RSPH
ROYAL SOCIETY FOR PUBLIC HEALTH
VISION, VOICE AND PRACTICE

VIOLENCE PREVENTION AND REDUCTION TRAINING FOR THE NHS

Delivery and evaluation report

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Contents

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This was project commissioned by NHS England.

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Our thanks go to everyone who was involved in the design, delivery and evaluation of the RSPH Violence Prevention and Reduction educational pathway.

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Foreword

In 2023, approximately 25% of NHS staff reported experiencing at least one incident of harassment, bullying, or abuse in the preceding 12 months, perpetrated by patients, service users, their relatives, or other members of the public[1]. This alarming statistic serves as a stark reminder of the urgent need to address violence and abuse within our healthcare system. However, the root causes of such behaviours are complex and deeply embedded in societal structures. Meaningful responses must, therefore, go beyond immediate management techniques and address the problem at its source.

At the Royal Society for Public Health (RSPH), in partnership with NHS England (NHSE) and with input from over 400 NHS staff, we adopted a public health approach to examine the underlying causes of violence and abuse. Together, we developed an accredited educational pathway designed to build and foster the knowledge and skills needed to help the NHS prevent violence before it occurs.

This report details our experience with this initiative and the outcomes of its independent evaluation, offering insights that we hope will inform and support others working to reduce violence in healthcare settings. It is our ambition that these efforts will lead to safer workplaces for NHS staff and, ultimately, improved care for the patients and communities we serve.

William Roberts
Chief Executive
Royal Society for Public Health

[1] NHS England » Violence prevention and reduction

Executive summary

The Royal Society for Public Health (RSPH) were commissioned by NHS England (NHSE) to develop a comprehensive accredited educational pathway, to build on the work of the NHSE Violence Prevention and Reduction Programme and the publication of the NHS Violence Prevention and Reduction Standard.

During the developmental stage, a training needs analysis (TNA) was carried out with the support of organisations within the geographical footprint of the Sussex Health and Care Integrated Care System (ICS). The purpose of the TNA was to provide an opportunity to assess the relevance and validity of training that is already in place, as well as the design of any training that is to be developed in the future.

This pathway resulted in a set of qualifications ranging from Level 3 to Level 4, geared to meet the training needs of Violence Prevention and Reduction Leads employed by Trusts, as well as other members of the NHS workforce who are working in 'at risk' environments (operational staff).

Following the design stage, the training pathway was rolled out in two phases across the seven NHS regions in England. Phase 1 between May 2023 to March 2024 involved piloting and the first roll-out of qualifications, with 16 trainers and 1 approved centre delivering courses to 188 end users. Phase 2 saw a second roll-out and the development of a centre network, with 21 trainers, 7 centres, and 86 end users across all regions between October and December 2024.

To improve accessibility and widen reach, NHSE also commissioned RSPH to develop an eLearning programme, which was launched in November 2024 via the NHS Learning Hub. The Introduction to VPR eLearning programme can be used as a stand-alone module that can be disseminated to other individuals working within the organisation and will also bridge a knowledge gap for those embarking on RSPH's Violence Prevention and Reduction (VPR) educational pathway. The VPR eLearning pilot, which invited 149 learners, is available to anyone in the health and care workforce.

Independent evaluation

The VPR pathway level 3 and 4 has been independently evaluated by behavioural scientists from MISC Consultancy. MISC's expertise lies in using psychological theory, specifically behaviour change frameworks, to assure and evaluate the effectiveness of education and training.

To understand usual practice and any changes after the VPR training, MISC asked course participants about their expectations, before and after the course and at follow up. In keeping with behavioural science, they used COM-B Framework[2], to understand how the training programme and other factors affected participant's capability, opportunity and motivation to change or improve their practice.

Evaluation results

The main finding is that the training programme increased participants' capability, opportunity and motivation to integrate public health approaches at work to prevent and reduce violence.

The Level 3 Operational course was rated beneficial and relevant by the majority of learners. When asked to report on what was useful about the course, participants overwhelmingly highlighted the importance of meeting other attendees and sharing practical recommendations, as well as feeling connected to people who had the same challenges. 77% of participants indicated that they would be likely or very likely to apply what they had learnt to prevent and reduce violence and abuse in their organisation. Furthermore, the quality of the training delivery was rated as excellent and above average by most participants. In terms of training feedback, participants indicated some key areas which would improve the course, including receiving more information before the course so they knew what to expect in terms of content and practicalities, holding training face-to-face and better IT (including stability of Teams).

