

Violence Prevention Health Champions

EVALUATION REPORT, FEBRUARY 2026

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Executive summary

Prepared by the Royal Society for Public Health (RSPH), this report summarises the evaluation findings of the Violence Prevention Youth Health Champions training, a six-week pilot programme delivered in the Humber region. The programme was developed to equip young adults with the knowledge, skills and confidence to identify and address the root causes of violence using a public health approach.

Summary of key findings

The findings from this evaluation demonstrate that the training was high quality, well received, and effective in achieving its intended outcomes.

Training quality and learner experience were consistently rated positively. Learners reported that the training met their expectations, with the vast majority willing to recommend it to others. Learners described the training as engaging, enjoyable and welcoming, highlighting a positive and safe learning environment that supported knowledge development and peer connection. Facilitation was viewed as a key strength, with strong agreement that facilitators were knowledgeable, encouraged discussion, and actively engaged learners through interactive approaches.

The co-development approach was a significant strength of the programme. Learners reported high levels of satisfaction with their involvement in shaping the training content, valuing the opportunity to influence how learning was delivered. Co-development was experienced as empowering and meaningful, supporting shared ownership of the programme. Although presenting their own violence prevention campaign ideas to the group was described as challenging, it was also widely recognised as a rewarding experience that supported advocacy skills and personal development.

Training effectiveness was evidenced through clear improvements in knowledge, confidence, and behaviour. Learners demonstrated substantial increases in knowledge across all assessed areas, particularly in understanding public health approaches to violence prevention and awareness of relevant community and online resources. Confidence increased across multiple domains, notably in using behaviour change tools, acting as peer health advocates, and discussing sensitive topics.

Furthermore, the data suggests that the training influenced behaviour change outcomes with learners reporting a marked increase in capabilities and motivations to deliver health improvement messages to young people, alongside improved identification of those who could benefit from those messages.

Overall, the evaluation shows that the programme successfully delivered meaningful learning, empowered learners through co-development, and led to observable changes in practice aligned with violence prevention objectives.

Introduction

This evaluation report was prepared by the Royal Society for Public Health (RSPH) on behalf of We Do Wellbeing¹, who delivered the *Violence Prevention Youth Health Champions pilot training programme*. RSPH led the design, analysis and reporting of the evaluation to ensure an external, evidence-based assessment of learner experience, programme quality and training effectiveness.

The programme was funded by the Humber Violence Prevention Partnership and was offered free of charge to young people aged 16–25 living in the Humber region. It was designed in response to the growing need for violence prevention approaches that support communities, and the wider public. The training aimed to develop advocates and champions for violence prevention within healthcare and community settings, whilst also supporting participants' confidence, leadership skills and future career prospects in health and social care.

Training was delivered face-to-face through six evening sessions and covered key topics including how and why violence affects communities, the impact of violence, and how public health approaches could be used to reduce and prevent violence. As part of the pilot, participants also had the opportunity to help shape and develop the module content. Learners who successfully completed all the required learning also achieved a nationally recognised qualification: *RSPH Level 2 Award for Young Health Champions*.

Training Design

The training consists of 12 guided learning hours and a total qualification time of 20 hours. It is aimed at young people with an interest in supporting their peers to better understand the factors that influence violence within their communities. Its purpose is to equip learners with the core competencies required of a Violence Prevention Youth Health Champion, including an understanding of the drivers of violence, the role of community and online resources in prevention, and the communication skills needed to deliver effective peer-led messages.

Training was delivered face-to-face across six evenings. Learners explored how and why violence affects young people, the wider impact on communities, and how public health approaches can be used to reduce and prevent harm. A key focus of the course was peer-to-peer communication—supporting participants to develop the confidence, tools

¹ We Do Wellbeing is a training, development and consultancy organisation with extensive experience in health and wellbeing education.

and techniques required to share accurate, engaging and meaningful violence prevention messages with other young people.

The qualification was made up of two units. The first unit focused on understanding key concepts in violence prevention, including risk and protective factors, public health approaches, and how to identify credible community and online resources. The second unit centred on the practical aspects of preparing, delivering and reviewing a health improvement message targeted at young people. This included message design, appropriate delivery methods, self-care and safeguarding considerations, and how to signpost effectively to further support. A full list of the learning outcomes is presented in Appendix A.

Learners who successfully met all learning outcomes achieved a nationally recognised qualification.

Training delivery

Training was delivered face-to-face. Learners were supported to demonstrate their knowledge and skills through a continuous assessment approach, using a blend of workbooks, group discussions, practical activities and photo evidence. A key element of the assessment process was the creation and presentation of a violence prevention campaign, enabling participants to apply learning in a meaningful, community-focused way.

The delivery model was intentionally designed to be engaging and accessible for young people. Sessions were fun, interactive and activity-based, creating a safe and supportive environment where learners felt confident to contribute and experiment with ideas. The course took a trauma-informed and inclusive approach, recognising the diverse experiences young people bring and ensuring that content and facilitation remained sensitive, respectful and empowering. Delivery was kept flexible throughout the programme, allowing trainers to adapt activities and pace in response to the needs, energy levels and interests of the group.

Methodology

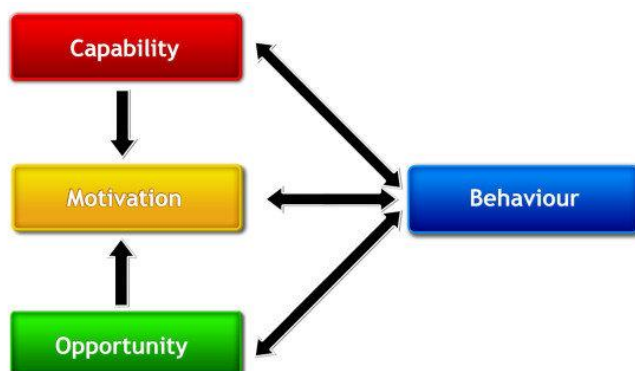
Evaluation Framework

The evaluation incorporated formative and effectiveness components which aimed to measure learners' experiences (formative), knowledge and confidence gained (effectiveness) and behaviour change (effectiveness).

Indicators for learners' experience included:

- Overall experience and expectations
- Promoter score
- Relevance of the content
- Length of the training
- Quality of the delivery.

The outcome evaluation was based on the COM-B Behaviour Change Model, providing us with a clear framework for understanding influences on individual behaviours in relation to capability, motivation, and opportunity. The COM-B model integrates 19 theories and frameworks of behaviour change identified in a systematic literature review by UCL, Centre for Behaviour Change. Capability refers to knowing about how and what to do and having the 'head space' to do the behaviour. Opportunity encompasses physical opportunity (time, equipment, etc.) and social opportunity (believing other people accept and support the behaviour). Motivation includes reflective and automatic motivation. Reflective motivation is having the want or desire to do the behaviour, and automatic motivation is doing something without really thinking about it because you do it automatically. A representation of these domains and how they impact behaviour can be seen in the figure below:



Overall, these two categories aimed to inform on changes following the training and to inform on the effectiveness and usefulness of the training.

