effectively even the priority declared to be the most

important one, that is teaching. Educating students takes place in the classroom and at school. Problem behaviours in even a small part of the students not only greatly affect their own learning achievements, but also destroy the learning process of the whole class, and disturb the atmosphere of personal development and learning. The increase in human capital that will result from young generations' education depends to a large extent on recognizing the key role of development support processes and prevention.

It is worth noting that the Educational Research Institute (an important research institution subordinate to the Ministry of Education and completing tasks commissioned by the Ministry) has for years focused in its research on the educational process and teaching results. Taking up subjects concerning the process of youth development support and problem prevention is still at the stage of planning and first attempts.

CONCLUSION 3.

Incoherence and the lack of a long-term strategy in educational policy.

The survey respondents' statements mainly pointed to the lack of an overall vision, lack of purpose, and haphazardness of actions, which only serve as an immediate response to problems that are currently publicized in the media. The respondents were worried about the chaos resulting from frequent changes and reforms. They had a sense of incoherence and the lack of any long-term strategy.

This type of barriers was pointed to by as many as 13 of the 17 experts asked to give their opinions. They emphasize that legal regulations promote the haphazardness of prevention actions. Also, the knowledge about standards of effective action (in these areas where such standards have been determined) is poor, even at the level of state authorities. Comments are repeated about the lack of an overall vision and long-term strategy in the national policy.

The experts consistently refer to the *Recommendation system for prevention and mental health promotion programmes*,¹²⁶ which was devised with great effort, and with contribution from many specialists. It was signed by several key institutions dealing with prevention: the National Bureau for Drug Prevention, The State Agency for the Prevention of Alcohol-Related Problems, the Centre for Education Development, and the Institute of Psychiatry and Neurology. This system was officially started in 2011, but its potential has been largely untapped. Because of rotation at high departmental positions due to political factors, many important decision-makers who should consciously use this system as a good instrument of health, educational and social policy do not even know about its existence.

Two themes are present in the experts' opinions concerning this type of barriers. On the one hand, they see the positive potential of well-tried, science-based and examined prevention programmes, and the value of the programme recommendation system.

¹²⁶ www.parpa.pl, www.ore.edu.pl

On the other hand, they point to the weakness and incoherence of the whole national system, which – despite some favourable legal regulations – lacks mechanisms that would foster the formulation of comprehensive prevention strategies and the use of high quality prevention programmes.

Jolanta Terlikowska: ‘It is a success to have such a system, which includes the obligation to implement prevention programmes (both at the school level – the School Prevention Programme, and in local environment – local governments’ tasks under the Act on Upbringing in Sobriety and Counteracting Alcoholism). This system is supported by special funds that are intended for this purpose. The funds come from fees for using the licence to sell alcoholic beverages, among other things. Such formal and financial solutions enable the implementation of systematic action directed to certain populations. The poor quality of the programmes on offer is a deficit. Once money was provided, a “market” emerged, too, but regulations are lacking that would guarantee the implementation of programmes with proven effectiveness. Effectiveness criteria have been established through research, but there are no mechanisms that would ensure such programmes being selected by particular local authorities.’

Anna Radomska: ‘The use of recommended programmes by schools and local government units is not widespread. A control by the Supreme Audit Office concerning prevention in schools has shown that schools make little use of recommended programmes. Similarly, a small proportion of local government units support the implementation of such programmes financially, though a growing trend can be observed.’

Piotr Szczukiewicz: ‘I rate highly the present level of specialist prevention programmes. They are based on studies of youth problems and needs, and are drawn up using standards and quality criteria for prevention programmes, especially those included in the recommendation system. I think that the quality of such specialist prevention programmes is improving. At the same time, I have observed relatively little interest in this type of programmes (compared to their number and potential), as opposed to various haphazard actions and “original” programmes, which actually use some casual sets or compilations of contents from other programmes.’

Krzysztof Ostaszewski: ‘Schools do not want to allow professional prevention because they are unable even to fulfil their basic teaching responsibilities. Besides, most school administrators consider prevention to be unnecessary or think it should be dealt with by “specialists.” The passive attitude of the Ministry of Education (no policy at all) has caused prevention in schools to be “opened” to poor quality superficial actions, often run by “fanatical” people or sheer conmen. This is proved by numerous experiences, and the latest report by the Supreme Audit Office concerning drug prevention in schools.’

Marek Babik: ‘The approach to prevention is dominated by acting incidentally, which I understand as taking prevention action under the influence of current political and social (and sometimes other) events. For example, if a football fan has been killed,

this should be discussed somehow in schools. Teenage pregnancies have been publicized – so we talk about this problem, etc. This results in what can be described in medical terms as treating symptoms rather than causes.’

The survey respondents agree with the experts’ opinion that we have good quality prevention programmes in Poland, and the lack of programmes is not a significant barrier. It can be seen from Tables 3.4 and 3.5 that a low standard of prevention programmes was indicated, as a barrier to effective prevention, by a small proportion of respondents, and only reached 5% of points. This is the barrier type most seldom indicated out of all types included in the questionnaire. This state of affairs results from great achievements in the field of prevention in Poland over the last 25 years, both at the level of creation and implementation.

We have good programmes in Poland, then, but we have no system that would foster their use. The national government bodies lack a coherent vision. Prevention is dealt with by national agencies that are subordinate to ministries (mainly the Ministry of Health and the Ministry of Education) and so they may not develop social policy independently, based on their professional insight. Politicians and senior officials who head the departments do not treat problem prevention as a priority. They usually do not know much about it, and their lack of knowledge and engagement hinders rather than fosters the development of an efficient system. Even flagship activities of the departments, publicized in the media, reveal haphazardness and acting under the influence of current events or a public relations strategy instead of a long-term policy. Such a policy should be developed based on knowledge, social potential mobilization, and cooperation between subjects.

The experts’ opinions are divided on the operation of a prevention programme market. Yet, they do agree that a market operating with no real regulations – such that would promote good quality and standards in prevention – fosters the dominance of low-cost actions that are ineffective or of low effectiveness. The lack of regulations is also conducive to adopting superficial criteria of programmes’ attractiveness and short duration, at the expense of real effects.

CONCLUSION 4.

Too low expenditure and poor methods of financing activity aimed at youth development support and problem prevention

The respondents indicated that, on the one hand, the state focuses on economic aspects of education but, on the other hand, makes low funds available for activity aimed at youth development support and problem prevention. These insufficient funds are also poorly allocated.

The question of fund distribution was also raised by the experts. The problem of lacking or poorly allocated funds is voiced repeatedly in many specialist opinions published in professional journals, and expressed during conference panels and

professional discussions. This problem refers not only to the national level, but also to the local government level.

The results of the PARPA G1 questionnaire (for 2013), directed to municipalities, show that the scale of implementation of recommended programmes – such that meet quality standards, and their effectiveness has been proved in studies – is smaller by several times than for other programmes (Table 3.7).

Table 3.7 Preventive activity within the framework of municipality programmes for the prevention and solving of alcohol-related problems – the number of participants and costs (based on data from PARPA for 2013)

Comparison of the participant numbers and funds allotted to preventive activity (for programme implementation) within the framework of municipality programmes for the prevention and solving of alcohol-related problems in 2013				
	Number of students participating	Number of teachers or professionals	Number of parents	Funds ¹²⁷
Recommended programmes	373,020	21,758	65,596	5,835,008 PLN 1,390,068 EUR
Other programmes	1,413,708	59,328	185,108	28,696,650 PLN 6,836,374 EUR
Other forms of preventive activity	3,613,899	130,857	41,730	40,905,886 PLN 9,744,968 EUR

In 2013, municipalities allocated five times less funds for science-based recommended programmes than for other prevention programmes, the effectiveness of which was unknown, and often low or none. As we see in Table 3.7, the local government units spend over ten times more money on non-recommended prevention programmes and ‘other forms of preventive activity’ than on effective, recommended programmes. Under the vague name of ‘other forms of preventive activity,’ the municipalities organize different events (local feasts, sports competitions, cultural festivities) which most often do not realize the goals of youth problem prevention. Many local government units try to use the resources assigned to problem prevention for whatever seems more important to them. They are prepared to give some formal explanations and justifications in the case of inspection but this does not change the fact that a vast part of money for problem prevention is actually misused.

Nevertheless, there is good news in-between bad news. There is a number of municipalities that use preventive activity of a high standard. There are so many of them that this fact may not be ignored. It clearly proves that good prevention can be implemented even in the current legal, administrative and financial circumstances of Poland. It also means that some of the municipalities have managed to overcome the multiple barriers. The bad news is that most municipalities still choose prevention of

¹²⁷ The average EUR to PLN exchange rate for 2013 was 4.1976, according to Money.pl.

a low standard and questionable effectiveness, or superficial actions that do not even fit in the concept of prevention.

Let us have a look at the experts' opinions concerning mechanisms for financing problem prevention:

Katarzyna Okulicz-Kozaryn: 'There is a lack of legal and financial solutions that would promote good practices in prevention.'

Jacek Pyżalski: 'Funds that could become an important potential in prevention are sometimes spent inadequately, often in a centralized way (based on political decisions instead of facts). If opinions of experts in prevention were taken into consideration in decision-making processes, funds could be spent in a rational way – including the huge European funds, which sometimes already at first glance are spent in a way incompatible with professional knowledge of prevention.'

Jolanta Terlikowska: 'The lack of mechanisms for financing programme evaluation studies is a barrier, too. The vast majority of funds allocated to the implementation of municipality programmes for the prevention and solving of alcohol-related problems are local government means. Municipalities pay for the implementation of programmes but they do not want to cover the cost of preparing and evaluating the programmes. At the same time, the budget of such agencies as PARPA is too low to handle this task (in 2014, PARPA's budget for prevention addressed to children and youth was around 220,000 PLN [approx. 52,400 EUR]).'

Barbara Wojewódzka: 'An important barrier lies in treating substance addiction and behaviour addiction differently. For instance, prevention projects are financed from two different sources (though there is an idea for the gambling fund¹²⁸ to cover all addictions). Both types of disorders have a similar etiology and symptoms. In most addiction treatment centres, alcoholics and gamblers take part in common therapy.'

Piotr Szczukiewicz: 'Financial barriers are due to the lack of sufficient cooperation between various departments, and 'segmented' prevention. I mean barriers that are caused by too strict separation of competences and finances, e.g. in education, social welfare and health. Even within the framework of the same local government, the health and social affairs departments may have problems with efficient realization of prevention objectives. I know a few examples from recent years, when programmes approved for their content have not been implemented fully, or even have not been implemented at all, because they are too "educational and development-oriented" for officials dealing with public health, and too "alcohol-related" or "psychiatric" for officials dealing with education. Integrated prevention suffers from such an approach, and benefit is gained

¹²⁸ The 'gambling fund' comes from a part of taxes on lotteries and other gambling businesses. In the past years, this big fund could be used only for prevention of addiction to gambling. Since 2017, the financial resources from the 'gambling fund' can be legally used also to support actions in other fields of problem and risk behaviour prevention.

by narrowly oriented programmes, which focus on strictly defined risk behaviours of one type.’

The lack of rational mechanisms for managing funds is due to the lack of an overall vision and the ensuing lack of a long-term strategy on the part of the state. **Under the present system, municipalities have funds for prevention programmes in their budgets, but there is no systemic approach to managing these funds. And the national system lacks efficient mechanisms that would effectively motivate municipalities to act in a strategic, rational and effective way.** There are no mechanisms that would encourage municipalities to use recommended actions, that is effective programmes of a high standard. In those municipalities in which youth development support and problem prevention are dealt with by people with suitable knowledge and experience, action undertaken in these areas is science-based, well-tried and of proved effectiveness. In other municipalities, which have no such people or the people have too little impact, funds assigned to prevention are spent ineffectively and often irrationally. The state institutions that could change this (the government, ministries, the parliament), are not doing this. And specialist agencies that are aware of the problems (PARPA, KBPN, CED) are placed too low in the system to be able to develop a social policy in the area of youth development support and problem prevention. These institutions lack a mandate from the highest state bodies. They also lack funds that would enable stimulating the development of high quality prevention, funds that could be allocated to tasks which are either beyond the financial capabilities of municipalities or simply outside the scope of municipalities’ tasks. This refers to, among other things, financing evaluation studies, supporting the development of effective programmes, and creating conditions for sharing experience between those who draw up high quality prevention programmes and those who implement them.

The present system is more favourable to narrow programmes, limited to one prevention area, and less favourable to the integrated or integral approach. The need for treating prevention in a comprehensive and integrated way has been increasingly understood in schools and municipalities. But this is due to the beliefs of individual professionals or decision-makers rather than mechanisms of the system.

3.3.2.2. Barriers to effective prevention as related to local government operation

Local authorities are in a special situation in the Polish legal system. As a result of the approach to democracy based on decentralization, and the use of the subsidiarity principle, municipalities have a great degree of autonomy to develop a policy of youth development support and problem prevention programmes locally. It is in the municipalities that the greatest source of funds for this kind of action can be found. Yet, at the same time, new laws and orders shift the responsibility to carry out many additional tasks to municipalities, which requires specific expenses. The same income has to be sufficient, then, to cover an increasing number of costs.

A small proportion of the survey's respondents indicated barriers related to local government operation. The opinions that described barriers at the local authority level mainly referred to the ineffective use of funds and allocating too low funds to youth development support and problem prevention programmes. A small part of the respondents also pointed to the lack of sufficient dialogue between local authorities and schools.

The low proportion of local authorities' operation indicated as a barrier may be seen as a source of optimism. One of the Levers of Effective Prevention involves making good use of local community resources, so it is good news that administrators of these communities are perceived much more positively than e.g. the national authorities. Behind this lies a well-founded hope that recommendations from this *Guidebook* will be practically used by municipalities, and that better local strategies will be formulated resulting in an increase in the effectiveness of youth development support and problem prevention.

The experts' opinions on barriers existing at the level of local government operation partly coincided with the survey results. Some of the experts also indicated insufficient competences of people responsible for prevention in many municipalities, and the application of improper criteria for selecting prevention programmes. Both the experts and the survey respondents also indicate ineffective financing mechanisms, and structural divisions in offices that are not conducive to efficient coordination of development support and problem prevention programmes (this area lies at the intersection of the competence of education, health and social departments).

Jolanta Terlikowska: 'Barriers lie in the competences of people who select programmes, both at school and in local governments, and in the criteria that they use. Often, the criteria are not based on the programmes' merits, and they may even be purely financial (the cheapest programme possible per participant).'

Piotr Szczukiewicz: 'The lack of sufficient cooperation between various departments, and 'segmented' prevention. I mean barriers that are caused by too strict separation of competences and finances, e.g. in education, social welfare and health. Even within the framework of the same local government, the health and social affairs departments may have problems with efficient realization of prevention objectives.'

Krzysztof Ostaszewski: 'The supply of professional programmes is too small to meet the needs of all municipalities in Poland. Therefore, local governments act rationally: they either support their own (local) NGOs or their own leaders, regardless of the quality of their prevention services, or they spend money from 'corkage fund'¹²⁹ on useful activities not connected with prevention (like building playgrounds for children, organizing sports competitions and family fairs, promoting local government institutions, building roads, supporting addiction treatment, etc.).'

¹²⁹ Funds in a local budget obtained from alcohol retailers designated entirely for the prevention of drug and alcohol use related problems.

Jolanta Dobrzyńska: ‘A considerable part of local authorities lack interest in broadly understood social policy. The authorities act from the perspective of their term of office, with preference for undertakings that bring quick and noticeable effects, like investments in infrastructure.’

3.3.2.3. Barriers to effective prevention as related to school operation

Barriers related to school operation had a high number of responses (18% of points). If respondents connected with schools are excluded, barriers related to school operation come second (24% of points), after the national policy.

The respondents stated too low engagement of teachers and school administrators in youth development support and problem prevention, and also their low competence in the area of supporting youth development, and their inability to maintain discipline at school and in the classroom. Also the following were indicated as barriers: the low authority of teachers and the school; the lack of legal instruments to maintain discipline at school; a maze of bureaucratic regulations.

This is again the question of too low engagement of school staffs in youth development support, as compared with teaching results, which are treated as a priority. To a certain degree, this seems to be a consequence of systemic solutions in Polish education that do not recognize the importance of development support and problem prevention. At the same time, the statement about lacking engagement in supporting youth development may be painful and unjust to many teachers. Lack of engagement usually applies to individual teachers, not teams as a whole. IPZIN’s observations show that, if low engagement is a trait of many teachers in a school, this is often connected either with a similar attitude of that school’s administrative staff or with a generally bad atmosphere among the teaching staff.

The problem of a low level of development support skills, difficulties with maintaining discipline, and low authority of teachers are three areas that can be worked on effectively and modified. Development support skills, including communication skills and skills that help to maintain necessary discipline, can be learned at training courses. There is also knowledge about building comprehensive systems that help to support teachers’ healthy authority and to maintain discipline more effectively. If such investments are lacking, this is probably another manifestation of youth development support and problem prevention being treated as a matter of secondary importance in the existing system.

Investments are made in tablets, informatization, video monitoring systems, but not in staffs’ development support skills. This is not so much a criticism of informatization or monitoring themselves as indicating a clear disproportion in investment areas.

Opinions of 8 out of the 17 experts included statements about barriers at the school level. Many of them concerned teachers' too low competence and too low engagement in the area of youth development support and problem prevention.

Here are selected opinions illustrating the main themes emphasized by the experts:

Aleksandra Karasowska: 'Essential barriers are related to the mentality of teachers. This includes: lack of faith in youth and their potential; focusing on complaining about problem behaviours and poor upbringing in the family; lack of a real sense of responsibility for supporting and protecting young people's development – seeing this as the family's responsibility (I have observed such attitudes quite often, though obviously this is not the case of all teachers and other professionals); similar attitudes may also be seen in parents. (...) Another area of barriers is related to the rigidity of the school system – teachers and counsellors' focus on meeting the expectations of supervising and controlling authorities, completing the required documentation, and conforming to formal standards at the expense of development support work. All this fosters sham action being taken (it is more about the school's image than the best interests of students, and more about nice-looking documentation than about real action).'