Those who completed the Level 3 Strategic training found the most useful aspects of the course to be meeting and networking with other attendees (sharing practicalities and feeling connected) and how VPR links to public health. Many learners also found the training content of relevance in relation to their role, and the vast majority of participants indicated that they would be likely or very likely to apply what they have learnt to prevent and reduce violence and abuse in their organisation. Over half of participants agreed that they are satisfied with the delivery of the training, and the majority of learners agreed that the methods used were right for them e.g., online/face-to-face, tutor led.

In terms of improvements, participants indicated one key area which would improve the course, which was improving the clarity and flow of the course, workbook and eLearning.

The Level 4 qualification builds on the Level 3, supporting specialists to develop their own leadership skills and to critically review the impact of policies and systems in place

[2] https://implementationscience.biomedcentral.com/articles/10.1186/1748-5908-6-42

to prevent and reduce violence in their workplace setting. The Level 4 Strategic received the highest average rating from all participants regarding the quality of training content. In addition, all participants gave an excellent rating for the quality of the training delivery. This course also had the highest percentage of participants who agreed that the training content was very relevant in their role. Comments from participants indicated that holding the course face-to-face, having more information before the course, improvements to the clarity and content of the workbook, better targeting of audience, more group involvement, more time in the classroom, and longer time to complete would improve the course. When asked to report on what was useful about the course, participants highlighted the usefulness of networking with other attendees and expanding their knowledge.

The evaluators carried out 8 interviews with participants of the programme, employing the COM-B Framework. Participants discussed different approaches to violence prevention, noting what helps and what hinders. Participants talked about understanding mental health and the scope of job roles as key to reducing violence. Workplace conditions and staffing shortages also played a role. Social support, such as family help, was seen as crucial in calming aggressive patients. Emotions such as excitement and frustration affected responses to violence e.g. staff may fell as though there no repercussions or plans in place for prevention. Beliefs and values e.g. having 'empathy' in certain situations, as well as organisational factors such as policies, team communication and work community can also influence motivation.

Evaluation for Pilot eLearning

There was an overwhelmingly positive response to the Violence Prevention & Reduction eLearning Pilot. In terms of trainer experience, the majority of learners found the course very enjoyable and many useful takeaways were highlighted, including resources, causes, videos, navigation, content, trauma informed, and public health approaches. In terms of course improvements there were a variety of useful suggestions particularly in relation to content, text and fonts, visuals, videos, navigation and instructions, language and spelling. The majority of which can be easily integrated into the resource and do not require major changes to the eLearning.

Introduction

From September 2022 to September 2024, the Royal Society for Public Health (RSPH) was commissioned by NHS England (NHSE) to develop a comprehensive educational pathway to support the NHS Violence Prevention and Reduction Programme and the NHS Violence Prevention and Reduction Standard. This report summarises the delivery and evaluation of the pathway.

The pathway provides qualifications ranging from Level 3 to Level 4, addressing the training needs of Violence Prevention and Reduction (VPR) Leads and other NHS staff working in high-risk environments. Developed with input from a multidisciplinary expert reference group, the pathway consists of three qualifications delivered through a blend of virtual and face-to-face sessions:

- Level 3 Award in VPR for Operational Staff: 8 hours virtual, 8 hours face-to-face
- Level 3 Award in VPR for Strategic Staff: 8 hours virtual, 8 hours face-to-face
- Level 4 Award in VPR for Strategic Staff: 16 hours virtual, 16 hours face-to-face

The content of the pathways adopts a public health approach to address the root causes of violence and abuse by considering individual trauma and distress alongside societal and environmental factors such as health inequalities. It equips learners with the knowledge, skills, and confidence to identify triggers, prevent violence, and lead on organisational culture change. Key areas of focus include:

- Trauma-informed practice and resilience
- Leadership and advocacy for change
- Assessing the effectiveness of personal and organisational approaches to violence prevention and reduction

The development of the VPR pathway involved two phases:
Phase 1:

- Conducting a training needs analysis
- Designing three qualifications
- Establishing a trainer network
- Piloting and evaluating the qualifications

Phase 2:

- Refining training materials and rolling out the programme
- Establishing seven regional communities of practice
- Developing, piloting, and evaluating VPR eLearning
- Recruiting centres for delivery of VPR qualifications

Through this pathway, RSPH aims to empower NHS staff to create safer working environments while fostering a culture of prevention, resilience, and informed leadership.

Early evaluation results have provided encouraging feedback, particularly regarding changes in practice.

Background

The prevention and reduction of violence and abuse in healthcare settings is a key priority focus for NHS England. This area of work is driven within the organisation by the Violence Prevention Programme[3], which has the primary aim of embedding a culture where NHS staff feel supported, safe and secure at work.

