



## The Italian Training cascade model for Unplugged dissemination

Immediately after the evaluation of effectiveness in 2004-2007, once the program was shown as effective in reducing tobacco, drunkenness episodes and cannabis use among pupils 12-14 years old, a "cascade" model was implemented at national level in Italy. The model followed the indications of the Eudap Faculty to train master trainers in interested countries.

Prevention and health care in Italy are provided to all citizens through the universal Beveridge model funded by income tax payment. The model is today declined slightly differently in the 20 administrative regions. The NHS includes health care which is provided through district services and hospitals, and prevention and public health interventions generally provided at district level. Within this model, NHS prevention professionals working at district level represent a great resource to organize effective prevention interventions.

Since the regions are administratively separate and independent, the Unplugged cascade model applied in Italy treats **each region as a partner for the dissemination** of the program within the territory. When a region asks to adopt Unplugged, the national coordination group organizes a 2,5 days Training of Trainers course within the region. The ToT is managed by the national master trainers so ensuring the application of standardized training sessions across the regions.

Selected health and prevention workers (minimum 15- maximum 25) are invited to the training: they generally work in the Addiction or Prevention Public Units of the NHS. In order to participate in the ToT and become Unplugged regional trainers, some selection criteria are required:

- health/education/prevention/pedagogic/social bachelor;
- experience in prevention and/or addiction;
- experience in training and conducting group exercises with adults.

Further skills suggested include: knowledge of Italian school system; knowledge of prevention organization within its own territory; ability and availability to collaborate with other prevention workers in the territory; ability to perceive and manage group dynamics.

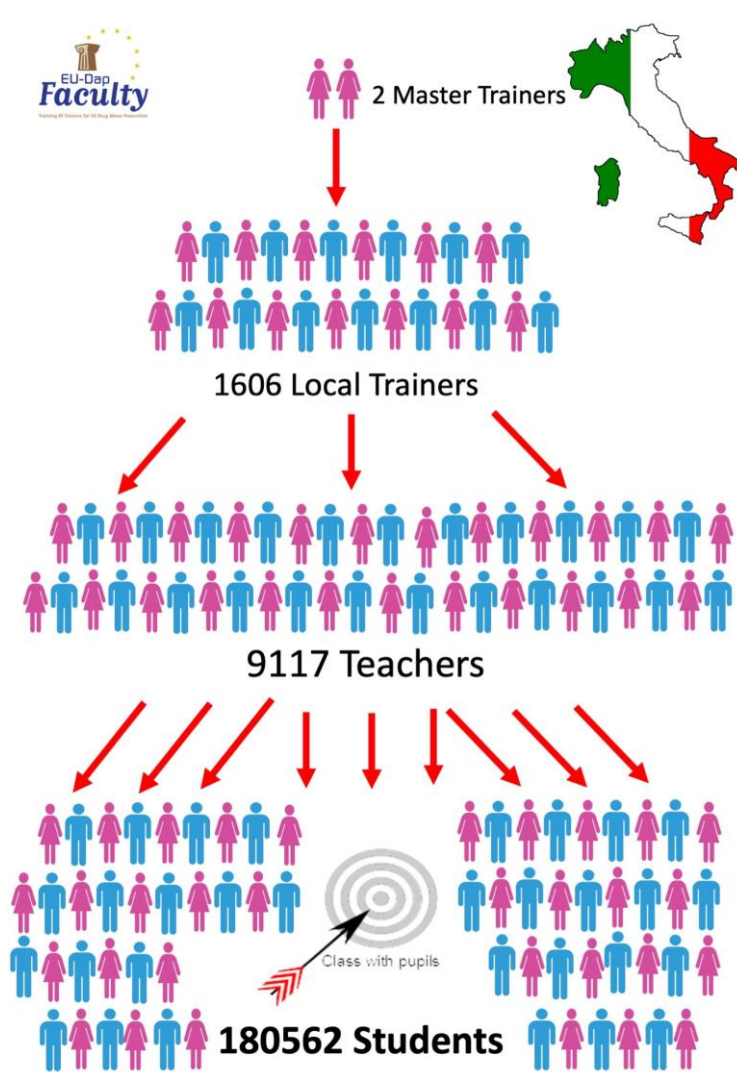
After participating in the ToT, health workers become "regional Unplugged trainers" and they can organize Training of Teachers courses within their territory. Since these workers are stable workers of the NHS, the courses they organize for the teachers are at no cost for the schools.