Jolanta Terlikowska: 'Another barrier lies in low development support competence of teachers. It often means the lack of basic communication and problem solving skills, etc.'

Anna Radomska: 'The school environment insufficiently engages parents in formulating and implementing prevention programmes.'

Identification of barriers to effective youth development support and problem prevention is necessary so that the essence of the Fifth Lever of Effective Prevention can be put into practice. Treating YDS&PP (youth development support and problem prevention) as a development priority requires the national and local governments to have deep insight into the problems and weak points of the system.

Applying the Law of the Lever makes it necessary to first define the barriers which, once overcome, will bring the greatest change. At the same time, the changes must be feasible to be implemented and, if possible, also relatively inexpensive (in terms of the amount of labour and funds).

If these criteria are applied, striving for a mass change in teachers and parents' attitudes is not a realistic direction. What is realistic and very essential is changes in the system, changes of mechanisms at the national and local government and school levels. An analysis of the barriers shows that changes at the national level are the most needed. At the same time, it is this level that provides the best Law of the Lever effects, because a transformation of mechanisms for managing the YDS&PP area at the national level will also influence the other two levels – local government and school.

This does not mean, however, that there is nothing to do for local government and school staffs but wait passively. On the contrary, they can and should seek ways to

overcome these barriers that can be crossed at their level of competence. The examples of good practices presented in Chapter 4 of the Polish edition show how youth development support and problem prevention can be treated as a priority at the municipality level, and how a sensible and comprehensible strategy can be devised that will foster effective and economical action¹³⁰.

3.3.3. Setting clear limits for practices that oppose prevention goals

Supporting young people's development – so that they can realize their dreams for the benefit of themselves, their families and their small homeland – is a long-time goal. What is needed to achieve this goal is defining clearly and precisely a number of particular aims concerning problem prevention.

The goals of local authority or school prevention strategies should include various risk areas, and should be very specific and precisely defined (Szymańska, 2012). Such an approach is needed both for local authorities and schools, and also the local community as a whole. It must be clear what behaviours and attitudes are expected of 13 to 16-year-olds (intermediate school students) and 16 to 19-year-olds (upper secondary school students), and which behaviours and attitudes will not be accepted and will be counteracted. These goals may include for example: sober life, free of psychoactive substances; mental health (without depression, suicide attempts, neuroses); reduction in violence, criminal behaviour, gambling, pornography, early sexual contacts, and dysfunctional use of television, computers and the internet. It is best when these goals are formulated with reference to the well-diagnosed state of problems and risks behaviours.¹³¹

A social coalition can only be formed effectively around clear goals for action. Only specific, precisely defined goals enable a good division of responsibility and tasks. Such division should harmonize upbringing in the family with youth development support and problem prevention at school, and also with initiatives of religious and youth organizations. Clear goals make it easier to indicate the appropriate roles of all the other institutions operating locally (the police and municipal police, culture centres, sports centres), and also local businessmen, who may join a prevention programme. After all, they too are interested in supporting the development of youth – their future employees and owners of companies operating in their locality. The everyday life of the local community, as well as special events like fairs, parish fairs, sports and cultural events, should be organized in a way that will take into account the goals of local strategies for supporting youth development and local prevention programmes.

¹³⁰ These good practices from three municipalities have been presented in the Polish edition of the *Guidebook* but they are not a part of the English edition. The authors of the descriptions of model solutions present their local systems in a way that is not understandable internationally as it demands a good knowledge of the Polish legal system, and Polish reality.

¹³¹ The subject of diagnosis will be elaborated on in Section 3.4.

If we want to treat prevention as a priority, its goals should be based on social consensus, which will take into account municipalities' own responsibilities and legally binding law, but also local community's opinions. Forming a strong social coalition for youth development support and problem prevention requires a bold vision and a skilful way of gathering opinions and conducting discussion, so that the largest possible group of people of good will, and all local institutions, work for this common cause.

Devising such a strategy requires certain psychological knowledge and skills. It can be done on one's own, as a joint effort of the local government unit staff, or outside professionals may be hired. Expert knowledge of professionals and counsellors may help to select methods for working on the strategy.

We have repeated several times that goals should be formulated in a clear, precise and operative way. Examples should be used here to show more specifically how a goal defined in general terms differs from a precise one. For instance, the general goal of 'reducing the alcohol problem among youth' would be better phrased by formulating a number of particular aims, such as 'limiting alcohol availability to underage youth,' 'increase in the proportion of non-drinking intermediate school students,' 'increased acceptance for alcohol abstinence attitudes among youth,' 'decrease in the proportion of early teens who get drunk.' Such phrasing of goals makes it much easier to seek coalition partners with whom we will cooperate for a given cause. As far as 'limiting alcohol availability' is concerned, this will probably mean cooperating with owners of restaurants, bars etc., and shop assistants and waiters. In 'promoting alcohol abstinence attitudes' we may be helped by alcohol abstinence associations and religious organizations. As for 'decrease in the proportion of early teens who get drunk,' we may be partnered by teachers and people who carry out effective prevention programmes.

A clear formulation of goals of a local or school prevention programme is also important because only then can we assess whether we have managed to accomplish them. Goals that have been defined in general terms cannot be checked or evaluated.

No clear goals mean no clear limits. A precise formulation of goals for local government and school prevention strategies makes it possible to set clear limits to practices that are harmful and contrary to these goals.

In order to reach the goals in the area of youth development support and problem prevention, clear and strict limits should be set for people, companies and initiatives that can directly increase youth problems and risk behaviours, or weaken the strength of preventive influence. Striving to reduce youth problems cannot be reconciled with favouring, or being passive to, anti-health and anti-preventive initiatives and actions in the local community.

Setting clear limits for practices that oppose prevention goals is also a condition for the reliability of declarations made by local government and local community authority figures concerning the top priority of youth support development and problem prevention.

We will present three selected areas of defending borders that are especially important in prevention management at the local authority and school levels (the use of psychoactive substances, pornography and sexualization of public space). Limits concerning the organization of fairs, concerts and other events will also be presented.

1. Setting limits in the area of psychoactive substance use.

Setting limits in prevention concerning the use of psychoactive substances by youth may include:

- Limiting the availability of psychoactive substances to youth by monitoring sellers' adherence to rules that prohibit selling cigarettes and alcohol to minors, and their respecting other rules ensuing from appropriate laws.
- Good cooperation with the police in prosecuting illegal substance trade.
- Refusal to cooperate in prevention with representatives of the alcohol industry, in compliance with WHO directives (2009b, pp. 28, 30–32, 94) and PARPA Recommendations for 2014 (PARPA, 2013).

The question of setting limits in this area is discussed by Janusz Sierosławski, who comments on ESPAD results. He points to the problem of alcohol availability and warns: 'Despite a slightly decreasing tendency, the vast majority of 15 to 16-year olds, and over 80% of teenagers aged 16–19 think that buying alcohol¹³² is very easy or quite easy. Changing this belief is especially difficult when the sales network of alcoholic beverages is so extensive as it is in Poland. Reducing this network could greatly help limit drinking also among youth' (2011, p. 99).

Sierosławski's opinion should be treated as a direct guideline for action. The question of alcohol availability is connected with the sales network, and with sellers' adherence to rules prohibiting selling alcohol to minors. Local government units can take specific steps here.

The Polish law, which prohibits alcoholic beverage advertising, strongly supports the social policy that treats prevention as a priority. Yet, local governments' action is being seriously hindered by the legislator's inconsistency: beer is partly excluded from this prohibition, and it is the alcoholic drink most often used by youth (CBOS). According to the Act on Upbringing in Sobriety and Counteracting Alcoholism, beer may be advertised if the ads fulfil certain conditions. **The Polish law forbids addressing beer ads to youth, and associating alcohol with physical activity (sports), sexual attractiveness, relaxation and leisure, and success at work or in life¹³³.** In practice, this ban is often circumvented or ignored. As a result, young people are bombarded with advertising messages in which beer drinking is associated with friendship, joy, good

¹³² According to the Polish law, minors (under the age of 18) cannot buy alcohol, and those who sell alcohol to minors risk losing their license.

¹³³ Dziennik Ustaw (Journal of Laws of the Republic of Poland) 2012.0.1356, consolidated text, Act of October 26th, 1992 on Upbringing in Sobriety and Counteracting Alcoholism, Section 1, art. 13.1.

atmosphere, strong character, and sports. This is contrary to the above-mentioned act. Executing the prohibition to associate beer advertisements with sports is made difficult because of another statutory exception: organizers of competitive and professional sport events are allowed to advertise beer during these events. And it is a known fact that children and youth are often fans and broadcast watchers of such events.

Despite these inconsistencies in the Polish law, intolerance of breaking the law, and extending exceptions to it in an unauthorized way, remains the responsibility of national and local government executive bodies.

2. Setting limits in the area of sexualization and pornography¹³⁴ in public space.

Risks related to sexualization were already discussed at length in Chapter 1. The study results presented there clearly indicate that sexualization is an important risk factor for many youth problems and risk behaviours. Preventing youth sexualization should be connected, then, with objectives set in the areas of alcohol and drug prevention, and also depression and suicide prevention. Using pornography may become a serious problem when it turns into addiction. What is more, early contact with pornographic content, as shown in the studies discussed in Chapter 1, is a factor increasing sexualization, which consists in treating the sexual sphere in an objectifying and disrespectful way.

A comprehensive prevention strategy in a school or local government unit should include limits set to pornography and sexualization. This should be done through limiting the availability in the local public space of images and content that are pornographic, vulgar and sexualizing. The actions taken may include those referring directly to the law, as well as positive social actions, supported by the local government, aimed at rewarding shops or cultural institutions that are safe to children and youth in this respect.

Consumer campaigns successfully run for the last several years by Your Cause Association (Stowarzyszenie Twoja Sprawa)¹³⁵ may be an example of good practice in the local community. While these campaigns do not automatically initiate any legal proceedings, they may give grounds for taking up action by the national bodies to which the consumers write. For this purpose, consumers participating in consumer campaigns indicate cases in which the legal articles have possibly been violated. These articles especially include:

¹³⁴ It is important to remind the reader that the *National Health Programme for 2016–2020*, signed by the Prime Minister of Poland and implemented by the whole government, for the first time clearly defines pornography and sexualization as dangers to mental health, and sets goals regarding research and prevention. Research results and recommendations presented in the *Guidebook* were recognized and used in the process of public consultations of the *NPH 2016–2020* conducted by the Minister of Health.

¹³⁵ For more information (partly in English) see: www.twojasprawa.org.pl

- Art. 16, par. 1 item 1 of the Act of April 16th, 1994 on counteracting unfair competition, according to which advertising that is contrary to decency or infringes on human dignity is an act of unfair competition;
- Art. 141 of the Act of May 20th, 1971 – Code of Petty Offences, according to which a person who places an indecent advertisement, notice or image in a public place shall be subject to the penalty of restricted liberty, a fine up to 1500 PLN or a reprimand;
- Art. 200, par. § 3 of the Act of June 6th, 1997 – The Criminal Code, according to which a person who distributes pornographic content in a way that enables minors under 15 to familiarize themselves with this content shall be subject to a penalty of imprisonment for up to 3 years;
- Art. 200, par. § 5 of the Act of June 6th, 1997 – The Criminal Code, according to which a person who advertises or promotes activities that involve the distribution of pornographic content in a way that enables minors under 15 to familiarize themselves with this content shall be subject to a penalty of imprisonment for up to 3 years;
- Art. 16b, par. 3 of the Law on Broadcasting of December 29th, 1992, according to which commercial messages may not infringe on human dignity, include discriminating content, or threaten the physical, mental and moral development of minors;
- Art. 18, par. 4 of the Law on Broadcasting of December 29th, 1992, according to which it is prohibited to disseminate broadcasts or other messages that threaten the physical, mental and moral development of minors, especially such that include pornographic content or exhibit violence in an unjustified way.

Over the course of 6 years, tens of consumer campaigns were organized with Your Cause Association's help, with several hundred to more than 10,000 consumers participating in each. In total, the consumers participating in campaigns run by this Association sent over 65,000 messages to companies and public institutions¹³⁶. More than 23,000 consumers declared a constant willingness to participate in consumer campaigns.

The campaigns have led to many rulings by the Union of Associations Advertising Council (Rada Reklamy) that confirmed the unethical character of action. Over the years, an increasing sensitivity to this aspect of advertising industry's activity can be seen on the part of this Council.

The pressure exerted by consumers on companies and public institutions enables very real changes in public space. For example, pornography ads have disappeared from TV magazines, and changes have been introduced to the Criminal Code that prohibit advertising and promoting pornography in public space.

¹³⁶ It should be emphasized that most of the messages were sent at a time when there were no internet mechanisms that would enable signing a petition with just one click of the mouse. This means that consumers put real effort into sending emails personally to the addresses indicated to them.

Many of the consumer campaigns are based on neighbourhoods, and initiated by individual people or local centres of Your Cause Association. Their petitions and complaints are directed at local companies and institutions, or local government bodies – e.g. when they own offices or business establishments leased to companies being stigmatized.

Local government may favour such campaigns as part of the local prevention strategy being implemented, and may create a favourable climate for them. It may become an ally of those who support youth development and public space free of sexualization and pornography.

Local government may also partner or even initiate positive local campaigns aimed at rewarding good practices rather than stigmatizing harmful ones. An example can be found at Kobyłka near Warsaw, where a positive campaign conducted by the Charles de Foucauld Homo Homini Foundation (Fundacja Homo Homini im. Karola de Foucauld) has caused magazine covers with pornographic content to disappear from newsagents' and shop windows for good. Thanks to friendly cooperation from the local school, the campaign organizers could collect signatures for their petition addressed to shop owners among parents during parent–teacher conferences. The Town Council helped institutionally, as a place of social trust where the signed lists were deposited. In this campaign, all the newsagents' and shops that withdrew pornography from their windows were awarded a 'Shop friendly to children' certificate. This fact was also officially announced, both at the next parent–teacher conference and in the local church, as part of the parish announcements.

This campaign may be a positive example of cooperation among parents, the school, local government, NGOs, parish and business.

3. Setting limits for the organization of festivities, picnics, concerts, matches and other public events.

Public events have many advantages from the point of view of local government. They integrate the local community and stimulate the activity of residents, local companies and organizations for the common good. They also improve the climate between representatives of the authorities and citizens by having fun together.

The preventive dimension of short-term one-time public events, however, is very doubtful. As we can read in PARPA's *Recommendations for the implementation and financing of municipality prevention and mental health promotion programmes in 2014*, 'It emerges from the PARPA G1 questionnaires and additional information provided by local governments that, despite high expenditures on prevention and a large number of children and youth participating in these activities, most of them are short-term one-off events (performances, sports competitions, festivities, contests etc.). Studies on the effectiveness of preventive influence indicate low effectiveness of this kind of undertakings. It is a good idea, then, when planning a local prevention programme,

to take into account first of all financing the implementation of projects of proved effectiveness, and trainings that support teachers in their efforts at youth development support and problem prevention (if a school signals that the means assigned to trainings are insufficient)' (PARPA, 2013, p. 43). One-off actions – such as festivities, celebrations of local sobriety days or the International Fetal Alcohol Syndrome (FAS) Day on the 9th of September every year, happenings, picnics, press conferences, debates in the local media etc. – should only be organized as a means to promote other, systematic educational and preventive activity.

Another problem is that the involvement of some companies in organizing or sponsoring local public events may lead to results that are contrary to prevention objectives. For example, when various cultural events, concerts and festivities are financed by breweries, this becomes a source of brand recognition and positive associations, intended by these companies, of alcohol business with music, entertainment, and spending time in a nice way. Both adults and youth are exposed to this advertising influence to a similar degree. This is operating on the edge of the law, and the voice of local government does matter here, as does the voice of other representatives of the local community who care about the best interests of youth.

Instead of cultural, artistic and sports events where alcohol is sold, it is more advisable to popularize similar events, but alcohol-free – especially where many young people are expected to come. This can be fostered by the increased availability of masters of ceremonies who are experienced in leading lively intergenerational events free of alcohol.

Caution and prudence are needed when deciding about the organization of cultural events that can at one time be beneficial for the given town in terms of finance and image, but at the same time will bring long-term harm.

For example:

- The organization of a festival of a certain kind of music connected with the drug subculture may lead to the emergence of a network of drug dealing that will remain in the town for years;
- Inviting singers or musicians who sneer at the values that a great part of parents and teachers hand down to youth may not only deprave the young people, but also weaken the social capital consisting in trust and cooperation among various subjects of the local community;
- The organization of a dance show without suitable supervision may lead to a situation where children and youth from the local community will watch their peers performing in highly sexualizing dress, modelled after the fashion seen at galas and in shows in the mass media.

A separate subject connected with setting limits is the serious problem of the Polish youth abusing sleeping pills and sedatives without a doctor's order. International comparisons show a disturbing and very important fact: **since 1995, the Polish youth**

aged 15–16 have invariably ranked first in terms of using sleeping pills and sedatives among all the countries participating in the ESPAD project (Sierosławski, 2011). This is an alarming signal which means that legal changes may have to be introduced with regard to the advertising and availability of these medicines, all the more so because, according to researchers, abusing sleeping pills and sedatives is facilitated both by the high availability and intense promotion of pharmaceuticals (Ostaszewski and Pisarska, 2013).

In the present legal context, local governments probably do not have any strong instruments that they could use. Still, they can remain sensitive to this problem in their prevention strategy.

3.4. The Sixth Lever of Effective Prevention – maximum effectiveness at optimal cost



THE SIXTH LEVER

Creating a strategy, search for maximum effect at optimal cost

[then the effort makes the most sense]

Cost-effectiveness is one of the basic economic terms universally used for pragmatic assessment of action in various fields of the social and economic life. It consists of two words that together mean effectiveness in relation to costs. Generally, the sense of this term is exactly the same as the content of the Sixth Lever of Effective Prevention – the aim is to gain the maximum effects at optimal cost.

In health policy, an economic tool known as CEA (*Cost-Effectiveness Analysis*) is used. Based on the same approach, it consists in comparing the costs and effects of different action strategies.