The need for this programme is justified by the experiences of NHS staff. The 2022 NHS Staff Survey[4], which collected approximately 600,000 responses from 215 NHS Trusts, found that:

- 14.7% of NHS staff have experienced at least one incident of physical violence from patients, service users, relatives or other members of the public in the last 12 months
- The impact on staff is significant, with violent attacks contributing to 45% of staff feeling unwell as a result of work-related stress in the last 12 months, with 32% thinking about leaving the organisation

As part of the Violence Prevention Programme, NHS England have developed and commissioned a number of different outputs that are designed to address this area of need. One such strand of this support includes tools and guidance that are designed to support VPR at an organisational level. This includes the publication in 2021 of the national Violence Prevention and Reduction Standard[5], a risk-based framework that supports NHS organisations to assess organisational policies and procedures against a set of key indicators for working environments that are safe and secure. A review of the standard is currently underway.

Another area of focus is providing system-level mechanisms that can contribute to preventing and reducing violence and abuse. An example of this is the ongoing work to understand how a consistent and coherent approach to data collection around incidents of violence and abuse might be built, which can be mapped to the indicators of the Violence Prevention and Reduction Standard and employed universally across all healthcare settings.

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[3] National Health Service – NHS Violence Prevention and Safety - https://www.england.nhs.uk/supporting-our-nhs-people/health-and-wellbeing-programmes/violence-prevention-and-safety/

[4] National Health Service – 2022 NHS Staff Survey - https://www.nhsstaffsurveys.com/results/

[5] National Health Service – NHS Violence Prevention and Reduction Standard - https://www.england.nhs.uk/publication/violence-prevention-and-reduction-standard/

A further strand focuses on sector-specific support. This has included working with the Association of Ambulance Chief Executives (AACE)[6] to design and deliver the national #WorkWithoutFear communications campaign to respond to rising levels of violence and abuse experienced by NHS ambulance staff, something which has since been expanded to primary care. A further example of this form of support has been the provision of funding totalling in £8.4 million to all 11 ambulance services in England, for the procurement and evaluation of a three-year body-worn camera trial.

This report predominantly focuses on another key area of work for the Violence Prevention Programme, which is the provision of training and Continuous Professional Development (CPD) opportunities for individuals working in healthcare settings. This strand of work focuses on supporting staff to develop the knowledge, skills, attitudes, and competencies to contribute to effective violence prevention and reduction through their day-to-day roles, by supporting the delivery of a public health approach to the issue.

The key output that NHS England are delivering in this space is the design and delivery of an accredited educational pathway in violence prevention and reduction. This pathway will consist of several qualifications ranging from Level 3 to Level 7 and will be designed to meet the training needs of both Operational Leads and Strategic Specialists employed by NHS organisations. The preliminary tiers of the pathway will also be open to members of the NHS workforce who are based in environments considered to be exposed to a high level of risk to violence and abuse. These include, but are not limited to, areas such as:

- Primary care
- Acute care
- Specialist secondary care
- Mental health
- Ambulance Trusts

The pathway currently consists of training commissioned by NHS England and developed and delivered by two key educational partners, in Liverpool John Moores University (LJMU)[7] and the Royal Society for Public Health (RSPH)[8]. The training provided by RSPH includes:

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[6] Association of Ambulance Chief Executives – Violence, Aggression and Abuse - https://aace.org.uk/vaa/
[7] Liverpool John Moores University – CPD Violence Prevention Reduction and Public Health - https://www.ljmu.ac.uk/study/courses/cpd/2023/36735-violence-prevention-reduction-and-public-health-cpd
[8] Royal Society for Public Health – Violence Prevention and Reduction (VPR) Educational Pathway - https://www.rsph.org.uk/our-work/programmes-hub/violence-prevention-and-reduction-vpr-education-pathway.html

- An Introductory eLearning
- An accredited pathway consisting of Level 3 and Level 4 qualifications for Strategic Specialists with day-to-day responsibility for leading violence prevention and reduction within their organisation, in addition to a Level 3 qualification for Operational Leads who lead care delivery in those environments identified as being 'at-risk'.

The training delivered by LJMU consists of modules at Level 6 and Level 7, both of which are aimed at Violence Prevention and Reduction Leads within healthcare organisations.

Development of the pathway

The development of the VPR pathway was carried out in two phases. Phase 1 focused on laying the foundation by conducting a training needs analysis (TNA), designing three qualifications, establishing a trainer network, and piloting and evaluating the qualifications. Phase 2 built on this work by refining training materials, rolling out the programme, establishing seven regional communities of practice, developing and evaluating VPR eLearning, and recruiting centres to deliver the qualifications.