Data Collection

A set of three surveys were deployed to collect the necessary data from each participant at three timepoints: pre-course, post-course and follow-up 6 weeks later. The first set of surveys aimed to collect initial data for comparison on behaviour change as well as qualitative data on expectations from the training. The post-training survey collects data on the quality of the training. While the follow-up survey collect data on behaviour change to allow for the analysis of change in practice over time. Data was collected through SurveyMonkey, and it was analysed using Microsoft Excel.

Out of the initial cohort of 20 individuals enrolled, 17 completed the full training. Data was collected for 16 learners at pre-training start, 13 at post-training, and 11 for follow-up. The collected data was cleaned with missing data removed to proceed with matching participants' data for a paired statistical analysis. 12 learners were matched for pre-post analysis of knowledge and confidence change, and 11 for pre-follow-up behaviour change analysis.

Who completed the training?

The average age of the participants who completed the training was 16.9 years. They predominantly identified as White (63%), female (74%), heterosexual (53%), and with no disability (84%).

Figure 1: Learner age distribution

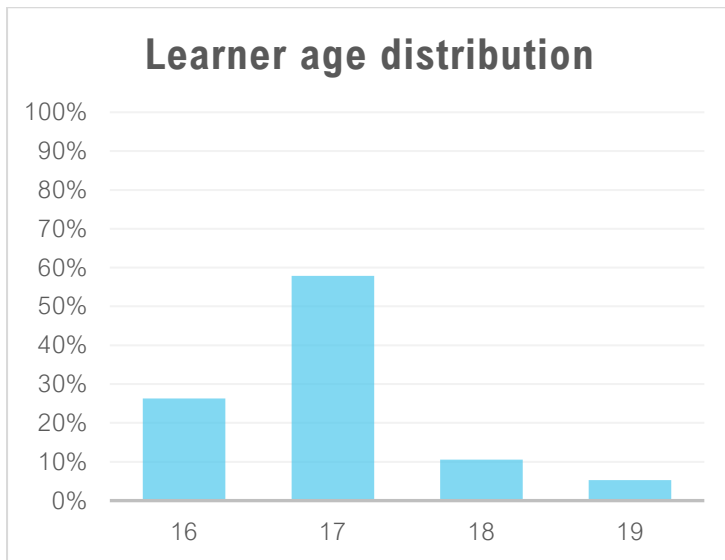


Figure 2: Learner ethnic group distribution

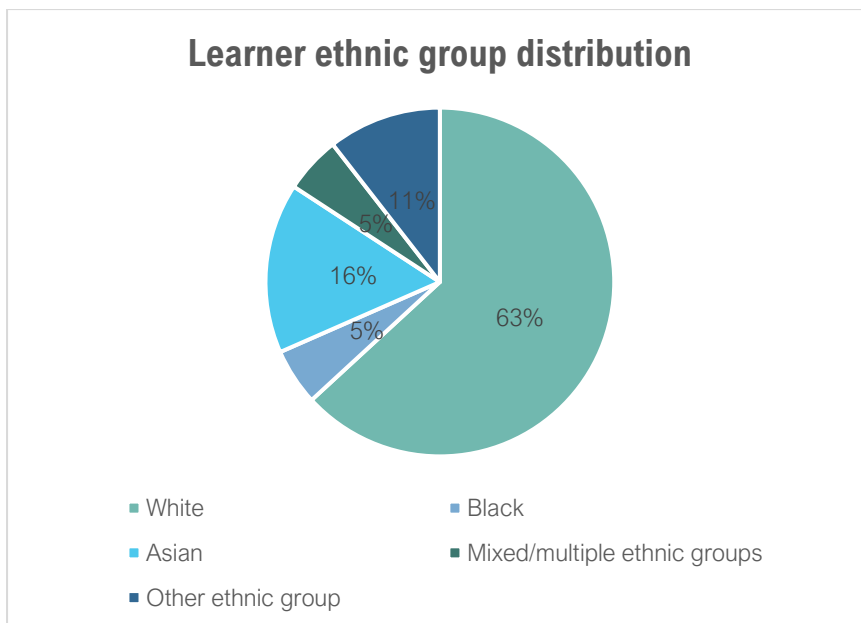


Figure 3: Learner gender distribution

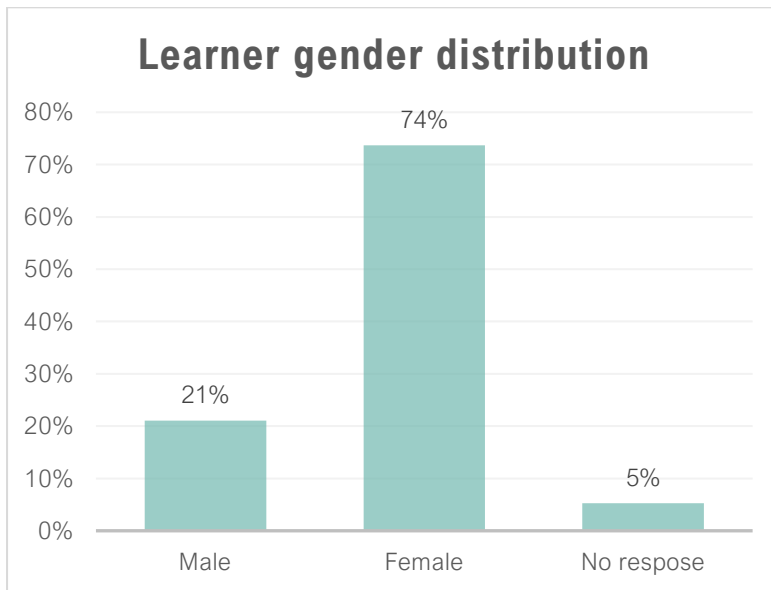
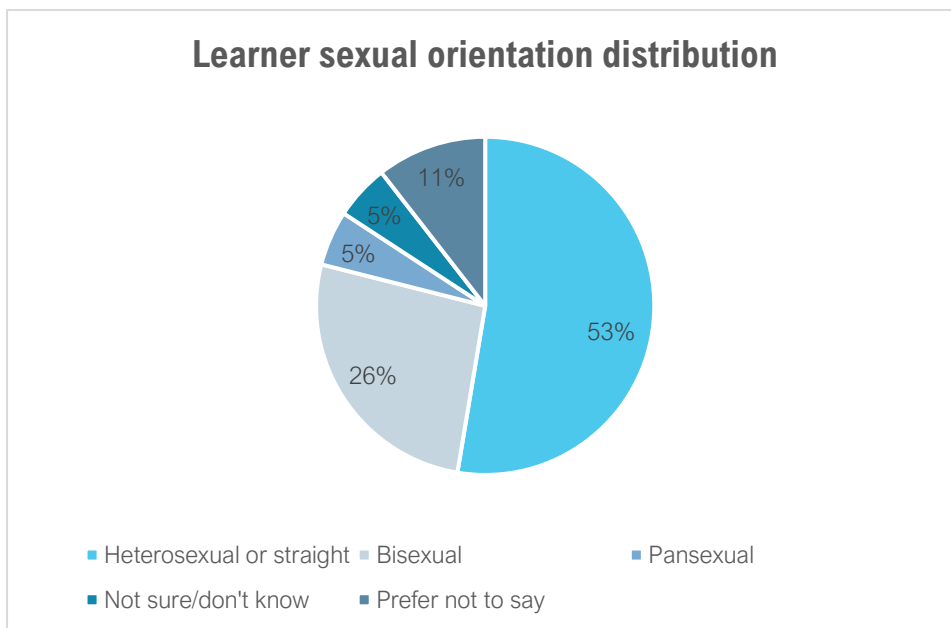


Figure 4: Learner sexual orientation distribution



Motivation to join

When asked to reflect on their motivation to join the course, learners provided detailed responses (see Appendix B for full answers). Three themes emerged from the data.