Cost-effectiveness analysis is especially useful when needs are great and funds are limited. This is a situation when we are most determined to make every penny spent produce the greatest effect.

Optimal costs are not the lowest costs, but the cheapest way to gain maximum effects.

This rational and pragmatic way of thinking about managing funds can be fully used in problem prevention. A model example here is the American CTC (Communities That Care) programme, in which the evaluation of preventive actions implemented has shown clear effects in terms of a decreased rate of cigarette smoking, crime and alcohol use. Economic calculations proved that every dollar spent by a local community on

prevention returned over fivefold in the form of savings on the consequences of youth risk behaviours (Kuklinski, Briney, Hawkins and Catalano, 2011).

A similar direction is suggested in some important Polish government documents on prevention, such as the National Programme for Preventing and Resolving Alcohol-Related Problems for the years 2011–2015. For example, in the document, the following indicator of the implementation of strategic objective 4.0.0.0 (Limiting alcohol drinking by children and youth) is provided: ‘propagation, implementation and offer extension of recommended prevention programmes based on effective influencing strategies’ (PARPA, 2011). Also, the National Programme for Counteracting Drug Addiction 2011–2016 (KBPN, 2011) states the need to implement programmes based on scientific grounds or having proved effectiveness, recommended in the *Recommendation system* (KBPN, CED, IPiN, PARPA). The same approach, which emphasizes science-based prevention, has been adopted in the recent *National Health Programme for 2016–2020*.

The necessary starting point for this economical way of thinking includes clearly stating the expected effects, that is defining areas in which we expect change for the better, and determining what exactly should change.

The effect that we want to obtain in the area of prevention is to significantly restrict the scale of many different youth problems and risk behaviours throughout the local community. This will lead to a clear limitation of their negative consequences for individuals, families and the whole environment.

This effect may be gained most economically by applying the **prevention economy principle**. It says that the maximum effect can be gained at the optimal cost by combining two factors: comprehensive effectiveness of measures and their wide implementation (see Figure 3A).

Figure 3A *Prevention economy principle*



Wide implementation of actions that are entirely ineffective will bring no effects. Very narrow, low-scale implementation of effective actions will not solve problems, either. And wide implementation of effective actions, but limited to one prevention area only, will bring partial effects, leaving youth risk level in other areas unchanged.

It is the wide implementation of comprehensively effective action strategies (i.e. effective in different prevention areas) that can bring the maximum effects.

The Sixth Lever of Effective Prevention, which tells us about searching for economical ways to gain maximum preventive effects, requires the following to be considered at the same time:

- different risk areas
- all the key resources
- knowledge about conditions for effective prevention.

When using this lever, two practical questions have to be asked:

- **How can a comprehensively effective strategy be devised?**
- **How can it be implemented on a wide scale in the most economical way?**

A difference between researchers' views and management practitioners' opinions can frequently be seen regarding the effectiveness of prevention strategies and programmes. What is best in theory is often difficult to implement in practice. Most researchers emphasize the importance of scientific evidence in support of programmes' effectiveness, whereas local government and school staffs usually focus on the possibility of implementing the programmes.

In the course of work on this *Guidebook*, we decided to create a **tool for devising an effective prevention strategy – an instrument that will take into account the arguments and needs of researchers, local government staffs and practitioners.**

This tool incorporates **three tables that facilitate the formulation of a local prevention strategy.**

The first table (3.8) includes criteria for assessing programmes' effectiveness, the second table (3.9) includes criteria for assessing programmes from the point of view of their implementation, and the third table (3.10) presents criteria for assessing the usefulness of studies diagnosing youth's condition.

These tables can be used both to draw up and assess the whole local government/school prevention programme and to assess its particular elements. Obviously, the categories and criteria included in the tables do not cover all essential aspects of assessing the effectiveness of prevention. This is a well-thought-out selection of key categories, which may be supplemented by the readers with other categories that are considered equally important either by themselves or by specialists trusted by them.¹³⁷

¹³⁷ In the final part of Section 3.4, we provide descriptions of numerous studies concerning the effectiveness of prevention. These are mostly publications available in Polish, yet many of them provide the reader with a synthesis of international experience in the field of problem prevention. A summary of criteria for the effectiveness and implementation of preventive activity included in this *Guidebook* is thought to be a helpful synthesis, based on the present knowledge, not opposed to it. We suggest treating the points where the studies differ as an inspiration for one's own reflection and forming an independent judgement.

To build a solid structure, solid elements are needed, and a correct way of combining them. Local prevention strategies are the most effective and best suited to local needs when they are clever structures built with solid and effective modules.

Understanding the diversity of the situation and the needs of local government and individual schools, we have constructed the tables in a flexible way that classifies solutions as optimal, good, minimal and below the minimum.

In creating an effective and economical prevention strategy, we should aim to: create optimal solutions; be prepared to put up with a ‘good’ or minimum solution when there are compelling reasons for doing so; and never settle for a solution below the minimum.

This classification has been assigned colour symbols.

Optimal ■ – green signifies the best solution, or ‘green light’.

Good enough ■ – a yellow-green solution is good if you cannot find a better one under the given conditions.

Necessary minimum ■ – a warning sign, meaning ‘yellow light’ which sets a minimum standard. Adoption of such a solution in some areas must be well thought out and highly justified. One should also look for opportunities to replace it in future with a better solution.

Below the minimum ■ – a ‘red light’ solution, which indicates action one should never accept, because of its harmfulness or inefficiency.

This classification, along with the contents of the tables, can also be used by administration units as a helpful tool for considering criteria in connection with the announcement of grants in the area of prevention. The colour-coded assessment must then be converted into points. In the scoring, one can take into account not only whether the criterion is fulfilled to the optimal extent, or a minimal one, but also give different weight to different criteria.

When considering criteria to evaluate the effectiveness of the programme, we chose the most important in the context of the total amount of knowledge about youth problems and prevention collected in this Guidebook. This does not mean that the table contains all the relevant criteria. If, however, the table is to be a helpful tool in prevention management practice, it cannot be too complex. It is a form of compromise between scientific meticulousness and the requirements of pragmatics.

The highest overall effectiveness of a comprehensive strategy is achieved when all the criteria included in Table 3.8 are met at the optimal level (‘green light’). A prevention programme and its sub-components — of a local government or of a school — will be most effective when:

- it is well adapted to diagnosed local needs;
- the scope of its effectiveness is wide, i.e. when it covers many prevention areas;

- the various sub-programmes have been evaluated according to good methodological standards and the studies have demonstrated their effectiveness and lack of side-effects;
- it is directed towards various recipient groups important for prevention (youth, parents, teachers, etc.);
- specific programme objectives are clear and realistic, and the content is appropriate to the young people's age and stage of development;
- the methodology refers to the knowledge of effective prevention strategies, and the programme acts on multiple factors associated with risk behaviours and problems;
- it is entered in the *Recommendation system for prevention programmes*, or the equivalent in the country concerned.

When using different components to draw up a local government or school prevention programme, it is a good idea to try to align each of these elements with the optimal level. The larger the number of elements that meet the optimal level criteria or, if necessary, the 'good enough' level criteria, the better. At the same time, it is important that the programmes used have no elements defined as 'below the minimum' level.

What is most important from the viewpoint of the good of the local community is the overall effect of implementing the whole prevention strategy. Attempts to reach the optimal level of actions' effectiveness cannot be made at the expense of narrowing efforts to one prevention area or one age group only.

A comprehensive prevention strategy should include:

- activity covering many prevention areas (alcohol use, drug use, cigarette smoking, violence, early sexual contacts, depression, suicidal tendencies, etc.)
- activity aimed at youth of different ages and at different stages of education
- activity aimed at target groups who affect young people (parents, extended family, teachers, religious organizations, youth organizations, etc.).

A well-composed strategy for a local government unit or school must constitute a meaningful whole. It must not lack modules intended for parents and teachers. All prevention must not be focused on one stage of education, with all the others neglected. If we want to use specialist programmes focused on narrow objectives concerning specific risk areas (such as alcohol only, drugs only or violence only), these should be combined into a comprehensive system by means of programmes covering a broad scope of objectives.

The opinion that prevention programmes should have a broad scope of objectives and address many risk behaviours is shared by recognized experts in this field: 'The programme's scope is this aspect of a prevention programme which emphasizes that one should not concentrate on a single phenomenon only (e.g. using inhalants), but that other behaviours leading to problems and conflicts should also be taken into account, such as teen pregnancies, AIDS, school and family problems' (Gaś, 2000, p. 15; Gaś refers here to: Johnson, 1986).

The most important condition for a prevention programme's effectiveness, one that has been omitted from Table 3.8, concerns people who perform the programme. **The effectiveness of each message aimed at youth development and problem prevention depends to a large degree on the quality of bond between the one who conducts the programme and the participant** (Wojcieszek, 2013). Wojcieszek emphasizes that a relationship with youth can only be formed when the dignity and subjectivity of each teen, each participant, is respected. Discretion, tact, friendliness, and not forcing to activity are important elements of building a relationship. Trainers and professionals should avoid any kind of aggression. They should have good communication skills that will enable them to maintain necessary discipline during the programme without violating young people's boundaries. Youth's acceptance for prevention messages is strengthened by the reliability of people who perform the programme: by their inner conviction to these messages (Kirby, 2002), and by having a lifestyle that is not contrary to the values and content of the programme (Wojcieszek, 2013; Grzelak, 2009a).

What is also very important is the professional qualifications of people dealing with prevention. This includes both theoretical knowledge and practical skills.

It is better for some prevention actions to be performed by a person whom the youth know, such as their teacher. It is just the opposite with others, which can be performed most effectively by a stranger – someone who does not give marks in his or her field, and who establishes an entirely new relationship with the youth on his or her own terms.

It is important for the effectiveness of preventive activity that the local system have no programmes or initiatives with the side effect of creating harmful normative beliefs among young people and adults. This happens when the people engaged in prevention work have a very intensive contact with pathologies, while having no knowledge about prevention. When trying to warn youth against the consequences of risk behaviours, they may unconsciously present an image in which risk behaviours are a universal norm among youth. But the universality of pathologic behaviours is relative. Policemen, municipal policemen, probation officers and court-appointed guardians, doctors and psychologists in detox centres – they all mostly deal with individuals and groups that cause problems, not with the majority who do not. Professionals who have intensive contact with pathology may be good prevention staff on the condition they attend suitable training sessions in the area of prevention.

The first column of Table 3.8 says that the programmes to be used should meet the greatest possible number of diagnosed needs of the local community in the area of prevention. This means that a diagnosis has to be made before starting to act. Table 3.10 is a tool for assessing the usefulness of various types of diagnostic surveys.

Yet, before we address the subject of diagnosis, let us have a look at implementation. This is an important criterion for effective and economical prevention, one consistently pointed to for years by Krzysztof Wojcieszek (2013).

Table 3.8 Assessment criteria for programme effectiveness (by IPZIN)

Assessment classification	Programme effectiveness – useful categories and assessment criteria			
	Fitting the local needs	Scope of programme effectiveness	Effectiveness evidence	Programme safety
Optimal ■	The programme meets many essential diagnosed needs related to risk behaviours and problems.	Comprehensive effectiveness – the programme is effective in many prevention areas	Evaluation studies with a high ¹³⁸ methodological standard	Research evidence exists that the programme has no undesired side effects. ¹³⁹
Good enough ■	The program meets some essential diagnosed needs related to risk behaviours and problems.	Effectiveness in more than one prevention area	Evaluation studies with medium ¹⁴⁰ methodological standards	Strong premises exist that the programme has no undesired side effects. ¹⁴¹
Necessary minimum ■	The programme meets at least one essential diagnosed need related to risk behaviours and problems.	Effectiveness in one prevention area	Soft criteria for effectiveness assessment (monitoring, process/formative evaluation)	Strong premises exist that the programme meets basic psychological safety criteria. ¹⁴²
Below the minimum ■	The programme meets none of the diagnosed needs related to risk behaviours or problems.	No effectiveness	No evaluation	No premises for programme safety / Premises that the programme may not be safe for certain categories of participants. ¹⁴³

¹³⁸ A proper selection and size of the group surveyed, comparison of results with a control group, evaluation before and after the programme has been realized, a proper selection of factors and an appropriate way of conducting the study.

¹³⁹ This is the case when the evaluation studies use indicators regarding different prevention areas, and undesired side effects appear for none of them.

¹⁴⁰ Most of the above mentioned criteria are met, but not all (e.g. studies on a small sample, no pre-test, some important indicators lacking).

¹⁴¹ This is the case when the belief that there are no undesired side effects results from the assessment of the theoretical basis of the programme, its content and methods, but is not proved in research.

¹⁴² Basic psychological safety means that the programme has been drawn up and is realized with concern for different categories of participants, and it does not pose a danger of hurting youth from any of these categories (no matter what their psychological maturity, family situation, traumas experienced, beliefs held, etc.).

¹⁴³ Sometimes programmes are effective prevention tools within a certain scope, but their content or methodology lack concern for some specific groups of participants. These programmes should not be used, unless there is a way to safely exclude from the group (or take special care of) those whom they might hurt.

Programme effectiveness – useful categories and assessment criteria			
Different levels of recipients/partners taken into account	Clear, realistic objectives/adequate content of the programme	Methodology; knowledge of protective & risk factors taken into account	Opinions and recommendations
The programme contains modules aimed at important recipient levels (youth, parents, teachers, other important adults).	Programme objectives are clearly defined and realistic, and the content is appropriate to recipients' age and developmental stage.	The programme uses many effective prevention methods/strategies ¹⁴⁴ and affects factors related to many problems and risk behaviours.	The program is entered in the <i>Recommendation system for prevention programmes</i> ¹⁴⁵ .
The programme is aimed at one level of recipients, but it strengthens the role of the other partners. ¹⁴⁶		The programme uses some effective prevention strategies and affects factors related to some problems and risk behaviours.	The programme was entered in the former <i>Database of prevention programmes</i> . ¹⁴⁷
The programme is aimed at one level of recipients, but it respects the role of the other partners.		The programme uses some effective prevention strategies and affects factors related to one type of risk behaviours.	The programme has reliable positive opinions from experts and local government and school staffs.
The programme does not respect the role of one of the partners, or undermines it, thus weakening the local resources important for youth development and problem prevention.	Programme objectives are unclear or unrealistic, and the content is inappropriate to recipients' age and developmental stage.	The programme has no elements referring to knowledge about effective prevention strategies or to knowledge about protective factors and risk factors.	The programme is not recommended and has no reliable positive opinions.

¹⁴⁴ By 'effective prevention methods or strategies' we mean methods that have been proved to be effective in evaluation research of prevention programmes. A particular method is treated as effective when it was used in numerous prevention programmes having statistically significant effects in reducing risk behaviours or problems.

¹⁴⁵ The *Recommendation system* was introduced in 2011 by the central agencies under the Ministry of Health and Ministry of Education, dealing with problem prevention. In order to enter the *Recommendation system*, prevention programmes have to meet several criteria based on conclusions from research in the field of youth prevention.

¹⁴⁶ By the term 'partners,' we understand people who are included in the key resources of a local community from the point of view of prevention (parents, extended family, teachers, representatives of religious organizations, other important people in the local community).

¹⁴⁷ Before 2011, there was no unified *Recommendation system*. Different agencies dealing with different areas of problem prevention had their own databases of recommended programmes. The criteria for including a programme were lower than in the new, unified *Recommendation system*.

Table 3.9 Programme implementation – useful categories and assessment criteria (by IPZIN)

Assessment classification	Programme implementation – useful categories and assessment criteria		
	Programme's possible range ¹⁴⁸ as compared to needs	Cost per participant/ programme's effect ¹⁴⁹	Monitoring the quality of implementation
Optimal ■	The programme makes it possible to reach all recipients in school/ local government unit who should participate in it.	The effects are big, well-proved and overall (in many risk areas), and the cost per participant is relatively small compared to these effects.	The programme uses internal procedures for monitoring quality , supervision and correcting errors.
Good enough ■	The programme makes it possible to reach most recipients in school/ local government unit , and so has extensive social influence.	The effects are big, well-proved in at least one risk area , and the cost per participant is relatively small compared to these effects.	Internal procedures for controlling quality used by the programme have to be supplemented with supervision from school/ local government unit .
Necessary minimum ■	The programme makes it possible to reach key recipient groups in school/ local government unit .	Reliable premises exist that the programme brings about effects in at least one risk area , and the cost per participant is relatively small compared to these effects.	The programme has no efficient internal procedures for controlling quality, and quality has to be fully supervised by school/local government unit .
Below the minimum ■	It is not possible to include the minimum satisfactory number of recipients in this programme.	Unknown and doubtful effects of the programme do not allow a rational assessment on the cost/ participant/effect basis.	The principles of the programme's implementation, or the people who implement it, oppose to their work being inspected and its quality evaluated.

¹⁴⁸ When assessing a programme in terms of its range, it must necessarily be differentiated whether it is a universal, selective or indicated prevention programme. If it is a universal prevention programme, it is assumed that wide population has to be reached and possibly mass participation is aimed at. For selective and indicated prevention, the assumed number of recipients is smaller, so the criterion of programmes' range has to take into account the practical chance to include in it this part of youth population that the programme is aimed at.

¹⁴⁹ It makes no sense to use the criterion of a programme's cost per participant, if the criterion of the programme's effects is not taken into account at the same time. A programme that is cheap per participant but is not shown to be effective, or its effectiveness is very low, is not cheap after all. The aim is to have the most effects at an optimal cost.