Phase 1

Conducting a Training Needs Analysis

A TNA was carried out between February 2023 and February 2024 with the support of organisations within the geographical footprint of the Sussex Health and Care Integrated Care System (ICS). This ICS was identified as a suitable partner for the analysis by NHS England, based on an assessment of the positive and proactive work that it has carried out to date in the domain of violence prevention and reduction.

The purpose of the TNA was to provide an opportunity to assess the relevance and validity of training that is already in place, as well as the design of any training that is to be developed in the future, by supporting the identification of the skills, knowledge and attitudes that specific individuals and role holders within healthcare settings need to acquire, in order to carry out effective violence prevention and reduction.

The analysis set out to achieve three key aims, which focus on the identification of:

- The key workforces that contribute most significantly to violence prevention and reduction within healthcare settings, including those who specialise in the field as well as colleagues working in other roles across the health system.

- The skills, knowledge and competencies required by those different workforces and how they contribute to both consistency of practice and cultural change within organisations.
- The optimal method for the delivery of training to meet the identified needs across the different workforces, to develop the skills, knowledge and competencies required.

The core activities were delivered in three stages:

Table 1, Training Needs Analysis

The training recommendations put forward consisted of a five-stage programme of learning, split across two broad workforce groups.

Stage	Research Type	Activities
1	Preliminary Research	The first stage of the process consisted of desk-based research of existing frameworks, standards, and analyses related to violence prevention and reduction.
2	Primary Research	The findings taken from the preliminary research were used to inform a series of semi-structured interviews, undertaken with 37 individuals from across the Sussex ICS footprint. The participants were segmented across three key audiences: System-Level/Regional Leads, Organisational Leads, and Practitioners.
3	Secondary Research	The final strand of the research involved analysis of relevant data provided by the individuals taking part in the interview process.

Pool 1 – Operational

a) Universal Practitioner – all staff working in patient-facing roles in health and care settings.
b) Key Practitioner – staff working in patient-facing roles in health and care settings where distress and trauma are relatively likely to occur or reoccur.
c) Line Managers of Key Practitioners – first line managers of Key Practitioners.

Pool 2 - Specialist

a) Security and Health and Safety Leads – individuals with day-to-day responsibility for security and/or health and safety in health and care settings.
b) Violence Prevention and Reduction Leads – individuals with day-to-day responsibility for violence prevention and reduction in health and care settings.

Designing the Training Programme

Based on the findings from the training needs analysis (TNA), and with the support of an Expert Reference Group (ERG), RSPH began designing qualifications ranging from Level 3 to Level 4. These qualifications were tailored to meet the training needs of NHS staff working in high-risk environments (operational staff) and Violence Prevention and Reduction (VPR) Leads employed by Trusts.

The ERG comprised experts, organisational leads currently in post, and individuals with lived experience of abuse or violence in the NHS. List of individuals that participated in the VPR educational pathway ERG and their organisations:

Name	Organisation
Kathryn Marginson	NHS England
Sian Kitchen	NHS England
Claire Parker	NHS England
Adam Hopper	Association of Ambulance Chief Executives
Paul Foggitt	NHS England
Fiona Gray	NHS Morecambe Bay
Dan Willis	Morecambe Bay NHS Foundation Trust
Kelly Short	NHS Morecambe Bay
Justin Srivastava	Lancashire Police
Jason Hathaway	Sussex NHS Commissioners
Claire Davis	Barts Health NHS Trust
Zara Quigg	Liverpool John Moores University
Conan Leavey	Liverpool John Moores University
Olivia Butterworth	NHS England
Anne Boyens	NHS England

The content of the training programme

The content of the pathways adopted a public health approach to understanding and preventing the root causes of violence and abuse. It focused on equipping individuals with the competencies to support and/or lead the design and implementation of effective practices for responding to incidents of violence and abuse, emphasising:

- Individual-specific factors such as trauma and distress
- Structural, environmental, and societal factors, including the impact of health inequalities and staff behaviour.

To this end, the content was organised as follows:

- The **Level 3** qualifications focus on building the skills, knowledge, and confidence to recognise and address the triggers for abuse in healthcare settings and to develop strategies to prevent and reduce violence.
- The **Level 4** qualification builds on this, supporting specialists to develop their own leadership skills and to critically review the impact of policies and systems in place to prevent and reduce violence in their workplace setting. There is an emphasis on building the skills and knowledge required to develop, deliver, and evaluate training workshops around violence prevention and reduction.