The majority of the group identified the need and desire to improve their future career progression through the training.

"I believe this course will benefit me greatly when I would want to join the NHS, because it would show my determination and interest in this topic. This would allow

me to follow my dreams of being a midwife as with this qualification it will teach me practical skills to identify and prevent causes of violence, creating safer and more supportive places for patients and NHS staff. This would be a great starting point in my desired career, providing help to individuals who may have not experienced the most positive and violence-free environment.”

The second most prominent reason stated was the desire to learn about violence prevention and improve their community.

“I want to do the YHC course to help reduce and prevent violent activity in the community ,and also love to help people, solve problems, bring peace to the community.”

Lastly, a group of the learners were interested in increasing their knowledge and skills.

“to broaden and strengthen my knowledge surrounding violence and learning how to support victims of abuse, i would like to make a change to peoples lives and have a positive impact/ influence on those around me.”

What was the quality of the training?

Quality of the training was explored through the post-course survey directly after training completion. The survey included questions which aimed to address indicators for expectations met, net promoter score, overall training feedback, quality of delivery, and co-development experience. The following questions were used to address this through a quantitative data:

- To what extent did this training meet your expectations? (5-point Likert scale: Greatly exceeded, Met expectations, Somewhat met expectations, Less than expected, Much less than expected))
- Would you recommend this training to a friend? (yes, no, not sure)
- Can you please rate the relevance of the content of this training to your role as a peer navigator? (5-point Likert scale: Very relevant, Relevant, Somewhat relevant, Irrelevant, Very irrelevant)
- How was the length of the training? (Too long, Just right, Too short)
- Thinking about your experience with the training, please rate how strongly you agree with each statement: (5-point Likert scale: Strongly agree, Agree, Neither agree nor disagree, Disagree, Strongly disagree)
 - o The facilitators were knowledgeable and able to answer questions.
 - o The facilitators encouraged delegates to draw on prior knowledge.
 - o The facilitators invited discussion and engagement throughout the day with a range of activities and exercises.

- On a scale of 1 to 10, how satisfied were you with your involvement in co-developing the training content?

Further qualitative data to contextualise findings was collected through open questions including:

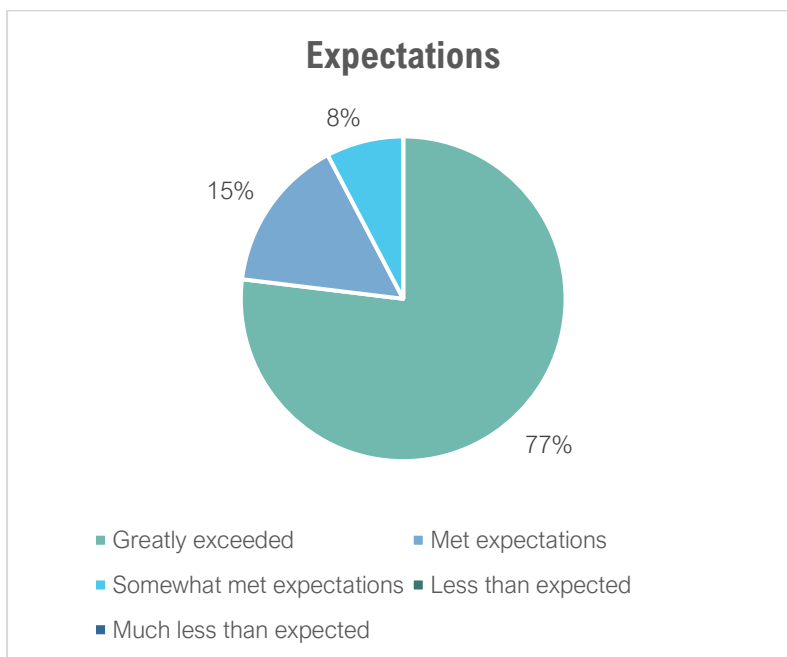
- Can you describe in a couple sentences your experience with this training?
- What aspects of co-developing the training content did you find most valuable or challenging, and why?

What was the learner experience when completing the training?

The questions on the learner experience aimed to capture how participants' expectations were met.

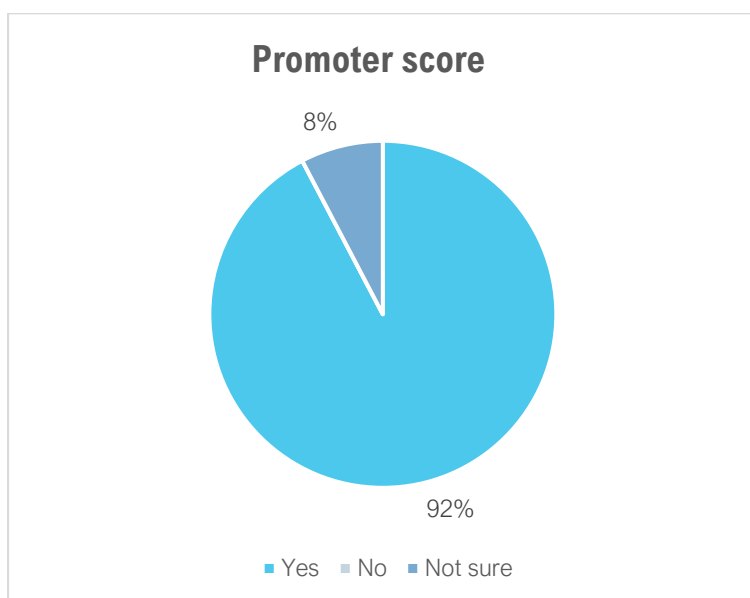
The findings show that all participants' expectations for the training were met to some extent with the majority (77%) stating their expectations were "Greatly exceeded" and only 8% stating expectations were "Somewhat met".

Figure 5: Learner expectations met



These findings are in line with the overall net promoter score which showed that 92% of participants would recommend the training to a friend.

Figure 6: Promoter score



Learners were also asked to describe their experience with the training and three main themes emerged from the responses. Primarily, learners reflected on the knowledge they had gained through the training. They further discussed how “engaging and fun” the training was. Only one learner reflected on a negative experience of working with a group they did not agree on views with. However, it was also observed that another learner positively reflected on having the opportunity to connect with more people.