Programme implementation – useful categories and assessment criteria		
Additional costs of implementation (financial and non-financial)	Programme reception by its recipients and the local community	Programme repetition in successive years and costs of reuse
Program implementation generates no additional costs for the school/ local government unit, and its realization is possible without organizational conditions that are difficult to fulfil.	The programme is judged very positively by youth, parents, teachers and other important people and authority figures in the local community. It is generally believed that the programme strengthens the local resources.	It is possible to include the programme, as a fixed element, in preventive activity in the local govt. unit/school, and to involve next groups of recipients in next years. The costs are reduced next time because the programme relies on training professional, highly motivated staff from the local community.
Programme implementation generates low additional costs for the school/ local government unit, and its realization is possible without organizational conditions that are very difficult to fulfil.	The programme is judged positively by youth, and accepted by parents, teachers and other important people and authority figures in the local community. The opinion prevails that the programme is needed and strengthens the local resources.	It is possible to include the programme, as a fixed element, in preventive activity in the local govt. unit/school, and to involve next groups of recipients in next years. The implementation costs in next years are similar because the quality of programme implementation demands relying on specialized external staff.
Programme implementation generates additional costs for the school/local govt. unit, and its realization requires very difficult organizational conditions being fulfilled , but the cost and effort are justified by the programme's big effects, well suited to local needs.	The programme is generally accepted by youth, parents and teachers . Even if its implementation arouses some controversy, social consensus on this is possible to reach because of clear effects in prevention areas that are important for the local community.	It is not possible to repeat the realization of the programme as a fixed element of preventive activity in the local govt. unit/ school, but its clear effects in important risk areas make it worth using even incidentally.
Programme implementation generates considerable additional costs for school/ local govt. unit, is very difficult organizationally, and is not justified by the programme's effectiveness.	The programme is not accepted by some youth, parents and teachers. Many representatives of the local community believe that its implementation weakens the local resources and antagonizes the local community.	It is not possible to repeat the realization of the programme, and the lack of clear effects does not justify its incidental use.

The criterion of wide cost-effective implementation is best met by programmes that deserve the ‘optimal’ level in each category. Such programmes:

- Enable including all recipients for whom they are suited (for universal prevention, this will imply the whole population of youth of the same age; for indicated prevention it will be e.g. all intermediate school students in the population who show a certain type of problems).
- Have large, well-documented and comprehensive effects (evident in many risk areas), while their cost per participant vs. the effects is relatively small.
- Do not burden the school/local government unit with having to supervise the quality of performance, because effective internal procedures for monitoring quality are used.
- Do not charge the school/local government unit with additional financial or administrative costs, or costs resulting from extra work (this means costs that have not been included in the cost of the programme’s realization).
- Are well received by youth and the local community, and their performance reinforces the local resources.
- Their performance is possible in subsequent years (because of staff availability, costs and other criteria), and so they may become a constant element of the local government unit or school prevention programme (i.e. system)¹⁵⁰.

The formulation and implementation of a good comprehensive prevention system on the scale of the whole local community is a task that requires a lot of work. Therefore, each element of the system that performs well should be preserved (it is not a good idea to follow passing trends and the general tendency to treat frequent changes as a measure of being modern). In this way, a growing base of proved, effective elements will be built over the years. Their implementation will require much less effort than at the beginning, when a given element (particular programme) was not yet known to the local community. When several elements of a local system of prevention are well-tried, they can be implemented naturally, almost automatically. Thanks to this, the attention of the people responsible for prevention may be focused mainly on problems or categories of recipients that have so far been neglected in the local system.

Following fashions and introducing frequent changes to the prevention system causes chaos and does not serve effective action. Youth development support and problem prevention require constant and repeated actions. Successive generations of parents need communication skills workshops. New teachers have to learn how to support youth development and maintain discipline in an effective way that does not violate youth’s boundaries. Successive classes of youth need to be aimed at with actions in different areas of prevention.

¹⁵⁰ The reader has to be vigilant because the term ‘programme’ can be used in two meanings: (1) a particular prevention programme for a particular age group in particular areas of prevention; (2) a multi-element prevention programme (prevention system) of a school or a local government unit. The latter is composed of several units, several prevention programmes for different age groups and in different areas of prevention. For this second meaning, the word ‘system’ will be used most often.

Such a rational approach is difficult to follow consistently at the present time, when momentary news in the media bring to the society an equally momentary sense of the extraordinary significance and urgency of a single problem. At one time, this will be the problem of young fans being violent, and then the problem of suicide, rape or drunk driving. Based on such incidents being publicized, interviews are made, in the atmosphere of panic, with school administrators, local government staff or representatives of the national administration, who are pressed to give up all other responsibilities and immediately demonstrate an action addressing this particular problem. The recipe for preventing problems and reducing their scale is in systematic, long-term action. Within the framework of this overall strategy, there is room for various bigger or smaller actions and programmes. But unconnected actions, with no overall strategy, are a waste of time and money.

In the criteria contained in Table 3.9, the ‘below the minimum’ level should be paid attention to. It includes programmes in which ‘the trainers conducting them oppose to local professionals inspecting their work with youth,’ and ‘actions that antagonize the local community.’ This type of activity may not only fail to produce the expected effects, but also bring harm to prevention. Such action will cause parents or teachers’ distrust of the local authorities, if it is imposed despite warning signals being sent.

There is one more very important criterion, not included in Table 3.9, for implementing prevention programmes and selecting the people to conduct them. It involves **accurate differentiation between tasks that it is more beneficial to entrust to local institutions and people, and tasks that should be delegated to specialized external entities.**

Gaining the greatest effects of prevention at the smallest expense possible requires a good assessment of the local resources as compared to the existing needs and risk behaviours. It is good if an important part of the prevention system is implemented by members of the local community, including local professionals. Investing in developing a network of cooperation in the prevention area among local professionals is of long-term importance, and may bring great results. Relying on local resources is easier for the prevention of children’s problems, but more difficult for youth problem prevention. Addressing many difficult prevention issues in a way that will influence youth’s attitudes requires specialized knowledge and well-thought-out, tried and tested methodology. It is very costly to laboriously draw up and test new original programmes with a broad prevention scope and high effectiveness. It is more economical to apply to specialized institutions that have trained staffs using recommended programmes of proved effectiveness. Depending on the programme (its requirements for the staff and the costs of training sessions), one may have one’s own staff trained for such a programme, or hire the staff of external specialists. This way of thinking is aimed at limiting so-called **transaction costs** (choosing an offer, risk assessment, quality control), which make a substantial part of the costs of action taken by local governments. **A local government unit’s transaction costs are the more reduced, the more the contractor for prevention**

action has effective programmes and guarantees a high quality of implementation through their own training procedures, supervision, monitoring and evaluation.

It should be remembered that, in order to evaluate the effectiveness of a programme in terms of costs, one should take into account not only the direct costs of the programme's realization, but also various additional related costs, especially those of administrative and organizational work.

Table 3.10 helps us to understand how the usefulness of diagnostic research depends on different aspects of the way it is carried out. Such research is worth making. It allows the local or school prevention system to be drawn up as a response to **real** local needs. Results of well-conducted surveys may help in raising youth development support and problem prevention to become one of the priorities in the local educational, health and social policies.

The **'maximum usefulness' category presents an ideal variant** – a diagnosis from which we can learn the most, and which enables the careful monitoring of changes in youth attitudes and behaviours. A wide use of diagnoses that meet the 'maximum usefulness criterion' in every respect may not be realistic for some local governments or schools, because it entails too high costs. When thinking about a diagnosis for one's own local government unit or school, however, it is good to have this ideal image in mind. If we look at how much effort and cost is needed to monitor the effects of schooling (school exam systems, mock exams, cross-sectional exams), diagnosing youth attitudes and behaviours in the maximum approach will turn out many times simpler and cheaper. Treating youth development support and problem prevention as a priority should also imply an increased standard of diagnoses used, so that they may be as useful tools as possible.

The **'high usefulness' category may be defined as the optimal variant** – it combines high usefulness with a real possibility of use by the most motivated local government units and schools.

The **'basic usefulness' category refers to most widely used studies**, which are also useful, but to a significantly lower degree than the two higher categories.

In our comment to the table, we will concentrate on selected merits of diagnosis models of the maximum and high usefulness. The aim of this comment is to show these aspects of diagnosing the attitudes and behaviours of youth from a local community that are little known but very essential for practice.

Analysis results are the most useful when **reports refer to the sample level that is closest for school teaching staffs. This enables them to make the most practical use of the reports.** For teachers, data from their own school is much more useful than general data for the whole town. The level of reporting data that is the closest to practice, and that can usually be reached, is the level of all the students in the

same year in a particular school, divided into boys and girls.¹⁵¹ A report prepared at this level is of much use for the teachers, administrative staff, the school counsellor, and also for the local government unit, which can thus see the situation in different schools in detail. Studies conducted on a representative town sample are of limited use from the point of view of the administrative staff, teachers and parents in a particular town district and particular school. The social profile of youth, and their potential and risk behaviours, may be very different in different schools, sometimes in a way that may surprise experienced practitioners from the school. Information about an average result for a town does not give access to such data, and so is less useful.

Using **indicators of many different problems** in diagnostic studies makes it possible to view the situation from a broad perspective. It is much better to have information about psychoactive substance use, violence, sexual behaviours and mental health problems than to have data from only one of these areas. Additionally, **regularly diagnosing certain year groups in a given local community is advantageous** – e.g. diagnosing second years of intermediate schools (14 to 15-year-olds) and second years of upper secondary schools (17–18) every year or every other year. If the local government unit has an overall strategy of preventive activity, translated into a system including actions aimed at children and youth at different ages, repeated diagnoses make it possible to track trends and monitor the effects of actions. This is valuable, even though not as precise as controlled evaluation studies. IPZIN's experience in conducting studies for municipalities shows that regular diagnoses discipline local and school authorities in a positive way. The people responsible for youth become aware that not only teaching is monitored (which is guaranteed in the educational system, even in excess), but also youth development and problem prevention work. **Results presenting the positive potential of youth, parents and teachers are especially helpful.** If such results are presented to the teaching staff, and the presentation is not dominated by an image of problems only, there is a better chance that the teachers will leave strengthened and motivated to take on the formative role, underestimated in the educational system.

When conducting studies of youth problems and risk behaviours, care should be taken so that the **diagnosis is not treated by the school or the local government unit as an assessment of teachers' work.** For a single study of youth at a given education stage, such assessments are completely unauthorized. The youth that start attending a school come from a certain town district or a certain village, and they already have certain problems on entering the school. Some schools that put a lot of work in development support and problem prevention may come out poorer in a diagnosis than other schools. But these may be schools which have enrolled such difficult youth that if it were not for the dedicated work of the teachers, the results might be much worse.

¹⁵¹ Reports from surveys made at the level of a single class are not good ethically. Anonymity is promised to the youth before they start filling in the survey questionnaire, as well as to their parents. This would be violated if results were presented for a single class. For a class of 20 students (10 boys and 10 girls), one person makes 10% of the class/sex subgroup. Reporting data to the school staff at such a detailed level would tempt teachers to guess answers of particular students.

Table 3.10 *Diagnosis of youth problems and potential by means of surveys – helpful categories and criteria of usefulness assessment (by IPZIN)*

Usefulness classification:	Diagnosis of youth problems and potential by means of surveys – helpful categories and criteria of usefulness assessment		
	Group size and type	Number of risk behaviours surveyed	Diagnosing protective factors
Maximum usefulness 	Surveying the whole population of each year at the intermediate and upper secondary school levels (13-16 and 16-19)	Diagnosing the full spectrum of problems, risk behaviours, and risk factors.	Diagnosing all key factors protecting youth by means of many indicators.
High usefulness 	Surveying the whole population of a selected year at each of the education stages (age 14 and age 17 for instance).	Diagnosing indicators of selected problems and risk factors from many different areas.	Diagnosing some important factors protecting youth by means of isolated indicators.
Basic usefulness 	Surveying a randomly selected sample from the population of selected years.	Diagnosing indicators of selected problems and risk factors from areas that are key ones in our opinion.	Protective factors are not diagnosed because the aim of the survey is to learn about risk behaviours and problems only.

Diagnosis of youth problems and potential by means of surveys – helpful categories and criteria of usefulness assessment		
Quality of indicators used and study reliability	Diagnosis as a tool for monitoring the situation and/or evaluation	Operational usefulness of diagnosis report
The study is very reliable, conducted by specialist centres using verified quantitative and qualitative indicators; it is possible to compare all results to those in a large reference group.	Assessing youth attitudes and behaviours at the beginning and end of each education stage makes it possible to see how the youth have changed while studying in a given school. If different prevention programmes were used in different schools, this study may help to evaluate the prevention system.	The most useful reports for youth development support and problem prevention are detailed reports for schools based on the population of youth in a school and including data for particular year groups with division according to sex. Reports made for the town, based on a random sample from various schools, are not very helpful for school operation because differences between youth from various schools (sometimes big and surprising) are lost.
The study is reliable, conducted by specialist centres using verified quantitative indicators; it is possible to compare selected results to those in a large reference group.	Two studies of attitudes and behaviours of youth (e.g. aged 13–16), at the interval of one or several years, make it possible to assess the change that occurred in that period. If different prevention programmes were used in different schools, the studies may help to evaluate the prevention system.	Detailed reports for schools based on the population of youth from a selected year in a given school, with division according to sex, are of great value for youth development and problem prevention. Reports made for the town, based on a random sample from various schools, are not very helpful for school operation because differences between youth from various schools (sometimes big and surprising) are lost.
The study is quite reliable, it complies with the most important principles of methodology and uses proved indicators.	A single study of youth attitudes and behaviours at a given education stage cannot be used for evaluation. It may be used to monitor differences between successive age groups of youth, which is helpful for everyday development and prevention work.	Reports prepared for the town, based on a random sample from various schools, are useful for assessing the situation in the town as a whole, and can be used for reference by particular school staffs. They should be interpreted with caution because the general picture of youth problems may be strongly affected by results from single schools.

Great care should be taken to **preserve the anonymity of individual schools** in reports and public statements discussing diagnosis results. Data on a school's results should only be known to this school and the commissioning authority (local government unit). It should be treated as confidential and should not be revealed to the broader public. Data from other schools may be shown for comparison, but in a way that guarantees their full anonymity (coded numbers of schools, etc.).

Table 3.10 does not use the 'below the minimum' category, applied in Tables 3.8 and 3.9, and meaning a harmful standard that is given the 'red light.' This is not to say, however, that a diagnosis cannot be harmful.

An inappropriately formulated diagnosis may harm youth themselves, when the indicators used in the survey, or a drastic or vulgar language of the questions, may violate young people's boundaries. The younger and more sensitive a student, the greater the harm. The way that diagnosis indicators are formulated is also informative for youth, showing them how particular areas of life are seen by adults, and how youth themselves are perceived. Questionnaires should not include questions about problems and risk behaviours only, not balanced by questions about the positive potential. A questionnaire concerning sexuality should not concentrate entirely on biological and medical aspects, thus completely separating sexuality from the context of feelings, values, love, and the prospect of a lasting relationship and family.

Surveys may also be harmful when the anonymity of those surveyed and data confidentiality is violated, or when survey results are publicized without a suitable explanation of their meaning. This may generate emotions and lead to conflicts in the local community, thus weakening mutual trust and good cooperation for youth development support and problem prevention.

Finally, it should be stressed that Table 3.10 refers to quantitative or quantitative & qualitative surveys that most often use questionnaires as a way to collect data. It should be noted that this is not the only way of diagnosing. **The significance of everyday observations made by teachers, school psychologists and counsellors, school non-teaching staff, parents, policemen, social workers and court-appointed guardians** should not be undermined. Gathering information from such sources can also form a basis for drawing up a local prevention programme. And the best understanding of the situation is secured by comparing the data from these two sources: diagnostic surveys and ordered observations.

The three tables discussed above provide helpful tools for assessing and selecting prevention programmes: from a problem diagnosis, through programme effectiveness assessment, to the question of wide implementation. The criteria included in the tables are based on research results, on synthesis of modern knowledge of prevention, experts' opinions and many years of practical experience of the *Guidebook's* authors. The tables should be considered an original and rational tool providing valuable inspiration, but should not be treated as the only sensible approach.

In past years, many books and studies were published in Poland that discuss criteria helping to maximize the effects of preventive activity. Individual publications focus on different aspects of prevention and stress the significance of different elements. The points where the studies differ should be treated as an inspiration for one's own reflection and forming an independent judgement.

Polish literature on youth problem prevention is very rich, which reflects an advanced level of knowledge on this subject in Poland. Below we present a choice of sixteen important publications accessible in Poland. Most of them are available in Polish only. Two have been translated from English. All of them provide valuable knowledge about prevention, its effectiveness, and maximizing the effects of prevention. Each of these publications is described briefly with attention paid to its special advantages.

- *Prevention Programmes. Basics of Professional Psychoprophylaxis (Programy profilaktyczne. Podstawy profesjonalnej psychoprofilaktyki)* by Joanna Szymańska (2012).

This publication comprehensively discusses prevention issues. It leads the reader from complex causes of risk behaviours and risk and protective factors through knowledge about different levels of prevention, different types of recipients and effective prevention strategies, to indicating standards and recommendations, and systemic solutions. This logically arranged content is enhanced with examples to illustrate selected theses.

- *Recommendation System for Prevention and Mental Health Promotion Programmes in Poland (System rekomendacji programów profilaktycznych i promocji zdrowia psychicznego w Polsce)* is a system of standards worked out in 2010–2011 by the Programme Recommendation and Assessment Team composed of PARPA, KBPN, CED and IPiN experts. It is placed on these institutions' websites. The description of this system available on the internet includes its history, objectives, principles and recommendation procedures, and also a base of recommended programmes. All these materials together make a valuable source of knowledge about scientific and practical criteria for the assessment of prevention programmes.
- *A Methodological Guide to Mental Health Promotion and Prevention Programmes (Przewodnik metodyczny po programach promocji zdrowia psychicznego i profilaktyki)*, edited by Janina Węgrzecka-Giluń (Węgrzecka-Giluń, 2010).

This publication was created as part of the work on the *Recommendation system for prevention and mental health promotion programmes*. It includes important information about recommended measures, both from the perspective of international and national recommendations. It provides information about professional ways to describe programmes and set objectives of preventive activity. It also shows the significance of theoretical bases and assumptions, and discusses the methodologically correct way of conducting evaluation studies on prevention

and health promotion programmes. This publication contains the descriptions of four programmes made according to the criteria suggested.