Table 3 below illustrates in detail the content covered within each qualification.

	Qualifications		
	Level 3 Award in Violence Prevention and Reduction	**Level 3 Award in Violence Prevention and Reduction**	**Level 4 Award in Violence Prevention and Reduction**
Audience	Practitioners	Specialists	Specialists
Content covered	**Unit 1:** Factors affecting the risk of violence and abuse **Unit 2:** Principles of practice in preventing and reducing violence and abuse **Unit 3:** Principles of practice in responding to incidents involving violence and abuse **Unit 4:** Demonstrating leadership in supporting team members to prevent and reduce violence and abuse	**Unit 1** – Factors affecting the risk of violence and abuse **Unit 2** – Principles of practice in preventing and reducing violence and abuse for Strategic Specialists **Unit 3** – Principles of practice in responding to incidents of violence and abuse for Strategic Specialists **Unit 4** – Demonstrate leadership in supporting teams to prevent and reduce violence and abuse	**Unit 1** – Factors affecting the risk of violence and abuse in healthcare settings **Unit 2** – Public health approaches to violence and abuse **Unit 3** – Assessing, adapting, and implementing organisational procedures for preventing and reducing violence and abuse **Unit 4** – Delivering training in relation to preventing and reducing violence and abuse

Piloting and evaluating the qualifications

During the first phase of the VPR educational pathway, piloting took place with 348 professionals from Sussex ICS between May and July 2023.

During this process, RSPH employed a formative evaluation to refine the content and delivery of the training programme. The feedback indicated that the training pathway was well received overall, with most respondents satisfied, though many preferred face-to-face over online deliveries. Suggestions for content improvements focused on workbooks and slides, which were in draft form. Tutors were highly rated, and most participants found the training beneficial for their roles.

Roll-out

Once piloting was complete, the first roll-out of the qualifications took place across seven NHS regions in England between September 2023 and March 2024. This work involved the development of 16 trainers and one approved centre[9] to deliver all three qualifications to 188 end users who participated.

This roll-out was independently evaluated by behavioural scientists from MISC Consultancy, and the results are discussed in a later section of this report.

Phase 2

Refining training materials and rolling out the programme

Based on the feedback from the independent evaluation, the content and training delivery methods went through another round of refinements before the second roll-out began.

Recruiting centres for delivery of VPR qualifications

To support the sustainability of the education pathway, RSPH recruited an additional cohort of 21 trainers and 7 organisations across all 7 NHS regions in England, upskilling them to become accredited centres for delivering the VPR qualifications in their regions. Subsequently, between October and December 2024, the second roll-out of

[9] The RSPH delivery of qualifications model involves developing and assuring organisations to deliver training with fidelity to the specification and to a high standard.

qualifications commenced, with trainers and their centres delivering training to 86 end-users nationwide:

- Level 3 Award in VPR for Operational Leads (34)
- Level 3 Award in VPR for Strategic Specialists (24)
- Level 4 Award in VPR for Strategic Specialists (28)

Participants included security personnel and violence prevention and reduction leaders.

Developing, piloting, and evaluating VPR eLearning

During phase two, based on feedback from the TNA, an introductory eLearning course was developed and piloted with 147 health and care staff between January and April 2024. The eLearning was designed to provide foundation level knowledge and understanding of a public health approach to violence prevention to anyone working in frontline NHS services. Furthermore, the VPR eLearning programme is meant to be used to bridge a knowledge gap for those embarking on RSPH VPR educational pathway.

Table 4 below illustrates the content covered within the Violence Prevention & Reduction eLearning.

Violence Prevention & Reduction eLearning	
Audience	Healthcare settings within the NHS in England
Content covered	Identify the key policy and legislative drivers for violence prevention and reduction in healthcare settings.
	Understand and describe the individual, situational and environmental factors that can cause violence.
	Describe how using public health and trauma-informed approaches can prevent violence at individual and community level.
	Explore a range of best practice approaches that can be used by

	individuals, teams and organisations to minimise the risk or impact of violence.

An Expert Reference Group (ERG) was also utilised for the development of this eLearning. The list of individuals that participated in the ERG and their organisations is as follows:

Name	Organisation
Adam Hopper	Association of Ambulance Chief Executives
Dan Willis	Morecambe Bay NHS Foundation Trust
Clare Barnham	Association of Ambulance Chief Executives
Caroline Andrews	NHS England and NHS Health Improvement
Lee Loveless	Supporting Minds Consultancy
Aaron Mansfield	Royal Society for Public Health (RSPH)

Establishing seven regional communities of practice

In response to feedback from stakeholders and learners in the development phases of the project, RSPH facilitated the creation of regional Violence Prevention and Reduction (VPR) Communities of Practice (CoPs). These CoPs provide a space for individuals with a shared interest in VPR within the NHS to collaborate, learn, and support both organisational and health system goals through regular interaction.