Knowledge gained	Positive training environment	Connecting with community
I had one of the best time. Learneddd lots if stuffff , met lotss of the nicestt people.	Absolutely brilliant, really engaging and thoroughly enjoyed this course!	I really loved this and it gave me so much knowledge however I quit after 4 sessions because there were some people who I had to work with who were not engaging, hardly listening or had very harsh views around the LGBTQ+ community that I couldn't look past. I would say next time randomise the groups otherwise you will end up with people like me who are left out of all others groups and have to work with people that can be really challenging
very insightful and engaging. I learned so much which has deepened my thinking and changed my perspective around violence, especially through the opportunity of developing our campaign. The research I had to do meant I	It was super engaging and fun. Everyone was welcoming and friendly. The content was explained very well and in ways that made it easier to remember.	I have had an amazing experience within the course. Being able to connect with more people outside my usual social group which has really made me more engaged with this course.

learned some really valuable Information and statistics that I never would've previously considered.		
This training has allowed me to develop my knowledge on violence prevention whilst also allowing myself to focus on teamwork and peer skills to achieve shared goals.	Very fun and helpful, the people and staff were friendly	
The course definitely helped when it came to engaging with peers and understanding the idea of violence as a whole. People focused on many different topics related to violence which gave insight into many things I didn't fully think of.	I've really enjoyed it, it's a friendly atmosphere.	
It was insightful and educational. It has helped further my understanding and confidence on discussing sensitive topics	Community is built , people with similar passions and a safe space to speak and learn.	
The training gave me an unforgettable experience, knowledge and information.		

The post-course feedback also provided insight into the overall training experience. Participants once again expressed how much they enjoyed the training and discussed the confidence and knowledge they had gained through it. Here, they discussed the collaborative nature of the training and the use of discussions. Lastly, one learner reflected on having to deliver presentations. While they thought that it was a challenging task, after completing it, they felt "it was ok". This reflects other feedback on co-development and the presentation which will be discussed later.

Enjoyed the training	Confidence and Knowledge increase	Enjoyable and collaborative	Presentation
Really enjoyed, had a lovely time	Confidence grown, I love this programme more than anything thank you for this opportunity	Thank you so much for delivering this every week! I really enjoyed every part of it – especially the interactive group activities. I fell like I've made lots of new friends and spoken lots of people which was very fun	(Delivering) The presentation was nerve wracking but it was okay when we finally got it done
I really enjoyed this, beat my expectations and I liked getting to know everyone	Thank you so much for such an insightful and interesting course. I've learnt so much over the six weeks and enjoyed every minute of it! The group work has been my favourite as I've met so many Amazing people	Thank you for an engaging course and making it enjoyable to learn new topics like youth violence 😊 I found the collabarations very exciting and makes me want to do more stuff like this	
Broader perspective on sensitive topics. Thanks this was inspirational and educational	Gaining more confidence talking with others. Thank you so much	Really enjoyed the discussions an very welcoming environment and very informative. Thank you for feeding us too 😊 Will miss these Tuesdays	
		Overall connection / better communication with others – give insight into other perspectives / people as a whole 😊	
		Plz don't change anything you (tutors) are both very nice, friendly people	

What was the perceived quality of the content of the training?

The content of the training was assessed for its length, relevance, and facilitation.

Firstly, learners thought the training was appropriate length (85% stated 'just right') and all learners found it relevant to some extent.

Figure 7: Length of the training

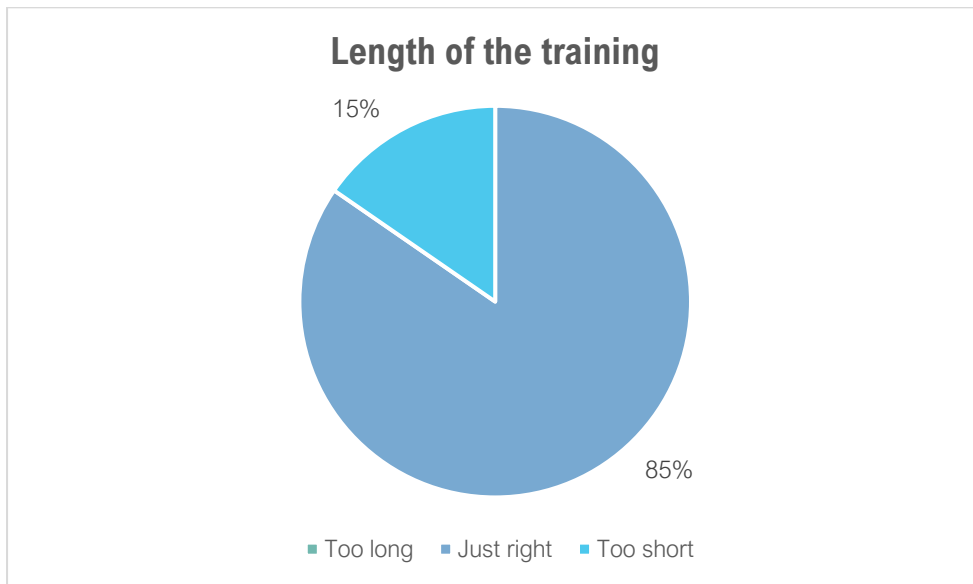
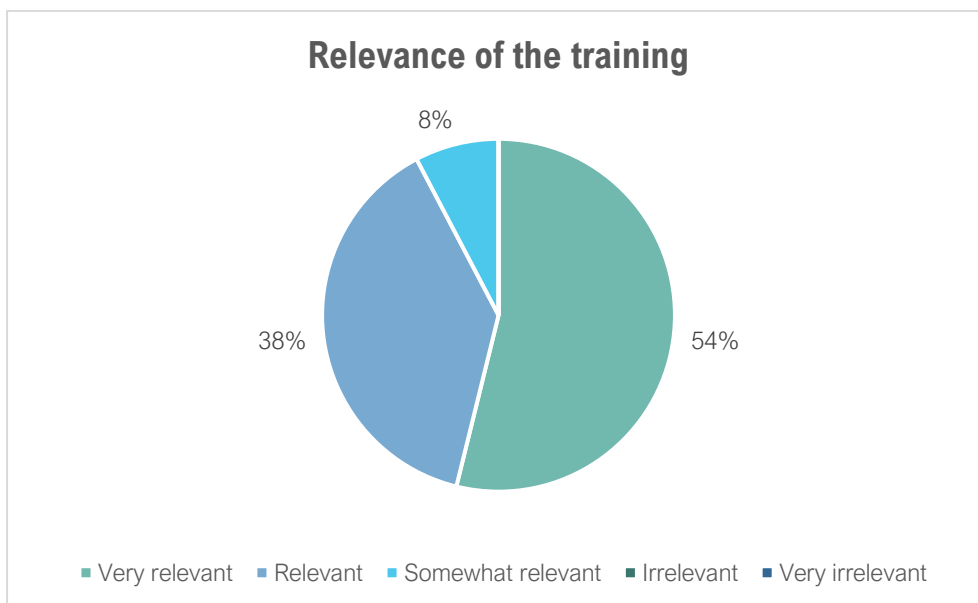
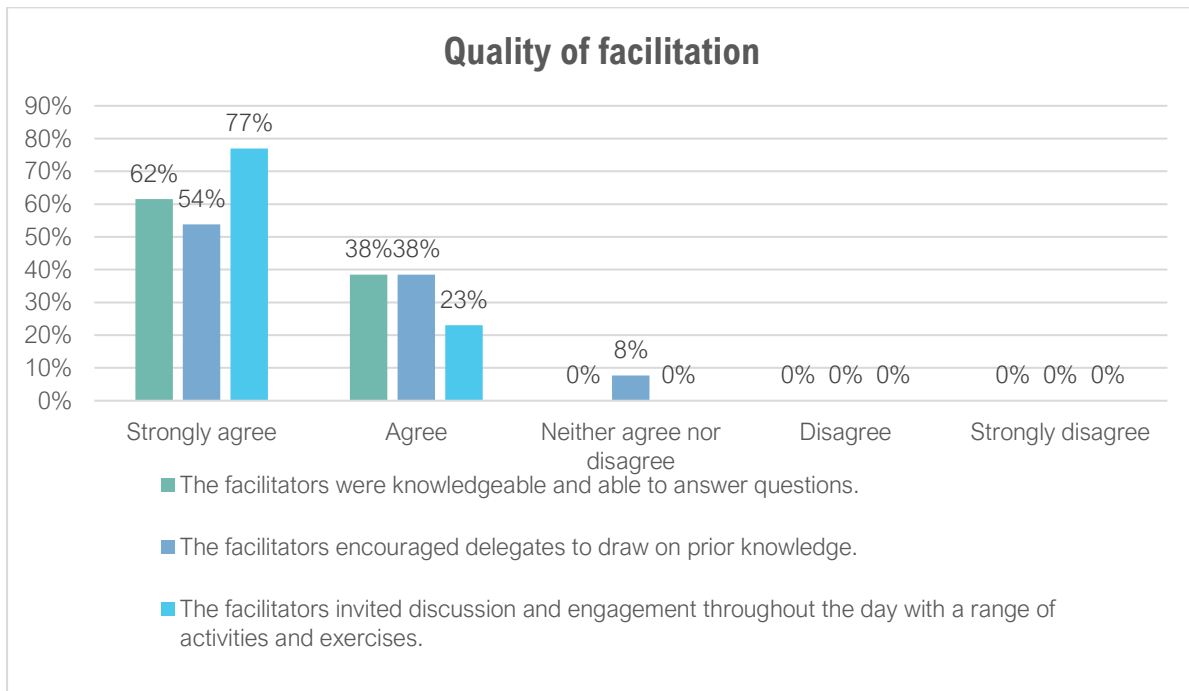