- *Quality Standards for First-Order Prevention Programmes Realized in Schools and Educational Institutions (Standardy jakości pierwszorzędowych programów profilaktycznych realizowanych w szkołach i placówkach oświatowych)*, edited by Krzysztof Wojcieszek and Joanna Szymańska (2003).

The merit of this unceasingly topical publication is that it gathers, on just a few pages, a number of important quality criteria for prevention programmes. These include criteria concerning programmes' safety to participants, adequacy for recipients' needs, effectiveness and implementation.

- *Youth Risk Behaviours from the Perspective of Resilience Mechanisms (Zachowania ryzykowne młodzieży w perspektywie mechanizmów resilience)* by Krzysztof Ostaszewski (2014a).

This extensive monograph presents and sums up theories and study results concerning resilience mechanisms and their importance for the effectiveness of youth risk behaviour prevention. Discussed are factors that help the positive development of young people. An essential part of this publication presents the results of the author's own study on youth aged 13–15, which shed new light on understanding resilience mechanisms.

- *Psycho-prevention. Procedures for Framing Early Intervention Programmes (Psychoprofilaktyka. Procedury konstruowania programów wczesnej interwencji)* by Zbigniew Gaś (2000).

This publication clearly and precisely presents ways of framing prevention programmes. The author shows the complexity of the whole educational environment unit, and directs a specific type of influence towards each group, preceded by the identification of needs. The book discusses different reference planes for prevention measures, and successive steps in the process of creation, realization and effectiveness assessment of such activity.

- *Prevention at School (Profilaktyka w szkole)* written by Zbigniew Gaś (2006).

While pointing to the important role of prevention and development support, the author analyses different levels of and conditions for effective prevention. This allows the reader to have a broad perspective on the subject. Different aspects of drawing up a school prevention system are discussed, and also steps for doing this: the environmental nature of influence, the role of diagnosis that will lead to the concept of the system, and the process of realizing and evaluating the system.

- *Prevention in the Local Environment (Profilaktyka w środowisku lokalnym)*, edited by Grażyna Świątkiewicz (Świątkiewicz, 2002).

The merit of this publication is that it contains knowledge about the effectiveness of prevention in the context of creating prevention programmes at the local community level. Discussed are principles of devising local prevention strategies, and also quality standards for prevention programmes.

- *Prevention of Youth Sexual Risk Behaviours: Current State of Research in the World and in Poland (Profilaktyka ryzykownych zachowań seksualnych młodzieży. Aktualny stan badań na świecie i w Polsce)* by Szymon Grzelak (2009a).¹⁵²

This extensive monograph presents and sums up the results of Polish and international studies concerning the prevention of youth sexual risk behaviours. It presents the risk factors and protective factors for early sexual contacts, and discusses dilemmas related to the objectives and content of programmes concerning sexuality. It also describes conditions for the effectiveness of prevention of youth sexual risk behaviours, as evident from studies. The second edition includes additional chapters on the integrated prevention model, and on the Archipelago of Treasures® integrated prevention programme and studies on its effectiveness.

- *How Can Effects of Children and Youth Sexualization Be Counteracted? (Jak przeciwdziałać skutkom seksualizacji dzieci i młodzieży?)*, a two-part article by Szymon Grzelak (2014a; 2014b).

The article discusses the *Recommendations of the Institute for Integrated Prevention (IPZIN) for Polish education and children and youth problem prevention regarding counteracting the effects of sexualization* in three areas: prevention programmes, acting in public space and research directions.

- *Optimization of the Prevention of Alcohol-Related Problems. Pedagogical Implications of Short-Term Group Interventions (Optymalizacja profilaktyki problemów alkoholowych. Pedagogiczne implikacje grupowych interwencji krótkoterminowych)* by Krzysztof Wojcieszek (2013).

A great value of this publication is the author's detailed and thoughtful view, so characteristic of him, of alcohol-related problem prevention. It combines the philosophical, psychological and practical perspectives, and presents them in a matter-of-fact and comprehensible language. Presented is the dilemma between the scientific approach to prevention, which stresses programmes' effectiveness as proved in studies, and the opportunity for their wide implementation. The author suggests an approach based on the optimal balance between the requirements of science and practice. He also shows the value of short-term preventive interventions, and conditions needed for their effective application.

¹⁵² This is the second, revised edition (479 pp.). The first edition was published by the Scholar Publishing House, 2006 (312 pp.).

- ***Effectiveness of Prevention of Using Psychoactive Substances (Skuteczność profilaktyki używania substancji psychoaktywnych)*** by Krzysztof Ostaszewski (2003).

This publication discusses the theoretical basis, history and methodology of contemporary prevention of psychoactive substance use. It shows the conditions for effective action in this area of prevention. It also includes a thorough description of the methodology and results of selected Polish studies on psychoactive substance use prevention programmes.

- ***Activity of Schools for Health in Poland. Diagnosis and Recommendations (Działania szkół na rzecz zdrowia w Polsce. Diagnoza i rekomendacje)***, a study prepared under the direction of Barbara Woynarowska for the Bureau of Research of the Polish Parliament (Woynarowska, 2014).

This publication discusses different aspects of preventive health care and health promotion (not only risk behaviours). The diagnosis of the realization of health education and prevention programmes at schools is supplemented with a presentation of barriers and proposed solutions that can improve the quality and effectiveness of schools' activities for health.

- ***Recommendations for the implementation and financing of municipality prevention and mental health promotion programmes in 2015 (Rekomendacje do realizowania i finansowania gminnych programów profilaktyki i rozwiązywania problemów alkoholowych w 2015 roku)*** is a document produced by The State Agency for the Prevention of Alcohol-Related Problems (PARPA, 2014). Chapter 3 of this important publication, updated every year, includes PARPA's recommendations for preventive activity based on the current legal state and scientific knowledge.
- ***European Drug Prevention Quality Standards. A Manual for Prevention Professionals*** is a joint publication issued under the auspices of the European Monitoring Centre for Drugs and Drug Addiction in 2011.

This publication discusses European quality standards in prevention, and the origin and methods of developing them. Included are methods of identifying preventive needs and available resources, and evaluating the actions taken. The authors have gathered and discussed standards for planning and constructing preventive interventions, ways of managing projects, methods of mobilizing resources, methods of monitoring, and standards for promoting programmes. The multitude of aspects and arrangement of standards broaden the view of prevention as a process.

- ***Alcohol in Europe: A Public Health Perspective*** by Peter Anderson and Ben Baumberg from the Institute of Alcohol Studies in Great Britain, submitted to the European Commission in 2006.

This comprehensive report covers a wide spectrum of alcohol-related problems in Europe in the context of the situation in the world. It clearly discusses key elements of

alcohol policy (such as legal moves regarding advertising; availability; tax regulations and the way to enforce them) from the point of view of effectively eliminating and preventing health and social damage. The report indicates the effectiveness of social policy focused on improving conditions for healthy development and reinforcing local communities. It exhaustively and specifically addresses social, economic and health issues pertaining to alcohol use, moving from the historical context to predictions and recommendations for future action.

3.5. The Seventh Lever of Effective Prevention – people with passion and a love for youth



THE SEVENTH LEVER

Invite people with passion and love for youth to cooperation

[A team of people with passion achieves great goals and does not burnout]

Each of the Seven Levers of Effective Prevention, when considered separately, has its independent value for devising a local system of youth problem prevention. But only as a whole do they form a complete strategy of action.

This strategy would not be complete, if it were not for the last, Seventh Lever. It concerns the importance for a local prevention system of people who create a vision of this system and realize the programme resulting from it. People who, if necessary, are willing to pursue their goal persistently, struggling against obstacles and barriers.

A combination of the two following values is of key importance: a positive, friendly attitude towards youth and sincere commitment to acting for young people. Professionalism, high competences and suitable formal qualifications – these are the assets that may reveal to the greatest extent when they supplement the enthusiasm and commitment resulting from a friendly attitude towards youth.

This *Guidebook to Effective Prevention of Youth Problems* was written with great effort and pains by a team of professionals characterized by love for youth and passion for prevention. It is the authors' dream that this publication may become a useful tool in the hands of other passionate people, spread internationally across cities, towns, villages and schools.

Over years of cooperating with teachers, counsellors, psychologists, local government staff and social activists, we have seen to what degree the quality of youth development support, health promotion and problem prevention in schools and local government units depends on even single passionate people who treat working for youth as their life mission. Specific images come to our minds. A **committed school counsellor** who has undertaken preventive efforts for years, against all odds; who struggles to obtain funds

from the municipality and gets teachers involved in cooperation. A **devoted school administrator** who does not allow youth development objectives to become second-class. Regardless of part of the teaching staff opposing, he organizes development support and communication skills training sessions for the teachers, and hires the best specialists to do this. A **plenipotentiary for prevention in a municipal council** who keeps explaining his changing bosses, after each local election, how important prevention is, what its effectiveness depends on, and that under no circumstances may funds allocated for prevention be used for other purposes. A **city mayor** who himself, as a former teacher or scout, is passionate about supporting youth development, and whose decisions, commitment and example cause youth development support and risk behaviour prevention to be a priority realized by all bodies and institutions subordinate to him. A **committed father** who – having the best interests of his children in mind – is interested in matters concerning prevention in his municipality, attends conferences on prevention in his free time, and then encourages the school staff, councillor friends of his or the mayor to implement the most valuable programmes. And, last but not least, an **enterprising 18-year-old student** who takes prevention matters into her own hands. Upon her own initiative, she finds a prevention programme on the internet that meets the needs of her peers, contacts its authors all by herself, and then persuades the school administrator to implement this programme. Having verified this programme's value on his own, the administrator obtains funds from the municipality, and several weeks later, the student participates in the preventive action she was the main initiator of. The main author of this publication had the privilege to take part in the whole process – first taking the call from this student, then another one from the administrator of her school, and finally, conducting the programme.

A single person who cares about youth's best interests can do really much. Even more opportunities arise, though, when we manage to get an entire group of such people engaged in local cooperation for youth development support and problem prevention, and form a **mutually motivating team**. Team work allows tasks to be divided, and other people's support helps to make it through difficult moments and prevents enthusiasm and commitment from burning out. A team can do more than individuals, and at a smaller personal cost. Different social roles, professional specialization, competences, and even temperaments in the members of the team provide a treasure that cannot be overestimated. If this treasure is to be a resource rather than a barrier, the team needs a common mission and common values, and also common goals and principles and basic theoretical assumptions accepted by all.

The Seven Levers of Effective Prevention concept is a way of thinking which may become the basis for forming local teams cooperating for youth development support, the more so as the whole philosophy of this *Guidebook* is based on perceiving and strengthening resources that are naturally present in local communities.

The last chapter of the first, Polish edition of this *Guidebook* includes interviews with three unique people, who are the co-authors or leaders of local development

support and prevention systems. Each of them cares about youth and is passionate about YDS&PP (youth development support and problem prevention). Each has contributed to making YDS&PP one of the key priorities in their local communities.

These interviews have not been included in the English edition as their authors took many elements of Polish reality and the legal system for granted. In future, we hope to edit the second English edition. And we hope to broaden it not only by more research results from other countries, but also by good practices showing how the Seven Levers concept can be used in different countries, cultures, and legal systems.

Conclusion with a view to the future

Dear Reader,

At the beginning of this *Guidebook to Effective Prevention of Youth Problems*, we have defined its goal: ‘to provide knowledge enabling an increase in the effectiveness of activity in the area of youth problem and risk behaviour prevention, undertaken by local governments.’

We have accomplished this goal by formulating, justifying and developing the approach based on the Seven Levers of Effective Prevention.

Presented below is an image of youth development support and problem prevention in a local community in which preparing youth for the journey of life has been entirely based on the Seven Levers of Effective Prevention:

1. In daily work at school aimed at supporting youth development, and in the local government’s actions, the positive potential of youth is noticed and strengthened. More good than bad is said about youth, and praise prevails considerably over criticism. Young people are surrounded by an atmosphere of trust and confidence in their capabilities.
2. In the local prevention system, youth problems are addressed in a comprehensive, extensive and integrated way. Due to the awareness that youth problems and risk behaviours are interrelated and have many common protective and risk factors, the local strategy is focused on activity addressing causes rather than symptoms.
3. Local resources are treated as the basis for the development support and prevention system, and efforts made to support youth development are based on a broad coalition. The local government’s activity reveals respect for the role of parents, the extended family, teachers and professionals, religious and youth organizations, and all other life guides who care about the best interests of youth.
4. Action aimed at youth development and problem prevention appeals to the deepest dreams and desires and the values respected by youth. Thanks to this, young people themselves consider the adults’ efforts to be a help for them in their journey rather than imposing incomprehensible limitations on them.
5. The local government, school and the entire local community treat youth development and problem prevention as a priority because they understand that the future development and well-being of the whole local community largely depend on youth. Adequate funds are allocated for youth development support and problem prevention, and this support is a subject of meetings, conferences and training sessions. Treating prevention as a priority means that in daily life, as well as during public events, clear limits are set up to any anti-prevention practices.
6. Funds allocated for objectives in the area of youth development support and problem prevention are spent with attention paid to bringing the maximum

effect. A comprehensive diagnosis of needs, high effectiveness of action and wide implementation are the criteria used to view both individual subprogrammes and the prevention system as a whole.

7. Cooperation for youth development and problem prevention involves a team of people who share a common passion and kindness to youth. The experience, competences and social roles of this team's members complement one another. A bold vision realized by the team comes true and becomes the local government unit's pride.

In a local community that addresses youth development and prevention in this way, the intensity of youth risk behaviours and problems will decrease, and there will be better conditions for positive development. At the same time, social trust will increase and the atmosphere of cooperation among people and institutions will improve visibly. The local community will become a place where the young people want to return, where they want to live and work for the common good, and pass to the next generation whatever they themselves have received.

Implementing the Seven Levers of Effective Prevention becomes easier when we think about it as a process or a way. At the first moment, the goal may seem remote and difficult to reach. But if we look at the way as a sum of successive steps, it turns out that reaching this goal is within our capabilities.

Dear Reader, please think what your first small step may be. What can you actually do at the outset? When will you do it? The decision is yours. If you need advice from us, we would suggest starting at the Seventh Lever – from gathering a team of people who share your vision. And the first small step could be to make a list of several people you would like to invite to such a team because of their commitment to the cause of youth and other merits. Perhaps you could make such a list today? And then grab the phone and invite these people to a meeting, where you will briefly present the Seven Levers of Effective Prevention to them, and suggest treating the levers as an idea that unites the team around a common goal and common assumptions.

As the team of this *Guidebook's* authors, we are willing to support you. We would also like to learn from your experience.

Working on this *Guidebook* was a great effort, but also a beautiful adventure. We want to continue it in cooperation with all those who are open to this. We will be looking forward to your critical comments, which will broaden our perspective, and your praise, which will strengthen us. We are also looking forward to your suggestions and examples of using this *Guidebook*.

We hope that the role of youth development support and problem prevention will become the subject of serious international discussion, in which the voices of all people and parties concerned will be heard.

Please feel free to contact us via the website www.eiip.institute or www.ipzin.org/en/ and email: 7levers@eiip.institute

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Experts who have offered consultation in selected areas of this *Guidebook*:

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List of Tables

Table 1.1 <i>The results and consequences of focusing on youth problems vs. the positive potential of youth</i>	36
Table 1.2 <i>Classification of youth problems and risk behaviours (ed. IPZIN)</i>	54
Table 1.3 <i>The consequences of selected youth problems and risk behaviours (ed. IPZIN)</i>	60
Table 1.4 <i>Selected youth problems and risk behaviours in studies (ed. IPZIN)</i>	76
Table 1.5 <i>Differences in risk behaviours and problems of second and third year intermediate school youth aged 14 to 16 (IPZIN study)</i>	86
Table 1.6 <i>Correlation matrix of youth risk behaviours and problems (IPZIN study)</i>	93
Table 1.7 <i>Correlation matrix between groups of problems from different areas – girls (IPZIN study)</i>	96
Table 1.8 <i>Correlation matrix between groups of problems from different areas – boys (IPZIN study)</i>	96
Table 1.9 <i>Correlation matrix between risk behaviours and protective & risk factors – boys (IPZIN study)</i>	100
Table 1.10 <i>Correlation matrix between risk behaviours and protective & risk factors – girls (IPZIN study)</i>	101
Table 1.11 <i>The influence of factors on problems and risk behaviours, controlling for other variables (IPZIN study)</i>	104
Table 1.12 <i>The relationship between sexualization and having suicidal thoughts (IPZIN study)</i>	109
Table 1.13 <i>The relationship between sexualization and getting drunk (IPZIN study)</i>	109
Table 1.14 <i>The relationship between sexualization and drug use (IPZIN study)</i>	110
Table 1.15 <i>The relationship between sexualization and early sexual initiation (IPZIN study)</i>	110
Table 2.1 <i>Sources of youth's knowledge concerning sexuality and early initiation of sexual intercourse (IPZIN study)</i>	138
Table 2.2 <i>Usefulness of the knowledge from FLE classes as assessed by students aged 14–16</i>	143
Table 2.3 <i>FLE teachers' openness to discussion and to students expressing their opinions, as seen by students aged 14–16</i>	143
Table 2.4 <i>The way of FLE classes being conducted, as assessed by students aged 14–16</i>	143
Table 2.5 <i>Assessment of FLE teachers by students aged 14–16</i>	144
Table 2.6 <i>Assessment of the Archipelago of Treasures® prevention programme by the participants (from IPZIN archives)</i>	159
Table 2.7 <i>Respect for the constitutional principle affirming the parental role at different institutional levels depending on respondents' social roles (IPZIN survey)</i>	177
Table 2.8 <i>Respect for the constitutional principle confirming the parental role at different institutional levels depending on the size and type of respondents' localities (IPZIN survey)</i>	178
Table 3.1 <i>Levels of youth development support and preventive influence (drawn up by IPZIN)</i>	188
Table 3.2 <i>Youth plans, goals and aspirations in life (based on long-standing CBOS and KBPN studies)</i>	194
Table 3.3 <i>Partial factors of Poles' satisfaction with life (based on GUS study)</i>	195