The national coordination group maintains constant contacts with the network of regional trainers, to monitor the implementation and dissemination, and help in solving problems. The monitoring system has been structured to promote, monitor and ensure fidelity of application of the program, limiting the risk of not adherent, reduced or inappropriate implementation. Moreover, standardized and updated materials are uploaded regularly by the national coordination group in the reserved area of the Italian Unplugged website that the regional trainers can access through personal credentials

provided during the TOT. Finally, the full list of local trainers trained during ToTs is available and regularly updated on the website.

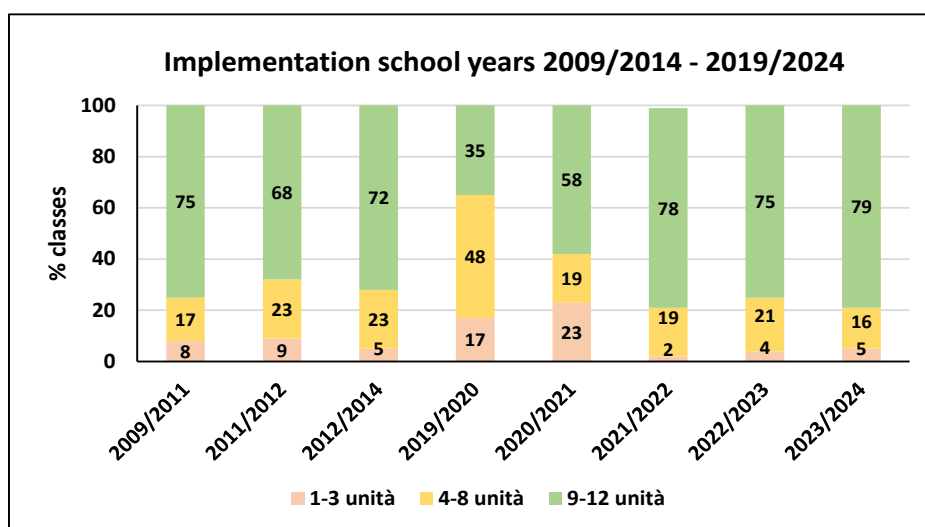
The monitoring system, coordinated by the Unplugged national coordination centre, showed that the model allowed to reach about 180.000 students in 15 years. The number can appear very high, but it means that approximately 7% of 12-13 years old Italian students each year receive the program (with differences among the regions).

As showed in the figure, the Italian Training cascade model of dissemination above described was very effective. Between 2009 and 2024, 2 master trainers of the Italian national coordination group carried out 65 trainings that took to 180.562 students receiving Unplugged around Italy.



In the last five years (2019-2024), 14 out of 21 Italian regions (67%) were active in implementing the program, with 3.216 teachers trained by local trainers and 610 schools, 2.367 classes and 59.622 students participating in the program.

Across years, process monitoring data showed a good implementation rate of the program. As shown in the following figure, comparing the first five-year period of national dissemination with the last five-year period the proportion of classes implementing at least 9 units remains stably high (with the exception of 2019/2020, year of the Covid-19 pandemic). Moreover, satisfaction of teachers and students was good all over the period.



In conclusion, the overall dissemination of the program in Italy is sustained by the cascade model, which works thanks to the NHS and the national public schools. Thanks to this model, across the years it was possible to reach almost all the Italian regions, as showed in the website. <https://www.oed.piemonte.it/unpluggeditalia/formatori.php>

The model has strengths, and some weaknesses.

### STRENGTHS

- *INTEGRATION NATIONAL HEALTH SYSTEM – SCHOOL SYSTEM*: institutional agreements between school and health system facilitate the dissemination and application of the program integrating school and health vision and promoting network working
- *SUSTAINABILITY*: the affiliation of trainers and the coordination group to public institutions (NHS and University), the inclusion of Unplugged in both health and school planning guidelines, the support of regional institutions, and the knowledge of the territory by local trainers ensure sustainability of implementation over time
- *STABLE NATIONAL COORDINATION GROUP*: the Italian coordination group is recognized as autonomous and independent body closely connected with the European coordination group and as such guarantor of standardized training methods and fidelity and standardized application of the program

### WEAKNESSESS / TREADS / RISKS

- *FIDELITY of APPLICATION*: the risk of low fidelity of implementation is possible but the monitoring system and the standardization of training and materials should counterbalance and limit it
- *FINANCING*: lack of organic, structural funding at national level that would help to sustain dissemination, limiting the inequalities among regions and territories

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