Figure 8: Relevance of the training



When considering the facilitation of the training, responses were predominantly positive with only 8% stating that they 'neither agree nor disagree' they were encouraged to draw on prior knowledge. All responses to facilitators being knowledgeable and able to answer questions (62% strongly agree and 38% agree), as well as facilitators inviting engagement and discussion (77% strongly agree and 23% agree) were positive.

Figure 9: Quality of facilitation

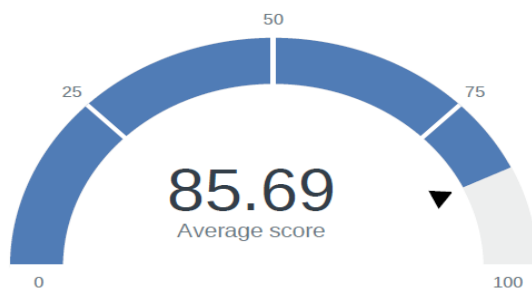


What was learners' experience in codeveloping the training?

Participants were asked two questions to reflect on their experience and areas where co-development were most valuable to learners.

Firstly, participants provided an overall score which was an average across all responses of 85.69 (out of 100) as to how satisfied they were with their involvement in co-developing the content.

Figure 10: Co-development involvement satisfaction



Three themes emerged from learners' responses. Co-development was found to be a valuable experience which allowed them to have a say in how the training was shaped.

This extended to an opportunity to communicate with peers which allowed them to gather new perspectives. One participant discussed how organising projects with peers is challenging. However, responses were predominantly positive. Lastly, a theme on their experience with delivering a presentation to peers highlighted that this was a difficult element for some learners but that they all drew on its value. Some went on to say that it allowed them to develop their confidence.

Valuable experience	Connecting with peers	Presentation
Valuable- we were asked what the best way to present the information to us would be to help the learning be as effective as possible which was valuable because it meant the training was more engaging	Being able to communicate with new individuals and gather new perspectives on issues was really valuable!	the presentation was challenging yet also highly rewarding, as I was able to highly improve my confidence whilst also working with others and therefore feeling confident that the course has allowed me to achieve the ability to advocate against violence.
I enjoyed being able to have a say in how we wanted to learn and I found it to be very adaptable. I don't have much negative feedback to say really :)	Group tasks encouraged sharing of experiences and opinions broadening my perspectives	For me personally, the presentation part was a bit challenging for me because i had to put my self out to speak. I stuttered a lot tho 🗣️ But it was as valuable becausee it was my favorite
What was really valuable was bringing in a CO officer which provided me with even wider knowledge.	I found collaborating with other peers as the most valuable. Engaging with my peers and this has made me more interested in engaging with the community to prevent violence.	The presentation was hard for me personally cause I'm quite shy but this was a good way to interact with others and build confidence
Most valuable was discussion and games.	Organizing the project with peers was challenging. Primarily due to time and a lot of it needing to be done in free time. A bit difficult given work outside of the project (school, social life, etc)	

Overall, quality indicators demonstrated that learners had a positive experience with the training, were satisfied with the facilitators, and would recommend the training to a friend.

How effective was the training?

Effectiveness was measured across perception scores relating knowledge and confidence around the topic of violence prevention, and levels of capabilities, opportunities and motivations that support behaviour change. Knowledge and confidence change was assessed through score change before and after the training with 11 participants' data included. Behaviour change was measured through score change in responses before the training and 6 weeks after the training end. Ten matched participants' data was included for this analysis.

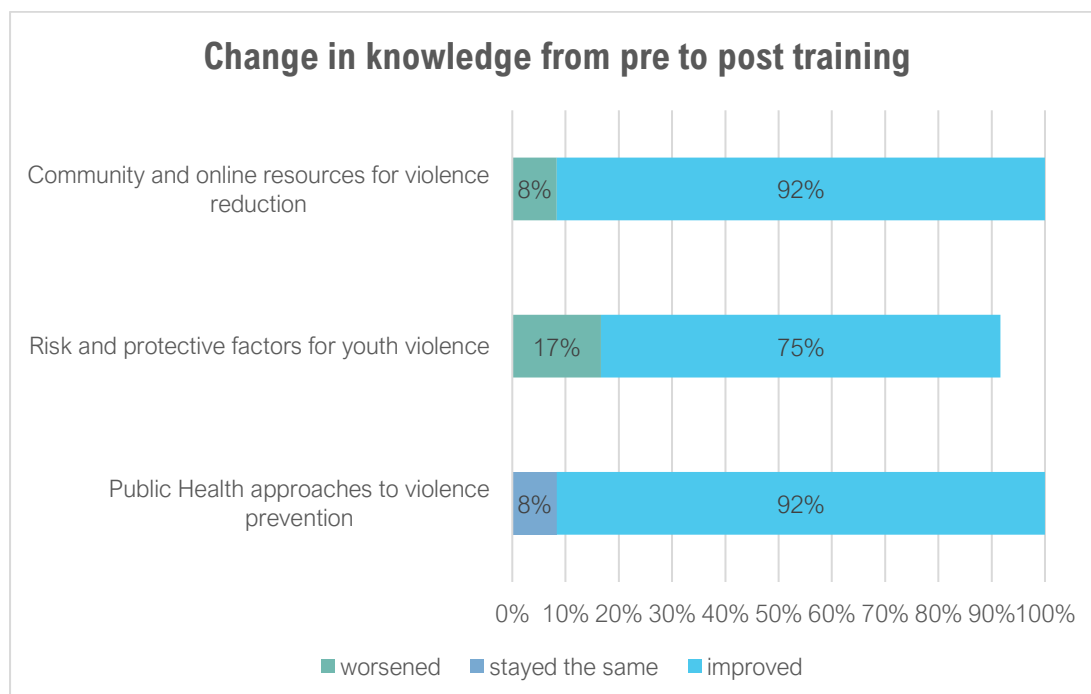
Knowledge

Knowledge was measured across three areas:

- community and online resources for violence reduction,
- risk and protective factors for youth violence,
- Public Health approaches to violence prevention.