Table 3.4 Barrier levels for youth development support and problem prevention according to the size and type of respondents' localities (IPZIN survey)	204
Table 3.5 Barrier levels for youth development support and problem prevention according to respondents' social roles (IPZIN survey)	205
Table 3.6 Barrier types most often indicated by the survey respondents and experts (IPZIN).....	208
Table 3.7 Preventive activity within the framework of municipality programmes for the prevention and solving of alcohol-related problems – the number of participants and costs (based on data from PARPA for 2013)	215
Table 3.8 Assessment criteria for programme effectiveness (by IPZIN).....	234
Table 3.9 Programme implementation – useful categories and assessment criteria (by IPZIN).....	236
Table 3.10 Diagnosis of youth problems and potential by means of surveys – helpful categories and criteria of usefulness assessment (by IPZIN).....	242

List of Illustrations

Figure 1.1 Schools which cope the least with fulfilling youth development objectives (IPZIN survey, 2014).....	30
Figure 1.2 The percentage of students manifesting pathological behaviours by school type on the basis of the NIK study (2014).....	31
Figure 1.3 Percentage of youth who did not use psychoactive substances (IPZIN).....	43
Figure 1.4 Percentage of youth who did not have given risk behaviours and did not experience given problems (IPZIN)	44
Figure 1.5 Relations and climate in class and school (IPZIN study)	46
Figure 1.6 Hobbies, clubs and volunteering (IPZIN study)	47
Figure 1.7 Attitudes and behaviours of youth related to selected problems and risk behaviours (IPZIN study).....	48
Figure 1.8 Important attitudes and beliefs for the early prevention of demographic problems (IPZIN study).....	49
Figure 1.9 Attitudes to having children in the future (IPZIN study).....	49
Figure 1.10 Trends of change in youth risk behaviours and problems, based on ESPAD and HBSC studies (ed. IPZIN).....	79
Figure 1.11 Sexualization scale results and the age of first contact with pornography (IPZIN).....	111
Figure 2.1 The most important adult life guides of students aged 14–16 (IPZIN study)	123
Figure 2.2 Use of psychoactive substances by youth vs. the indication of the father and mother as life guides (IPZIN study).....	125
Figure 2.3 Youth problems and risk behaviours vs. the choice of the father and mother as life guides (IPZIN study).....	126
Figure 2.4 Conversations with parents about things important to teenagers and the sense of being heard and understood (IPZIN)	127
Figure 2.5 Proportion of youth who owe a lot to their teacher in life matters (IPZIN).....	134
Figure 2.6 The most important sources of 14 to 16-year old students' knowledge concerning love (IPZIN)	136

Figure 2.7 <i>The most important sources of 14 to 16-year-old students' knowledge concerning sexuality (IPZIN)</i>	137
Figure 2.8 <i>Youth's trust in different sources of knowledge concerning love and sexuality (IPZIN)</i>	139
Figure 2.9 <i>Beliefs about the sources of knowledge concerning love and sexuality which are trusted by the students' peers (IPZIN)</i>	140
Figure 2.10 <i>The importance of faith (religion) in the life of students aged 14–16 (IPZIN)</i>	149
Figure 2.11 <i>The importance of faith (religion) in the life of youth vs. problems and risk behaviours in boys (IPZIN study)</i>	150
Figure 2.12 <i>The importance of faith (religion) in the life of youth vs. problems and risk behaviours in girls (IPZIN study)</i>	151
Figure 2.13 <i>Participation of students aged 14–16 in religious practices (IPZIN study)</i>	151
Figure 2.14 <i>Boys' participation in religious practices vs. problems and risk behaviours (IPZIN)</i>	152
Figure 2.15 <i>Girls' participation in religious practices vs. problems and risk behaviours (IPZIN)</i>	153
Figure 2.16 <i>Pro-health beliefs of Debate prevention programme participants related to abstaining from alcohol</i>	158
Figure 2.17 <i>Pro-health beliefs and intentions of Noah prevention programme participants related to alcohol use</i>	159
Figure 2.18 <i>Youth pro-health attitudes according to data from Archipelago of Treasures® prevention programme monitoring for 2011–2014 (N = 37,425) (from IPZIN archives)</i>	160
Figure 2.19 <i>The social activity of Polish citizens, compared to other EU countries (ESS)</i>	163
Figure 2.20 <i>Engagement in socioreligious activity and the sense of belonging to selected communities (based on the GUS study)</i>	172
Figure 3.1 <i>Youth plans, goals and aspirations in life (based on the CBOS study)</i>	193
Figure 1A <i>Social and human capital as the basis of economic welfare</i>	74
Figure 1B <i>Common risk factors for various youth risk behaviours and problems</i>	112
Figure 1C <i>Common protective factors for various youth risk behaviours and problems</i>	117
Figure 3A <i>Prevention economy principle</i>	229

Statistical Appendix

by Szymon Czarnik

In the Appendix, we present the results of statistical analyses which formed the basis for the findings reported in the main part of the book. The problems investigated included:

- grouping of problem behaviours and establishing correlation between groups of problems by means of factor analysis (see Section 1.3.7.1, p. 90);
- identification of risk and protective factors for particular kinds of problem behaviours by means of binary logistic regression (see Sections 1.3.8, p. 98, and 1.3.9, p. 102);
- identification of determinants of a favourable attitude towards being a parent in the future by means of linear regression (see Section 1.3.9, p. 102).

Exploratory factor analysis of problem behaviours

To investigate how problem behaviours are linked to one another a factor analysis was performed. It should be stressed here that survey questions and their respective response lists were formulated in such a way as to make most sense for particular behaviours, and they posed no premeditated attempt at creating a set of variables amenable to factor analysis. They encompass dichotomies (data on sexual intercourse and genital contact), as well as 5-, 6-, or 7-point ordinal scales, and derived scales with more than 40 data points (sexualization scale). One of the known problems with factor analyzing such data is that correlations among the variables may be substantially affected by their ‘difficulty levels,’ i.e. shapes of their distributions, the problem particularly pronounced for binary data (Gorsuch, 1974). Three remarks are therefore in place here. First, the variables included in the analysis were all positively skewed, so the attenuation of correlations due to disparities in the distributions was not of the extreme kind. Second, performing principal component analysis with nonlinear optimal scaling on the data yielded similar outcomes to the ones obtained through factor analysis. Third, **what we are interested in here is general grouping of problem behaviours**, rather than the exact definition of underlying factors. So even though we report the results of factor analysis in the usual manner, we make no attempt at a rigorous interpretation of the numeric values.

Analysis was performed on the following set of variables:

alcohol	Number of times drunk alcohol in the last 30 days
	1 not once 2 1–2 times 3 3–5 times 4 6–9 times 5 10–19 times 6 20+ times
drunk	Number of times got drunk in the last 30 days
	1 not once 2 once 3 twice 4 three times 5 four times or more
drugs	Number of times used drugs in the last 30 days
	1 not once 2 1–2 times 3 3–5 times 4 6–9 times 5 10 times or more

desdrugs	Number of times used designer drugs in the last 12 months
	1 not once 2 1–2 times 3 3–5 times 4 6–9 times 5 10–19 times 6 20–39 times 7 40+ times
smoke	Smokes cigarettes
	1 doesn't smoke 2 several times a year 3 several times a month 4 several times a week 5 daily
sex	Has ever had sexual intercourse
	1 no 2 yes
genital	Has ever had genital contacts (nakedness but no intercourse)
	1 no 2 yes
porn	Number of times intentionally watched pornographic materials in the last 30 days
	1 not once 2 1–2 times 3 3–5 times 4 6–10 times 5 11–30 times 6 31+ times
sexscale	Sexualization (a derived continuous scale)
	1 (minimum) 3 (middle point) 5 (maximum)
fight	Number of times took part in fighting in the last 6 months
	1 not once 2 1–2 times 3 3–5 times 4 6–9 times 5 10–19 times 6 20+ times
violence	Number of times used physical, verbal, or sexually motivated violence in the last 30 days (derived)
	1 not once 2 once 3 several times 4 once or twice a week 5 every (other) day
victim	Number of times was a victim of physical, verbal, or sexually motivated violence in the last 30 days (derived)
	1 not once 2 once 3 a few times 4 once or twice a week 5 every (other) day
cyberbully	Number of times took part in cyberbullying in the last 12 months
	1 never 2 once 3 twice 4 three times 5 four times or more
cybervictim	Number of times was a victim of cyberbullying in the last 12 months
	1 never 2 once 3 twice 4 three times 5 four times or more
depress	How often felt lonely depressed like crying in the last 7 days (derived)
	1 never or rarely 2 sometimes 3 often 4 all the time
suicidth	Ever had suicidal thoughts in the last 12 months
	1 no 2 yes

Factors were extracted by means of principal axis factoring, and then rotated using oblique Promax rotation with parameter kappa set to 4. Data were analyzed separately for girls and boys, however the results obtained were pretty similar for both sexes. **Both for boys and for girls, four easily interpretable factors were extracted:**

1. (The use of) psychoactive substances
2. Sexual behaviour & attitudes
3. Violence & bullying
4. Depressive moods.

Both for boys and girls, we observe cross loadings for fights: they are linked not only to ‘violence & bullying,’ as one would readily expect, but also, and even more strongly,

to the use of ‘psychoactive substances.’ This is even more noteworthy when we consider that items about violence (including participation in fights) and the use of psychoactive substances were separated by a few pages in the questionnaire. Similar pattern occurs in the case of sexual intercourse, but only for boys. Whereas for girls it is predominantly linked to ‘sexual behaviour & attitudes,’ for boys we have cross loadings on both ‘sexual behaviour & attitudes’ and the use of ‘psychoactive substances.’

Girls

Factor pattern matrix

	Psychoactive substances	Sexual beh. & attitudes	Violence & bullying	Depressive mood
Factors	1	2	3	4
% of variance explained:	(22.1)	(18.8)	(14.0)	(9.2)
drunk	0.74	0.01	-0.07	0.07
alcohol	0.72	0.04	-0.04	0.08
smoke	0.68	0.04	-0.10	0.11
drugs	0.65	-0.04	0.10	-0.10
desdrugs	0.43	0.00	0.20	-0.11
fights	0.41	-0.04	0.33	-0.11
genital	0.07	0.61	-0.10	0.08
sex	0.11	0.58	-0.10	-0.04
porn	-0.13	0.55	0.19	-0.02
sexscale	0.02	0.51	0.15	-0.05
victim	-0.12	-0.01	0.58	0.20
violence	0.17	0.05	0.54	-0.02
cyberbully	0.16	0.05	0.36	0.04
cybervictim	-0.06	-0.03	0.36	0.24
depress	-0.01	-0.04	0.12	0.69
suicidth	0.08	0.04	0.09	0.52

N = 6859 (missing data excluded pairwise).
 KMO measure of sampling adequacy = .862.
 Extraction method: principal axis factoring.
 Rotation: Promax with Kaiser normalization.

Boys

Factor pattern matrix

	Psychoactive substances	Sexual beh. & attitudes	Violence & bullying	Depressive mood
Factors	1	2	3	4
% of variance explained:	(24.1)	(21.6)	(15.8)	(9.7)
drugs	0.80	-0.16	0.06	-0.03
drunk	0.68	0.13	-0.09	0.01
desdrugs	0.65	-0.22	0.19	-0.03
smoke	0.64	0.05	-0.12	0.06
alcohol	0.61	0.23	-0.08	0.00
fights	0.36	0.09	0.28	-0.04
sex	0.35	0.31	-0.02	0.08
sexscale	-0.08	0.72	0.07	-0.08
porn	-0.07	0.66	0.07	0.01
genital	0.12	0.53	-0.10	0.11
victim	-0.12	0.00	0.61	0.18
violence	0.03	0.25	0.60	-0.09
cyberbully	0.11	0.05	0.50	-0.07
cybervictim	0.00	-0.10	0.46	0.14
depression	-0.01	-0.05	0.09	0.77
suicidth	0.07	0.09	0.04	0.48

N = 7094 (missing data excluded pairwise)¹.
 KMO measure of sampling adequacy = .865.
 Extraction method: principal axis factoring.
 Rotation: Promax with Kaiser normalization.

¹ The variables with largest amount of missing data were ‘alcohol’ (5.1% girls, 8.3% boys), ‘sex’ (3.5% girls, 7.6% boys), and ‘drugs’ (3.4% girls, 7.3% boys). The average percentage of missing data in other variables was 0.9% for girls and 1.5% for boys.

Oblique Promax rotation allowed us to observe whether the resulting factors were correlated with one another. Indeed, it turns out that **both in the male and in the female group, there is a similar pattern of high intercorrelations between factors.** The strongest correlation is between sexuality and the use of psychoactive substances.

Correlations between factors (girls)

	1	2	3	4
1 Psychoactive subst.	1.00	0.68	0.37	0.26
2 Sexual beh. & att.	0.68	1.00	0.48	0.22
3 Violence & bullying	0.37	0.48	1.00	0.39
4 Depressive mood	0.26	0.22	0.39	1.00

Correlations between factors (boys)

	1	2	3	4
1 Psychoactive subst.	1.00	0.66	0.40	0.21
2 Sexual beh. & att.	0.66	1.00	0.43	0.33
3 Violence & bullying	0.40	0.43	1.00	0.31
4 Depressive mood	0.21	0.33	0.31	1.00

Regression analysis of risk and protective factors for problem behaviour

A series of logistic regression analyses was run to determine risk and protective factors for incidence of particular problem situations: suicidal thoughts, drug use, alcohol intoxication, physical violence, verbal abuse, and sexual intercourse.

In all cases, the initial list of independent variables² to be tested included:

(fe)male	Student being a boy or a girl 0 male 1 female
year	Year in school 0 second (14–15-year-old) 1 third (15–16-year-old)
climate	Climate in the class (derived scale) 3 very bad 2 bad 1 hard to say 0 good 1 very good
accept	Feels accepted by other students 3 strongly disagree 2 disagree 1 hard to say 0 agree 1 strongly agree
afraid	Feels afraid of being harmed by someone in the school 1 not afraid at all 0 not afraid 1 hard to say 2 afraid 3 very much afraid
compalco	Has been in the company of alcohol-drinking youth (last 12 months) 0 not once 1 1–2 times 2 a few times 3 a dozen or so times 4 more often
compdrug	Has been in the company of drug-using youth (last 12 months) 0 not once 1 1–2 times 2 several times 3 a dozen or so times 4 more often

² Prior to the analysis, all variables were centred, typically on the mode value. For example, the original scale for climate (atmosphere) in the class (*climate*) was: 1 very bad, 2 bad, 3 hard to say, 4 good, 5 very good. The scale was then transformed to link 0 to the most frequent response ('good'). The resulting scale was then: -3 very bad, -2 bad, -1 hard to say, 0 good, 1 very good. Thus created reference categories (coded 0) are underscored.

noguidmo³	Considers mother to be one of the most important life guides
	0 yes 1 no
noguidfa³	Considers father to be one of the most important life guides
	0 yes 1 no
nolovmar³	Has had a close contact with a married couple being a model of mutual love
	0 yes + hard to say + can't remember 1 such couples don't exist
convers	Felt really heard and understood by parents in the most recent conversation
	2 strongly disagree 1 disagree 0 hard to say + no talks 1 agree 2 strongly agree
divorce	Parents split up or divorced
	0 no 1 yes
church	How often takes part in religious practices (services, masses, other gatherings)
	3 never 2 rarely 1 1–2 times a month 0 once a week or more often
faith	How important faith is in life
	2 not important at all 1 not really important 0 rather important 1 very important
sexscale	Sexualization (a derived continuous scale)
	2 (minimum) 0 (middle point) 2 (maximum)
lovimpos	These days, true and lasting love between two people cannot happen (is impossible)
	0 can happen + hard to say 1 cannot happen

In particular models, additional variables were used, based on theoretical expectations and prior knowledge of the correlates of particular problem behaviours.

For drug use:

drueasy	How difficult it is to get drugs
	2 impossible + don't know 1 very hard 0 quite hard 1 quite easy 2 very easy

For alcohol intoxication:

alcoeasy	How difficult it is to get alcohol
	2 impossible + don't know 1 very hard 0 quite hard 1 quite easy 2 very easy
alcodriv	Would get into a car with a driver who drank alcohol
	0 strongly disagree 1 disagree 2 hard to say 3 agree 4 strongly agree

³ The abbreviated names *noguidmo*, *noguidfa*, and *nolovmar* stand for 'no guidance from mother,' 'no guidance from father,' and 'no love in marriage.' The reason for those negative forms is that most students did in fact consider their parents to be life guides, as well as they tended to know of married couples in loving relationship. Therefore it made most sense to focus on the effect of negative experiences as compared to typical positive experiences, treated as reference groups (and coded 0).

For alcohol intoxication and sexual intercourse:

alcodeate	It is good to have some alcohol before a date + Alcohol helps to get to know each other
	0 strongly disagree 1 disagree 2 hard to say 3 agree 4 strongly agree

For sexual intercourse:

peeropin	Peer opinion about teens having sex
	2 strongly disapprove 1 disapprove 0 neither 1 approve 2 strongly approve
no100preg	There is no 100% protection from pregnancy when having sex
	0 disagree 1 agree
no100hiv	There is no 100% protection against HIV when having sex
	0 disagree 1 agree
drugs	Used drugs in the last 30 days
	0 no 1 yes

For sexual intercourse, physical violence and verbal abuse:

drunk	Got drunk at least once in the last 30 days
	0 no 1 yes

For suicidal thoughts:

sex	Has ever had sexual intercourse
	0 no 1 yes

For each problem situation, a regression model was built in a step-by-step process. Initially, all variables were included and a series of models was run, testing for possible two-way interactions (first a model with all interactions of (fe)male, then a model with all interactions of year, and so forth). Significant interactions were flagged and eventually a model was built including all independent variables and all flagged interactions. Then the model was gradually rid of the least significant effects.

It should be stressed here that some of the variables used were strictly ordinal and our sample was not random. For this reason, significance tests cannot be interpreted in their strict statistical sense. Therefore, no attempt is made at generalizing results to the underlying population of all Polish second- and third-year students. Statistical tests were used solely to single out variables with substantial effects in the model fit to the collected data.