While the CoPs are primarily focused on VPR within the NHS, they also draw on and share learning from other sectors. To ensure sustainability, they are now facilitated by NHS staff at a strategic level with responsibility for VPR. RSPH continues to provide support through fortnightly meetings and ongoing communication with these facilitators.

Objectives

- Generate and Manage Knowledge: the VPR CoPs aim to create and curate a body of knowledge related to this field. Members share experiences, best practices, and insights, contributing to a collective understanding. By sharing and refining practices, members also contribute to professional development and excellence.
- Promote the use of national guidance and standards: the VPR CoPs will encourage consistency and alignment with the NHS England published and supported VPR guidance and standards.
- Cross Knowledge Boundaries: the VPR CoPs facilitate knowledge exchange across organisational silos, disciplines, and roles. It will bridge gaps and promote interdisciplinary collaboration.

- Innovate and Create New Ideas: CoPs foster creativity and innovation. Members will explore novel approaches, generate new knowledge, and contribute to advancing their field.

Level 3 to Level 4 Training Evaluation

VPR education pathway (L3 to L4) was independently evaluated by behavioural scientists from MISC Consultancy. MISC's expertise lies in using psychological theory, specifically behaviour change frameworks, to assure and evaluate the effectiveness of education and training.

Evaluation Framework

The effectiveness of violence prevention and reduction training will depend on the extent to which people who have attended training go on to change what they do. Therefore, we have based this evaluation on the COM-B Framework[10], which helps to understand what influences people's behaviours.

The influences on behaviour can be summarised under the umbrella terms of capability, opportunity, and motivation.

- Capability: Knowing about, how and what to do and having the 'head space' to do the behaviour.
- Opportunity: Both physical opportunity (like time and equipment) and social opportunity (believing that other people accept or support the behaviour).
- 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.

Figure 2. The COM-B Framework

[10] COM-B integrates 19 theories and frameworks of behaviour change identified in a systematic literature review by UCL, Centre for Behaviour Change. The COM-B model provides insight into three components, which it suggests play a pivotal role in behaviour/practice change (B): Capability (C), Opportunity (O) and Motivation (M).

This evaluation is based on evaluation constructs and processes for other CPD training. This style of evaluation has previously shown changes following training and helped organisations to understand what is most effective and useful about their training, and what might enhance it.

Methodology

To understand usual practice and any changes after the VPR training, MISC asked course participants about their expectations that they would conduct these behaviours, before and after the course and at follow up. MISC also asked them to estimate how many times they did these behaviours compared to the numbers of patients or service users they saw, both before the course and at follow up.

In keeping with the COM-B Framework, we went further to see if we could understand the capability, opportunity, and motivation of the course participants to do these behaviours and whether these also changed after the training course.

Data was gathered through interviews and online questionnaires. In all, 112 people participated in the online evaluation and 8 people took part in interviews[11]. Responses to pre, post, and follow up surveys were anonymous.

Evaluation Results

Level 3 Operational

Levels of identification of potential incidents of violence and abuse before training

Participants were asked to provide whether they had experienced any incidents of violence and abuse in the last two weeks (as they were frontline).

- 12/56 (21%) of participants said that they had not.
- For those who had, when asked about an estimate of incidents they themselves had experienced in the last two weeks, the median number was 9, whilst the median number their teams had experienced was 16.
- When asked in how many of the incidents experienced by their team members they provided support for their team members after the incident, 17/56 (30%) said they supported team members every time, whilst 20/56 (36%) said they supported some of the time.

[11] Due to anonymity in the online evaluation, we don't know if the 8 interviewees overlap with the 112 online participants

Outcomes for behaviour change

- Reflective motivation was high for most key behaviours (82-90%), except for involving service users in policy development (71%). Most felt capable (62-82%), except in policy development (53%). Physical opportunity and social opportunity ranged considerably (49-84%). Supporting involved individuals felt automatic (90%), but involving service users was not (41%).

Feedback on delivery

- The majority of participants were in agreement that the course was delivered at the right pace for them (78%) and that the methods used were right for them (77%) (online/face-to-face, tutor led).

Training content feedback

- 81% of participants found the training content relevant or very relevant in relation to their role within their organisation.
- It was observed that 77% of participants indicated that they would be likely or very likely to apply what they had learnt to prevent and reduce violence and abuse in their organisation.