Responses across all areas showed over 70% increase in knowledge for learners with both community and online resources and Public Health approaches seeing increase in 92% of the learners.

Figure 11: Knowledge change from pre to post-training



Confidence

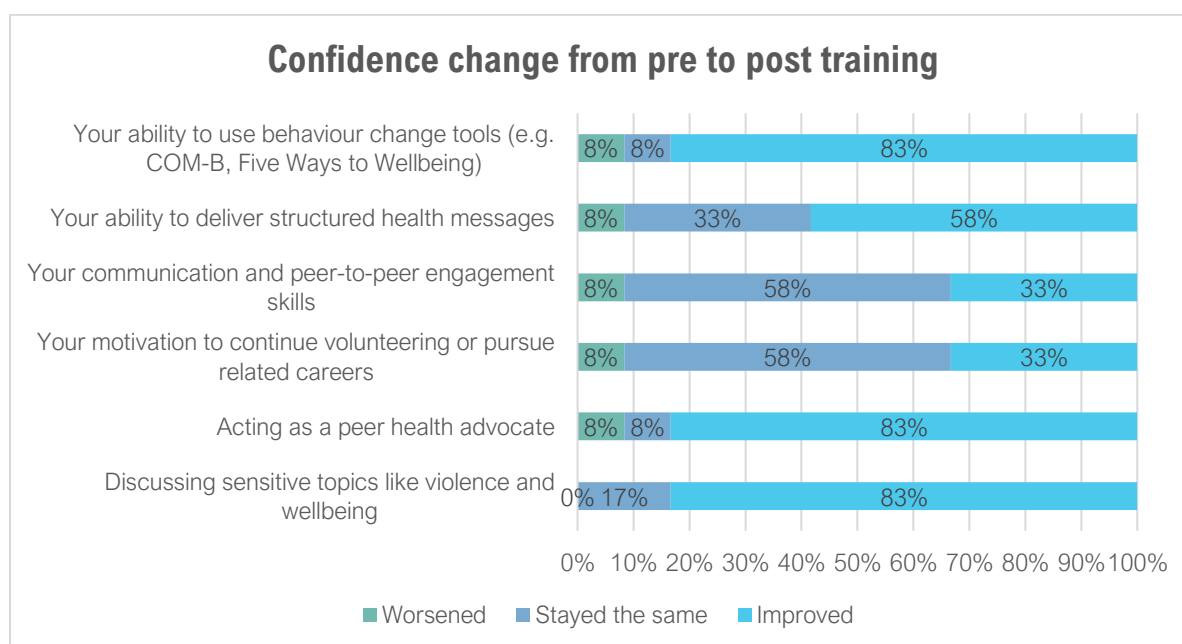
Confidence was measured across a range of areas relevant to applying knowledge and skills in practice. These were:

- Ability to use behaviour change tools,
- Ability to deliver structured health messages,
- Communication and peer-to-peer engagement skills,
- Motivation to continue volunteering or pursuing related careers,
- Acting as a peer health advocate,
- Discussing sensitive topics.

Three of the areas saw an increase in confidence in over 80% of the learners ability to use behaviour change tools (83%), acting as a peer health advocate (83%), and discussing sensitive topics (83%). There was a smaller increase for confidence in delivering structured health messages (58%).

It is worth noting that two categories showed smaller increases, with 33% of learners reporting higher confidence while the majority remained consistent between the pre- and post-training surveys. These were: communication and peer-to-peer engagement skills, and motivation to continue volunteering or pursuing related careers. In both cases, learners reported high levels of confidence at the outset of the programme, which were maintained following the training. This suggests that, in addition to developing new capabilities, the course helped participants to consolidate and sustain their existing strengths in these areas.

Figure 12: Confidence change from pre to post-training



Behaviour change

The training aimed to influence the factors (capabilities, opportunity and motivation) that support participants to “deliver a health improvement message to young people”.

To understand baseline practice and any changes in relation to this behaviour, we asked learners questions on how many times they did this behaviour compared to how many young people they think could have benefitted from this behaviour:

- In the last two weeks how many young people do you think could have benefitted from a health improvement message?
- To how many of these young people did you deliver a health improvement message?

The effectiveness of the training depends on the extent to which people’s baseline data shows, alongside changes in capabilities, opportunities and motivations in relation to the particular behaviour (COM-B Model). The model was adapted for the evaluation of training by the MISC Training Consultancy, Prof Lucie Byrne-Davis and Prof Jo Hart.

Capability: Knowing how and what to do and having the ‘head space’ to do the behaviour. We tested:

- Physical capability: I have the skills necessary to [deliver a young person health improvement message](#).
- Psychological capability: I know how (I know what I am doing and why) and have the 'head space' to [deliver a young person health improvement message](#).

Opportunity: Both physical opportunity (like time and equipment) and social opportunity (believing that other people accept or support the behaviour).

- Physical opportunity: I have the time, space and materials necessary to [deliver a young person health improvement message](#).
- Social opportunity: People who are important to me think I should [deliver a young person health improvement message](#).

Motivation: Both reflective and automatic. Reflective motivation is having the want or desire to do the behaviour, and automatic motivation is doing something without really thinking about it – because you do it automatically.

- Reflective motivation: I am motivated (have the desire and feel I want) to [deliver a young person health improvement message](#).
- Automatic motivation: [Delivering a young person health improvement message](#) is something that I do automatically.