In the following, we present two models for each problem situation: a full model with interactions, and a basic model with interactions removed. It was the basic models that fed data for Table 1.11 on p. 104 (the effects highlighted in the table were those with $p < 0.05$).

In the tables we report $\exp(B)$'s, i.e. the exponentials of respective regression coefficients. For non-technical readers, the following explanation may be of some help.

For a constant term, $\exp(B)$ denotes odds⁴ of a problem situation for a reference category (defined by all independent variables set to 0). In our case, the reference category is second-year boys who feel that the climate in the class is good, feel accepted by the class, and so on (i.e. (fe)male=0, year=0, climate=0, accept=0, and so on).

For an independent variable in the basic model, $\exp(B)$ denotes odds ratio, i.e. the factor by which the odds change when a given variable is increased by 1 unit, while all the other variables in the model are held constant. For instance, odds ratio of 1.2 means that one-unit increase corresponds to the odds of problem behaviour rising by 20%, odds ratio of 1 means that there is no change in the odds, and odds ratio of 0.8 means that the odds decrease by 20%.

Let us illustrate the above by concrete figures from the basic regression model of suicidal thoughts. Exponential of the constant term is 0.101 (see in the table below). These are the odds of having suicidal thoughts for second-year boys who feel that the climate in the class is good, feel accepted by the class, and so on (i.e. (fe)male=0, year=0, climate=0, accept=0, and so on). It means that in this group there is one boy with suicidal thoughts for every ten boys without such thoughts. The odds ratio for (fe)male is 3.26, which means that the odds of having suicidal thoughts for girls are 3.26 times higher than odds for a comparable group of boys (i.e. boys in the same year, declaring the same climate in the class, and so on). The odds ratio for climate in the class (climate) is 0.793. This means that, all else being equal, climate perceived to be 1 unit better diminishes the odds of having suicidal thoughts by the factor of 0.793 (or makes odds 20.7% smaller).

Next to the basic model, for each problem behaviour we also present the 'extended' model which includes significant interactions. When an interaction occurs, it means that the impact of a given variable is different for different levels of another variable. Again, let us illustrate this by referring to the model for suicidal thoughts in which we have an interaction of year and (fe)male (labeled 'year * (fe)male'). This means that the effect of (fe)male depends on the year. In such a case, the main effect of (fe)male, which is equal to 3.633, refers to the odds ratio when year = 0 (i.e. in the second year). When year increases by 1 unit (i.e. we go on to analyze the third-year students, for whom year = 1), the effect of (fe)male changes by the factor of 0.729 and so is equal to

⁴ Odds are the ratio between the number of students admitting the problem and the number of students denying the problem. Thus odds of 2 mean that there are two 'problem students' for each 'non-problem' student, odds of 1 mean fifty-fifty split, and odds of 0.25 mean that there is one 'problem student' for every four 'non-problem students.'

$3.633 * 0.729 = 2.648$. Thus we can say that in the second year, odds of having suicidal thoughts for girls are 3.633 times higher than for comparable boys, but in the third year they are ‘only’ 2.648 times higher.

In the following, we present the results of logistic regression analyses for particular problem behaviours (problem behaviours are the dependent variables in the models). In each case, we show two tables: first (on the left) the one for the basic model, and then (on the right) the one for the extended model. Table 1.11 (*The influence of factors on problems and risk behaviours, controlling for other variables*) (p. 104).

Dependent: Ever had suicidal thoughts in the last 12 months (0=no, 1=yes).

	exp(B)	p
Constant	.101	.000
(fe)male	3.260	.000
year	.788	.000
climate	.793	.000
accept	.887	.000
afraid	1.300	.000
compalco	1.275	.000
compdrug	1.143	.000
noguidmo	1.650	.000
noguidfa	1.388	.000
nolovmar	1.494	.014
convers	.822	.000
church	.907	.001
faith	.883	.000
sexscale	1.088	.023
sex	1.694	.000
lovimpos	1.546	.000

Chi-square = 1737 (16 d.f.), p = .000.

Nagelkerke R² = .261. N = 8744.

Variables dropped (not significant and not involved in significant interactions): divorce

	exp(B)	p
Constant	.090	.000
(fe)male	3.633	.000
year	.948	.606
climate	.838	.000
accept	.888	.000
afraid	1.400	.000
compalco	1.275	.000
compdrug	1.146	.000
noguidmo	1.666	.000
noguidfa	1.450	.000
nolovmar	1.502	.013
convers	.821	.000
church	.907	.001
faith	.883	.001
sexscale	1.026	.557
sex	2.141	.000
lovimpos	1.548	.000
year * (fe)male	.729	.018
afraid * (fe)male	.882	.009
sex * noguidfa	.640	.008
climate * sexscale	1.085	.013

Chi-square = 1760 (20 d.f.), p = .000.

Nagelkerke R² = .264. N = 8744.

Dependent: Used drugs in the last 30 days (0=no, 1=yes).

	exp(B)	p
Constant	.009	.000
climate	1.107	.107
accept	.989	.801
compalco	1.560	.000
compdrug	2.251	.000
drugeasy	1.433	.000
noguidfa	1.224	.050
nolovmar	1.786	.015
church	.834	.000
sexscale	1.436	.000

Chi-square = 2149 (9 d.f.), $p = .000$.

Nagelkerke $R^2 = .499$. N = 8900. Variables dropped (not significant and not involved in significant interactions): (fe)male, year, afraid, noguidmo, convers, divorce, faith, lovimpos.

	exp(B)	p
Constant	.007	.000
climate	1.290	.005
accept	0.860	.023
compalco	1.648	.000
compdrug	2.262	.000
drugeasy	2.034	.000
noguidfa	1.545	.002
nolovmar	1.774	.015
church	0.813	.000
sexscale	1.426	.000
compalco * drugeasy	.883	.000
accept * church	.903	.006
climate * noguidfa	.746	.016

Chi-square = 2178 (12 d.f.), $p = .000$.

Nagelkerke $R^2 = .505$. N = 8900.

Dependent: Got drunk at least once in the last 30 days (0=no, 1=yes).

	exp(B)	p
Constant	.025	.000
(fe)male	1.308	.000
year	1.208	.008
accept	1.012	.669
compalco	2.089	.000
compdrug	1.144	.000
alcoeasy	1.087	.007
alcodeate	1.446	.000
alcodev	1.158	.000
noguidfa	1.211	.003
church	.855	.000
faith	1.014	.724
sexscale	1.180	.000

Chi-square = 2981 (12 d.f.), $p = .000$.

Nagelkerke $R^2 = .421$. N = 9213. Variables dropped (not significant and not involved in significant interactions): climate, afraid, noguidmo, nolovmar, convers, divorce, lovimpos.

	exp(B)	p
Constant	.027	.000
(fe)male	1.323	.000
year	1.084	.391
accept	.987	.652
compalco	2.001	.000
compdrug	1.324	.000
alcoeasy	1.124	.001
alcodeate	1.446	.000
alcodev	1.158	.000
noguidfa	1.118	.133
church	.798	.000
faith	.838	.004
sexscale	1.486	.000
compalco * alcoeasy	.915	.004
faith * church	.865	.000
sexscale * faith	1.067	.048
accept * faith	.929	.009
compalco * sexscale	.924	.001
year * noguidfa	1.323	.048

Chi-square = 3045 (18 d.f.), $p = 0.000$.

Nagelkerke $R^2 = .429$. N = 9213.

Dependent: Used physical violence several times or more in the last 30 days (0=no, 1=yes).

	exp(B)	p
Constant	.299	.000
(fe)male	.428	.000
year	.616	.000
climate	.751	.000
compalco	1.229	.000
compdrug	1.179	.000
noguidmo	1.305	.000
convers	.934	.010
church	1.014	.617
sexscale	1.585	.000
lovimpos	1.270	.020
drunk	1.403	.000

Chi-square = 1395 (11 d.f.), $p = .000$.
 Nagelkerke $R^2 = .228$. N = 9310. Variables dropped (not significant and not involved in significant interactions): accept, afraid, noguidfa, nolovmar, divorce, faith.

	exp(B)	p
Constant	.287	.000
(fe)male	.428	.000
year	.615	.000
climate	.749	.000
compalco	1.223	.000
compdrug	1.277	.000
noguidmo	1.303	.000
convers	.949	.057
church	.973	.386
sexscale	1.542	.000
lovimpos	1.268	.021
drunk	1.415	.000
compdrug * church	1.056	.012
sexscale * convers	1.058	.026

Chi-square = 1406 (13 d.f.), $p = .000$.
 Nagelkerke $R^2 = .230$. N = 9310.

Dependent: Committed verbal abuse several times or more in the last 30 days (0=no, 1=yes).

	exp(B)	p
Constant	.408	.000
(fe)male	.597	.000
climate	.763	.000
accept	.982	.431
afraid	1.091	.000
compalco	1.217	.000
compdrug	1.221	.000
noguidfa	1.021	.708
convers	.952	.037
church	1.031	.303
faith	.941	.069
sexscale	1.425	.000
lovimpos	1.079	.418
drunk	1.134	.062

Chi-square = 1126 (13 d.f.), p = .000.
 Nagelkerke R² = .170. N = 9216. Variables dropped (not significant and not involved in significant interactions): year, noguidmo, nolovmar, divorce.

	exp(B)	p
Constant	.425	.000
(fe)male	.439	.000
climate	.761	.000
accept	.954	.090
afraid	1.089	.000
compalco	1.213	.000
compdrug	1.222	.000
noguidfa	1.058	.325
convers	.949	.027
church	1.032	.362
faith	1.024	.618
sexscale	1.516	.000
lovimpos	1.330	.024
drunk	.990	.908
compdrug * (fe)male	1.159	.004
sexscale * (fe)male	.852	.019
compdrug * church	1.045	.026
faith * church	1.064	.014
lovimpos * noguidfa	.619	.010
(fe)male * drunk	1.461	.002
accept * drunk	1.104	.046

Chi-square = 1174 (20 d.f.), p = .000.
 Nagelkerke R² = .177. N = 9216.

Dependent: Has ever had sexual intercourse (0=no, 1=yes).

	exp(B)	p
Constant	.037	.000
(fe)male	.832	.090
year	1.673	.000
climate	.796	.000
compalco	1.276	.000
drunk	2.511	.000
compdrug	1.011	.805
drugs	2.173	.000
noguidfa	1.252	.018
divorce	1.490	.000
sexscale	2.241	.000
no100hiv	.808	.048
church	.811	.000
faith	1.063	.283

Chi-square = 1437 (13 d.f.), p = .000.
 Nagelkerke R² = .347. N = 8400. Variables dropped (not significant and not involved in significant interactions): accept, afraid, noguidmo, nolovmar, convers, lovimpos, alcodate, peeropin, no100preg.

	exp(B)	p
Constant	.039	.000
(fe)male	.516	.000
year	1.467	.005
climate	.799	.000
compalco	1.239	.000
drunk	3.104	.000
compdrug	1.202	.004
drugs	2.796	.000
noguidfa	1.266	.013
divorce	1.456	.000
sexscale	2.418	.000
no100hiv	.809	.048
church	.807	.000
faith	1.213	.003
year * (fe)male	2.214	.000
faith * (fe)male	.682	.000
compdrug * drunk	.791	.001
year * drugs	.534	.004
sexscale * drugs	.725	.002

Chi-square = 1501 (18 d.f.), p = .000.
 Nagelkerke R² = .361. N = 8400.

Attitudes toward having children in the future

Since 2014, students have been asked about their attitudes toward becoming a parent in the future.

children	Would you like to have children in the future?
	1 strongly disagree 2 disagree 3 hard to say 4 agree 5 strongly agree

A linear regression model was run that initially included the following independent variables (used in the previously described models for predicting problem behaviour): (fe)male, year, accept, noguidmo, noguidfa, nolovmar, faith, lovimpos. Three additional independent variables were:

suicidth	Ever had suicidal thoughts in the last 12 months
	0 no 1 yes

famlifed	Participated in Family Life Education classes this or last year
	0 no 1 yes
victim	Was a victim of physical, verbal, or sexually motivated violence in the last 30 days (derived)
	0 not once 1 once 2 a few times 3 once or twice a week 4 every (other) day

In the table, we present unstandardized regression coefficients. Constant term refers to the expected score on the attitude scale for a student in the reference group (i.e. with all independent variables set to 0). Unstandardized regression coefficients in the basic model inform us of the expected change in the attitude corresponding to a one unit increase in the respective independent variable, when all other variables are held constant.

Dependent: **Would you like to have children in the future** (5-point scale).

	B	p
Constant	4.238	.000
year	.039	.456
accept	.066	.004
noguidmo	-.234	.001
nolovmar	-1.057	.000
faith	.177	.000
lovimpos	-.348	.000
famlifed	.137	.008
suicidth	-.159	.005

F = 25.3, p = .000. R² = .108. N = 1683.

Variables dropped (not significant and not involved in significant interactions): (fe)male, noguidfa, church, sexscale, sexdate, victim.

	B	p
Constant	4.211	0.000
year	.116	.060
accept	.078	.003
noguidmo	-.184	.009
nolovmar	-1.228	.000
faith	.197	.000
lovimpos	-.348	.000
famlifed	.132	.011
suicidth	-.034	.643
year * nolovmar	.746	.016
year * suicidth	-.347	.002
accept * nolovmar	.291	.005
accept * faith	.046	.029
noguidmo * nolovmar	-.840	.011
nolovmar * suicidth	.632	.042

F = 17.4 (d.f.), p = .000. R² = .127. N = 1683.

Questionnaire Appendix

Youth development support and problem prevention in local communities

Anonymous opinion survey questionnaire for adults

Dear Respondent,

The Institute for Integrated Prevention, in cooperation with the Centre for Education Development, conducts research aimed at diagnosing the condition of children and youth development support and risk behaviour prevention. We want to know and understand the perspective of schools, local authorities and parents from different regions of Poland.

The research will help us to work out a guidebook for local governments, school administrators and teachers. It will contain useful guidelines for improving the effectiveness of development support and problem prevention in local communities.

Knowing your opinion will help us to formulate recommendations that will be immediately useful in practice.

The aim of the research requires defining precisely one's social role(s).

I. Sex: female male

.....

II. The locality connected with your main social roles is a:

- a. city over 500,000
- b. city over 100,000
- c. town 20,000–100,000
- d. town 20,000–100,000 near a large agglomeration
- e. town up to 20,000
- e. town up to 20,000 near a large agglomeration
- f. village
- g. village near a large agglomeration

.....

III. Please mark ALL your professional and social roles in the table below.

If you are e.g. a school administrator, a local government councillor and also a parent, please mark all these roles.

EDUCATION

1. I am a TEACHER (*read carefully and circle all the relevant categories*):
- a. in a preschool
 - b. in a primary school
 - c. in an intermediate school
 - d. in a post-intermediate school
 - e. I am a form teacher
 - f. I am a Family Life Education teacher
 - g. I teach (*name the subject*)
 - h. I am a university teacher
 - i. I am a boarding school educator/carer (not a member of the teaching staff)
 - j. I carry out prevention programmes
 - k. other
-

2. I am an (ASSISTANT) ADMINISTRATOR of:
- a. a preschool
 - b. a primary school
 - c. an intermediate school
 - d. a post-intermediate school
 - e. a public counselling centre
 - f. other
-

3. I am a PSYCHOLOGIST/COUNSELLOR
- a. in a public counselling centre
 - b. in a preschool
 - c. in a primary school
 - d. in an intermediate school
 - e. in a post-intermediate school
 - f. other
-

4. I CARRY OUT PREVENTION PROGRAMMES
-

LOCAL GOVERNMENT

5. I am an EMPLOYEE/COUNCILLOR at local government structures or units (*circle all the relevant items*)
- a. a mayor/deputy mayor
 - b. a county administrator
 - c. other local government head
 - d. a councillor (municipality level)
 - e. a councillor (county level)
 - f. an education department employee
 - g. a health department employee
 - h. a social department employee
 - i. a social welfare centre employee
 - j. a culture centre employee

- k. a police employee
- l. a municipal police employee
- m. a health care employee
- n. a plenipotentiary for counteracting addictions
- o. a member of a municipality committee on solving alcohol-related problems
- p. a commission member (what commission?)
.....
- q. other

OTHER

- 6. I am: (*circle all the relevant answers*)
 - a. a member of the board in an NGO
 - b. a NGO employee/activist
 - c. a cleric, priest or nun/ a consecrated person
 - d. a university student
 - e. a student
 - f. a trainer/ coach

- 7. Other
(*fill in unless your identity has been stated above*)

FAMILY

- 8. I am a MOTHER/FATHER of children of the following ages
(*circle all the relevant ranges*):
 - a. 0-3
 - b. preschool age
 - c. primary school age
 - d. intermediate school age
 - e. post-intermediate school age
 - f. adult

In this questionnaire...

The term “**development support**” denotes the process of supporting a child or a teenager in achieving maturity in four basic areas: physical, psychological, social and spiritual.

The term “**prevention**” implies activity aimed at preventing various risk behaviours and problems in children and adolescents (use of alcohol, drugs, cigarettes; peer violence, conflicts with the law, sexual risk behaviour, sexually transmitted infections, depression and suicide, etc.).

-
1. The objectives of the school include both teaching and **supporting development**. In your opinion, to what degree do the schools that you deal with personally cope with carrying through **development support objectives**?
1. very high 2. moderately high 3. quite low 4. very low

 2. In your opinion, at which educational level do facilities cope the least with carrying through **development support objectives**?
1. preschools
2. primary schools
3. intermediate schools
4. post-intermediate schools

 3. Schools’ tasks also include **prevention**, that is **preventing children and youth problems**. How do you assess the present **quality of prevention activity** in the schools that you deal with personally? It is:
1. very high 2. quite high 3. quite low 4. very low

 4. According to the Polish Constitution, **parents are the most important** individuals responsible for the upbringing of their children, deciding which values their children are raised with.