Quality of training

- 23% of participants rated the quality of the slides as excellent and the second highest above average rating (36%). The quality of the training delivery was rated as excellent and above average by the majority of participants.
- When participants asked about the quality of training workbooks, the highest percentages were for the average rating (55%).
- When comparing with the other programmes from the pathway, the Level 3 operational course was rated the most beneficial programme with 86% of participants agreeing or strongly agreeing that the training has benefited them.

Training feedback

- Participants indicated some key areas which would improve the course. This included receiving more information before the course so they knew what to expect in terms of content and practicalities, holding training face-to-face and better IT (including stability of Microsoft Teams).
- When asked to report on what was useful about the course, participants overwhelmingly highlighted the importance of meeting other attendees and sharing practical recommendations, as well as feeling connected to people who had the same challenges.

Level 3 Strategic

Outcomes for behaviour change

- Reflective motivation was high across behaviours (82-94% agree/strongly agree), except for involving service users in policy development (70%). More than half of the participants felt that they had the necessary psychological and physical capability to do the behaviours (between 54 and 76%) for all behaviours except including service users in policy and procedure development, which was lower. Physical opportunity was lowest in using violence prevention results (46%). Social opportunity varied (44-88%). Supporting involved individuals felt automatic (85%), while involving service users felt less so (42%).

Feedback on delivery

- Just over half of participants agreed or strongly agreed that the training was delivered at the right pace for them.
- Over half of participants were in agreement that they were satisfied with the delivery of the training, and the majority of learners agreed that the methods used were right for them e.g. online/face-to-face, tutor led.

Training content feedback

- 78% of learners found the training content of relevance in relation to their role within their organisation.
- The vast majority (71%) of participants indicated that they would be likely or very likely to apply what they have learnt to prevent and reduce violence and abuse in their organisation.

Quality of training

- When rating the quality of the slides (imagery, clarity, layout, amount of text) despite having the second highest percentage of excellent ratings (33%), this course was the only one to receive a below average rating (7%).
- When participants were asked to rate the quality of training workbooks, the excellent rating was 36%. However, 24% also rated it as below average.
- The majority of participants (75%) were in agreement that the training has benefited them.

Training feedback

- Participants indicated one key area which would improve the course, which was improving the clarity and flow of the course, workbook and eLearning.
- When asked what the most useful aspects of the course were for them, participants highlighted; meeting and networking with other attendees (sharing practicalities and feeling connected) and how VPR links to public health.

Level 4 Strategic

Outcomes for behaviour change

- Reflective motivation was generally high (83-88%), except for training evaluation (67%). Around half felt capable (50-67%). Physical opportunity was lower. Social opportunity varied (58-67%). Revising procedures felt automatic for 75%, while conducting training felt less so (54%).

Feedback on delivery

- Just over half of participants agreed or strongly agreed that the training was delivered at the right pace and the majority were in agreement that the methods used were right for them e.g. online/face to face, tutor led.
- Just over half of participants were satisfied with the delivery of the training.

Training content feedback

- This course had the highest percentage (78%) of participants who agreed that the training content was very relevant in their role. The remaining responses were that the training content was 'relevant' in their role.

Quality of training

- When participants were asked about the quality of training workbooks, the highest percentages were for the average rating, at (44%).
- 89% of participants indicated that they would likely or very likely to apply what they have learnt to prevent and reduce violence and abuse in their organisation.
- When asked to rate the quality of slides, the L4 strategic course received the highest percentage of excellent ratings (56%) and above average ratings (44%).
- The course received either excellent or an above average rating from all participants (100%) for quality of the training content.
- All participants of the L4 strategic course gave an excellent rating for the quality of the training delivery.
- 75% of participants were in agreement that the training had benefited them.

Training feedback

- Comments from participants indicated that holding the course face-to-face, having more information before the course, improvements to the clarity and content of the workbook, better targeting of audience, more group involvement, more time in the classroom, and longer time to complete would improve the course.

- When asked to report on what was useful about the course, participants highlighted the usefulness of networking with other attendees and expanding their knowledge.

Reflections from the participants

The evaluators carried out 8 interviews with participants of the programme, employing the COM-B Framework. Participants discussed different approaches to violence prevention, noting what helps and what hinders.

Physical Capability

Participants discussed various procedures that their work currently carries out or could potentially execute to address violence and abuse. Some participants offered insights into the facilitators that could improve their work in reducing violence and abuse. In comparison, some participants mentioned aspects of their work that acted as barriers, preventing them from reducing violence and abuse e.g. a lack of support and policies.