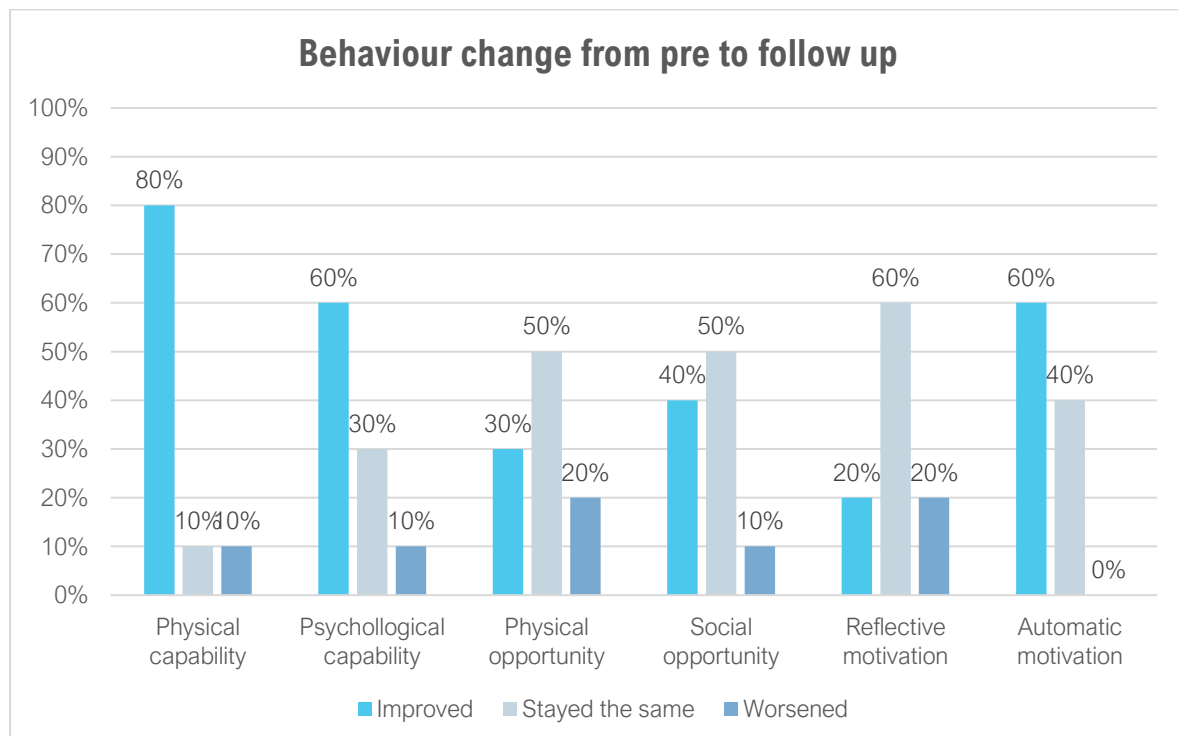
Each of the statements has been developed for the COM-B Model, to accurately and effectively measure physical and social opportunity, reflective and automatic motivation,

and physical and psychological capability. We collected data from participants prior to training and compared it to data at follow-up to investigate potential changes in behaviours.

	Pre	Follow up
In the last two weeks, how many young people do you think could have benefitted from a health improvement message?	20	28
To how many of these young people did you deliver a health improvement message?	3 (15%)	11 (39%)

Participants saw an average of 20 people in the last two weeks prior to them beginning the training. Out of those, they delivered a health improvement message with 3 (35%). This increased when we analysed the responses at follow-up. Learners saw 28 young people who could have benefitted from a health improvement message and delivered 11 of those conversations (39%). Thus, we saw an increase in being able to identify individuals who could benefit from a health improvement message. There was an observed increase in the proportion of individuals they delivered a health improvement message to. This demonstrated a behaviour change in practice.

Figure 13: Behaviour change from pre to follow-up



The figure above shows the change in participant behaviour across the 6 domains in relation to whether there was any change, whether it improved or worsened. As seen, there was a large improvement in capability for individuals – both physical (80%) and

psychological (60%). There was also an observed increase of automatic motivation (40%). While there was not an observed increase in opportunity or reflective motivation scores, these areas saw a high percentage of the learners staying the same. Lowest improvement was seen for reflective motivation at 20%, however, there was also the highest rate of no change for reflective motivation (60%). These changes demonstrate that the training was linked to increase in the capability and automatic motivation of participants. Some increase was also seen across the other domains. Therefore, it can be assumed that the change in behaviour practice seen in the increase of delivering health messages (from 15% to 39%) could be linked to the increased learner capability and automatic motivation.

The reduction in some post-course scores may reflect increased awareness of the complexity of the topic and a recalibration of self-confidence, rather than a decline in competence. This response-shift effect is commonly observed in personal development training programmes, particularly those focused on behaviour change.

Summary of findings

The overall findings of this evaluation are summarised below. Recommendations are provided based on these findings in the following section.

1. Training Quality

- High satisfaction and expectations met: All learners reported that the training met their expectations to some extent, with 92% stating they would recommend the training to a friend.
- Positive learning environment: Learners consistently described the training as engaging, fun, and welcoming. Key themes included knowledge gained, a positive and safe learning space, and opportunities to connect with peers.
- Facilitation and delivery: Learners strongly agreed that facilitators were knowledgeable and able to answer questions, encouraged discussion, and supported engagement through interactive activities. The majority felt the training length was “just right” (85%).
- Areas of challenge: A small number of learners reflected on challenges related to group dynamics and delivering presentations. However, these challenges were often reframed as valuable learning experiences that contributed to confidence-building.
- Relevance of content: All learners found the training content relevant to their role to some extent, with the majority rating it as relevant or very relevant.
- Appropriate structure and facilitation: Responses indicated strong agreement that facilitators encouraged learners to draw on prior knowledge and actively

invited discussion and engagement. Only a small minority reported neutral responses, with no negative feedback recorded.

2. Co-Development Experience

- High satisfaction with co-development: Learners reported a high level of satisfaction with their involvement in co-developing the training content, with an average satisfaction score of 85.69%.
- Valuable and empowering process: Co-development was described as a meaningful opportunity to shape the training, share perspectives, and influence how learning was delivered. Learners valued having a voice and contributing to an adaptable and engaging programme.
- Peer connection and confidence-building: Working collaboratively with peers was seen as a key benefit, broadening perspectives and strengthening communication skills. Delivering presentations was commonly identified as challenging but ultimately rewarding, contributing to increased confidence and advocacy skills.

3. Training Effectiveness

- Knowledge outcomes: Learners demonstrated substantial increases in knowledge across all areas assessed. Over 70% showed increased knowledge overall, with the largest gains seen in understanding public health approaches to violence prevention and awareness of community and online resources (92%).
- Confidence outcomes: Confidence increased across multiple domains, particularly in using behaviour change tools, acting as a peer health advocate, and discussing sensitive topics (all 83%). Confidence in delivering structured health messages increased for over half of learners. High baseline confidence levels meant some areas showed maintenance rather than growth.
- Behaviour change: Learners demonstrated clear behaviour change in practice. The proportion of young people receiving a health improvement message increased from 15% pre-training to 39% at follow-up. Learners also identified more young people who could benefit from such messages. Improvements were most evident in physical and psychological capability and automatic motivation. Opportunity and reflective motivation largely remained stable, suggesting the training strengthened learners' ability and readiness to act, contributing to observed changes in practice.

Overall, the findings demonstrate that the training was high quality, well received, and effective in improving knowledge, confidence, and behaviour. The programme supported meaningful learning, empowered learners through co-development, and led to observable changes in practice aligned with violence prevention objectives.

Recommendations

Based on the findings presented, the following recommendations are proposed to strengthen future delivery, maximise impact, and support sustainability of outcomes.

1. Maintain Core Strengths of Training Delivery

- Preserve the interactive and collaborative format: Learners consistently valued discussion, group work, and participatory activities. These elements should remain central to the programme design and delivery.
- Continue high-quality facilitation: The strong positive feedback on facilitator knowledge, engagement, and inclusivity highlights the importance of skilled delivery for participants' satisfaction and engagement with the training. Ongoing facilitator training and reflective practice should be maintained.

2. Strengthen Support for Group Dynamics and Inclusion

- Review group allocation processes: Introducing more structured group formation approach may help reduce challenges related to group dynamics and ensure inclusive participation.
- Reinforce ground rules and values: Explicitly setting expectations around respectful discussion - particularly for sensitive topics – and inclusivity may help mitigate discomfort and support psychologically safe learning spaces.