In your experience, to what degree is this principle maintained:

- a) **at the level of the schools you know?**
 1. a very high degree
 2. a high degree
 3. a low degree
 4. a very low degree

- b) **at the level of decision-making of local government authorities (municipality, county)?**
 1. a very high degree
 2. a high degree
 3. a low degree
 4. a very low degree

c) at the level of national policy?

1. a very high degree
2. a high degree
3. a low degree
4. a very low degree

5. Excluding the widespread problem of insufficient funds, what are, in your opinion, **the main categories of barriers which hinder effective youth development support and problem prevention activity in schools and other institutions?** (*Choose 3 most important barriers and number them from the most [1] to the least [3] important*).

- the national education policy
- local government operation
- school operation (as an institution)
- school administrators' operation
- teachers' operation
- weak cooperation (school–local govt.–state)
- school assessment and ranking system
- low quality of prevention programmes
- parental attitudes
- other (what?)
-

Please explain shortly the essence of the barriers you have selected:

The main barrier [1].....

.....

The second barrier [2]

.....

The third barrier [3].....

.....

Examples of items used in the PRO-INTE Questionnaire

© Institute for Integrated Prevention

Dear Student,

Our Institute conducts research aimed at understanding what opinions, attitudes and lifestyles young people have. The research concerns important matters and youth problems regarding youth's relationships with peers; school; spending leisure time; love and sexuality. Please answer the questions in this questionnaire.

Your answers will be fully confidential; we are legally bound to ensure this. They will not be made available to anyone from your school or your family. The information that we will collect will only be used for preparing a collective summary of hundreds of questionnaires from many classes or schools.

INSTRUCTIONS

1. Read the questions **carefully** and answer them **in the order in which they appear**.
2. Answer questions by **circling the number of the chosen answer** (if a different method is to be applied, there will be a clear instruction before such a question).
3. There are no better or worse answers. **A good answer is a sincere one**. Please answer sincerely.
4. **Don't talk to others** while answering the questions. **Don't disturb them** while they are filling in their own questionnaire.
5. **It is important to us to get your answers to all the questions**, but you can omit a question that you do not want to answer. **It is better to omit a question than to give a false answer**.

And finally, we do hope you find filling in this questionnaire interesting.

*Thank you for cooperation
– Institute for Integrated Prevention*

I am...: 1. A boy 2. A girl

● I feel safe with my class.

1. Definitely no 2. Mostly no 3. Hard to say 4. Mostly yes 5. Definitely yes

● I can count on support from my class.

1. Definitely no 2. Mostly no 3. Hard to say 4. Mostly yes 5. Definitely yes

-
- There is a climate of kindness in my class.
 1. Definitely no
 2. Mostly no
 3. Hard to say
 4. Mostly yes
 5. Definitely yes
-
- Other students accept me as I am.
 1. Definitely yes
 2. Mostly yes
 3. Hard to say
 4. Mostly no
 5. Definitely no
-
- I feel connected to my school:
 1. Definitely yes
 2. Mostly yes
 3. It's difficult to say
 4. Mostly no
 5. Definitely no
-
- How do you feel about your school at present?
 1. I like it a lot
 2. I like it a bit
 3. I don't like it very much
 4. I don't like it at all
-
- How much are you afraid that someone in your school may harm or scare you, or take something from you?
 1. Very much afraid
 2. Somewhat afraid
 3. Hard to say
 4. Not really afraid
 5. Not afraid at all
-
- If true love appears between two people
 1. It will end quite soon, but not as soon as untrue love.
 2. It will end, but only after many years.
 3. It will never end, but will become weaker over the years.
 4. It will never end, and will be equally strong after years.
 5. It will never end, and will be fuller after years than it was at the beginning.
-
- These days, true and lasting love between two people:
 1. Definitely cannot happen
 2. Is unlikely to happen
 3. Hard to say
 4. Is likely to happen
 5. Definitely can happen

- Have you ever had close contact with a married couple whose love can be a model for you?
 1. Yes, with many such couples
 2. Yes, with very few such couples
 3. Hard to say
 4. I can't remember such a couple
 5. Such couples don't exist

- Would you like to have children in the future?
 1. Yes, definitely
 2. Yes, I think so
 3. I don't know
 4. No, I don't think so
 5. No, definitely not

- If so, how many?
 1. one
 2. two
 3. three
 4. four
 5. five or more

- I learn the most important things about **love and sexuality** mainly from:

Mark your three most important sources with a cross [X] in each column – Remember: exactly 3!		
	About love	About sexuality
a) Parents		
b) Grandparents		
c) Teachers		
d) Professionals invited by the school		
e) Religious leaders (church/mosque/etc.)		
f) Peers		
g) Television/radio		
h) Magazines		
i) Internet		
j) Books		

- **How often** did someone from your class hit or push you, or damage your property in the last 30 days?
 1. Daily or every other day
 2. Once or twice a week
 3. A few times over that period
 4. Once during that period
 5. It did not happen

-
- **How often did someone from your class ridicule, humiliate or tease you in the last 30 days?**
 1. Daily or every other day
 2. Once or twice a week
 3. A few times over that period
 4. Once during that period
 5. It did not happen at all
-
- **During the last 30 days, how often were you in one of the following situations: you hit or pushed someone from your class, or damaged their property?**
 1. Daily or every other day
 2. Once or twice a week
 3. Several times over the whole period
 4. Once during that period
 5. It did not happen at all
-
- **During the last 30 days, how often were you in one of the following situations: you ridiculed or humiliated someone from your class, or talked to them in a teasing way?**
 1. Daily or every other day
 2. Once or twice a week
 3. Several times over the whole period
 4. Once during that period
 5. It did not happen at all
-
- **How many times did you take part in fighting at school or near school in the last 6 MONTHS?**
 1. Not once
 2. 1–2 times
 3. 3–5 times
 4. 6–9 times
 5. 10–19 times
 6. More than 20 times
-
- **How often (if ever) did you take part in cyberbullying in the last 12 months, e.g. by ridiculing, smearing or otherwise bullying someone on the internet or by mobile phone?**
 1. Never
 2. Once
 3. Twice
 4. Three times
 5. Four times or more
-
- **How often (if ever) did you fall victim to cyberbullying in the last 12 months, e.g. you were ridiculed, smeared or otherwise bullied by someone on the internet or by mobile phone?**
 1. Never
 2. Once
 3. Twice
 4. Three times
 5. Four times or more
-
- **How often did you feel lonely in the last 7 DAYS?**
 1. Never or rarely
 2. Sometimes
 3. Often
 4. All the time
-
- **How often did you feel depressed in the last 7 DAYS?**
 1. Never or rarely
 2. Sometimes
 3. Often
 4. All the time

- How often did you feel like crying in the last 7 DAYS?
1. Never or rarely 2. Sometimes 3. Often 4. All the time

- Did you have any suicidal thoughts in the last 12 MONTHS?
1. No
2. Yes, once or twice a year
3. Yes, several times a year
4. Yes, once or twice a month or more frequently

- Do you think it is worth drinking alcohol to feel at ease on a date?
1. Definitely yes 2. Mostly yes 3. Hard to say 4. Mostly no 5. Definitely no

- Do you think it is worth drinking alcohol to make it easier to get to know a girl?
1. Definitely yes 2. Mostly yes 3. Hard to say 4. Mostly no 5. Definitely no

- How many times in the last 30 days did you find yourself in the following situations?
Mark your chosen answers with an X in appropriate columns of each row.

In the last 30 days:	Not once	1-2 times	3-5 times	6-10 times	11-30 times	More than 30 times
a) You had a fleeting (non-intentional) contact with erotic or pornographic images or texts						
b) You intentionally watched (on television, internet, in the cinema or in magazines) erotic or pornographic images or read erotic or pornographic texts						

- At what age did you first have contact with pornography?
1. Before I turned 5
2. Before I turned 7
3. Before I turned 10
4. Before I turned 12
5. Before I turned 14
6. Before I turned 16
7. I have not had contact with pornography yet

- What do you think about children's access to pornography on the internet and in the media? It is:
1. Definitely too easy 2. Rather too easy 3. Not too easy 4. Not too easy at all

- What do you think about youth's access to pornography on the internet and in the media? It is:
1. Definitely too easy 2. Rather too easy 3. Not too easy 4. Not too easy at all

The following questions refer to sexual contacts, and also sexual abuse. **This questionnaire is for young people in different situations and of different ages.** Some of the questions will not apply to you. The instructions will tell you which questions to omit.

Note: The term ‘sexual intercourse’ means the same as ‘having sex’ or ‘going all the way’.

- Have you ever had sexual intercourse?
1. No 2. Yes

If you **have never had** sexual intercourse, skip the next 4 questions and go to question 40.

- How much time has passed since your latest sexual intercourse?
1. Less than one month
2. 1–3 months
3. 4–6 months
4. 7–12 months
5. More than one year
- The **last time you had sexual intercourse**, had you or the other person taken a small or bigger dose of alcohol or drugs before?
1. Neither of us
2. Only me
3. Only the other person
4. Both of us
- The **last time you had sexual intercourse**, was there physical or emotional pressure to have sex?
1. No 2. Yes, I pressed 3. Yes, the other person pressed
- The **last time you had sexual intercourse**, did you use any method to avoid conception or a sexually transmitted disease?
1. Yes (name the method)
2. No
- In your opinion, which of the following methods provide 100% certainty that sexual intercourse will not result in an unplanned pregnancy? **Circle all the answers that you consider to be true:**
a) Contraceptive pill
b) Intrauterine device, IUD (the coil)
c) Condom
d) Fertility awareness-based methods
e) None of these methods
f) I don't know

- In your opinion, which of the following methods provide 100% certainty that one will not get infected with the HIV virus? *Circle all the answers that you consider to be true:*
 - a) Contraceptive pill
 - b) Intrauterine device, IUD (the coil)
 - c) Condom
 - d) Fertility awareness-based methods
 - e) None of these methods
 - f) I don't know

- In the last 12 MONTHS, did you keep company with young people, where:
Mark your chosen answers with an X in appropriate columns of each row.

	Not once	1-2 times	3-9 times	10-19 times	20 times or more
a) beer, wine or vodka was drunk?					
b) drugs were used?					

- On how many occasions (if any) did you drink anything alcoholic (beer, wine, champagne, vodka, gin, rum, etc.)?
Mark your chosen answers with an X in appropriate columns of each row.

	Not once	1-2 times	3-5 times	6-9 times	10-19 times	20 and more
a) In the last 7 days						
b) In the last 30 days						
c) In the last 6 months						

- On how many occasions (if any) did you get **really drunk** with alcoholic beverages (beer, wine, spirits, etc.) in the last 30 days? [**Really drunk** = experiencing at least one of the following: staggering when walking, not being able to speak properly, throwing up, not remembering what happened]
 1. Not once
 2. Once
 3. Twice
 4. Three times
 5. Four times or more

- On how many occasions (if any) did you use a drug (marijuana, hashish, amphetamines, ecstasy and other)?
Mark your chosen answers with an X in appropriate columns of each row.

	Not once	1-2 times	3-5 times	6-9 times	10 and more
a) In the last 7 days					
b) In the last 30 days					
c) In the last 6 months					

- Did you use any designer drugs (so-called smart drugs, legal highs, herbal highs or research chemicals) in the **last 12 MONTHS**?
[Designer drugs are substances with psychoactive effects]
 1. Not once
 2. 1–2 times
 3. 3–5 times
 4. 6–9 times
 5. 10–19 times
 6. 20–39 times
 7. 40 times or more
 8. Write what designer drugs you used

- Do you currently smoke **cigarettes** or other tobacco products?
 1. No
 2. Yes – several times a year
 3. Yes – several times a month
 4. Yes – several times a week
 5. Yes – daily

- Do you currently smoke **electronic cigarettes** (e-cigarettes)?
 1. No
 2. Yes – several times a year
 3. Yes – several times a month
 4. Yes – several times a week
 5. Yes – daily

- How difficult do you think it would be for you to get access to the following substances, if you wanted to?

	Impossible	Very difficult	Quite difficult	Quite easy	Very easy	I don't know
Alcohol						
Drugs						
Designer drugs						
Cigarettes						

- Imagine that a group of friends you care about offers you a car ride. You can see that the driver is under the influence of alcohol. What will you do?
 1. I will definitely go
 2. I will probably go
 3. It's difficult to say
 4. I probably won't go
 5. I definitely won't go

- Some adults are an example of a good way of life, conduct, character, knowledge and skills.
Who of the adults around you are presently the most important guides in your life?
*Mark **no more than 3 most important persons.***
 - a. Mum
 - b. Dad
 - c. Grandmother
 - d. Grandfather
 - e. Aunt
 - f. Uncle
 - g. Adult brother/male cousin
 - h. Adult sister/female cousin
 - i. Teacher, form teacher, counsellor from your school
 - j. Psychologist, counsellor from outside your school
 - k. Sports coach
 - l. Scout instructor
 - m. Cleric, priest or nun
 - n. Layperson from a religious group or community
 - o. Other (state who)

- Have you **ever had** a teacher whom you owe a lot [**who supported you, made you more self-confident or taught you something important about life**]?
 1. No
 2. Yes, I've had one such teacher
 3. Yes, I've had two such teachers
 4. Yes, I've had several such teachers
 5. Yes, I've had many such teachers

- Did you talk frankly to your parents (or caregivers), about matters that are important to you, in the **last 6 months**?
 1. No
 2. Yes, about single matters from among those important to me
 3. Yes, about some of the matters that are important to me
 4. Yes, about most matters that are important to me
 5. Yes, about anything that bothered me

- Did you feel really heard and understood during **the most recent conversation like that**?
 0. There were no such conversations
 1. Definitely no 2. Mostly no 3. Hard to say 4. Mostly yes 5. Definitely yes

- Your relationship with your father (male caregiver) is usually:
 0. I have no father (or male caregiver)
 1. Very good
 2. Quite good
 3. Not really good
 4. Very poor

-
- Your relationship with your mother (female caregiver) is usually:
 0. I have no mother (or female caregiver)
 1. Very good
 2. Quite good
 3. Not really good
 4. Very poor
-
- I live permanently with the following adult caregivers (circle the appropriate answer):
 1. biological parents (mother and father)
 2. adoptive parents (mother and father)
 3. mother only
 4. father only
 5. mother and stepfather
 6. father and stepmother
 7. Other
-
- Have your parents split up or got divorced?
(if you have lived in an adoptive or foster family for years, this question refers to your adoptive or foster parents):
 1. No
 2. Yes, they have split up/ got divorced
 3. Yes, they have split up/ got divorced but currently they are together again
 4. They are now in the process of splitting up/ getting divorced
-
- What is your religion (if any)? [Circle the appropriate answer or fill in your answer in the blank space]:
 1. Non-believer
 2. Catholic
 3. Orthodox
 4. Protestant
 5. Jewish
 6. Muslim
 7. Other
-
- How often do you take part in religious practices (services, masses or other religious gatherings)?
 1. Never
 2. Less than once a month
 3. 1–2 times a month
 4. Once a week or more often
-
- How important is faith (religion) in your life?
 1. Not important at all
 2. Not really important
 3. Rather important
 4. Very important

- Do you have an interest, passion or hobby which you pursue?
 1. No
 2. Yes, but I devote little time to it
 3. Yes, I devote much time to it

- If so, what is it?

- Do you volunteer for causes helping people, the local environment, animal protection or other forms of social activity?
 1. No
 2. From time to time
 3. Quite often

- Did you participate in Family Life Education classes during **this or the previous academic year**?
 0. No, I didn't
 1. I only took part in 1-2 classes
 2. I took part in several classes
 3. I took part in many classes

- In your opinion, is knowledge from Family Life Education classes going to be useful in your life?
 0. I didn't attend those classes
 1. Definitely yes
 2. Mostly yes
 3. It's difficult to say
 4. Mostly no
 5. Definitely no

Thank you!

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Our youth in many nations around the world are trying to cope with many risk factors in their lives and not succeeding. Fortunately, this new book, The Guidebook to Effective Prevention of Youth Problems, presents both effective solutions, and even more importantly, it lays out in clear language many empirically and practically tested strategies for prevention! I endorse it wholeheartedly for everyone who wants to make a positive difference in saving the hearts and souls of our next generation while also enriching their minds.

**Philip G. Zimbardo, PhD,
Prof. Emeritus, Stanford University, USA**

The Guidebook contradicts harmful negative myths concerning adolescents. The results of the authors' research challenge the popular view that teenagers generally reject adult authority. In my practical experience, I see how essential the role of mothers and grandmothers is in the life of young people, and it is them to whom adolescents turn first in need. This observation is in harmony with the authors' research results, showing that the majority of adolescents point to their mother, father and grandmother as the most important life guides. This valuable publication can help professionals as well as local and state authorities to appreciate and respect the fundamental role of the family in their daily work with youth.

**Ms Axelle Trillard,
coach supporting mothers,
MA in psychology and philosophy, France**

Grzelak's The Guidebook to Effective Prevention of Youth Problems is today's most positive book about youth challenges. Based on sound reasoning and strong evidence, impressively researched and accessibly written, this book provides hope and help to the new generation. It is also a welcome relief to see how important parents and the family are, and the values passed on by them, in supporting the healthy development of adolescents. I hope this publication will be widely used.

**Petar Valkov, PhD,
chief assistant professor of psychology,
Trakia University, Bulgaria**

The Guidebook is based on a very thorough scientific, methodological and statistical analysis. It reaches the deep foundations of prevention and not its surface. It suggests tackling the broadest possible real social base (rather than a virtual one – which is a common practice today), in the context of the positive aspects of people's functioning, and not its defects. I highly recommend reading this valuable and unique work.

**Leszek Putyński, PhD,
doctor of medicine, clinical psychologist, University of Łódź, Poland**



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The mission of the **European Institute for Integrated Prevention (EIIP)** is to initiate and coordinate international cooperation in supporting the development of youth and prevention of youth problems that is based on the integrated prevention model. In search for effective solutions and good youth policies, the EIIP works together with families, schools, NGOs, expert institutions and local government units. To fulfil its mission, the EIIP conducts international research on youth, devises and implements integrated prevention programmes, trains and supervises instructors and teachers, prepares expert reports for international, national and local institutions.



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