Psychological Capability

Participants discussed positive aspects of their work that have helped to reduce violence and abuse. For example, these include having the knowledge about various mental health disorders and understanding their job roles thoroughly. On the other hand, participants also discussed instances where colleagues did not fully understand their job role, leading to violence and abusive behaviour towards them or other colleagues.

Physical Opportunity

Participants discussed tertiary care in the context of working in a smaller setting. They noted experiencing less violence and abuse due to the setting's size, and therefore not having as much opportunity to handle issues compared to larger workplaces. Some participants also discussed how facilities, such as car parking, internet and hospital facilities amenities either hindered or facilitated their efforts to address violence and abuse. Additionally, participants discussed how their past experiences or work exposure influence their current approaches to addressing violence and abuse. They also discussed the topic of addressing violence and abuse, specifically the potential benefits of having a dedicated team within their workplace to handle these issues. The absence of a team was perceived as an obstacle in managing these issues. Participants discussed how staff shortages, lack of funding, training and limited time within their work resources contribute to not reducing abuse and violence.

Social Opportunity

Participants noted the importance of family in calming abusive patients. Additionally, they indicated support from security teams and training can influence the outcome of violent and abusive situations. Specifically, participants discussed how poor health, disabilities, mental health conditions, and racism has led to violent and abusive behaviour. Participants noted that good communication, teamwork, management and implementing policies and campaigns can help reduce this behaviour. However, participants also mentioned that a lack of social support, as they were concerned that senior management did not have the requisite level of buy-in to support people to implement changes after training which can hinder their team's ability to reduce violence and abuse.

Automatic Motivation

Participants discussed various emotions that either facilitated or hindered them addressing abuse and violence. For example, the emotions 'Excitement', 'Self-blame', 'Past personal experience' and 'Frustration' were categorised as subthemes.

Reflective Motivation

A participant discussed how having 'Empathy' in certain situations could help reduce violent and abusive behaviour. Participants also discussed 'VPR' in relating to motivation, this included discussing topics on policies, team communication and work community. Participants also discussed reflective motivation in relation to the behaviour 'Engaging with VPR training'. Responses suggested that those who had a positive belief about the practice participated in the training, hoping for reassurance on what they are doing. Additionally, it was identified that motivation was a barrier to some participants engagement levels to the training.

Recommendations from MISC

- Improve the learner experience by increasing clarity of the programme, including how the workbook and other activities go together.

The participants in the online and interview evaluations identified that the clarity and flow of the overall course, workbook and eLearning could be improved, with more coherence of examples.

- Explore how senior management buy-in can be achieved and only offer training where senior management buy-in has been agreed.

Although the programme is aimed across different strategic and operational levels, the participants in the interviews were concerned that senior management did not have the requisite level of buy-in to support people to implement changes after training.

- Enable networking before, during and after the programme.

In the survey, post course, the ability to network with others who are engaged in VPR was seen as one of the most useful outcomes.

- Support teams to include patients / clients / service users when developing policies and procedures across all pathways

Although capability, opportunity and motivation were quite high pre-course for many key behaviours (keeping in mind that the numbers of completed surveys are small) participants rated their capability, opportunity and motivation to do this behaviour on average lower.

Pilot eLearning Evaluation

As part of the continuation of this educational pathway, RSPH developed and internally evaluated the pilot VPR eLearning course that introduces Violence Prevention & Reduction to anyone working in healthcare. This summary explores the findings of the feedback form for Pilot Introduction to the eLearning.

In total, 87 learners undertook the training, and 60 learners completed the course evaluation. However, initially 149 learners were enrolled as 27 did not finish the course by the time of the evaluation and 64 did not start the eLearning.

Methodology

Approved pilot learners received free access to the course from the 30th April 2024, and the survey at the end of the course guided the learner through providing feedback. The survey was available via SurveyMonkey, and 58 learners provided feedback as of 23rd May 2024.

Data analysis

When analysing the quantitative data, simple graphs and tables were utilised to display numerical data using Excel. To analyse the qualitative data, the evaluator collected all responses, and a thematic analysis was carried out, firstly by coding responses and then grouping these codes into broader themes.

Conclusion from the pilot eLearning evaluation

There was an overwhelmingly positive response to the Violence Prevention & Reduction eLearning Pilot. In terms of trainer experience, the majority of learners found the course enjoyable. Many useful takeaways were highlighted, including resources, causes, videos, navigation, content, trauma-informed and public health approaches. In terms of course improvements, there were a variety of useful suggestions – particularly in terms of content, text and fonts, visuals, videos, navigation and instructions, language and

spelling. The majority of which can be easily integrated into the resource and do not require major changes to the eLearning.