3. Enhance Confidence in Delivering Health Messages

- Increase supported practice opportunities: Given lower gains in confidence around delivering structured health messages, additional or alternative ways of delivering health messages could be embedded.
- Provide presentation support: While presentations were challenging, they were also deemed valuable. Offering optional practice sessions, peer feedback, or alternative presentation formats could reduce anxiety while retaining confidence-building benefits.

4. Build on Co-Development Success

- Formalise co-development opportunities: Learners highly valued having a voice in shaping content. Future iterations should explicitly protect time and structure for co-development activities.
- Organisational skills: As time and coordination of group work outside the training were noted challenges, light-touch guidance on planning, roles, and time management could improve the experience of collaborating with peers.

5. Strengthen Pathways to Ongoing Engagement

- Develop clear progression routes: Given high motivation to volunteer and advocate, clearer pathways into volunteering, employment, or further training should be signposted.

6. Wider Roll Out

- The evaluation report demonstrated the involvement of a diverse group of young adults with high retention and effectiveness findings. Given these results, the training demonstrated effectiveness in delivering the expected competences to the target audience. Refine the programme using participant feedback and evaluation findings before proceeding to a larger cohort.
- Ensure ongoing monitoring and evaluation to assess impact and inform further development.

Appendix A

Unit YHA 1 – Understand key concepts and factors that can impact on violence in their communities

Guided Learning Hours: 6

Unit Level: 2

Unit reference number: VPRYHC1

Summary of Learning Outcomes:

To achieve this qualification a candidate must:

1. Understand key terms, definitions and concepts associated with violence prevention
2. Understand factors that can impact upon the risk of a young person experiencing violence
3. Understand how to identify assets and resources that support the reduction in the risk and experiences of violence by young people
4. Understand how effective peer-to-peer communication can support the delivery of health messages to young people

Unit YHA 2 – Deliver a health message aimed at young people

Guided Learning Hours: 6

Unit Level: 2

Unit reference number: YHA2

Summary of Learning Outcomes:

To achieve this qualification a candidate must:

1. Understand how to prepare to deliver a health improvement message aimed at young people
2. Deliver a health improvement message aimed at young people:
3. Review the delivery of a health improvement message aimed at young people

Appendix B

Motivation to join the training

1. Career development

- *“I believe this course will benefit me greatly when I would want to join the NHS, because it would show my determination and interest in this topic. This would allow me to follow my dreams of being a midwife as with this qualification it will teach me practical skills to identify and prevent causes of violence, creating safer and more supportive places for patients and NHS staff. This would be a great starting point in my desired career, providing help to individuals who may have not experienced the most positive and violence-free environment.”*
- *“I aspire to do medicine at university, currently I lack experience within an NHS environment so taking on this training will not only provide me with a Level 2 Award, but would leave me with 6 weeks of experience in an NHS environment and new skills learnt. Furthermore, I could develop skills which are essential for a medicine applicant such as commitment and teamwork, the skills learnt are transferable and would facilitate me in the future regardless of the pathway I end up taking. I want to do the YHC course as medicines problem based learning mirrors the environment I will be in during the 6 weeks as both involve working in groups so again, teamwork skills are crucial and by taking part in a 6 week program I can solidify my teamwork skills.”*
- *“I am wanting to go into either policing or mental health sector when I am older, which both correlate with violence - with policing regarding the consequences of violence and health regarding the impacts for the victim. I would also love to use this to gain better understanding to tell my friends and family and possibly help someone in a situation they may need help in”*
- *“For me, I would love to do the YHC Course because, from what I’ve researched about it, it seems like it would fit in nicely for the type of job sector that I want to go into after I finish Sixth Form. I would like to go into a career of law in the future, and if I go to university, which I am looking towards at the moment, I was thinking about studying law with criminology, the latter of which I’m doing right now and am finding it incredibly interesting and beneficial. Additionally, I feel like it would be an incredibly useful skill to have in everyday life, as it could benefit anyone, especially in the most spontaneous circumstances. I would intend to use the training from the Course to help and support people who need it, and personally it would build up my confidence and get me ready for a full-time position in post-school life.”*
- *“I am passionate about pursuing a career in dentistry and want to gain a deeper understanding of the NHS and values it stands for. I think the training on this course will help me develop communication skills and increase my awareness of*

public health challenges. By understanding how violence affects the NHS, I think this will help me understand how to become a compassionate and effective professional in healthcare. Being a young health champion will give me the opportunity to make a positive impact now and help me prepare for my future hopefully professionally in dentistry within the NHS."

- *"I want to do this course primarily due to the career path I wish to take. In the future, my main goal is to be a psychologist; the type I am still not 100% sure about, however I lean more towards neuropsychology and cognitive psychology. I want to specifically work with people who have personality disorders. A preventing violence course (I feel) will be beneficial to me as not only will I know how to prevent violence in my personal field but also help other people around me prevent violence. Violence in the NHS is pretty common but if I go down the field I'm thinking of, I can imagine it will be greater. It will be a good learning opportunity; even if I don't go down this desired field, it gives me information I can transfer to other fields."*
- *"This will help with the job I want to do as could get customers who aren't happy and could cause violence in the work place this would help me deal with this situation. This would be very helpful in the future."*
- *"I want to go into nursing. This qualification will help me understand how to control violence in and around this workplace. This would just overall be useful as I would love to help others to ensure they never have to experience physical or verbal violence."*
- *"I want to work in a nursery and there's sometimes vulnerable children within settings so I think it would be valuable to know how to protect them and myself as sometimes parents can also be vulnerable and violent if there is something else happening outside in daily life."*

2. Interested in knowledge development

- *"to broaden and strengthen my knowledge surrounding violence and learning how to support victims of abuse, I would like to make a change to people's lives and have a positive impact/ influence on those around me."*
- *"I would like to do the YHC course as this training could provide useful skills for me, as I am very interested in psychology and how to help people make the right decisions for them. As a psychology student, I am aware that violence doesn't always occur naturally in people; most times it's learnt. And I think it's very important to address the root of violence to solve the problem as a whole in order to create a safer, happier and overall better society. Preventing violence stops more people from being influenced into it, and prevents a cycle of violence being carried on to younger generations."*

3. Interested in applying violence prevention

- *"I will use it in my real life and will not accept violence"*

- *“I want to do the YHC course to help reduce and prevent violent activity in the community ,and also love to help people,solve problems,bring peace to the community.”*
- *“I would like to be able to take part in the YHC course as I care about promoting safety, respect, and understanding among young people. Moreover, I am aware that violence, regardless of whether it is physical and/ or emotional, affects many lives, and I think it’s important to learn how to prevent it rather than just react and/ or to cope with it. I am also interested in gaining practical skills that could help me recognize the signs of unhealthy and/ or risky situations and know how to properly respond in a rather positive way. The course would also help me build my communication and leadership skills, in which I could use to support others and encourage more open conversations about respect and boundaries. After the training, I plan to use what I’ve learned to help raise awareness in my college and/ or community. I also believe that this course will not only help me grow personally but also allow me to contribute to creating a safer and more supportive environment for everyone. I also see this training as a chance to strengthen my personal and academic growth, preparing me for future roles in community engagement, education, or health-related work where empathy and prevention are essential.”*